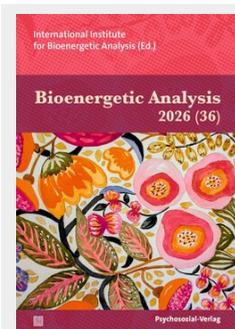


*Maria Rosaria Filoni, Garry Cockburn, Scott Baum,  
Yael Harel*

## The Uniqueness of Bioenergetic Analysis



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# The Uniqueness of Bioenergetic Analysis

Atlanta, USA, October 8–12, 2025

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

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## Abstracts

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

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

### A Singularidade da Análise Bioenergética

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

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

### L'unicité de l'analyse bioénergétique

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

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

### L'unicità dell'analisi bioenergetica

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Contemporary Theory and Practice of Psychoanalytic and Bioenergetic Psychotherapy**

*Summary of Presentation by Dr Nancy McWilliams*

### **The Current Context**

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

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

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

### **Importance of Personality and Relationship Factors**

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

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

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

## **Contemporary Psychoanalysis and the Body**

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

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

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

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

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

## The Psychodynamic Diagnostic Manual

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

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

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

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

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

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

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

The Profile of Mental Functioning is as follows:

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

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

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

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

### **Address to Plenary Session of 27<sup>th</sup> IIBA Conference, October 9, 2025**

*by Garry Cockburn*

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

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

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

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

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

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

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

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

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

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

psychoanalytic ideas and organizational structures. When you read the first 120 pages of *The Language of the Body* you can't but be impressed with Lowen's intensive study and understanding of the writings of Freud, Abraham, Reich, Ferenczi, Fenichel, and Clara Thompson, and of Ego Psychology in general, the prevailing psychoanalytic approach in the USA. Bennett Shapiro<sup>1</sup> told me that Lowen surprised himself by what he had written when he reread *The Language of the Body*. And with all this psychoanalytic knowledge, and against this background, he was able to forge a whole new paradigm of the place of the body in understanding character structures and to develop new psychotherapeutic techniques for working with the mind/body.

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

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

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

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

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

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1 Verbal communication, November 2005.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Summary of Presentation by Sue Grand*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Address to Plenary Session of 27<sup>th</sup> IIBA Conference, October 11, 2025**

*by Scott Baum*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **The workshops**

### **Pre-Conference workshops**

#### **Bioenergetic Interventions for Racial, Sexual and Gender Diversity**

*With Maria Cristina Francisco & Perisson Dantas*

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

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

*With Violaine de Clerck*

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

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

*With Danita Hall*

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

## **Afternoon Workshops**

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

*José Luis Moreno Campos*

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

*Learning Objectives:*

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

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

### **Between the real and the virtual: the revolution of Subjectivity in the 21<sup>st</sup> century**

*Dante Moretti*

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

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

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

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

*Learning Objectives:*

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

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

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

*Martin Cosgro*

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

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

*Learning Objectives:*

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

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

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

*Adela Gorodzinsky*

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

*Learning Objectives:*

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

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

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

*Francisco Garcia Esteban*

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

### *Learning Objectives:*

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

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

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

*Linda S. Hines*

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

*Learning Objectives:*

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

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

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

*Léia Cardenuto*

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

*Learning Objectives:*

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

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

## **Building shame resilience**

*Helen Resneck-Sannes*

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

### *Learning Objectives:*

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

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

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

*Alessandro Cataldi & Ada Lentini*

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

### *Learning Objectives:*

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

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

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

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

*Anat Gihon*

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

*Learning Objectives:*

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

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

## **The physical dynamics of primitive states**

*Garry Cockburn*

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

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

*Learning Objectives:*

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

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

**Titration in movement: exploring the anxiety of becoming**

*Paola Alessio*

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

*Learning Objectives:*

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

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

## **The melody of your body reveals the feelings of your heart**

*Claudia Lelis*

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

*Learning Objectives:*

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

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

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

*Guilherme Pacheco*

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

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

*Learning Objectives:*

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

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

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

*Avigail Shahar*

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

*Learning Objectives:*

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

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

## **Self-regulation, co-regulation and psychotherapy**

*Réjean Simard*

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

*Learning Objectives:*

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

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

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

*Marisa Orsini*

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

*Learning Objectives:*

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

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

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

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

*Arild Hafstad*

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

#### *Learning Objectives*

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

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

### **Connection with self and other**

*Jenny Streit-Horn*

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

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

*Learning Objectives:*

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

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

**The autistic body: exploring the uniqueness of Bioenergetic Analysis**

*Caio Zenero Pinheiro*

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

*Learning Objectives*

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

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

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

*Maria Magdalena Malkiewicz & Leeiner Munoz*

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

### *Learning Objectives:*

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

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

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

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

*Gabriele Putelli*

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

*Learning Objectives:*

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

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

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

*Leeiner Munoz & Maria Magdalena Malkiewicz*

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

*Learning Objectives:*

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

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

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

## **Recognizing and working with internalized queer negativity**

*Thomas Heinrich*

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

*Learning Objectives:*

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

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

## **The body of the voice**

*Yael Sar-Shalom Mochiach*

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

*Learning Objectives:*

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

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

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

### **From the word to the body**

*Martha De Carvalho Rocha*

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

*Learning Objectives:*

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

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

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

*Leah Benson*

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

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

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

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

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

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

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

*Learning Objectives:*

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

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

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

*Thomas Fellmann*

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

*Learning Objectives:*

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

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

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

## **The exquisite amalgam of bioenergetic analysis: theory and Practice**

*Laurie Ure*

*Description:* This workshop is based on an article I co-wrote with Dr. Len Carlino, CBT, IIBA International Trainer, which was published in the 2025 IIBA clinical journal<sup>2</sup>. In The workshop, I will review the seven aspects that make up the “exquisite amalgam of bioenergetic analysis” that Bioenergetic therapists incorporate into their work. The workshop will include significant experiential and Discussion sections demonstrating some of these aspects in action.

*Learning Objectives:*

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

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

## **Catharsis and relationship, the body of the therapist**

*Violaine De Clerck*

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

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

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

*Learning Objectives:*

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

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

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

*Manuela Tremante*

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

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

*Learning Objectives:*

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

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

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

*Homayoun Shabri*

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

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

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

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

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

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

*Learning Objectives:*

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

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