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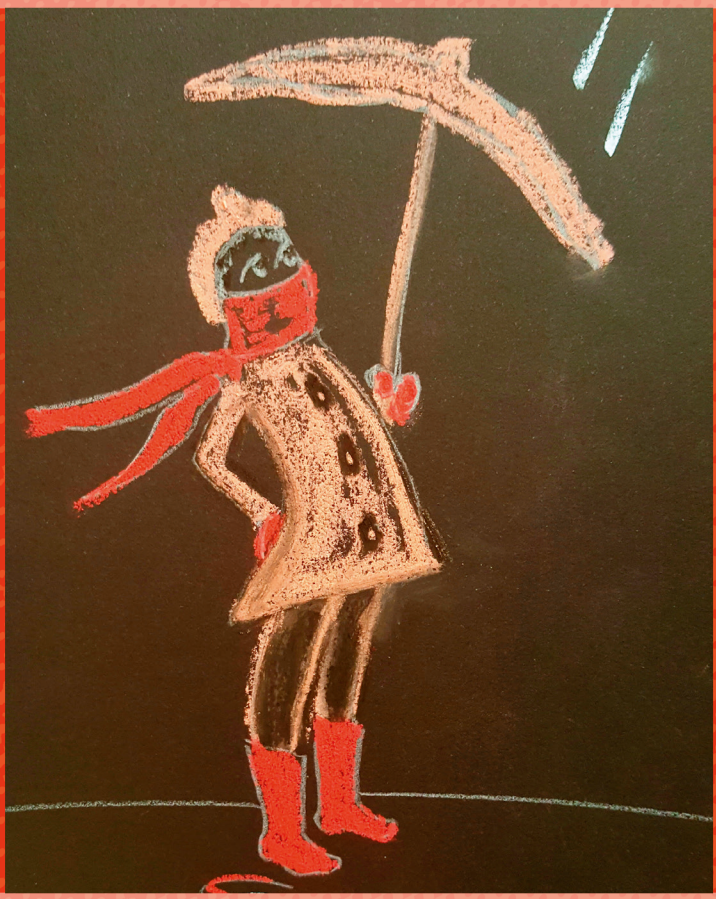

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The Clinical Journal of the
International Institute for Bioenergetic Analysis

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Bioenergetic Analysis

The Clinical Journal of the International Institute for Bioenergetic Analysis (2021) Volume 31

With contributions by Amaia Alejos Martín, Scott Baum, Maria Cristina Francisco, Louise Fréchette, Vicenta Giménez Molla, Diana Guest, Iana Carolina Maciel Franza, Patrizia Moselli, Jan Parker and Jens Tasche

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Content

Letter from the Editor

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Dear Readers,
It has been a year since we addressed you, with our last volume of the *Clinical Journal*, and what a year! We were caught by the pandemic and are still figuring out all the transformations we have had to go through. And it is not finished yet. As an editorial team, we had to think through how we could keep our goal – to maintain a publication that would not be affected by the disorders the world is going through.

Our desire to have an electronic version of the *Journal* has been long-standing. This has been the perfect moment to implement it, since our respected publisher, Psychosozial-Verlag, has offered us a platform that can host our *Journal* among other high-quality scientific publications.

We consider this change an improvement that can achieve worldwide reach to non-members as well, and a step forward into the era of Internet connection. The *Journal*, that used to take months to reach some countries after it was published, now will be instantly at hand for everyone. And as well as the benefit of cheaper costs and agility, an electronic version may help us to have more editions per year, if the number of manuscript submissions increases. A hard paper-copy of the *Journal* will still be available from the publisher, but the cost of printing and postage will be the responsibility of the person requesting.

In this first electronic volume you will find, as the first article, a paper about racism, by Cristina Francisco, a Black bioenergetic therapist from Brazil who was awarded the Social Work Prize at the 24th IIBA Conference at Toronto in 2017. Cristina decided to submit her article just before the latest commotions in the United States, which were part of the "Black Lives Matter" movement, that helped spread discussions about racism and prejudice around the world. We are proud to bring such an important subject to debate in our community. We thought that the moment to publish this paper was very appropriate. Cristina develops a bioenergetic view that seeks to understand the suffering, resistance and wisdom of the Black body in a relational and listening space.

Also, we have three important articles relevant to COVID-19. We have one from *Louise Frechette* in Canada, one from *Diana Guest* and *Jan Parker* in the USA, and one from Patrizia Moselli in Italy. Each article addresses different aspects of the process of teletherapy and the challenges therapists have to overcome in creating a clinical environment online.

We have an article from *Jens Tasche* in Germany, where he shares the post-graduate work he has been undertaking in Poland. Jens challenges traditional bioenergetic analysis and makes suggestions on how self-regulation, modern psychodynamics and trauma theory can be included in the bioenergetic paradigm.

Another article, an autobiographical piece by *Scott Baum*, describes thirty years of a psychotherapy with Dr. Michael Eigen, in order to throw some light on dealing with profound and soul-destroying emotional and psychological pain.

We have one other article that also won an IIBA Award. *Iana C. M. Franza*, from Brazil, was awarded the Clinical Prize with a case study about the schizoid process and its clinical challenge. And lastly, we have an article from *Vicenta G. Molla and Amaia A. Martín*, from Spain, presenting a case study about bioenergetic therapeutic groups dealing with trauma in a corporate environment.

We would like to acknowledge an error in the last edition of this *Journal*, where the article "When My Body Fails Me" by Leslie Ann Costello was wrongly attributed to Leslie Case. We immediately wrote an erratum that was sent by email to all members of IIBA. We again sincerely apologize to Leslie Ann Costello and Leslie Case for this mistake.

We want to acknowledge the work of our colleagues, translators of the Abstracts: Angelina Samartova (Russian), Claudia Ucros (French), Karin de Marval (Spanish), Maê Nascimento (Portuguese), Maria Rosaria Filoni (Italian), Thomas Heinrich (German), and Rebecca Jianpu Liu (Chinese).

We hope that you will find the reading of this *Journal* interesting, and we invite you to participate in the debate, submitting your ideas, in the form of a manuscript, to spread the discussion of Bioenergetics into our community and beyond. At the end of this volume you will find the guidelines for manuscript submission.

My thanks again to my Editorial Team colleagues, Maê Nascimento, Garry Cockburn, and Rosaria Filoni, a very experienced publisher from Italy, who joined the team in 2020. And a big thank you to our former chief editor Vincentia Schroeter, who once again has provided us with a beautiful painting for our cover that is so appropriate for these COVID-19 and worrying times. We wish you all a safe and healthy 2021, and an enjoyable reading of this *Journal*.

Léia Cardenuto
January 2021

Speaking and Listening in Racial Relations

Maria Cristina Francisco[1]

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Abstracts

Racial issues are increasingly visible in current times and it is essential to speak and listen to the body in relationships, in the face of the suffering caused by racism. Racism causes suffering and can kill. There are many ways to kill and die. The breath and throat are affected by choking or muting the voice, the vehicle of expression and autonomy of thought. Racism is in the air and all bodily senses recognize it. It enters the throat and chokes. It touches the skin and freezes. Racist ideology enters and roots the body and the mind. It registers internal memories that will communicate in gestures and attitudes in the white body and in the black body. In society, the white body will present itself as a place of privilege. Listening attentively to the analyst in race relations involves listening to oneself, being involved in the context, and recognizing the relationship of these socially marked bodies that solidify inequality. Listening is the art of caring, as it leads to transformations toward the rescue of free movements of the breath, the body and the mind.

Keywords: body, listening, speaking, racism, breathing

A fala e a escuta nas relações raciais (Portuguese)
As questõs raciais estão incrivelmente visiveis nos tempos atuais e é essencial falar e escutar o corpo nesses relacionamentos, encarando o sofrimento causado pelo racismo. O racismo causa sofrimento e pode matar. Há varias maneiras de matar e morrer. A respiração e a garganta são afetadas pelo sufocamento e o calar da voz., que é a forma de expressão da autonomia do pensar. O racismo está no ar e todos os orgãos dos sentidos o reconhecem. Ele entra pela garganta e sufoca. Ele toca na pele e congela. A ideologia racista entra e deita raízes que atingem o corpo e a mente. Ele registra memórias interiores que irão se manifestar em gestos e atitudes no corpo branco e no corpo negro. Na sociedade, o corpo

1 The author won 1st Prize for the IIBA Social Work Award at the 24th IIBA Conference at Toronto, 2017.

branco irá se apresentar como o lugar do privilégio. Ouvir atentamente o analista a respeito de relações raciais envolve escutar-se a si mesmo, envolver-se nesse contexto, e reconhecer a relação desses corpos, marcados, que se solidificam de maneira desigual. Escutar é a arte de cuidar, e isto leva a transformações em direção ao resgate da liberação da respiração, do corpo e da mente.

Hablar y escuchar en relaciones raciales (Spanish)

Las cuestiones raciales son cada vez más visibles en los tiempos actuales y es fundamental hablar y escuchar al cuerpo en las relaciones, ante el sufrimiento que provoca el racismo. El racismo causa sufrimiento y puede matar. Hay muchas formas de matar y morir. La respiración y la garganta se ven afectadas al ahogar o silenciar la voz, vehículo de expresión y autonomía del pensamiento. El racismo está en el aire y todos los sentidos lo reconocen. Entra en la garganta y se ahoga. Toca la piel y se congela. La ideología racista entra y enraiza el cuerpo y la mente. Registra recuerdos internos que se comunicarán en gestos y actitudes en el cuerpo blanco y en el cuerpo negro. En la sociedad, el cuerpo blanco se presentará como un lugar de privilegio. Escuchar con atención al analista en las relaciones raciales implica escucharse a sí mismo, involucrarse en el contexto y reconocer la relación de estos cuerpos marcados socialmente que solidifican la desigualdad. Escuchar es el arte de cuidar, ya que conduce a transformaciones hacia el rescate de los movimientos libres de la respiración, el cuerpo y la mente.

Parlare e ascoltare nelle relazioni raziali (Italian)

I temi raziali sono sempre più visibili in questo periodo ed è necessario parlare ed ascoltare il corpo nella relazione tenendo conto della sofferenza che il razzismo provoca. Il razzismo causa sofferenza e può uccidere. Ci sono molti modi di uccidere e di morire. Il respiro e la gola subiscono l'impatto dello strozzare o far tacere la voce, veicolo di espressione e autonomia di pensiero. Il razzismo è nell'aria e tutti i sensi lo percepiscono. Entra nella gola e la strozza. Tocca la pelle e la congela. L'ideologia razzista penetra e sradica corpo e mente. Fa registrare memorie interne che comunicheranno nei gesti e abitudini dei corpi bianchi e dei corpi neri. Nella società il corpo bianco si presenterà come luogo privilegiato. Nelle relazioni raziali, per gli analisti, l'ascolto attento comporta ascoltare se stessi, essere coinvolti nel contesto, e riconoscere la relazione di questi corpi socialmente segnati in un modo che rende solida l'ineguaglianza. L'ascolto è l'arte della cura perché porta a trasformazioni che vogliono salvare i movimenti liberi del respiro, del corpo e della mente.

Parler et écouter dans les relations interraciales (French)

Les questions raciales sont de plus en plus visibles à l'heure actuelle et il est essentiel de parler et d'écouter le corps dans les relations, face aux souffrances causées par le racisme. Le racisme provoque des souffrances et peut tuer. Il y a beaucoup de manières de tuer et de mourir. Le souffle et la gorge sont affectés par l'étouffement ou la mutilation de la voix, support d'expression et d'autonomie de la pensée. Le racisme est dans l'air et tous les sens

corporels le reconnaissent. Il pénètre dans la gorge et étouffe. Il touche la peau et fige. L'idéologie raciste pénètre et s'enracine dans le corps et l'esprit. Elle enregistre des mémoires internes qui vont s'exprimer par des gestes et des attitudes dans le corps blanc et dans le corps noir. Dans la société, le corps blanc se présentera comme un lieu privilégié. Pour écouter attentivement dans le contexte des relations interraciales, l'analyste doit s'écouter lui-même, s'impliquer dans le contexte et reconnaître la relation de ces corps socialement marqués qui solidifient l'inégalité. L'écoute est l'art de prendre soin, car elle conduit à des transformations vers le rétablissement de la liberté de mouvement du souffle, du corps et de l'esprit.

Sprechen und Zuhören in rassistischen Beziehungen (German)

Rassismus wird in der heutigen Zeit immer sichtbarer, und es ist wichtig, angesichts des durch Rassismus verursachten Leids in Beziehungen zum Körper zu sprechen und auf ihn zu hören. Rassismus verursacht Leiden und kann töten. Es gibt viele Möglichkeiten zu töten und zu sterben. Der Atem und die Kehle sind betroffen, indem die Stimme als Instrument des Ausdrucks und der Autonomie des Denkens erstickt oder stumm gemacht wird. Rassismus liegt in der Luft und alle Körpersinne erkennen ihn. Er dringt in die Kehle ein und würgt. Er berührt die Haut und friert sie ein. Die rassistische Ideologie dringt in den Körper und den Geist und verwurzelt sich dort. Sie schreibt sich ein in innere Erinnerungen, die sich durch Gesten und Haltungen dem weißen und schwarzen Körper mitteilen werden. In der Gesellschaft wird sich der weiße Körper als ein Ort des Privilegs präsentieren. Der Analytiker in Rassenbeziehungen aufmerksam zuzuhören bedeutet, sich selbst zuzuhören, sich auf den Kontext einzulassen und die Beziehung dieser gesellschaftlich gekennzeichneten Körper zu erkennen, die Ungleichheit verfestigen. Zuhören ist die Kunst der Fürsorge, denn sie führt zu Transformationen hin zur Rettung der freien Bewegungen des Atems, des Körpers und des Geistes.

Говорение и слушание в расовых взаимоотношениях *(Мария Кристина Франсиско)* (Russian)

Расовые проблемы сейчас все более заметны, так что приходиться говорить с телом и слушать его в отношениях, учитывая причиненные расизмом страдания. Расизм причиняет вред и способен убить. Есть много способов убить. На дыхание и горло влияет то, что человек задыхается или приглушает голос, на инструменты выражения и независимость мышления. Расизм носится в воздухе, и все телесные органы чувств его распознают. Он попадает в горло и душит. Прикасается к коже и замораживает ее. Расистская идеология проникает в тело и разум и укореняется там. Запечатлевается в виде глубинных воспоминаний, которые будут определять жесты и позы и белого и черного тела. В социуме белое тело будет служить репрезентацией привилегированной позиции. Внимательное выслушивание аналитика в расовом аспекте означает прислушиваться к себе, быть вовлеченным в контекст и распознавать отношения таких социально маркированных тел, где закреплено неравенство. Умение

слушать – это искусство заботиться, поскольку оно ведет к трансформациям, направленным на освобождение движений дыхания, тела и разума.

聆听和谈论种族关系 (Chinese)
当代的种族问题是可以持续看得见的，在面对种族主义引起的痛苦时，在关系中聆听和表达身体是非常重要的。种族主义引发痛苦，可以导致杀害。有很多杀害和死亡的方式，呼吸和喉咙作为自主思想和表达通道被窒息，不能发出声音。种族主义在空气中，所以人可以在身体上感知上识别出来，它进入喉咙令人窒息，它碰触到皮肤令人僵住。种族歧视进入并且根植在人的身体和头脑，它记录在人的内在记忆里，在姿势和态度中交流无论是在白人还是黑人的身体里。在社会中，白人的身体呈现出一个优势的地位，在种族关系中关注的聆听分析师意味着聆听自己，参与在环境中，识别出这些具有社会印记的身体里的不平等，聆听是关心的艺术，因为它引领着呼吸、身体和头脑的自由动作的转化。

Introduction: Racism Today

Racial issues are increasingly visible today. Although this awareness is late in coming, it is essential that it does occur. We must speak and we must listen because the atrocities of slavery and colonization are still rooted in current relationships in many different ways. Change is urgent.

In the face of the death of black people – one of them immortalized by the murder of American George Perry Floyd Jr. on May 25, 2020 – the cruelty of racism has been setting the world on fire. The campaign "Black Lives Matter"[2] has grown in the face of the genocide of Black people. There are many ways to kill and die, to kill and die slowly. Racist acts take your breath away. "I can't

2 Black Lives Matter (BLM) (in Portuguese: 'Vidas Negras Importam') is an international activist movement, originated in the Afro-American community, whose campaign against violence is directed at Black people. BLM regularly organizes protests around the deaths of Black people caused by police officers, as well as around broader issues involving racial discrimination, police brutality, and racial inequality in the United States criminal justice system. The movement began in 2013 with the use of hashtag #BlackLivesMatter in social media following the acquittal of George Zimmerman's in the shooting death of African American adolescent Trayvon Martin. The movement became nationally known for its street demonstrations following the death of two African-American men in 2014: Michael Brown, resulting in protests and riots in Ferguson, and Eric Garner, in New York City. In 2016, the movement arrived in countries such as Brazil, South Africa, and Australia, where activists took the streets and social networks in solidarity to victims of police violence. They adopted the battle cry 'Black Lives Matter' to amplify their struggle in their own countries." Source: Wikipedia in Portuguese.

breathe",[3] as uttered repeatedly by George Floyd while Derek Chauvin, a White police officer, pressed his knee on Floyd's neck for 8 minutes and 46 seconds, causing his death, is a sensation that is often experienced by Black people in their daily lives when dealing with violence. Your chest tightens, it is difficult to breath, and when there is no air, you feel suffocated. This creates a state of anxiety. You are on high alert for your life before a death threat, whether concrete or subjective.

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

Therefore, it is necessary to be antiracist and build practices that devastate racism. Otherwise, it will be structured into relationships and create unequal forms of relationships: Black and Indigenous people are excluded, and White people are privileged.

Racism and the Senses

In the relational contact between people, some parts of the body are present and important in the complex action of coming closer to another: the eyes, ears, throat, and skin. The skin records sensations and allows for messages to be carried to the brain. Through sight, the eyes give meaning to vision and recognize something

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3 "Another factor that makes breathing urgently necessary all the time is the fact that there is no oxygen supply in the body. […] I usually say that the first two elements of the ego are the sensation of angst due to asphyxia – entirely true! – and the muscular reaction that is at the same time provoked and dissipated by it. […] The ego is a dynamic structure, not a thing. The conflict between the lungs prone to collapse and the thoracic muscles, activated by the inhaling center, must be considered as the first conflict of the individual human being (post-natal). […] it is very plausible that respiratory disorders activate the entire reticular system or part of it. This argument would be an additional foundation for those who, like me, believe that respiratory angst is the foundational angst, the one that triggers the greatest number of defenses in traditional psychoanalytical terminology. […] In that sense, every psychological defense is a defense against death, against the sensation of disappearing, falling apart, and disintegrating" (Gaiarsa, 1994, p. 53ff.).

that is external to me and is not me. Estrangement occurs. To someone with visual impairment, the recognition of others happens through mere presence; sight, however, can lead to judgement. In this paper, I will highlight the throat and the ears. There is a type of everyday social communication that consists of sound and noise, expressions that interconnect. Here I refer to the sound of various manifestations by Black movements and the noise produced by violence to the Black and Indigenous bodies and communities, spread in devastated landscapes and in the context of inequalities. Very often these sounds and noises are not heard because listeners hear only what interests them,[4] even though hearing takes place in terms of what surrounds them.

We learn how to speak when we are heard. When we are not heard, the constant effort to be heard directly affects a specific part of the body: the throat. Thus, a ring of tension is formed around that region and speaking becomes difficult. Speaking your voice involves the mouth (lips, tongue, teeth, and jaws), lungs, throat, and larynx (vocal cords). This expression opens paths to embodied memories and recollections, which are the roots to experiences, and develops corporeality, a body that relates to culture and to the world. The body seeks wholesomeness in itself when it engages its various organic systems: nervous, respiratory, digestive, and muscular. Using its own language – movement – it communicates with many other forces of nature.

In this sense, I consider speaking to be a way of rooting, taking ownership of the voice from your own place, from your own ground that has been silenced, erased, and forgotten in its singularity. The body exists and locates itself in space and time. The value of this ancestral culture is that it gives new meaning to the past and the present. This new meaning provides a grounding to help people face everyday dangers and death. The relational space organizes itself through sensations, affects and memories. By enabling the listening process, we notice that it must be reorganized in a way that takes account of and respects the cultural experiences of people. This

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4 Pierre Schaeffer (1910–1995), engineer, musician, and writer published his *Traité des objets musicaux* in 1966. His study investigates listening as a means of observation and recognizes four different functions in listening: "1. *Écouter* is lending your ear to something, being interested in. You actively address someone or something that is described or alluded by a sound. 2. *Ouïr* is perceiving via the ears. Differently from *écouter*, which corresponds to a more active attitude, what I hear *[ouïs]* is something that is given by perception. 3. From the word *entendre*, we will keep the etymological meaning: 'having the intention'. What I perceive *[entend]*, that which is manifest, is the function of this intention. 4. *Comprendre*, taking something to oneself, has a double relation to *écouter* and *entendre*. I perceive *[comprend]* what I aim at through listening *[écoute]*, thanks to what I choose to listen to *[entendre]*. Correspondingly, what I have already perceived *[compris]* guides my listening *[écoute]* and informs what I perceive *[entends]*" (Schaeffer, 1966, p. 104 cited in Donato, 2016, p. 32–33).

empowers the body to recover the recognition of its humanized place, a place of belonging, and recovery of a story that is recognized. This thought is based on the premise of an integrated body, present in space and time, in its place of belonging, in its origin of identity, and with a vision of itself and others in a common space.

However, racism ranks bodies. Since their first encounter, Black and Indigenous bodies have always caused estrangement to White people, who did not understand them and whose gaze was ruled by moral and religious judgement according to the values of European culture. Black and Indigenous people subjectively carry in themselves memories and stories founded upon diverse cultures that are filled with meanings and incorporated knowledge, with their own ways of seeing and relating with the world, which are integrated with nature because they are deeply anchored in the earth.

In their arrogance, White settlers objectified these bodies and tried to annul or appropriate their knowledge. Such acts, however, brought about consequences and created stereotypes and ignorance that caused the psychological suffering of being invisible. Resisting this situation "also involves the pursuit and efforts to regain local and traditional knowledge and practice that have been – and still are – denied as humanly valid, unqualified as primitive, backward, and even savage" (Nogueira, 2019, p. 15).

We need to admit we live in a multiethnic, multicultural country with various knowledges and experiences. Our gaze is still embedded in a monoculture regarded as absolute in terms of what it means to be human, whose references are the White European people and their descendants. Nevertheless, all races that coexist have been mutually influenced in their initial encounter, and all of them have scars resulting from that immense cruelty. The experiences of that fact, though, are unequal.

The bodies of Aboriginal and African peoples are deeply rooted in, and integrated with, the land. The hegemonic White culture, over time, stressed the idea of division between body and mind, placing the mind in a higher, immortal place, whereas the body is associated to transience and sin. In stark contrast with this hegemonic White thought, Indigenous and African peoples think the body lives in cosmic unity.

Black and Indigenous bodies are instruments of knowledge and resistance. This knowledge in form of corporeal memory provides support to the communication needed to survive extermination in the diaspora. Their inner records of memories and experiences and their deep contact with their own selves nourished the strength to survive the cruelty of traffic and slavery. Their gift of existing and not losing their autonomy, in addition to their functional knowledge, which was passed on orally, have allowed for resistance and prevented the complete annulment of their experiences and identity. This incorporated heritage was not destroyed even under reiterated attempts to destroy their humanity. The body was involved in a movement filled with the desire to be free. Boundless thought and the ability to act were not entirely corrupted. Currently, this knowledge that

is brought to life through art is still a valuable asset to bypass violence and repression because it is a liberating way to live.

> "This is a great challenge, both because of the process of incorporating references that are outside the theoretical and methodological standard of Brazilian psychology and because of the process of adjusting these references to Brazil's sociohistorical context. The term 'incorporating' has to do with the movement of allowing my whole body to understand the theoretical meanings of this paradigm instead of simply being the result of a mental/rational relation. [...] This understanding is important because even for a portion of the Afro-Brazilian population, who have been suffering secular cultural uprooting for centuries – in other words, who are not directly involved with traditional Afro-Brazilian cultural practices – the process of incorporating and understanding African foundations can be hindered. [...] I dare present this reflection based on the philosophical African foundation that valid knowledge is that which originates from lived experience. This also means that communalities are not metaphysical human essences, but a set of millenary social practices that are maintained and passed on intergenerationally through specific educational processes" (Nogueira, 2019, p. 79–80).

Capoeira[5] carries in the body an ancestral art and knowledge; and *candomblé*[6] is deeply connected to the forces of the sacred and of nature. To the Indigenous peoples, the position of *pajé* (shaman) is given to those who have the gift of healing and leadership. Therefore, the dances, music, and word as an art form are expressions that survived domination and allowed for a space to express feelings and emotions.

African wisdom and that of many Aboriginal peoples anchors their culture and traditions in nature, orality, and body movement. One of these African oral traditions is the Griot,[7] or Griottes in the case of women. Particularly today,

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5 Afro-Brazilian martial art *(Translator's note)*.

6 Afro-Brazilian religion *(Translator's note)*.

7 "Griot – In this context, we find the figure of the *griot*, the guardian of memory. Originating from a French expression, the term *griot* in African culture means 'storyteller', a role assigned to the old man of a tribe who is known for his wisdom and transmission of knowledge. He is a figure that is present in tribal Africa and who wanders the savannah to orally pass on to the people the facts of their story. He is the agent responsible for keeping the oral tradition of African peoples, which can be sung, danced, and told through myths, legends, songs, dances, and epic songs. He is the one who preserves the continuity of the oral tradition, the source of knowledge and teachings who enables the integration of men and women, adults and children in space and time and in traditions. He is the poet, master, scholar, musician, dancer, counselor, guardian of the word, the word that is so important in African culture because it represents the spoken structure that consolidates orality. The power of the word guarantees the safeguarding of teachings developed in the community's essential daily practices" (Lima, Nascimento & Oliveira, 2009, p. 149).

these Black female storytellers have an important role in the struggle against male chauvinism and in leadership roles in literature, cinema, and in the preservation of religious values of African origin. Till this day, there is a constant struggle against prejudice and discrimination and to preserve ancestral oral traditions, which involve unique bodies, embedded in collectiveness and that are in deep communication with the Cosmos.

Speaking is a Revelation

> "Therefore, in written culture, knowledge was the fruit of the mind and no longer the fruit of the body; consequently, all the other cultures centered on the body were labeled as inferior or primitive, i. e., incapable of creating a profound and real relationship with the world. [...] Nonetheless, in various African regions where oral tradition survived the colonizing process led by Europeans sitting in their libraries, the body still is of central importance as the producer of meaning and knowledge. Even during the tragic crossing of the *Kalunga* (meaning 'great sea' in Bantu language), in the hideous era of slave trafficking to the New World, black bodies who lived in oral cultures bravely resisted the everyday exercise of violence inflicted by the ship's crew. In this sense, the struggle of the enslaved to safeguard their memory happened already in the infamous slave ships. Be it on the upper deck, where the ship's crew forced the enslaved to dance and sing to exercise their bodies, or in the lower deck, where important identity bonds emerged in the lamentation chants and conspiracies against ruthless captains and sailors, the body had an essential role as an instrument of resistance. [...] Thus, the Africans who crossed the Atlantic ocean did not leave their culture in their continent of origin, because that culture was not kept in books or in a specific place, but anchored in their own body, in a constant process of giving new meaning to their culture" (Gonzaga, reference below).

Not only did the body, with its recorded knowledge, save itself through its struggles, but it also resisted through its art and movement. However, in this constant and endless fight, the body suffers the psychosocial effects of racism. It suffers unbalance and may become ill.

> "Inner grounding, breathing, and voice – Silencing, keeping quiet, and not speaking are ingredients that feed isolation and, consequently, loneliness. One of the effects of domination is the experience of humiliation, which becomes an intimate feeling of shame and leads the body to a refrained, contracted, excluded expression with an undervalued social image that is judged and condemned solely by the mere presence of its skin color. These are what we call narcissistic wounds. This condition carries with it aspects such as discomfort and disturbance. Shame has multiple facets – not being allowed to be who you are, being displaced, seen as inferior etc. – and nobody

> feels comfortable talking about such feelings. People routinely seek recognition and have a desire to be heard in the social and affective realms and this is really extenuating. It creates anxiety. [...] This struggle produces reactions of muscular tightening. It is necessary to create possibilities for expression; at the very least, we should be able to recognize it and call it by its name. Speaking about feelings means freeing one's voice" (Francisco, 2020, p. 156).

We should exercise a different kind of presence, in which we relate with one another in complicity, listening to what the other has to say. Therefore, when such an encounter takes place, there will be a relationship that can create change.

Listening is an Art

The ear comprises structures named outer ear, middle ear, and inner ear. Sound is captured and then decoded, interpreted, and understood by the auditory cortex. When encountering others, it is natural to hear stories. We know that to avoid mistakes or misinterpretations, it is important to listen to the other side of a story, to listen to both sides.

The social and individual realities caused by racism require understanding and commitment. We are experiencing something that is misspoken, ill-spoken and ill-intended, which needs to be fought against for the sake of all. We are all affected, whether we believe it or not. History needs to be learned as well as read. It needs to go beyond hearing: it needs to be listened to, that is, it needs to implicate active agents in history, recognize unfair places for many and privileges for a few, and rethink preestablished positions. Speaking and sound in racial relations carry an importance that is vested in memories and stories. In this sense, it is necessary to "value the importance of listening as a social and psychological treatment of conflicts" (Dunker & Thebas, 2019, p. 16).

Is the listener, who is closely connected in that relationship, able to listen to this story? Are they truly interested? This is a question that calls for an answer and an attitude of self-examination because those who listen produce effects on those who speak. Simultaneously, the process resonates in the listener. The truth is exposed. It will be an act of courage to revisit scenes of life that used to seem natural. Listening goes beyond intellectual understanding. It pervades your guts and often causes restlessness. There is no other way if we want transformative connection to emerge from this encounter.

> "Listening is an art that involves risk. [...] It begins by listening to yourself. Not only of that which you would like to see and find in yourself, but in the entire actual extent of what exists in yourself, including undesirable voices, inadequate feelings, counterproductive signals, and enigmatic messages. [...] Listening to your-

> self is unknowing yourself, stripping yourself from what is known and the countless versions we make and remake of ourselves, which psychoanalysis calls narcissism" (ibid., p. 29–30).

Societies in colonized countries carry in their gestures, words, and gazes the attitudes and values of their settlers, placing the other in inferior positions, usually establishing the White European male as superior. Societies impose these values to the world as positive, whereas all the other peoples, including their cultures, are in a place of subalternity. For ages, we have had a hard time getting along. Relationships have become toxic and unbalanced. There is tension and conflict because the White are granted privileged, solid places based on arguments that are justified according to their own viewpoints, whereas Black and Indigenous people are sent to a place on the margins of space and opportunities.

> "It is impossible to talk about the single story without talking about power. There is an Igbo word that I think about every time I think about the power structures of the world, and it is *nkali.* It is a noun that loosely translates 'to be greater than another'. Like our economic and political worlds, stories too are defined by the principle of *nkali*: How they are told, who tells them, when they are told, how many stories are told – are really dependent on power. [...] Power is the ability not just to tell the story of another person, but to make it the definitive story" (Adichie, 2019, p. 11).[8]

Once, during my training as a psychologist, my philosophy professor highlighted that we should always read and hear things critically. Those who consider themselves to be part of the "winning" story – White people and whiteness – and who believe there is but one single truth, deceive themselves, allow themselves to be deceived and to live that deception. They hear incomplete stories. They are certainly in the most comfortable and convenient scene of the story but suffer the consequences of an unequal world.

We live in a relational reality and it is through relationships that change can emerge. Understanding cultural diversity and how different cultures see the world gives us not only more possibilities for a better life, but also improves our listening when Black and Indigenous people speak. Before such reflections, we believe that listening leads to rooting, to strengthening identity, and for White people, it broadens their gaze and capacity to see themselves without the veil that covers their true self-image.

In the Preface to his book *Physical Dynamics of Character Structure*, Alexander Lowen stresses the active role of the body therapist in analytical work:

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8 Book published based on the talk "The danger of a single story", by Chimamanda Ngozi Adichie, in 2009, given on a Ted Talk. Available on: http://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story?language=pt-br

> "It demands, however, a greater ability on the part of the analyst to handle the resulting emotional tensions. If this ability is lacking, the analyst has not completed his own preparation for the task. Only with humility and candor dare one come face to face with the great wells of feeling which lie at the core of human beings" (Lowen, 1977, p. 16).

Reflecting on these words and updating them to the present day, bringing them to the context of a multicultural country like Brazil, we observe that its colonized past is still felt in the present and in racialized bodies. Therefore, the events of everyday reality will be reflected in people's relational speech and bodies, and all this certainly will enter the analyst's setting. Both analyst and patient will be affected by them.

One of the basic principles of bioenergetics is breathing. Breathing takes place in the rib cage, which contains the lungs and heart and where desire is located. Desire is considered here as an act of freedom, a force that constitutes us in the face of racist oppression among other oppressive acts. The respiratory process suffers harm; there is angst in feeling and suffering. When we understand and include this suffocation, this pain as a narrative as a result of the racist blow will allow for liberation of energy and pleasure.

The ability to understand this very real implication that is experienced must be present and included in the process of listening and analyzing; otherwise, treatment may fail as a result of the story not being embraced, of the patient not showing up anymore, and the analyst being excluded from the historical and social process.

We must understand our habits and attitudes to respect and care for all who are seeking true transformation.

> "Within this line of thought and care to ensure treatment effectiveness, respecting individual limits, the analyst will serve as a catalyst who may or may not accelerate the therapeutic process. It is imperative to be aware of social and cultural history in all its complexity. [...] The therapeutic process demands patience, persistence, and constant self-knowledge on the part of the psychotherapist and trust on the part of the patient. Even when all care is taken, it is important to clarify that we suffer the hardships of an unequal society. The tension between Black and White people is real. Our attention must be intensified so as not to reproduce traumatic experiences; otherwise, analysts will be far from being of value as transformative agents" (Francisco, 2020, p. 267–268).

Hence, as psychotherapists, we are taken to a kind of complicity in terms of responsibility when we take in our patients. It is important to exercise a different type of presence where both bodies are affected by events and are in constant dialogue. It is the responsibility of body analysts to be attentive to the management of techniques and listening in this singularity.

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Reflections on Working with Defenses and Resistances in the Context of Teletherapy[1]

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Abstracts

This article focuses on the challenges we face as bioenergetic therapists when doing teletherapy. It addresses the difficulty of working with defenses and resistances in a context where the client is not physically present and where we only see part of the body through a screen, in a two-dimensional representation (sessions on video) or not at all (phone sessions). It offers practical suggestions to compensate for what cannot be apprehended directly due to distant communication. It also offers some research data on the level of efficacy and on the quality of the relationship, when teletherapy is compared with face-to-face therapy. Finally, it offers practical suggestions with regards to visual fatigue and as well as some elements of understanding Zoom fatigue.

Keywords: teletherapy, face-to-face therapy, resistances, capacities and limitations, research

Reflexões no trabalho com as defesas e resistências no contexto da tele terapia (Portuguese)
Este artigo está focado nos desafios que temos que encarar enquanto terapeutas bioenergéticos fazendo tele terapia. Ele se debruça sobre as dificuldades em trabalhar com defesas e resistências num contexto em que o cliente não está fisicamente presente e onde vemos apenas parcialmente o corpo desse cliente através da tela, numa representação bidimensional (sessões em vídeo) ou até nenhuma imagem (sessões pelo telefone). Ele sugere sugestões práticas a fim de compensar pelo que não poderá ser compreendido diretamente devido à distância. Ele oferece também alguns dados de pesquisa a nível da

1 "Teletherapy" means all kinds of distance communication, be it of a video type (FaceTime, Reacts, Zoom, Skype, etc.), instant messaging (texting), or of an audio type (phone).

eficácia e da qualidade dos relacionamentos, na medida em que a tele terapia é comparada com a terapia face a face. Por fim, ele oferece sugestões práticas em se considerando a fadiga visual bem como a alguns elementos específicos ao entendimento da fadiga do zoom.

Reflexiones sobre el trabajo con defensas y resistencias en el contexto de la psicoterapia virtual (Spanish)
Este artículo enfoca el desafío que enfrentamos como terapeutas bioenergéticos en la práctica de la psicoterapia virtual. Aborda la dificultad de trabajar con defensas y resistencias en el contexto en el cual el paciente no está fisicamente presente y apenas vemos parte de su cuerpo en la pantalla en una representación bidimensional (sesiones por videollamadas) o no lo vemos en absoluto (sesiones telefónicas). Propone sugerencias prácticas que compensen lo que no puede ser captado directamente en una terapia cara a cara. Plantea también una investigación sobre el nivel de eficacia y sobre la cualidad de la relación, comparado con la terapia presencial. Finalmente, nos ofrece sugerencias prácticas con una mirada sobre el cansancio visual y elementos para comprender la fatiga provocada por el zoom.

Riflessioni sul lavoro con le difese e le resistenze nel lavoro in remoto (Italian)
Questo articolo riguarda le sfide con cui ci confrontiamo, come terapeuti bioenergetici, quando lavoriamo in remoto. Affronta le difficoltà nel lavoro con le difese e le resistenze quando il cliente non è fisicamente presente e vediamo solo una parte del corpo attraverso lo schermo in una rappresentazione bidimensionale (sedute in video), o non lo vediamo affatto (sedute telefoniche). Offre suggerimenti pratici per ovviare a ciò che non può essere appreso direttamente a causa della comunicazione a distanza e dati che provengono dalla ricerca sul livello di efficacia e la qualità della relazione quando il lavoro in remoto è paragonato con quello in presenza. Infine, offre suggerimenti pratici sulla fatica visiva ed elementi per comprendere la *Zoom fatigue*.

Réflexions sur le travail avec les défenses et les résistances dans le contexte de la téléthérapie (French)
Cet article se concentre sur les défis auxquels nous sommes confrontés en tant que thérapeutes bioénergétiques dans le cadre de la téléthérapie. Il aborde la difficulté de travailler avec les défenses et les résistances dans un contexte où le client n'est pas physiquement présent et où nous ne voyons qu'une partie du corps à travers un écran, dans une représentation bidimensionnelle (séances sur vidéo) ou pas du tout (séances téléphoniques). Il offre des suggestions pratiques pour compenser ce qui ne peut pas être directement appréhendé en raison de la communication à distance. Il propose également quelques données de recherche sur le niveau d'efficacité et sur la qualité de la relation, lorsque la téléthérapie est comparée à la thérapie en face à face. Enfin, il fournit des recommandations pratiques concernant la fatigue visuelle totale ainsi que quelques éléments de compréhension sur la fatigue liée à l'utilisation de Zoom.

Reflexionen zur Arbeit mit Abwehr und Widerständen im Kontext von medial vermittelter Psychotherapie (German)
Dieser Artikel konzentriert sich auf die Herausforderungen, denen wir als bioenergetische Therapeut*innen begegnen, wenn wir Therapien medial vermittelt durchführen. Er befasst sich mit der Schwierigkeit, mit Abwehr und Widerständen in einem Kontext zu arbeiten, in dem der Klient nicht physisch anwesend ist und in dem wir entweder nur einen Teil des Körpers in einer zweidimensionalen Darstellung durch einen Bildschirm sehen (Sitzungen per Videochat) oder überhaupt nicht (Sitzungen per Telefon). Er bietet praktische Vorschläge, um das zu kompensieren, was aufgrund der medial vermittelten Kommunikation nicht direkt wahrgenommen werden kann. Er bietet auch einige Forschungsdaten zum Grad der Wirksamkeit und zur Qualität der Beziehung, wenn medial vermittelte Therapie mit Face-to-Face-Therapie verglichen wird. Schließlich bietet er praktische Vorschläge bezüglich visueller Ermüdung und einige Erklärungsansätze zur Zoom-Müdigkeit.

РАЗМЫШЛЕНИЯ О РАБОТЕ С ЗАЩИТАМИ И СОПРОТИВЛЕНИЕМ ПРИ ДИСТАНЦИОННОЙ ТЕРАПИИ *(Луиза Фрешетт)* (Russian)
В статье внимание сфокусировано на проблемах, с которыми сталкивается биоэнергетический терапевт при дистанционной терапии. Рассмотрена сложность работы с защитой и сопротивлением в условиях, когда клиент не присутствует физически и мы видим только часть его тела на экране в двухмерной проекции (сеансы по видеосвязи) или не видим вообще (сеансы по телефону). Предложены практические советы, как компенсировать то, что при удаленном общении невозможно уловить непосредственно. Также приведены данные исследований об уровне эффективности и качестве отношений при дистанционной терапии по сравнению с терапией с непосредственным контактом. В конце даны практические рекомендации касательно тотальной зрительной усталости, а также некоторых аспектов усталости от Zoom.

在治疗情境下与防御和阻抗工作的反思 (Chinese)
本文聚焦于作为一个躯体动力分析治疗师在工作中所面临的挑战。在当下的一个二维的（网络咨询）治疗情境下，案主不能出现在治疗室，治疗师只能通过屏幕看到案主部分的身体，甚至根本看不到画面（电话咨询），对于此种情况下治疗师与案主的防御和阻抗工作的困难，本文提供了一些可操作的用于补偿由于远程交流而无法直接理解的部分的建议；也提供了一些和地面咨询相对比后的有效性和关系品质的研究数据。最后，对于有关视觉疲劳和一些理解网络疲劳的因素也提出了可行的建议。

Introduction

As Bioenergetic Analysis therapists, we are well-trained to notice moments when a resistance arises in the course of a face-to-face therapy session, and to interpret such resistance within the framework of the characterological defense system of our clients. Teletherapy work, however, poses an additional challenge in that respect. When we do face-to-face therapy sessions in bioenergetic analysis, all the bodily cues are accessible to us as the person in their totality is present in our immediate visual, auditive, olfactive and kinesthetic perceptual field. This is not the case when we do teletherapy.

But let's start at the beginning. When we must offer a client to do teletherapy sessions as opposed to face-to-face ones, like we were forced to do during the confinement measures of the 2020 Spring, elements of resistance may manifest themselves right from the start. These resistances may be triggered by various factors. For example:

- Lack of ease with technological means
- Distrust regarding confidentiality issues with the various online platforms
- Reluctance or difficulty to find a space at home or elsewhere where confidentiality can be assured.

In addition to the client's resistances, there may also be resistances on our part, as therapists, be it for similar reasons, or for fear of not being able to help our clients as efficiently in a teletherapy encounter as we would in a face-to-face encounter. We must understand that for both therapists and clients, having to transition from a face-to-face therapeutic modality to virtual modality requires an effort. And when we consider that this effort may be coerced because of strict confinement requirements, this means that a certain resistance to change must be overcome by both.

On the other hand, because the pandemic has radically upset our lives, isolating us from one another, it is with gratitude that many clients have accepted to continue their therapeutic process through a virtual mode and have welcomed the possibility to still receive regular therapeutic support from their therapists through teletherapy. Most therapists, for their part, were happy to keep in touch with the clients who had agreed to pursue their therapeutic process within a teletherapy modality. The fact that teletherapy also made it possible for therapists to continue to receive a regular income, even if reduced, was considered an advantage. Hence, the adaptation effort required by the new situation was somewhat mitigated by non-negligible advantages for both therapists and clients, which, in most cases, helped overcome initial resistance to change for both parties.

Clinical Specifics to Consider in the Case of Teletherapy

The modification of the therapeutic setting that teletherapy inevitably supposes may have come with surprises for therapists as well as clients. Indeed, because of the distance introduced by the virtual mode, some clients may have found it harder to freely express their feelings, while others may have presented a lower level of resistance than usual. The fact is, teletherapy introduces modifications of which we must be aware.

In a Newsletter recently put online (Spring, 2020) by the EAP (European Association for Psychotherapy) we can find concrete recommendations to help therapists make sure that their teletherapy interventions abide by the usual ethical standards in psychotherapy. In the same document, we also find useful observations with regards to specific clinical issues therapists need to be aware of. Here are some of these observations:

> "People act differently online; you may have to adapt your theoretical perspective or clinical techniques to respond. In particular:
> - 'Digital natives' who have grown up with the online world, are much more familiar with it than 'digital immigrants' who have had to learn later in life
> - You will probably lose 'presence' with some clients – yet others will flourish and seem more intimate online – especially in phone or I.M. (instant message)
> - The 'online disinhibition effect' means that some people open up very quickly and more intensely online. This can be startling at first (https://www.researchgate.net/publication/8451443_The_Online_Disinhibition_Effect).
> - As a result, defences and resistances can be much reduced:
>   - The 'power differential' is changed to a much more equal relationship
>   - You will not 'own' the therapy as much
>   - Clients are often more 'natural' than in a face-to-face setting
>   - They act more like 'customers' than 'patients'
> - Similarly, 'free association' should be seen as different online:
>   - clients will be 'meeting' in their own space
>   - they can show you photos, artefact, etc.
>   - they can 'arrive' seated in different rooms at home – or in the garden
> - Clients can also use pets, cushions, food, etc. as defences.
>
> However, all this is material to be considered and incorporated – not condemned."[2]

2 E-Newsletter EAP Draft Online Guidance, 2020 http://news.europsyche.org/eap_member_information_20_covid-19/EAPonlineGuidance.pdf

Louise Fréchette

How to Notice Defenses and Resistances in the Context of Teletherapy

Note: limitations of this article

What I am about to develop in this article mainly applies to clients with whom we have developed a secure relationship and with whom we are already used to do body work in the context of face-to-face therapeutic work. As for myself, presently I do not feel comfortable to accept new clients who would want to do body work in the context of teletherapy. This is simply because I feel the need to first establish a relationship and experience body work with a new client in a face-to-face setting. For me this is a "must" in order to be able to do body reading in a reasonable way, and to see firsthand how a new client reacts energetically and emotionally to body work proposals.

Generalities

As mentioned above, teletherapy deprives us of many precious cues when it comes to noticing resistances. As we know, in the case of online video sessions, the framing on the screen may let us see a close-up of the face and the upper part of the body, when we are having a verbal interaction with our client. That enables us to notice the facial expression, the quality of the gaze, and maybe a little bit of what is happening in the upper body. However, what is happening in the rest of the body totally escapes us, e.g. feet that may be shifting, nervous movements with the hands, etc. Conversely, when the framing on the screen allows us to see more of the body, as our client may be standing up, distant from the camera (oftentimes, we cannot see the feet), the details of the facial expression as well as the quality of the gaze, and even a sense of the quality of the breathing, now escape us.

As we know, facial expression, as well as various reactions in the rest of the body give us important cues telling us that a resistance is at work. For example: tense jaw, reduced breathing, subtle pulling back motions, averted gaze, various tensions in the body, etc. So how can we then compensate what we cannot directly observe in the course of an online video session?

First case scenario: viewing only the face and upper body during a verbal exchange

During a verbal exchange in a seated position, the framing on the screen allows us to see the face and the upper part of the body of our client. The facial expression and the upper body posture can tell us a lot with regards to resistances. Howev-

er, the rest of the body remains off-screen and cannot be seen. Because of that, we need to compensate by inviting our client to direct her[3] awareness to what is happening in her body as we interact. We can ask her to pay attention to tensions, or to movements of impatience or nervousness. We can also invite her to notice the depth of her breathing, the quality of head/body connection, etc. The bottom line is: we must rely of the client's help to enable us "to see" her body, so to speak. Our observations combined with what the client can report on their somatic experience can bring into focus resistances that may manifest in various ways. In teletherapy as much as in face-to-face encounters, when a resistance is identified, it then becomes important to take a pause to explore it and to resolve it, if possible, before moving on.

Second case scenario: viewing almost the entire body in a standing-up position

In the standing-up position, when the framing on the screen shows us almost the entire body of our client, the facial expression becomes much less accessible. In this case, we must supplement what is lost by training our ear to perceive the nuances in our client's voice (teary, quavering, strangled or hushed voice), especially when we invite her to hold a posture or to do expressive work. We should also notice when the voice sounds disconnected or mechanical. But here again, we will also need our client's help to enable us to identify resistances that may manifest. This can be done by inviting the client to remain aware of what is happening when emotions are emerging in the course of expressive work. Do they notice any specific tension due to resistance: tight throat, tension in the jaw, blocked breathing, cutting off sensations in parts of the body, emergence of fear following an intense emotional expression? Or, on the contrary, what can they report when nothing is happening during the session? Are they experimenting a difficulty to stay "present" and connected during the work? If so, what is going on? Again, these manifestations of a resistance must be addressed and attended to before moving on.

Third case scenario: viewing the body only partially when the client is lying down

At times we may invite our clients to do some work in the lying down position when the physical setting allows it. That may include intense mobilization,

3 The pronoun "her", rather than "his/her/they" is used. Obviously, the client may be of any gender.

like kicking and doing a temper tantrum, if they are in a bedroom where a mattress is accessible. However, at least in my own experience, it may prove difficult for the client to position her computer or tablet or phone in such a way as to enable us to clearly see what is happening in the body while the client is doing work in the lying down position. We may only see portions of the body during the work. In that case, it will be even more essential to pay attention to the inflexions in their voice or to the sound of their breathing. Even more than in the first two case scenarios, we must regularly check with clients about what is going on for them during the work, as they pause after an exercise. Can they describe their sensations? Can they report on emotions that may have come up? Did they notice any kind of resistance while doing the exercise? When we invite a client to do some work in a lying down position, we need to remind ourselves that this bodily position may be conducive to a regressive state. Thus, we must make sure we are keeping a secure connection with our clients while helping them self-regulate and move though an exercise. The less we see the body or the facial expression, the more crucial it becomes to remain aware of what is going on for the client each step of the way. Otherwise we risk exposing our client to a re-traumatizing experience in the case of an intense emotional experience, instead of a productive one. We do not want that to happen because the effect would be a hardening of defenses and resistances.

Fourth case scenario: therapy by phone

Teletherapy by the mean of phone contact is a different kind of experience. Presently, the clients with whom I do therapy by phone are persons with whom I have had at least one year of face-to-face therapeutic work, if not much more. With some of these clients, I can do a great deal of body work, which continues to amaze me. With other clients, I cannot do as much. It depends on their setting and/or on the ease with which they feel comfortable to do body work within the phone session modality. One thing is for sure: therapy sessions by phone are radically different from online video sessions. The rapport is much more intimate. We can hear the other person's breathing, the emotional color in her voice, the eloquence of her silences, the hesitations in the speech, all of which may signal the emergence of a resistance or, on the contrary, the welling-up of an emotion. Given the fact that we do not see the body at all, it is important to frequently check out what is the bodily posture of the person, what kind of sensations she notices in his/her body, how is her breathing, how is the quality of her grounding. Again, it is necessary to regularly check how the client can self-regulate during the work.

Bottom line: we need to be aware of our capacities and limitations in teletherapy

Teletherapy demands us to reassess our capacities and our limitations with regards to helping our clients move through their resistances and contain their experience. When we are in a face-to-face setting, we have many strategies at our disposal in the eventuality of an emotional flooding, a dissociation or a freezing response on the part of our client. This is not so much the case in a virtual encounter where our only resource to help a client contain and self-regulate may be our voice. Interestingly enough, in my experience, and in that of some of my colleagues, it appears that many clients are intuitively learning to self-regulate, knowing that they cannot count on our physical presence to help them contain and regulate their experience.

Positive side effects

In all the scenarios presented above, teletherapy requires us to rely much more on what the client can tell us about their sensations, their emotions and their general experience, including that of noticing resistances. One of the positive side effects of this practice has been to develop/reinforce in our clients their capacity to be self-aware. As a result, clients become more involved in their own therapeutic process as a proactive member of a "team", when they are invited to participate in the therapeutic "expertise" that is needed to enable them to evolve in their process.

Additional Reflections on the Work with Resistances in Teletherapy

Resistances and reality factors in teletherapy

In the context of teletherapy, sometimes resistance should be put into perspective, as some resistances may be triggered because of the setting in which the clients find themselves. For example, a client who refrains from voicing loudly during expressive work on anger may be concerned that her young child, her husband or neighbours may be hearing her. Of course, such reluctance to voice loudly may also be part of the client's typical characterological defense system. However, although an element of reality should be acknowledged to explain the resistance, this reality factor due to the setting (client being in her home) may nevertheless offer an opportunity for exploring analytically the meaning of the client's resistance. For example, the therapist can ask: "Who was it you

were afraid could hear you when you were voicing your anger as a child? Whom might have you been afraid to upset?" etc. In a word, even though a resistance may partly be "justified" by a reality factor, it still needs to be analyzed if we want to help our client gain a deeper understanding of her characterological patterns.

Different physical setting, different props and resistances … from both sides

In our offices we have at our disposal all the props, or instruments, we deem useful to do body work with our clients: breathing stool, mattresses, towels, blankets, rolls, gym ball, etc. When doing teletherapy, our clients are in their own setting and may not have the same props at their disposal. This can be a motive for them to not do certain exercises. For the therapist, it may prove difficult to assess whether the client is avoiding doing a specific exercise because of resistance or simply because they do not have the necessary conditions to properly do the exercise. Whatever the case, the best response on the therapist's part would be to adapt body work proposals to the client's physical environment and see if that helps them move beyond whatever resistance they may have for doing a specific exercise.

But it may well be that the resistance would come from the therapist in the guise of refraining to propose some energetic work strategies, concluding beforehand that certain strategies cannot be used, without even trying. Chances are the therapist would then tend to fall back on verbal interactions while doing minimal energetic work, which could be a form of collusion with the client's resistances.

Attitudes to keep in mind when working with resistances in the context of teletherapy

In teletherapy, it is as important to confront resistances as it is in a face-to-face setting. However, it is important to do so with sensitivity, precisely because the client cannot count on our physical presence to help them contain and self-regulate if there are reactions of emotional flooding, freezing or dissociation following an upsetting intervention. This is especially the case with clients who come to us with early issues and with a history of trauma who may experience a collapse, even momentarily, of the defense system if their resistances are confronted in a brutal way.

That is not to say that we should err on the side of complacency and collude with the client's defenses. Defenses and resistances must be pointed out

and recognized such. Once named, the therapist can evaluate to what extent the client is ready and open to explore these resistances. If they are open to such exploration, it will be possible to invite the client to openly express a resistance using body work techniques, even in the context of teletherapy. This type of work is most useful to help the client understand: 1) the function of his/her defenses and resistances, 2) the context within which they have started to take shape historically, and 3) what do they mean with regards to their therapeutic process.

Some Research Data Comparing Face-to-Face and Teletherapy Interventions

As we have experienced, those of us who had to adapt to this new therapeutic modality, teletherapy has challenged us in various ways. Because of the pandemic we were obliged to rethink our interventions due to sanitary restrictions. However, the various technological means at our disposal have fortunately enabled us to continue our work with many of our clients. Some of us were even surprised to see the extent of what could be accomplished with clients within this new therapeutic modality.

As we conclude, it is interesting to highlight some research data regarding the efficiency of teletherapy compared to face-to-face therapy as well as its impact on the quality of the relationship. Recently, I took a two-and-a-half hour continuing education online workshop offered by the Order of Psychologists of Quebec. This workshop was offered by Dr. Stéphane Bouchard, who is the head of a Canadian research committee on cyberpsychology. In that online workshop, Dr. Bouchard presented a variety of research data comparing the two modalities: teletherapy v. face-to-face psychotherapy. These data tend to demonstrate that there is no significant difference between the two types of interventions when measuring: a) the quality of the therapist-client relationship, as well as, b) the efficiency of the interventions. (Dr. Bouchard's Charts, illustrating these conclusions, are attached as an Appendix to this article). True, most studies that are reported by Dr. Bouchard were conducted in the context of CBT interventions. However, he presented at least one study that was conducted in the context of psychodynamic analytical interventions, which is closer to the kind of therapy we practice, and the research data gave a similar result.

These data are encouraging for those of us who had to adapt our interventions to the teletherapy modality. But regardless of the kind of work we are doing within this modality, there are two major key abilities we still need to cultivate if we are to ensure the quality of our therapeutic work, and these abilities are:

- The quality of attunement we can offer our clients even from a distance
- The attention devoted to our clients' capacity for self-regulation during the work

Displaying these abilities supposes a high quality of presence on our part as therapists. As most of us have probably found out, maintaining a high quality of presence is challenging when doing online video sessions (for some of us, it seems this is less the case when doing sessions by phone). Online video sessions can be exhausting in various ways.

A colleague from Massachusetts[4], has shared with us a document from a therapist named Rosemary Gaddum Gordon (2020) that offers concrete suggestions, especially regarding the prevention of visual tiredness. I find these suggestions relevant to the topic of my article because I believe that visual tiredness may prevent us from noticing cues that can indicate that a resistance is at work, not to mention the fact that visual tiredness may play into our own resistances as we become less alert, less proactive and possibly less present. Maybe many of us already apply these suggestions in our practice, but I thought it might be useful as a reminder, to include them here.

Video Streaming and Your Eyes

Avoid:

- *Staring at the screen*
- *Narrowing the visual field*
- *Reduced breathing*
- *A rigid body*

Ways and means:

- *Sit so you can breathe deeply and easily. Support your back so you can be comfortably upright.*
- *Set up your screen so that you have plenty of space behind the monitor; you can face into a room or towards a window that doesn't get direct sunlight, for example. This allows for a more 3D experience, which helps your eyes focus more easily. It allows your peripheral vision to be more stimulated, which in turn helps you not to over-focus or narrow either the depth or breadth of your visual field.*
- *Avoid staring because it reduces the movement of the eyes. When the eyes are not moving freely, we do not see as well. Staring in this sense is a mental state; we "park" the eyes while the mind has become visually disengaged. If the train of thought is useful, however, you can close your eyes or look away from the screen while you follow it.*

4 Susan Kanor, IIBA Faculty member.

- *Blink frequently, about once every 5 seconds. When we concentrate, we tend to blink less, and we need the blinks to both cleanse and lubricate the eyes as well as to help us not to "stare" at the image.*
- *Be curious, look at the details on the screen rather than trying to take it all in at once. If it's just a face, for example, look at the particulars of that face as if you were going to sketch it.*
- *Change your focal distance often; look out of a window or around the room every 5 minutes or so. If possible, look at objects that are at least 20 feet away. It is less distracting to the other person, when our eyes are aimed at a view seen just above the screen.*
- *Don't sit too close. Avoid straining. I suggest you sit at about arm's length from the screen. If you need glasses, figure out which ones are best for this situation, experiment. Wear the weakest prescription that allows you to see comfortably and encourages you to relax.*
- *In large gatherings it is often acceptable to stop your video for a few minutes. This allows you to get up, stretch, swing and/or palm to rest your eyes.*
- *When you get up and move about, let yourself notice the apparent motion of the furniture or the view out of the window. Again this will stimulate your peripheral vision and allow your eyes to relax and your mind to be more open.*
- *Move, wriggle in your chair. Avoid getting stuck in one position. Just like the eyes, the body needs to move to stay comfortable. Some people like gel pillows or gym balls because they encourage constant micro-adjustments and keep the body alert. Standing desks are also excellent for this reason.*
- *We all take in and process information differently. Some of us look upwards when we're picturing something, at other times we look sideways or downwards as we access other areas of our brain. It is all normal and we need to both allow ourselves to look away from the screen, as well as allow others to do the same. In normal in-person conversations we often look around as we speak. On the screen it just becomes more obvious.*

(Rosemary Gaddum Gordon, 2020)

Conclusion

Finally, I would like to share with you one last quote that another colleague from Texas[5] has shared with us. It is a quote from Dr. Gianpiero Petriglieri (2020), a medical doctor and psychiatrist who is an associate professor of organizational behavior at INSEAD in France. This quote highlights the phenomenon of general tiredness we experience when we do videotherapy online.

5 Barbara Davis, IIBA Faculty member.

It is especially eloquent for us bioenergetic analysts for whom bodily sensations are so central:

> "I spoke to an old therapist friend and finally understood why everyone is so exhausted after video calls. It's the plausible deniability of everyone's absence. Our minds are tricked into the idea of being together when our bodies feel we're not. Dissonance is exhausting. It's easier being in each other's presence, or each other's absence, than in the constant presence of each other's absence. Our bodies process so much context, so much information, in encounters, that meeting on video is being a weird kind of blindfolded. We sense too little and can't imagine enough. That single deprivation requires a lot of effort."

I wish you good continuation in your teletherapy practice. Even though many of us may have started again to see some of our clients face to face, other clients may decide that they prefer to continue their work though teletherapy or through a mix of face-to-face and teletherapy. One thing is for sure: what we will have learned due to the confinement and the necessity to adapt our clinical practices will have transformed us into more attentive, more flexible and more resilient therapists.

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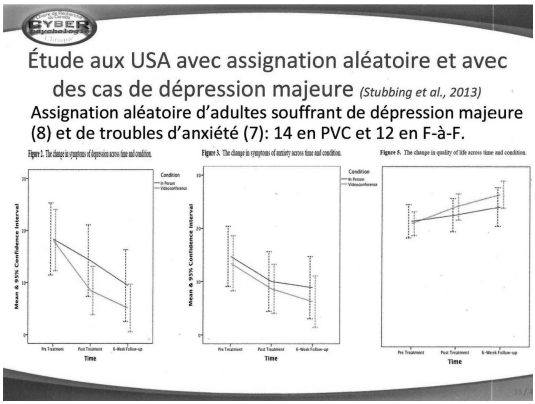
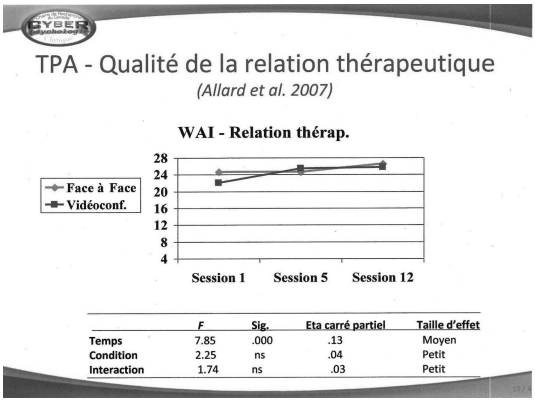
Appendix
Charts from Dr. Stéphane Bouchard's online course

These charts compare efficacy of face to face vs. video therapy sessions with various types of problems as well as the quality of the therapeutic relationship in both modalities



Comparative efficacy in cases of severe depression and anxiety; *Left hand chart:* diminution of symptoms of depression; *Center chart:* diminution of symptoms of anxiety; *Right hand chart:* improvement of quality of life



Comparative quality of therapeutic relationship; *Face-to-Face:* top line; *Video sessions:* bottom line

Considerations When Working Bioenergetically Using Videoconferencing

Diana Guest & Jan Parker

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Abstracts

This article describes how bioenergetic therapists have had to adjust their clinical work due to the pandemic. We discuss factors to consider when working virtually or by telephone as well as the limitations imposed by the pandemic. Specific suggestions designed to assist the therapist in connecting, tracking, and working with clients are described. Ways to adapt bioenergetic techniques are included. We offer specific examples from the authors and our colleagues about how to adapt somatic interventions to the virtual environment. Additionally, therapist self-care, including ways to reduce Zoom fatigue, is addressed.

Keywords: videoconferencing, virtual environment, holding environment, bioenergetic techniques, self-care

Considerações sobre o trabalho bioenergético através de videoconferências (Portuguese)
O artigo descreve como os terapeutas bioenergéticos tiveram que se adaptar ao trabalho clínico durante a pandemia. Discutem os fatores a ser considerados quando se trabalha remotamente via virtual ou pelo telefone e as limitações impostas pela pandemia. Descrevem sugestões especificas uteis, para ajudar o terapeuta no contato, no tratamento e no trabalho específico com os pacientes. E trazem para os colegas exemplos de intervenções corporais no ambiente virtual. Eles ainda trazem sugestões para o auto cuidado do terapeuta, inclusive maneiras de lidar com o cansaço causado pelo zoom.

Consideraciones trabajando bioenergéticamente usando videoconferencia (Spanish)
Este artículo describe de qué modo terapeutas bioenergéticos han debido ajustar su trabajo clínico en pandemia. Discutimos factores a considerar cuando trabajamos virtualmente o por teléfono y las limitaciones impuestas por la pandemia. Se describen sugerencias específicas

designadas para asistir al terapeuta en contacto, seguimiento y trabajo con pacientes. Se incluyen adaptaciones de técnicas bioenergéticos. Describimos ejemplos específicos de autores y colegas sobre cómo adaptar intervenciones somáticas al ambiente virtual. Le sumamos, además, auto-cuidado del terapeuta, incluyendo cómo reducir la fatiga provocada por el Zoom.

Considerazioni sul lavoro bioenergetico in videoconferenza (Italian)
L'articolo descrive il modo in cui i terapeuti bioenergetici hanno dovuto adattare il loro lavoro clinico per via della pandemia. Esponiamo i fattori di cui tener conto quando si lavora in remoto o via telefono e le limitazioni imposte dalla pandemia. Vengono descritti specifici suggerimenti utili ad aiutare il terapeuta nel contatto, nel tracciamento e nel lavoro con i pazienti. Vengono inclusi dei modi per adattare le tecniche bioenergetiche ed offriamo esempi specifici che ci vengono da autori e colleghi sull'adattamento degli interventi corporei nel lavoro in ambiente virtuale. Inoltre, viene affrontato il tema della cura di sé del terapeuta, compresa la fatica derivante dall'utilizzo di Zoom.

Suggestions pour le travail bioénergétique par vidéoconférence (French)
Cet article décrit comment les thérapeutes en Analyse Bioénergétique ont dû adapter leur travail clinique en raison de la pandémie. Nous discutons des facteurs à prendre en compte lors du travail par média informatique ou par téléphone ainsi que des limites imposées par la pandémie. Des suggestions spécifiques conçues pour aider le thérapeute à se connecter, à suivre et à travailler avec ses clients sont décrites. Des manières d'adapter les techniques bioénergétiques sont incluses. Nous offrons des exemples spécifiques des auteurs et de nos collègues quant à la façon d'adapter les interventions somatiques à l'environnement virtuel. En outre, la prise en charge du thérapeute par lui-même, y compris les moyens de réduire la fatigue associée à l'utilisation de Zoom, est abordée.

Überlegungen zum bioenergetischen Arbeiten mit Videokonferenzen (German)
Dieser Artikel beschreibt, wie bioenergetische Therapeut*innen ihre klinische Arbeit aufgrund der Pandemie anpassen mussten. Wir diskutieren Faktoren, die bei der Arbeit im virtuellen Raum oder am Telefon zu berücksichtigen sind, sowie die Einschränkungen, die wegen der Pandemie verhängt wurden. Es werden spezifische Vorschläge beschrieben, die der Therapeut*in helfen sollen, mit Klient*innen in Verbindung zu treten, sie zu führen und mit ihnen zu arbeiten. Es werden Wege aufgezeigt, wie bioenergetische Techniken angepasst werden können. Wir bieten spezifische Musterbeispiele von den Autor*innen und unseren Kolleg*innen an, wie man somatische Interventionen an die virtuelle Umgebung anpassen kann. Zusätzlich wird die Selbstfürsorge der Therapeut*in angesprochen, einschließlich der Möglichkeiten, die Zoom-Müdigkeit zu reduzieren.

Когда приходится вести биоэнергетическую работу с использованием видеоконференций *(Диана Гест и Йан Паркер)* (Russian)
В этой статье описано, как биоэнергетическим терапевтам пришлось корректировать клиническую работу в связи с пандемией. Рассмотрены факторы,

которые необходимо учитывать при работе он-лайн или по телефону, а также ограничения, налагаемые пандемией. Описаны разработанные нами конкретные предложения, призванные помочь терапевту в налаживании контакта, отслеживании процесса и работе с клиентом. В том числе способы адаптации биоэнергетических методов. Мы предлагаем конкретные примеры того, как адаптировать телесные вмешательства при виртуальном общении, от авторов и наших коллег. Кроме того, внимание уделено тому, как терапевт может позаботиться о себе, в частности, как снизить усталость от Zoom.

躯体动力分析视频会议的一些思考 (Chinese)

本文描述了躯体动力分析治疗师如何在新冠疫情下对临床工作做出调整。我们讨论了一些视频虚拟或电话工作的因素，还有由于疫情而引起的一些限制。给予治疗师在链接、跟进和与案主工作的方面一些具体建议。包括一些躯体动力分析的技术。作者和其他同事提供了具体的案例说明如何在虚拟环境中进行躯体干预。此外，治疗师的自我关爱，包括减少Zoom工作产生的疲惫等。

Introduction

The COVID-19 pandemic has dramatically changed how people live. Most therapists have had to work virtually, by videoconference or telephone, for at least some segment of time, and may continue to have to do so for months longer. This article will discuss aspects of working virtually or by telephone, including topics to consider and ways to work bioenergetically in those formats. Most of us, as well as our clients, have had a significant change in our routine and schedule including the need to stay home to feel safe. This has resulted in increased time with children, partners, roommates, or other family members, working from home or not working at all. Additionally, the need for social distancing and wearing masks can lead to people perceiving others as unsafe. Due to this many people are experiencing an increased awareness of anxiety related to survival which was not present before.

One of our goals as Bioenergetic therapists is to help people live in reality and manage living with the unknown. Another is to experience joy and aliveness which is more difficult in our current environment. Our work has to do with being present with the client's energetic presence, observing the body, working with the body, and often the use of touch as an intervention. However, when we work virtually the ability to feel the energetic presence is decreased, we are not able to see the whole body or if we do it is from a significant distance, and we are not able to use touch. Working on the telephone has its own limitations as well.

Some initial questions to consider when working virtually include: How do you feel someone's energy? How do we create a new holding environment? How

do we assist clients to feel their energy virtually? Does asking what happens when they see your face or hear your voice help their nervous system relax? How can the tone of our voice help regulate the other? and How can we feel connected to each other? These are some of the topics we will discuss further.

When working virtually "our minds are tricked into the idea of being together when our bodies feel we're not. Dissonance is exhausting. It's easier being in each other's presence, or each other's absence, than in the constant presence of each other's absence. Our bodies process so much context, so much information, in encounters, that meeting on video is being a weird kind of blindfolded. We sense too little and can't imagine enough. That single deprivation requires a lot of effort" (email from Helen Resneck-Sannes).

In preparing your clients for work online there are several factors to consider. It will be important that they are wearing loose clothing and have space in which they can move. Ideally, you want to ensure that clients have earphones and mics that allow them to hear well, talk freely, and move about the room. This could be using the computer microphone or having a wireless headset. It would be important to discuss this in the first session online. Another factor is understanding and dealing with the technology. Not all clients are familiar with how to use technology such as Zoom so this can be a learning curve for them. Sometimes the screen can freeze, and this could potentially impact the flow of the session.

It is important to inform your clients that staring at the screen and narrowing their visual field without a break can lead to increased fatigue. Whether you are working with Zoom, Skype, WhatsApp or Facetime, etc., it is important to begin your session by establishing safety for both you and the client. You may be entering the visual space belonging to the client, whether it is their home or office, and vice versa, for the first time. This changes the therapeutic frame and needs to be talked about. If you are in your office while you are working online are you sitting where the client will see the same background as when you are both there? If at all possible, for some clients, it would be important to set up your computer or other device so that the client has the same view as when physically in the room. Familiarity of surroundings is certainly a safety element.

Another aspect of safety is how close your clients want you to sit to the computer screen. This determines how much of you they can see. If you are sitting close to the computer and clients can only see your face it may be too much for some. If they are sitting close, they may feel "on the spot" while others may have difficulty discussing issues about which they experience shame. Some clients are more comfortable using the telephone because not being seen makes it easier to speak of things about which they feel shame. Other clients will want you to sit close so they can see the expression in your eyes and on your face. Additionally, both the client and the therapist need to have privacy during the session. This can

be difficult if there are multiple people living in the same space. This must also be discussed. Once safety has been established the work can begin.

Working in Session with Clients

When working with clients virtually or on the telephone, it is important to consider how we maintain the connection, track the client, and communicate what we want them to do when we are not in the same room. For example, clients may lower their head and it may be difficult to tell if they are crying or laughing. You may need to ask clients what they are feeling in that moment without it feeling like a disconnect or that you are imposing something on them that you want them to feel. This may result in slowing the process.

When using videoconferencing it is wise to take a few moments for you both to get present to the new situation. One way to do so is to have clients close their eyes, breathe, and feel the chair. Next have them notice what they are feeling physically, and emotionally while their eyes are still closed. When working with new clients you may need to assist them in exploring their body sensations using prompts such as: Can you feel your back against the chair? Can you feel your buttocks on the chair? Can you feel your feet on the floor? Once they appear to be present with their body you can ask them to open their eyes and ask what their experience is of themselves. Then you can move into the work of the session.

If you have clients who are stuck in their head and talking fast in a live session you could put a hand on their knee or do some other physical action. It will take a different type of intervention online to interrupt that defense and some clients may have difficulty even hearing you when they are talking so fast. Therefore, saying "I need to stop you here because I want to hear all that you are saying" or pointing out the defense and obtaining agreement to interrupt can be interventions that may assist with those clients.

There could be a time when the use of a prop might aid in demonstrating what you want the client to do or as an educational tool. One bioenergetic therapist shared with us an example of a client who had an ongoing difficulty accepting or feeling her husband's support when he would touch her. The client stated that her husband pats her back when he holds or hugs her. The therapist was aware that the client's mother would do this when she was a small child to stop her from crying. So, when her husband does this it takes her back to this childhood experience. The therapist used a teddy bear to demonstrate how she can ask her husband to place his hands and refrain from patting so that she can take in the support. The therapist also asked the client to practice that touch with a stuffed animal or pillow herself.

There are many bioenergetic techniques that can be used in a virtual session. The first aspect to consider is how the volume of expression feels safe and accept-

able to clients, considering their surroundings. One way to reduce the volume while hitting a surface to express anger is to use a towel folded in half and hit as they would with a tennis racket. Another way where clients can fully express sound is for them to put two corners of a towel in their mouth making sure that the tip of the corner is securely on their molars. They can bite down on the towel while using their voice to express the feeling that is coming up. Another common technique is to have clients scream into a pillow. This reduces the sound and facilitates the expression of anger or fear. Both of these techniques can lead to a deepening of affect and a sense of release. Clients can be surprised by the release and relief from emotional expansiveness and the pulsation/energy that is awakened in their body. It is important for them to also realize that the experience is real even though it occurs in a virtual session.

When clients go into a deep expression of emotion therapists can use their voice as a way to maintain the connection with the client. Once clients complete the emotional expression, it is even more important when working online to follow this expression with grounding techniques due to the barriers created when working in a virtual session. Each therapist needs to assess how comfortable they are taking their clients into deep emotional states while working virtually. Some therapists are more comfortable working by phone. Therapists who stated this commented that the voice never lies, and it is easier for them to assess the state of their clients in the moment. These therapists are more likely to be auditory processors and are thus more able to connect, assess, and track clients over the telephone.

Many interventions that can be used online include towel twisting, wall sitting, grounding, breathing, bow, exaggerating a posture, swinging arms around, stomping feet, the "get off my back!" exercise, moving eyes around, making different facial movements, squeezing a pillow, and hitting with a towel. These are all bioenergetic techniques that clients whom you have been working with will be familiar. However, they are also useful to introduce to new clients as deemed appropriate for deepening bodily awareness, helping clients to become more present, expressing emotions or for the purposes of grounding.

We can't physically touch our clients, obviously, but we can still use touch in our sessions using different skills. You can begin with simple exercises, for example, getting them to place their hands on their body where they feel tension or emotion. Ask them what they notice as they do that. They can also breathe into the contact of their hands on their body. Listening to your voice while they feel that contact can facilitate a sense of not being alone. You could have clients hug themselves and imagine your arms, or some significant person's arms, around them. Even though they are touching themselves it is being done in relationship to you and may bring up feelings from the past. What are they receiving from the touch? Is it support, a feeling of contact, or is it disturbing in some way? Ask them what their body needs in the moment and what they can give

to themselves while remaining in contact with you. Therefore, it is important to use your voice to maintain the relationship and your presence during their work.

It will be important when working online to verbally process the work during the session and certainly as part of the closing section of the session. It is also important to help clients know that the experience and the relationship with you are real even though they are happening in a virtual session.

At some point when working online, clients may want to return to working face-to-face. Once there is a mutual agreement to do so there will still be new guidelines to consider. For example, both of you may be wearing masks. How does that impact the therapy? You may need to sit 6 feet apart as well. Both of these reduce the therapist's ability to track the client in the same way we could prior to the onset of COVID-19. Another aspect to consider is the recommendation not to stay in an indoor setting for long periods of time. This may mean that sessions are held outside on a balcony or patio or that windows are open, both of which reduce the degree of privacy and expressive work. Therapists may no longer be willing to see clients back-to-back so that they can take a break and get outside or sanitize their office prior to the next client session.

Another important issue that will need to be discussed is a fear of touch resulting from the pandemic. First therapists have to reflect on what kind of touch, if any, in which they are willing to participate. Once that has been determined then therapists should have a conversation with clients to determine their boundaries around touch. It is important that both people are comfortable in re-establishing touch in the therapeutic process.

Therapist Considerations

It is equally important to discuss the impact on the therapist of working virtually or by phone. This next section of the article describes several topics which therapists need to think about and plan. It is important that therapists feel competent and confident in whatever modality they are choosing to work in and to which they must adjust. For example, is the therapist an auditory, visual, or kinesthetic processer? Someone who is more auditory might work more easily on telephone and someone more visual online.

Another topic on which to reflect is that working virtually can lead to fatigue due to the need to focus on the screen, not allowing your gaze to change, not being able to hear the client well, potentially feeling more examined by the client due to the size of the face on the screen or feeling like clients are invading the therapist's space if the therapist is working from home.

Some factors that can help are making sure that you have a comfortable chair that supports your back and that you sit so that you can breathe deeply and easily.

It is important to set your screen so that you have plenty of space behind the monitor. You can face into a room or a window that does not get direct sunlight. This allows your peripheral vision to be more stimulated, allows your eyes to change focus which can reduce the fatigue factor. Avoid staring as that reduces the movement of the eyes and remember to blink frequently. Another helpful reminder is to move between focusing on the client in the foreground and the background behind the monitor or looking up at times. Moving in your chair, for example, using a gel pillow or sitting on a ball which encourages micro-adjustments will help keep the body alert.

It is equally important to stay connected to yourself which may require a different kind of focus than those used in the office. You are attempting to connect through a two-dimensional machine so it can be very difficult to both focus on the client and on yourself. The lack of an energetic connection in the moment may also contribute to the ability to stay present with the client and/or yourself. Our ability to somatically resonate is diminished and therefore we must draw on other internal resources to connect through the computer or the phone. Reflecting on how you maintain your sense of internal self in the office can also a key ingredient.

Given the facts of working virtually the need for therapist's self-care is more essential than ever. Frequently checking in with your own energetic flow and scheduling clients to match that experience is also important. This may mean that you need to take more breaks in between clients or taking time off after a full day of sessions, thus working fewer days. Reflecting and doing the activities that nurture you is also an important part of self-care. Connecting with colleagues and friends also can be renewing.

Conclusion

The changes we have had to make are out of our control, and we have had to adjust in ways we have never experienced before. How do we stay true to what we know how to do as bioenergetic therapists while being constrained by having to work virtually? How do we adjust to this new normal? In some parts of the world working virtually may continue until there is a vaccine and most people have taken it. The challenge is that we value touch and working with the body. However, we have no choice but to work virtually or on the phone. Therefore, we must be vigilant in helping clients and ourselves remain embodied and energetically alive.

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A Window on the Pandemic Emergency: Reflections and Actions

The Contribution of Bioenergetic Analysis

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Abstracts

The article can be defined in two parts. The first concerns a more personal reflection on the meaning of the lockdown experience for me. The second part, on the other hand, represents a more theoretical reflection on online sessions and on those therapeutic factors that affect the possibility of having meaning, transformation and change, even though this modality is quite "new" for me and for many bioenergetic psychotherapists. This article highlights that every therapeutic act starts from empirical experience and then the elaboration allows the transformation of the theoretical and sensory boundaries.

Keywords: empathy, somatic and energetic autoregulation, relationship, grounding

Uma janela para a emergência da pandemia. Reflexões e ações, a contribuição da análise bioenergética (Portuguese)
O artigo compreende duas partes. A primeira é uma reflexão pessoal do autor sobre o que significou a experiência do confinamento para si. A segunda parte é uma reflexão teórica do autor sobre aos fatores que influenciam na possibilidade de dar significado, transformação e mudança na sessão online, sendo esta uma modalidade nova para si, e para muitos outros terapeutas. Este artigo salienta que todo ato terapêutico começa na experiência empírica para então proceder à elaboração que permitirá a transformação tanto da teoria quanto das fronteiras sensoriais.

Una ventana en la emergencia de la pandemia. Reflexiones y acciones, la contribución del Análisis Bioenergético (Spanish)
El artículo se define en dos partes. La primera es una reflexión personal sobre el significado de la experiencia del confinamiento (lockdown) para mi. La segunda parte, por otro lado,

representa una reflexión teórica sobre las sesiones online y sobre los factores terapéuticos que afectan la posibilidad de dar significado, transformación y cambio, mismo en estas modalidades "nuevas" para mi y para la mayoría de los psicoterapeutas bioenergéticos. Este artículo destaca que cada acto terapéutico comienza en una experiencia empírica y que su elaboración permite la expansión de las fronteras teóricas y sensoriales.

Una finestra sull'emergenza pandemica. Riflessioni e azioni, il contributo dell'analisi bioenergetica (Italian)
L'articolo può considerarsi composto da due parti. La prima è una riflessione personale su cosa ha significato per me l'esperienza del lockdown. La seconda parte è una riflessione teorica sulle sedute online e sui fattori terapeutici che influenzano la possibilità di dare significato, trasformazione e cambiamento nonostante questa modalità piuttosto "nuova" per me e per molti terapeuti bioenergetici. Questo articolo mette in luce che ogni atto terapeutico parte dall'esperienza empirica e che l'elaborazione permette la trasformazione dei confini teorici e sensoriali.

Une fenêtre sur la crise pandémique. Réflexions et actions, la contribution de l'Analyse Bioénergétique (French)
L'article comporte deux parties. La première concerne une réflexion plus personnelle sur la signification de l'expérience du confinement pour moi. La seconde partie, par ailleurs, représente une réflexion plus théorique sur les séances en ligne et sur les facteurs thérapeutiques qui affectent la possibilité d'avoir un sens, une transformation et un changement, même si cette modalité est assez "nouvelle" pour moi et pour de nombreux psychothérapeutes bioénergétiques. Cet article souligne que tout acte thérapeutique débute par une expérience empirique et que son élaboration permet ensuite de transformer les frontières théoriques et sensorielles.

Ein Fenster zum pandemischen Notfall. Gedanken und Maßnahmen. Der Beitrag der bioenergetischen Analyse (German)
Der Artikel kann in zwei Teile gegliedert werden. Der erste betrifft eine eher persönliche Reflexion über die Bedeutung der Lockdown-Erfahrung. Der zweite Teil hingegen stellt eine eher theoretische Reflexion über Online-Sitzungen und über jene therapeutischen Faktoren dar, die die Möglichkeit beeinflussen, Bedeutung, Transformation und Veränderung zu erfahren, auch wenn diese Modalität für mich und für viele bioenergetische Psychotherapeut innen ziemlich "neu" ist. Dieser Artikel hebt hervor, dass jeder therapeutische Akt von der empirischen Erfahrung ausgeht und anschließend das Herausarbeiten die Transformation der theoretischen und sensorischen Grenzen ermöglicht.

Широкий обзор опасностей пандемии. Размышления и действия, вклад в биоэнергетический анализ *(Патриция Мозелли)* (Russian)
Статья делится на две части. Первая содержит мои глубоко личные размышления о том, что несет опыт локдауна. Вторая же представляет собой

теоретические размышления о сеансах онлайн и о терапевтических факторах, влияющих на значение, трансформацию и изменение, даже если такой способ для меня и многих биоэнергетических психотерапевтов достаточно "новый". В статье подчеркивается, что каждый терапевтический акт начинается с эмпирического переживания, его дальнейшая переработка позволяет трансформацию теоретических и сенсорных границ.

疫情危机下的窗口。关于躯体动力分析的贡献的反思与行动 (Chinese)
本文分为两个部分，第一部分是关于我在疫情下禁足体验的个人反思；第二部分，是关于线上个案的理论性思考，尤其是那些影响到意义、转化和改变的理论性因素。无论如何这些改变对于我和很多躯体动力分析治疗师来说都是很"新"的。本文强调了每一个治疗方法都自体验开始，而后的复杂性促使了理论和感知界限的转化。

Introduction

We have been going through a very difficult phase of our experience. The pandemic situation and the consequent restrictive measures have presented us with new challenges, both as individuals and as professionals. So, this situation has given me the opportunity for deep reflection. My perception has been that Italian people, in particular, tried to respond with so much humanity, so much force, and also so much resilience to a very hard historical moment.

With this contribution, I intend to describe how bioenergetic analysis, in these difficult circumstances, helped us. So how has bioenergetic analysis responded to this new dimension that characterized this emergency health situation?

We should start from the fact that we must not lose faith in self-regulating and vital forces, even if we are forced to remain closed-in at home and to "suspend" all those dimensions that are natural for us. I was thinking back to when I interviewed Alexander Lowen in Corfu, Greece, in May 1994. He had recently written *Joy: Surrender to the Body* and had already dealt with this theme in his book *Narcissism* (1985). In this later book, Lowen underlined the problems of individual narcissism, and importantly, he highlighted the cultural and social narcissism in which the individual is embedded. Already in the 1980s, Lowen had highlighted the danger concerning the actual living situation, in terms of "no-contact", in terms of disconnection from our body, from our emotions and from our vital energy. He said that "maybe a disaster will bring everyone back in touch with their humanity." Many years have passed, and perhaps we have been experiencing that "disaster" mentioned by Lowen.

The current crisis

A great crisis, one of the most serious ever experienced, has occurred. A crisis not only concerning Italian people, but a worldwide crisis, which demands we reconsider all that we have taken for granted, and also that which has not been taken for granted. Everything that was considered free, such as freedom of movement, has now become a really basic need of the individual. Inevitably, this situation leads us to review all those values and dimensions that we consider essential in our life.

Therefore, we cannot underestimate this new condition of "staying closed": we are now living in a condition of effective closure, due to the mandatory quarantine. And this new dimension of needed – but forced – closure, has now allowed us to reflect on what is important for us, and how we can still feel free and vital even if our freedoms have been restricted.

We have had to stay indoors to protect ourselves and the others, but also, we have had to remain open to meet others in other ways, and in some way to continue to "travel", if not with our physical body, then with our spiritual body. It has been essential to keep this connection with ourselves alive, as well as with our loved ones.

I believe it has been significant, for us psychologists, to respond to the needs of our clients in the way they were expressed. This might have meant respecting their will to remain isolated, even to stop the therapy, or their desire to see us if this was important for them. I also believe it was essential not to avoid the patient's request to meet in person, because basically we practice a socio-health profession.

Anyway, the lockdown situation has led many of us, psychotherapists in bioenergetic analysis, to review many of our ideas and opinions about online psychotherapy. It is a bit like rediscovering the wisdom of that popular saying: "to make a virtue of necessity".

I continued to hold sessions in person (which still represents my favorite way to operate in the clinic), respecting each other's borders and health regulations. But I also felt the importance of respecting the needs of those patients who, while wanting to respect the total lockdown, did not want to stop psychotherapy and who therefore asked me to meet in online settings. Therefore, this mode has certainly been "a novelty" to me.

In the past, I have always discouraged online psychotherapy, as well as supervision sessions. When patients moved to another place and asked to continue psychotherapy via internet, I have always encouraged them to search for another psychotherapist in the area in which they were living.

This rigidity of mine has been rather longstanding. It has expressed, in some way, a deep distrust of this form of psychotherapy. Looking back on this position of mine, I am able to realize that my position did not start from "experience" but rather from value biases about psychotherapeutic work. Abstract ideas or ideology should not guide theory, since there is the risk of the theory not being

thoroughly grounded in reality. In this emergency health situation, where reality has "imposed" new perspectives on us, what should always happen in the clinic has happened: experience, and not theory, has been given priority. Just think of Freud, Rogers, Reich, Lowen – all those masters who started out from their clinical experience and then derived their theories from their practice.

Reflections on Practice

I have produced some reflections from my experience with online sessions with patients with whom I have previously had face-to-face sessions. I have no experience with patients with whom I started online psychotherapy, and so I cannot reflect on that type of situation.

The first important observation is precisely on the centrality of the therapeutic relationship and the co-construction of a meaningful setting for both the patient and the therapist. It is in fact the mutual intentionality of patient and therapist that makes the exchange meaningful. The therapist's ability to be centered and attuned to the patient, is even more decisive in online sessions, where any "floating" attention, or reverie, risks making connection with the other almost impossible. In fact, it is very easy for the other person to switch to an "offline" mode if the therapist's constant attention is lacking.

It was important for me to find out how much my Rogerian training helped in this phase. The careful use of words, the reflecting-back of experiences and feelings, as well as empathic listening, were all elements that formed a frame of reference to help create a meaningful setting. Empathy, as an element that goes beyond the boundaries of the ether, suddenly made the other "close".

Another aspect that guided my being "active" as a psychotherapist, is more related to my experience in bioenergetics analysis and its basic assumption: "trust in the body and in its self-regulating functions". This trust helped me to risk using interventions on the body, even without all those elements that guide the therapist in the sessions in presence (the ability to perceive the energy, the complexion, the most visible light in the eyes, etc.).

It was fascinating to observe the collaboration of my clients and to note the trust they gave to interventions not mediated by my physical presence, but rather linked to their ability for self-perception, their ability to deepen their breathing, and even to scream when they felt the need. Somehow it seemed to me that they expanded their capacity for an internal "locus of control". It was clear in these moments that my attention on their "window of tolerance" had been even stronger, and that this attention had allowed me to help them modulate the experiences I proposed.

The focus on my body's experience has guided me to feel less concern about the distance of the other and feeling more capable of helping the other. The ther-

apist must be even more capable of developing that "internal space" to feel the other close to herself: body empathy is still a co-construction between therapist and patient.

A fundamental aspect that I have noticed as being more relevant in online settings than in face-to-face ones, is the concern about "image". If it becomes problematic for the therapist, it will almost certainly become problematic for patients. The psychotherapist never has to worry about her/his image. She/he should rather seek the "spirituality" of the image in the other and in herself/himself. It is as if the "ethereal" body should emerge on the virtual body.

It is also important to remember that our clients are content and guided not only in the cognitive aspects of the interaction, but also, and above all, in those aspects of "paraverbal communication" which have always been fundamental in the therapeutic moment. In fact, we need to keep in mind, and even more so in the online mode, that the patient will not only respond to the content of our words, but also to the tone of our voice, to our ability to look at them "truly" in a different way. We need to be close even in the distance and despite the distance of the other.

"My voice will accompany you." This sentence makes me think of how online sessions can help the patient to manage distance. I like to mention it for this reason. The phrase is the title of a book by Milton Erickson (1981), and, although is not a novelty in the field of psychotherapy, it highlights how universal it is to all psychotherapeutic approaches. The phrase is a reflection of the quality of the psychotherapist's "presence", both real (face-to-face) and virtual. However, the virtual presence that can never replace the richness of the other's corporeity.

To me, Skype sessions are therefore an alternative tool, which has allowed and allows everyone to remember the importance of the relationship, even in situations that make "the presence" impossible. But I also believe that, especially in this post-pandemic phase, therapists have the task of motivating the patients to get out of isolation and therefore to make them rediscover the pleasure of contact and relationship with each other.

We are experiencing a very important moment in our history: a radical change is taking place, also in the way we perceive our body and that of the others. The body can in fact be perceived as vulnerable and threatened by the body of the other, that is seen as a potential "enemy". The risk is of falling into a spiral of social paranoia that we should absolutely avoid. The fundamental function of the psychotherapist (in particular of a body psychotherapist) is therefore to keep attention on the body and to keep somatic perception alive in the patient. Our body must become, more now than ever, a guiding tool that protects us.

Therefore, the analogy with the phases of our breathing and with the self-regulating process of our cells is relevant. It indicates the naturalness of movement, characterized by the modulation between "contraction" and "expansion", between closure and opening. We must refer to this energetic modulation and,

through it, we have to go back to our body as a true "safe basis" of our acting and feeling. The image of our energy flows, therefore, becomes a metaphor for our learning to live, every day, with the potential "dangers" of the coronavirus.

So how can Bioenergetic Analysis help us in this situation?

Bioenergetic analysis can help because it is an approach intimately tied to our vitality and therefore to our resilience. Vitality is something that we must exercise not only if we move outwardly, but it is something that we must cultivate inside. We have had time to stop, to reflect, to breathe more deeply, to contact our body. Perhaps it is precisely because our rhythms have slowed down that we can have a greater chance of a different type of contact with our body. Surely, we can practice more of these things than when our busy lives did not allow us to do.

I remember, for example, when I met Alexander Lowen for personal therapy for the first time, many years ago, and on that occasion, he reminded me that, in order to keep the vital energy alive, it was necessary to exercise daily, using the voice and then opening the breath and the diaphragm, precisely to increase energy and therefore our level of vitality. In using our voice we also activate our life force.

During these hard times, we certainly do not need to be depressed. We need our assertiveness and our natural aggression. So, for example, if we feel the need to scream, we can raise our voice. It would be interesting to see how this might help in keeping our inner resources alive. I can recommend all those exercises that Alexander Lowen suggested as a good daily practice.

It is also a time to spend reading, and it has been a good opportunity to review all of Alexander Lowen books, reading them again, through the light of the acquired knowledge. We have had more time to stay online, and therefore we have had more time to watch all the Lowen videos and others related to bioenergetic analysis in general. This has allowed us, as well as our students and all those who practice bioenergetic analysis, to gather a moment for deeper reflection on and analysis of all those fundamental issues.

Contact and support: the work of SIAB in COVID-19 times

It has been very important, in these difficult times, to understand, even more so, the value of physical contact, so fundamental a characteristic, especially for Italians. It has been necessary, therefore, to ask ourselves about the importance of physical contact in therapy. While "contact" was forbidden, we had the chance to reflect on our psychotherapy, which is a body psychotherapy. And it is also

through the mediation of contact that we give so much support to clients. I have also found the topic of contact as a source of "social engagement" very interesting. Contact characterizes Italians so much and we have had to repress this national characteristic. This fact has also let us to reflect on how contact is such a strong therapeutic agent. This particular reflection became relevant, in considering a further investigation about the specificity of our bioenergetic approach.

In times of emergency and crisis, the desire to be useful, to really give support to others, increases. At SIAB, we have activated, thanks to our prior experience, a free online service for psychological support to all those doctors, nurses and all those who were involved in the front line with the coronavirus emergency. It was also available to those who felt frightened or suffocated by this dimension of limited freedoms or felt the need for some help in this very difficult period.

Through #Noicisiamo – the name of the project – we wanted to attest our presence on the national scene. It was presented through a video made in collaboration with IIIBA and posted both on SIAB Facebook and IIBA Instagram. In this video there were also some reflections of mine about these times of social distancing.

SIAB also took part, through the Italian Federation of Associations in Psychotherapy (FIAP), in an important project activated by the Italian Ministry of Public Health. We remained the only Society in FIAP who decided to continue this important collaboration, answering the Ministry's request to extend this service for a little longer period.

SIAB also activated two relevant partnerships and offered a service of psychological support (4 free sessions) through its Clinical Center. The first was to the employees of one of the biggest communication company in Europe (TIM); and the second to the employees of the Airport Company of Rome (ADR), which is the most important airport company in Italy, and the 5th largest in Europe.

Every week there was also an online supervision meeting with all the psychotherapists of the SIAB Clinical Center – the SIAB "Psychological Support Project". This was a way to monitor the activity in order to keep ourselves united and tied together with the power of a great collective embrace. This was our response to "isolation" – being socially active and staying connected. So, our community proved to be very "solid" in facing this crisis situation. We all believe that unity is the real strength.

We have had a continuous exchange of reflections and sharing of activities. Many of our members did classes of bioenergetic movement online and they were promoted on the SIAB Facebook page. Our blog's editorial staff was active and worked on articles about this emergency to post online. I was interviewed "live" on Facebook, by a SIAB member, Luca Castellano, from Colombia, and talked about bioenergetic analysis in COVID-19 times.

We also started teaching our training course online, making the lessons as accessible as possible. Our students demonstrated great resilience, using a lot of

effort following online lessons and remaining strongly motivated. This new tool has now been adopted and it has certainly been an excellent stimulus for reflection. The teaching committee met online, and it has been an occasion to share our impressions about teaching and practice online at an international level.

In conclusion, my thoughts go to the postponed conference that was due to be held in Brazil, and I hope we can find a way to meet internationally online. Anyway, I remain positive and strongly believe that there will be occasions to meet again face-to-face, in the not-too-distant future, and to share the richness of our therapeutic visions, that allow us to confirm, as a common fact, the importance of psychotherapy in today's society.

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Self-Regulation and Psychodynamics in Bioenergetic Analysis

An Approach to Advanced Training

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Abstracts

This article presents ten theses containing theoretical considerations for a postgraduate curriculum as currently tested by the Polish Society for Bioenergetic Analysis. The bioenergetic notion of the self, of affect regulation and of mental defense are modified in order to allow for psychodynamic conflict-, structure- and trauma-pathological concepts to be integrated into Bioenergetic Analysis. Among other advantages, this approach facilitates the work with structural disorders (narcissism, borderline personality disorder) in Bioenergetic Analysis.

Keywords: Bioenergetic Analysis, psychodynamics, structural disorders, affect regulation, organization of the mental defense

Auto-regulação e psicodinâmica na análise bioenergética. Uma abordagem para a formação avançada (Portuguese)
Este artigo apresenta dez teses contendo considerações teóricas para um currículo de pós graduação, como é atualmente testado na Sociedade Polonesa de Análise Bioenergética. Os conceitos bioenergéticos de *self,* de regulação de afeto e de defesa mental são modificadas de forma a permitir que os conceitos psicodinâmicos de conflito, estrutura e trauma – conceitos patológicos, sejam integrados à Análise Bioenergética. Esta abordagem, entre outras vantagens, facilita o trabalho com desordens estruturais (narcisismo, desordem de personalidade borderline).

Autorregulación y psicodinámica en el análisis bioenergético. Un enfoque a la formación avanzada (Spanish)
Este artículo presenta diez tesis con consideraciones teóricas para un currículum de posgrado, como el actualmente experimentado en la Sociedad Polaca de Análisis Bioenergético. Los modelos bioenergéticos de self, regulación y afecto, y de defensa mental se

modifican de modo tal que modelos de conflictos psicodinámicos, estructura y trauma, modelos patológicos, puedan ser integrados en el Análisis Bioenergético. Entre otras ventajas, este enfoque facilita el trabajo con desórdenes estructurales (narcisismo, personalidad borderline) en Análisis Bioenergético.

Regolazione del sé e psicodinamica nell'analisi bioenergetica. Un approccio per la formazione avanzata (Italian)
Questo articolo presenta dieci tesi che contengono riflessioni teoriche per un programma post-diploma attualmente sperimentato dalla Società Polacca di Analisi Bioenergetica. I concetti bioenergetici di Sé, regolazione degli affetti e di difesa psichica vengono modificati per rendere possibile l'integrazione nell'Analisi Bioenergetica dei concetti psicodinamici di conflitto, struttura e trauma. Tra gli altri vantaggi, questo approccio facilita il lavoro bioenergetico con i disturbi strutturali (narcisismo, disturbo borderline di personalità).

La régulation du soi et les processus psychodynamiques dans l'analyse bioénergétique (French)
Cet article présente dix thèses contenant des considérations théoriques pour un programme d'études post-universitaire tel qu'il est actuellement testé par la Société polonaise d'Analyse Bioénergétique. Les notions bioénergétiques de soi, de régulation de l'affect et de défense mentale sont modifiées afin de permettre l'intégration des concepts psychodynamiques des aspects pathologiques des conflits, des structures et des traumatismes dans l'Analyse Bioénergétique. Entre autres avantages, cette approche facilite le travail avec les troubles structurels (narcissisme, trouble de la personnalité limite) dans l'analyse bioénergétique.

Selbstregulation und Psychodynamik in der bioenergetischen analyse. Ein Ansatz zur Fortbildung (German)
Dieser Artikel enthält zehn Thesen mit theoretischen Überlegungen zu einem postgradualen Lehrplan, wie er derzeit von der Polnischen Gesellschaft für bioenergetische Analyse getestet wird. Der bioenergetische Begriff des Selbst, der Affektregulation und der mentalen Abwehr wird modifiziert, um die Integration psychodynamischer konflikt-, struktur- und traumapathologischer Konzepte in die bioenergetische Analyse zu ermöglichen. Dieser Ansatz erleichtert unter anderem die Arbeit mit strukturellen Störungen (Narzissmus, Borderline-Persönlichkeitsstörung) in der bioenergetischen Analyse.

Саморегуляция и психодинамика в биоэнергетическом анализе. Подход к продвинутому обучению *(Йенс Таше)* (Russian)
В статье представлены десять тезисов с теоретическими идеями для аспирантского учебного плана, который сейчас тестируется Польским обществом биоэнергетического анализа. Биоэнергетические концепции "я", регуляции аффекта и ментальных защит были модифицированы, чтобы сделать возможной интеграцию психодинамических конфликтных, структурных и травмо-

патологических концепций в биоэнергетический анализ. Помимо других преимуществ, этот подход облегчает работу со структурными расстройствами (нарциссизм, пограничное расстройство личности) в биоэнергетическом анализе.

躯体动力分析中的自我调节和心理动力。高阶训练方式 (Chinese)
这篇文章呈现了波兰躯体动力分析协会近期在思考的关于培训毕业后持续教育的10个理论重点。其对躯体动力分析中的自体、情感调节和头脑防御概念都予以修正，好将心理动力冲突、结构和创伤病理理念整合到躯体动力分析框架中。此举有多种优势，其一是它促进了躯体动力分析中结构障碍的治疗(自恋，边缘人格障碍)。

Introduction

> The self does not provide support but sends us on a journey into the unknown.[1]
> *Rüdiger Safranski*

At the suggestion of my colleague Barbara Antonowicz-Wlazinska, the Polish Society for Bioenergetic Analysis (PGBA) commissioned me at the beginning of 2017 to develop a concept for a postgraduate advanced training. Like many other bioenergetic training institutes, the PGBA was and still is confronted with the problem that the transfer of bioenergetic knowledge as acquired in the training to become a Bioenergetic Analyst into an effective body-psychotherapeutic practice is made difficult by the fact that not all training candidates have a well-founded general psychodynamic or psychotherapeutic basic qualification – or do not feel confident to adequately combine their knowledge with the bioenergetic method. In response to this situation, since 2018, the PGBA has been offering a four-year advanced training entitled *Self-Regulation and Psychodynamics in Bioenergetic Analysis* to all members who have completed their Certified Bioenergetic Analyst (CBA) training. Together with my colleagues Alice Moll, Carsten Holle and Dr. Reinhard Weber-Steinbach, it has since then been my pleasure to support the Polish colleagues in acquiring an extended methodological body-therapeutic-psychodynamic qualification – in terms of both theoretical knowledge and the related therapeutic attitude.

The curriculum for the advanced training, which I developed with the support of Carsten Holle and Reinhard Weber-Steinbach, understands the bioenergetic

1 All exact quotes in this text are translated from the respective publications in German. Therefore, some inconsistencies might arise in the case of quotes that have originally been formulated in English.

method as the central approach to all body-psychotherapeutic work, but also takes into account that the drive-economical model underlying Bioenergetic Analysis has its limitations and cannot represent today's entire disease panorama in a meaningful way. In order to provide a theoretical and methodological foundation for bioenergetic work with structural deficits, such as narcissistic or borderline personality disorders, the curriculum aims at a psychodynamic extension of Bioenergetic Analysis, which in particular makes it possible to include conflict-, structure- and trauma-pathological models as used in Psychoanalysis. Based on this aim, the topic of bioenergetic affect vitalization will be examined primarily in the complex context of affect regulation and the defense processes required for regulating affects. In addition, the advanced training wants to convey the necessary competence for analyzing and interpreting bioenergetic processes on the basis of a developmental-psychological/developmental-psychopathological understanding of disorders, very much in line with the statement of the neuropsychoanalyst Allan N. Schore, according to which at present "all important theorists base their clinical models on developmental concepts" (Schore, 2003, p. 28).

One of the main challenges for the lecturers of the advanced training consists of preparing and imparting the psychoanalytical knowledge in such a way that concrete body-therapeutic procedures can be justified or derived from it. While today's psychoanalytical concepts explicitly emphasize the importance of working with affects and also recognize the role that the body plays in the development of – especially "early" – disorders, contemporary Psychoanalysis shows no willingness to extend its psychodynamic defense theory by including the manifold defense patterns beyond psychosomatic disorders which occur in or are expressed by the body. Considering that Anna Freud stated already in 1936 – with explicit reference to Wilhelm Reich – that "bodily postures such as stiffness and rigidity, peculiarities of the being such as a stereotypical smile, sneering, ironic and haughty behavior" are permanent defensive phenomena (A. Freud, 1991, p. 28), this lack of willingness can only be noted with great regret.

Ten Basic Theses for Psychodynamic Thinking in Bioenergetics

Although Psychoanalysis and Bioenergetic Analysis (still) differ in their views on body-related defense patterns, they are largely linked by common basic theoretical assumptions. In particular, both approaches share the basic assumption of a *psychodynamic unconscious* which helps to regulate intrapsychic as well as interpersonal conflicts and whose *dysfunctionality* forms the basis for psychopathologies. In order to facilitate the integration of psychoanalytical knowledge for the participants of the advanced training, a total of ten basic theses were developed on

the basis of these common features, with the help of which the learned "bioenergetic thinking" can be extended in the direction of *psychodynamic thinking in Bioenergetics*.

First Basic Thesis

> Today, most psychotherapeutic methods having been developed in the last 150 years share the firm belief that mental disorders are connected with:
> (a) the body
> (b) functional/dysfunctional relations to meaningful others
> (c) the capacity to regulate arousal.

Although Psychoanalysis certainly does not pay much attention to bodily processes in the context of the development of psychopathologies, it does not deny their existence either. Phyllis and Robert Tyson, for example, already dealt with Freud's famous sentence "The ego is first and foremost a bodily ego" in their book *Psychoanalytical Theories of Development* (published 1990 in German), and they pointed out that a person's self-perception can only develop once "a sense of the body comes together" (Tyson & Tyson, 2012, p. 305f.). Also, the psychoanalyst Michael Ermann mentions that early disorders are characterized by the fact that the experiences which are significant for the disorder are predominantly represented in a bodily-affective way – as an archaic self – and do not yet have a semantic structure (Ermann, 2014, p. 106). And for Allan N. Schore, it is clear that the ego only exists in the context of a holistic psychobiological organism (Schore, 2003, p. 217).

It is mainly due to Peter Fonagy and Mary Target that the findings of attachment theory were re-integrated into the corpus of psychoanalytical theory (Fonagy & Target, 2003, pp. 312–341) – which triggered a decisive paradigm shift. Today, Bioenergetic Analysis and Psychoanalysis share the conviction that the unfinished self urgently needs a supportive environment in order to realize its innate psychophysical potential for development.

While there is still a fairly broad consensus between Bioenergetic Analysis and Psychoanalysis with regard to the developmental-psychological/developmental-psychopathological significance of the body and of object relations, substantial differences prevail in the respective views when it comes to the development of the ability to regulate affects. From Schore's point of view, both clinical studies and research models show the importance not only of affects, but also of affect regulation in the psychological and biological development (Schore, 2003, p. 169). According to Psychoanalysis, a child acquires her ability to regulate affects in a very complex developmental process of self-, object- and interactional

representations. In contrast, Bioenergetic Analysis assumes that the biological self of a human being has a high degree of resilience and extensive self-regulating healing powers. Accordingly, the assessment of the therapeutic procedure differs with regard to affect regulation: While Bioenergetic Analysis assumes that the necessary cognitive, social and regulatory skills can be acquired through an interplay of basic bioenergetic concepts (such as grounding, self-expression or containment) and the work with feelings or involuntary body movements as soon as the affect which had hitherto been frozen in the musculature can enter the consciousness (Moll, 2018, p. 41f.), Psychoanalysis sees the therapeutic task rather in raising the unconscious affect, which was neither interactively regulated nor internally represented during the child's development, from a primitive, pre-symbolic, sensorimotor experience to a mature, symbolic level of representation in order to achieve an improved emotional control (Schore, 2003, p. 54).

In narcissistic and borderline personality disorders, the different views of Psychoanalysis and Bioenergetic Analysis with regard to the ability to regulate affects are particularly noticeable. Today, these disorders are understood in Psychoanalysis as structural disorders and can be successfully treated on this basis. They are also strongly represented among the clients of Bioenergetic Analysts, where they cause great difficulties especially for professional newcomers among the CBA graduates, since for these disorders the learned bioenergetic methodology can be turned only very inadequately into an effective practice.

Second Basic Thesis

> Every mental disorder also manifests itself in the body, and it goes along with a restricted ability to regulate affects and object relations.

"The spirit of a self-experiential body-psychotherapy consists [...] of guiding a person towards discovering, experiencing and learning to regulate himself/herself holistically with regard to his/her experiential processes and actions" (Geuter, 2019, p. 80). In order to actually implement this spirit, the affective experiences that are made accessible in the bioenergetic processes must be examined on the physical, social and psychological level. If one assumes that the muscular blockages are unconscious psychobiological defense strategies, these are to be understood as a successful adjustment strategy (Schore, 2003, p. 93) which influences the regulation of affects and object relations in a complex way. Beyond a drive-economic explanatory model, bodily affective processes must therefore be investigated primarily with regard to their significance for self-regulation. Thereby, the question "To what extent must the bodily suppression of affects be understood as an unconscious or perhaps even deliberate act of adjustment in order to compensate for possible structural deficiencies?" is of particular impor-

tance. After all, e.g., aggressive affects as activated in bioenergetic processes can only be meaningfully integrated into a self-experience if the ability to modulate or downregulate aggression via mental processes has already been acquired to a sufficient degree.

In contrast to the classical bioenergetic teaching, the theoretical approach of the advanced training is based on a self that can show serious developmental deficits and compensate for possible deficiencies regarding the ability to mentally regulate emotions and object relations by physical blockages. In her understanding of the self, the advanced training is guided by four basic questions which Schore formulated very aptly with reference to Heinz Kohut (Schore, 2003, p. 150):

- How do early relational affective transactions with the social environment facilitate the emergence and development of the self? (self-development)
- How are these experiences internalized into mature, self-regulating structures? (structure-formation process of the self)
- Why do early deficits in the self-structure lead to later self-pathologies? (psychopathogenesis)
- How can the therapeutic relationship bring about a healing of the self? (effect of the psychoanalytic change)

Third Basic Thesis

> In this context, the regulation of both affects and object relations are organismic processes and therefore also bodily events. Hence, any purposeful treatment of mental disorders must take the somatic base of affect regulation and the regulation of object relations into account.

Today, the view that self-development and structure-forming processes are organismic and social processes can be considered generally accepted. As Georg Groddeck had already formulated: "The unconscious is the actual mediator between the body and consciousness, perhaps the long sought 'missing link'" (Groddeck, quoted in Schore, 2003, p. 71). And for Erik Erikson, "a human being [...] is at every moment an organism, an ego and a member of a society, and thus included in all three organizational processes" (Erikson, 2005, p. 29). Peter Fonagy also states:

> "Today, it can be assumed with virtual certainty that the interactions between infants and their primary attachment figures in a very early developmental stage become precursors of those neurobiological structures which as representations shape the later experiences to an essential degree" (Fonagy, quoted in Schultz-Venrath, 2013, p. 120).

Sigmund Freud understood the drive – which also forms the basis of the bioenergetic character theory within the framework of the psychoanalytical drive theory – as a limit-concept between the mental and the somatic level. Based on this, the neuroscientist Antonio Damasio describes emotions as "expressive manifestations of the drives" (Damasio, quoted in Schultz-Venrath, 2013, p. 130), and Schore considers it necessary, on the basis of recent psycho- and neurobiological studies, to reintroduce the drive as a central concept in psychoanalytic theory (Schore, 2003, p. 44). Being a self-psychologist, he also demands: "The biological organism, the body, should be built into the core of self-psychology" (ibid., p. 154).

With the idea of affect-related processes being rooted in a drive that connects body and mind and whose regulation is acquired by interactional means via the development of intrapsychic instances, the advanced training is based on a psychodynamic developmental-psychological understanding that strongly facilitates the access to structural disorders. This can only happen in the context of a "two-person psychology" which wants to and is also able to look at the self-experiential events of Bioenergetic Analysis from the perspective of affect regulation/regulation of object relations. The goal of the body-therapeutic work is then "to exert influence on archaic self-states which have brought the development to a standstill, and to enable new relationship experiences" (Ermann, 2014, p. 106). This includes the conviction that "all processes that ultimately lead to therapeutic changes in the patient's soul are triggered by events in a two-person relationship, i. e., by something that basically happens between two people and not only within one of them" (Balint, 2014, p. 18).

Fourth Basic Thesis

> Mental disorders can be understood as regulatory problems at the level of affects, of the body and of object relations.

Problems regarding the regulation of self-esteem, the successful shaping of interpersonal relationships and the affective impulse control are often rooted in a personality disorder which can also be understood as a *structural disorder*. The structure of the self is made to organize affects, behavior and object relations. This *organized vitality* is understood as a biophysical event, which is recorded, among others, in structural (AK-OPD, 2006) or mentalizing (Fonagy et al., 2004) abilities in Psychoanalysis. Accordingly, OPD 2 *(Operationalized Psychodynamic Diagnostics OPD-2)* conceives these abilities in four dimensions (AK-OPD, 2006, p. 118):

- competence for self- and object perception;
- self-regulation and regulation of object relations;

- ability for emotional communication both internally and externally;
- ability for inner and outer attachment.

Peter Fonagy and his colleagues, on the other hand, understand mentalization as a social-cognitive ability to "imagine mental states in one's own self and in other people" (Taubner, 2016, p. 15). Thereby, Fonagy et al. assume that the inability to mentalize is a structural deficit (Holmes, 2006, p. 82).

In the context of intensive self-experiential bioenergetic processes, it is unfortunately not always easy to judge if a client's mental abilities are sufficiently developed in order to integrate the vitalized affects into the self. After all, affective-emotional processes are often easier to provoke with the help of bioenergetic techniques in clients who are affected by structural deficits than is the case with mentally more mature personalities. Here too, the bioenergetic work may well be accompanied by an energetic discharge and emotional relaxation. Apart from that, however, the experienced process cannot be used for continuous personal growth in these cases. For this reason, the advanced training wants to enable the participants to understand bioenergetic processes also with regard to the structural and mentalizing events that are reflected in them, in order to be able to take up topics such as *self-expression in the as-if mode*, *narcissistic self-regulation* or *deficiencies in self- and object perception* in the context of their body-therapeutic work. In this way, therapeutic possibilities for the post-maturing of structural and mentalization deficits are pointed out.

Fifth Basic Thesis

> The ability to experience or to express affects can be overregulated, underregulated or dysregulated.

The central goal of Bioenergetic Analysis is to support the client in having a self-experience that is based on access to his or her own feelings. In Bioenergetic Analysis, this goal is strived for by increasing the level of experience: The suppressed affect should be allowed, perceived, endured and expressed. This approach provides an excellent means for conceptualizing the work with clients who have a sufficient mental and structural competence and who – according to the bioenergetic character theory – suffer from an overmodulation or inhibition of their ability to experience affects.

From the perspective of the bioenergetic character theory, the dissolution of bodily affect blockades is the essential basis for the activation of self-regulating processes, which in turn stimulate the healing powers of the human organism and thus enable a more appropriate handling of one's own experienced and felt history. In this therapeutic understanding, defense patterns are primarily understood

as obstacles on the path to human growth. This healing path has been followed in countless bioenergetic treatments worldwide over the last 60 years and has helped many people to reach a deeper connection with their own feelings, a higher capacity for experience and a greater self-acceptance.

However, Wilhelm Reich, in his book *Der triebhafte Charakter* (English title: *The Impulsive Character*) published in 1925, already dealt with psychological problems that are not characterized by an over- but an under-modulation of the affects. In spite of this role model, Bioenergetic Analysis has unfortunately not yet developed any really conclusive concepts for coping with *emotional flooding* as well as with problems related to a *distorted perception of the self and others*. This is probably also due to the fact that such disorders are difficult to explain within the framework of the image of man on which Bioenergetic Analysis is based, which is characterized by a high degree of self-regulatory competence and regards a conflict-free experience of affects as an ideal.

To date, Bioenergetic Analysis has not succeeded in integrating a psychodynamic understanding of structure as well as structure-related pathologies into its treatment concept. As a result, there is a danger that essential disorders related to attachment processes will not become the subject of bioenergetic therapy, nor will the maturation of structural competencies that enable the integration of bioenergetically vitalized affects into the self – and thus the corresponding continuous experience of affects – in the first place. This lack is what the advanced training aims to remedy. In addition, it wants to show that the ability to regulate affects can be impaired in many ways. Perhaps biographical experiences – despite all revived anger – rather need to be acknowledged and mourned so that the transition to the next maturation phase can be successful. Also in the context of a hysterical defense, a deepened self-awareness is not possible, just as in the case of a fixation on "autistic-cathartic" affective experiences, which cannot become part of relationship- and attachment-experiences due to the narcissistic personality pattern.

Sixth Basic Thesis

Problems related to the regulation of affects and object relations can manifest themselves as ego-syntonic or as ego-dystonic disorders.

> "Unlike ego-dystonic disorders (e. g., a fear of flying), people with ego-syntonic disorders are not confronted with a symptom that they experience as foreign. Instead, it comes to a special shaping of the character [...]. The concerned persons experience these characteristics, for example a strong neediness or a great submissiveness, not as alien or disturbing, but as an expression of their personality" (Tasche, 2016, p. 17).

This does not mean, however, that ego-syntonic disorders are not connected with experiences of suffering – but these experiences are normally understood as belonging to the self or as suffering from the world, similar to chronic physical illnesses ("Everyone else is better off.").

The first descriptions of ego-syntonic disorders were given by Karl Abraham and Wilhelm Reich. Similar to Abraham, Reich was of the opinion that patients "can have character deformations that inhibit the psychoanalytic treatment. Reich was also of the opinion that there is no clear distinction between symptom neuroses and character neuroses" (Sharaf, 1994, p. 97). Reich combined this conviction with a great interest in the non-verbal behavior of his patients. On the basis of Freud's drive-economic theory, he also tied in with Freud's original view that not only remembering but the full revival of stressful childhood situations in their entire emotional expression is necessary to dissolve character neuroses and symptom neuroses (ibid., p. 100). These findings led Reich to the core idea of body psychotherapy:

> "Symptom neuroses and character neuroses are based on a blockage of the libido energy, which always manifests itself in a bodily-muscular way. Now if the energetic blockage could be dissolved, the neurotic disorder would no longer have a basis. The symptoms would have to dissolve, the defense against the emotional arousal would have to disappear, and the client would be cured" (Tasche, 2016, p. 17).

However, this energetic self-experiential concept presupposes that the person has no difficulties in regulating the affective arousal as soon as the defense against the affects is abandoned.

The advanced training would like to provide new perspectives on body-psychotherapeutic events by showing that both ego-syntonic and ego-dystonic disorders must not be understood as affect blockades but as *affect regulation disorders*. In this understanding, the original defense against the affect can only be abandoned if the concerned person has the necessary structural abilities to regulate the revived affect both introspectively and interactively in a socially adequate way. Accordingly, the therapeutic goal of a maturing mental defense must be integrated into the therapeutic process of Bioenergetic Analysis.

Seventh Basic Thesis

> When it comes to a body-psychotherapeutic treatment of mental disorders, it is not sufficient to classify the disorders. Much rather, the disorders must also be understood.

In more recent approaches to Psychoanalysis – especially in object relations theory and self-psychology – it is assumed, in accordance with the understanding of heal-

ing in Bioenergetic Analysis, that numerous mental disorders are due to deficits in childhood and that these deficits can be compensated for in therapy – i. e., in the relationship with the therapist – through *corrective emotional experiences*. With this new conception, the therapeutic attitude of the analyst has changed in Psychoanalysis: The principle of abstinence, which had often been applied very rigidly, was replaced by a functional principle according to which "the analyst has to decide, depending on the situation, whether, to what extent and in what form he or she responds to the wishes and desires of the patient, in order to subsequently examine how the patient processes his or her behavior" (Ermann, 2014, p. 121).

In a very similar sense, the Bioenergetic Analyst enters the field of the therapeutic relationship. In doing so, he learns to understand the client on an energetic, bodily, developmental-psychological and intersubjective level. For a Bioenergetic Analysis which is aware of its anchoring in Humanistic Psychology, this understanding means much more than a diagnosis marked by abstinence. Much rather, it is a learning experience which Rollo May has very aptly described by the following Husserl quote:

> "Learning is not the accumulation of fragmented knowledge. It is a process of growth in which the learner develops through the act of cognition and thereby acquires the ability to recognize ever more and ever more complex interrelationships, and the objective increase in complexity runs parallel to the subjective increase in competence" (Edmund Husserl, quoted in May, 1988, p. 221).

This experience describes a joint learning of the Bioenergetic Analyst and the client in an interpersonal field, which is characterized by curiosity, mutuality and the willingness to correct oneself. The prerequisite for this psychodynamic form of work is a *therapeutic alliance* that can be characterized by:

- common goals,
- a recognition of the respective tasks that the client and the therapist must perform, and
- the activation of the attachment system (William, 2006, p. 316).

However, the "therapist has a special responsibility for the treatment and a special competence to lead the process. This results in an asymmetry in the structure of the therapeutic relationship, which naturally influences the relationship and process design. The essentially equal participation of both subjectivities in the encounter, i. e., the symmetry of the contents, prevails nevertheless" (Ermann, 2014, p. 127).

The activation of the attachment system is of special importance whenever the therapeutic task is to support structural changes in order to "develop affects in their earliest form, where they are experienced as bodily sensations, [...] into subjective states that can gradually be articulated verbally" (Schore, 2003, p. 127).

"[Martin] Buber insisted that human life is a life in dialogue [...] – he claims that we can only recognize our self in dialogue" (May, 1988, p. 152). In this sense, the advanced training wants to convey an attitude according to which Bioenergetic Analysis continues to be understood as an expression of Buber's encounter paradigm, but where participants are also encouraged to flexibly adapt their therapeutic knowledge and role to a specific therapeutic situation.

Eighth Basic Thesis

A distinction into character-, conflict-, structure- and trauma-related pathologies is helpful both for gaining a more profound understanding of mental disorders and for the related therapeutic processes. Despite the differing theoretical frameworks that these disorder models refer to, the models can be readily integrated into the bioenergetic practice.

As already mentioned, Bioenergetic Analysis wants to help its clients to a self-experience based on access to their own feelings. This concern finds its expression in the well-known guiding principle "You are your body". But this approach does not always lead to personal growth, maturation or healing. For example, it is quite possible that unconscious anger affects are revived during bioenergetic processes without the client having sufficient abilities to accept these affects as an expression of her own self and to modulate them in such a way that she can include them into her social contacts in an adequate form.

In Psychoanalysis, a psychodynamic understanding of disorders has been established that distinguishes between conflict-, structure- and trauma-related pathologies – especially due to Gerd Rudolf, co-founder of the working group "Operationalized Psychodynamic Diagnostics" and one of the thought leaders of a comprehensive psychodynamic competence to act. An opening-up of the bioenergetic teaching towards this new approach could help to differentiate the understanding of bioenergetic experiences in clients who primarily suffer from disorders other than character-related pathologies.

The greatest difficulty in integrating conflict-, structural- and trauma-pathological considerations into the framework of Bioenergetic Analysis lies in the different perspectives on defense processes. While Bioenergetic Analysis tends to view psychological and bodily-affective defense processes as obstacles on the path to liberating self-insight, Psychoanalysis views defense mechanisms as an indispensable element of the ability to regulate affects. From the point of view of Psychoanalysis, however, these mechanisms can also contribute to the pathogenesis, namely in the case of excessive rigidity or dysfunctionality (AK-OPD, 2006, p. 25). In Psychoanalysis, therefore, the alternative to frozen defense mechanisms – as the body armor is understood by Bioenergetic Analysis – is not the

general abandonment of defense, but a mature defense which is capable of raising affects from a primitive, pre-symbolic, sensorimotor experience to a mature, symbolic level of representation (Schore, 2003, p. 54).

Conflict-Related Pathology

In the classical conflict theory of Psychoanalysis, mental defense is considered in connection with the three psychic instances of id, ego and super-ego. The aim of the defense is to maintain the mental balance. Conflicts can arise between the instances, but also within each instance. In these fields of conflict, affects and impulses that are connected with negative experiences/ideas are kept away from conscious experience in order to enable the most positive self-experience possible. In the context of conflict theory, it is thereby assumed that the failed resolution of a conflict leads to psychological symptoms (fears, compulsions, depressions, psychosomatic stress).

"The therapeutic approach to conflict-related pathologies consists primarily in making the unconscious (original needs, defense, moral imperatives) conscious and thus accessible through interpretation, in order to enable a more mature approach to the underlying thematic complexes (e. g., closeness or supply wishes, anger, sexuality)" (Dürich, 2017). In this understanding, the therapeutic goal is primarily achieved through *insight* into the psychological conflict and the associated self-knowledge.

Structure-Related Pathology

The structural theory of Psychoanalysis takes up Michael Balint's concept of the *basic fault*. Although this concept has historically developed from ego-psychology, self-psychology and object relations theory – i. e., from approaches originally assigned to conflict theory –, it primarily considers developmental-psychological processes that biographically precede the management of conflicts between the psychological instances. From this perspective, structure-related pathologies arise when stressful environmental factors impede the development of a psychological structure. These deficits then impair the ability of the concerned person to cope with internal conflicts and to bear external stresses. Depending on the severity of the deficit, structural deficits can lead to pathologies such as borderline personality disorder, narcissistic disorder, burnout syndrome, but also to psychological symptoms or character deformations.

The procedure proposed in Psychoanalysis for structure-related pathologies "consists primarily in taking over auxiliary ego functions, which are to be stimu-

lated and internalized by the therapeutic process" (Dürich, 2017). The aim of the therapeutic intervention is the *(post-)maturation of self-functions*.

Trauma-Related Pathology

"From a clinical perspective, a distinction is made between a mono-trauma in adulthood (type-1-trauma, acute traumatization), which is defined as *a situation of extraordinary threat with catastrophic proportions that would cause deep despair in almost any person*, and a cumulative trauma in childhood (type-2-trauma, complex traumatization), which mainly includes attachment traumas such as psychological or physical abuse by relevant attachment figures. An additional factor is the experience of complete helplessness and powerlessness in a life-threatening situation" (Dürich, 2017).

> "These events can trigger extreme stress in a person and create feelings of helplessness or horror. The anxiety- and stress-related tension caused by these events can subside on its own for the majority of those affected. [...] In special cases, however, if this increased stress-related tension persists for a longer period of time and there is no possibility to process the experiences, very intense psychological symptoms may develop" (German Wikipedia on *Trauma [Psychology]*, 2020).

Regarding type-2-trauma, classical attachment theory and object relations theory assume that early traumatic experiences become the basis for corresponding relationship expectations. Traumatizations in later life then reactivate these expectations and interact with them (Allen et al., 2015, p. 485). From the perspective of the mentalization approach, trauma can be described as a freezing or blocking of psychological development processes – the client is stuck in the trauma.

> "Such a 'sticking' has two important consequences. First, the connection between the pre-traumatic self and the post-traumatic self is severed. The affected person is now defined solely by the trauma, which is played out over and over again. Any resilience that she may have had prior to the event has been lost. The second point is related to the first. Paradoxically, the 'sticking' represents an avoidance – an avoidance of thinking about the trauma in all its complexity and, consequently, of the need to confront the painful affect" (ibid., p. 497).

The approach to trauma-related pathologies mainly consists in *restoring* neurobiological processing skills. For this purpose, special methods such as EMDR or Psychodynamic Imaginative Trauma Therapy according to Luise Reddemann are recommended.

Ninth Basic Thesis

> The understanding of character, conflict, structure and trauma are not competing concepts, but can be considered as different perspectives that the Bioenergetic Analyst may take. These perspectives may be helpful for adapting the therapeutic process to the individual experience and the capacities of a client.

Gerd Rudolf describes the goals of therapeutic actions as follows: "The ability to be able to live in fulfilled relationships, to make better use of one's own strengths, to maintain a realistic sense of self-esteem, to communicate better with others, to be more emotionally alive, to be able to shape one's life more freely and flexibly" (Rudolf, 2010, p. 15). In order to achieve these goals, it seems helpful if the Bioenergetic Analyst can adopt different perspectives on the therapeutic process. However, all four above-mentioned approaches are complex intellectual models which more or less claim to be able to explain and treat all the psychopathologies that occur within the framework of their model. While Bioenergetic Analysis in the tradition of Reich and Lowen assumes that all mental disorders can be treated within the framework of the energetic paradigm, conflict psychology has developed a competent approach to explain early disorders in the form of the ego-psychological concept of developmental lines – such as defense mechanisms, overcoming fear or the super-ego – that can derail (Fonagy & Target, 2003, p. 121). Conversely, some structure- and mentalization-theorists give the impression that their therapeutic methods make all previously developed methods superfluous. The trauma-therapeutic approach, which enjoys great popularity in psychotherapeutic clinics and practices due to its neurobiological model concepts, also bears the danger that the burdens of clients are quite uncritically attributed to childhood traumas and only inadequately treated by neglecting the conflict- and structure-related perspectives. "A study by Komo (2009) showed that only in 25 percent of the patients whose disorders were attributed to post-traumatic stress and who were treated trauma-therapeutically according to the official German psychotherapy guidelines, the symptom and event criteria of a traumatization were fulfilled" (Dürich, 2017). Rudolf also believes: "An expansion of trauma-therapeutic methods within the psychodynamic treatment practice is rightly regarded with concern if it is at the expense of the necessary conflict- and structure-related work" (ibid.).

Ultimately, every problem that arises in therapy can probably be viewed and dealt with from different directions. From the point of view of a Bioenergetic Analysis which embraces a psychodynamic understanding, it is decisive that the topics of *access to affects* and *affect regulation* are kept equally in the focus of the body-psychotherapeutic work. In this sense, the advanced training aims at enabling the participants to adopt character-, conflict-, structure- or trauma-pathological perspectives on the basis of a complex and competent psychodynam-

ic understanding, in order to be able to tune into the therapeutic situation/client as optimally as possible.

Tenth Basic Thesis

> This is why the Bioenergetic Analyst toggles between the different perspectives in accordance with his assessment of the current issue to be treated. In terms of the therapeutic process, he goes by an understanding of liberation (for the character-related pathology), of insight (for the conflict-related pathology), of maturation (for the structure-related pathology) or of restoration (for the trauma-related pathology).

The advanced training aims at helping the participants expand their ideas beyond the traditional goals of the bioenergetic work – such as *emotionally correcting experiences* or *cathartic liberation* – towards a psychodynamic understanding, in order to offer a knowledge-based alternative to those aspects of the bioenergetic work which are classified as intuitive and experimental. Being aware that a large proportion of clients in bioenergetic practices suffer from disorders that have character-, conflict-, structure- or trauma-pathological elements, the advanced training assumes that *liberation*, *insight*, *maturation* and *restoration* are integrative elements of any organismic healing process. These elements must be identified and addressed in the respective therapeutic situation. A Bioenergetic Analysis that understands itself psychodynamically can therefore be characterized by principles such as *vitalization*, *support*, *interpretation*, *confrontation* and *psychoeducation*.

In this context, the processes of *transference* and *countertransference* are of particular importance. Thus, the Bioenergetic Analyst activates transference processes and certainly takes active roles that serve a corrective emotional experience. In doing so, however, he is able to "inhibit his natural tendency to react particularly compassionately to the psychological suffering of the client" (Bateman & Fonagy, 2015, p. 93) and to distance himself emotionally in order to support an autoregulatory, mentalizing processing of affects in the client. In this context, countertransference is defined as "empathic reactions that arise from the emotional resonance of the therapist with the client. They are related to the affective attunement, to empathy and mirroring, as well as to emotional identification, which are not to be regarded as mere projections, but are part of every relationship" (ibid., p. 103).

Current Status of the Advanced Training

The advanced training is structured in modules. In approximately 290 academic hours, bundled in 20 weekend modules, the essential findings of attachment re-

search, ego-psychology, object relations theory, the mentalization approach and relational Psychoanalysis are taught in the context of a body-oriented self- and action-oriented experience. By now, the first participants have completed half of the offered modules. Unfortunately, an actual evaluation of the training is not possible, but at the end of each module the participants fill out a feedback form, which also asks for the practical relevance of the taught contents. Through the opinion thus determined, those responsible for the advanced training feel confirmed in their goals and efforts.

The modules are held in English with Polish translation. The written curriculum is available in German, English and Polish from the author. The advanced training is internationally open to all bioenergetic therapists who have completed the necessary training units for CBA certification. If you are interested in participating, please contact the following colleagues: Barbara Antonowicz (b.antonowicz@wp.pl) for contact in German and Polish; and Darius Zawrzykraj (dariusz.zawrzykraj@gmail.com) for contact in English.

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About the author

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A Memoir of Psychotherapy

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Abstracts

In this memoir an experienced psychotherapist describes a fifty-year personal psychotherapy, more than thirty years of this therapy as a patient of Dr. Michael Eigen. The author's and Michael Eigen's lived experience of madness and murder is examined for insight into the possibilities of working psychotherapeutically with very damaged psyches and souls. Michael Eigen's theory and practice are part of the investigation, and questions are raised about what can be enough, if anything, in the successful psychotherapy of people in profound and enduring psychological and emotional pain.

Keywords: psychotherapy, Michael Eigen, anhedonia, soul murder, madness

Um memorial de uma psicoterapia (Portuguese)
Nestas memórias, um experiente psicoterapeuta descreve um processo de psicoterapia pessoal de cinquenta anos – sendo mais de trinta como paciente do Dr. Michael Eigen. Sua experiência vivida de loucura e assassinato é examinada de modo a permitir uma visão das possibilidades de trabalhar psicoterapeuticamente com mentes e almas muito danificadas. A teoria e a prática de Michael Eigen são parte dessa investigação, suscitando questões sobre o que pode ser suficiente – se é que algo o possa, para uma psicoterapia bem-sucedida em casos de sofrimento emocional profundo e duradouro.

Memorias de una psicoterapia (Spanish)
En estas memorias un experiente psicoterapeuta describe su psicoterapia personal de cincuenta años, de los cuales más de treinta años como paciente del Dr. Michael Eigen's. La experiencia de locura y asesinato vivida por ambos es analizada apuntando a la posibilidad de trabajar psicoterapéuticamente con psiquismos y almas muy dañadas. La teoría y práctica de Michael Eigen's son parte de esta investigación, y sus interrogantes sobre lo que sería suficiente, si esto es posible, en una psicoterapia exitosa de personas en profundo y duradero dolor emocional.

Biografia di una psicoterapia (Italian)
In questo memoir uno psicoterapeuta esperto descrive la sua terapia personale durata cinquant'anni, di cui più di trenta come paziente di Michael Eigen. L'esperienza in diretta,

dell'autore e di Michael Eigen, della follia e dello strazio viene esaminata per comprendere le possibilità di lavorare con la psicoterapia con anime e menti molto danneggiate. La prassi e la la teoria di Michael Eigen costituiscono parte di questa investigazione, e vengono poste alcune domande su ciò che può essere sufficiente, se è possibile, a garantire il successo della psicoterapia di persone che vivono un dolore emotivo e psicologico profondo.

Un mémoire de psychothérapie (French)
Dans ce mémoire, un psychothérapeute expérimenté décrit une psychothérapie personnelle de cinquante ans, dont plus de trente ans en tant que patient du Dr Michael Eigen. L'éprouvé de folie et de meurtre par l'auteur et Michael Eigen est analysé afin d'éclairer les possibilités de travail psychothérapeutique avec des psychés et des âmes très endommagées. La théorie et la pratique de Michael Eigen font partie de cette discussion. Des questions sont soulevées sur ce qui serait suffisant, le cas échéant, pour la réussite de la psychothérapie des personnes souffrant de douleurs psychologiques et émotionnelles profondes et durables.

Memoiren einer Psychotherapie (German)
In diesen Memoiren beschreibt ein erfahrener Psychotherapeut eine fünfzigjährige persönliche Psychotherapie, davon mehr als dreißig Jahre als Patient von Dr. Michael Eigen. Die gelebte Erfahrung des Autors und Michael Eigens von Wahnsinn und Mord wird untersucht, um einen Einblick in die Möglichkeiten der psychotherapeutischen Arbeit mit tiefsten psychischen und seelischen Verletzungen zu erhalten. Michael Eigens Theorie und Praxis sind Teil der Studie. Es werden Fragen aufgeworfen, was in der erfolgreichen Psychotherapie von Menschen in tiefem und anhaltendem psychischem und emotionalem Schmerz ausreichen kann, wenn überhaupt etwas.

Мемуары о психотерапии *(Скотт Баум)* (Russian)
В этих воспоминаниях опытный психотерапевт описывает свою личную психотерапию на протяжении пятидесяти лет, более тридцати из них – в качестве пациента доктора Майкла Эйгена (Michael Eigen). Для понимания возможностей психотерапевтической работы с сильно поврежденными психикой и душой рассматривается жизненный опыт обоих – и автора, и Майкла Эйгена, – связанный с безумием и убийством. Теория и практика Майкла Эйгена составляют часть исследования, поднимется вопрос о том, что можно считать достаточным успехом, если он вообще возможен, в психотерапии людей, испытывающих глубокие и продолжительные психологические и эмоциональные страдания.

心理治疗传记 (Chinese)
在这个传记中，一位富有经验的心理治疗师描述了50年的（其中包括作为Michael Eigen博士30多年的案主）个人心理治疗历程。在治疗中，作者从他与Michael Eigen博士一些关于疯狂和谋杀的生活经验中，挖掘并考察与重度受损的心智和灵魂进行心理治疗工作的可能性。Michael Eigen 的理论和实践是调查研究的一部分。其中一个提问是在成功的心理治疗中，在案主承受着深刻和持续的心理和情绪痛苦时，到底有什么工作可能是有效或足够的。

Preface

Many years ago, not long after my wife, Elaine, and I bought the house in Montauk that became her true home, we bought a runty-looking Japanese red maple tree. This was probably at a yard sale, since we did not have the funds or inclination to purchase a nursery-bred tree. It was short, with a narrow trunk and some foliage. It was one of the few species that would have appealed to me. We planted it on a property covered with mature, large trees. For years it hung on. It appeared to barely grow despite our ministrations and Elaine's very green thumb. Most things she nurtured thrived.

Then, at some point, maybe twenty years ago, it began to grow. But only the canopy grew. The trunk has remained as narrow in circumference as before. But now it sports healthy looking leaves, that unique bright scarlet red of the species. An impressive display for such a compromised being. I have long felt that that tree was in some way connected to me, was showing the truth of my life in its own. A life in which the foundation cannot be broadened, the connection to earth and reality expanded much, but we have made as much with what have as we can. And continue to.

Introduction

Throughout this paper – or as one person said who read a draft, what is more correctly called a memoir – I write from three perspectives. The most challenging is my own experiential voice. Next, are the validating and sometimes perspective-shifting views and insights brought by Michael Eigen's experience of our work together. Then there is my effort to combine these streams with my experience as a therapist to render something useful to other therapists and their patients.

In my professional writing and presentations a number of themes emerge consistently. The first is that most therapists do not live in the universe I do. A universe characterized by murdered soul, shattered personality, sensations of aloneness, death, terror, horror and pain that are interminable, and largely cannot be described in words that name them, despite the extensive vocabulary that English provides for that purpose. Not living in that universe leads to misunderstandings, small and large, about the nature of the experience and what can be done to ameliorate the condition.

The second theme is that most conversations in psychotherapy about transformation is about the transformations of healing, which inevitably includes the presumption that it is a transformation to goodness. My experience is that the transformation to evil is equally important. As a baby who knew before he was four years old that he would kill his mother to be with his father, the change of

consciousness in me that knowledge entailed was a transformation of being, not solely the experience of a feeling and intention.

The third theme I return to consistently is whether the ministrations, the validations, the challenges issued by therapists – and I have had a number of very talented, very deep, very committed therapists –are enough to create the matrix needed for a successful psychotherapy. Interestingly to me, the first drafts of this memoir did not include the idea that I am depicting a successful psychotherapy conducted over fifty years, more than thirty years of it with Michael Eigen (Mike). Whatever success has been accomplished was undergirded by my relationship with my late first wife, Elaine Tuccillo, herself an immensely talented psychotherapist, during more than forty years. A question I raise is whether success would have been possible, or at least to the level achieved, without that.

Pain and Suffering

Bearing the Unbearable

Preparing to participate in a celebratory event of the publication of the Hebrew translation of Michael Eigen's book, *The Sensitive Self,* caused me to think more consciously about the experience of a psychotherapist working with someone like me. Someone who is so damaged, psychically and emotionally, that, as Mike put it in an article that included a description of our work: "Whether or not I could help Milton [my pseudonym] was scarcely the issue. The first question was whether I could bear him. To bear something of what he seemed to be bearing seemed crucial. Milton was attempting to bear the unbearable."

What it is like to work with, be with, people so damaged in every way, runs through all of Mike's work. His unwavering commitment to see and feel what is in me, what I am made of, is a significant part of the oxygen provided to me when we are together, and I am in the toxic universe I live in, where the air is poisonous. At one point, not so long ago, I realized that my therapy functioned as a kind of psychic and emotional dialysis. Without regular and rigorous treatment I would drown in my own poisons.

Anhedonia

Central to the understanding of the organization of schizophrenic and borderline people is the condition of anhedonia. This is a condition in which a person's capacity to apprehend, to experience directly the benevolence in the universe is destroyed. It is not the inability to enjoy oneself. Functions of relief and gratification may remain operational. But pleasure, here defined as connection to, and

experience of benevolence is not possible. This basic destruction underlies all the disorders, disturbances, dysfunctions of self and self-other relationships. The sensations that accompany the apprehension of goodness – thrill, glow, streaming – are co-opted and taken over by horror.

In time in therapy I came to realize that I could observe the phenomenon of benevolence. As I have written (Baum, 2011) I could see it as a haze of feeling enveloping my wife and children. But I could not participate in that with them. This incapacity to experience goodness affects so many essential functions of life. It makes everyday living unbearable. It makes feeling good about oneself impossible. It renders one incapable of forming a well-structured and organic moral compass.

Living Death

For many years of my psychotherapy with Vivian Guze, before I started working with Mike, I dwelt in the world of the living dead. Session after session I encountered the experience of a specimen pinned to a display, of a being encased in a cotton wool-like cocoon, held in living death by terror, and by possession, a source of energy of adoration and idealization. It was Vivian's willingness to facilitate and endure hours of kicking, screaming, hitting, gagging, that enabled me to take barely felt tendrils of sensation and link them to feelings whose development had been truncated in infancy.

The stories of zombies and vampires are all true, insofar as they are attempts to realize and describe actual states of being. The states are engendered by a combination of forces. First, being scared, psychically and emotionally, but not quite completely, to death. Then in that frozen, unlocatable space, being entered, possessed, colonized by the energy of a parent. This possession and colonization are perpetrated for the same reason it takes place on the macro, social, level, that is to secure resources. Here, in the family, for me, the resources that are taken are adoration, worship, idolization. A heady brew.

A vampire creates the vampire in another person by draining the person's blood, and then returning some of the mixed blood of both victim and perpetrator. Vampires are immortal, meaning that the ordinary reality faced by humans of mortality and its humbling effects is denied them. And they cannot generate their own positive self-regard, they need to suck that energy from others, repeatedly, because they cannot generate it for themselves. They create the next generation of vampires both inadvertently, through identification, and to have companions in their own ultimate aloneness.

Before I came to understand my transformation to vampirism, which is another way of describing a profound narcissistic deformation, I lived through many years of the more primitive form of that condition, being in a cocoon of no-selfness and no emotional identity. Here the cocoon describes a state in which the

child is preserved so as to be fed on. The nourishment I provided was my unalloyed idolization of and identification with my father. Fighting my way out the cocoon was a daily fight of all the things I did in my sessions – gagging, punching, screaming – until I could, for a time, enter the present-day reality around me. My interface with that reality was very limited. I did what I could in that limited space.

I can't specify it exactly, but Mike's understanding of the compelling nature of what he calls "toxic nourishment" was very helpful to me. It has helped me also as a therapist to move away from facile judgments about what is healthy and sick in relationships and the certainty that I know why people do what they do and what is better for them to do. He's not unclear in his support for what is healthier, but his compassion for my frailty in choosing what is not, allows us both to consider what I am really doing in making the choices I do. I am not saved from an encounter with myself by being able to oppose his thrust, a pressure to change or do things differently. Still, he and my late wife, and my wife now, and my patients and my friends present with me new and different ways of seeing and being with things.

I easily decompensate, my structure fragments and my feeling of self disappears each time I make the effort. As Mike described it:

> "There were periods of little distinction between shattered self and shattered/shattering object. Milton would try to 'ground' (his term) himself in the face of shatter, but often the ground shattered too. Yet each session he started at square one, aiming at ground zero, the point of cataclysm. Whatever he saw and felt, was a taste of what he could not see and feel, he kept stretching – a snake with infinite elasticity expanding around infinitely expanding shatter. Can the infinitely shattering self- and -object ever be encompassed?" (Eigen, 2001, p. 73)

Brokenness

The brokenness of mind and spirit is manifested also in the brokenness of body. My practice, personal and professional, as a bioenergetic therapist makes a unified view of the psyche-soma a tangible and workable experience.

My body is broken, shattered, the emptiness of inner life and reality that came about when, as Mike put it, "your mother tore out your psychic heart and guts and your father decimated you", a sensory reality that cannot be borne. For years the pain in the middle of my back was the living embodiment of the black hole that Grotstein (1990) describes in his work on black hole phenomena in borderline structure. Energy exited my body, irreplaceable. A warm hand, my wife's, for example, placed over that spot brought warmth as if the place in my body was in a state of absolute zero. Removal of the hand and it was as if warmth had never been there.

So many of the sensations of psychosis and the accompanying emptiness and despair cannot be rendered in language. I depend on Mike to apprehend them directly, even if, as he describes in one paper, he blacks out from the pain. At the same time, my body has offered me tangible, concrete experience to contrast with unanchored language disconnected from meaning, and the susceptibility to mind manipulation that attends on the lack of felt experience. Generating sensation from movement, from strain, working with pain until sensations, barely felt, become rivulets of feeling, has been a key part of my psychotherapeutic work. Mike doesn't work directly with those dimensions, but I was experienced enough at that work myself, and practiced it daily for years, that I could carry that on my own. He was explicitly validating of the value of the knowledge that comes from the amplification of somatic processes, and the expression that emerges. When I asked him one day if he could hold my head so that I could scream, he said that no, he could not, he wished he could, but he did not know how to do that. His limitation, his honesty. I could live with that.

What Mike can work with, and endure is, first, the felt reality and experience I have of watching myself die. This death took place along three dimensions. The first was the death necessitated by survival and the complete deadening of connection to inner and outer reality to survive without permanent madness. The second the death of soul to preserve identity. Ursula Le Guin (2017) tells a story of a magician captured by an evil sorcerer who says a spell of undoing of self rather than have his true name be known. A death to preserve identity and prevent possession of one's essence. And then a death caused by manipulation of mind, twisted consciousness, and finally the transformation to malevolence.

Mike could endure these states, validate them, accept them as they are, even when the malevolence is directed at him. My late wife could do more. At her burial I described her power to bring out to life those who had been captured by living death.

Malevolence

There is much discussion on transformation in modern psychotherapy. It is implicitly transformation to goodness. This ignores the dimension of experience (with few exceptions such as Sue Grand's *The Reproduction of Evil*) like mine, in which the transformation was a transformation to malevolence.

Facing the transformation to malevolence cannot be real if there is an implicit out. As a senior colleague I worked with many years ago said to me on getting to know me: "There must be a lot of good under there for you to represent yourself as so bad." A representation I did not even know at the time I was manifesting. But she was wrong. Mike's willingness to live immersed in the caustic shattering reality of my negativity has been essential. In one article he

talks about the experience of being ground down by me over and over. Even as he thinks a secret love develops between us. I know the love he is noticing, if such it is, only emerges from processes at the middle layers of my body. The deepest reality in me is of utter emptiness, unyielding narcissistic desperation for recognition that allows for no other to be well-regarded, and an infant's wish to destroy everyone, to wreak revenge and achieve some measure of peace in its accomplishment.

I knew by the time I was four years old that I would have murdered my mother, if I could have, to get to my father. He did eventually rescue me from her when I was between the ages of six and eight. The people around my mother, drug and alcohol inebriated, dead-end people, are revealed to me in dreams and images as Hannibal Lecter-like characters, non-human in their internal identity, capable of cold-blooded abuse.

My father had more life in his body than my mother, and more connection to reality. But in the end, he revealed himself to be as corrupt. My adored father, in whose body I found the only secure place, revealed this corruption in many ways, not least by his practice of espousing the rationalizations of his sexual abuse of his psychotherapy patients by claiming (as Martin Shepherd did in his book *The Love Treatment*) that it was ultimately the best treatment he could offer them, in their own best interest.

Evil

Evil is a hard word for psychotherapists, implying as it does absolute realities, and forces beyond a person's control, and perhaps transpersonal forces, as well. Psychotherapists, being, in general, an optimistic and hopeful group of people are shocked by the degree of negativity I experience and inclined quickly to 're-frame' it as a fear of the vulnerability of goodness and of loving, or an identification with a negative attribution by early authorities. Mike was not of this ilk, although he understood my inclination to see him that way. In fact, he writes of his willingness to take at face value a person's identification of self as evil.

That has certainly mattered to me. I know that in the deepest parts of my being, places I can now breathe to, that there is a coldness and malevolence that is not mitigated by any feeling, not love, which I am incapable of, nor sympathy. At most, the fear of punishment keeps me from acting out. I have done enough from this coldness to know it is evil, including the use of my late wife as a transference object, thus sparing my therapists from the treatment usually accorded them by people like me – endless suspiciousness, scathing scouring of their duplicitous self-interested consciences, haughty, grandiose, belligerent arrogance – but costing her dearly as she valiantly fought with me (both against and alongside) to move me toward an aspirational self who was not going to behave this way.

No stronger example of this is known to me than the entity that lives in me who would have clawed and destroyed my wife in sexual ways had I allowed it. Long before I knew of this creature I had pulled back from a sexual life, despite the opportunity of being with the most sex-positive person I had ever met. Elaine's insistence later in our marriage, when I could do it, on the development of a reasonably healthy sexual life between us was a gift beyond measure. It is an enduring, acutely painful part of my grief that I can be sexual, desirous, flexible in a way now I could not in our life together. I remember her gratitude for our last lovemaking before illness took her too far away.

So, it was not only Mike's ability to be with, countenance, be immersed in this miasma of despair, alternating with malicious grandiosity and sadistic malice. It was also my wife, Elaine's determination to do the same, and without the protection of the psychotherapeutic space, which insulates the therapist. Elaine wrote to me once: "let your gaze remind you of your unique constellation – energy, resilience, in the context of the blackness that can engulf and terrify." And now the similar determination of my current wife, Pascale who told me, as I strived to tell her as much of the truth of my destructiveness as I have come to know: "your darkness is my aurora borealis". Mike has insisted, in these later years, thirty-plus years into our work together, more than fifty years since I began in psychotherapy, that he sees, and experiences a beauty in me, even in the darkness. This vision is beyond my comprehension.

Treatment

Bearing Witness

It is commonly understood in the methods of psychodynamic psychotherapy that bearing witness to the pain and suffering a person has and continues to experience is central to any healing of those conditions that arise from the harm done to that person. However, bearing witness means more than observing and validating. Witnessing can be done from some distance, like the Red Cross worker visiting Auschwitz. This is no small matter, and a particularly poignant vision to me, since I have often experienced my father's leaving me with my mother, twice a week for five years after he left her when I was one and-a-half years old, as if we were being parted at the railhead at that horrible, and all too human/inhumane, place.

In this scenario the witness is preserved from direct victimization, which is not to minimize the effects of vicarious victimization. Rather it is to distinguish what makes the psychotherapeutic work of Mike, and of Elaine, effective. It is rather to say that without experiencing the victimization directly treatment may not be effective. Here is how Mike put it: "He speaks of concentration camps

inside, not only outside. He is like an inducted vampire, a victim who carries the destructive plague. He looks at me with love at the end of many sessions, as he heads out the door. He loves me for letting him pulverize me into nothing, for being there in the nothing." (Eigen, 2004, p. 109)

The way this pulverizing takes place is through an intention to annihilate, which is the wish to destroy the other and make it as if the other never even existed. And it is executed in grinding, caustic contempt that poisons all relationship, making the other person, any other person, nobody and nothing, and oneself good and great.

Mike is not only acknowledging the truth of my experience. He is actively, if silently for the most part, engaged in a process of living it with me. When he has spoken, far more rarely for many years than recently, it was often to offer a deeper consciousness of my suffering than I was capable of. As, for a most potent example, when he said to me that my mother tore out my psychic heart and guts, and my father decimated me. This is an intervention in my being and process, here bearing witness is not only a record of what happened it is a consciousness and testimonial of its effects, its meaning, its significance in shaping, perhaps permanently, a personality and a life.

Living in It

At the end of the quote I report above, Mike says that the love he experiences in me is: "A nearly secret love. It does not stop the torment, at times adds to it." I would say that the love always adds to the torment. Love, and faith, and the beauty in them, in all things is searing. Like the sunlight to the vampire. The inducted vampire made so by the people who first appropriated and used me as a source of narcissistic supplies: respect, admiration, adoration, idealization. Inducted so as to preserve me as an unambivalent, unfailing source, I had to be prevented from developing *self*-respect, admiration, etc. I have written extensively about how this is accomplished elsewhere (Baum, 2010). An inducted vampire I turned the incessant, unquenchable craving for those resources on those closest to me. It is this they had to bear.

In the end, or, more rightly in the end of the beginning of therapy, I had to renounce the vampire life, at least in my conscious action, and subsist, as best I can, on limited supplies, never satisfying, like Louis, the inducted vampire in *Interview with the Vampire* (Rice, 1977). This destruction of a very basic function of personality points to other very fundamental damage. In one place Mike speaks of me as someone who's "dream screen" as Bion calls it, has gone down in flames. Soul and psyche destroyed by endless attacks on being. Psychotic states are the result of these depredations. Horrible states of being in which Mike accompanies me.

But his love, his respect, which he has more recently insisted be present between us does add to the torment. I found a particularly trenchant example of this in the novel *A Little Life* (Yanagihara, 2015). The evident value and lovability of the central character, and the love and respect of those who care so deeply for him is insufficient to heal. In the novel it is left as a tantalizing possibility that more contact with a psychotherapy healing and healer might have made a difference. But how does psychotherapy proceed in this reality? After fifty years of intensive psychotherapy in a reality like that of this character, I know well the limitations of what can be accomplished.

Therapeutic Action

What does a therapist cling to in a psychic and emotional environment like this? Mike describes a moment with a patient, who may be me, as it is certainly recognizable to me:

> "He speaks of his diaphragm as holding within holding. A muscle spasm is his being. Seeping through is someone seeing him as he really is – his wife. I don't seem to play much of a role, but it is doubtful he could begin to let her in this way without the background support of therapy. His wife offers another kind of truth, beyond psychic bloodletting" (Eigen, 2004, p. 111).

Elaine saw my parents' casual, radioactive contempt long before I did. She understood my father's effort to poison me against her, and she waited, holding fast in the strength of her feelings for me, and what she gained from our relationship, while she waited while I decided, in successive, agonized steps where to cast my lot in life.

Mike sees tremendous power in waiting, just as Elaine did. And there is tremendous power in Mike's embrace of the deranged, of the damaged, of the monstrous, of the suffering, that are my elemental life experiences. But he is not waiting for me to work it out, while he is shielded from the toxic radiation, the fallout of an infinite number of soul-destroying explosions. He is not waiting, or hoping, or needing me to change, to come to see the light, for example. He is actively, if, mostly, silently, in his case, engaged in a process of living it with me. He might say, based on what I know of his thinking and feeling, that his is an act of faith. Hope, I would say, requires something to happen outside oneself, which places an implicit demand on the environment, and me. Faith is contained in him and sustains him, and perhaps me.

Living and facing malevolence is a challenge beyond facing suffering. My vitality is tied up with defenses against decompensation and overwhelm first, and then against the acting out of malevolence that is driven by the implacable need

to restore my integrity by fighting and restoring evenness in relationship through revenge. And further by the sadism I have been marinating in. I am therefore incapable of one of the most basic tenets of psychotherapy, the exhortation to be myself. I am neither capable of it, nor can I risk it. Coming to face the enduring malevolence in me, and then more, to see and be responsible for my devotion to it has been beyond difficult. But that is the only way I can attempt to modify or minimize the damage that I do.

I cannot overstate the importance of Mike's attitude in this. He does nothing to minimize the severity of the problem as I lay it out. As he said once to me when I feared I was being treated as a celebrity whose predations were whitewashed, "nobody is letting you off the hook." He supports me by saying that "at least you agonize about it", but he seems to me under no illusion that agonizing about it is the same as doing something about it.

Doing something about malevolence in the absence of the moral compass provided by a soul is beyond solution to me. I was lent a soul, I realized, by Elaine, and that made a difference in my life, perhaps beyond what any psychotherapy could provide.

Truth and Love

In the compilation of talks assembled in the book *Murder and Madness* (2010), Mike says this about his understanding of me:

> "Here is a little example. It is about a man I wrote about in Toxic Nourishment and Damaged Bonds. I called him Milton. He is a man who has been in pain all his life, pain that won't go away. I don't know whether it will ever go away or not. I have no idea and he doesn't either. It is awful. He would commit suicide if not for what I'm not sure – maybe his children. Maybe something more, a kind of deep dedication to the truth of life, his truth. He is devoted to inner truthfulness" (Eigen, 2010, p. 18).

At the same time, he wrote elsewhere how my father – an outspoken rebel and critic of conventional social mores and hypocrisies – used the truth as a weapon with which to condemn, to disdain, and even to eviscerate. As did I.

Into this reality Elaine stepped. We met in graduate school. We met around the same time I began a long-lasting psychotherapy with Vivian Guze. In a piece written for the journal of the American Academy of Psychotherapists, *Voices* (2014), I wrote that Elaine held on to me as I spun and writhed, shot into the inner-outer space void of an infant surrounded by madness and malevolence left alone for an eternity. Vivian saved my life, and Elaine found me. To be found is as essential as anything to a life lived rather than just survived.

Elaine did more. When I gave that paper to Dr. Richard Fulmer, who had worked as a therapist with my family many years ago, and who I asked to be a consultant on my work after Elaine's death in 2012, he said that he understood from what I wrote that I felt Elaine made me fit for human consumption. In Elaine's absorption of, and confrontation with my malevolence she offered me a method and a path for confrontation of it. It cost her dearly, I see that now, in her body and soul. I see how it caused her body to thicken and her face to harden in ways I doubt they would have if she did not have to guard herself continuously and take up my unending contempt, disdain, and superiority, hardened by my identification with my father, and simultaneously pressurized by my transference to her as my father.

It took her time to realize the full extent of the poison, and my unconsciousness of it and its deployment. Eventually, she let no expression of the poison go by, no matter how slight it might seem to an observer. She presented all this to me slowly, as a good therapist might, showing me things, confronting me with the awful truths of my interior reality, of who I am, just a little beyond what I could already know and tolerate. She lost this ability, as she predicted she would, in the last months before she died. What will I do now without her to check me, to hold me in the embrace of loving remonstration, putting herself in harm's way, for me, for our children?

Why did she do it? After her death this became an urgent question for me. Mike's answer to that perplexing and painful question was both elegant and compelling and had the instantaneous feel of truth. Elaine had the opportunity to live the life she wanted to live. The psychic and emotional benefits to her of living a life with someone she loved so deeply, who was devoted to the truth of his, and her, emotional reality made the suffering and the cost worthwhile. She could be the person she actually was.

She embraced the darkness in me, as does Mike, as does my present wife, Pascale. Embrace here not signifying any approval or perverse gratification. Rather it is a muscular embrace, holding, containing, of a vital part of my being. Elaine wrote of it once as a dark star. Mike speaks of the beauty in it and in me. This is completely incomprehensible to me. The people who destroyed me have no beauty in them for me. I see the damage my poison caused my children, and their mother. But I am compelled to acknowledge the truth of Elaine's and Mike's and Pascale's and others' experience of me. Elaine demanded that I honor the experience of others as much as I did my own. And I am compelled to acknowledge that there is a dimension, "force" is a better word for it, or talent that I have for supporting what is best, most creative, and self-expressive in people. Hence my success as a psychotherapist, as a director of a psychology internship program, as president of an international psychotherapy organization.

My grief for Elaine intersects with life-long devastating griefs. The loss of my mother to madness, to malevolence, to alcoholism. The loss of my father repeat-

edly in childhood, and then the final loss of him in hate and, as Mike referred to it "blood-curdling disillusionment". The loss of myself as I succumbed to annihilatory intention and feeling and action directed at me, and I became a shadow of myself, and watched myself die. The loss of innocence, of the connection to benevolence as I was transformed to malevolence. But the difference in the griefs are differences of kind, not degree. In my grief for Elaine our relationship persists, grows. I see how I failed to develop sufficiently by the end of her life to do some of the repair, to do some of reaching out, to do some of the healthy things I can do now, only seven years later. And when my despair is greatest, it is to her I address my plea that I be rescued, taken in the 'arms of the angel' safely away from here. My grief for my parents is hard, sear, and bleak. They failed to develop, as they might have, could have. It is not true to say of them that they did the best they could. They surely did not. They had access to resources to knowledge, even claimed to have it. I would have done anything to help, had I only been asked.

And Yet

And yet. Mike completes the quote I started above from *Murder and Madness* by saying:

> "We have been together many years, and he was in therapy many more years with people before me. He is trying to make contact – with himself, with life. He is committed to his search. To be present in his search yet not able to present in life – to be present at all is a plus. For some being present to one's non-presence may be better than not being there and not knowing it. For Milton it's a must."
>
> A few weeks ago he said, 'I feel like my father killed me or some part of me. And I said I absolutely believe you. And he weeps. After a long silence he says, 'When I heard your words I felt an entity leave me.' That's a little vignette. He's not cured, I'm not cured. I'm in pain, he's in pain. I'm broken, he's broken. But at this moment, this one little moment, this one little moment when he felt, actually felt, took many years to find. These weren't wasted years. They could look wasted. Some therapists wouldn't have been able to stand it. But these years weren't wasted because a moment arrived when he actually felt my belief in his pain and that his pain could be permanent. He heard me and for a moment felt my affirmation of the truth of his feeling. A feeling that came through was 'Yes I absolutely, absolutely believe you.' And he said 'When I heard you, when I heard your words I felt an entity leave me.' .... Now I know that if one entity leaves there are probably a million more. But it was a precious moment that took years to happen. No insurance company would pay for this moment. But it was an eternal moment. A moment that makes a difference to the universe forever. And some of you may be feeling ripples of it today" (Eigen, 2010, p. 19).

Mike's faith in possibility sustains him, and me. Elaine and Pascale's faith in the meaningfulness of life lived consciously sustains me, for whom the destruction of meaning is the ground-zero of existence. Is it enough? No. It is so much, and yet it is not enough. Terror, murder, hallucination, despair, desperation, emptiness, envy, are pervasive, unbearable. But it is so much more than I ever thought was possible. To live, consciously, the life of my body.

Postscript

In 2014 I was invited to participate in an event to celebrate the publication in Hebrew of Michael Eigen's book: *The Sensitive Self* (2014). He writes about the work he and I do as a psychotherapeutic couple in that book and other writings. I have written about it also, as a therapist, drawing knowledge and inspiration, and as a patient, making an effort to convey a reality of experience so much of which has no language to communicate it.

But communicating it is vitally necessary for me. The reasons that is so, are a mix. The pressure of insatiable narcissistic craving, for recognition, admiration, is the most experientially vivid and consuming. That it is a craving that can never be met. The fact is that the structure for metabolizing positive regard was destroyed in me, or never even seeded, only makes it more agonizing. The other reasons I am compelled to tell my story – I will avoid characterizing the reasons, for now, as good or bad, healthy or sick – are also compelling. Although the attack, lifelong and now embedded in body and mind, on my sincerity, is so ferocious that writing is a torment. In a perverse version of William Blake's assertion that energy is eternal delight, for me energy is eternal torment.

Still, there are reasons for writing this that are not destructible by these attacks. Bearing witness, certainly. Bearing witness is not only the acknowledgement that certain things happened. It is also the consciousness of what those things mean. What psychic and emotional and cognitive messages are carried in those actions that are witnessed. What personal and political significance those actions have.

Beyond bearing witness, I can ask the question for me, and others, what are the psychotherapeutic benefits possible working with people like me? People whose souls have been murdered, people transformed to malevolence, our psyches shredded and fragmented, flooded continuously with sensations nameless and beyond bearing. And, if there are benefits – or benefits that outweigh the immediate conscious contact with the agonies of hell – how are they to be accomplished? Not only how is a therapist to facilitate those beneficial outcomes, but how is a therapist to survive the exposure to, and immersion in the black hole of a destroyed soul? How will a therapist accompany a child consigned to hell for the sins of parents' forebearers? How will a therapist survive the malevolent

contempt of a patient struggling to be real and authentic when doing so means destroying the identity, sincerity, value of those trying to help him?

And, finally, at risk of bringing down that same shattering contempt on myself, the possibility that without understanding this nearly worst of personal realities, we cannot hope to understand the destructiveness that abounds around us. Through our social fabric. The matrix of relationships extending from our bodies, through psyche, and emotion, to the world in which we are unique elements and collective identities. We need the information that comes from the most damaged among us if we are to do anything durably successful to make a healthy life environment for those who come after us. If that effort actually matters.

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A Never-ending Plight for Authentic Love[1]

Handling Schizoid Ambivalence

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Abstracts

"Schiz" is a Latinized word-forming element that means split, division or cleavage. In German, the word schizoid, turned up in the 1920's meaning "resembling schizophrenia", from the combination of (gr.) schiz + (gr.) oeides, "like", form eidos, form or shape. In *The Betrayal of the Body, The Language of the Body,* and *Bioenergetics*, Dr. Lowen's works that most thoroughly teach us his views about the schizoid character structure, it becomes evident that the story of the schizoid split is a one of very early rejection and hostile hatred, culminating in profound, many times painfully misunderstood, inner torment. The following article offers some considerations about the schizoid structure illustrated by an analysis of clinical work with a client. Reflecting upon the theoretical proposal of how interaction, in this case, may be felt particularly as an oppressive inner ambivalence, this paper will present considerations about handling with a schizoid client in the therapeutic setting.

Keywords: schizoid, ambivalence, love, hostility, authenticity, therapeutic relationship

A infinita busca do amor autêntico. Lidando com a ambivalência esquizoide (Portuguese)
"Schiz" é um prefixo latino que significa divisão, cisão ou clivagem. Em alemão, a palavra esquizoide emergiu nos anos 1920 com o significado de "semelhante à esquizofrenia", da combinação de (Gk.) schiz + (Gk.) oeides- de oeidos "forma ou formato". É nos trabalhos do Dr. Lowen *O corpo traído*, *A linguagem do corpo* e *Bioenergética*que podemos compreender profundamente sua concepção da estrutura de caráter esquizoide. Fica claro que a divisão esquizoide se refere à rejeição e ao ódio hostil precoces, culminando num

1 This Case Study won 1st Prize for the IIBA Clinical Award at the 25th IIBA Conference in Portugal, 2019.

tormento interior profundo e, com frequência, dolorosamente mal compreendido. Este artigo oferece algumas considerações sobre a estrutura esquizoide, ilustrada pela análise de um estudo de caso. Ponderando, aqui, sobre a proposição teórica de como as interações podem ser particularmente sentidas como uma ambivalência interna opressiva, este artigo apresenta considerações sobre como lidar com um cliente esquizoide no ambiente terapêutico.

Una situación interminable para el amor autentico. Lidiando con la ambivalencia esquizoide (Spanish)
"Schiz_"es un prefijo derivado del latín que significa, escisión, división o clivaje. En alemán, la palabra esquizoide apareció en los años 1920 con un significado "semejante a la esquizofrenia", resultado de la combinación de (Gk.) schiz + (Gk.)-oeides- de oeidos "forma ou formato". En los trabajos de Lowen, *La traición al cuerpo*, *El lenguaje del cuerpo* y *Bioenergética*, podemos comprender a fondo su visión sobre la estructura del carácter esquizoide. Es evidente que la escisión esquizoide es resultado del rechazo y odio hostil precoces, culminando en un profundo, y frecuentemente mal comprendido, tormento interior. Este artículo plantea algunas consideraciones sobre la estructura esquizoide ilustrado por el análisis de un caso clínico. Reflexionando sobre la propuesta teórica de cómo interacciones, en esto caso, pueden ser sentidas particularmente como una opresiva ambivalencia interior, este trabajo presenta consideraciones sobre como lidiar con un paciente esquizoide en el encuadre terapéutico.

L'infinita condizione dell'amore autentico. Gestire l'ambivalenza schizoide (Italian)
"Schiz" è un elemento di derivazione latina che nella formazione delle parole indica divisione, dissociazione o scissione. In tedesco, la parola schizoid, nel significato del 1920, significa "somigliante alla schizofrenia", dalla combinazione di schiz + oeides (forma). Dalle opere di Lowen *Il tradimento del corpo, Il linguaggio del corpo* e *Bioenergetica* possiamo comprendere più a fondo le sue opinioni sulla struttura del carattere schizoide. Risulta chiaro che la dissociazione schizoide deriva dal rifiuto precoce e da odio e ostilità che esitano in un profondo tormento interiore, spesso dolorosamente frainteso. L'articolo offre alcune considerazioni sulla struttura schizoide, illustrata dal lavoro clinico con un paziente. Riflettendo sulla ipotesi teorica che, in questi casi, l'interazione possa essere percepita come un'oppressiva ambivalenza interiore, l'articolo propone delle considerazioni sul modo di trattare un paziente schizoide nel contesto terapeutico.

Un combat sans fin pour l'amour authentique. Gérer l'ambivalence schizoïde (French)
"Schiz-" est une particule latinisée formant un mot qui signifie fente, division ou clivage. En allemand, le mot schizoïde, est apparu dans les années 1920, pour signifier "ressemblant à la schizophrénie", de la combinaison (Grec) schiz + (Grec) -oeides "comme", de eidos "forme ou aspect". C'est dans les ouvrages du Dr Lowen, *Le corps bafoué*, *Le langage du corps* et *L'Analyse Bioénergétique*, que nous pouvons le mieux connaître son point de vue

sur la structure du caractère schizoïde. Il devient évident que la dissociation schizoïde est le résultat d'un rejet très précoce et d'une haine hostile, culminant en un tourment intérieur profond, et souvent douloureusement incompris. L'article suivant propose quelques considérations au sujet de la structure schizoïde illustrées par une analyse du travail clinique avec un client. En réfléchissant à la proposition théorique sur la manière dont les interactions, dans ce cas clinique, peuvent être ressenties en particulier comme une ambivalence intérieure oppressante, cet article présentera des recommandations pour l'abord d'un client schizoïde dans le cadre de la psychothérapie.

Der nie endende Kampf um authentische Liebe. Umgang mit schizoider Ambivalenz (German)

"Schiz-" ist eine latinisierte Vorsilbe, die Spaltung, Teilung oder Abspaltung bedeutet. Im Deutschen tauchte das Wort schizoid in den 1920er Jahren auf und bedeutet "der Schizophrenie ähnelnd", aus der Kombination von (gr.) schiz + (gr.) -oeides "wie" von eidos "Form oder Gestalt". In Dr. Lowens Werken *Der Verrat am Körper*, *Körperausdruck und Persönlichkeit* und *Bioenergetik* können wir am gründlichsten seine Ansichten über die schizoide Charakterstruktur kennenlernen. Es wird deutlich, dass es sich bei der schizoiden Spaltung um eine sehr frühe Ablehnung und Feindseligkeit handelt, die in einer tiefgreifenden und oft schmerzhaft missverstandenen inneren Qual gipfelt. Der folgende Artikel bietet einige Überlegungen zur schizoiden Struktur, die durch eine Fallanalyse illustriert werden. Ausgehend vom Exposé darüber, wie Interaktionen in diesem Fall besonders als bedrückende innere Ambivalenz empfunden werden können, werden in diesem Beitrag Implikationen zum Umgang mit schizoidem Klienten innen im therapeutischen Setting vorgestellt.

Бесконечная помолвка для подлинной любви: как обращаться с шизоидной амбивалентностью *(Йана Каролина Масьель Франца)* (Russian)

"Schiz-" – латинизированный элемент словообразования со значением "разделение, раскол, расщепление". В немецком языке слово "шизоид" появилось в 1920-х годах в значении "похожий на шизофрению" – как комбинация (греч.) schiz + (греч.) oeides "подобный" (от eidos "форма или фигура"). Наиболее полно познакомиться с взглядами доктора Лоуэна на структуру шизофренического характера можно в его работах *Предательство тела*, *Язык тела* и *Биоэнергетика*. Становится очевидно, что шизоидное расщепление – это очень следствие раннего отторжения и враждебной ненависти, которые породили глубочайшие, причиняющие боль и не поддающиеся пониманию внутренние страдания. В статье предлагаются некоторые соображения относительно шизоидной структуры, проиллюстрированные анализом клинической работы с клиентом. Принимая во внимания, что, согласно теории, шизоид может ощущать взаимодействие, как особенно угнетающую внутреннюю амбивалентность, в данной статье будут представлены соображения о работе с таким клиентом в терапевтической обстановке.

无尽头的真爱困境: 处理分裂伴矛盾 (Chinese)
Schiz-是一个拉丁词缀，包括了分裂，分隔或者裂缝的意思。schizoid 在德语中，在20世纪20年代的意思是「类精神分裂症」，来自于希腊语schiz和-oeides相似,来自于eidos，「形式和形状」。在勒温的书籍《对身体的背叛》,《身体的语言》,《躯体动力分析》中，我们可以完整的了解他对分裂伴人格结构的观点。很明确的一点是分类伴的分裂发生在非常早期的被拒绝和敌意仇恨情景中，并将引起一种极端深刻又常常到被误解的内在折磨。以下的文章提供了关于一位分裂伴案主的临床分析工作的思考，在理论层面提出人际互动在此案例中会对案主带来压抑性内在矛盾。此论文将提供一些在治疗设置中与分裂伴案主工作的思考。

Diagnostic and Psychotherapeutic Processes

> Some of us may be able to see quite a bit of the story in our patient's body, but he, the patient will feel no more of it than what he can tolerate of the pain and shame that broke him in the first place.
>
> *Dr. Robert Lewis (2014, p. 9)*

It was April 7th, 2017 and I had just begun working in a new office, two years after graduating as a psychologist and having finished one year as a trainee in Bioenergetic Analysis. Anne had found my card, and told me that she had found many, but the one she liked the most was mine, and so she came to see me. Anne was 20 years old, in the middle of her fourth semester of psychology and lived close to the office with her parents and her sister, who was three years older. Her mom was a teacher at a school close by and her father was an engineer.

Her sister, Lauren, studied sociology, but "she always has a lot of problems. Lately she's dealing with her tooth, she has a black tooth and will undergo surgery. She always has a lot of anxiety, and since there is no space for me to share my problems at home because mine are less important, I'm here." Anne went on without realizing the contradiction: "I talk about everything with my mom and dad, and we have a wonderful relationship". Her face transmits a weary distrust, a look of critical superiority, and behind all of this, a simultaneous look of a young child's despair in a distant and silent void of nothingness.

Anne was split off from herself and from the world and, having no idea of this, she came to me every week, without missing or arriving late for even one session during what has been the better part of two years and still counting. Somewhat different was my first impression: she was sweet, sensitive, kind and clearly longing for contact, and at the same time, harsh, distrustful, defiant, angry and afraid.

The primary reason she came to therapy was her terror of speaking in public. "My vision becomes foggy; I feel my body shake and I begin to sweat." At the

time, in her second year of college, she was constantly prone to need to interact with other people, and Anne was terrified of interacting with anyone including myself. She continued to share with me about her trouble of presenting works or papers at college and interacting with other people. She often tells me how she suffered bullying at school, she was teased and called names by the boys in her class because of her appearance and because she was much more introverted than any other person she knew at school.

Ever since she has been coming to see me, one of Anne's main topics is how she constantly feels invaded. Her main complaints of invasions were by her teachers and her class colleagues, whom she was never close to. At the slightest sign of any discrete expression of discomfort coming from her interactions with her family members, whether I would ask about it or not, she would quickly and sharply let me know that she has absolutely no problem with her family and that she is blessed to have such a united, present, loving and happy family.

For a long time, she drew a strong line between me, our sessions, and her family system and dynamics. After about six months of our ongoing work, I requested that she bring me some photographs, around five or six of herself and of her family members. The next session she came in, sat down, and told me she did not bring the photographs because this was a request that came from me, and not from inside of her. It was not her authentic desire. I felt that my desire, to see her family, to bring them into our therapeutic setting, had invaded her. I told her I understood and explained that she was right: it was entirely my desire to know her family and see pictures of her childhood.

I told her I wanted to get to know her better but respected that she did not want to bring in pictures and that was fine, I told her she could bring them in whenever and if ever she desired. She smiled and we stayed in silence for a short while, making eye contact. She would smile, timidly, and I would smile back, breathing in synchrony. At the same time I felt worried about having invaded her, I felt joy about being sincere about my intentions and motivations with her, at that moment I felt in my heart and cheeks a fulfilling love and calmness.

Anne is constantly preoccupied with being exposed, hostilely criticized and finally, hurtfully rejected. This preoccupation stresses, feeds Anne's ongoing, fear of, and vigilance to escape being invaded. She felt deeply incapable of being autonomous, taking a bus somewhere, talking to someone she didn't know, sharing almost any information about herself with almost anyone from outside of her family. When I would ask if anything ever made her angry, as she would share her day-to-day interactions in college and at home, and would tell me "not angry, just a little bit uncomfortable."

I felt that her retraction from any other possible relationships, besides with her family members, was her best defence against the terror she felt and the obsessive thoughts that would undermine her available energy and "weigh her down" – she would sometimes complain she felt heavy and couldn't stop thinking.

One day, Anne arrived feeling sad. She was feeling down and didn't really know why, she told me. She felt a weight in her chest and when she arrived home the night before, she sat to talk with her dad. After telling him she was sad, his response was "Sad? Why? You have everything; we give you everything you could possibly need so you have no reason to be sad. When I was a boy, after my mother died, my dad told me I had to work so I could live in the house, and I did ..."

She proceeded telling me, with absolutely no complaint, that he continued the long story about his harsh childhood, and when he was finished, she said she felt bad about being sad, and was sleepy so she gave him a kiss and went to her bedroom to sleep. I breathed in deeply and I said that it seemed that she was unable to express her feelings to her dad because he talked instead of listening. "I don't see things like that!" she answered irritably. I said "ok" and didn't touch upon the subject again.

The next session Anne came in telling me she was feeling extremely uncomfortable about our last session and about what I had said about her dad. She determinedly assured me that her father listens to her very well and that her entire family is there for her when she needs. "Since this happened, I've decided to take notes on all of our sessions, I want to record everything you say," she said, as she pulled from her backpack a notebook and a pen, opened it on her lap and propped the pen on her fingers as she looked at me.

I felt enormous pressure in my chest, and my insides cringed in shame. I breathed in and out deeply and told her that if this made her feel safe here, it was perfectly fine. It was a constant challenge to find a balance between my own fears and fantasies of invading her with my needs and feelings, of being inadequate or harmful to her, and of the possibility of authentically and lovingly meeting her in her rhythm and possibility of contact. At one point, well after six months of work, frustrated with the avoidance of talking about her story, I mentioned that eventually we would need to talk about her childhood and that that would involve talking about her family. "How does this make you feel, Anne?", I asked. "I don't have any bad memories from my childhood, and I don't see why this is important in our therapy, that's not what I come here to talk about."

When her "discomfort" seemed evident to me, especially in relation to her mother and sister, and sometimes to her dad, I would delicately ask about how she was feeling. She would rationalize the situation and always reach the same conclusion: "I don't think this is a big deal for me to feel this way about it". When I asked her if she ever noticed that she disqualifies her negative feelings very quickly, she was quick to disagree. After a long silence, she told me, "I do understand ... but I really don't know exactly what happens, you know?"

These words exactly represented our first sessions. Anne would spend several minutes in silence looking towards the corner of the room for "exactly the right word" that would attempt to translate and express what she felt. Her desire to show herself to me connected us, she wanted to be here, she wanted to talk to me,

she wanted to be seen, and it became clearer each day, that she didn't just want me to see her, she wanted me to see what she wanted to show me, and I needed to respect this if I wanted to make genuine contact with her.

Although I rationally understood what I should do, and ended each session thinking to myself, "go slow, let her take you only where and when she is safe", my own fear of contact and rejection would kick in and I would find myself feeling extremely anxious and irritated, sometimes before and sometimes after our sessions.

One day, I had left a small candle lit on my desk inside the office. After another tense session, as Anne got up from the sofa she walked towards the candle, and staring at it, she cuttingly asked, "do you always leave lit candles here? This really scares me, you know?! I'm terrified that things may catch fire." My first instinct was to put out the candle immediately and quickly ask for forgiveness, but I breathed in, observed this impulse in my body, my own insecurity, and the mountain of feeling and cloud of thought that flooded me, breathed out, and contained myself to not do anything to quickly end her discomfort but only to receive what she was telling me. "I understand", I told her. Once she left, I sat and thought about my fear: I felt afraid she would abandon our work together because of the lit candle and I felt extremely wrong and irresponsible.

I had never experienced such resonance with a client before. I had only read about this concept, heard about it in workshops, but I had never consciously felt in my body what my client feels in hers. Empirically, I didn't really know how this felt like. In college I had learned about countertransference, of course, but this was different, and even though I couldn't explain what was happening, I knew there was something profoundly shared with Anne in what I was feeling.

She had made me a serious request, "take care of me." "Please don't hurt me or put me in danger", I could feel her saying this inside my heart as it resonated with my own fears. Since then, before her sessions, I would make sure no candles were lit.

"I'm feeling heavy, again, with really low energy", she told me one day. In one of her classes, she had been assigned a group project and was beginning to plan how she would deal with her terror each step of the way. That must be tiring, I thought to myself.

"I don't really rest," she commented, "my head is always on and working at full throttle." Her unremitting state of being was that of awareness of everything around her. When any little bit of information about her would spontaneously escape her tight hold in a conversation with someone or in a group discussion, she would feel extremely guilty and "heavy". She explained to me that it was as if she was now guilty of having given someone ammunition to invade her with.

She would seldom ask me about bodywork, and whenever I would suggest one, most times, something subtle such as breathing, or grounding, despite accepting, she would continue talking until the session was over. This would frustrate

me, and I would catch myself thinking that I never did bodywork with her as I inflexibly criticized my therapeutic handling. At the same time, I would remember that we were working in the rhythm she was able to. We were working in a much more subtle, but still energetically intense, respectful way, and that this was bodywork. Little by little I would accept that this was the only way to genuinely and respectfully work with Anne. I would not insist on exercises and if I suggested and she declined, I learned to integrate my feelings of inadequacy, fear and rejection and understand that she was regulating herself in our relationship and that this is intense pre-verbal bodywork.

One day, complaining about the tension in her shoulders and neck, she said to me, "today I want to do a bioenergetic exercise". I asked if she wanted to stand, and she told me she did, so I invited her to stand and experiment with grounding in the arched forward position. We spent a good amount of time going very slow. As she lifted, she told me she felt more at ease and relaxed and that the weight she often complains about had gone away for that moment although her legs were very tired. She shared that she and her sister, Lauren, have had to share a room ever since she was born, and each day when she arrives home, they have profound conversations in their room. She feels that her sister is her best friend and although she enjoys this, she confessed timidly that often the talks feel draining since she listens much more than she is effectively listened to. I remained silent and somewhat surprised with the spontaneousness with which she had opened her negativity to me. Quietly, I breathed and listened. And she went on: "I'm very pensive, quiet and observing, ever since I was little .... I never share my thoughts with anyone, most times they don't seem important enough ..." Looking at each other, quietly, we breathed.

It was very rare that she was able to look me in the eyes for more than a couple of seconds, but this happened more and more as we worked together. Sometimes, when it happens, I feel as if Anne were defying herself to look her fear in the eyes, in a death-defying search for any loving contact. These instants touch me profoundly, and I feel tenderness and love in my heart, in my eyes, in my cheeks and in my arms as I tune into her suffocating struggle to trust me in spite of her fear and need to split off.

Her energy resides almost strictly in her core, from the waist up, and seldom reaches the peripheral parts of her body. Her voice is soft and controlled, and she often shares in our sessions that her throat is narrow and feels tight.

One day, she arrived especially excited because she realized that she had spontaneously expressed herself to a teacher that she particularly admired. The teacher had contradicted herself in two different classes that Anne took and during the second class she raised her hand and denounced the woman's shortcoming. This was very new for Anne. Although it was difficult to express herself, it felt pretty good this time. This teacher received her criticism well, admitting to having done as Anne complained and kindly apologized for her incoherence. Finally, the

teacher added, "although I understand, and welcome your feelings, I also feel like you are scolding me." I remembered the incident between us involving the candle.

Anne told me that it was not new for her to hear that people think she is scolding them, and although she was happy with how receptive the teacher had been, she kept thinking about her last comment. Other people's interpretations of her, even seemingly positive ones, like that she is "sweet" and "sensitive", are almost all extremely invasive to Anne. She is often interpreted as "brava"[2], as if she were "unacceptably tough", and she does not see herself in this way. She was glad to have expressed herself but, once again, also felt misunderstood and frustrated.

I told her "brava" can also mean "courageous, brave", as it is also an interjection to express congratulations in Italian. She laughed at my interpretation and looked at me with a questioning wonder, such as a small baby observes its mother, and together we laughed. Now, Anne holds on tightly and proudly to being "brava". In some way this became a positive resource for her, maybe one of the first palpable things that came from me that Anne could receive and hold on to. She still brings this into our conversations, when someone at home, like her mother mostly, or her sister, would complain she was "brava". "When she said that I actually felt bad, but I remembered what you told me about courage".

Slowly, we had created minimal room for her family to be talked about during our sessions. As I was beginning to see it, this was a very big step for us. Our work manifestly began to change. She would sit in the office more at ease, move the cushions around to better accommodate her body and began to ask me for a cup of water at the beginning of each and every session. What came from me seemed to be less and less invasive and her profound desire for contact started to become visible. After asking for her water, one day, she said, "I want to talk about my family. It's just that ... sometimes I feel invisible!" she exclaimed, "What about what I feel?! What about when I need to talk!?" (Alluding to her sister) "It's like I have to be in a crisis for someone to notice me!" She explained to me that she felt upset because she arrived home one day, and her sister was having an anxiety attack and asked Anne to be with her. Lauren had called their mother who was coming home from work to be with her as well. Anne's final straw was when her mother asked to speak to her on the phone and told her to not say things that might worsen the situation. I asked if she felt angry, she froze and told me "No!". Once again it seemed to be her dissociating from her fear of her own feelings. Anne has a lot of anger in her body that seems to leak out in the form of moralistic complaints and reprimands, fear and discomfort or rationalized concepts about society.

In the next sessions, Anne shared how she felt severely guilty about having talked about her family to me. Again, I could feel her anger and at this point of our work, I strongly felt that very early Anne had been denied her right to feel anything. She explained that she probably hadn't depicted reality justly enough.

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2 "brava" – a Portuguese word.

"I'm feeling bothered", she said. "I'm irritated with how you make me look at things, I never looked at my family like this." The fear I had felt before returned, I breathed. All I could do was breathe. After this session I found comfort in the words of Dr. Robert Lewis (2014), "Our patients still want us to find them. But when they have been broken and shamed, we must indeed be both wise and gracious to know how to visit them in the inner place where their core grace is shadowed by torment and isolation."

Anne's split is like a constant tearing off from everything in her life. At the same time as she is assailed by terror, she does long for love and human contact. She longs for friends, she now tells me, for "a tribe" but concurrently she needs to keep a distance from anything that may offset the fragile equilibrium between her split-off parts, which are structured under intense pressure to hold together and to hold on. It is as if she longs to be seen, but not looked at, recognized but not interpreted.

At times I feel she is a small baby who has received hostile love, judging love, toxic love, or broken love. Even though she is 21 years old now, she constantly feels entrapped by her ambivalence towards interaction, incapable and afraid, angry and invisible, misunderstood and over-interpreted, unseen and exposed. About two years into therapy, I begin to find that although I can study and conjecture upon her attachment pattern, the reality is, I myself may never know exactly how Anne was seen and loved as a baby. At the end of the day, what seems to matter in the here and now of our sessions is the quality of my presence, and the authenticity of my love for her, as well as the patience to respect her rhythm and her inner ambivalence as a painfully misunderstood state of existence.

"Simply said, you can listen to the wind or to someone's soulful cry, but you cannot grasp, fully comprehend them" (Lewis, 2014, p. 3).

Innovative Clinical Experience

About one year into our work, Anne came in telling me something had happened in college that she wanted to share, but that she would need to make a long retrospective account in order to be able to tell me. This was common, she would often need to give me many precise details about a situation to then talk about how she felt or what actually happened. As she began her story, I instantly began to feel heavy-eyed, as I had been feeling during our sessions for a few months already. On this day, nonetheless, I dozed off as she spoke and suddenly, she said, "You're sleeping."

I immediately awoke, embarrassed and ashamed, because I in fact was sleeping. Her face conveyed her desolation. I felt as if I had suddenly broken our bond, afraid she would leave, afraid to have hurt her, as if my fantasies had become reality because of my inadequate handling. "You're right, Anne ...I was sleeping", I

said, "I'm sorry. I'm feeling very tired." She told me she could tell and that she had noticed in the past months that I would become sleepy regularly.

At that time I was working full time as a 3rd grade schoolteacher and our sessions were at night. I told her that I felt ashamed and at the same time thankful that she said something and woke me. What followed was a long, difficult, silence, during which Anne would painfully look to me and away from me.

And so she began to share: "this happens at home ... A lot ... Sometimes I'm trying to tell my parents or grandmother something and I notice that they begin to fall asleep or are not interested. This makes me feel uninteresting, like I'm transparent ... I feel insignificant." I asked her what she does when this happens, and she told me she usually tells them the same thing she told me. "What do they say?" I asked. "They deny it. They always say that 'of course not!' and that they are paying attention, but I know it's not true ..."

She brought this topic in again on our next session. She told me she felt sad about what happened. I listened quietly as she told me she feels that many people are indifferent to her existence, schoolteachers, family members, and colleagues from her old schools where she was not only bullied for many years but never able to make friends. I listened and felt guilty, with an impulse to explain myself once again, tell her I was working two jobs, and desperately try to repair our bond making my error smaller or justifiable. But the truth is that in the moment I fell asleep, I had been unsuccessful at being present with her. I also realized that I had hit the wall of my own narcissistic expectations of myself as a therapist. Now, I had to be truthful with Anne and with myself. She was letting me know our bond was important to her; she was pulling me close to her the only way she knew how. All I could do was listen and feel touched by her sadness now inside my own body.

Consequently, although I feared my failing would destroy whatever therapeutic bond we had constructed, what happened was the opposite. I now felt closer than ever to Anne, and I never fell asleep or felt uncontrollably sleepy again in our sessions.

Little by little, throughout the years, with many ups and downs, Anne and I continue to stitch together a secure bond. She has a deep need to be listened to and respected. She has very little identification with her body and a chronic sensation of insecurity. Cautiously but willingly, she now complains that her family over-protects and infantilizes her, and that it is invasive, and it irritates her.

Anne slowly and very carefully lets me see her anger in shy appearances of irritation that I will carefully ask about. When I ask her if there is any feeling present in her body, she takes her time to perceive herself, closes her eyes, breathes in, out, and tries to name her feelings out loud. Laughing she exclaims: "you always make me do this!" and her eyes brighten playfully. Smiling she sometimes looks to the ceiling, "I'm not sure if it's anger ... I did feel irritated ... or better, bothered". Although at a first glance, this may seem minor or insignificant, for Anne, it is a sign of meaningfully arduous work. There seems to be more space for anger now.

Applicability and Validity for Other Clinicians

There is considerable literature that throws light on Anne's condition. Bleuler (1976) first coined the term "schizoid" in 1908, describing people with schizoid features as shut-in and suspicious, while simultaneously sensitive and in pursuit of purposes. In his view, these ambivalent characteristics appeared in the pre-psychotic personality of schizophrenic illness. Although the schizoid structure is not a disorder and does not always lead to a psychotic state, as was widely believed in Bleuler's time, he demonstrates in his description that the schizoid split creates a clear a duality.

In Martens' (2010, p. 38) study, he describes the feelings of "unbearable and inescapable loneliness" lived by schizoid-structured individuals as intense, sometimes distorting moments of physical and emotional suffering. The schizoid split is an eternal tear-in-two that leaves great emotional lacerations that hold and sometimes exude extraordinarily painful states.

The intensity of the way this is felt by a person is not always easily evident to family members, friends, nor also, to therapists. Due to a person's apparent detachment and sometimes-subtle hostility, they are often liable to be misunderstood, unless they explode, which may occur and also not be understood as an unplanned eruption of intense inner suffering.

According to Thyslstrup and Hesse (2009, p. 156) schizoid ambivalence refers to contrasting feelings in patients of a seemingly emotionally detached appearance that may disguise an inner heightened sensitivity and longing for closeness. In their study, they evidenced: "[a client]'s therapy was terminated for lack of results", from their observations, "he was not able to make the staff members feel that his problems were sufficiently urgent to warrant their help".

Lowen (1979, p. 270) teaches us that the schizoid problem has its origins in the ambivalence the mother feels towards the child in the first moments of its existence. According to Lowen, at the same time that she wants the child, she also doesn't and her attitude towards him changes according to the tensions in her outside life. Her feelings of hostility and gestures of rejection, in one moment, are followed by a sudden need for the child in the next. All of this is not motivated by the child, but by the mother's representation of maternity and therefore of the child. The representation is rooted in the mother's narcissistic illusion that she will feel fulfilled in this role. Her consequential lack of attunement with her baby configures a situation of hostile rejection and threatening invasion to a baby who, at the same time, seems to be sensibly invisible. Her distance and sparse ability to connect with her child translates as rejection and hatred, creating in this child an insufficiency in his or her existence as well as an enormous fear to reach out as this leads to contact with feelings he is not yet able to process.

In response to the fear of annihilation generated by the hatred he receives, what Lowen (1977, p. 342) refers to as "murderous rage" is provoked in this child,

a feeling intolerable and therefore threatening for his young body. The dissociation from his body and from reality at this tender time ensures his own survival from this traumatic bond.

Besides the fact that the dissonant relationship does not offer security, the little one still has to defend himself against a caretaker who has large unstructured portions of their ego and can be unpredictably invasive. (Weigand, 2005)

According to Baum (2017; 2018) the necessary relationship of passivity between the mother and infant, respectful, quiet, warm love, is subverted into an active relationship where the mother's feelings, rooted in her own illusions and projections, invade the baby and in return, his body needs to actively defend itself: the core of the body tightly wraps in the heart and vital organs, away from contact with the outside and with the other.

As Kalsched (1996, p. 229) puts it, once the defence against this trauma is organized, all the relations with the outer world are assessed by what he refers to as a premature self-care system. This way, what was meant to be a defence against further trauma becomes an essential resistance to all unprotected and spontaneous expressions of the self in the world.

This energetic dynamic is encrypted in the matrix of the infant and carried on throughout all of his life. What is intentionally a defence becomes a sort of transparent cage, which, quite paradoxically, does not protect the body nor provide it with any feeling of safety or shelter; it only works to keep strictly locked in, and barely under control, a mortifying and monstrous fear that does not annihilate his need and desire to be seen and loved.

In Anne's case, a great fear, much more so than being rejected, was that of losing her mind. She would not talk about this often, but at times in our sessions, as she would tell me about her feelings, the more she was able to express negativity towards her family, this fear would appear in the form of guilt and confusion as well as ambivalence. Seeing her shuffling through her thoughts as she would hold her head in her hands, I would sometimes ask her if she fears going crazy. My question was always received with a wide-eyed startle and a vigilant nod as if not to unwrap anything too much. Anne lives entrapped in a delicately fragile stronghold.

In Thyslstrup and Hesse's (2009, p. 148) study they state that Bleuler indicated the intrapsychic dynamics of ambivalence in schizoid disorder, and it has been discussed in later literature on psychopathology.

Bleuler (1976) argued that ambivalence was a consequence of the contrasting associations his patients with schizoid personality disorders (SPD) suffered, and that this often challenged clinicians because of client's seemingly detached and restricted affective behavior, which may be interpreted as lack of motivation for treatment and lifestyle changes. According to him, the ambivalence is representing a tendency to experience contrasting feelings (affective ambivalence), intentions (ambivalence of the will), and thoughts (intellectual ambivalence) to

situations, objects or people, for example, experiencing love and hatred for the same person.

Lowen (1982, p. 302) explains that facial expression of the schizoid client can seem to transmit indifference, maybe arrogance, or simply be expressionless, like a mask that hides un-feelable terror.

Contribution to the Development of Clinical Bioenergetics

> "As healers, we each have our own mix of capacities for autonomy and intimacy, also known as our preferred attachment style. [...] The challenge for [...] all healers with relational wounds, is to know when we are pulling for the patient's vulnerability and authenticity mainly for his sake, and when our own unresolved need to be deeply valued has gotten out of hand, such that we are trying too hard" (Lewis, 2009, p. 6).

Perhaps we can benefit from being very careful in detecting and naming our counter-transference, in being aware of our irrational expectations, narcissistic frustration and anger in the relationship with this type of client in order to not reedit a relationship with an ambivalent, available but unavailable caretaker.

When I thought about Anne's case, sometimes I would feel frustrated that there was so little change. It was arduous work in supervision and in my own personal therapy around my own fears, projections and narcissistic expectations of my own work and consequentially of my patients.

Although they remain virtually untranslatable into words, Anne has very clear terms of how she wants to be treated by me. Whenever talking about her parents I have to be very attuned and delicate. My interventions are almost always felt as violent invasions, but at the same time, she continues coming, and inevitably, intentionally or not, I continue intervening.

Above all, so she can support our bond, it is important for her to be sure that she could push me away and pull me back as she needed. I need to be clear that I will not go away because of this, I will not take my love away and the only reason is: I do not want to go away. In Guest's (2017) words, "we cannot love someone we are afraid of", and I dare to add: "we cannot feel loved if we are afraid."

While I am afraid of Anne, she will be afraid of me. While I am afraid she will reject me, so will she. Once I am able to authentically open myself to receive whatever she can show, even to her rejection, I am able to open myself to feel love for her, and so, be able to patiently and lovingly walk beside her as she finds her own, genuine, rhythm and direction.

Our relationship exists not despite, but through means of a barrier that must be respected, in spite of the fear, in spite of the anger. Little by little we strengthen a common understanding that I will not betray her, however, the only way to

have this understanding is by means of a previous one: she can push me away and pull me in as much as she needs, and I will not hate her. This is established in our relationship, so she is free to live out and actively express her ambivalence. Her coming and going, the limits she bravely gives me, her acute attention to anything that I am doing different, are not gestures of cruelty, or simply of anger that need to be cathartically expressed. They are underlying energetic attempts to stitch together a minimal security nest necessary for her to make long desired, but yet greatly feared, contact with another human. The duality that tears her experience of living until this day may quite possibly do so as long as she lives, but any possibility of contact, as small as it may seem, offers her an authentic moment of recognized existence.

Anne does not come to my office so I can do a good job as a therapist, or so I can help her become someone else. Some days it dawns upon me that Anne comes to my office to be loved and accepted, to be minimally safe for at least one hour in her week, to be looked at and not be judged, and to feel herself existing. There is realistically not much technique that needs to consciously come into action in our sessions for this to happen; there are no big expressive exercises that can give this to her.

In Anne's sweet and sour attitude she gradually gains the security she needs to let me come closer, and so she as well, can unveil herself to me and ultimately, to herself.

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A Traumatic Event

Bioenergetic Therapy Applied in a Company Environment

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Abstracts

The article describes a work of Bioenergetic Analysis performed in the business sector. The therapists provided group therapy in a company context in a situation of serious grief (an employee had been killed in an occupational accident while several of his colleagues were present). Good results were achieved. Initially, the client requested individual psychological therapy for the thirty colleagues of the deceased man. This request was redefined to cover two approaches: immediate individual therapy (for those employees most affected) and group therapy. This paper describes the group therapy performed in the company environment. The paper also discusses some of the techniques used; the theoretical basis (Lowen's Bioenergetic Analysis); incorporation of neurological advances on trauma (Porges' Polyvagal Theory), trauma treatment (Berceli, Levine, Ogden, Rothschild and Van der Kolk); and the concepts that might be most helpful for anyone replicating this work in similar contexts.

Keywords: trauma, grief, therapy, company, bioenergetic analysis.

Um evento traumático. Terapia bioenergética aplicada em ambiente empresarial (Portuguese)
O artigo descreve uma intervenção bioenergética num contexto laboral. Os terapeutas organizaram um grupo terapêutico na empresa que havia passado por um luto grave (um trabalhador ficou aprisonado num acidente laboral presenciado por vários colegas). Resultados muito bons foram atingidos. Num primeiro momento o cliente havia pedido psicoterapia individual para os trinta colegas da pessoa que faleceu. Esta demanda foi redefinida em duas modalidades: terapia individual (para os mais atingidos) e terapia de grupo. Este artigo descreve a terapia de grupo realizada no ambiente de trabalho. Descreve algumas técnicas utilizadas; a base teórica (a análise bioenergética de Lowen); a integração da consciencuia avançada do trauma (a teoria polivagal de Porges); o tratamento do trauma (Berceli, Levine, Ogden, Rothschild, Van der Kolk); e os conceitos que poderão ser de utilidade na expectativa de uma possivel replicação desse trabalho em contextos similares.

Un evento traumático. Terapia bioenergética aplicada a un medio corporativo (Spanish)
El artículo describe una intervención en Análisis Bioenergético llevado a cabo en un ambiente de trabajo. Los terapeutas organizaron terapia de grupo en un contexto laboral para una situación grave de duelo (un empleado había muerto en un accidente de trabajo con varios de sus colegas presentes). Se obtuvieron buenos resultados. Inicialmente, el cliente solicitó psicoterapia individual para los treinta colegas del hombre muerto. Esta demanda fue redefinida buscando abarcar dos modalidades: terapia individual inmediata (para aquellos empleados más afectados) y terapia de grupo. Este artículo describe la terapia de grupo desarrollada en el medio corporativo. También discute algunas de las técnicas usadas: la teoría de base (Análisis Bioenergético de Lowen), la integración de los avances neurológicos sobre trauma (Teoría Polivagal de Porges), el tratamiento del trauma (Berceli, Levine, Ogden, Rothschild y Van der Kolk); y conceptos que pueden ser de ayuda para quien desee reproducir este trabajo en contextos similares.

Un evento traumatico. La terapia bioenergetica in ambiente lavorativo (Italian)
L'articolo descrive un intervento bioenergetico realizzato in un contesto lavorativo. I terapeuti hanno organizzato un gruppo di terapia in una società in seguito a un lutto grave (un dipendente era rimasto ucciso in un incidente lavorativo alla presenza di vari colleghi). Sono stati ottenuti buoni risultati. Dapprincipio il cliente aveva fatto richiesta di terapie individuali per i trenta colleghi della persona deceduta. Questa richiesta è stata ridefinita in due modalità: terapie individuali immediate (per i dipendenti più sofferenti) e terapia di gruppo. Questo articolo descrive la terapia di gruppo realizzata nell'ambiente di lavoro. Espone anche alcune tecniche utilizzate: la base teorica (l'analisi bioenergetica di Lowen): l'integrazione delle conoscenze avanzate sul trauma (la teoria polivagale di Porges); il trattamento del trauma (Berceli, Levine, Ogden, Rothschild, Van der Kolk); e concetti che possono essere di aiuto a chi volesse replicare in contesti simili questo lavoro.

Un événement traumatique. Thérapie en Analyse Bioénergétique appliquée en entreprise (French)
L'article présente un travail d'Analyse Bioénergétique effectué dans le secteur des entreprises. Les thérapeutes ont dispensé une thérapie de groupe dans un contexte d'entreprise en situation de deuil grave (un employé avait été tué dans un accident du travail alors que plusieurs de ses collègues étaient présents). De bons résultats ont été obtenus. Au départ, l'employeur a demandé une thérapie psychologique individuelle pour les trente collègues de l'homme décédé. Cette demande a été redéfinie pour offrir deux approches : une thérapie individuelle immédiate (pour les employés les plus touchés) et une thérapie de groupe. Le présent article décrit la thérapie de groupe effectuée dans le contexte de l'entreprise. Il examine également certaines des techniques utilisées, les bases théoriques (Analyse Bioénergétique de Lowen), la prise en compte des avancées neurologiques sur les traumatismes (Théorie Polyvagale de Porges), le traitement des traumatismes (Berceli, Levine, Ogden, Rothschild et Van der Kolk) et les concepts qui pourraient être les plus utiles pour quiconque reproduit ce travail dans des contextes similaires.

Ein traumatisches Ereignis. Bioenergetische Therapie angewandt in einem Firmenumfeld (German)
Der Artikel beschreibt ein Projekt der Bioenergetischen Analyse im Unternehmensbereich. Die Therapeutinnen boten Gruppentherapie in einem Firmenkontext bzgl. einer Situation tiefer Trauer an: Ein Mitarbeiter war bei einem Arbeitsunfall getötet worden, während mehrere seiner Kollegen anwesend waren. Es wurden gute Ergebnisse erzielt. Ursprünglich hatte der Auftraggeber um eine psychologische Einzeltherapie für die dreißig Kollegen des Verstorbenen gebeten. Dieser Wunsch wurde umdefiniert und umfasste zwei Ansätze: sofortige Einzeltherapie für die am meisten betroffenen Mitarbeitenden und Gruppentherapie. Dieser Beitrag beschreibt die Gruppentherapie, die im betrieblichen Umfeld durchgeführt wurde. Außerdem werden einige der angewandten Techniken, die theoretische Grundlage (Lowens Bioenergetische Analyse), die Einbeziehung neurologischer Erkenntnisse zum Thema Trauma (Porges' Polyvagal-Theorie), die Traumabehandlung (Berceli, Levine, Ogden, Rothschild und Van der Kolk) und die Konzepte besprochen, die für jede Person, die diese Arbeit in ähnlichen Kontexten wiederholt, am hilfreichsten sein könnten.

Травмирующее событие. биоэнергетическая терапия в корпоративной среде *(Висента Гименос Молла и Амайя Алехос Мартин)* (Russian)
В статье описана биоэнергетическая работа в рабочем коллективе. Терапевты проводили групповую терапию в компании, где царила сильная скорбь (в результате несчастного случая на производстве погиб сотрудник, при этом присутствовало несколько его коллег). Были достигнуты хорошие результаты. Первоначально клиент просил об индивидуальной психотерапии для 30 коллег погибшего. В итоге запрос был переформатирован, и работа велась по двум направлениям: неотложной индивидуальной терапии (для наиболее пострадавших сотрудников) и групповой терапии. В статье описана групповая терапия, проведенная в корпоративной среде. В ней также рассмотрены некоторые из использовавшихся методик; теоретическая база (биоэнергетический анализ Лоуэна); включение нейрологических разработки в области травмы (поливагальная теория Порджеса), лечение травмы (Берсели, Левин, Огден, Ротшильд и Ван дер Колк); а также концепции, которые могут оказаться полезны для любого, кому придётся работать в подобных обстоятельствах.

创伤事件。躯体动力分析治疗在企业中的应用 (Chinese)
这篇文章报告了躯体动力分析在一企业部门中的应用。治疗师在企业环境中给一个正在经历严重丧失的部门提供团体治疗（一位雇员在职业事故中被杀，当时有几位雇员在场）。此治疗取得了良好的效果。起初，客户要求对逝者的30位同事进行个体治疗，这个请求被分为两个方式进行：对最受影响的员工立刻进行的个体治疗　和团体治疗。本文描述了在公司环境中进行的团体治疗和治疗中运用的一些技术。治疗理论依据（勒温的躯体动力分析）；神经生物在创伤中的应用（多迷走神经理论）；创伤治疗（Berceli, Levine, Ogden, Rothschild and Van der Kolk）；和一些可能帮助到有意在相似情景运用治疗的一些概念。

Part One: Description and Assessment of the Therapeutic Process

Introduction

The client was the manager of a furniture-manufacturing firm that advertises a *"great love of nature – we are wood"*. The company distributes its locally produced goods in six European countries. It claims to be a pioneer in social issues in its industry. Since it was founded, the company has prioritized gender equality, striking a balance between employee-wellbeing and the viability of the company's projects and respecting work/life balance.

In the first telephone contact, the client identified herself and said they had *"suffered a misfortune"*. One of their employees had died in a workplace accident. She requested individual psychological therapy for the employee's thirty colleagues. Given the impossibility of meeting this request, the gravity of the circumstances and the need to act quickly (further aggravated by the fact that the summer holiday period was drawing near) the response was redefined, and two paths of action decided upon: individual and group therapy. This paper discusses details of the group therapy. It should be noted that throughout the process, parallel individual therapy was conducted with some of the employees.

Phase I: Therapeutic Emergency

Individual Therapy

Individual therapy began during the week following the accident. The initial users were the two colleagues who had been first to attend the victim of the accident and who had tried unsuccessfully to revive him. The client described these employees as being *"in a state of shock"*. They were initially attended by one of the therapists at her clinic during the three weeks before the company's annual summer holiday period began, in weekly 90-minute sessions.

Group Therapy

Group therapy began two weeks after the accident and was held once a week until the holiday period (two weeks). The thirty employees from that department are mostly divided into two shifts, working alternately mornings and afternoons/evenings. Therapy took place outside working hours in a room provided on the firm's premises (with sofas, carpets, blankets and cushions). Each session was 120 minutes long. In keeping with the company's policy on work/life balance, the therapists were asked to provide therapy on site. They were available

to give the sessions on one day (Monday) every week. The morning group session was attended by twelve users and the afternoon session by thirteen. The five users who did not attend the group sessions included one of the employees who was attending individual sessions and whose working hours clashed with the group sessions. Attendance was voluntary, although the company recommended that all staff should attend. For most, this was their first contact with the world of psychology. The intervention on the first day consisted of two stages: initial contact (with therapists and users introducing themselves) and body work.

The first group consisted of twelve users (seven women and five men) who were strongly affected by their experience of the accident. They reported fear, anger, disbelief and knotting in the chest and stomach. They also had invasive images, difficulty in sleeping, eating and concentrating. Several reported that they had been unable to move when the incident occurred and wondered whether they could have done more to save the victim. (When the health services arrived, they confirmed that he had died *"instantly"* and that given his injuries, it would have been impossible to resuscitate him). Some users described how they had looked at *"the body"* several times because they couldn't believe what had happened. They described the deceased as *"a very cheerful person, the life and soul of the group"*.

The second group consisted of thirteen users (eight men and five women). Only two members of this group were present at the time of the accident. One of these two later sectioned part of her fingertip in an occupational accident after returning to work (the plant closed for several days after the accident). She is also a friend of the deceased's family (several other users also had a personal friendship, either with the deceased, or with his family). The other person who was present at the time of the accident was a young man who had joined the company recently and was only planning to stay a couple of months. He was one of the first to tend to the victim, whom he did not know. He reported having images at night that he was unable to get out of his head. He would like to forget what he saw. He was glad he did not know the deceased. If he had, he would not have been able to do as much as he did. Most reported feelings of disbelief and expecting the deceased man to walk in the door at any moment.

The intensity of the experiences of fear, anger/rage, grief and trauma varied greatly among different groups and users. In general terms, we encountered users with shallow breathing, energy in the upper part of the body and poor grounding with lifeless legs. In relational terms, each individual was isolated in his or her own world of sorrow.

In both groups, following the initial introductions, which were conducted in a square, with users sitting on sofas and armchairs, the group dynamic involved getting the body moving and shaking off its immobility. Therapists and users stood in a circle. Users were instructed on good grounding, to enable them to feel their bodies and become aware of their feelings and needs at that precise mo-

ment in time, and also to feel their breathing. Each user verbalized the sensation they were most aware of, or which was making them most uncomfortable. This enabled body work that was both individual and at the same time, group-focused, with the rest of the group accompanying the individual user. One user reported trembling throughout his body, like a sort of inner electricity. The therapist recommended voluntary movements that would exaggerate and exteriorize that feeling, *"like a gazelle escaping from a lion"*. The rest of the group accompanied the movement (other users reported feeling the same). This produced laughter among the group when they looked at one another. One woman, who was incapable of putting her feelings into words and had to choke back tears during the first part of the session, pointed at her throat. Using affirmative and negative gestures, the therapist concluded that she could not speak because of the emotion and felt blocked. The therapists recommended that she move her body by jumping up and down *"like a Masai"*. The group accompanied her. As she began to breathe more deeply, she was able to make an *"aaaahhhhh"* sound and the therapists suggested that she should hum a song while completing the jumping. The group recognised the song *("Xuxa Ilarie")* and joined in, singing and performing the associated dance, which involves jumping. This again sparked laughter. After completing this exercise, the user was able to put words to her feelings and asked for a group hug. The session ended on this very emotional moment.

Assessment

Sixty percent of the employees attended the second day of group sessions, mostly those who were present at the time of the accident. An assessment of symptoms was carried out, using the criteria for Acute Stress Disorder[1] (ASD), (DSM-5, 2014). The occurrence of intrusion, dissociative, avoidance and arousal symptoms differed considerably between users who did not witness the accident (average 1.3 symptoms) and those who did (average 7.28 symptoms). There was also a clinically significant intensity of distress, and deterioration in social and occupational aspects and other important areas of their lives, to very different extents.

Of the users who were present at the time of the accident, 100% reported *arousal symptoms* (hypervigilance and exaggerated startle response), 70% *intrusion symptoms* (recurring, involuntary distressing memories of the accident) and 70% *dissociative symptoms* (altered sense of the reality of their surroundings, such as feeling stunned or time going slow). 60% suffered intense or prolonged psychological distress or major physiological reactions to internal or external cues symbolizing or resembling the accident *(intrusion symptoms)*, together with irritability *(arousal symptoms)*.

1 The symptoms lasted from the third day traumatic event after the accident to one month later.

Of the users assessed who were not present at the accident, only 50% reported some symptom, the most frequent being *arousal symptoms, especially* hypervigilance and exaggerated startle response.

Following the initial ASD assessment, three users were identified who met all the diagnostic requirements while a further three were in serious risk of meeting them.

Body Work in Group Sessions

The body work conducted on this second day of group sessions was based on Bioenergetic Analysis (BA) and David Berceli's trauma release work (2012). After briefly moving their entire body, the users were placed in pairs. The work includes special exercises for releasing trauma and manual procedures such as facial and occipital massage to relax tight face, neck and shoulder muscles. All users were told to breathe through their mouths and concentrate on the feelings from their bodies. Described below are the steps involved in the facial and cranial massage, which users performed in pairs with short instructions from the therapist.

One user lies with their feet well supported on the ground and the other positions themselves at his/her head:

- Step 1: The massage begins in the nasal region, from the apex of the nose, over the ala (wings) of the nose, without pressing them, and rising towards the root of the nose, with a slight pressure.
- Step 2: The massage continues along the arch of the eyebrow, from the nose towards the temporal area.
- Step 3: The thumbs are placed in the glabella, encompassing the forehead, and spread along the superciliary arch, from the centre towards the periphery.
- Step 4: The thumbs are placed on the orbitary portion of the orbicularis oculi muscle, pulling upwards from the nose towards the ear (cheekbones).
- Step 5: The pulling motion is continued with the tip of the other four fingers, under the earlobe as far as the occipital base.
- Step 6: The tips of the fingers are placed approximately around the fifth cervical vertebra and the upward pulling motion is continued along the trapezius muscle again as far as the base of the occipital region, pressing and performing a light movement of stretching and rotation of the head in both directions, slowly. The reclining user has to make sure to leave the weight of the head in the hands of his/her partner. The stretching motion is kept up for approximately 1 minute.

This massage is a variation on that proposed by Lowen and Lowen (2012) in their neck and head exercises. The shoulder is then pressed in the opposite direction to the head, to help stretch that entire area.

After the session, all users were seen to have a relaxed expression, a brighter look (some users reported seeing more clearly) and the *"pleasant"* surprise of feeling their bodies vibrate. They all reported greater wellbeing, relaxation and were pleased with the work performed.

In this first stage, the BA work was oriented towards helping users become aware of their body and emotions and expressing that awareness. One basic objective in this first phase was to establish and reinforce a bond of trust amongst group members, by means of exercises encouraging contact and relationship (for example, encouraging visual contact between them). The users began their summer holidays, and this stage of the work came to an end. The therapists had different holiday dates and remained available for individual therapy sessions for a further two weeks.

After the holidays, the client decided to continue with the group sessions. The client informed the therapists that there had been a fatal workplace accident at another firm, and this had revived symptoms among their employees. She said the latest victim was known to most of them. A second stage of group sessions was scheduled. The frequency and timetable for the sessions was agreed on by the users and the client and confirmed by the therapists: four fortnightly sessions; one 120-minute morning session and one 60-minute afternoon session. The work continued with two groups. The reason for the shorter afternoon hours was the need to respect the employees' work/life balance *("They have to pick up the kids from school")*. An extra fifth session was added before the Christmas holiday period.

Phase II: Grounding, Treatment of Traumatic Memories and Grief

During this second phase an average of twelve employees were counselled, between the group and individual sessions, representing 42% of employees. 72% the group who were present at the time of the accident (ten employees) attended, as compared to 14% of those who did not (two employees). 75% of attendees were women and 25% men. 100% of the women who witnessed the accident attended the group and/or individual sessions during Phases I and II.

At the first group meeting after the holidays, users and therapists re-established contact. This relapse came after the accident at the other firm and for all of them, following their return to work. Weeping was very commonplace in the sessions. Several users remarked, *"I don't understand what's happening to me; I should be better by now"*. The therapists explained about the body's main defensive strategies, and about normalizing and making sense of the symptoms and reactions. The fight/flight/freeze, as well as auditory hypersensitivity, hypervigilance and development and evolution of Post-Traumatic Stress Disorder[2] (PTSD), based

2 Symptoms present after the traumatic event, from one month.

on DSM-5 criteria were also explained. Of the nine participants, three fulfilled the criteria for PTSD and another two were at risk of meeting them. Each participant got in touch with their feelings and the therapists performed trauma release body work, as per Berceli (2012). All participants reported that they were calmer on leaving than when they arrived.

The Phase II sessions began with an exercise to encourage awareness of the body through the participants' breathing and needs, following the movements of the body and observing the changes that followed. Users were seen to have difficulty in establishing good grounding, with the energy clearly having shifted upwards, in a group defence mechanism. It was therefore particularly important to promote grounding and perform leg work, so that they can hold themselves up and tolerate the situation experienced in all its intensity. For this purpose different exercises were emphasized in different sessions, for example:

- In a standing position, feeling the weight in both legs, then feeling it only in one leg, and then in the other
- Lying face up, legs flexed and raised, lifting the ankles towards the ceiling
- Special emphasis was placed on performing the forward bend.

Each user had different needs and a different pace through the sessions, and therefore space was given to working with each one, using more sensorial work, as proposed by various theorists such as Levine (2013, 2016, 2018), Ogden, Minton and Pain (2009), Rothschild (2015), and Van der Kolk (2015) and evolving towards a work of greater bioenergetic intensity, as proposed by Klopstech (2005).

Particular importance was given to the creation of "safety islands or anchors" (Levine and Rothschild), the capacity to sway and regulate oneself, remaining within the window of tolerance. These spaces are internal and private shelters where the user knows that they can go when necessary if the session becomes particularly intense. Having two therapists meant that more tailored attention could be given to individual and group needs; sub-groups were created in some sessions, with one therapist guiding the session and the other regulating anyone who so required.

During this phase Autumn set in, and the heating in the room proved insufficient. The therapists improvised by bringing small stoves and heating the room before the users arrived, thus emphasizing the warmth of the contact to be offered and the importance of a genuine caring relationship to facilitate the process. They also brought towels and exercise balls of different sizes. The session with the balls enabled variation in the body work and allowed the participants to engage in play. In general, all users had *lifeless* legs, and the therapists therefore worked on good grounding and getting in touch with feelings of rage and annoyance (e. g., by twisting towels). Expressing feelings of anger or annoyance was considered necessary for the grief-healing process, always taking into account each person's individual pace of grief.

Assessment

PTSD criteria were again assessed in the last session of this phase, and a considerable reduction in symptoms was observed compared to the start of the phase. Users displayed an average of 2.5 symptoms (*arousal symptoms* such as hypervigilance and exaggerated startle response). There was also a considerable reduction in *intrusion symptoms* such as involuntary memories of the accident, *dissociative symptoms* such as fragmented memories *and evasion symptoms* such as avoiding memories of the accident.

On completion of Phase II, it was proposed to the client and users that a third phase should begin after Christmas, to continue to develop the grief process and avoid complicated grief. In their proposal to the client, the therapists suggested that in Phase III there should be a single group in the morning. The company collaborated, making it easy for employees to swap shifts to attend the sessions. Initially, all agreed, but several users had difficulty in attending.

Phase III: Grief Integration and Elaboration

The seven participants (five women and two men) in Phase III came from the group that was present at the time of the accident. The client and users agreed that four 120-minute sessions should be held once a month, and this was confirmed by the therapists.

In Phase I, a good bond had been established amongst the group members and between them and the therapists. In Phase II, grounding had been reinforced. The therapists' main target in Phase III was the expression and integration of the emotions. Although the users found it difficult to express their sorrow, their grief became more evident. However, they did not feel they had a right to feel and express rage.

The following bioenergetic exercises were used, among others, to help users express their rage:

- In supine position, with their feet supported on the carpet, they slowly twist a towel in front of their eyes.
- On all fours, they move their back in time with their breathing (arching the back up and down). This exercise is first performed individually, and then in facing pairs, emitting noises and grunts (like two cats confronting each other).
- They face each other in pairs and kick out.

After these exercises any sensations and emotions that had arisen were listened to and accepted. The progression in each session was as follows:

a) making contact;
b) working the body;

c) working on themes that arise; and
d) ending the session.

During Phase III, the therapists indicated one aspect of each user's work. They worked with each one on anything that might have come up, but within the group. Special importance was given to placing a positive value on aggressive force, since the right to get angry and feel their own rage appeared be taboo for them. The therapists worked on enabling them to be well grounded, fostering feelings of security, confidence and empowerment. The specific character structure and attachment style of each user was taken into consideration.

Assessment

In the last session, the progress made by each user was validated and the therapists spoke of their pride in them and the bravery they had shown in confronting their pain, suffering and traumatic experiences. PTSD-compatible symptoms were again measured. The results were similar to the previous assessment, but users reported that the symptoms were less intense. The therapists discussed the importance of performing some grief ritual on or around the anniversary of the death, which was still some months away. Several users said they were afraid of the anniversary, which coincided with one participant's birthday. They thanked the therapists for their work and expressed an interest in continuing with the group sessions. The client also thanked them for their work but considered that it was sufficient for the moment. At this point the therapeutic intervention came to an end. Table 1 provides an overview of the Phases and Timeline of the work completed.

Timeline	Frequency Sessions	No. Days Sessions	Session Time	Session Duration	Total Group Sessions	Total Group Work Hours
Phase 1: Therapeutic emergency	Weekly	2	Mornings and Afternoons	Morning – 2 hrs Afternoon – 2 hrs	4	8 hours
Phase 2: Treatment of traumatic memories	Fortnightly	5	Mornings and Afternoons	Morning – 2 hrs Afternoon – 1 hr	10	15 hours
Phase 3: Grief integration and elaboration.	Monthly	4	Mornings	Morning – 2 hrs	4	8 hours
Total		11			18	31 hours

Table 1: Phases and Timeline of the work carried out

Anniversary Ritual Celebration

The therapists subsequently learned of the grief ritual and the employees' experience of the date of the anniversary. On their initiative, a magnolia tree was planted in the environs of the company some days before the anniversary. This meant that on the actual date of the anniversary, they were able to celebrate their workmate's birthday. The therapists were again moved by the bravery and human warmth of these people.

Part Two: Demonstration of the Innovative Nature of the Clinical Experience

Bioenergetic clinical work was performed in a company context, a situation which the therapists believe to be innovative. They are unaware of any similar work in this country. They know of individual therapy in a clinic, but not of group work at a company's premises. The therapists were able to react quickly (the individual sessions begin the week following the accident), adapt to the medium (leaving the security of the private clinic and taking the sessions to a room provided for them by the firm), and adapt to dealing with the company as the client. They showed improvisation and creativity (bringing stoves, exercise balls and towels), allowing themselves to be *"infused"* by the moment (to feel) and to be spontaneous in their reactions. The therapists have taken the work of BA out of the private clinic, bringing it to the business area, and have also integrated trauma therapy.

After the initial call from the client, the therapists asked colleagues for references that they might use in their work but were unable to find any. Among others, they consulted the local director of their BA training (the therapists were in their final year) and a fellow student, a psychologist, who worked in the executive coaching area. Given the gravity of the circumstances, the therapists decided to carry out this intervention despite the absence of previous references. For Phase I, they took advice from their trainer and fellow student. For Phases II and III, they took advice from a fellow CBT specializing in trauma, who watched videos of the sessions with them (the client and users gave their consent to the making of the recordings).

One of the greatest difficulties facing the therapists was to establish a therapeutic framework of clinical attention in the company. In Phase I, it was difficult to decide on the fees for the group sessions, travel, coordination with the company, etc. and to quantify the work inside and outside the group sessions, as they had no references to similar work. Management of the information flow to the company and user confidentiality constituted a delicate variable which had to be redefined in each phase. The therapists provided greater information to the

company in Phase I, as part of a service of attention to and care of employees and harm prevention, though without acting as an occupational risk prevention service. Any information provided on the group's progress was general in nature and respected user confidentiality at all times. The framework of the relationship with the company was considered an important variable to be taken into account throughout the work; although the intervention was directed at the employees, the relationship with the company could have a specific influence on the clinical intervention. Throughout the process, the therapists were conscious of the need to establish clear limits in their relationship with the company. The therapists are not service providers and do not work within the framework of either organizational or occupational psychology or coaching, nor do they employ motivational group techniques and nor are they the client's suppliers. Throughout the process they have constantly had to establish limits. To facilitate this, all communication with the client was performed by the therapist in charge of the project.

Part Three: Demonstration of Applicability and Validity for Other Professionals

During 2017, 618 people died in their workplace in Spain, and 652 during 2018 (statistics from the Ministry of Labor and press reports). One of these was employed at our client's company and was a workmate of our users.

According to Lowen, neither possessions nor salaries foster joy in living. Today's society does not promote the life of the body nor the search for health, instead stressing money and power. Yet the true purpose of life is pleasure and joy. In primitive societies, Lowen tells us, when the beloved object is important, its loss is not accepted without a show of anger and protest. If no rage is felt at a loss, true sorrow cannot be experienced and there can be no proper grieving. It is necessary to be conscious of that suppressed anger and to express it. As Lowen puts it, it is like defusing a bomb that one is carrying (Lowen, 1980, 2004, 2005, 2013, 2014). Beneath the anger, lies pain, but we live in a society that fears anger over loss, and it is therefore necessary to permit the expression of annoyance: *did it have to happen? did it have to happen in this way? could it have been avoided?* (Kübler-Ross & Kessler, 2006). The users either did not feel rage – a fundamental emotion in the grief process – or did perceive it but did not feel entitled to express it. These defence mechanisms and forms of resistance are common. Once a solid safe base had been established, in Phase III they worked on getting in touch with their feeling of rage and expressing it freely, feeling themselves to be released from that charge.

Sometimes they got annoyed with colleagues whose pattern of grief was different to theirs. A photo of the dead man was hung in the company, but not everyone took this well. For some, seeing it increased their pain; others avoided

looking at it or walking past the place where their colleague had been killed, considering that particular floor area to be *"sacrosanct"*. Something similar happened at the company's Christmas dinner. This was the first time that the two departments – those who had been present at the accident and those who had not – all came together, and it aroused contradictory feelings which were worked on in the sessions. Van der Kolk (2015) reports that after trauma, the world is clearly divided between knowers and non-knowers. Knowers cannot take those who have not shared the traumatic event into their confidence, because they cannot understand it. Sadly, this often includes family, friends and workmates.

This paper describes the various sequences of the different exercises. Bioenergetic exercises are not designed to make the person stronger, but to make them feel more and more vibrantly alive. The purpose of bioenergetics, says Lowen, is to be capable of seeing and understanding corporal expressions. Emotions are the life of the body, just as thoughts are the life of the mind. One of the main purposes of bioenergetic exercises is to help feel the body and come into contact with it. This is necessary because many people live in their heads, with very little awareness of what is happening below their necks. They are unaware whether they are holding their breath, or whether their breathing is shallow or deep. Most people do not feel their legs and feet. They know they are there but use them merely as mechanical supports (Lowen & Lowen, 2012). These ideas were present throughout the process, but especially in Phase II, when the therapists encouraged grounding and emphatically sought to give the group members a greater connection with the ground.

The components of BA are breathing, weeping, footwork and ever deeper vibrations, so that they can flow freely up through the body with the help of breathing (Lowen, 2004). The importance of bottom-up work has been confirmed by advances in neuroscience and by trauma theorists (Berceli, 2012; Le Doux, 1998, cited in Payás, 2010; Levine, 2013, 2016, 2018; Ogden, Minton & Pain, 2009; Porges, 2016, 2018; Rothschild, 2015; Van der Kolk, 2015).

Polyvagal Theory challenges us to think in terms of two-way and hierarchical neural feedback circuits involving communication between the peripheral organs and the different brain structures. It also questions the therapist's interpretation of certain atypical behaviour and physiological reactions and suggests that they may have an adaptative function. With these organizing principles, Polyvagal Theory is very useful for understanding the characteristics that facilitate and optimize human social behaviour and health (Porges, 2016; Schroeter, 2016). Van der Kolk (2015) argues that Polyvagal Theory allows therapists to be more aware of the combination of top-down approaches (to activate social interaction) and bottom-up methods (to calm physical tensions in the body). Everything is based on interpersonal rhythms, visceral awareness and vocal and facial communication, which help people to escape from states of fight/flight, to reorganize their perception of danger and to increase their capacity to manage relations.

Schroeter and Thomson (2011) tell us that for the BA therapist it is useful to know and understand these contributions, which allow us to understand the nervous system's dynamic in relation to trauma. However, these systems do not usually take into consideration the complexity of character structure and the way in which it interacts with trauma. BA provides useful techniques that function with acute trauma, whilst still taking into account our understanding of the complex a dynamics of character structure. It is important to respect each user's rhythm in processing this stage of his/her own path. Someone suffering from PTSD may bring their usual characterological coping skills into action. Therefore, a combination of working with a trauma model (honoring the nervous system by using work to activate the frozen impulse to fight and flee) and using Bioenergetic techniques that work to regulate expression (either containment, or expressive) would be appropriate. According to these authors, the role of the therapist consists of creating security, of observing and following the user, with a calm voice, orienting them in the here-and-now and inviting them to follow their own pace.

Berceli (2012) argues that the effects of workplace trauma can be so severe that it is economically imperative on companies to treat this condition. Once the trauma contaminates the corporate area, neither the most skillful strategies, the most perceptive crisis management techniques nor the sharpest business acumen can effectively deal with it. Mistrust is a barrier that is so difficult to overcome that many organisations engage a series of mental exercises to restore confidence among their employees. However, trauma-damaged individuals have a neurological impediment to trust, tinted by their life-or-death perspective. Berceli states that if a firm tells its staff to seek psychological help elsewhere, without taking charge of the process, it is adopting a detached approach. The implied message is *"This is your problem, not ours. It doesn't concern us"*. This can create a feeling of defenselessness among employees. In our intervention the different exercises proposed by Berceli were present in the three phases. Our users had suffered a strong traumatic situation and required effective techniques to recover their confidence and security.

Winnicott (1971, cited in Ogden, Minton & Pain, 2009), says that one of the fundamental tasks of the therapist is to help patients learn to play. Stimulation of the action system responsible for play and the corresponding emotions of fun and pleasure are especially important in therapy with traumatized patients, who are often incapable of undertaking recreational behaviour. Play uses the social engagement system to indicate that the intentionality of the movements is neither dangerous nor harmful and that connecting and co-regulating with others is our biological imperative (Porges, 2018). As this author says, rocking on an exercise ball may be an alternative way of stimulating central regulation of the vagus nerve. He further argues that singing is a neuronal exercise of the social engagement system. Singing requires slow exhalations, controlling the facial and cranial muscles, to generate the modulated sounds that we recognise as vocal music. The slow exhalations calm the autonomous state, by increasing the impact of the ventral

vagal pathways of the heart. When we sing, we exercise or entire integrated social engagement system. In Phase I, following group singing and dancing, the members felt much more closely united, and were able to look each other in the face again, make eye contact and smile. Listening to their colleagues and sharing their feelings in a regulated fashion enabled them to feel more united to the group. At other points in our intervention, play was also present (for example, throwing cushions at each other) which helped establish a bond and a social engagement.

Payás (2010) refers to grief by work colleagues as *unauthorized grief*; they are not recognised by society as grieving subjects who need to be listened to and supported, requiring special attention. Phrases such as *"are you still feeling like that?", "think about other things, distract yourself", "crying won't do any good", "you should be over it by now",* reflect that empathic failure of the surroundings, the effect of which is accumulative trauma, which can presage complicated grief.

Just as there is no general theory of grief encompassing all the many different aspects involved in adapting to the breaking of an emotional bond, neither is there any one supermodel of psychotherapy that allows the professional clinician to attend to all the different facets and dimensions of the grief process (Payás, 2010). Wanting to save a life does not mean being able to prevent a death. This was a situation faced by one of our users; she had tried to revive her colleague, but it was impossible. According to Poletti and Dobbs (2004), performing a ritual on the anniversary allows people to confirm the reality of the loss, express their emotions, share the pain with other colleagues, speak about the deceased, share their memories and, in short, process their grief. The users planted a tree together with their colleagues. The tree they chose was a magnolia, which is native to the USA (webs, 2018). In China it is considered as a symbol of *love for nature and great nobility of character*. Infusions of its bark have healing properties for the heart and nerves. Poletti and Dobbs say that funerary rites provide a kind of hope in a life that continues beyond physical death. Through this tree, his companions expressed the end of one stage and the beginning of another (curing), their love for their deceased colleague, for nature, for wood and their connection with the earth.

Part Four: Demonstration of the Experience as a Contribution to the Development of Bioenergetic Clinical Practice

In today's society, an individual has a greater chance of suffering a traumatic situation or of witnessing one. No psychological approach should ignore this, and professionals who practise BA must make an effort to adapt their clinical practise to this situation. Early attention in trauma and grief are of vital importance in our society. In the words of Jaime Pérez (Pérez, 2006), there is no such thing as PTSD, only *traumatized patients*, each with their own particular universe. And just as

there is no standard patient, neither is there one standard treatment, let alone an ideal one. We should bear in mind that around 20% of those affected go on to develop PTSD (Rothschild, 2005), with risk factors including being a woman and young, factors which coincide with 100% of the users who were present at the time of the accident (DSM-5).

It is of vital importance that therapists should be familiar with the latest advances in trauma treatment and should incorporate and adapt them into their theoretical corpus. Moreover, BA is particularly well-placed for this integration, given its extensive experience in working with the body and the ever-greater emphasis placed on body work in different trauma theories. This paper seeks to make a modest contribution towards a greater understanding of trauma treatment from a BA perspective.

Another important aspect of this case was that it brought bioenergetic practice out of the office and adapted the therapeutic work to the client's human and working environment. Operating in the actual working context endows the work with greater organizational significance. It is something that takes place, is dealt with and resolved in the company. An organisation suffers whenever its members suffer, and BA therapy can be relevant in the organizational context.

The prevailing disassociation in today's society promotes the idea of *"keeping going"* without allowing emotions to be experienced and expressed, especially in the working context. The establishment of a secure bond and grounding are preliminary requirements for the open and sincere expression of certain emotions such as rage, which are considered *"a priori"* to be dangerous. In the sessions we stressed the importance of becoming sensorially and emotionally aware and of a proper leave-taking – facilitating grief, and not denying it. We consider that this last ritual could be facilitated through the group cohesion achieved and the greater perception and awareness of the users' own sensations and needs.

This experience has shown that BA is a valid working tool in three new areas: work in a firm; work in a trauma situation; and intervention in a grief situation. For coping with both the trauma and the grief, a focus on bodily perceptions increases the individual's capacity for self-regulation. A contained, united group (an objective mainly achieved in the first phase) offers the individual a greater capacity for containment. The individual's capacity to establish greater grounding (second phase objective) increases this capacity for containment. From the initial stage of therapeutic emergency, we moved on to the second stage of grounding, and from this to the third stage, in which the expression and integration of the emotions allowed the elaboration of grief.

Bioenergetic Analysis offers knowledge on character structures and how one operates and handles oneself in life, and we consider that it may be applied to the working of a company. Companies are managed by people with their own character structures and attachment styles. Note the importance of the relationship at the three levels of the system: the company, the group performing the sessions

and the individual. We have sought to bring the richness of BA and body work to the milieu of the company, in the conviction that it can be expressed more openly and more boldly and made available to a wider public (company, social services, health, education, etc.) to whom the engagement and authenticity it offers may be of great value. This therapeutic practice offers an approach that is of help in day-to-day life. Nonetheless, it is also true that it could be made more flexible in some respects in order to reach a wider public, maintaining the assurance of a sufficiently clear approach and bringing more people who suffer trauma and complicated grief into contact with Bioenergetic Analysis.

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