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MAKING A PLACE FOR THE ADOLESCENT BODY IN ADULT BIOENERGETIC THERAPY¹

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In relation to the theme of this conference, the part of my voyage to self-discovery that I wish to share with you began eight years ago with the Ninth International Conference held in Montebello. That was really the beginning of my adventure with the theme of the adolescent body. In using the expression *adolescent body* I mean adolescent experience, but I choose this expression to place the focus on the body. Here it is used in the same way that we have written and talked about the child or the infant body. Broadly speaking, the adolescent body covers ten years of our lives, from the onset of puberty to late adolescence.

In my journey during these last eight years both personal insights and professional changes evolved in close interaction. Changes in my way of understanding my clients and certain aspects of the process of therapy as well as changes in the understanding of myself became closely linked. I will try to remain faithful to that process in this presentation by offering you a cocktail of personal experiences, clinical observations and clinical illustrations. I shall end with reflections that emerged from both sources. To complete the picture of my sources of inspiration I should mention that I also led several post-graduate workshops on the theme of the adolescent body.

How the Voyage Began

This whole venture started by lifting the veil masking a massive countertransference I had developed with many patients. Let me explain this briefly. The theme of the 1988 conference was "Narcissism, Culture and Sexuality." Having been invited at that time to make a presentation on this theme, I started to reflect on my clinical practice. The patients I am referring to were ancient priests, monks, nuns or those who had been educated to become one. For some, it was the priest of the parish who had paid for their studies to become clergy. My counter-

transference had to do with not challenging the deadly mute silence about their sexuality and about their experience with faith and spiritual life while they were engaged in the Catholic Church. I had collaborated with them in adopting the attitude of not challenging that silence. But, in my defense, I felt I had one good reason. From the ages of eleven to nineteen these people or similar ones framed much of my world. At that time I was frequenting a small seminary and they were the sole adults present within these walls.

Literature about analytic therapy suggests patients often jump right over their adolescent period and dive into their childhood memories; they rarely revive their adolescent emotional reactions according to Edith Jacobson.² In response to my presentation entitled "Some Aspects of Narcissism Among French-Canadians"³, many friends and colleagues confirmed this observation from their own personal therapy. In all their years of therapy, they had not worked through adolescent issues in terms of their adolescent body. In my effort to understand this silence, I came up with a growing number of stimulating questions.

Many Stimulating Questions

As a Bioenergetic therapist, why had I not been interested in that period of life? It seemed astonishing since one cannot open a textbook⁴ on adolescence without coming across the assertion that the most important single event of this period lies in the changes occurring in the body of the young person. Is it not true that sexuality is the cornerstone of our work? Is it not true, as well, that the sexual apparatus and function mature during puberty and adolescence? Why then the reluctance to examine a time when the adult form of sexuality blooms? Dr. Lowen⁵ has formulated the "quantitative factor" as one of the five basic postulates of Bioenergetic Analysis. This postulate makes the energy level of the organism a central and determining force in the equilibrium of the health both of the body and the mind. Don't we know that, with the upheaval of instincts, the adolescent body reaches peaks of intensity in terms of energy level?

Grounding oneself in one's sexual body is talked and written about in bioenergetics. Why then have we not taken a closer look at the adolescent body? We all know of Erikson's⁶ great contribution to the field with his concept of identity crisis in adolescence. Erikson defined the resolution of this crisis of identity as being the major task of that period of the life cycle. We often refer to adolescence as the "awkward

age". This awkwardness is due to the rapidity of the growth of the skeletal system, followed by the growth of the muscular system. Let us not forget that this growth can reach four inches in one year, forcing the adolescent body to relearn coordination of its movements, posture and relationship to the force of gravity. Should not this be of great interest to our daily clinical work with our patients' bodies?

At the Miami Conference, Dr. Lowen⁷ talked about fullness of self-expression as the main criterion of health. Self-expression has occupied an important place in many of his writings. Specialists of adolescence, like Peter Blos⁸, to name only one, agree that the self goes through a complete transformation and reorganization during that period of life. Don't we use a lot of movements to help patients feel their character and to mobilize their self-expression? Here again, I asked myself: "Why, as a Bioenergetic therapist, did I not get interested sooner in the adolescent body?"

To this series of questions let me add the belief I hold with many others, that the full blooming of an individual's character structure happens during adolescence. I am not questioning here what we already know about the basic energetic dynamics of character structure and the resolution of the Oedipus complex. This is an interesting area of exploration for those who want to put more emphasis on the uniqueness of each person and less on the character types. If the unique form of the person is something that fully blooms during adolescence, then in a substantial part it belongs to the adolescent body.

Unexpected personal impact

As you can see, lifting a countertransference veil opened a vast and unexplored sea rich in questions which have stayed with me since that Montebello conference. But something happened there that prevented me from answering these questions from the top of my head. Shortly after my talk, and for several hours later, I felt my thighs in a way that I had never felt before. They felt like chimney pipes made of heavy gauge metal sheets. No Bioenergetic technique had ever succeeded in connecting me in such a keen way to those tensions. Obviously something was happening with my adolescent body and in my adult body! In my talk I had publicly denounced, for the first time in my life, the orchestrated sexual repression of the Catholic Church during that period of my life. While preparing my talk, I had been aware of the amount of rage I was tapping into. I must say that Rollo May's⁹ idea

that rage is an essential emotion for creativity was very comforting to my ego at that time because, believe me, I had plenty of that emotion. At the same time, something had emerged about guilt and shame around my adolescent sexuality. This certainly was related to the state of tension in my thighs.

To understand the intensity of my body reaction, I must add that I had dared engage myself in leading the exercise class of the morning just before my talk. Actually, it was a special kind of exercise class intended to give the audience a feeling experience of the impact of some of the Catholic rituals involving the body. I led the whole group into engaging their bodies in rituals like kneeling down, crossing oneself, bending the head down, etc. for a period of forty-five minutes. This turned out to be an intense experience for most of them, but I was not aware that it would effect me. The big room had the form of a chapel. I suddenly saw myself in the role of the priest in front of his believers! Without being really aware of it, in giving that talk, I had tapped into adolescent body issues.

The theme of the adolescent body has been with me ever since. It comes and goes in a wavelike fashion. With time, I acknowledged how therapeutic this whole experience had been for me. I understood it as a personal challenge in terms of self expression, self possession and mostly in terms of an experience of integration of my thinking, my values, my feelings and my body sensations. It turned out to be an experience of such importance that, ever since, I have approached all the public lectures that I gave in the same way; that is, as an occasion for fuller integration of myself in all my dimensions, which includes being a clinician, therapist and a trainer. That is why I am here today in front of you.

My interest in the adolescent body even continued in my dreams. Classmates, teachers, buddies and girlfriends of that period began appearing in those dreams. I was impressed by the keenness of body-sensation-memories and feelings that accompanied them, for they were inhabited by people that I had completely forgotten. If it is true that Freudians have Freudian dreams and that Jungians have Jungian dreams, then I guess I was having "adolescent body minded" dreams!

From the standpoint of therapeutic strategy and efficiency

What have I learned from this whole process? I took many clinical notes during those eight years. Leading a few postgraduate workshops

on the theme of the adolescent body also brought much material. The subject is so wide and rich that I must focus, in today's presentation, on my main point. And that is, in terms of therapeutic strategy and efficiency, consideration must be given to the adolescent body. With many clients focusing the therapy on the adolescent body before¹⁰ dealing with the child's body enhances the efficiency of the therapeutic process. It is then good strategy.

Like other Bioenergetic therapists, I am aware of how difficult it is to help someone make significant connections between the spoken words and what happens on the body level. Patients often take pieces of information gleaned from books, therapists and parents and try to give them to body events they experience in therapy. The end product may sound somewhat like the following excerpt: "I feel this now ... and it is probably related to what I felt when I was two years old at the time my mother was hospitalized. So ... maybe I am feeling now what I must have felt then." That is what I call glueing together information and actual bodily felt events. It is an effort towards self-integration. It is not self-integration.

I have learned that many patients benefit from reconnecting with their adolescent body. It certainly has helped patients suffering from big mind-body splits, in the sense that it prepares the ground for more significantly felt experiences when they deal with earlier issues. Working with memories of adolescence, working at reconstructing the adolescent body, does facilitate the emergence of words and memories that quite spontaneously contribute to the integration of what is happening here and now in the adult body. In many instances, the spoken words spontaneously expressed some felt connection with the body experience. I am not saying that this happens all the time and with everyone -- nor does this happen without the working through of the defenses.

Having briefly stated the focus of my talk, I shall now document this main point with clinical material. It will be easier to follow me if I center these illustrations around the use of an exercise that I developed. The exercise is simple: I ask patients to sing on the breathing stool certain songs of their adolescence. But before moving into this, let me tell you how the idea of this exercise came up. Do not forget that the theme of the adolescent body has been with me for some years.

Birth of the Singing-on-the-Breathing-Stool Exercise

Years ago, during a trainer's meeting, I found myself with a small group of colleagues and we decided to work on ourselves with the help of the breathing stool. After the deep personal work of a close friend and colleague, I found myself moved but incapable of expressing this emotional state in spite of the waves of sadness. With the support of the permissive atmosphere that existed among us, I decided to go over the breathing stool and sing a song that was very important during my teen years. I knew that singing this song would lead me to cry, something I needed badly.

I went over the stool and started singing "Danny Boy". It is not a very happy song, but a beautiful one. Anyway, it was my song, one of the few important songs of my adolescence. While singing, I struggled quite a bit, feeling the pain of strong tensions and, eventually, with the help of a colleague, I broke down into sobbing. This opened memories and intense feelings towards my father who had passed away a year before -- and so the singing-on-the-stool exercise was born. Ever since then I have been using a stool, not because "I should be using it", and not because Dr. Lowen has stressed that I should use it, but because it is so helpful to me.

I remember from my adolescence that, in difficult and depressed times, I would lie down on the floor, glue my ears to the loudspeakers and listen to "Danny Boy" over and over again. Sometimes I would sing along, and sometimes I would just listen to Harry Belafonte's interpretation. Really this song and a few others were my antidepressant pills. One might label this more accurately "narcissistic wound urgency repair kit".

Today, I can now see that this song offered me the possibility of keeping distant emotions that were too strong for me at that time. Harry Belafonte was carrying these feelings, not I. He was also helping me keep emotions in a secret place for the time when I would be able to deal with them. I also believe that the music of the song held me together in moments of despair and it is why I believe music is so vital to teenagers.

I had encapsulated a tremendous amount of images, strong impressions, emotions, feelings, in the words and melody of that song. That is the beauty of a work of art like "Danny Boy" -- it keeps open such a richness of possibilities. Years later each time I sang that song,

it felt different, depending on my preconscious overall body feeling. I saw different aspects of myself coming out of singing it over and over again. Sometimes, it felt like I was singing it to myself. In a few instances, the line "I'll come and find the place where you are lying" was experienced as if I was addressing a deadened part of myself. At other times, it felt like my father was singing it to me. There were times when I wished somebody had sung it to me. More recently, with the line "I'll find the place where you are lying and say an Ave there for thee" the beginning of reconciliation was felt in regard to all those years of having put my faith in the Catholic Church. Accepting that all these experiences have helped me out of despair has led to growing empathy for myself, as Kohut¹ would say.

Here are the clinical illustrations I referred to earlier. The instructions for the *singing on the stool* exercise are every simple. I ask the patient to go over the stool to relax for a while. Then I may say something like this: "Try to remember if there was a song during your adolescence that kept you company, one that stayed with you over the years. Now trust the first one that comes to you, even if it is just one line." And I work with what comes.

First clinical illustration

A 40 year old woman had been working with me for a few years. She came up with the first line of a song by Charles Aznavour, a French singer. "Reste ... Reste encore ... Sur ma vie ... Sur mon corps ... Dans mes bras ... Enlacée." Here is the translation. (Sorry for ruining the poetry!) "Stay ... Stay some more... On my life ... On my body ... In my arms ... Embraced."

You need to know a little more about that patient. The most striking feature of her body was the presence of heavy and dense thighs and legs that did not match the upper part of her body. She had developed a very strong and positive transference and was tremendously afraid of the erotic component of it. One reason for this was abuse by a previous male therapist. Other reasons involved her history in her family. The first time she did this exercise the song I just mentioned came into her consciousness, but she told me about another one. Later when she felt safer, she told me, "I did not tell you about the first because it's too sexual." It is in fact a song that expresses the feelings of a man towards his partner after a sexual climax. The patient's fear was so strong that she decided to end the therapy without trying to sing the song. She also

felt afraid I would force her or convince her to continue the therapy. Not wanting to repeat the abuse, I let her go. Fortunately for her, she had registered for a workshop with Dr. Lowen on the following weekend. After having witnessed how he worked with sexual issues with some women, she decided to continue therapy.

We immediately got back to the song. As she sang "stay on my body", a deep sob shook her whole body, but the wave met with a state of contraction that produced unbearable pain. She literally sprang up from her position on the stool and adopted the forward position. Deep vibrations started spreading in her thighs, legs and down in her feet. Quite a surprising breakthrough. All previous Bioenergetic work with her legs never triggered much vibration and quite often stimulated an uncontrollable need to scratch her legs during sleep. The scratching could become severe enough to cause bleeding. Up to this moment she had not found a way to be in her legs. The singing of that line of a song that belonged to her adolescent body seems to have triggered deep tissue opening with sobs and subsequent vibrations. The words of the song were rooted in her adolescent body and held hidden a secret key that opened an inner door. The sudden change was profound. She started to walk around my office with a posture she had never taken before. As she rose from the bending down position, she started carrying her body as if she was in a state of advanced pregnancy.

To understand the beauty of this breakthrough, you need to know that at the age of seventeen she became pregnant, tried to get a decent abortion but did not find any help. In total secret, except for one older sister, she decided to carry the child while continuing to go to college. She still believes that her mother never became aware of all this. It is not difficult to imagine how terrible life was for her during those nine months. She concentrated on following a strict diet, to make sure that her child would be in good health. She wanted to give the child a real family and a better chance in the world so she decided to have it adopted. When she delivered the child, they put the newborn miracle on her belly and she spontaneously tried to touch him. She struggled against the ties that held her arms and they immediately anesthetized her. This memory reemerged with the words "stay on my body". This strong urge, coming out of her deepest tissues, in spite of her decision to have the child adopted, was a deep expressive movement of her life force. To me, this is a dramatic and clear illustration of how sig-

nificantly felt meaning can spring out in intimate connection with body sensations and adolescent body experiences. Without being fully aware of it, with these few lines of a song of her adolescence, she was carrying a complex inner world of images, values, ideals, despair and hope. The exercise of singing on the stool became an event that created a profound heart opening that deeply changed her whole body organization for a moment.

Let me tell you more about the beauty and wisdom of the body in such moments of integration. The song was still with her during the next session. Singing it again, she went a little further. With the words "in my arms", while on the stool, she felt a sudden pain that forced her to quit the body position. While she was in the bending down position, she looked at me and said: "You know, I have a special tension here (pointing at the neck and upper-back junction). It's like, you know, the little bone of the chicken that we pulled as kids while making a wish." "The wish-bone," I replied. She said, "That is what I feel here." In an earlier session she had talked about the absence of a sexual life for the last eight years, even though she lived with a man. I suggested that she rest her forehead on the stool, while being in the kneeling position, and make a wish. She looked at me with a face of unforgettable beauty as she said, "I was so in love with Charles Aznavour at that time, and with that song especially, that I think he is the one who awakened my desire." Then she added, "At least, he certainly accompanied its awakening."

Second clinical illustration

This clinical illustration will be easier for you since it comes with an English song. This man, in his early forties, suffered from a weak sexual identification, partly in relation to his unusually small height. Denial of feeling was his basic way of life and co-existed with many traits of immaturity in his body. Compliant with everybody, he also suffered from the "nice guy syndrome". He had stopped therapy with me a few years before but came back when his marriage was threatened. He responded to my instructions for the "singing on the stool exercise" with, "You don't know what you're opening here. When I was a child I had a very special voice. I was a soloist in a choir. I was on the radio, on TV and I won prizes. I remember that I was so excited with singing I would sing in front of the mirror in my room. I also clearly remember with what dread I foresaw the time when my voice would change. I was

anticipating that it would be the end of the world.” The popular song of the Beatles “Yesterday” was the one which spontaneously came to his mind. The lines “all my troubles seemed so far away; now it looks as though they’re here to stay” were a testimony to the central role that denial played in his dynamic. Singing the song a few times opened some crying, but his focus was on mastering the ability to sing and perform, as one might expect with his character structure.

Then I changed the instructions, asking him to sing the line “Why she had to go? I don’t know. She wouldn’t say.” thinking that he would sing the song to his special voice that he lost at puberty. This helped him open deeper sadness and despair. I interpreted that singing had played a very important function in his early life and that he could now use that talent for himself, to help get in touch with the feelings he had always denied. The lack of trust in the spontaneous life of his body made him fear all body work because he did not know what would happen next to him, just as he had dreaded his own maturing process at puberty. At that time one realizes that he has no power over his unpredictable body -- which starts to transform itself. The fear of surrendering to the life of the body may share some similarity with that experience. Working with this exercise, I was finally able to help this patient realize that his false self strategy had turned into an impasse.

Third clinical illustration

The title of the song in this third clinical illustration is “Le Facteur” (The Postman), written by Georges Moustaki. The patient, a woman of forty-one, at the age of thirteen lost her mother in a dramatic accident at sea. The father managed to survive but the corpse of the mother was only found many weeks later. At the age of seventeen the patient fell passionately in love with a young man but this relationship was tormenting and disappointing. At the age of twenty she decided to end it and move to another country, far from home. The first line of the song is spoken by the male singer, “Le jeune facteur est mort. Il n’avait que dix-sept ans.” (The young postman is dead. He was only seventeen years old). The female starts singing with a high pitched voice, “L’amour ne peut plus voyager; il a perdu son messenger.” (Love cannot travel anymore. It has lost its messenger.) The male voice comes in with, “C’est lui qui venait chaque jour, les bras chargés de tous mais mots d’amour. C’est lui qui protait dans ses mains la fleur d’amour cueillie dans ton jardin.” (He’s the one who used to come every day

with his arms filled with all my words of love. He’s the one who would carry in his hands the flower of love picked in your garden.) And here are the lines that permitted her to literally break down into deep sobbing, “Il est parti dans le ciel bleu, comme un oiseau enfin libre et heureux. Et quand son âme l’a quitté, un rossignol quelque part a chanté: je t’aime autant que je t’aimais mais je ne peux le dire désormais. Il a emporté avec lui les derniers mots que je t’avais écrits.” (He has gone up in the blue sky, like a bird free and happy at last. And when his soul left him, somewhere a lark sang: I love you as much as I loved you, but I cannot say it from now on. He has taken with him the last words I had written for you).

Singing this first part of the song on the breathing stool opened such intensity of feeling for her that she later expressed fear that it might destroy her marriage. They had four children and according to her the marriage went well, but she realized that the heat of passion she once knew was not there anymore.

During the following session, she said she had listened many times to the song and that it had stimulated sensations of heat in her belly. She had also experienced an intensity in her heart that had become threatening at one point. These feelings were transferred to a teacher, but her previous work in psychoanalysis helped her integrate these intense feelings.

It is unfortunate that we do not have the time to elaborate on her relationship to her father, because it would show the richness captured in that song for her. We returned to her singing that song during many sessions. Memories of her adolescence were revived. Each time she sang it, new meaningful aspects of her life expressed itself in interaction with adolescent body souvenirs of her longing for her mother as well as for her lover. For now, I must end these clinical illustrations which document my hypothesis regarding the value to be gained from giving the adolescent body its proper place in the process of adult therapy. Obviously, these brief moments of therapeutic processes offer only limited evidence to support my argument regarding therapeutic strategy and effectiveness in relation to the connection between spoken words and body events. I’d like to add that this exercise is also effective in opening the upper chest segment which leads to the ability to express deep pain and despair.

Let's now return to the many questions formulated at the beginning of this presentation. They all pointed to the habitual silence that surrounds the adolescent body in the process of adult therapy. Why is this silence so well observed?

Narcissistic vulnerability of the adolescent body

At the Montebello conference, I suggested that the common attitude of jumping over adolescence might be related to the narcissistic vulnerability of the adolescent body. Since then, clinical daily observations enforce my belief in the heuristic value of this hypothesis. I have in mind the therapy process of a man who discovered, near the end of his therapy, the personal diary that he had written between the ages of sixteen and nineteen. It offered rich clinical material in relation to this point. There is a special kind of shame that is related to becoming conscious and revealing to others certain experiences. This patient was shocked when he read resolutions he had made and explicitly written down in his diary when he was nineteen. Repression is not only a childhood phenomenon. These resolutions concerned his sexual life. At the age of fifty-two, he consulted me about symptoms of sexual impotence. Freud also manifested great discomfort around the issue of his first love experience at the age of sixteen. But more of this later. I mention it here in case you think my patient is an exception.

Vulnerability is readily associated with the total dependency of the newborn but vulnerability of adolescent boys is seldom mentioned. The statistics on suicides and suicidal attempts during adolescence and early youth brutally remind us that life is extremely vulnerable in this period of transition between childhood and adulthood. With the adolescent body emerges a new form of consciousness and a new sense of time that encompasses past history, actuality and the future. Hope and despair come in the picture with these transformations. The vulnerability of such transitional states can inspire stimulating reflections on the process of therapy -- be it only for the fact that we keep inviting patients to experience transitions from different states of awareness within the hour of therapy. I would like to remind you of the repeated insistence, by Dr. Lowen, of the necessity for change on the body level to sustain a real change in the personality. Body transformations occur during childhood, of course, but they are accompanied by a degree of consciousness unknown until adolescence. This does make a big difference in the narcissistic equilibrium.

Influence of the genetic point of view

Another source of explanation for the silence surrounding adolescence is to be found in the prevalent place of the psycho-genetic point of view in our theoretical model. Let me quote Edith Jacobson here:

"It is my impression that in the analysis of adults we may, in addition, tend to be more concerned with the reconstruction of their infantile history than with the full exploration of their adolescent development."¹²

One can add to this that most clients come to therapy with the same kind of bias, thinking that they should deal with their early history as soon as possible in their therapy to bring the expected results. The genetic point of view has positive effects but it can also engender some pervasive effect. Besides, it meets the general favorable attitude towards childhood that contrasts with the bad press adolescence has. Nowadays it has become fashionable to contact one's inner child. How would you feel if someone said gently to you that he is touched when you let your inner adolescent express himself -- as if adolescence was a more immature state than childhood! Strange! Don't you think?

The prison of our mode of thinking

Most, if not all of us have been extensively trained in a form of thinking dominated by *linear causality*. This form of thinking imprisons us in a search for *the* cause and even the initial cause. We are drawn irresistibly, as patients, as well as therapists, to the quest for *the* primal cause of our suffering. Leon Levy¹³, a brilliant clinician, pointed out, many years ago, the danger of this fascination for the search of *the deep cause* in his book *Psychological Interpretation*. More recently, the French sociologist and essayist Edgar Morin¹⁴ has published a few books on a new model of thinking that he calls "complex thinking". His extremely brilliant work largely helps to show the impasse of this linear causal form of thinking. This linear mode of thinking, when combined with an overemphasis of the genetic model, can contribute to a gradual underestimation of the role of the quantitative factor as a basic determinant of the survival strategies humans develop. Making a place for the adolescent body invites us to take a closer look at experiences that flood the body with intense feeling.

Revision of the recapitulation theory

Another source of explanation for this habit of jumping over adolescence lies in Freud's theory of adolescence. Such a statement cannot be made in a "hit and run" manner and requires a broader development than is possible here. Basically, Freud reduced adolescence to earlier pre-oedipal and oedipal issues. It was labeled a "recapitulation theory" by Peter Blos¹⁵, a recognized specialist on adolescence. It was comforting to discover that this Freudian analyst had taken some distance from his master's model of adolescence. In defense of Freud, we should recognize the fact that the period of adolescence, as we know it today, is a reality that was only starting to take form in Western societies at the time Freud developed his thinking. According to Michael Claes¹⁶, historians consider that adolescence, as we know it, is a phenomenon that appeared in the middle of the nineteenth century. Since Freud was involved himself in these sociological changes, we cannot expect him to have taken the necessary distance regarding what would become an important stage of life for the coming generations.

I will go one step further in challenging Freud's reduction theory of adolescence. This theory denies one of life's basic characteristics, namely that life evolves toward higher forms of complexity. This is a strong statement but I believe I will find here an audience that is open to examine such an important issue. Yes, the Bioenergetic community has a long tradition of honoring the basic life forces, a tradition that was inherited from Reich and carried by our teacher Dr. Lowen. Recognizing this urge of life toward greater complexity, with the increased vulnerability attached to it, makes one look at the adolescent body as a source of core information that helps us to understand the struggles of the adult. The adolescent body must be approached as a deep mind-body transformation and reorganization that testifies to this urge toward forms of greater complexity. I think I already mentioned many aspects of this reorganization in the beginning of my talk. Let me add one more with the fact that researchers agree, according to Claes, to recognize the presence of an important modification in the cognitive development of adolescents.

A look at the adolescent bodies of Freud and Reich

I will end this talk with another level of reflection on adolescence and the basic theoretical models that guide and inspire our work. Eisler¹⁷ believes firmly that the adolescent body is the fountainhead of all later creativity. In his paper entitled *Creativity and Adolescence*, he talks about the impact of Freud's traumatic first love experience at the age of sixteen. Since the publication of Freud's¹⁸ letters to his teen-age friend Silberstein, we know more about this episode with a girl named Gisela. Eisler's analysis of the effect of this first love on young Freud's development is important if you believe, as Jacobson does, that one develops at the end of adolescence a *Weltanschauung* or a "vision of the world". Let me quote Jacobson here:

"In fact, our *Weltanschauung* covers a much broader field than our moral principles. It includes and determines our values, ideals, and ethical standards, but also extends to our opinions on nature and culture, on sexual, social, racial, national, religious, political and general intellectual problems."¹⁹

Eisler attributes Freud's distancing from women during many years of his youth, and his retreat to laboratory work, to this traumatic first love experience with Gisela. He even sees this trauma as influencing Freud's reaction to Breuer's methods. My point is that the same man made choices in his later life when he developed psychoanalysis. I am thinking here of the place he gave adolescence and sexuality. Freud made theoretical and technical choices that turned out to differ from the ones Reich later made. If you have read Reich's *Passion of Youth*, you can't ignore the fact that the adolescence of these two great men were extremely different. I find it interesting that Freud finally stressed the central importance of what was imagined in relation to sexuality, whereas Reich stressed orgasmic potency as a sign of health. Reich's diary reveals to us how he lived his adolescent years in a family situation where horror was a daily dish and how he engaged in almost daily sexual intercourse from the age of eleven until the end of adolescence. Just as I realize that the adolescent body offers illuminating material to understand the adult, I also think we may gain further insights into the models that inspire us by recognizing the place that the adolescent body has occupied in the lives of the creators of our theoretical models.

It's closing time now! Wanting to share with you the last eight years of my personal voyage to self-discovery, I am aware that I have chosen to plough a very wide field with many plows at the same time, like the farmers do nowadays with modern equipment. Each furrow then suffers from a lack of depth. However, I hope my enthusiasm for the subject of the adolescent body will lead to this seed taking root in others so they too develop similar clinical interest in giving a place to the adolescent body. Thank you for your attention.

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- ⁹ May, R. 1975. *The Courage to Create*. Bantam Books.
- ¹⁰ The *Journal de la psychanalyse de l'enfant* No. 7 (1989) published the papers of the Colloque de Monaco held on the theme "Le narcissisme à l'adolescence". In his synthesis of the second day, Jean Guillon asks himself if, in the psychoanalytic cure, when we say that we analyse the "infantile" we are not in fact mostly or primarily analyzing the "adolescent". He raises this question in relation to the well documented "après-coup" phenomena.
- ¹¹ Kohut, H. 1984. *How Does Analysis Cure?* Chicago: The University of Chicago Press.
- ¹² Jacobson, E. 1964. *The Self and the Object World*. New York: International Universities Press, Inc.
- ¹³ Levy, L. H. 1963. *Psychological Interpretation*. New York: Holt, Rinehart and Winston, Inc.
- ¹⁴ Edgar Morin published three books under the title *La méthode* from 1977 to 1982 at Editions du Seuil in Paris. Each book has a subtitle. This immense enterprise started with another publication in 1973, *La nature humaine: le paradigme perdu*. More recently, he published *Introduction à la pensée complexe*.
- ¹⁵ Blos, P. "The Place of the Adolescent Process in the Analysis of the Adult." *The Psychoanalytical Study of the Child* Vol. 44 (1989) 3-18.
- ¹⁶ Claes, M. 1986. *L'expérience adolescence*. Bruxelles: Pierre Mardaga Ed.

¹⁷ Eisler, K.R. "Creativity and Adolescence." *The Psychoanalytical Study of the Child* Vol. 33 (1978) 461-517.

¹⁸ Freud, S. 1990. *Lettres de jeunesse*. Paris: Editions Gallimard.

¹⁹ Jacobson, E. 1964. *The Self and The Object World*. New York: International Universities Press, Inc.