

Vincentia Schroeter, Margit Koemeda-Lutz, Mãe Nascimento (Eds.)
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Maê Nascimento (Eds.)

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Letter from the Editor

Welcome to the 27th volume of *Bioenergetic Analysis*. We have five articles to read in an effort to create inspiration, offer information, and hopefully create dialogue that furthers the growth of psychotherapy in general and somatic psychotherapy in particular.

One thing all papers have in common is addressing the therapeutic relationship in the most modern terms. Patrizia Moselli's article is on intersubjectivity, as she ties in newer concepts that validate Lowen's early ideas about clinical focus. Scott Baum discusses containment and delves deeply from both a personal and professional view into the dynamics of the therapeutic relationship. Homayoun Shahri covers traumatic memory, including neuroscience aspects and includes clinical vignettes that concern the therapeutic relationship. At the 2016 PDW (Professional Development Workshop) for Bioenergetic therapists seeking to advance in the field, I was privileged to be on the faculty along with Helen Resneck-Sannes and Joerg Clauer. I very much enjoyed working with them and supporting our enthusiastic participants in their growth. Two of the presentations were so interesting that I asked the authors to turn them into papers to be considered for this journal. Both papers cover countertransference (CT), an important aspect of the therapeutic relationship. While Fina Pla reviews the evolution of CT within Bioenergetics, Ingrid Cryns, also includes CT as she presents in depth on BPD (borderline personality disorder). To submit a paper for 2018 please send it before September 1st, 2017.

I want to thank the authors, who worked hard, sometimes preparing multiple drafts, in order to bring their best efforts to you as the reader. People who were supporters of the authors and/or reviewers include Laura Partridge, Tarra Stariell, Virginia Hilton, Jörg Clauer, Bob Lewis, and my dynamic and tireless editing team: Maê Nascimento and Margit Koemeda. Maê and Margit also do double duty and translate abstracts. Other abstract translators include Sylvia Nunez, and Maria Rosario Filoni. Thank you for your contributions. This volume will be translated into French by a number of French-speaking colleagues from France,

Belgium as well as French-Canada, overseen by Claudia Ucros. The plan is to have this volume translated into French in time for our next Bioenergetic conference.

The next IIBA conference, in May 2017, is on the 60th anniversary of the founding (1957) of the institute by Dr. Alexander Lowen. The conference will take place in Toronto, Canada and will be on the theme of “reflecting back and looking forward”. It will be a great mix of keynotes, workshops and social interacting with colleagues from around the world.

I hope you enjoy this collection of articles and find them a useful contribution to your thinking, both as a therapist interested in the therapeutic relationship and as a Bioenergetic analyst interested in looking for inspiration in your clinical work.

Vincentia Schroeter, PhD

San Marcos, CA. USA. November 20, 2016

Intersubjectivity in the Construction of Boundaries

Between yes and no

Patrizia Moselli

“The therapist intuitively empathically resonates with the changing emotional states of the patient, constructing a context in which the clinician can act as a regulator of the physiology of the patient.”

(Schoore, 2003, pp. 93–94)

Abstracts

English

This article examines intersubjectivity and infant-mother attachment issues in relation to psychotherapy. From this view it is argued that the therapist-client dynamics form the core of the therapy work. Boundaries are looked at through Bioenergetic concepts. The paper concludes with treatment techniques that increase healthy boundaries.

Key words: Intersubjectivity, boundaries, attachment, therapy dyad

German

Dieser Beitrag untersucht Themen der Intersubjektivität und der Mutter-Kind-Bindung in Bezug zur Psychotherapie. Aus dieser Perspektive wird behauptet, dass die Beziehung zwischen Klient/in und Therapeut/in den Kern der therapeutischen Arbeit bilden. Das Thema Abgrenzung wird mithilfe Bioenergetischer Konzepte betrachtet. Der Artikel schließt mit Behandlungstechniken, die gesunde Grenzziehungen unterstützen.

Italian

Questo articolo esamina la tematica dell'intersoggettività e quella dell'attaccamento madre-bambino in relazione alla psicoterapia. Da questo punto di vista si

sostiene che le dinamiche terapeuta-cliente costituiscono il nucleo del lavoro terapeutico e anche i confini vengono analizzati attraverso concetti bioenergetici. Il documento si conclude con tecniche di trattamento che rafforzano confini sani.

Spanish

Este artículo examina la intersubjetividad y los problemas de apego entre un infante y la madre en relación con la psicoterapia. Desde este punto de vista, se argumenta que la dinámica entre el/la terapeuta-cliente/a forma la base del trabajo de terapia. Los límites se analizan a través de los conceptos de la bioenergética. El ensayo concluye con técnicas de tratamiento que incrementan el desarrollo de límites saludables.

Portuguese

Este artigo examina a intersubjetividade e questões sobre o apego mãe-bebê com relação à psicoterapia. Coloca que, deste ponto de vista, a dinâmica terapeuta-cliente forma o núcleo do trabalho terapêutico. Focaliza, também, limites sob a luz de conceitos bioenergéticos. O artigo termina com técnicas de tratamento que acentuam os limites saudáveis.

Introduction

Research in attachment theory and intersubjectivity studies have provided us with useful elements to come into contact with the patient in a more rich and articulated way. Today, these studies have made it possible to build a theory that, starting from “here and now”, allows us to look at each other and ourselves, being able to grasp more information and have more elements to seek a synchronicity with the person we face. This further develops our empathy and professional abilities.

In psychotherapy we encounter two personal worlds, which have a mutual and reciprocal influence on one another. The observer is also the observed. Each of the two organizes and is organized by the other continuously, and the empathic bond (or its lack) works in both directions (Finlay, 1999). This complementarity does not mean that therapist and patient-client are equal, but that they have an equal influence in building up a shared field where it is possible to discover and create the therapeutic process in which one is “with” the other.

The Parent-Child Dynamic

At the turning point that we are experiencing in these times, “to be with ...” constitutes one of the main themes charged with more meaning. At a psychological

level, in fact, “to be with ...” was revealed as key to understanding the human condition as a matrix of our identity. Intersubjectivity evolved, in part, through the outbreak of observation and experimental research regarding the first interactions between child and parent. The results of this research led to some important theoretical conclusions, which cannot but have an effect on the method and technique of psychotherapy. The origin of the mind is relational and it is based on the mother-child dyad. Therefore in the child, who is active from birth, the intrapsychic evolves concomitantly in the intersubjective field.

The experience of the mother-child dyad is creative and constructive and based on emotional exchange. It is through the procedural memory that interactive patterns are represented and preserved, becoming a constant in all the relational experiences of the subject. Life means relationship and could not exist without both biological and emotional aspects from the moment of conception. The intrauterine experience of the child seems to be the chemical-visceral sensory-basis of all those emotional patterns, connective and motoric, that will grow later, since he is from the beginning, in connection with the mother by absorbing the parental heritage, both in the positive functional side and the negative and dysfunctional one.

From this perspective the learning process begins before birth through a constant communication with the mother. The child's motivation to be in relationship with others is guaranteed by what Shaffer calls, “structural and functional predisposition” (1977), guaranteed by the presence of a sensory apparatus that shows an already tuned child, who is able to implement models of perceptual-affective inborn action. The child can adjust the quantity and the stimulation level to which he is subjected through the mutual contact with the mother or through behaviors with which he begins to differentiate himself (looking away, closing his eyes, showing a look without expression) (Tronick, 2007).

The mother-child relationship appears as a highly organized whole, in which the ability to self-regulate relative to common purposes plays an important role. These skills are the characteristic of a Self that emerges based on proprioceptive abilities and on the experience of being an acting subject. The child has an innate motivation to process and sort the information that derives from the environment and is built by both partners in the relationship. Recent studies have shown that these characteristic patterns of mutual influence between mother and child are the basis for the emergence of the representation of Self and later on they come to constitute the unconscious or memory structures. Children are equipped from the birth with complex skills that allow them to act competently, i. e., to understand and respond selectively to social stimulation. This indicates that in addition to an active search of connecting with others there is also an innate differentiation between themselves and the environment.

So, from the very first primary phases we no longer have a vision of a passive, autistic, undifferentiated child but an organism that begins an early dance “of yes and no” in the movement of life and, therefore, it also changes the reference point

of clinical intervention. The purpose of therapy cannot be only reparative, i.e., an intervention which aims to repair the patient-client's experienced shortcomings, or confrontational (excessive attention to the patient's defenses), but must take into account the **structural capacity of the subject who interacts with reality through maps and personal categorizations.**

Intersubjectivity and the Therapy Dyad

The changing process within therapeutic work takes place inside a relational system consisting of the patient-therapist dyad, organized on the basis of complex dimensions that some approaches define as transference or other co-constructions between therapist and patient. Then we can look at therapy as a particular intersubjective field in which both patient-client history and that of the therapist merge. **The core of therapy is located and concentrated at the center of gravity between them and not only in the so-called, "patient's pathology".** Client and therapist form an inseparable whole in which transference and counter transference are never totally objective and uncontaminated and they prove to be co-specific processes.

In the "here and now" of the therapeutic encounter, while the relationship gradually takes place, all these elements become more evident and allow the therapist to be even more aware of the patient's intersubjective history and to pay attention to those parts of the implicit procedural memory that are so important and not very accessible to his awareness.

Intersubjectivity is also based on the idea that psychotherapy is a dialogue in which each participant shapes the experience of the other. It then becomes something more than a neutral interpretation made by the therapist of the patient's narration and more than an action of the therapist who commits himself to leading the therapeutic change. Patient and therapist together form an indissoluble psychological system and this system constitutes the empirical field of the psychoanalytic demand (Atwood, Stolorow 1984). If in the system of mutual relationship between child and adult, affection is the main drive, this becomes the primary motivational force in building the Self. This opens a new perspective on the explanation of pathology, which arises and takes shape within an interactive context, in which a child's affective states are experienced as a threat/failure of the relationship's regulation and therefore also for the organization of the Self. In fact, defenses are mechanisms built within a specific interpersonal context that protect the child from vulnerability and disorganization.

"Fundamental processes governing the non-verbal interaction remain the same throughout life" (Beebe, Lachmann, 2002, p. 20).

What happens, for example, when in a relationship the child has a particular feeling or state of mind?