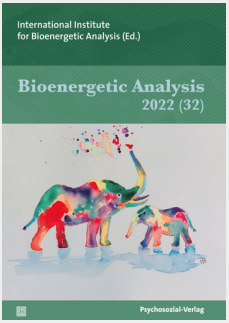
Scott Baum

«Reconnection”



Bioenergetic Analysis
32. Volume, No. 1, 2022, Page 85–92
Psychosozial-Verlag
DOI: 10.30820/0743-4804-2022-32-85

Psychosozial-Verlag

Reviewers for this issue:
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Submissions for consideration for the next volume of *Bioenergetic Analysis* must be sent to Maê Nascimento (maenascimento@terra.com.br) between June 1st and September 1st, 2022.

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

2022 Psychosozial-Verlag GmbH & Co. KG, Gießen, Germany
info@psychosozial-verlag.de
www.psychosozial-verlag.de

Cover image: Vincentia Schroeter, *Mother and child elephants together* © Vincentia Schroeter
Cover design & layout based on drafts by Hanspeter Ludwig, Wetzlar
Typesetting: metiTec-Software, www.me-ti.de

https://doi.org/10.30820/0743-4804-2022-32
ISBN (Print) 978-3-8379-8404-0
ISBN (PDF-E-Book) 978-3-8379-7854-4
ISSN (Online) 2747-8882 · ISSN (Print) 0743-4804

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Bioenergetic Analysis • The Clinical Journal of the IIBA, 2022 (32), 85–92
https://doi.org/10.30820/0743-4804-2022-32-85

www.bioenergetic-analysis.com

Abstracts

The centrality of the therapeutic, and therapist, conviction that reconnection to others is a central aim of the psychotherapeutic process is brought under examination. Re-connection implies a connection has existed. This premise may be inaccurate as far the inner structure of people with early and chronic severe relational trauma. The significance of this perspective is explored for its relevance to the understanding of processes of attachment, bonding, and dependency. And its impact on clinical practice.

Keywords: connection, re-connection, autism, borderline and schizophrenic personality organizations

Reconexão (Portuguese)
A centralidade da convicção que o terapeuta e a terapia tem, de que reconexão ao outro é um objetivo central do processo terapêutico, é trazida aqui para ser examinada. Re-conexão implica que uma conexão existiu. Essa premissa pode ser imprecisa quando se trata da estrutura de pessoas com traumas relacionais crônicos precoces. A significância dessa perspectiva é aqui explorada por sua relevância na compreensão dos processos de apego, vínculo, e dependência. Bem como seu impacto na prática clínica

Riconnessione (Italian)
Si esamina la centralità del terapeuta, di ciò che è terapeutico e la convinzione che la riconnessione con gli altri sia una finalità centrale del processo psicoterapeutico. La riconnessione implica l'esistenza di una connessione. Questa premessa può non essere salda nella struttura interna delle persone con gravi traumi relazionali precoci e cronici. Il significato

1 Keynote Presentation to the 26th IIBA Conference, October 2021.

di questa prospettiva viene esplorato per la sua rilevanza per la comprensione dei processi di attaccamento, legame e dipendenza. E per il suo impatto sulla pratica clinica.

Reconnexion (French)

L'auteur examine la conviction thérapeutique, et du thérapeute, que la reconnexion aux autres est essentielle dans l'objectif central du processus psychothérapeutique. La reconnexion implique qu'une connexion a existé. Cette prémisse peut être inexacte en ce qui concerne la structure interne des personnes ayant subi un traumatisme relationnel grave, précoce et chronique. L'importance de cette perspective est explorée pour sa pertinence dans la compréhension des processus d'attachement, de lien et de dépendance. Et son impact sur la pratique clinique.

Reconexión (Spanish)

Se examina la centralidad de la convicción terapéutica y del terapeuta, de que la reconexión con los demás es un objetivo central del proceso psicoterapéutico. La reconexión implica que ha existido una conexión. Esta premisa puede ser inexacta en lo que concierne a la estructura interna de las personas con traumas relacionales graves tempranos y crónicos. Se explora la importancia de esta perspectiva por su relevancia para la comprensión de los procesos de apego, vinculación y dependencia. Y su impacto en la práctica clínica.

Rückverbindung (German)

Die zentrale Überzeugung des Therapeuten und der Therapeutin, dass die Rückverbindung mit anderen ein zentrales Ziel des psychotherapeutischen Prozesses ist, wird untersucht. Rück-verbindung impliziert, dass eine Verbindung bestanden hat. Diese Prämisse ist möglicherweise unzutreffend, was die innere Struktur von Menschen mit frühen und chronischen schweren Beziehungstraumata betrifft. Die Bedeutung dieser Perspektive wird im Hinblick auf ihre Relevanz für das Verständnis von Prozessen der Bindung, des Bondung und der Abhängigkeit untersucht. Und ihre Auswirkungen auf die klinische Praxis.

Воссоединение (Russian)

Рассматривается главенствующая роль убежденности терапевта в том, что воссоединение с другими – главная цель психотерапевтического процесса. Воссоединение подразумевает, что связь уже была. Эта предположение может быть неверным в случае внутренней структуры людей с ранней и тяжелой хронической реляционной травмой. Значение этой проблематики исследуется с точки зрения ее актуальности для понимания процессов привязанности, соединения и зависимости. А также ее влияние на клиническую практику.

再次连接 (Chinese)
心理治疗的核心和治疗师本人，确定了和他人的再次连接是治疗性历程的一个中心目标的这个观念被检视。再次连接暗示着连接曾经存在过，这个假设对于有早期和长期的严重依恋创伤的人的内在结构来说可能是不准确的。探索这个观念的重要性在于对于理解依恋过程、连接和依赖的相关性，及其对临床执业的影响

Introduction

I have put the title of this talk in quotation marks to denote the fact that the word "reconnection" is taken from the program of the conference. But I intend to deconstruct its meaning. Deconstruct here referring to an analytic process by which hidden, and opposite, meanings to the word are found than were consciously meant by the user of the word. "Reconnection" contains assumptions, attitudes, feelings, hopes; agonies and joys of separation and return, sendings and summonings; abandonments and recoveries; ruptures and rescues. These and more are basic constituents and rhythms of relationship.

For reconnection to occur connection must have existed. We are, of course, prepared for connection to another human being from conception onward. This is our evolutionary heritage. As an organism we do not enter the world without the minimal connections necessary for survival during pregnancy and birth. However, to conclude from the fact of survival before, during, and after birth, and into a life outside a mother's body as evidence for the further capacity for connection – in all the complex ways we mean that word – is a mistaken assumption.

We, meaning psychotherapists, make these assumptions like everyone else, unconsciously and habitually. But as the speaker coming after me in the program, Christian Dunker (2010), goes to great lengths to illuminate in his work, it is an essential part of the psychoanalytic enterprise (I will use that to mean all of us engaged in psychodynamic psychotherapy) to question our assumptions. In part because they form part of our deployment of power in the psychotherapy relationship. We are, after all, experts in relationship processes, and what we say – and don't say – has great weight. In his last work, Bernard Brandchaft (2010) one of the originators of the intersubjective theory and method of psychotherapy and relationship, enjoins and encourages, demands, even, that psychotherapists be attentive to our preconceived attitudes, ideologies, attachments, and idealizations, so that we do not fail to learn and to understand our patients and ourselves.

Connection

Reconnection implies the existence of connection, connection lost or broken, attenuated, disrupted, not fully developed. But what if connection was not possible to begin with? Does reconnection mean anything in the context of connection that did not exist? Or is it possible we mean different things by connection, or with different entities? Working from my personal and professional experience I will say that in the case of early chronic and severe relational trauma, the kind that results in the formation of borderline and schizophrenic personality organization, the initial connection, to which reconnection refers, does not exist – or at least not in a form that corresponds to the experiential ideas of connection most therapists embody.

First we have to address appearances. It is undeniable that there is a thrust in all of us to be in relationship to others. This thrust has endogenous elements. Among those are to respond to an evolutionary imperative to form bonds to others that will assure physical, emotional, and psychic survival. Contact comfort cannot replace the physical sustenance necessary for survival, but the physical cannot alone support the holistic development of the organism. So, infants will try anything, do anything to create an appearance that will allow them to engage sustaining energies in the environment. And, indeed, the environment demands those forms. Adults are themselves schooled, by experience and socialization, in the expectable forms of connection that children are expected to evince, and they may not respond to other non-conventional attempts at connection with them.

This combination of forces, internally driven, and externally imposed creates enormous pressure to generate a conventional-enough appearance by a child, so that the environment will respond, at least minimally, to the child's need for connection. We are such plastic creatures that we can form these created identities and appearances, and sometimes appear to be quite related in our interactions with others. But the underlying substrate of experiential structures needed for actual connection, based on perceptual apprehension of the other, including emotional understanding, is absent. It is not hiding, defensively, behind denial, it has not been built. If a therapist speaks glowingly and convincingly of the benefits of the *restoration* of connection to a person in such a state that person has little choice but to assume the possibility exists in them. That can begin a continuation of the maintenance of a pretend persona capable of connection. Or it can result in the collapse of personality as the despair of the impossibility of connection, as the therapist has conceptualized and presented it, is revealed to be beyond the person's capacity to accomplish. This clinical configuration is one of the sources

for the reports and experiences of psychotherapeutic failure, particularly with patients organized as borderline personalities.

Diagnosis of Autism Today

We might take a moment here to think about the intersection of current social reality with our experience of the reality of the dynamic psychotherapy environment. How do we understand the upsurge in diagnoses of autism in children in the last 15–20 years? In my formative years as a psychologist, working with children, autism was a grave diagnosis indicating severe conditions of cognitive, emotional, and interpersonal limitations. It was understood to stem from severe pre-natal brain damage, or from an early environment remarkable for the severity of abuse and neglect, resulting in very evident and limiting, even crippling symptomatology – obsessive-compulsive defenses at the far end of the continuum of severity, in fact. Among those symptoms were clusters of states and behaviors that revealed extensive and seemingly intractable deficits in basic interpersonal functioning, and the expectation was that any therapeutic work would be aimed at creating connection, not restoring what was never there, and it would be arduous and likely with limited success.

What are we seeing with the greater incidence of this diagnosis? Are we encountering an epidemic of early brain and central nervous system damage? Is it that these are children who would not have survived in earlier generations, and are now brought through crises of early infant and child maturation and so surviving longer? This theory does not square with epidemiological data that shows relatively normal Apgar scores for neonates who are then later diagnosed with autism, usually based on emotional and interpersonal symptomatology. Are we labelling early childhood manifestations of emotional and interpersonal disturbance with a diagnosis that at least implies an organic, rather than functional cause? If so, why?

The social pressure to avoid and deny the damaging effects of parental behavior on children's psychic, emotional, interpersonal functioning and personality development is ever-present; what Reich (1973) called the emotional plague. If this denial of, or refusal to recognize the omnipresence of damaging adult behavior on children is a source for both the prevalence and acceptance of a diagnosis that would have arrested our attention with its distressing implications in the past, then this analysis can be applied to the understanding of the failure to recognize the absence of connective capacity in people with early, severe, chronic relational

trauma in their histories. And since the acceptance of this severe diagnosis and its rather sudden (and alarming) propagation has also spread to psychotherapists of all orientations, it may explain why there is a lack of sensitization to the severity of an underlying state of absence of, and incapacity for interpersonal, emotional, and psychic connection.

Personal History

I was born after a long and undoubtedly painful and traumatizing delivery since I was in the breech position, to a mother who was to die some forty years later of an esophageal hemorrhage, a condition often associated with severe alcoholism. The exact diagnosis of fetal alcohol syndrome is a matter of discussion but certainly in some version applies to me. Also, my maternal grandmother was quite likely paranoid schizophrenic although that might not have been apparent until later in life than the time of my birth. Still, I spent the first six years of my life with considerable time with both my mother and her mother. And not very much after that.

The effect of my mother's psychopathology including devastating attacks on my personality, integrity, and sincerity as a human being are evident in the somatopsychic experience of being, body, and mind, for me. As I have described before, connection to others, such as it is, arises from middle layers of my body, while at the center there is emptiness. A father who gave the appearance of connection, in the relationship sense, did, in fact, offer more life and structure to me, but he too had deep and abiding limitations in his ability to form affective, covenantal, bonds. And when he was challenged by me to face himself, turned on me with the force of abandoning rage and disdain which I must have known, on some level, was there even when I was a child, since I was always afraid it would happen.

The sundering of soul from body, and the destruction of the deep somatopsychic structures, at the core of body and being, are the effects of the kinds of chronic relational trauma that eventuate in borderline and schizophrenic personality organizations. These states and conditions preclude connection, attachment, dependency, the basic functions of relationships. To see and experience this reality in the psychotherapy relationship the therapist must set aside preconceptions and assumptions about the indestructibility of the force for and capacity to connect. Appearances of connection must be seen and experienced for what they are: attempts at fabricating evolutionarily necessary ties to others, to create what should

be there in the person, what will match environmental expectations. It does not represent underlying organized structures capable of these actual, durable connections.

Re-connection

Exposing oneself to this state of being in another is likely to throw the therapist into a state of bewilderment, de-orientation, de-energized states, altered states of consciousness, the terror of non-connection, the despair of impossibility of connection, that the patient is experiencing. It is here that re-connection is possible. But it is not the re-connection of a person, the patient, who has had no connection as the therapist would recognize it, but the rather the therapist's repeated efforts at connection and *re*-connection that become the operative therapeutic activity.

Many years ago, some years into my bioenergetic psychotherapy with Vivian Guze a conversation arose between us about my initial contact and phase of treatment with her. I do not any longer remember the sequence, but she said to me: "I didn't feel from you the usual attachment I am accustomed to from people, so I just waited until my attachment to you formed." In time I became very dependent on my therapy with Vivian, and on her. Her evident commitment to felt experience was life-giving. But that dependency was absent any deep feeling for her as a person, a condition I continue to struggle with in all my relationships, as I have all these years. In this state of affairs everything in relationship is geared to creating elements of connection in the absence of an underlying pre-natal and neo-natal connection and relationship framework. I remember well in my therapy with Vivian the first time I experienced the internal awareness of another person, and realized that I had never experienced object constancy, that is a visceral knowledge of the existence and being of another person, until that moment.

Clinical Implications

What are the clinical implications of this reality I am describing? Can bioenergetic psychotherapists use our own knowledge of the subtleties of interoceptive perception to delve into and experience what these states of being, without capacity for connection, are like? And, more importantly, can we suspend expectations and exhortations of re-connection while we explore the realm of un-connection,

making re-connection the work of the therapist, reaching out to and touching someone in the void of unconnectedness?

To speak of re-connection in this reality is un-reality. As such it has the potential to madden the patient with the taunting expectation to be able to do something that she or he cannot do. A generally bad condition for a psychotherapeutic process based on the truth of a person's body-felt experience. Averting this outcome will require the therapist to extend her or himself to re-connect with someone for whom reciprocal connection may be impossible in a form recognizable to the therapist, who must then carry the connection function, validate the experience of lack of connection, honor connection in any form, demand, at some point in the therapy process that the patient also honor the presence of that connection, and do that work without the requirement that another kind of connection, familiar to and gratifying for the therapist, can ever grow.

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