



Eds M. Rosaria Filoni

# **BIOENERGETICS**

**AND GENDER, LOVE, SEX,  
RELATIONSHIP**

**International Institute  
for Bioenergetic Analysis (ed.)**





**Eds M. Rosaria Filoni**

## **Bioenergetics and Gender, Love, Sex, Relationship**

"

*Sexuality is not a recreational or part-time activity.*

*It is a way of being.*

"

(Lowen A, (1965) *Love and Orgasm*, p.207)

With contributions by M. Rosaria Filoni, Elaine Tuccillo, Rossana Colonna, Diana Guest, Virginia Wink Hilton, Garet Bedrosian, Patrizia Moselli, Monica Monteriù, Paola Bacigalupo, Helen Resneck-Sannes and Fina Pla Vila



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[iiba.spain@bioenergeticanalysis.com](mailto:iiba.spain@bioenergeticanalysis.com)

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## **Introduction**

***M. Rosaria Filoni***

*“Sexuality is not a recreational or part-time activity. It is a way of being.”*  
(Lowen A, (1965) *Love and Orgasm*, p.207)

The topic of sexuality and love has historically been the focus of attention for both the clinic and for analytical theories, and has constituted an essential ground for the study of human personalities and their suffering.

Like all theories, the field we are dealing with has been and continues to be strongly influenced by the economic/social and cultural characteristics of the eras in which these theories are formulated; so while Freud on the one hand carried out an important revolution by asserting the existence of child sexuality, on the other hand he took the terrible step of denying the reality of the seduction that children are sometimes subjected to by their parents.

But starting in the late 1950s, and in the decades that followed, society was traversed by youth movements, neofeminism, and civil rights movements, and a variety of parties raised their voices to claim their right to self-determination and their firm intent not to delegate their self-definition to others. While psychological and psychotherapeutic theories were also influenced by the still solid patriarchal culture in which a single person, the “Caucasian male,” defines all others, other parties have been coming forward with the desire to define themselves and assert their own reality. Women do not accept that femininity is defined by the absence of the penis, and the “presumed” penis envy, as Kohut himself hypothesizes, springs from social disadvantage rather than being an original datum. Various women psychoanalysts, in discussing female identity, have included the contributions of the women’s movement and of the practice of self-consciousness. Efforts by the gay community saw homosexuality depathologized by the DSM in 1974 and by the WHO in 1990. Inroads have been made by LGBTQ+ theories and by a way of thinking that demands and offers space for subjectivity as opposed to assertions that in their apparent universality cancel or conceal. And, to return to the issues of this collection of articles, the right to



subjectivity allows the right to sexuality at all ages - and the non-normativity of life choices - to be reassessed.

The early 1980s saw the Masson scandal, when the Director of the Sigmund Freud Archives maintained that Freud's abandonment of seduction theory was not an act of courage (admission of error) but, to the contrary, was a consequence of the difficulty of maintaining it before the academic world, and of an "unconscious defence aimed at protecting himself, his seduction stories, and his own and his friend Fliess's errors" (Migone P., 1984, *Psicoterapia e Scienze Umane* XVIII, 4:32-62). Here, we do not intend to discuss this affair, but to underscore the importance of life and of the real relationships - social and personal – that underlie the development of individuals, their suffering, and adult sex life. When Lowen published *The Language of the Body* in the late 1950s, endowing bioenergetic analysis with the basic text for understanding characters, it was to family relationships, real and frustrating in varying ways and quantity, that he referred. And also, with respect to Oedipus, Lowen emphasized the role of the dysfunctional environment over that of the child's feelings in creating rigid traits.

During those years, and in the years that followed, the theory of attachment (Bowlby) and Infant Research (Stern) offered the results of direct observation of the relationship between children and their parents, and the relational element took on increasing importance as a foundation of personality, redefining the space of impulse.

As attention to the real events of developmental life gained prominence, it became possible to understand the role of unconscious fantasies in a different way. As far as we are concerned, I believe that the definition of character as formulated by Lowen, and the Hilton Diagram, can explain and illustrate, on the one hand, the real origin of the frustration that triggers character formation, and, on the other, how the bodily contraction and psychological adaptation resulting from it bring about a reading of reality and interaction with it, not rooted in the present but produced by that psycho-corporeal functional identity that contains the compromise that everyone has had to make with the world in which he or she has grown, and that, precisely in bodily contractions, contains unconscious fantasies. Hence our attempt to work with the body and energy to reopen the possibility of feeling, expressing, having self-possession - what we define as "grounding".

Gender culture has posed complex questions in the definitions of identity and in the rereading of sexuality; and, to a great degree, the theories and practices of

psychotherapy have been transformed. Supplementing the energetic aspect, attention to the relationship and its importance in the development process has emerged, and as far as we are concerned, we owe to Robert Hilton the definition of bioenergetic analysis as a "relational somatic therapy".

Borrowing Elaine Tuccillo's words to introduce and summarize what is articulated in this collection's articles, "I believe that there is a substantial foundation of relational elements upon which healthy adult sexuality is built. Sexuality is the core of the life force and it is organized by early relational events. Human sexuality is fundamentally grounded in and impacted throughout by the parents' relationship to the life force of the child. Mother and father influence their child's experience of themselves, particularly their experience of their own internal sensations, energy and temperament through such relational processes as attunement, receptivity and mirroring."

Elaine Tuccillo proposes A Somatopsychic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up and an integration of the bioenergetic thinking of Keleman (1979), Lewis (2003), and Lowen (1993) with relational psychoanalysis: Stern (1985) and the psychology and research on development: Bowlby (1969), Harlow (1958), Mahler (1979), and Tronick (1988).

Her thesis is that healthy adult sexuality has its foundation in the child's healthy sexual relationship with each of his or her parents. "What are the characteristics of that healthy sexual relationship? Key characteristics are safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and the model set in the relationship of the parents to each other."

"We have learned from Bioenergetic, Psychoanalytic and other developmental theorists that from birth on the child's capacity to connect, to make contact and to expand energetically into the relationship grows in depth and in complexity; and that the child's sexuality emerges developmentally along a path of increasing awareness of loving feeling, and somatic sensations and psychic perception of excitement and pleasure."

But what happens to homosexual people who grow in a heterocentric society? This is the topic dealt with by Rossana Colonna, starting from Reich, who maintains that "every social order produces within its masses the structures it needs to achieve its main objectives" (Reich, 1933, p.24), character structures capable of



tolerating ideological and economic political obedience, and that is to say structures in conflict with impulse and morals. “There is no socioeconomic process of historic importance that is not anchored to the psychic structure of the masses and that is not expressed in their type of behaviour. There is no “development of productive powers” per se; there is only a development of inhibition of the human structures, of feelings and of thought, on the basis of socioeconomic processes” (Reich, 1945, p.14).

The author therefore makes a historic reconstruction which sees male bisexuality accepted and respected in Ancient Greece and Rome (while feminine bisexuality was still considered wild and uncontrolled), only to be condemned by the Church which promoted a vision of exclusively *procreative* sexuality. These steady and fixed orientations, more than being “natural,” were to be the product of the social pressure we might call patriarchal.

Therefore, caged within moral and social norms, people that do not correspond to the gender and sexual orientation mainstream suffer the “minority stress” first discussed by Ilan Meyer (1995), who examined its three dimensions: the subjective one, internalized homophobia, which corresponds to acceptance by a homosexual person of all the prejudices, labels, negative stereotypes, and discriminatory attitudes towards homosexuality; the more objective one that corresponds to experiences of discrimination and violence with acute and/or chronic traumatic characteristics; and lastly, the third, in part subjective and in part objective, which corresponds to perceived stigma, an experience that tends towards chronic stress: the greater the perception of social rejection is, the higher the level of vigilance for concealing one’s own homosexuality and the resorting to inadequate coping strategies will be. What, then, will be the consequence on the happiness and ability to feel pleasure of LGB people, and what is the psychotherapist’s listening capacity? Pachankis and Goldfried, referring to the international community, emphasized that “as psychotherapists, we have been trained within a heterocentric society, in a historically heterocentric profession. Most training paths provide insufficient preparation in the specific issues that LGB patients present in therapy, and there are few professionals who commit to staying constantly abreast of these issues” (in Lingiardi, 2014, p.16).

“In my work with clients who experience problematic sexual behavior and especially those with compulsive behavior, I have found that using a paradigm that sees sexual behaviors as a way to work through childhood traumas and deficits extremely helpful. Doing so helps me frame the erotic character development of the

client more readily by not hastily moving into a judgment about it being »normal« or pathological,” maintains Diana Guest.

Reich had maintained that sexual problems derived from energy disorders, blocks, defences, and character armour, and Lowen maintained that Reich had failed to sufficiently emphasize that the possibility of a total body response was the expression of the individual surrender to love (2004) and that sex is love and that the “objective of the sexual person is the satisfaction derived from the final pleasure or orgasm” (p.175).

The author points out that bioenergetic analysis concentrates on the body and on the relationship between breathing, muscular contractions/expansion, and pleasure. “As a sex positive model our goal as clinicians is to provide a supportive, safe and boundried container for exploration of sexuality and we encourage the identification and expression of deep feelings around sex including erotic transference and countertransference. However, the model is still a male heterosexual monogamous model that does not address sexual preference, views most sexual problems as Oedipally based, and is intercourse/orgasm focused. I also think it pathologizes people’s erotic maps that do not fit a very specific framework.”

Guest recognizes herself more in the assertion that mature sexuality has to do with an integrated state of vitality in the body, which is expressed in a mutually satisfying sexual experience of sharing oneself with another, including one’s head, heart, and genitals, and refers to Jack Morin’s “paradoxical theory.” This model connects current, irresistible “turn-ons” with the crucial challenges and difficulties that come from the past. The individual “erotic map” of each and every one of us contains “central erotic themes” that determine what each of us finds erotic or “able to turn us on.” And these four erotic themes are desire and anticipation, violation of prohibitions, the search for power, and prevailing over ambivalence. Morin’s paradoxical perspective is exemplified by what he defines as the “erotic equation”: attraction + obstacles = sexual excitement. Therefore, alongside the bioenergetic characteristics, from the sexual standpoint we may encounter recurring ways of being attracted by certain people or situations on the basis of our evolutionary history of affections, which correspond to specific forms of bodily contractions, and Diana Guest hypothesizes that “the mental activity of fantasy constitutes the mental counterpart of somatic activity aimed at rejecting the contractions and at building a charge that powers the energy current”; making reference to Reich, she asks the reader to pay attention to the world of the patients’ sexual fantasies in order to help them dissolve

the excessively rigid aspects of their erotic maps, which still have a stability of their own, and in order to be able to better enjoy one's affective and sexual life.

This is the case at all ages, adds Virginia Wink Hilton, pointing out that "Recent research suggesting that a high proportion of men and women remain sexually active well into later life refutes the prevailing myth that aging and sexual dysfunction are inexorably linked. Age-related physiological changes do not render a meaningful sexual relationship impossible or even necessarily difficult. In men, greater physical stimulation is required to attain and maintain erections, and orgasms are less intense. In women, menopause terminates fertility and produces changes stemming from estrogen deficiency. The extent to which aging affects sexual function depends largely on psychological, pharmacological, and illness-related factors."

Already, other research had emphasized that, in fact, the greater time men need to reach orgasm makes it easier to harmonize with the timing of women who, liberated from concern over reproduction thanks to menopause, access sexuality more freely. It is a sexuality that is less performance-oriented and that makes room for slowness, contact, and intimacy, thereby guaranteeing great pleasure.

To couples that have renounced sexuality, Virginia Wink suggests that it is in dissolving relationship problems that it can be rediscovered, starting with facing the accumulated anger, re-establishing contact and intimacy, and abandoning cultural stereotypes.

Garet Bedrosian states having always been interested "in what attracts one person to another; what makes the relationship successful; what causes tension or frustration; why and how love dissolves; how conflict can inform or strengthen rather than weaken a connection; and how someone's history affects the success or failure of their love life," and since, in a bioenergetic setting, there was no specific in-depth treatment of couples therapy, she turned to the vast field of relational therapy. For an integration with bioenergetic analysis, her choice went to Imago Relationship Therapy (IRT) and Emotionally Focused Therapy (EFT) which, like bioenergetic analysis, relate childhood attachment and development experiences to the traits of the adult character and relationship styles, including the unconscious model of loving that determines choice of partners and relational styles. If the wound was created in childhood relationships, the healing can take place in the adult relationship in which the nearly inevitable risk is that the scenarios created by early relationships will reopen.

Garet Bedrosian has put in place a couple's intervention model that, combining the three models, helps people become aware of their own history and their own projections, and that thanks to body work breaks down the blocks to allow romantic partners to be open in reciprocity and as present as possible in their relationship.

Patrizia Moselli's perspective deals with the theme of the fear of living contained in the fear of loving in times of fluid modernity. «In today's fluid society there is no longer a difference between love and the sexuality. This difference has been replaced with a confusion over pleasure and the discharge of excitement.

In the modern age strong sensations such as love and pleasure seem no longer to be tolerated by those with a fragile narcissism as they are experienced as threatening, and can lead to compulsive acts as a way of release.»...« In this context, we see how it is still very difficult to integrate love and sexuality in the relationship with the other. A possible integration of these two aspects must consider the recovery and reunification of corporeity to affectivity, considering the complexity of a relationship that wants to return to being real, in which the relationship bond is built together; a story that starts from reality and does not live in idyll: thus in a society with a freer sexual morality the need for poetry and not just sex shines through, which arises from meeting and clashing, with ups and downs and multiple shades.”

This collection absolutely had to dedicate space to the issue of gender violence, and we do so with two articles. The first, by Monica Monteriù, deals with Violence in intimate relationships: Emergency intervention and a psycho-corporeal glance at the phenomenon. The author has been working for years at the women's help desk in the emergency room of a large Roman hospital, and the desk gets involved when the operators suspect that the women coming to the hospital are victims of violence; thus begins a complex awareness process, to help them request not just healthcare but psychological assistance as well. The first form of help consists of giving the women time to gather their thoughts and speak, while recognizing that their story is a unique one and making them feel they are believed. This experience combats the impoverishment of their resources following the psychological abuse they have suffered, and lays the groundwork for an alliance that can become the linchpin upon which the emergency intervention's successful outcome can grow.

It is equally important to allow women to show those parts of themselves that have been entangled with the abuser, to acknowledge their feelings without making

them feel ashamed over this bond. This facilitates the possibility of showing those parts of the self “that collide painfully and that contain chaos, confusion, and even a sense of worthlessness”. By freely experiencing not having to choose between conflicting representations of the self, the woman will gradually return to being whole in her complexity, without having to adhere to a preconstituted ideal.

It must in fact be borne in mind that women who suffer intrafamilial violence find themselves stuck in a paradoxical situation: the person who perpetrates the violence is the same as the one with whom they initially fell in love, and with whom they have a bond of affection or have shared plans, precisely because, in relationships of intimacy, violence is not manifested openly right away.”

The article describes the biographical features and character traits of the victims of violence that often began in the family of origin, and that, for this reason, is complicated to make egodystonic in order to free the victim of the abusive bonds; it goes on to describe the assistance process.

Paola Bacigalupo’s paper takes its inspiration from recent researches that has cast light on the quantitative and biographical relationship between emotional abuse and neglect in relationships of attachment and the likelihood of violence in intimate relations. Many women have testified that having lived experiences of great deprivation had led to a strong desire for closeness in adult romantic relationships, but also to the inability to identify a healthy adult relational functioning. The interviewees suggested that their childhood experiences had led them to internalize profound feelings of guilt, a negative vision of the self, and the fear of loneliness that had made them more vulnerable to and tolerant of the physical abuse perpetuated by the partner (Valdez, 2013).

Bacigalupo presents a clinical case that integrates the bioenergetic perspective on trauma with the work of the Jungian psychoanalyst Kalshed on dreams. Kalshed’s main hypothesis is that the archaic defences associated with trauma can, in dreams, take on archetypal demonic images representing the self-portrait of one’s own archaic defensive operations. In this way, dreams aid the healing process in that they symbolize affections and fragments of individual experience otherwise inaccessible to consciousness. Dreams are capable of representing psychic disassociation and of holding the split fragments together in a single, dramatic story, and this is a sort of miracle of psychic life. According to Kalshed (1996), in dreams, these parts are organized into a self-care system in which, alongside a regressed part

often symbolized by a child or animal, there is always a protective part, benevolent or malevolent, that protects or persecutes the vulnerable person.

Let us bring sexuality to the therapy room, exhorts Helen Resneck Sannes, who summarizes the changes that have taken place over the past fifty years in the way of experiencing sexuality, and who supplements Reich's and Lowen's thought with current relational arrangements, reminding us of "the key concepts when discussing sexuality from a Bioenergetic perspective.

"1. Reich's' concept of orgasmic potency is a yardstick for health in that it describes the capacity for aliveness and pleasure in life.

2. Lowen's (1980) addition of the concept of grounding enables a person to take a stand to feel his bodily separateness.

3. Bodily boundaries enable the client to merge and recover his separate bodily integrity.

4. Opening the blocks in the body in the presence of a highly skilled Bioenergetic therapist reveals to the person his needs and emotions that he has cast out, enabling him to be in as much contact with his deepest self and to experience as much as he can of his partner's emotions."

The author draws on the personal and professional experiences of her own life, recalling the period when it finally became possible to talk about abuse, and also the initial confusion that there was in the therapeutic setting until it was understood that at times, there were no episodes but a sexualized or violent climate that produced the same type of consequences in the patients.

Another important point for Helen Resneck-Sannes is for therapists not to desexualize therapeutic treatment, but to be able to help patients elaborate the wounds in their sexual experience. To do this, "It behoves you then as the therapist to be more aware of your own sexual energy, and to work on yourself, to be as open and conscious as possible".

An indispensable condition for helping patients access a healthy sexuality states that it "is about being grounded and separate enough in your own body and sense of self that merging and losing body/mind boundaries is pleasurable. For healthy sexuality, we must be able to move from passive surrender (reception) to assertive aggression (thrusting). We need to take on both roles in our imagination. As we receive the penetration in our body/minds we also hold the role of the penetrator,

feeling welcomed inside, imagining being touched while touching the other and reveling in the sensation.”

In her paper, Fina Pla advances a historical/sociological reflection on Relationships in the 21st century, asking what intimacy in postmodern times is like and offering a series of clinical cases on the topics set out. “Intimate relationships have undergone profound changes during the second half of the last century and the beginnings of this one, as deep social, economic and cultural changes are affecting the way we relate to each other in many aspects. In this article I will reflect on how these external social factors affect us deeply on many levels and we will see how these changes have produced an impact on how we live the issues of intimacy, couple, family and personal relationships, affecting our ways of relating, connecting and using online resources. Also, the notions we had about singlehood, friendship and old age are also being transformed. Some clinical examples will be provided that show how these changes are affecting our lives and the lives of our clients and what ways we all find to relate in this present changing world.”

It is an important article that deals explicitly with thoughts that offer a highly current framework in which to place the events of the various forms of proximity and intimacy in this century, and that, referring to gender studies, to Queer theory, and to certain evolutions of psychoanalytic thought, brings outside of normativity – a patriarchal normativity, I would add – the sexual identity of human beings. Of no small importance are Men’s Studies, “on men’s role and its effects on masculine subjectivity and in their relationship with women. These studies analyze masculinity as socially constructed and masculinity is not treated as something universal and unchangeable but as a problematic gender construct. Postmodernity has brought new perspectives on how men are constituted as gendered social subjects and we do not talk about Masculinity anymore but about Masculinities showing the plurality in which they can be lived.”

Moreover, Fina Pla writes about the role of friendship, about being able to be single without social stigma, and about the right to intimacy and sexuality at all ages in life. She also devotes a reflection to the change in couples in the postmodern era, recalling the words of David Finlay in 2001: “Intimacy is an Art of Creation - an enactment and a celebration of aliveness. It is a relationship to others within which we risk exposure in order to feel understood, safe, physically strong and capable, able to empathize and help our fellow human beings. At its best intimacy is a state where defensive ego boundaries are let loose and a spiritual connection is joined as



something sacred or as a state of grace” (p.11).

I would like to conclude by arguing in favour of certain characteristics of the current times. Alongside all the lowest aspects, we are living in times when, in some parts of the world, some people can manifest a freer subjectivity and greater possibilities for self-determination. The articles contained in this collection are about people - our clients, and we who are trying to be of assistance to them - who, in the ineradicable difficulty of living, thanks to the political and social commitment that made it possible and due to the help they are looking for in psychotherapy, are seeking their own true selves and the possibility to meet others in significant relationships. It is no small matter, and the commitment of bioenergetic analysis is precisely that of making possible the surrender to the body, and the ability for each of us to feel free to move in our own realization. All lives - from both the social and personal perspective - seek a balance between safety and freedom. In these times of great insecurity, the most “fortunate” of us can live greater freedom than in the past, with the possibility of living by taking root in what we feel we are. As with every freedom, the boundary is the other, who must not be subjected to us, and to whom we must not be subjected, but is to be encountered. The challenge is to accept the definition of the self that each of us gives to ourselves, and to be open to the possibility/necessity of rereading conceptions that have solidified, both over time and by the power of those who formulated them.



# **A Somatopsychic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up**

*Elaine Tuccillo*

In this paper I am proposing a relational model for the healthy development of human sexuality. I plan to look at, and where possible, integrate aspects of relational theories in Bioenergetics (Keleman 1979, Lewis 1954, 2003, Lowen 1993), Relational Psychoanalysis (Stern 1985) and Developmental Psychology and research (Bowlby 1969, Harlow 1958, Mahler 1979, Tronick & Cohn 1988). I have also been influenced, growing up professionally in the 60's, by the Humanistic/ Positive psychology theorists, A. Maslow and C. Rogers. At the outset, I would like to ask the reader to take a minute or so to think about the person, life event or situational context that had the most profound, positive effect on your own sexual development (if, in fact, this is possible for you). And, also, think about the earliest positive influence on your sexuality. Notice the characteristics that make these interactions or contexts positive. Are there elements or qualities about these life events that continue to the present to have an effect on your adult sexuality? These can be difficult questions to answer and the answers may be quite complex. As I convey my ideas about healthy sexual development, I invite you to think about these personal moments, as an experiential avenue for connecting to your own beliefs about what is nurturant, and to compare or add your ideas to what I am proposing. As I describe my relational model, look to see if any of the elements in it fit with your experience of positive, healthy sexuality.

In reading theories of psychopathology over the last 50 years, one may gain the impression that healthy sexuality, which frequently has been equated with orgasmic potency, develops from the tabula rasa of the infant's psyche that has experienced minimal negative impact from sociocultural oppression or psychic inhibitions due to castration anxiety, deprivation or characterological deformities. We also get the sense of a »holy grail« kind of phenomenon; an experience or condition of nirvana that we can aspire to, but never quite fully reach or embody.

I believe that there is a substantial foundation of relational elements upon

which healthy adult sexuality is built. Sexuality is the core of the life force and it is organized by early relational events. Human sexuality is fundamentally grounded in and impacted throughout by the parents' relationship to the life force of the child. Mother and father influence their child's experience of themselves, particularly their experience of their own internal sensations, energy and temperament through such relational processes as attunement, receptivity and mirroring. Daniel Stern (1985), Ed Tronick (1988) and others have shown us through their research, the powerful impact the mother's attunement or lack of attunement can have on a child's attachment and general sense of belonging within the mother-child dyad. We've seen videos of mothers who are »there« and others who are not, and the powerful impact the connected, attuned mother can have on the child's disposition.

We also sense in these videos that the child's general comfort with herself and her own process is directly affected by her sense of connectedness to her mother. Stern points out that there is a »falling in love« that can go on between mother and infant; an intense, passionate, mutual intimacy at the level of the infant's capacity to emotionally metabolize. It is this matching, this balance, that the attuned mother gives within the dyad, that maintains, contains and facilitates this loving bond.

We have learned from Bioenergetic, Psychoanalytic and other developmental theorists that from birth on the child's capacity to connect, to make contact and to expand energetically into the relationship grows in depth and in complexity; and that the child's sexuality emerges developmentally along a path of increasing awareness of loving feeling, and somatic sensations and psychic perception of excitement and pleasure.

As we watch toddlers, we see a growth spurt from infancy in their capacity for excitement and charge. It is at this phase of development, as the child progresses through stages of individuation, that we can notice the emergence of the beginnings of sexual attraction and excitement. Lowen (1993) has described the child's full-bodied feelings and expression of sexuality. The child appears inspired at this age; she is infatuated with her excitement and with the loving attachment she has to her parents. Her spirit is bound in her attachment to the people she loves with her whole being. We can see the pleasure in her body as she opens her heart to her loving feeling. It all looks very connected and integrated in the child's three-year-old being. But the vicissitudes of this phase of development, as it progresses, include the Oedipal longings for the opposite sex parent and the Oedipal competition with the same sex parent, according to Psychoanalytic theory. This is the time - the beginning - of

relational intensity and conflict. It is this stage of development that I would like to look at more closely in terms of the impact of each parent's relationship to the child's sexual development.

Particularly I would like to look at the *positive impact* a parent can have toward the development of healthy sexuality. What happens here, at this time, between mother, father and child, profoundly impacts and crystallizes the character structure, as Lowen has explicated, in body and soul.

What is the positive potential of this time of great energy, excitement and passion? It is my belief that we need to define, and to aspire to, a healthy vision of sexual development originating from the complex nurturant attachment process, and formed in the mutual love and joy of the parent-child bond.

Sexual development is a profoundly complex process with many aspects that are still debated. For example, what do we really consider to be healthy sexuality? Do we believe that Oedipal dynamics actually influence most parent-child relationships? Is it really possible to discuss sexuality at such an early stage of development as this? I will not answer or debate these questions, and I am not sure that I wish to tackle the many socio-political issues involved in exploring the theories that answer them. Rather I would like to set the stage for an examination of what I believe are the most significant relational elements that affect the child's growth toward healthy adult sexuality. And I do believe that these elements exist, at least at this toddler phase, if not earlier. Furthermore, these relational elements do not just pop out at a critical developmental moment; but rather, they exist on a continuum of greater or lesser intensity based on such stimulus factors as age, gender, temperament, birth order and so on. And, also, they can be influenced and intensified by transference stimuli and reactions.

My thesis is that healthy adult sexuality has its foundation in the healthy relationship, with respect to sexuality, of the child with each of its parents. What are the characteristics of that healthy sexual relationship? Key characteristics are safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and the model set in the relationship of the parents to each other. I see these six characteristics as working like nutritional elements in the growing healthy body. We need vitamins and minerals of different kinds, all working together, to make for sound development. We can't substitute two helpings of Vitamin A, for Vitamin C; and we can't skip calcium or potassium and just use iron exclusively to build strong

bones.

These elements work synergistically, facilitating and potentiating the effects of the others. They each contribute something unique and essential; and without each of them, there is usually malfunction, stunted growth or deformity.

I have picked six key elements. There are probably some you may want to add to the list. Each of these elements can be broken down (because they are complex) to find important components of each to further enrich our understanding. They are again: safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis and the positive parental relationship model. They all contribute to self-acceptance which is fundamental to self-exploration. By self-acceptance I mean a non-judgemental attitude toward oneself, characterized by openness to one's experience; all of it; good and bad, negative and positive, painful and pleasurable. Sexuality is an adventure, a journey of exploration that one must be equipped psychologically to undertake. These key elements are fundamental, essential for that journey to be positive, constructive and life-affirming. I would like to look at how each one contributes to healthy sexual development.

*Safety* - Most important for the child to develop the capacity to expand with excitement and passion, she must feel an underlying profound feeling of safety, since fear or anxiety can squelch or at least negatively transfigure the possibilities for expansive feeling and spirit. Safety also means containment, disciplined attentiveness to boundaries, a social-emotional somatic field (holding environment). Here I'm not talking about the build-up and discharge of instinctual energy, as much as the ongoing nurturant holding and accepting of an emerging passionate energetic love in which the child's life force is completely enmeshed. Keleman's (1979) concept of a somatic field is a good one to describe the parental envelope in which the child expands, emerges, expresses, is received, held and responded to with mutuality. Keleman talks of a somatic, mirroring body field, a parental envelope of safety, where the child begins to know herself in »the response of the others' somatic emotional shape«. The sense of safety is a constant and permits the child's revelations of excitement and adoration, feelings of longing and neediness, and demonstrations of upset when at times gratification is frustrated. Within the protective parental envelope, safety is defined as the freedom to express and experience expansive feeling, sexual feeling, passionate feeling, without fear of rebuke, retaliation, ridicule or rejection. The child can express herself, and the parent is there to see, acknowledge, hold, and respond with attunement to the child's capacity. This experience of safety in experience and expression is

fundamental to the adult's ability for intimacy. Feeling safe to know her true feeling, to share herself through expression of her feeling, is key to the development of the capacity for intimacy.

Alexander Lowen talks about how the unsafe parent-child relationship can contribute to trauma and sexual pathology in his 1993 paper entitled »Sexuality, from Reich to the Present«.

»It becomes extremely important, therefore, to understand the child's sexual experience during this period. Because the child's sexuality is budding at this time, it evokes powerful feelings in the parents. They can become sexually excited, hostile and derogatory depending on their own sexual experiences as children.

They often act out upon the child what was done to them. This situation generally forces the child to cut off or suppress its sexual feelings to avoid shame, humiliation and abuse. It will also repress the memory of these traumas to maintain some degree of sanity. But the effect of suppression is structured in the body as distortions and so can be read by an astute therapist. The split between upper and lower half of the body, the lack of full development of the pelvis, the exaggerated heaviness in the lower part of the body, etc.« (p.7).

The relational elements are explicated by Lowen as to sexual inhibition and trauma. But what about the relational elements of healthy sexuality? Is it just benign neglect that fosters robust, passionate, joyful adult sexuality, or is it the complex nurturant process originating in the mutual love and joy of the parent-child bond? My belief is that it is the latter, and the safety in the relationship is the primary and cardinal element promoting healthy growth.

That safety is experienced somatically as ground, as freedom to breathe, and to experience the breath opening the body in soft waves to sensation and feeling.

Lowen speaks eloquently and philosophically about this element of safety as it applies to adult healthy sexuality in the context of our current unsafe adult culture and its need for containment:

»Reich had forecast the sexual revolution decades before it occurred. He had also predicted that it would create a chaotic condition in the culture. We have witnessed that revolution and we have seen the chaos it produced which is the

consequence of the breakdown of limits«, (p.8).

Lowen is talking here of restraint, control and grounding of impulses in the context of a healthy, loving, self-expression. He goes on to write: »The philosophy of »anything goes« is disastrous (...) [and it has] broken down the barriers between the generations and fostered sexual abuse. I believe we therapists need to recognize the importance of containment as it applies to the sexual impulse. Sexual acting out is a self-defeating process. Intercourse where there is no deep feeling for the partner is unfulfilling. It operates, therefore, to create a seeming need for more sexual activity which must end also in unfulfillment.

We all know that only when sexual activity is an integrated activity combining head, heart and genitals in the response is it a fulfilling experience. Learning to contain the impulse promotes this process of integration. Containment is an important aspect of self-possession.

Therapy aims to increase sexual feeling not only in the genitals but throughout the body. This translates into a sense of one's manhood or womanhood. It is reflected in the way an individual holds himself and moves. Holding oneself with dignity is the mark of manliness, just as moving with grace is the sign of sexuality « (p.8).

We recognize the relational elements in what Lowen is saying. Healthy sexuality has its origins in a mutuality of deep feeling (love) and protective containment. It is my thesis that this can be seen in the early dynamics of the child's relationship to her parents. The containment Lowen speaks about must be present in an early emotional and physical safety provided by the child's parents.

*Love* is the second most important element fundamental for the child's development of healthy sexuality. Healthy sexuality is not possible without the capacity for self-love. The child must be able to love herself, her body and her feeling experience, and can only do so to the extent that she receives genuine love from her parents. Love is an opening, and tender empathic surrender, of the heart to the other. Alice Miller (1981) speaks about the capability of the child to do this in her earliest years of childhood and more and more as she grows. Miller also speaks about how this loving surrender of the child can be used and abused by parents. But what if it is respected, treated with gratitude and returned, matched in its depth of attunement? The child will feel loved and will love and respect herself, and will know the power of that



nurturant matrix to support her self-assertion and self-expression. This is another fundamental relational element and we can see how it would allow the child to experience her own desire and express it with expansive excitement.

Eric Fromm (1956) in *The Art of Loving* underlines the importance of self-love in the development of the ability for mature love.

»The logical fallacy in the notion that love for other and love for oneself are mutually exclusive should be stressed (...) love for and understanding of one's self, cannot be separated from respect and love and understanding for another individual. The love for my own self is inseparably connected with the love for any other being« (p.49).

And Fromm writes of a mother's love, if just sacrificial-unselfish, that it can be a burden to the child. »They (the children) are put under the obligation not to disappoint her; they are taught under the mask of virtue, dislike for life. If one has a chance to study the effect of a mother with genuine self-love, one can see that there is nothing more conducive to give the experience of what love, joy and happiness are than being loved by a mother who loves herself« (p.52).

The experience of love is profound and as one matures, it can impact every aspect of life. Being able to love, to experience love in one's own body, is a great gift. It is the experience of the passion of one's own heart. The child's ability to give and receive love is often underestimated; but this capacity is quite vulnerable to destructive forces. Yet, it can expansively soar and deepen in devotion with consistent nurturance. And we can see love in the body in the capacity for surrender, for soft tender feeling, and for bubbling joy in the presence of, or thought of, the beloved.

The third relational element is the one most interesting to me. It is the *Acceptance and Nurturance of the Life Force of the child*. For me the concept of life force includes the unique energetic thrust of each child, the temperament, tastes, talent, interests; the child's individuality; what the child is naturally attracted to or naturally avoids. When parents accept and nurture the child's individuality, they are supporting her spirit. It is a big deal for parents to find a healthy relationship to this complex element, because it guides the emergence of the child's unique personality and sexuality. A healthy acceptance and nurturance of the child in this aspect is determined by a compassionate attunement on the part of the parent and a willingness to be guided by (to trust in) the budding likes and dislikes, interests and avoidances of

the child. It is around these issues that parents get into conflicts and power struggles. They see something emerging in their child, and then panic at its logical extreme. Surely a parent can provide love and much safety and containment, but fail at acceptance of and support for the child's individual preferences, tolerances and talents. Being attuned, respectful, accepting and nurturant of the life force - the spirit - can truly be a minefield of anxiety and confusion for parents.

There were numerous moments in the first 5 years of my two children's lives that my husband and I looked at each other with fear and confusion; Jon was obsessed with computer games at 3; Mica was only willing to dress in pants and a baseball cap. What did this mean? What should we do, if anything? How about Jon's capability of flooring another child in a single blow if he was angry? Or Mica's devotion to her fantasy playmate Elizabeth, from London? The confusions, questions and parental concern over these issues have stimulated the writing of thousands of parenting books and articles. Many parents think a child is being willful when she refuses peas and will only eat french fries. Parents imagine a fat, diabetic, monstrosity - immediately, reflexively. And it's all their fault. Or if the child won't toilet train at a specific age, they imagine a fully grown person in diapers. And it's all their fault! Or if a child demands to sleep in their bed. What do we/they imagine then? And of course, whatever we do imagine, it's all our fault and we're persecuted by our fears. When is a child being willful? When and how does one set a limit for eating, sleeping, affection, play, homework? And how does a parent respect, accept and nurture the spirit of a child, the desire of the child, the interests and the definitive dislikes? And for the purposes of this paper, what does this have to do with healthy sexuality? Everything! For this is about spirit, about joy, and about the child's internal knowledge of what feels good and what feels bad.

A parent's attunement and respect for this capacity in a child will set the foundation for a child's self-confidence, self-respect and her ability to be guided by her own intuitive sense of what fosters her well-being. It is the essence of the child's aliveness. It is the acknowledgement and respect for the child's passion. But aren't we building a narcissist here? Aren't we indulging a primitive being to run amok? Yes, this is a tricky one, but absolutely essential.

Within the parental-child-family matrix, there can be the safety of containment and limit setting in the context of an absolute commitment to the acceptance and nurturance of the spirit. I have worked on all sides of this issue with children, teenagers, parents, families, parent groups and teachers.

Empathy, mutual trust and negotiation are so important. It is clear to me that this attitude of attuned respect can be achieved, but it is the essence of the hard work of a relationship. You know when folks talk about marriage as a wonderful institution, but hard work? This is the hard work they are talking about - the work of relationship, of negotiation, respect and self-respect, giving and taking; and, of course, it has everything to do with healthy adult sexuality!

We can see self-respect and self-acceptance, self-confidence and spirit in the young child's grounded stance, her upright, dignified carriage, her passionate focus and clear-eyed contact, and her enthusiasm for life.

*Admiration and Adoration* are the next essential elements to building healthy sexuality. I combine them here, even though they have slightly different characteristics, because I feel that they are basically two sides of the same coin. Admiration is a perception of the goodness of something or someone. Adoration is a more deeply held loving admiration. It has elements of idealization, even awe, of the life force, of the essential energy and the full-bodied sexuality of the child. We can visualize these emotional elements in the child's idealization of her parents; and we can see the matching feeling in the gleam in her parents' eyes.

Admiration and adoration are certainly a part of healthy adult sexuality.

But how are they an element in the parent-child relationship, with respect to sexuality? The expression of admiration and adoration is often a difficult aspect of the parent-child dynamic, with respect to sexuality, and can be fraught with problems of sexual acting-out, intrusion, mutual embarrassment and guilt. We are aware, as therapists, that parental mismanagement of these feelings toward the child can, and often does, lead to emotional trauma.

The Oedipal conflict emerges and threatens to contaminate and triangulate the child's relationship with her parents. How can this be negotiated? What does healthy admiration and adoration look like?

Virginia Wink Hilton (1987) talks about the ideal parental attitude that supports the task of healthy negotiation of the Oedipal phase of development: If we had had the ideal situation for accomplishing this task, it would look like this:

»The opposite sexed parent is secure in his/her sexuality; his needs are

satisfied and therefore he makes no demands on the child. The message is clear and unambivalent: » I affirm, accept and take pleasure in your sexuality. I am not frightened by your feeling, and I make no demand on you to meet my needs. And I am *emphatically* and *unequivocally* unavailable. Therefore, you are completely safe to have and experience *your* feelings. I can wholeheartedly support your movement into the world to find the right object for your passion and your love.«

»The same sex parent, in the ideal situation, understands the projection of the threat. Sure in him/herself, (s)he sends this message: »I take pleasure in our likeness and similarity, and *delight in the power of your sexuality*. I stand behind you and support you as you confront the object of your desire, ready with understanding and empathy for the rejection and loss you will experience, and with joy and delight as you move on to find happiness and completion« (p.79).

When a child is admired and adored by her parents, she learns that her own feelings of longing and desire are a gift of love. Parents with the capacity to take in their child's sexual excitement, love and longing, to receive it as a gift without feeling provoked, or intruded upon or overwhelmed, can contain and enjoy their child's full body expression and return feelings of admiration and adoration. These parents are not only undaunted and unafraid of their child's expression, but embrace it as healthy. These parents understand that their mature sexual feelings do not have a place in this moment of affection, but rather that the child needs from them in this moment, their ability to maintain their parental role as protective, receptive and grounded in reality.

A child needs admiration and adoration from those she loves, to feel secure in her budding sexual excitement. Parents understand that to intrude on the child's process here could overwhelm, overly excite or frighten and inhibit the child, and provoke her withdrawal. Support for the child's loving, excited expression can only be given with grounded receptivity, admiration and adoration, so that the child can walk away knowing that her love, her sexual excitement and her longing, is a true gift to the other. This inner security about one's sexuality as a gift to the other is not well understood, but is essential to a growing person's self-confidence and assertive expression of desire. The child learns from her parents that she is entitled to admiration and adoration; it is her birthright and that her bodily desire is her gift of love.

Adult sexuality, of course, is based on the confident giving of oneself and the knowledge that this gift is received with deep gratitude. We can see that when a child

knows her excitement and love is a gift, that her parents celebrate her gender, and that she is the gleam in her parent's eye, she is open, assertive and unafraid to feel and express desire.

*Pleasure Cathexis* - Cultures that value pleasure are not hard to find. But cultures that practice safe containment, love, acceptance, respect and nurturance of the life force, and value pleasure as a part of somatic health are much harder to find. Pleasure cathexis means valuing pleasure as wholesome and fundamental to physical and psychological well-being. Children will naturally seek what feels pleasurable if not interfered with or derailed. But as we grow in relationship to others, pleasure as a focus is hard to hold on to and often it is lost, deprecated, jealously stifled or ripped away. Family cultures that value pleasure as basic to the life force are rarely seen, especially by therapists.

It is important to mention the role of parents as educators in relation to pleasure and sexuality. Parents have a role to play as teachers. They teach the value of pleasure for our body and our health; they teach about bodily self-respect and self-care. They teach about the importance of sexuality for a healthy, positive life and adult relationship. They affirm sexuality in their attitude, their words and by their example. Of course, in this day and age, parents must teach about safety and protection. There is much discussion and debate, and parents often err on the side of too much caution and too little positive, informative, explanatory education about the benefits of healthy sexuality.

The experience of pleasure opens our body, lets us know what is good for our body and connects us with the reality of benevolence in the universe.

Without a deep-seated value of pleasure, we cannot seek this for ourselves or our partner. The child learns from her parents through example and through the parents' attention and attunement to the child's bodily experience of pleasure. The parent's bodily reaction of pleasure, and grounded certainty in the goodness of the child's pleasurable experience, becomes embedded in the child's psyche and soma. With maturity, the growing person learns to calmly follow the path of pleasure in her body; to follow what excites, what feels good, what feels relaxing, what makes her body pulsate, or flow. And a body that is grounded in the value of pleasure for life is open, flexible, and alive in all its parts.

Pleasure cathexis supports an internal focus and an ability to follow the

body's path to pleasure; to explore all its aspects and possibilities. Sexuality is an adventure of pleasure, a journey of exploration and discovery. And as with all adventures, there must be the courage to explore, to seek the treasure.

By valuing pleasure as basic to life experience, parents provide the fundamental belief system that supports a child's exploration of her connection to a benevolent universe, and to her unique sexuality.

The *Model Set by Parents* in their relationship to each other has a profound impact on the child's sexuality and, in particular, her eventual sexual relationship.

All therapists are aware of the negative impact of failed marriages, spouse abuse, chronic parental conflict, etc., on the later relationships of their progeny. The unhealthy and traumatic dynamics of the previous generation invade and contaminate the present-day relationship of husband and wife and their relationship to their children. Children learn to relate to others through their parents' relationship. Much of this trauma and pathology becomes imprinted, embedded in the unconscious and, although a young adult may vow never to repeat the mistakes of her parents, nevertheless, she often finds herself mired in similar relational traps, blind alleys, and painful conflictual entanglements. The model of healthy sexuality and healthy adult partnership can have the same imprinting, unconscious effect. A positive model can also impact on her eventual relationship and transferences to her partner and children. A child growing up within the context of a healthy parental relationship knows deep inside the goodness, the sanity, of that way of being, of living and relating. That awareness is unavailable to the child growing in the context of constant conflict or emotional pain, and can only come with tremendous effort.

Fromm (1956) writes about the art of loving and how unavailable the model of loving relationship can be. »There are many people, for instance, (...) who have never seen a loving person, or a person with integrity, or courage or concentration (...) one has to have an image of complete, healthy human functioning - and how is one to acquire such an experience if one has not had it in one's own childhood, or later in life? While we teach knowledge, we are losing that teaching which is the most important one for human development: the teaching which can only be given by the simple presence of a mature, loving person« (p.98).

And these words are also true for mature sexuality. A loving, respectful, positively sexual parental partnership is the somatopsychic teaching matrix that

provides for, nurtures and promotes a healthy, self-possessed, sexually positive and relationally attuned human being.

If we follow Lowen's theoretical model, we can conclude that these six positive relational elements become somatically structured in the body. These elements build structures in the body that reflect healthy sexuality: grounded legs; open, flexible chest; connection and flow at the joints; full breath and sensations in the body; free, uninhibited aggressive movement toward pleasure, genital sensation and excitement; and an overall body openness to authentic feeling.

When we see armoring and splits in the body of a patient, and we move the patient toward cathartic expression, we help her to express her pain and realize her truth. But underneath the armor, or fundamental to the poor grounding and fragmentation, are missing elements that can not be recovered completely, for the time for their constructive impact is passed. If a tree is severely bent and grows that way to maturity, straightening it out cannot be done without breaking it in half; it will not lead to health. The best we can do sometimes, is to acknowledge the truth of the injury and learn ways of alleviation and compensation. Acknowledgement, alleviation and compensation are often all therapy can provide.

As Helen Resneck-Sannes says in her 2003 paper, »armor is a surface structure«. The unmet needs and the trauma that produced the armor have already happened. The positive model and nurturance was never there, never available. The only reparative possibility is in therapeutic relationship. She writes: »Our ability to be empathic and attuned to the client is what is healing in the relationship.

The current research utilizing brain imaging is finding that this somatic, empathic attunement appears to be necessary for developing attachment in infants and for any therapy process (p.16-17).

An empathic therapist is neither understimulating (too removed, neutral, not there) nor over-stimulating (not modulating the material) to prevent the client from flooding, disassociating or splitting off. When our clients are overcharged and over-stimulated, we need to calm and contain our own energy. The therapist needs to be attuned to such an extent that the material is within the therapeutic window (...) Our body interventions should become an invitation for the client to explore somatically (sensate) feelings, meaning, imagistic representation, and internal object representations. We then become the mirroring, empathic, attuned other that hopefully

will begin to live inside our client's body/mind and support them in being who they are - vulnerable, needy, scared, loving, hard, angry, punishing, resentful, sadistic, victim, a little child who wants to be rescued « (p.20).

When client and therapist are exploring sexuality, these remarks are even more germane.

## **Natalie**

When Natalie first appeared in my office in New York City she was a 21-year-old graduate student. She was attractive, with long sandy-blonde hair and a fair complexion. Her energy was lively and appealing; she had a strong, well-proportioned body and well-developed musculature. While her eyes looked somewhat frightened and sad, there was a determined effort to smile and be cheerful. When she stood in a charged position, knees soft, shoulders square, hips and shoulders aligned, gaze level, head balanced on her shoulders, she showed a strong, determined, but tense jaw and neck, strong, fairly grounded legs and feet (although this seemed more a capacity, since she didn't actually seem that in touch with her feet, at the time) and a locked, but well developed pelvis. Her upper body was also well-developed with strong, but tight shoulder muscles and fairly good lung capacity. Her voice was high, strained, somewhat nasal and tense. I assessed her body structure as predominantly rigid, with some combination of oral and masochistic features.

Natalie had grown up in an intact, well-to-do family environment. She was the first-born child of parents who were successful professionals. She described her family as supportive and loving. As we talked about her family, it was clear that Natalie was very attached to her father and he to her. Her feelings for her mother were openly more ambivalent. Natalie's father is a schizoid man, admittedly timid and fearful of life, who has worked in therapy for decades both in individual and marital counselling. He has gained much insight over the course of this therapy, including the awareness that he was raised in a deadening, frightening, horrifically contracting environment with hypercritical parents who evoked in him chronic feelings of intense judgement and intimidation.

Presently at middle age his body is breaking down, to the extent that he may need multiple surgeries on cervical and lumbar vertebrae. Natalie experiences her father as sensitive and fragile; she experiences her mother as »more passionate, life-affirming and assertive«. Natalie described some of the dynamics in the family: »Dad



would get withdrawn or silent, and Mom would give up on her thing, or stew and eventually get angry.« Natalie said that her personality was more like her father's, and that she found her mother's personality intimidating and overwhelming at times.

Although she didn't tell me at first, she had come to therapy specifically to deal with sexual problems with a young man with whom she had fallen in love. Initially she complained of the problem of not being able to »French-kiss « or pet. After a while she was able to tell me that she felt little genital feeling and was unable to vaginally lubricate with sexual arousal. Natalie said she felt numb in her pelvis and with sexual excitement, she chronically felt the muscle in her left groin go into spasm, »like a charlie-horse«. As we went deeper into her difficulty with love making, she complained of anxiety, contractions in her body, feelings of repulsion at times, and an inability to let her body open to sexual feeling. She felt awkward and extremely nervous and avoidant when sexually intimate. Both she and her partner were severely inhibited. She was a virgin; he was not. She couldn't tell whether he was inhibited on his own, or whether she was inhibiting him because of her anxiety, avoidance and frozen unresponsiveness. She described her partner as sweet, sensitive and affectionate. She felt tender, loving feeling and sexual longing for him when they were apart. They had a great, »fun« relationship, always joking and kidding, physically wrestling and playful with each other.

But after a short time of sexual contact, they would shut down and eventually pull away from each other. Natalie spoke about this with grounded sincerity; she was confused, didn't understand her responses, especially her body responses. She described fantasies and feelings of excitement thinking about her boyfriend or talking with him on the phone; but in person they couldn't get beyond »good pals«. She would freeze under his touch. Her neck and jaw would stiffen; her lips would clench shut, and there was a knot in her groin that would grow painful, immobilizing her pelvis. We explored the stiffening process and it revealed a noticeable vertical split in her body such that her left side was more pulled back, contracted and in spasm.

Historically, there was no childhood memory of sexual abuse of any kind. At first Natalie thought perhaps her difficult relationship with her last boyfriend was a factor. Her experience had been unpleasant. This young man was physically forceful with her and she felt humiliated by his derisive and threatening remarks. Her reactions to his sexual approach were to freeze, contract and be secretly resentful. She described being afraid, angry and guilty that there was something terribly wrong with her. As we talked about it, (and it did seem like the most immediate and obvious cause of her

negative withdrawal) it seemed that he was an arrogant and narcissistic young man.

But when Natalie thought deeply about it, she sincerely felt that he was also being negatively triggered by her girlish, seductive flirtation, and then her private deep frozen withdrawal. She began to look elsewhere for the source of her problem. She sensed her fears and deep insecurities were triggered by her own feelings about her body as unattractive and deeply unsexual.

At this point Natalie's work in therapy took on new energy and commitment.

She was on the trail of her lost desire and her travelling numbness and contraction. It was a path of self-discovery. She was willing to open to the process of looking at her physical and psychic reactions, to experiment and take risks in her relationship in order to reveal more about her somatopsychic process.

My approach with Natalie was to investigate the energetic contraction and splitting. Natalie was obviously an energized woman with strong defenses. We worked bioenergetically on opening her body and increasing the charge.

Excitement and sexual charge would be experienced, but then shut down.

Opening and releasing the neck, jaw and mouth often led to increased breathing and charge, but tightness or spasm in the pelvis or adductors.

Opening the pelvic region through specific exercises often led to tightening in the neck and ankles, a shut down in breathing, or a frozen, frightened visage especially in the eyes and mouth. Natalie was amazed to follow her own body process and mental imagery. My attitude in this early phase of therapy was to be curious, exploratory. I made myself as attuned as possible (Lewis, 2003) to her energetic thrust. When she was fearful, I was soft, soothing and worked slowly with her to tease out her anxiety and what was stimulating it.

When she was energetic, with more aggressive feeling, and courageous, I matched her energy with my own. When she frightened herself with her own passion, aggression or intensity and inevitably regressed, we returned to slow, small interventions and to tracking the flow and process of her feeling state. My concern was to make it as safe as possible for Natalie to reveal whatever the therapeutic process, exercises and discussion could show us.

It was important to develop a therapeutic alliance with both sides of the energetic split. There was a small, frightened little girl who needed my comfort, support and grounding; and there was a feisty, strong energetic young woman who sought the thrill of her own sexual experience. Processing these recurrent energetic splits led us to a role play in which Natalie spoke from her contractions and from her excitement. We found a little girl, stubbornly refusing to let go in her body, refusing to feel vulnerable. She didn't want to feel those feelings, that energy inside her that wanted to jump on her father with loving sexual excitement. And we discovered an older teenager or young woman wanting to break free, who was angrily pushing, nudging, impatient, annoyed with the little child. As we explored these splits, they became more well-defined and the relational alliances became obvious. There was a war going on inside.

The little child, about four years old, was deeply, empathically devoted to her father; to protecting him, loving him and desperately needy of his approval.

She knew he loved her too, but he was a frightened, sexually repressed, inhibited man. In my office Natalie could feel her highly charged body longing to be with him, wanting to share her excitement and very high charge. But the closer she approached him, the more she knew she must shut down and approach him with a calm, tight, numb, but open-hearted, empathic demeanor; a highly charged, from the neck up, intellect. It was imperative that her body contract to be with him. She could feel her body slipping away from her as she imagined her connection to her beloved Daddy and their exclusive camaraderie and alliance with each other. This alliance was forged early between ages 3 and 5, just after her brother was born. Her father, who loved her, pulled her in; she experienced his neediness and fragility and his schizoid-oral regressed longings. Even though her father struggled to fulfill his role as a responsible parent, and despite his best conscious intentions to allow Natalie to grow and to encourage her identification with her mother, his own emotional damage compelled the pair bond between him and Natalie which would constrain and constrict her growth and development into a separate, sexually mature woman. The other side of the split, the frustrated teenager, yearning to break free, her passion hidden from awareness, was barely perceptible to Natalie.

She recognized the energy of this part of her as more akin to her mother's. But like her mother, this part of her seemed intimidated by the little girl's determined commitment and devotion. The father-daughter alliance was the energetic partnership that dominated in the conflict.

Regressive work to explore these dynamics further led to a session where Natalie could see herself at her mother's breast. They were in bed and she, perhaps both of them, were in a blissful state of connection. Her body was safe, open and calm, but the pleasure she felt was intense. She could feel it all over. Her process moved to a vision of her father entering the room, and she could feel the beginnings of the need to shut down. (Was her mother also shutting down, colluding with Dad's need?) Natalie understood with extraordinary empathy that her father was jealously competitive, insecure and needy; that this was a secret that must be kept, and that she must dedicate herself to that secret and to keeping him comfortable and unafraid.

Natalie was beginning to understand her mother's experience of loss of her, and that mother and child had let go of each other. Natalie remembered the conflicts in the early years and in the later years in the context of her discovery that Dad must be protected; that he was the fragile one, the brittle one. She understood her mother's frustration, her love and passion for her, and her poignant resignation in letting her go. Was this the only resolution to the family's unconscious conflict? Natalie felt her mother's alive body in her own. She began to accept it as a positive, supportive, passionate life force.

She went to her mother to tell her she loved her, to tell her she understood.

In another intense session, where she again processed the energetic split in her body, Natalie wondered at her trepidation at going to visit her father while on vacation from school. She wanted to tell him, »I love you«, but could feel the contraction in anticipation.

She had become quite excellent at tracking her body sensations by now. She began to wonder out loud how this contraction related to her contraction with her boyfriend. It seemed so much the same. In fact, the love, the excitement and the contraction all seemed to happen in her with both these men in her present life. The transference had become pretty clear, as well as her split-self relationship, the little protective girl and the passionate, frustrated young woman. In this session, we worked on her loving feeling, her open-hearted approach.

But she expected disappointment, humiliation in reaction to his (father, boyfriend?) contracted response. I stood in as father in a role play. X Natalie approached me, reaching out with her arms, open body, open heart, ready to say, »I love you«. I let my body stiffen as she approached. She said, »I love you, Dad«. I

froze at her contact. I let my voice tone become flat, a monotone likeness of her father's. It hinted at fearfulness. The movement in me was subtle, but Natalie could feel it. It was familiar. I asked her to experience in her body the effect of my saying »I love you« as her father. Natalie was stunned. She could feel her body numbing. She could feel her heart hardening on the outside, her loving passion becoming a tiny, knotted ball inside her.

I asked Natalie to try the role play again. This time, I was the »ideal« Dad, without limitation on my ability to experience in my body my love for my daughter. She came to me; I let down. I opened my own body; my tone was responsive, heartfelt and grateful. Natalie's body responded. She was amazed at the difference in her body experience. She felt safe. She felt palpable mutual love. She felt support, nurturance and a lack of fear of her own passion and excitement. Her body didn't need to stiffen to protect, to not overwhelm or threaten the other. She could open, ground herself, breathe, stay alive in her loving experience.

I would like to share one more moment in the therapy that happened about three years into treatment. Natalie was working on her pelvic contraction.

Lowen's exercises were very familiar by now. Her strategies were to stress her legs in various ways until she felt she could let go and feel the pulsating energy in her pelvis and legs. She had learned to pay attention to her neck, jaw, eyes. She had developed techniques to relax them, to keep breathing to enhance the flow. Of course, invariably something would tighten up and she had had infrequent success in letting go completely. Recently, however, she had been able to have some success in letting go of the knot in her groin. She had come to see this knot as a wall of defense, a chastity belt, a guard against penetration of her own sexual arousal. But today was different. The block did disintegrate, her eyes rolled back in her head, her neck and jaw stayed soft and her breathing was deep. It was happening and there was no stopping. She looked at me and said, »I never realized it, but the knot is not just a wall. It's a container for all my passion; all my feeling«. »Yes«, I said. »Yes«.

## **Discussion**

Natalie's body and psyche reflected the impact and the limitations of her social matrix. Natalie was afraid, not safe. In the therapy, transference reactions to me as an authority, as mother or as father, revealed the level of unsafe feeling.

We needed to acknowledge the emotional risks Natalie was taking, and to collaborate to make a therapeutic alliance that was as safe as Natalie needed it to be in order to explore her somatopsychic process. Natalie felt loved, but was deprived of much of the expression of that love.

Due to her father's fear and withdrawal, and her mother's collusion, Natalie rarely experienced open expressions of affection. She developed body rigidities, contractions and spasms, to keep her internal experience from conscious awareness, and to contain her aggression and external expression of longing and desire. She consequently and defensively developed feelings of unattractiveness and inadequacy. Our work acknowledged both the love she did receive, and the limitations of it. We worked to allow her to risk having bodily loving sensations emerge in the therapy, and in her relationship with her boyfriend and her parents. We worked through, to a considerable extent, the historical transference blocks and the physical blocks, toward the experience and expression of loving feeling.

With respect to the third relational element, acceptance and nurturance of the life force, Natalie had to deal with a powerful, unspoken demand coming from the parent-child relationship that her life force, especially her passion, be attenuated to meet the neurotic needs of her parents. In the transference, Natalie saw me as her mother, colluding to protect her father, inhibiting her, not fighting for her. As her transference father, I was perceived as controlling, frightened, judgemental, constricted, and fragile. The complex transference - countertransference relationship teaches us not only about the client's feelings in the Oedipal triangle, but about the parent's as well. Working through transference blocks can allow the eventual evolution of a healing therapeutic relationship. In my work with Natalie, attending to and processing these transference pieces was essential to progressing to a healthy, positive, supportive and collaborative relationship. When this happens, to whatever extent it is possible, there is the possibility for the client to take from the therapist a genuine respect, acknowledgement and nurturance of her energetic spirit.

Natalie is growing to appreciate how beautiful she was as a child and is now, both inside and out. Looking back, remembering herself as a child, she opened to the vision of herself as a beautiful, energetic, optimistic, fun-loving, open little girl. She was able to see how her parents' limited ability to experience and express their admiration and adoration confused her and denied her the self-confidence and self-love she deserved to have. Natalie is still struggling to value and love herself as an adult woman, as so many of us are. But our therapeutic relationship, I hope, supports

her growing awareness that she is a representative of the goddess.

Natalie's energetic blocks did not allow a full capacity to experience pleasurable sensation. Also, Natalie's belief that she was unattractive and unsexual, made pleasure more an idea than an embodiment of joy. I have taken time to teach Natalie about, and to support her exploration of, her body and her physical sexuality. We have grown more and more comfortable talking explicitly about sensation and pleasure. I have supported Natalie in developing an internal focus, especially on sensation that opens, arouses and streams through her body. She is learning to value pleasure as healthy, and to see that her adult sexual life can be an adventure.

The parental model in Natalie's case was of a strong mother who played the role of both mother and therapist to a frightened, inhibited father. While mother did confront and demand therapy for the marital relationship, she was also protective of the father's ego and colluded with his fear and resignation concerning their own sexual life. Natalie had to face the fact that her parents' modelling was inadequate, even damaging; she needed to understand, also, the role she played, that was demanded of her. She had to grieve for lost opportunities of love, sexuality and intimacy for all concerned; for herself, her mother and her father. And she must now move on to more healthy patterns of intimacy based on our relationship and the other healthier models in her life. She must also reach out for support from an adult matrix that can respond to her sexuality with positive resonance.

Natalie's parents' sexual and energetic conflicts in their marital relationship were actually manifest in Natalie's mind-body dynamic. In the therapy, we explored, acknowledged and provided, where possible, the constructive relational elements of safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and positive modelling.

Natalie has grown and brings to her sexual life awareness, self-compassion, energy and understanding. The door is open and she has walked through; there is no turning back. She has learned to give herself, increasingly, the safety, love and support she needs to open to life more and more each day. And she is learning to depend on her positive internalizations of me, of her mother, and of those loving aspects of her father that supported her development and individuation, to direct her search in the environment for the resonance to these internalizations, and to assertively reach for an adult attachment matrix that supports her life force.

The example of Natalie shows us the struggle of the young adult deprived of some of the necessary relational elements in the parent-child relationship.

Margaret Mahler (1979) and others have taught us about bonding as an intrinsic part of the development of a separated and individuated self. She lays out a structure that combines the individual thrust of the child with the interpersonal dynamics of the parent-child relationship. The many relational elements I have delineated are essential to healthy negotiation of all stages of individuation and for the development of healthy adult sexuality. An emotionally healthy, sexually open adult incorporates these elements to provide a nurturant ground for a meaningful and profound relationship to herself and to those she loves. Harry Harlow (1958) and John Bowlby (1969) have shown in their research the negative impact that deprivation of contact and connection can have on individuation, on becoming a relational human being.

Both these theorists provide research evidence that supports the conviction that deprivation of these elements - safety, love, respect, admiration, parental support and positive modelling - leads to withdrawal from life, incapacity to empathize or to interact with others, and to sexual dysfunction. Without all the healthy emotional nutrients for somatopsychic growth, an individual's potential for personal and interactive pleasure becomes severely limited. The body contracts deeply, pervasively, turns away from life, and from the stimulation of others.

After raising two children and working three decades with children, adolescents and adults, I have come to appreciate the exquisite sensitivity of the child to the relationship she has with each parent. The child is like an interactive sponge, absorbing, reflective, incredibly responsive to all that is emotional and relational. What a remarkable difference can be seen in the impact of interpersonal abuse as opposed to interpersonal support. It is clear that the effects of early deprivation cannot be totally remedied. The client comes to us with the vulnerability and dependency comparable to a child's, with her history of trauma and deprivation; and as therapists, we are obliged to pay good attention to the healing that can come from our attuned, empathic relationship with our clients (Lewis 2003, 2004, Resneck-Sannes 2002). As therapists, our attention to the relational elements that foster healthy sexual development can deeply impact the path of recovery and the movement toward life expansiveness. For Natalie, her hard won insight that she is a container and that she contains the energy, passion and love that is a gift to herself and to others, is a victorious insight that put her in touch with the deep source of her sexuality, her sexual



pleasure and her connection to goodness.

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## **When it's Love, it just happens**

### ***The Development of the Sexual Self in an Heterocentric Society***

**Rossana Colonna**

#### **Introduction**

Sexuality has been defined as “le grand affaire de la vie humaine”: for no animal, in fact, even the most evolved, this is so highly intertwined with every vital manifestation, as for the human being. Although every organism of the living world qualifies for its sexual component, only for the human being it is to be considered areal complex “psychic construct”.

I will start by putting the spotlight on the social and cultural order that in the millennial history has contributed to influence individuals, groups, and entire societies.

W. Reich wrote: “Every social order produces in the masses of its members that structure which it needs to achieve its main aims.” (Reich,1933, p.23); we could ask ourselves, without too many surprises, which aims have been achieved through out the history of humanity and which structures have been produced. Undoubtedly, character structures capable of tolerating ideological and economic political obedience, that is, structures in open conflict between *drive* and *morals*.

We cannot ignore this conflict or even allow ourselves to ignore the relationship between the social function of sexual repression and the deformation of the sexual life of the “broadmasses” that ensued: what has left, therefore, every type of social order, from the times ancient until the present day, on our bodies and in our minds?

“There is no socioeconomic process of historical significance which is not anchored in the psychic structure of the masses and activated in the form of mass behavior. There is no ‘development of production forces perse’, but only a development or an inhibition of human structure, its feelings and thinking on the basis

of economic and social processes.” (Reich, 1935, p.XXIV)

Human structure is formed in this process: the society continuously forms, modifies, and represses human needs. Whatever the reason, the sexual energy that governs the structure of human feelings and thoughts, or vital energy, is *socially* regulated.

In the conflict between drive and moral principle, between internal need and external world, the organism is forced to *structure itself*, both against instinct and against the surrounding world, at the expense of a happy love and sexual life.

Therefore, in these times when, although with different social implications, so much importance is given to the object of the driver at her than to the drive itself, what does love look like in the lives of homosexual, bisexual, and transgender people?

Starting from the Aristotelian assumption that happiness is the self-realization of oneself (of one’s own *daimon*), an individual’s sexual and amorous” happiness can only correspond to the full satisfaction of one’s desires, drives, and affections.

From these assumptions, I will examine the human sexual experience from the historical and social point of view and from the intrapsychic and bodily point of view to investigate how much *happiness* the individuals belonging to a status of sexual minority (strong stress generator) could have and can have, and to explore how much homophobic thinking, spread within both the majority and the minority, may have influenced the development of the “*sexual Self*”.

## **1. Historical and social point of view**

### ***Has heterosexuality always existed?***

Minority stress certainly concerns every minority (ethnic, cultural, religious), but those who belong to a minority due to their homosexual orientation often have to face a further painful and stressful factor that could affect their health and psychophysical balance: not finding support even in their own original and belonging nucleus.

As Lingiardi (2007) writes in *Citizen Gay*, “We are led to ask ourselves a silly question which obviously is not supposed to have an answer: what’s worse, being penalized because of our skin colour, but enjoying our emotional bonds making our

life worth living, or being born in an apparent context of equality and then having our right to our emotional integrity denied and being forced to internalize and conceal this trauma?" (p.145 - translated by the author)

We might wonder if these "sexual minorities" have always existed, even in the ancient world. But, provocatively, I formulate the question differently: has heterosexuality always existed?

With a careful analysis we may find that it has not always been as exclusive and predominant as it is conceived today. We could, instead, discover how bisexuality was widespread in many societies throughout history and even in the rest of the animal kingdom.

In classical culture, both in Ancient Greece and in Ancient Rome, homosexuality was, in fact, a more or less institutionalized form of bisexuality, in the sense that relationships between people of the same sex were accepted but only within a bisexual behavior regulated by the laws of the *polis* and the *respublica*; in contrast to the current peremptory classification in which a homosexual person is attracted exclusively to people of the same sex, while a heterosexual one exclusively to people of the opposite sex.

Plutarch said in this regard: "the lover of human beauty [will] be fairly and equally disposed toward both sexes [...] Men should take a cue from the gods (who loves both)." (translated by the author)

There were also female homosexual relationships that were not socially regulated, poorly documented and considered inappropriate: "love between women, not being a tool for the formation of the citizen, did not interest the city. And, consequently, it found no space either in the reflections of the philosophers, or even more in the laws." (Cantarella, 2016, p.107 - translated by the author)

And yet, even if rare, the references are very clear: "beginning with Plato's well-known myth about the origin of the sexes, in the Symposium: [...] men attracted to other men are the best, the only ones capable of dealing with public affairs, the only ones who, precisely because they love what is theirs similar, reach the fullness of being. Women attracted to other women, instead, are tribades. A word full of disturbing meanings: the tribades were wild, uncontrollable, dangerous women." (Cantarella, 2016, p.125 - translated by the author)

Sappho herself was considered dangerous, corrupting, erotomaniac. She was the poetess who sang with thousands of poignant verses the love between women on the island of Lesbos, whose work was almost entirely lost at the hands of misogynistic punishments.

Even the East has its own history in terms of bisexuality: for example, in the ancient Indian text Kamasutra we find indications concerning the most appropriate sexual positions for both heterosexual and homosexual practices, male and female; moreover, the description of sexual practices within Hindu mythology has been considered as the expression of a “universal bisexuality”.

And then again bisexual practices were common in imperial China, medieval Japan, among the natives of America and even in Africa.

All manifestations of bisexuality that began to be frowned upon and condemned after the first contacts with the Western Christian world and its religious dictates.

The German anthropologist Kurt Fulk had estimated that even in the twenties, among some studied native African tribes, there was an absolute prevalence of bisexual men which reached 90% of the cases.

Even more interesting are the data reported by the biologist Bruce Bagemihl (1999) in one of the most complete studies on sexuality in the animal kingdom; for example, in bonobo, an anthropomorphic monkey we share 96% of our genetic makeup with, the bisexual behavior seems to be the only one practiced.

Furthermore, it is important to remember that the terms *heterosexuality*, *homosexuality* and *bisexuality*, but more generally the very notions of sexuality and sexual orientation, are relatively new concepts and were reintroduced for the first time by psychology and medicine during the nineteenth century. More precisely, around the mid-19th century, sexuality became the object of study of the nascent positivist medicine and sexuality multiplied with the consequent categorizations and “pathologizations”.

For centuries and centuries, therefore, it appears that homosexuality have been not only tolerated but also predominantly active within a bisexuality, and heterosexual behavior being in function of a social order.

Therefore, wondering how and why we came to the global condemnation and to a very severe repression of homosexuality, the thought goes to the Judeo-Christian doctrine.

The argument that Christian preaching has always condemned homosexuality is confirmed by reading the sources. In the first letter to the Romans, in which he describes the reasons that caused the divine wrath against the pagans, Paul writes, “Their women have replaced the natural use of sex with a use against nature. And the same did men, burning with mutual desire, vilely lying with each other” (Cantarella, 2016, p.244- translated by the author).

It is a preaching that considers the relationships between people of the same sex against nature, and homosexual a divine punishment, which not only over turns the back drop of the pagan world but, as already mentioned, by means of several colonizations it spreads the theory that heterosexuality is the only manifestation of healthy and natural sexuality.

Mentioning Sappho once again, “Why was it that the Church of Rome had burned her poems and excommunicated her? [...] ‘Know thyself,’ said Socrates. ‘Know thyself,’ said Sappho, ‘and make sure that the Church never finds out.’” (Winterson, 1994, p.54).

It is necessary to be able to understand how this condemnation is nothing but a solicitation by the Catholic Church in order to control and repress the sexual activity of people, to favor the concept of the exclusively procreative sexuality. We lost track of bisexuality and homosexuality as usual and ordinary inclination; therefore, only the condemnation remains.

Therefore, some civil rights were suspended, as in part already happened in ancient pagan civilizations that were freer even though at the same time socially regulated. Besides, marking the behavior as “against nature”, the human dignity, which is nothing but the esteem of the Self, has been compromised. And when dignity is denied, the *wound* is inflicted: not only to those who are condemned, and consequently discriminated, but to all humanity.

Herein after, I will describe the effects of such a denied dignity on homo or bisexual people and the effects of the wound, suffered over the centuries, on the development of what I will call “*sexual Self*”, to explicitly refer to the sexual

component in the development of psychophysical identity.

***The world is not to be divided into sheep and goats***

In the academic research, from the time of Freud we find the question of whether bisexuality is a universal human tendency. Although he did not undertake an in-depth study, he recognized that the heterosexual object choice is a phenomenon that is as obscure as the homosexual one.

The change of direction, leading to consider and record homosexuality and bisexuality as a sexual minority, takes even more the form of a *progressive* “desexualization” of the organism.

Desexualization is a concept by Marcuse (1955), it is a distance that the human has managed to take from his primary animal instincts; he defined it as the highest form of social control, necessary for social production and reproduction.

The first form of desexualization was due to the birth of civilization; therefore, we all, hetero or homo, are partly born desexualized.

The second by making a minority, sexually speaking, what minority might not be. We have seen how the “Church” has its responsibilities: progressively from sexophobia to homophobia.

Alfred Kinsey (1948), an American biologist and sexologist, wrote in the 1950s, “The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one fits aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex.”

But to accept the living world as a continuum in all its aspects would perhaps put us in a state of instability that scares us. As caged societies, we cannot see the maturation process. Exclusive heterosexuality, rather than being a natural process, is therefore a social, religious, and cultural process. So, what happens to the body if we are not born either “sheep” or “goat”?



### *The effect of minority stress*

Ilan Meyer (1995), professor of medical and social sciences at Columbia University, spoke first about *minority stress*, examining three dimensions: first he took into consideration the most subjective dimension, *internalized homophobia*, which corresponds to acceptance by a homosexual person, of all prejudices, labels, negative stereotypes and discriminatory attitudes towards homosexuality; then he observed a more objective dimension that corresponds to the *lived experiences of discrimination and violence* with acute and/or chronic traumatic characteristics, to give an example: experience of acute trauma can be that of a gay or lesbian couple that suffers an action of violence while walking in the street, experience of chronic trauma can occur by repeatedly suppressing the manifestations of affection giving up walking hand in hand; finally, it took into consideration a third dimension that is partly subjective and partly objective and corresponds to the *perceived stigma*, which is a past with a tendency to chronic stress: the greater the perception of social rejection, the greater the level of vigilance to conceal their homosexuality and the use of inadequate coping strategies.

The experience of minority stress in its triple manifestation is one of the most worrying social implications: we talked about trauma, injury, dignity.

But let us see in more detail how these three dimensions affect the development of the “*sexual Self*”.

Starting with *internalized homophobia*: the negative attitude towards homosexuality and homosexual people (from individual prejudice to personal, verbal, or physical violence, to cultural and institutional discrimination) penetrated institutions as well as traditions; this attitude is a form of homophobic prejudice that tends to develop since childhood, since most children grow up in family, school, and social contexts which, at best, “consider homosexuality a topic not to be talked about or to be joked about.” (Lingiardi, 2007, p.47 - translated by the author)

Examples of that are some statements taken, in the context of a research with LGBT people, from the Italian Internalized Homophobia Scale (Montano et al., 2003, 2004 - translated by the author):

I feel guilty after homosexual acts.

I’m afraid of being negatively judged by others because of my homosexuality.

I am annoyed by gays and lesbians who show their homosexuality in public.

The only acceptable family form is made up of father, mother, and children.  
If my parents had sent me to the psychologist in time to treat me, now I would probably be heterosexual.  
Sometimes I would like to be heterosexual.  
Sometimes I tell myself that I have to stop feeling erotic attraction for people of my sex.  
Gays and lesbians shouldn't be parents.  
I'm worried that some people may discover my homosexuality.  
I would feel uncomfortable being seen in a homosexual club.

As we can see, the internalization of the prejudice can take place in a more or less conscious way, in any case it leads to a conflictual experience of one's sexual orientation to the point of denying it or living with shame or having negative feelings towards "others" homosexuals.

With that I do not want to assert that all homosexuals or bisexuals in Italy internalize homophobic prejudice, but the homophobic culture they are immersed in can affect so deeply and unconsciously that it can become a pathogen on their generic state of health.

Let's look at the effects of the *perceived stigma*: living the chronic stress of feeling socially rejected by developing "vigilance" to conceal one's sexual orientation does not produce neutral effects on the quality of the relationship.

A research conducted by Hatzenbuehler and collaborators (2010) has shown that, for LGB people, living in states where homophobic prejudice is widespread (such as the amendments banning same-sex marriage) constitutes a risk factor for psychiatric morbidity (Lingiardi, 2007). In particular, it was found that in such a state there is a significant increase in mood disorders, generalized anxiety disorder, alcohol use disorder, and a general increase in psychiatric comorbidity.

Stress experienced with such high levels of vigilance leads to a general fear experience and to suspicious or discouraged interactions with the dominant culture, as well as a sense of disharmony or alienation with society in general.

In a 2002 research by Jay P. Paul and coll. carried out through telephone interview, on a sample of 2881 homosexuals in four different US cities (Chicago, San Francisco, New York, and Los Angeles), it emerged that 21% of subjects came up with

a suicidal plan at least once in their lives; 12% said they had attempted suicide (moreover, half of the subjects of that percentage declared multiple attempts). Most of those who reported the attempted suicide claimed that the first attempt took place before the age of 25. An increase in planning and suicide attempts was also detected among homosexual subjects with lower education, low annual income and absence of full-time work: the study, therefore, found a high risk of suicidal attempts within the examined sample of homosexuals.

If we add the experiences of discrimination and violence, which can sometimes be traumatic, both in an acute and chronic sense, there remains a picture that is still dissonant and far from respecting the nature of us all sexual beings.

The results of another and impressive research, carried out in the United States, on a non-clinical sample of 34,653 adults (published in 2010 by Roberts and collaborators) show that homosexual or bisexual individuals, when compared with heterosexuals, are exposed to a decidedly greater risk of being subjected to aggression: with an incidence of post-traumatic stress disorder significantly higher in homosexuals (equal to 25.68%) compared to heterosexuals (12.50%).

Therefore, the effects of social homophobia on the so-called “sexual minority” have peculiar characteristics.

The CIS (Centro Italiano di Sessuologia - italian Center of Sexology) and the FISS (Federazione Italiana di Sessuologia Scientifica - Italian Federation of Scientific Sexology), make a fairly exhaustive description of the effects of social homophobia on LGB people.

I summarize their description and re-elaborate it as follows: part of their analysis has to do with the consequences on the level of the relationship with all that is “*other*” *from Self* and which leads to the intrusion of pre-constituted meanings; it would seem that stereotypes about identity and non-heterosexual behaviors provide interpretations of how the LGB world is supposed to be, and as a natural consequence we witness the formation of very powerful (erroneous) social representations conveyed by the media and by language and that can be unconsciously assimilated by homosexual individuals.

Another part of the description has to do with the consequences on the level of the relationship with *one's Self*; for a start, invalidations and obstacles to self-

esteem: prejudice affects the image of Self; and then the threat to the sense of security: that is, the perception of being different can elicit the feeling of not being safe with respect to the evaluations and negative reactions of others.

More generally, as consequences there may be attitudes such as: the anticipation of rejection (in gay and lesbian daily interactions they often ask what effect their sexual orientation will have on others), conceal their sexual orientation, control their behavior (in virtue of stigma and discrimination, LGB people would tend to control all those behaviors that could be tell-tale signs of their sexual orientation) and finally, the stress of unveiling, coming out (most gay and lesbian people are not out in many fields of their life: family, work, friends, etc.).

I will discuss these consequences, to deepen the development of the “*sexual Self*” by analyzing the effects the homophobic thinking of the dominant culture has on it, regardless of the achieved level of civil rights guarantee.

First of all, the intrusion of pre-constituted meanings obliges us to take into consideration how much confusion and frustration can be generated in the development of sexual identity (also influencing the affective-erotic experience), leading us straight to the *gender issue* and “*politically correct*”.

Instead, hindered self-esteem, threatened sense of security, anticipated rejection, hidden sexual orientation, controlled behavior lead us straight to what Lowen (1975) called “core”: the vital center every self-expressive pulsatory movement starts from, even the feeling of love, which unfortunately often becomes a sense of guilt, shame, and negative self-image.

### ***The gender issue and the politically correct***

In theory it can always be useful to specify the constituents of sexual identity in its different components: biological sex, gender identity, gender role, and sexual orientation. *Biological sex* is determined by the genetic, hormonal, and anatomical characteristics that define belonging to the male, female, or intersex condition; term which indicates all that series of conditions for which it is not possible to determine unambiguously whether the individual is male or female, it has an estimate up to 1.7% (the same as people with red hair) and from which it is clear that nature provides non-dichotomous sexual conditions.

Instead, gender and the construction of a relative identity are concepts

determined exclusively by a psychological and cultural variable. By “gender”, in fact, we mean the adherence and closeness of an individual to the definition that is culturally given to male or female; the inner experience of such a construction can be defined as *gender identity*. According to M. Rothblatt (1995), an authoritative exponent of transgender studies, the masculine and the feminine are cultural stereotypes to which the rank of biological identities has been erroneously attributed in history.

Using the words of Judith Butler (1990), “gender is a copy of which the original does not exist.” Each human being, in whatever socio-cultural context is inserted, receives a series of implicit and explicit indications, more or less rigid, on what belongs to the male gender and what belongs to the female gender and relates to it in look for similarities and differences with what he/she feels. It is precisely starting from this, from the social construction of the masculine and the feminine, highlighted from the beginning by gender studies, that confusion and frustration originate, because the set of “prescriptions” and expectations that the reference culture indicates or imposes on males and females represents the gender role to “have to” take on. That is, we end up having to be “politically correct”, that is to say coherent and synergistic with the organization of society that provides different roles and statuses for men and women.

Here are some examples of Fina Pla (2008), which helps us to understand the suffering and frustration that both women and men, whether homosexual or heterosexual, must face if they do not fall within the expected and accepted roles:

L. wants to be a mother, but she doesn’t have a partner at the moment. She’s fighting with her sense of inadequacy for not having a partner. It’s difficult for her indulge in the permission to realize her wish.

M. is a homosexual and must elaborate his idealized fantasy of what a virile man is like and therefore overcome his intimate sense of inadequacy.

M. is a feminist who must face her refusal to accept her dependency needs, abandon her ideal of a completely autonomous woman who does not need anyone, so that she can engage in a relationship with a partner.

B. has difficulty affirming her right to inheritance in a family where femininity is devalued.

T. is torn between her desire to go to university and her partner’s desire to live with a woman who takes care of him.

C. is depressed because her partner tells her that her body is not feminine

enough and she must resist his need to control her. (translated by the author)

Needless to say, in this regard, there are different degrees of margin and flexibility with respect to these criteria of adequacy, depending on the reference culture we are in from time to time. But this is the impact of unconscious culture and processes on the whole complex development of our sexual identity: brain washing of a “sexually appropriated culture.” (Rothblatt, 1995, p.27 - translated by the author from the Italian edition)

In which, at most, women can “imitate”, without exaggerating, the power and strength of men, while the most “feminine” men often find themselves facing contempt as “traitors” as well as “the humiliation the masters who identify with slaves are exposed to.” (Rothblatt ,1995, p.27 - translated by the author from the Italian edition).

Sexual *orientation* is therefore *only* one of the components of sexual identity and only refers to physical and emotional attraction for people of different sexes, of the same sex, or both.

What level of confusion can this originate for homosexual people who, as they grow up, must fulfill certain roles and expectations, coming to terms with their sexual orientation?

The concept of *gender performativity* by Judith Butler is very significant; arguing that gender produced a normative sexuality and such a normativity was internalized as a natural aspect. With the theory of gender performativity, she shows how, through constantly repeated acts, what we considered the inner essence of gender is externalized and marked on the body, through gestures that are now “naturalized”. Thus, the “performative” gender acts as a marking, a sign of recognition, and the bodies are intended as *passive recipients* of an inexorable cultural law: gender ends up appearing as fixed and determined and the body as a passive *medium* marked by the gender.

Starting from this, *gender is always a doing*, that is, belonging not to the sphere of being, but to the sphere of becoming... binary; so that the natural “gender variability” of the human being is mortified by the cultural binarism of male or female.

Leaving aside the fact, in the discussion, that the basic chromosomal differentiation seems to be important only as it causes the production of different amounts of estrogen and testosterone: men and women produce both hormones, albeit in different quantities.

Then, what did binarism generate for gay and lesbian people today? On the one hand, “in” LGB people, that is, who are part of the canon; on the other hand, “out” LGB people, that is, those who aren’t part of the canon, namely masculine lesbians and feminine gays: “gender transgressors” who end up being easier to target in everyday life because of the immediate recognizability.

The question becomes even more serious given that the result of all this, even of gender performativity, to use the same terms as Butler, is that “sexual adequacy is sought in aesthetic conformist and formal criteria instead of in terms of subjective perceptual satisfaction, of tasted erotic pleasure” (Colonna, 2011, p.65).

## **2. The intrapsychic and body point of view**

### ***The core in LGB people***

Now let focus on the other aspect of the homophobic thinking effects on the development of the “*sexual Self*”, the one that affects the life nucleus: the core, from which the loving way that leads to the true essence of us all sexual beings starts.

Lowen in “The Voice of the Body” writes, “The sexual person is a person capable of love and joyful [...] his sexuality gives him both the principal source of pleasure and satisfaction in life, and a positive orientation towards others and the world. Similarly, the person full of bitterness is invariably sexually frustrated, just as the depressed person suffers from the depression of his sexual drive, probably caused by repeated failures and disappointments.” (Lowen, 2001, p.158-translated by the author from the Italian edition)

And then again, he wonders, “What are the physical characteristics of the sexually mature personality? The answer is simple: a harmonious, integrated, coordinated, and alive body. In two words, a body that is beautiful and graceful in its normal and natural situation [...]. A person’s sexuality is in his being. His sexual fulfillment is in his well-being, in his joy and happiness [...]. Since sex is one of the greatest sources of pleasure and joy in life, any limitation or inhibition of sexual feelings will depress the vital energy processes of the body and in this will adversely

affect the personality.” (p.159 - translated by the author from the Italian edition)

In these statements there is no differentiation related to sexual orientation; it almost seems that according to Lowen the object of love is not as relevant as the subject who love, but we know that this is not the case, we know his homophobic thinking born in the American cultural context of the 50s, in which psychoanalytic theories that strongly pathologize homosexuality flourished. But now I don't want to examine Lowen's contradictions when he speaks of homosexuality seemingly forgetting the heterosexual person's neurosis, which in contrast to the homosexual person would seem to be a sexually adequate, healthy, orgasmically powerful individual; I only report a statement that paradoxically would absolve him from his homophobic considerations: “Who is exempt from at least a trace of homosexuality? In my opinion, very few people in our culture are completely heterosexual. Does this mean, then, that the human being is basically bisexual? Is it not logical to infer that the average person would practice homosexuality to a greater or lesser extent if society was more tolerant?” (Lowen,1958, p.131- translated by the author from the Italian edition)

Starting from that “logic”, explicitly taken forward in my thoughts from the beginning, it is even more understandable how much the expression of love in a homosexual relationship has always been inhibited, distorted, or impeded, also through the influence of the collective conscience.

So, how much a homosexual person will be full of bitterness? Whether it is a bitterness linked to its current perceived experience or “inherited” by the community? Can our collective psyche ever forget that thousands of homosexual women and men have been sentenced to prison terms, interned in psychiatric hospitals or in concentration and extermination camps?

I agree with G. Cockburn (2008) when he says, “We are not able to fully understand the development of the self, gender issues and the family in the 21st century without this 2nd leg of Bioenergetics, ”(p.31) that is the body understanding of oneself in relation to the other, since intersubjectivity is a constitutive part of the bodily Self.

I believe that guilt, shame, and a negative self-image (“secondary” reactions to the repression of the *core* “primary” drives) are examples of this (social) otherness in the body, in the Self.



Attachment theorists themselves tell that subjectivity is built through relationships with others from birth and that a child develops different attachment patterns with each parent. They have also shown that the Self, as a subjective identity in development, is not built without bonds; therefore, the Self, the sexual Self, entirely develops within this process.

Hostile mothers, seductive fathers, ambivalent bonds, incestuous relationships, and soon, can be found in the family environment of the heterosexual as well as in the homosexual one; we will never be able to determine, with a certain truthfulness, how these elements are distinguishable factors of homosexuality.

What we should instead take into consideration is that that sexual Self that is born and develops through continuous attachment bonds, will develop an image of Self conditioned by the environment it will come in contact with.

This image, and consequent perception, influences both the relationship with one's own body and with others, which can be marked by trust, self-assertion, joy, pleasure, security, or shame, insecurity, fear, anxiety, pain, avoidance. The mental image of Self (that is, how our body appears to us) modulates feelings, emotions, behaviors, attitudes, and the way we perceive and react to our own and others' bodies.

Furthermore, the body image "by continually intervening with our approaching or moving away from reality, from social contact, certainly has to do with the feeling of shame, in the sense of arousing or increasing it." (See Craia, 2006, p.22 - translated by the author)

The body, therefore, is marked by individual history as well as by social history, it is marked by fear, shame, insecurity, so much that gestures and postures reflect existential attitudes with even more certainty than speech.

"Constructions, sufferings, repressions, as well as habits, customs, rituals, which have been transmitted to us, left as inheritance, imposed by our family, by culture, by the environment of life are part" of our body. (See Craia, 2006, p.21 - translated by the author)

Let consider how strong the emotional involvement of the parents is with regard to the sex of their child since his/her birth; the first thing they want to know, in fact, is the sex and this information does not leave parents neutral with respect to

future feelings towards the son or the daughter.

This could reduce the capacity for expansion and self-realization, reduce the flow of sensations and influence psychophysical functionality and therefore growth, if “image incongruities” should appear in that child, as the body would become the site of unwanted events.

These considerations serve only to understand how the otherness in the body is extremely responsible for the process of identifying the organism and integrating its sexual drive.

Therefore, assessing sexual behavior on a power scale, with homosexuality at one extremity and heterosexuality at the other, could be completely inappropriate.

The “orgastic power” is closely connected with the ability to abandon oneself without fear of disintegration: “the epidemic diffusivity of the inability to participate fully in the orgasmic rush and the consequent total relaxation, brought Reich and, subsequently, Lowen, to wonder about the power of the defenses, on the permanent distortion that character armor entails in individuals and on the anxiety that the desired and impossible satisfaction triggers to protect the neurotic adaptation achieved. Unfortunately, this reality does not concern at all some homosexual or heterosexual, some neurotic or psychotic: it is the mass neurosis that affects everyone.” (Colonna, 2011, p.73 - translated by the author)

In conclusion, we can argue that there is no “natural” masculine or feminine essence and that people are neither homosexual nor heterosexual, but simply individuals born with a vital nucleus biologically ready for expansion and integration, charge and discharge, which, in a different and unique measure, has received a limitation conditioning the affective-sexual experience, in general, and reducing the experience of pleasure, in particular.

### ***Body sensitivity and pleasure***

Lowen considered the homosexual person a being with an insensitive body. Therefore, on the subject of pleasure, I would like to focus briefly on the concept of bodily sensitivity, which is closely linked to the concept of sensation.

Beyond the different conceptions that have followed in research with the attempt to frame the processes that allow the birth of a sensation, the latter is generally

assimilated to the subjective component of sensory experience.

According to neuroscientist Kandel (1985), “Perceptions are qualitatively different from the physical properties of stimuli in that the nervous system simply extracts certain information from the stimulus and then proceeds to interpret it in the context of previous experience.” (p.343 - translated by the author from the Italian edition).

It is possible, at this point, to define bodily sensitivity as an individual’s ability to have an adequate feeling about a stimulus; that is to say, trying to make the definition more subjective, having the ability to derive from the stimulus a functional sensation to the present situation and to the conscious purposes of the individual. In this perspective having sexual sensitivity means having the ability to experience a feeling that is consistent with the context and with one’s expectations.

The concept of sensory threshold seems to be in line with this definition of sensitivity: it is defined as the lowest intensity of the stimulus that a subject can perceive “the changes in the sensory thresholds in relation to the indications coming from the context in which the subject finds himself operating the discriminations are particularly interesting and prove that the perceptual thresholds are relative and not absolute [...], these variations in the sensory threshold are not produced by changes in the peripheral receptor threshold, but rather by variations in the functional state of the neurons of the central nervous system and they affect not only the neurons of sensory systems, but also the neurons of the limbic system, which mediate the affective component of sensations.” (Kandel et al., 1985, p.344 - translated by the author from Italian edition)

It is conceivable, therefore, that an increase in the sensory threshold, through different mechanisms, can determine a partial loss of sensitivity, clearly related to particular body districts, stimuli, personalities, and environmental contexts.

While excluding the a priori hypothesis that homosexual people in general have an insensitive body, I quote this fundamental aspect of the subjective component of sensory experience to properly consider that the social context of reference of the homosexual individual (the heteronormative one) could play a role in inhibiting or modulating the different phases of the experience of sexual pleasure: sensory first and then motor.

This aspect needs be highlighted if we really want to be free from prejudice but full of interest at the same time. Remaining careful not to confuse a possible body insensitivity of a homosexual individual as an effect of homosexuality itself but to see clearly that body could have all the “signs” of fear: the fear (conscious or not) of the social condemnation and everything it can achieve.

In a conversation between colleagues I happened to hear, from one of them, that a homosexual patient of her “had evolved”, referring to the fact that, at that moment, the patient was experiencing a heterosexual sexual experience.

I think it is a big mistake to think that this may be the evolution of the patient; the real evolution is the body sensibility, the capacity to enter into intimacy, the capacity for abandonment, the possibility of loving, it is overcoming shame in the body... regardless of the anatomy of the object towards which one is oriented; as long as a therapist does not have this clear, he will not be able to helpfully, since something will have taken over, albeit unconscious: and it is the ingrained prejudice.

### ***Brief current considerations***

How to reconcile this overview with the sexual revolution, which affected Western societies in the 50s/60s, and its current transformations?

The GLAAD (non-profit organization of LGBT activism) claims that 20% of the generation of so-called millennials, adults aged about 18 to 30, would openly identify with LGBTQ.

AUS study that wanted to interrogate a sample of young people between the ages of 18 and 34 on various sexual themes including homosexuality, revealed that for 42% of those interviewed, a same-sex relationship is morally acceptable.

Therese Hargot (2016), a French psychologist, studies at the same time the “effects” among the youth of this “sexually liberated” society, recording some critical issues, including a high level of performance anxiety, a paradoxical obsession with sexual orientation, a percentage of a sexuality or the “lack of attraction to sex” (in which sexual desire is absent or very low), and, on the opposite side, “easy sex”. It would seem that this generation accepts more the variegated sexuality but the “mental” acceptance may not coincide with the “physical” and real liberation of the whole experience of the sexual Self.

In “Youth Sexually Liberated (or Almost)” the author describes well how some sexual freedoms have become forms of revenge to convert shame into pride.

“The pride parade (the Gay Pride) is the most notable event. Impersonating caricatures to the bitter end, appropriating insults, having fun especially on this “strange side”, allows you to evacuate the poison of shame. Thus, distinct and variegated realities parade under a same flag, a rainbow flag, shouting the same cry: ‘I am this way and I am proud of it!’.” (p.56 - translated by the author).

### ***The therapist’s listening perspective***

In light of the above, remaining faithful to the bioenergetic theory which studies the personality starting from the energy processes of the organism, the focus on the “theoretical problem” of homosexuality shifts to the quality of the relationship, regardless of its object, and on the body’s capacity to abandon itself to the “orgasmic reflex” (Reich).

When we talk about “the experience the analyst has of the patient,” (Buti, 2008, p.114 - translated by the author) it is necessary to consider that the experience is shaped by both the patient and the therapist’s listening perspective, by his internalized or inherited theories, and by its subjectivity in general.

This perspective could be harmful when the therapist puts in place the “yes... but” attitude. That is to say, it tells itself, to society, to patients, even implicitly, that homosexuality is not a disease to be converted into heterosexuality; he/she can argue that homosexuality was deregistered from the DSM as early as 1974 and by the WHO in 1990, but his/her attitude, unknowingly or otherwise, is “yes...but”, because it tends to hide the fact that, inside of him or her, there’s still the conviction of a scale of orgasmic power in which the power is greater when we tend to heterosexual sexual models and lesser when we tend to manifest the typical behavior of homosexuality.

It is therefore obvious that considering sexual potency in relation to homo or hetero behavior as greater or lesser is like starting from one’s own mental categories rather than from the patient’s *real* experience of Self, and for this reason harmful.

This “yes... but” attitude is widespread both in the therapeutic community and in society in general.

The therapist’s listening perspective can be harmful in two other cases: one,

if the *linguistic code* of the therapist is a heterosexual code (in asking questions and giving answers), inevitably compromising the construction of a good therapeutic alliance; the other, if the therapist does not consider that the patient's *sense of Self* is pregenital because it begins to develop before the Oedipus complex, even in its sexual component. Fina Pla (2008) also recalls "the idea of an antecedent gender identity on which the oedipal identity is later built." (translated by the author)

We already had a distant vision from the phallogentric patriarchal, typical of the classical oedipal theory, thanks to M. Klein, who sets the birth of "Oedipus" between 6 and 12 months, as a result of the depressive position, caused by the admission of the third party in the dual relationship. And she does not speak about the "phallic phase" of children, because for M. Klein (1928) it is not a question of bringing into play only the male genital because the children of both sexes, at a very early age, possess "an unconscious knowledge of both vagina and penis". "The fact that the Oedipal tendencies begin much earlier than we supposed, the pressure of the sense of guilt which therefore falls upon the pregenital levels, the determining influence thus exercised so early upon the Oedipus development on the one hand and that of the super-ego on the other, and accordingly upon character-formation, sexuality and all the rest on the subject's development - all these things seem to me of great and hitherto unrecognized importance." (p.197-8)

Moreover, regarding the Oedipus complex, I can only quote Fritz Klein (1993), who proposes a new interpretation, capturing my interest from the first reading of his text "The Bisexual Option". According to his theory, the child, to successfully resolve the positive or negative Oedipus complex must renounce their sexual desire to *both* his/her parents. The child has to repress these desires and does it by replacing the parents with new sexual objects. The transfer of the child's sexual drives to other objects (to other people) eliminates the fear of losing the love of parents and the fear of punishment by the rival parent (not always the same sex one). This view of Fritz Klein is interesting when he writes that the heterosexual must use more repression to successfully resolve the negative Oedipus complex than to solve the positive Oedipus complex: he/her must repress, in fact, the sexual desire towards his/her own sex and is able to establish relationships with it at a non-erotic level. While, the homosexual must use more repression to solve the positive oedipal complex: he/she must repress sexual desire towards the opposite sex and he/she is able to establish relations with it at a non-erotized level. Finally, the bisexual to successfully resolve the positive and negative Oedipus complex must repress sexual desires towards both his/her parents, what is not repressed is the shifting of these desires towards other people of both sexes

as sexual objects.

Why do I report these considerations? Because by examining them we could avoid the implicit prejudice of the classical theory of the Oedipus complex which does not evaluate the possibility of a normal and positive resolution by a homosexual or bisexual subject.

Some clinical interventions, although not expressly defined as “reparative” can be characterized either by anti-homosexual prejudices or by poor information. Abraham Verghese (1994) first coined the term *homoignorance* to indicate the lack of knowledge on homosexuality, which could compromise clinical practice. I only report the data, quite indicative in this regard, of a 2012 research on the attitudes of psychologists belonging to professional associations in different Italian regions (See Lingiardi, 2014): about a quarter of the participants do not share the statement “homosexuality is a normal variant of sexuality”. Moreover, almost half of the sample believes that homosexuality is due to a lack of identification with the gender role and about 60% would face a patient with egodystonic homosexuality through an intervention aimed at modifying sexual orientation, finally, only 15% believe they are adequately prepared on clinical and theoretical issues related to homosexuality. Only 15%. It might seem like an all “Italian fact”, but Pachankis and Goldfried, referring to the international community in general, have pointed out that “as psychotherapists, we have been trained within of a heterocentric society, in a historically heterocentric profession. Most of the training courses provide insufficient preparation on the specific topics LGB clients in therapy and few professionals are committed to keeping themselves constantly updated on these issues.” (See Lingiardi, 2014, p.16 - translated by the author)

It is not enough to tolerate or accept homosexual behavior to guarantee the loving (affective and sexual) happiness of homosexual people.

And we will never be able to understand the “tragedy” of the crisis of our gender identity of the trans sexual in this society if it remains so highly performative. (Tragedy that has nothing to do with sexual orientation and has not been taken into consideration in this discussion because it deserves exclusive attention).

“We live in a state of sexual apartheid.” (Rothblatt, 1995) Love comes and people love, and fall in love with other people, with “butterflies in their stomachs”, chills, thumping heart. When the intimacy of the bodies is ardently desired, when one

“walks on air”, when one feels attracted by a magnet, when the bodies pulsate together with excitement, one falls in love: this does not happen according to the genital characteristics. When love happens, it just happens. This is why love is the most powerful energy. It does not happen according to the genital characteristics. As therapists, we have a duty to comprehend it (lat. *cum-prehendere*: to take with us), because patients, as human beings, have the right to be sexual energies free from all forms of *heterocentrism*, also and above all in the therapeutic setting.

I hope this study will encourage to build some bridges, to connect with each other, and with ourselves.

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## **Bioenergetics and a Paradoxical View of Sexuality: how Characterological Development is Related to Current Erotic Life!**

***Diana Guest***

I find in my practice more and more people coming to me concerned about their sexual behavior or that of their partner. This may be because I am known in the community as specializing in sexual compulsivity but I also think this is a trend as more and more people are using the Internet as a sexual outlet. In my work with clients who experience problematic sexual behavior and especially those with compulsive behavior, I have found that using a paradigm that sees sexual behaviors as a way to work through childhood traumas and deficits extremely helpful. Doing so helps me frame the erotic character development of the client more readily by not hastily moving into a judgment about it being »normal« or pathological. I want to share this approach of incorporating a new paradigm within our more traditional bioenergetic model as an additional component of treatment on the pathway to sexual health. I also hope to invite a dialogue about the integrating of this paradoxical model with our understanding of character structure. Can this theoretical construct with clinical implications directly inform our work with clients and assist us in promoting a sex-positive model of health?

In reviewing how we got here, Reich's model was based on libidinal energy and he believed that sex is central to our social life as well as our individual inner life (Sharaf 1983). Reich developed the concept of the orgasmic reflex as a goal for health. He saw sexual problems as the result of energetic disturbance, blocks, defenses and character armor (Reich 1971). Lowen (1965, 2004) started from this vantage point and observed that a person's emotional problems and sexual problems are a reflection of the same personality disturbance but went on to say that Reich's view of healthy sexuality lacked an important component. »What Reich did not emphasize enough is that this total body response is an expression of the individual's surrender to love« (Lowen 2004, p.107). In his 1965 book *Love and Orgasm*, Lowen writes sex is love and that, »the objective of the sexual person is the satisfaction that derives from end pleasure, or orgasm« (p.175).

This model stems from early psychoanalytic theory and perhaps too hastily polarizes sexual behavior and experiences into pathological and normal categories. This paradigm states that there is a right and wrong way to be sexual and any deviations from the norm warrant analysis. During the 1950's, when this theory originated, most analysts were Caucasian males who determined what was deviant based on their own conscious and unconscious erotic patterns and behaviors and Lowen tells us that his characterological struggle is around the surrendering to and opening of his heart. To Lowen (1965, 1988) sex is an expression of love. He writes in his autobiography (2004) »The problem with sex is that it is meaningless without love. Its meaning is directly proportional to the amount of love that brings two people together in the act. Sex without love is like passing water. It offers relief, but no fulfilment« (p.151).

My fear is that we are still operating from a pathological model and unconsciously shaming our clients when they do not fit into this model; that we are rushing to a diagnostic judgment that can work against therapy.

In the 1970's, Masters and Johnson emerged with their »neat and clean« view toward human sexual behaviors. They believed that sexual problems were due to a lack of accurate sex education, performance anxiety, and ignorance and inhibition from internalized religious and societal prohibitions.

Treatment focused on the reduction and/or removal of anxiety, guilt and inhibition.

Bioenergetics has incorporated both the 1950's and 1970's models, and has expanded them by focusing on the body and addressing the relationship between breath, muscular contractions/expansion and pleasure in the body. As bioenergetic therapists we embrace paradox and invite aliveness and visceral pleasure. As a sex positive model our goal as clinicians is to provide a supportive, safe and boundried container for exploration of sexuality and we encourage the identification and expression of deep feelings around sex including erotic transference and countertransference. However, the model is still a male heterosexual monogamous model that does not address sexual preference, views most sexual problems as Oedipally based, and is intercourse/orgasm focused. I also think it pathologizes people's erotic maps that do not fit a very specific framework.

I am not going to discuss in this article the issues of the heterosexual

monogamous model but I do want to address sexuality as being developmental in nature in a broader sense. That includes seeing one's sexual arousal patterns as developmental in nature and emphasizing how the challenges of early life and relationships provide the building blocks for adult arousal.

Lowen speaks to developmental issues as they effect the orgasmic response in climax (2004) but he does not speak to them in relationship to arousal. I have not found discussion about arousal in the bioenergetic material and I think we are missing out. If I go back to Reich's (1971) work he does talk about arousal, fantasy, and masturbation. He writes that he made it a point to thoroughly investigate the fantasies that accompanied masturbation. I find as I work with my clients on their sexual beliefs and work to remove the pelvic blocks to increase the felt sense of pleasure that often there can still be a great deal of shame about their turn-ons, what it is that is arousing to them. We can learn a great deal about our clients by addressing their sexual fantasies and this can also give us a clue as to the developmental wounds that they are trying to heal through their sexual behavior.

When Lowen states that all mature sexuality is an expression of love, what does this say to someone who is not married or not in love, that they cannot attain healthy sexuality? Although I agree that the most meaningful sex is a deep expression of one's love for another, I want to expand that definition to say that it doesn't necessarily have to be an expression of love and can include the heart as a sense of well being/affection for the other and to state that mature sexuality is about an integrated state of aliveness in one's own body as expressed in a mutually satisfying sexual experience of sharing one's self, including the head, the heart, and the genitals, with another person.

We are usually trying to get people out of their heads and into their body, now I want us to see how the mind can contribute to building the charge and enhancing organismic aliveness. The goal is to widen the scope and to include instead of exclude. By using the paradoxical model and the four erotic cornerstones developed by Jack Morin (1995), we have another tool to reduce shame and contractions, and help our clients along the road to sexual aliveness, pleasure, and satisfaction.

I ask the reader: What does the organism have to engage in as »foreplay« to enhance or become free to organismically surrender? What are the wounds that resulted in defenses both in psyche and soma that blended with orgasmic sexuality? How does fantasy (in the mind) enhance or inhibit organismic surrender?

Jack Morin's (1995) »paradoxical theory« views sex as intricate, mysterious, complicated, contradictory and unpredictable. Erotic experiences are viewed as potentially dangerous, joyous, troublesome and life-giving. This model links current compelling turn-ons with crucial challenges and difficulties from our past. Each of our individual »erotic maps« contains »core erotic themes« which determine what each of us find erotic or »turn-ons«.

Sexuality is viewed as a journey of self-discovery. Core erotic themes, also called sexual preferences and lovemaps, are moderately resilient and stable over time and therefore not easily modifiable (Bader 2002; Money 1999).

These can be seen as a way to honor what one had to do to hold onto one's sexual being, a part of one's psychic and somatic character structure, what one had to do to survive his/her environment.

Reich (1971) writes about his work with client's sexual fantasies and how this informed his development of his orgasm theory. He also writes about the importance of bringing the fantasies into consciousness because if they are not permitted into the conscious, they remain disturbing and part of the psychic armoring. He goes on to talk about a »genuine transference« where the original object of the fantasy is transferred to the partner and »if the partner corresponds in his essential traits to the object of the fantasy, he can replace the object of the fantasy« (p.86). It is my understanding of this that Reich also found working with arousal patterns and fantasy to be a useful component of understanding and working with his clients' internal sexual conflicts and wounding. This seems compatible with Morin's research.

Morin's paradoxical perspective is exemplified by what he calls the erotic equation:  $\text{ATTRACTION} + \text{OBSTACLES} = \text{SEXUAL EXCITEMENT}$ .

This equation illustrates the power of resistance, contradiction and the push-pull of opposing forces involved in sexuality and erotic experience.

This can be seen as part of Reich's tension, charge, discharge, relaxation paradigm.

Obstacles often intensify arousal, give a unique shape to each individual's erotic map, and can deepen »meaning and richness« in one's erotic experience. Some examples that illustrate this concept are two people that are attracted to each other but

are geographically undesirable, of the wrong religion or race, etc. Obstacles that create or enhance arousal are often discovered through the exploration of one's first sexual feelings, early sexual fantasies, thoughts and experiences.

Before going on I invite the reader to take a few minutes to write about or imagine your most exciting sexual fantasy or peak sexual experiences. As you read on see what you notice about where your arousal pattern fits in the paradigm below.

Morin's research has identified what he calls the »four cornerstones of eroticism« which inhabit most individuals' erotic and fantasy lives. They include: *longing and anticipation, violating prohibitions, searching for power, and overcoming ambivalence.*

### **Longing and Anticipation**

Fantasy is necessary for longing to occur. Fantasy is the mental side of longing.

We have to form an image of the person we desire and imagine or remember what it feels like to be with that person. Most can recall a time waiting for someone to return home with anticipation and feeling the intense longing to connect.

A childhood challenge of coping with parental neglect or abandonment may contribute to an erotic map centered on longing and anticipation (Morin 1995). The longing is always directed toward that which is in short supply. The individual chooses a variety of relational/erotic situations which »repeat« the developmental challenges of longing and anticipation including long distance romance, married/unavailable/traveling partners, and is aroused by teasing, romance and anticipation of impending consummation of longed for connection. These conditions flame the frustrating fires of emotional longing.

Relationships based on this are often stormy, passionate, even profoundly moving, but aren't sustainable long term because they are incompatible with longing. The paradox in longing and anticipation is that longing craves fulfillment but fulfillment dampens longing (Morin 1995). Predictable togetherness makes longing difficult to sustain in relationships. Times apart or even emotional distance can serve to rekindle the longing. In couples, this dynamic gets played out with fighting as a way of distancing and creating a felt sense of longing for connection. When I hear

couples talk about having their peak sexual experiences after a fight, I know that longing and anticipation is part of at least one of the partners' erotic map. There is the familiar expression about how great »make-up« sex can be. Certainly, a conjugal visit in a prison would stimulate this erotic equation.

As I explore a couple's sexual life and ask questions about each partner's sexual fantasies, I gain a better understanding of their erotic map as well as some of their core characterological wounds. Whether working with individuals or couples, the sense of relief expressed by clients when they understand this dynamic is palatable. They can see that is it not »personal« and there is a renewed sense of hope that this part of their sexual life can easily be addressed.

### **Violating Prohibitions**

»Every society tries to limit sexual behavior. Not only do these cultural restrictions define and enforce the ideals and mores of the community, but they also have another function that is not consciously intended: they provide readymade barriers that anyone can use to intensify his or her turn-ons« (Morin 1995, p.83).

Children who are strongly discouraged from pursuing natural sexual curiosity as well as sexually repressive environments burdened with anti-sexual messages may contribute to core erotic themes of violating prohibitions. We all have the capacity for arousal and so what happens when the arousal meets up with the message that you are not to feel this way? This creates a paradox that to feel sexual I must break rules. This sexual rule breaking brings the risk of guilt and shame into the equation.

The individual chooses a variety of relationships/erotic situations which repeat the developmental challenges of autonomy/individuation to increase the »naughtiness factor« in situations with attraction to disapproved partners, inappropriate age, wrong religion, race, pushing the boundaries in fantasy, etc. and a general attraction to being »naughty« (Morin 1995). This arousal pattern thrives on a high risk of getting caught, such as having sex in an elevator, public place or involving oneself in illicit affairs.

One's religious or moral background may categorically distrust erotic impulses and adhere to a rigid code of conduct. This cornerstone is reportedly higher for Catholics, lesbians and gays. There is often a deep sense of shame in the naughtiness factor. Here fear and anxiety act as a turn-on (Morin 1995). In



bioenergetics we are usually working to eliminate anxiety and in this dynamic, it may be a primary component of one's erotic map. In two studies, men or women watched two videotapes with either an anxiety-inducing scene or non-anxiety-inducing scene followed by a nude couple engaged in foreplay. Exposure to the anxiety-inducing scene produced greater arousal in both men and women than did the non-anxiety-inducing scene (Bern 1996).

I have seen this cornerstone present in clients with a masochistic organization as well as the narcissistic character structure. In the rigid structure the underlying wounding is about the right to be sexual and integrating the head, heart, and genitals in sexual play. The wounding with the rigid character structure fits with violating prohibitions as well. Again, these erotic cornerstones are not exclusive to a particular character structure. They can be present in a number of the character structures.

A male client of mine, presenting with a masochistic organization, clearly has violating prohibitions as a compelling part of his turn-on and includes the element of anxiety as an aphrodisiac. His most arousing and satisfying sexual encounters have been in public places such as his office, a golf course at night, or out in nature. The element of getting caught increases his arousal.

He worked very hard growing up to be the good boy and gain his parents approval. His protest to his environmental oppression comes out in his erotic map through violating prohibitions. He can clearly talk about the anxiety as an aphrodisiac and also about how he manages that anxiety by a calculated risk of being caught. The sense of connectedness he feels with his wife is very important to him during sex but the arousing component of sex is the place where their encounters occur.

### **Searching for Power**

Childhood experiences of powerlessness may contribute to the formation of an erotic map infused with themes of power and control. This is probably most obvious with clients who have a sexually traumatic background (Morin 1995). They may have been molested or raped and can find it quite disturbing to have rape fantasies, either as the victim or the perpetrator. By better understanding their erotic map and fantasies as a productive way to resolve childhood wounds, we can help our clients establish a sex-positive view and reduce their shame surrounding their sexuality (Bader 2002).

These themes may be subtle and, in the background, or more dramatic and center stage. They may be expressed in fantasies or behavior through dominance, submission, sadism, masochism and bondage. The power is generated by the interaction and neither actually has the power.

Here are some dynamics in the searching for power cornerstone:

- a) The forceful partner demonstrates with his/her passion the value and desirability of the one who submits.
- b) The submissive partner demonstrates through his/her surrender, the irresistible power of the aggressor.
- c) Submission allows the individual to avoid responsibility for sexual activity.
- d) Exploitation/manipulation dynamics need careful assessment when looking at the search for power dynamic (Morin 1995).

I have found the majority of my clients have some element of searching for power as part of their erotic map regardless of their character structure. This dynamic presents itself in a variety of scenarios directly linked to particular childhood wounding. Here the individual chooses a variety of relationships/erotic situations that repeat the developmental challenges of power and control.

Women are two times more likely to focus on power in fantasy than in real life encounters and 83% of lesbians report having this as part of their erotic map (Morin 1995). Violating prohibitions and search for power tend to be present during sex. Longing and anticipation and overcoming ambivalence are most dominant prior to sex.

### **Overcoming Ambivalence**

We have all been emotionally wounded by those we counted on for nurturance and love. Love equals risk of emotional hurt but we continue to long for the human connection. The longing for love overcomes our fear of rejection or potential for painful emotions such as loss of a loved one. Desire overcoming fear creates a special kind of intensity. Sometimes it is the partner that creates the ambivalence and sometimes it is a type of sexual act itself, such as anal sex. This cornerstone is about being drawn toward and repulsed at the same time. The client may be ambivalent to passion or experience ambivalent attractions where they are

magnetically drawn and repelled at the same time, liking and not liking a person, wanting and not wanting. Clients with this cornerstone may exhibit an ambivalence of loving and will have on again/off again romances.

»Both fiction and real life provide numerous examples of erotic attraction between two incompatible people who may not even like each other. Collectively, these observations suggest, that similarity may promote friendship, compatibility, and companionate love, but it is dissimilarity, that sparks erotic/romantic attraction and passionate love« (Bern 1996, p.323).

How many times have we heard about a couple that is separated or even divorced, see each other, and end up in bed. Recently a male client, 25, was talking about his break up with his girlfriend and that when she came over to his apartment to pick up her belongings, they ended up having sex and lying in bed for hours. Overcoming ambivalence can be very arousing. However, it isn't the ambivalence that turns people on but »the transformation of mixed feelings into a single-minded focus on pleasure« (Morin 1995, p.103).

Consequently, this cornerstone usually operates in the background and precedes sex.

Overcoming ambivalence as an erotic theme can also be supported by the theory of opponent process where »strong affect is countered by internally generated positive affect (...) for example prolonged stress that activates the sympathetic nervous system can produce a parasympathetic rebound when it is suddenly withdrawn« (Bern 1996, p.326). This could also account for the masochistic pleasure that is derived from initially painful stimulation.

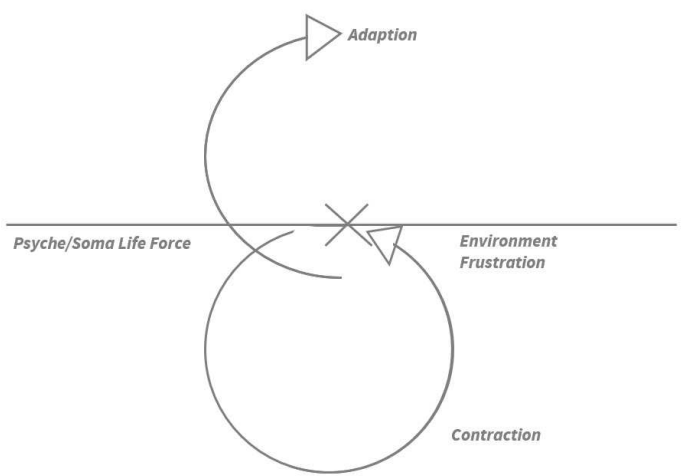
Another client came to me because he was deeply in love with a woman and wanted to marry her. He was a recovering alcoholic who had had homosexual encounters while intoxicated. He identified as heterosexual both in attraction and life style however, he also knew he was very aroused with anal penetration. While working with him bioenergetically and taking a history, an important fact was revealed. His mother anally stimulated him with suppositories as an early infant and toddler because she didn't want to be bothered with dirty diapers. Even after toilet training, she would make him sit on the toilet every morning before starting the day to make sure that he had his bowel movement. As we uncovered this it made perfect sense that anal stimulation was part of his arousal pattern due to this childhood

wounding. By him understanding this piece of his erotic map, his shame was greatly reduced and he could see the need to overcome ambivalence as part of his erotic equation. He was able to talk to his fiancé about how to introduce anal stimulation into their sexual life and then he no longer feared he would act out this need in another arena.

Overcoming ambivalence, at first, seems to be a schizoid phenomenon but I have also seen this present in masochistic and rigid structures. Again, this cornerstone crosses over various character structures.

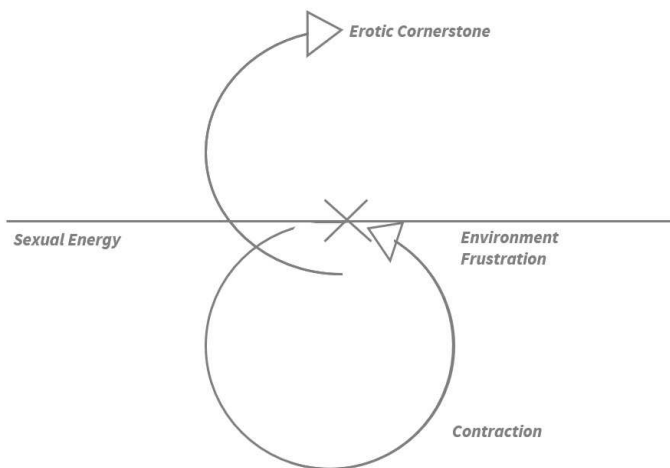
### **Body and the Mind**

Many years ago, I was introduced to Bob Hilton's adaptation of Reich's diagram as a way to understand the psych and soma of character structure. The diagram is a way to conceptualize the thwarted energetic movement, the environmental frustration, the belief systems developed out of the adaptation, and the resulting somatic consequences. Hilton (1997, p.77) uses the diagram to illustrate that when the environment is too frustrating that the person begins to unconsciously contract. This contraction manifests itself both psychologically and physically in a unique accommodation. The upper arrow represents the psychological adjustment and the lower circle represents the bodily contractions. Each structure has its own specific diagram to representing these characteristics.



To further illustrate the correlation of childhood wounding on the sexual landscape of the body and the mind I have taken Hilton's diagram and adapted it to Jack Morin's four cornerstones. The psyche/soma life force could be seen as natural sexual energy that meets up with the familial, religious and cultural restrictions that define and enforce the ideals and mores of the community. This is represented by the two horizontal lines that meet at the two arrows. The upper portion of the diagram would represent the 96 wounding that becomes eroticized and fits into one of the four cornerstones, such as longing and anticipation becoming the core erotic theme for arousal.

The lower circle represents the contraction in the body as the defense against the external environment. »Behind the contraction lies the cauldron of feelings associated with the shame, pain, helplessness, and despair that accompany not being able to find a way of self-expression in the world« (Hilton 1997, p.77). This could easily apply to one's sexual expression that moves »underground« and into one's fantasy life as a means of keeping the dangerous impulses in repression, the impulses that are unacceptable and/or threatening to the environment. My question is, are there specific or regional contractions associated with each of the erotic cornerstones? How is the sexual energy blocked or held in the pelvis?



Regarding this attempt at integrating this paradoxical model of sexuality with our understanding of characterological issues, again I ask the question: What does the organism require in order to experience »foreplay«, increasing arousal to build a

charge and to then become free to organismic surrender?

What are the wounds that resulted in defenses, both psychic and somatic, that blended with one's orgasmic sexuality?

Both traumatic and benign childhood and adolescent sexual and non-sexual experiences may be observed in the themes and landscapes of an adult's fantasies and erotic map (Morin 1995; Bader 2002). Each person has his/her very personal characterological erotic map. The core need and the type of »no« one gets from one's environment determines one's characterological formation. This could also be said of Morin's four cornerstones. Do specific characterological traits correspond to specific erotic cornerstones? I ask whether and/or how do these erotic themes interweave with characterological issues.

A fundamental thesis of bioenergetics is that body and mind are functionally identical: that is, what goes on in the mind reflects what is happening in the body and vice versa (Lowen 1972). So how can these erotic cornerstones inform us about the meaning behind the various contractions held in the body? It seems to me that the mental activity of fantasy is the psychic counterpart to the somatic activity of the body as a pushing against the contraction and building a charge to increase the energetic streaming.

At this time, I have more questions than answers and I invite you to begin to be more curious about your clients' arousal patterns and fantasies. As I stated earlier, Reich (1971) found working with arousal patterns and fantasy to be a useful component of understanding and working with his clients' internal sexual conflicts and wounding. Our clients' fantasy life may provide another window into their internal world as we help them move toward sexual health.

As presented earlier in this article each cornerstone seems to be present in any of the character structures. These arousal patterns are stable over time and not easily modifiable (Bader 2002; Money 1999; Morin 1995). Once the erotic map needs have been met and the energetic blocks have been softened and melting and streaming sensations are present in the body, the person will be more available to organismically surrender to the pleasure of his/her sexuality (Lowen 1972).

## **Conclusion**

When I presented my workshop on this topic at the IIBA conference in May of 2005, one woman commented during the process time that, at some time in her life, she had sexually acted out and had subsequently gone numb sexually for fear of acting out again. She said her sexuality felt dangerous to her and after her experience in my workshop she felt safe to begin to open up to her sexuality again because this model helped her create some boundaries that allowed her to explore her core erotic themes and she now had a framework and boundary for her sexual turn-ons. She went on to say that she even thought of asking her partner to participate in this exploration as a way to open more fully to her sexual streaming. This sense of relief and reduction of shame is a frequent response from my clients and workshop participants when I introduce this model.

Morin's paradoxical model of eroticism links current compelling turn-ons with crucial challenges and difficulties from our past. Core erotic themes may be internal blueprints for arousal, which can transform old wounds into sources of excitation. None of these cornerstones are absolutely required for sexual arousal (Morin, 1995). A strong mutual attraction combined with vital sensuality can create a very satisfying turn-on. However, I think it is important to have an understanding of various erotic equations. I also think it is unrealistic to simplistically think that love is the only acceptable erotic equation.

Foreplay and turn-ons take many forms and are a very individual dance. The function of arousal is to help build the charge, increase the tension and to become more available to surrender. As I continue to work on a body level and work through some of the energetic blocks, the core erotic theme may recede into the background and the person may not rely so heavily on it for arousal, however, it is still always there as long as any amount of the wounding is there, quietly or obviously.

We can help our clients to understand and utilize their erotic mind to achieve more satisfying sex and to become more conscious. We can help them see what they had to do to hold on to their sexuality. We can reduce shame, blame and provide hope. This model can also help couples through difficult times, as they understand their sexual dynamics including the differences in their arousal patterns.

Morin's paradoxical model provides another explanation to questions as to why individuals may seek out and repeat apparently defeating or destructive scenarios

that are associated with past pain, trauma and discomfort. Why would an individual who experienced childhood humiliation and sexual trauma seek out adult sexual situations that repeat that experience? Why might someone who longs for a secure, stable, intimate relationship continue to be attracted to partners that clearly are unavailable? From a paradoxical perspective, core erotic and relationship patterns are viewed as healthy attempts to deal with lifelong dilemmas and as a search for wholeness and healing. This is the »organism« attempting to heal itself with insufficient information or awareness. Bioenergetic theory embraces paradox. How often do we ask our clients to do that which they fear the most, that which seems utterly unreasonable?

We often encourage some expression that is the very thing the client is defending against and it is through this expression that healing occurs. We ask our clients to experience more aliveness on a body level when they may fear dissolution.

When Reich (1971) wrote about his work regarding orgasmic potency he was able to delineate ten specific stages and wrote about the absence of conscious fantasies during sex but he also stated that he did not take into account the »preliminaries which present no general regularity« (p.79). That is the contribution of Jack Morin, he was able to provide the regularity of fantasy and arousal. His research and formulation have given me an additional meaningful framework, for my clients and myself, regarding a deeper understanding of the psychic and somatic functions of the human organism.

As we work with the body we must also, of course, work with the mind. Bioenergetic therapists see the individual as a psychosomatic unity (Lowen 1972). What affects the body affects the mind and what affects the mind affects the body. If we are working with the premise that there is a functional identity between psyche and soma then there is nothing going on in the mind that isn't, in some parallel way, going on in the body. At times, we may be able to identify more readily what is going on in one of these realms through these arousal patterns and fantasies. Hidden in this erotic mental fantasy is evidence of somatic activity that may currently be hidden in the somatic realm. Something may be going on somatically that is the juice for the mental fantasy or to put it another way, the hidden, repressed somatic activity may be the inspiration for the mental fantasy. If we give more room to the mental fantasy, we may gain clarity about what is happening in the body as bioenergetic therapists. This is why I am excited about Morin's work and why Morin's model integrates well with the somatic work of bioenergetics. If we can stop judging the fantasy as wrong and



embrace the fantasy, then the wounds will come out into the open. The soma will come out with more of its hidden agenda. We can then use this information as an additional road map to sexual health.

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## **Thoughts on Desire, Sexuality and Aging**

*Virginia Wink Hilton*

“I’m too old, too fat, and too ugly to have sex!” My 75-year-old client, Agnes, screamed out those words, none of which were true.

As we reach the older years, things change. That’s true for sure. We get wrinkled, we add weight, we have less energy. This can increase self-consciousness regarding the body, and can decrease a sense of being attractive. For women, the lowering of hormone levels during menopause can impact desire, comfort, and ease during sexual intimacy, as can the aging process itself. Not infrequently a woman at this life stage may continue being sexually active (primarily to satisfy her partner) but will find desire greatly diminished, and sex unsatisfying and sometimes unpleasant.

For men, aging can mean that erectile dysfunction shows up more often, and energy is decreased. They, too, may lose a sense of the appeal of their own body. A man may be tempted to wander outside his marriage and use his power to gain a response from women--younger, attractive women--to shore up his ego as well as satisfying his libido. A reduced libido can be very menacing to the male ego. Some older men compensate by making unexpected moves on women who (until recently!) may have tolerated such moves without protesting. Other males, fearing the shame of dysfunction, just cease having sex.

But does this mean as older women and men we are no longer sexual beings? If we find it different, more problematic, more difficult, should we just give up on sex? What’s left for older people?

Beginning in the ‘80s there has been a great deal of research on sexuality and aging. The Harvard Health letter sums it up: Recent research suggesting that a high proportion of men and women remain sexually active well into later life refutes the prevailing myth that aging and sexual dysfunction are inexorably linked. Age-related physiological changes do not render a meaningful sexual relationship impossible or even necessarily difficult. In men, greater physical stimulation is required to attain and

maintain erections, and orgasms are less intense. In women, menopause terminates fertility and produces changes stemming from estrogen deficiency. The extent to which aging affects sexual function depends largely on psychological, pharmacological, and illness-related factors.

While we must be well informed and take into account the “pharmacological and illness-related factors”, the psychological issues are our domain. As Bioenergetic therapists we know very well the impact of these issues, our clients’ and our own, upon our bodies, our sexuality and our capacity for intimacy. We know that in attempting to be open and vulnerable--the qualities necessary for acquiring intimacy--the person will come up against the protective modes inherent in his or her character structure. While the required page limits for this article precludes in-depth discussion of character structure, I will state very simply: when approaching intimacy and sexuality the schizoid character will freeze and turn away, the oral character will attach to avoid independence, the borderline will attach to glorify him/herself, the narcissist will glorify him or herself without attachment, the masochist will be agreeable and hide the anger, and the rigid will ignore attachment and just want to get on with sex!

So, in dealing with character issues and the core wounds that created them, deep therapy is required of the individual. It may take a while - or sometimes a number of years--before true intimacy can be experienced or even attempted. In my experience as therapist, regardless of the nature of the client’s defense system, it’s almost inevitable that a good place to begin is in exposing and releasing the suppressed *anger*, one major element that undermines the person’s capacity for sexual intimacy.

### **Agnes**

Agnes was agitated and depressed. Her husband had been telling her that he felt "horny", though he often couldn't maintain an erection and didn't like to take medication. She experienced very little desire for sexual intimacy. But she wanted him to be satisfied - and leave her alone.

As we dealt with the issue in therapy Agnes recalled an experience a number of years before when she felt her husband, Paul, had berated her for not having an orgasm during their sexual encounter. She realized she had taken this to mean that she was inadequate as a wife, felt immense shame, and gave up trying for erotic pleasure

and fulfillment. Older age relieved her conscious mind somewhat with excuses: too old, too fat, and too ugly!

In *Love and Orgasm*, Alexander Lowen writes, “Nothing will prevent a woman from enjoying sex so much as her belief that the sexual act is a performance whose success or failure determines her adequacy or inadequacy as a female” (p.19).

In therapy I worked with Agnes to fully release her anger toward her husband regarding his statements that had produced deep shame. Then we went back to her early experiences with her parents that were the source of those feelings. She was loved by both of them, but she felt they always expected more from her than she could live up to. Many times, she had felt belittled and shamed by one or both of them. Her husband’s response connected to that early wounding, and resulted in her giving up on fulfillment. When she released the anger, and then the sadness and grief beneath it that had impacted her all her life, this resulted in a changed attitude toward her husband. Finally, she was ready, even in those older years, to explore becoming more intimate with Paul.

Creating lasting change means going to the source of the problem, most often back to early childhood, and working to heal the wounds. While this is being completed—and, as I have noted, completion sometimes takes a lifetime—the body is anxious and impatient to express itself. In addition to releasing anger in the therapeutic process, as a Bioenergetic therapist I strongly recommend that my clients commit to a daily routine of exercises for opening and grounding the body. This helps to release muscular tensions that inhibit the flow of energy and block sexual feelings.

We can also be open to other more immediate forms of help while in this life-change process. In their book, *Rekindling Desire*, the married couple Barry McCarthy and Emily McCarthy, present an engaging perspective and helpful ways to strengthen the sexual bond, intimacy, and couple satisfaction. At the top of their list is committing to becoming a *partnership* - an equal partnership, an intimate team. And essential to the team is a binding agreement to banish criticism and judgment. This is not easy, but it’s absolutely necessary in creating an environment of safety and comfort, wherein the partnership can thrive.

The book deals with the issues of “ISD” - inhibited sexual desire - and the “no-sex marriage”. In order to create change in a sexual relationship, the authors emphasize the importance of each person taking responsibility for his or her own

sexuality and desire as they become an intimate team. Being a team means sharing emotions and experiences, clarifying one's own needs and being open to and accepting of the needs of the other. It means looking deeply at the issues that are impeding sexual desire. And it means sharing with the partner what pleases and what hurts, without blaming. The authors stress the importance of scheduling regular times for the sharing. While these are excellent and essential practices to establish early in the relationship, it's never too late - and so much better late than never!

### **Agnes and Paul**

Agnes was eager to begin to engage with her husband, and she was curious as to whether he would respond or react to her suggestion that they share their feelings with each other. Paul was cautious at first. He was accustomed to her being acquiescent but not enthusiastic. And while they shared some common interests (books, travel, board games, playing with the grandkids), it rarely happened that either of them talked about their feelings. So as Agnes began to share her experiences, being careful not to blame or criticize, Paul was gradually drawn into the conversation, responding in his typical, rather quiet manner. When she insisted that he share his needs and concerns, he looked at her a bit wide-eyed, as if to say, "Needs? Concerns? I haven't the slightest idea!" But gradually he was beginning to look forward to their sharing sessions. After several weeks Paul was able to say: "It's been tough having a wife that doesn't want to have sex with me, doesn't really want to be with me." When Agnes just listened, gave no excuses, waited for further comments, and returned his gaze with understanding eyes, Paul looked at her in shock. Then he broke into tears.

This was the beginning. They continued sharing how they had hurt each other, and how those hurts had activated the core wounds and traumas from their early lives. Occasionally they had to remind each other of the "no judgment, no criticism" rule. But there was a new and solid sense of safety, comfort, and intimacy building between them.

In addition to their regular sharing of feelings, Paul and Agnes began a daily practice of opening and grounding exercises. At the same time, they started focusing on affectionate touch - a brief pat on the shoulder or back or cheek, a warm hug when leaving one another, and soon they found themselves holding hands while taking a walk. Even at their older life stage, genuine pleasure and desire was gradually returning and growing. After a time of reinforcing these changes, they could begin to expand their sexual repertoire.

## Ewan

Ewan came to therapy after Jane, his wife of over thirty years, had threatened to leave him. "We really haven't had sex in years. And she's done with me!" he said. As he told me his life story it was clear that the problem went back to his relationship with his mother, who had not been available to him from the time of his birth. Her behavior suggested she had experienced post-partum depression at that time, and then again following the birth of twins when Ewan was two and a half years old. And he soon took on the task of making everything okay for his mother. He was the good boy, always saying and doing the right things, never angry -but, of course, passive aggressive. And years later his anger was being acted out unconsciously on his wife by not giving her what she wanted and longed for. Ewan also feared intimacy. Being vulnerable was much too frightening. He could be abandoned again, and in his unconscious mind that meant death. The shield was up that protected him. But now he was going to be abandoned if he kept up the shield. He had to risk taking it down, slowly, carefully, little by little, until he would have what he had longed for all his life, and could live a fulfilling older age. So, what can he do?

The first task of the therapy was to make the connection with Ewan that provided a sense of safety, while offering him the ongoing experience of being seen and heard. As he recounted his story I often urged him to experience self-compassion for the baby, the little boy who was offered no responsiveness or attachment, the teenager who had to always be agreeable to the outside world, the successful business man who had to retreat to aloneness for any satisfaction of his own. Gradually he was able to contact and acknowledge his deeply repressed anger, first toward the mother, then his wife. And gradually, he could risk releasing the anger so long held in his body. Not at anyone, but in the therapy room with the support and acceptance of the therapist. He also committed to daily anger-release exercises, in his case, hitting with a tennis racket on a bolster, using his voice to express the feelings that emerged. He soon found himself going into tears, which eventually became deep crying: the release of the unrecognized grief held beneath the anger for all his life. Gradually he could anticipate change in his relationship.

In *Rekindling Desire*, the McCarthys make the following observation:

Genuine intimacy includes the entire range of personal and couple feelings and experiences. In addition to positives and strengths, intimacy involves sharing a range of vulnerabilities, fears, and negative experiences - from anger, disappointment,

boredom, and numbness to joy excitement, closeness, and love. The core of marriage is respect, trust, and commitment. Without this, intimacy is ... unstable (p.122).

### **Ewan and Jane**

When Ewan and Jane came together for therapy, it was clear that she believed it was Ewan alone who was responsible for the no-sex marriage. (How common it is for us all to blame the other person!) She wanted sex and was available for it, right? She felt disdain for him and what she saw as his childish behavior. Yes, indeed, she'd had enough! The question now was, did she want to give the marriage another chance? The answer was, she didn't want a divorce. So, the next question: was she willing to take responsibility for *her* sexuality, and be an equal partner in the repair? Somewhat reluctantly she agreed.

This meant, of course, that Jane needed to release her own anger in therapy, and touch the pain and sorrow beneath it. In her interactions with Ewan the "no judgment, no criticism" rule was absolutely essential. Safety and trust were the bedrock that had to be established before any progress could be made. This gradually came about as they learned to share their feelings. Jane had to work hard at being patient during the process, because she was longing to experience touching, caressing, and kissing, which had been denied her for so long. When she expressed this with sadness instead of angry judgments, Ewan was moved by her vulnerability and pain. He heard the caring in her voice, and he could begin to lower the shield.

Ewan and Jane began to share what each wanted in sexual interactions. Instead of just being the "good boy" (complying and then retreating), Ewan was honest about what pleased him, and what didn't, what he wanted, and what bothered him. He was able to talk about his resistance and his fears. Jane's acceptance and increased understanding caused the shield to come down even more. Eventually he shared his fantasies, and she shared hers. These communications activated desire. They began erotic touching, first with agreed upon limits, then gradually increasing until—WHAM! One night it happened! They made love.

### **Touch and Pleasure: It's Never too late!**

Besides expressing pent-up anger and building a trusting relationship, another essential ingredient for achieving sexual intimacy is *touch*. No doubt based on numerous scientific studies, in their book the McCarthys state many times the



importance of touch. “The core of sexuality,” they state, “is giving and receiving pleasure-oriented touching.” And Robert Hilton expresses in *Relational Somatic Psychotherapy*: “To be in our body is to live with the desire to love, to touch and be touched” (p.86).

A client in her early 80s recently said, “These days, even though my husband and I touch affectionately rather constantly, I don’t usually experience the urge for sex. But then, when he initiates it and begins to kiss and touch me in ways that arouse me, that results in my having the best orgasms ever!” The natural response of the body to feelings of desire and sexuality is to move toward pleasure and completion with orgasm. Lowen writes:

The orgasm is not only pleasurable, it is joyful. It is joyful because it is free, unrestrained, unlimited, and spontaneous. It has the same quality as the joyfulness of children’s responses: it comes directly from the heart (*Love and Orgasm*, p.192).

But what if, in our older years, orgasm doesn’t happen? Isn’t possible?

The McCarthys have this to say:

We are strong advocates of intercourse and orgasm, but there is more to “real sex” than that. The core of sexuality is giving and receiving pleasure-oriented touching. Desire, pleasure, eroticism, and satisfaction are more important than intercourse and orgasm.... When you value touching and being an intimate sexual team, you will have a vital, satisfying, secure marriage. (p. 226) ... A marriage can survive without orgasm; it cannot survive without touching and emotional attachment.” (*Rekindling Desire*, p.230)

As bodies and psyches change, what turns a person on will differ - and what is possible will vary. This does not mean that older people don’t experience orgasm or eroticism. As McCarthy stresses, “There is no ‘one right way’ to be sexual. Sexually, one size does not fit all” (p.7). Intimate partners (and singles), as they experience the aging process, must look for what excites them, what turns them on, and what’s possible, rather than giving up because things “ain’t what they used to be”. People in their 70s and beyond can and do still experience themselves as erotic. And hopefully, they - we all - will remain open to love, intimacy, and eroticism right to the end.

Marion Downs, a widely acclaimed audiologist from Denver, Colorado,

published a small book at age ninety-two entitled, *Shut Up and Live! (you know how)*. In it she writes,

You really don't have to have intercourse to make love. Intercourse is nice, but not always that easy. What is easy and comfortable is to take advantage of the largest organ in the human body: The Skin. Skin contact, hugging, caressing, kissing, are prime surrogates for sex - providing that they express caring and tenderness for each other... We all need love, and a wonderful way to fulfil it is to touch each other (p.51).

Here again is the emphasis on touch. Men and women who are single, due to death of a spouse, divorce, or by choice, and who live alone, are especially in need of that contact. There are many stories about older people who move to a retirement community where they find a new relationship, or attend a high school reunion and reconnect with an old boyfriend or girlfriend from sixty years ago. There should be no fear in reaching out for such contact: for touching - affectionate and erotic - and whatever else may develop! (And always available is "self-touching", affectionate and erotic: so important for everyone, and so essential for people who are alone.)

Downs says:

You can still fall in love at 80, 90, or 100. The feeling is always there, waiting for us. It will never die. There seems to be something in us that reaches out for another person to be close to. It's worth reaching out... and out... and out (p.52).

Marion Downs was an iconic example. She was an avid sportswoman who practiced regular aerobics, lifted weights, learned soccer, at age eighty-nine swam in the Danskin Mini Triathlon, won the National Senior Tennis Games Over 90 tournament. She celebrated her 90th birthday by sky diving! She was a widow when she wrote her book at 92. Several years later she reconnected to a man whom she had known seventy years before. After a brief time, they moved into a senior living community together, and Marion proclaimed him the love of her life! According to those who knew her, they had five intimate years together (filled with love and sexuality and joy) before he died in 2014. Marion passed away nine months later, shortly before her 101st birthday.

So, as our years go by (for me, 83) let me acknowledge that an inevitability of aging is *forgetfulness!* Therefore, I entreat you:

- Don't forget to deal with your anger, past and present.
- Don't forget to release pain and sorrow with tears and deep crying.
- Don't forget to be good to your body.
- Don't forget to exercise, including opening your body and grounding your energy.
- Don't forget that it's never too late to improve your relationship.
- Don't forget to be an equal partner, expressing your needs and hearing the other's.
- Don't forget to set aside judgment and criticism when sharing with your partner.
- Don't forget to touch - a lot - affectionately and erotically.
- Don't forget that sexuality is more than orgasm.
- Don't forget that one size doesn't fit all.
- Don't forget that sexuality - and orgasm - can be experienced to the end of life.
- Don't forget to be open each day to new experiences.
- Don't forget to reach out... and out... and out!
- Don't forget a statement by Alexander Lowen: "Sexuality is not a leisure or part-time activity. It is a way of being" (*Love and Orgasm*, p.207).

Aging has its pains, perils, pitfalls and sorrow. But even in the midst of all that, it can continue, or begin to be the time of meaningful connection, the fulfillment of desire, and the experience of love and joy. Such is my desire for us all!

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## **Appendix: Opening and Grounding Exercises**

(Stand upright with knees slightly bent.)

### ***Shoulder Rotations:***

Rotate shoulders: alternating left and right - Left front to back then right, front to back.

Six times each

Then repeat, left and right, back to front,

Rotate elbows: fingers on shoulders, rotate left elbow toward the ceiling, front to back, then right elbow, front to back. Six times each.

Then repeat, left and right, back to front. Six times each

Rotate full arms extended, front to back; then back to front.

### ***Expressive exercises:***

Using energy and words, thrust elbows backward, one at a time. “Get off my back!”

With palms open, thrust arms forward, one at a time. “Get away!”

Bring both fists up to armpits, thrust downward. “No!!”

### ***Neck exercises:***

With chin down toward chest, move head from left shoulder to right shoulder in half-circles.

Roll head from left to right in a “lazy” figure 8. Reverse direction.

Reach left arm over head to right ear and push left ear down to left shoulder. Then do the same movements with right arm.

Clasp hands behind the head, and with resistance, press head forward and down, feeling that you are creating space between each vertebra. Continue going down until you feel the lower vertebra. Release hands and touch the floor. After a few seconds, roll slowly back to upright, head coming up last.

### ***Pelvic exercises:***

Move hips from side to side a few times, then forward and back.

Circle hips in one direction, then in the other.

### ***Expressive exercises:***

Thrust pelvis forward, with sound.

Then slowly and softly “reach” with pelvis, moving forward and back.

Bend forward and touch the floor, relaxing the neck. Roll slowly back to upright, head coming up last.

***Grounding exercises:***

Feet - roll side to side, press forward on toes, then back on heels, lifting toes.

Circle around edges of feet; reverse circling.

Shift weight onto one foot, turning foot out slightly while keeping body focused forward. Press down to bend knee, then press down to straighten. Repeat slowly, at least six times. Then hold in bent knee position for a few seconds. Repeat on other foot.

Then end by rolling down and touching fingertips to floor.

Roll back up slowly, head coming up last, and stand tall, shoulders back.

(While doing the exercises, breathe deeply. Exhale through the mouth from time to time, making sounds. Always keep the knees very slightly bent. How do you feel when you finish?)



# The “Energetics” of Couples Therapy

*Garet Bedrosian*

## 1. Introduction

I am fascinated by the dynamics of romantic relationships. I’m interested in what attracts one person to another; what makes the relationship successful; what causes tension or frustration; why and how love dissolves; how conflict can inform or strengthen rather than weaken a connection; and how someone’s history affects the success or failure of their love life.

Since working bioenergetically with couples was not an emphasis in my training I turned to the field of relationship therapy. The body of work on relationship therapy is immense.

Some of the more popular theories in the US at this time each offer valuable insight into how to create successful relationships. I would like to name a few. John & Julie Gottman created The Gottman Institute, which is a laboratory for the study of and teaching about successful relationships. Gay and Kathleen Hendricks created The Hendricks Institute which teaches Conscious Living and Loving. Sue Johnson’s International Centre for Excellence in Emotionally Focused Therapy (EFT) also offers valuable information about attachment issues influencing adult relationships and how to enhance, repair and keep relationships healthy. PACT (A Psychological Approach to Couple Therapy) was developed by Stan Tatkin. Harville Hendrix and Helen LaKelly Hunt co-founded Imago Relationship Theory (IRT).

Bioenergetic Analysis (BA), Imago Relationship Therapy (IRT) and Emotionally Focused Therapy (EFT) share a common theoretical tenet, which correlates childhood attachment and developmental experiences with adult character traits and relationship styles making them a natural fit (Lowen, 1975; Hendrix, 1988; Johnson, 2008; Scharff & Scharff, 1991). Not only do individuals store the wounds of their childhoods in the muscles and cells of their bodies as theorized by Bioenergetic Analysis, but they also develop an unconscious template of love that informs their partner selection and relational styles as espoused by Imago Relationship Theory and

Emotionally Focused Couples Therapy. I will introduce each of these modalities in more detail in this section.

### **1.1 Bioenergetic Analysis**

BA offers a unique understanding of the lifelong affects of early relational wounding and how those wounds affect the individual's ability to connect with the people and the world around them. BA facilitates a releasing of emotional, mental and somatic defensive patterns so one can be more heart-fully available to connect and love.

The 'couplehood' connection in Bioenergetic Analysis happens between the client and therapist and through that relationship the client reclaims their ability to become vulnerable in relation to another. In his collection of papers called Relational Somatic Psychotherapy, Bob Hilton writes extensively about the relational healing which occurs when the client is able to emotionally and somatically breakdown and repair within the safe and consistent relationship with the therapist (Hilton, 2007).

I have experienced that tremendous healing in my therapeutic relationship with Bob Hilton and it has had a profound affect on my life and relationships. His grounded presence and astute ability to notice, support and challenge my relational wounds and defensive patterns has transformed me from a terrified, dissociated girl into a dynamic, relational woman yet, there is another dynamic that is triggered within a primary romantic relationship that confounds that healing.

I know I am not alone. Couples I know personally and professionally have shared that confounding experience. Romantic partnerships seem to trigger core wounds and defenses regardless of the depth of individual healing. Of course, one's individual healing can inform and possibly ease those disruptions yet does not eliminate their presence in romantic relationships. Since I am trained in both, combining BA with Relational Therapy made sense because my experience is that couples inevitably encounter unconscious relational tensions and are more likely to succeed if they experience a shared energetic healing as that which is possible for individuals in BA.

### **1.2 Relationship Theories**

John Gottman writes extensively about successful relationships and says that



even successful couples argue, disagree, get frustrated and hurt one another. Their success is determined by a five to one ratio of positive to negative incidences as well as to the degree of love and respect exchanged (Gottman, 1994). A couple's ability to maintain that ratio requires connection and trust. When each partner has experienced a grounded, embodied healing, remaining present to trust and connection are more likely.

According to the Imago theory, (Hendrix, 1988) partners are unconsciously chosen because they energetically match family of origin dynamics and create possibilities for healing of the emotional wounds left by those dynamics. This unconscious template triggers an attraction to someone with similar developmental wounds but who defends themselves in a dissimilar way. For example, one may defend against early heartbreak or misattunement by becoming more aggressive while the other defends by withdrawing.

The purpose of this union is to heal and reclaim energetic holes or missing parts, as they are called in Imago theory. These are the parts of one's self which were suppressed to survive or be loved in one's family.

In time these unconscious, energetic attractors trigger or threaten the blissful union.

Because they are unconscious and integrated so thoroughly into the body and ego structure, the threat can unknowingly get transferred onto the romantic partner. Making those dynamics known on a visceral level helps the couple develop more awareness and allows for more conscious choice in the ways they interact and connect.

### **1.3 Literature Review**

I am aware that there are many Bioenergetic therapists who work with couples but I reviewed the past 20 years of IIBA journals in researching for this paper and found no articles on this topic. Anne Evans (1995, vol 6) wrote about healing sexuality within a relationship and David Finlay (2010, vol 20) wrote about intimacy, but there were no other articles that I could find about how to apply BA to couples therapy. At the 2011 IIBA conference in San Diego, Barbara Davis, Vita Heinrich-Clauer and Jörg Clauer and I each presented workshops about working with couples but their work has not been published in English. I hope they will submit their articles to the journal so we may all learn from their work. In this paper, I would like to offer

my perspective.

I am a certified Imago relationship therapist and workshop presenter so this is the theory about which I am most familiar and have experience integrating with Bioenergetic Analysis as an approach to working with couples. Therefore, Imago will be more prevalent in this paper. The following is an introduction to clinicians in combining the three methods of BA, IRT, and EFT.

#### **1.4 Why Combine the three methods: Introduction for Clinicians**

When you observe couples and watch them interact and react to some trigger you did not experience, you may wonder what you are missing as the dynamics build and change. The nonverbal energetic exchange between partners is akin to a siren song; alluring, irresistible, yet destructive. If you are not in the relationship it is likely that you cannot hear it, but they hear it beckoning from an unconscious place. When they do, they become compelled to engage with one another as if they are fighting for their deepest desires or maybe even their lives.

Sue Johnson (2008) addressed this phenomenon in her book, *Hold Me Tight*,

*The powerful emotions that came up in my couples' sessions were anything but irrational. They made perfect sense. Partners acted like they were fighting for their lives in therapy because they were doing just that. Isolation and potential loss of loving connection is coded by the human brain into a primal panic response. (p46)*

IRT and EFT offer a structure as well as communication tools to help couples navigate those turbulent waters and consciously respond rather than unconsciously react to the siren call. Merging relationship therapies with BA is a unique approach to couples' therapy. This integration is a perfect marriage - please excuse the intentional reference!

Bioenergetic therapists are trained to observe and help make conscious the nonverbal exchange of energy between partners. EFT therapists help couples articulate their attachment wounds, triggers and needs through topically focused conversations (Johnson, 2008). Imago relationship therapists are trained to facilitate intentional dialogues which are explicit communication styles within a safe relational container so that unconscious and sometimes threatening material can be discussed and healed non-reactively within the romantic relationship where it is more likely to be friggere

(Hendrix, 1988).

## **2. Theoretical Constructs**

I will specifically focus on the following 3 theoretical constructs, which support the integration of these modalities:

2.1. Adult personalities and relationship styles are influenced by childhood experiences.

2.2. Healing occurs within the context of a relationship.

2.3. Unconscious transference and projections quickly derail connection.

### **2.1 Adult personalities and relationship styles are influenced by childhood experiences**

BA, IRT and EFT are developmentally based theories and correlate the connection between childhood experiences with adult character traits and relationship styles.

One of the fundamental premises of BA is that people protect themselves from their childhood wounds on a somatic level as well as on a mental/emotional level. These defensive contractions restrict the life energy of the organism and compromise the connection with another. Since these wounds are embedded in the cells and muscles of the body, the developmental stage and chronicity of the wounding determines the characteristics of those contractions and adaptations as well as relational styles.

Alexander Lowen (1972) identifies the restriction of life energy on a somatic level as character armoring.

*Armoring refers to the total pattern of chronic muscular tensions in the body. They are defined as an armor because they serve to protect an individual against painful and threatening emotional experiences. They shield him from dangerous impulses within his own personality as well as from attacks by others (p.13).*

Lowen named 5 character adaptations according to the stage of development in which the wounding occurred. They span from infancy to approximately 5 or 6 years of age.

The 5 character types are Schizoid, Oral, Masochistic, Narcissistic and Rigid. Each has identifiable somatic, emotional and mental stances which need to be addressed and healed for the adult to be free enough to love on all levels. Until those armored stances are healed there are challenges to achieving connection encased in each character structure. I will not elaborate on each character structure in this paper except to say that the younger the wounding, the deeper the contractions and therefore reaching for contact can be more challenging. To learn more, you can read Alexander Lowen's book, *Bioenergetics*.

The IRT philosophy is also based on a developmental model. The premise is that each stage of development has specific relational needs which affect a child's ability to function fully in the world. If they are not adequately met or attuned to by their caretakers, they become split off from themselves and create a lost or denied self with characteristic beliefs and patterns of behavior to protect themselves from harm or intrusion (Hendrix, 1988). According to Winnicott, if developmental needs are not met, emotional development stops, and those unmet needs cause a wounding that affects the person's life and especially their relationships into adulthood. (Greenberg, 1983) Sue Johnson (2008) states that couples need to understand one another's attachment wounds to understand the demands, criticisms and withdrawals in their relationships.

She says,

*Attachment needs and the powerful emotions that accompany them often arise suddenly. They catapult the conversation from mundane matters to the issue of security and survival. If we are feeling basically safe and connected to our partner, the key moment is just like a brief cool breeze on a sunny day. If we are not so sure of our connection, it starts a negative spiral of insecurity that chills the relationship. Bowlby gave us a general guide to when our attachment alarm goes off. It happens, he said when we feel suddenly uncertain or vulnerable in the world or when we perceive a negative shift in our sense of connection to a loved one, when we sense a threat or danger to the relationship. The threats we sense can come from the outside world and from our own inner cosmos. They can be true or imaginary. It's our perception that counts, not the reality (p.36).*

There are effective Imago dialogues and EFT conversations designed to help couples navigate these negative spirals of unconscious insecurity. The conversations are structured to direct attention to unmet childhood needs rather than shaming,

blaming or criticizing one's partner for a perceived offense. With more intentional conversations there is less likelihood of acting out and re-wounding one another and more possibility of getting those needs met. Incorporating full bodied awareness and energetic healing through BA experiential exercises helps partners understand how these developmental wounds have affected their emotions and beliefs about themselves and in relation to others. This can support the type of self-regulation needed through body awareness to remain present for that type of intentional communication.

## **2.2 Healing occurs within the context of a relationship**

Choosing someone who cannot meet your needs sounds absurd but when understood through the lens of IRT it helps explain some of the relational struggles. After many years of study, husband and wife team Harville Hendrix and Helen LaKelly Hunt, cofounders of Imago Relationship Theory, say in their newest book, *Making Marriage Simple (2013)*, "Incompatibility is grounds for marriage." (p 24) In this context marriage encompasses any committed partnership.

IRT states that individuals learn their unconscious templates of love in their families of origin. All the positive and negative experiences and characteristics of their parents or primary caretakers form their energetic love-map. Not only do they possess those traits but they will only choose and fall in love with someone who also possess those traits.

They choose their *Imago* or *mirror image* and, according to Hendrix and Hunt (1988), they will not fall in love with anyone else. In other words, if an adult experienced neglect in their childhood they would be attracted to someone who would trigger the experience of neglect and then they will unconsciously react to the threat.

In *Getting the Love You Want* (1988), Harville explains it this way, "Our old brain...is trying to re-create the environment of childhood... You fell in love because your old brain had your partner confused with your parents. Your old brain believed that it had finally found the ideal candidate to make up for the psychological and emotional damage you experienced in childhood." (p.14) To heal childhood misattunements, wounds and broken hearts one needs to be with someone who is willing to stretch and grow their ability to provide what the other needs and vice versa. Hendrix believes that each partner possesses what the other needs to grow into their fullest, most alive self.

Being with someone who meets their needs too easily would either bore them because they are familiar with the energy of the power struggle or the opposite challenge occurs, which relates to feeling overwhelmed by intimacy. Many people say they want closeness and intimacy, but being vulnerable can be frightening so they consciously or unconsciously sabotage it. The beliefs, behaviors and bodily contractions created in childhood for protection against disappointment, overwhelm or pain typically resurface in the romantic relationships when an emotional threat is triggered.

Alexander Lowen wrote extensively about the emotional, mental and somatic wounding created by the child's relationship with their primary caretakers. In *Love and Orgasm*, he wrote, "The love of an infant for his mother is the prototype of all later love relationships... (p.66) Although his techniques were designed to heal that early wounding, his approach did not emphasize the healing potential of the therapeutic relationship. As BA has evolved in the last twenty plus years Bob Hilton and many others have integrated more relational models such as Object-Relations and Attachment theories into their philosophy of somatic healing.

Harville Hendrix has also acknowledged his reliance on Object-Relations Theory in creating IRT as a model for treating couples. Over the years I have heard both Bob (Hilton) and Harville say (Multiple Conference Lectures), "We are born into relationship.

We are wounded in relationship. We need to heal in relationship." In their paper, *Object Relations in Psychoanalytic Theory*, Stephen Mitchell and Jay Greenberg assimilate theories from Fairbairn, Winnicott, Guntrip and Kohut. They write that Object-Relations theory is generally based on the stance that from birth the infant has a core energetic drive toward contact and relationship with another. If that drive has been repressed the authentic and spontaneous self seeks full expression which can only be achieved through a safe relationship with another. (Mitchell, Greenberg)

In his paper entitled, *The Importance of Relationship in Bioenergetic Analysis*, Bob Hilton talks about the client/therapist relationship as a relationship in which the client restores their ability to love.

*...one way of expressing love and through it allowing the client to release a narcissistic position is to surrender our agendas and theories and follow the client's*

*needs. In other words, we do not need to be right. Another way is the willingness on our part as therapists to allow ourselves to be moved by the clients experience. [...] When this kind of loving mutuality is achieved with our clients, a spontaneous bodily movement begins in them. This movement is the expression of the real body/self that is reaching back toward the environment for contact (p.98).*

Sue Johnson (2008) writes that when she asks couples about their problems she hears blaming of the other. When she asks therapists, what are the basic problems they think couples face she hears that the couples are caught in power struggles and need to learn how to better communicate, but she also believes:

*...couples have disconnected emotionally; they don't feel emotionally safe with each other. What couples and therapists too often do not see is that most fights are really protests over emotional disconnection. The anger, the criticism, the demands, are really cries to their lovers, calls to stir their hearts, to draw their mates back in emotionally and re-establish a sense of safe connection (p.30).*

As Bioenergetic therapists we can support and welcome that reach for connection through a number of physical interventions including touching and being touched. If the relationship is safe enough, the client can risk the terror they must face in allowing themselves to be vulnerable. We must also risk our vulnerability and face our desires and limitations to loving and being loved. As therapists we have hopefully worked through our own wounds and have enough support in our lives to remain clear and focused on our client's needs and provide them with a healing experience. If we fail in some way, being available for the repair can also be healing.

Although it is a relational therapy and despite the incredible healing possible in individual therapy, a partner in a loving relationship can still trigger a regression into those original childhood wounds. The regression may not be as consuming or detrimental as it would have been had the individual healing not occurred but there is still another level of healing that is necessary but sometimes thwarted between committed, romantic partners.

Typically, both partners are triggered into regression at the same time so they are often unable to create emotional safety for one another in the same way as in a therapeutic relationship. The couple's therapist can create the safety in which to hold the relationship and support each partner as they risk and face their own terror while reaching for more contact and connection with their partner. Although IRT's

Intentional Dialogue is a valuable communication tool, sometimes verbal communication cannot derail long held unconscious defenses. The body remains in high alert and somatically defended.

As mentioned earlier non-verbal BA interventions can accentuate an unconscious, sabotaging dynamic, create a safe container in which to express anger, hurt and disappointment as well as provide a physical experience of support and affection desperately desired. This type of visceral experience with a loving partner is profound.

There is a primal connection and experience that touches into the core of the heartbreak and uncoils the cellular holding. Complimenting the physical intervention with an Intentional Dialogue or an EFT conversation can then intellectually ground the experience.

To be healthy and happy, the individual must release the mental, emotional and somatic holding to allow energy to flow freely through them as well as between them and others.

In these psychotherapeutic models the healing of developmental wounds in a safe relationship is essential to having an energetically dynamic life and connection.

### **2.3 Unconscious transference and projections quickly derail connection**

I have heard many IRT therapists repeat this quip when referring to projections in relationships, “You will either pick them, provoke them or project onto them.” In other words, you will either pick someone to wound you in a similar way to the way you felt wounded in your family of origin, provoke them to wound you in that way or project that their behaviors are meant to wound you in the same way.

Romantic relationships often begin with an idealized experience of the other. That idealization consists of unconscious projections about the love object being the one who will love, appreciate, support and fulfill all needs...finally and forever more!

When a transgression is perceived, infantile fears of abandonment or rejection trigger defensive reactions. That survival reaction might be aggressive, seductive or rejecting but it's intention is to get another to meet a real or perceived need and, a need that triggers this type of defense usually originates in childhood.



In a *Getting the Love You Want* workshop facilitator training, Maya Kollman, a master IRT trainer shared an Imago saying, “If it’s hysterical, it’s historical”. In other words, a reaction that carries big energy often has a historical root. The partner receiving the reaction experiences it as excessive, threatening and out of proportion to the incident so reacts from their reciprocal defensive style. Harville says our partners are wounded in a similar developmental phase but defended in an opposite way. Consequently, neither is functioning within the present reality. Both are regressed and reacting to a historical wound causing their adult connection to be derailed. When this becomes a chronic style of relating there is little room for love. Liz Greene, PhD in her article about projections in relationships wrote, “Sadly, once one or the other or both people become engaged in this dance of illusion, there is little room left for the real people to exist and enjoy authentic acceptance and love.” (wealthyandloved.com blog post) This “dance” is often unconscious yet the threat feels very real in the moment. Romantic partners reflect both our wounded selves as well as our most loving selves. Harville Hendrix says that our romantic partners are our mirrors. Becoming conscious about our projections is a challenging, scary and painful process for most, so holding another responsible is a primitive defense against feeling that pain.

Sue Johnson has written about how childhood attachment wounds trigger this type of regressive response. She has developed a series of questions designed to make what has been unconscious more conscious thus enabling couples to frame their reactions more accurately. Hendrix has developed intentional dialogues with a specific structure that is designed to engage the cerebral cortex and frontal lobe and hold the couple in a safe, contained, conscious, mature place.

The Imago dialogue process creates safety and structure. Each person has the opportunity to talk about their experience in the relationship and how it resembles their childhood hurt and the defenses they adapted to protect themselves from that hurt. The partner repeats what they are hearing, empathizes with the pain their partner experienced in childhood and lets their partner know how defending against a similar pain in their relationship makes sense. When the speaker feels satisfied, they switch roles.

The process is intended to eliminate projections because these projections quickly move from the triggering event to the childhood wound and to ways of defending that wound that ultimately sabotage their ability to give and receive love as an adult. As a result of this structured communication the speaker has the opportunity to become more vulnerable when they remove the projected beliefs and then they can

trust that their partner is genuinely interested in listening. The listener has an opportunity to become more empathic and understanding of the other's experiences in the relationship when they do not have to defend against an attack. Both EFT and IRT processes enable healing yet do not address the somatic resistance and holding.

Introducing BA to enhance individual body awareness strengthens the effectiveness of these interactions. Creating a relevant, experiential, sometimes non-verbal intervention enables them to embody the spiraling stuckness created by their own projections and transference dynamics as well as enhance the somatic healing when they follow their energetic movements.

According to BA, family of origin wounds are absorbed into the body, emotions and mental beliefs at such a young age that distinguishing the armored self from the authentic self is difficult without intervention. Because the wounding happens so young some regressive beliefs and emotional triggers are to be expected until there is enough healing for someone to grasp what is happening in the moment and remain present and rational.

Until that time, partners need to be loved and accepted despite their regressions. So when couples cannot remain safe for one another the therapist can create a non-verbal, experiential intervention to support both partners to drop their intellectual defenses and somatically explore their energetic movements toward and away from one another. If the therapist can hold a safe frame during that visceral experience it can reveal primal as well as present needs and defenses and promote safe exploration toward a new, more authentic way of being that incorporates and heals the whole person including the body.

Our authentic nature is to be whole so when our projections are made conscious, we can integrate them back into our sense of self. When one can re-own those parts that trigger shame, self-doubt or self-hatred and still experience love from another then there is a chance for sincere, full-bodied and whole-hearted love. In his article, *The Importance of Being Liked: The Therapist's Dilemma*, Bob Hilton writes, "Someone has to contact us in our shame in order to build a bridge back to our true self where we can thrive and be free." (p266) Integrating the theories of Bioenergetic Analysis and relational psychotherapies in my therapeutic practice has been amazing and rewarding.

Here are some examples.

### **3. Case Example 1: Somatic Defense Breakthrough**

I worked with a highly intelligent, professional couple who were perpetually triggering one another. Sometimes they triggered each other through words or tone but at other times it was completely nonverbal. The eye rolls and crossed arms were easy to spot and address but sometimes their communication was an unconscious triggering drawing them into the turbulent waters of the siren call.

They were in the midst of another conflict about who did what to whom when I noticed an almost imperceptible stiffening in his neck as the male partner ever so slightly lifted his chin and appeared to be looking down his nose at her. She, unconsciously and energetically transformed into a distraught little girl no longer able to compose herself.

I asked them to become quiet and physically still to create an awareness of what was happening in the moment. Neither could identify their energetic or physical transformation. I then had them exaggerate any tensions or lack of energy they felt and to become curious about the exaggerated pose.

He surprisingly identified this “looking down his nose” stance as his father’s. This was the way his father expressed his disapproval toward him when he was a child. He hated it and had no idea he was using it with his wife. I asked her if she knew this look and through an outburst of tears, she said that she knew it well as it triggered a ‘never good enough’ feeling.

He very sincerely apologized and she melted into a tearful pool of relief, which she later identified as finally being seen and heard. He spontaneously reached out to hold her and she sank into his arms. His unconscious, defensive stance relaxed as he allowed his empathy to flow for his wife whom he realized was experiencing the same pain he (as a boy) knew so well. Not being good enough, of course was a belief and agony she carried with her from childhood and into which she was so easily triggered.

Neither of them felt good (adequate) enough for their parents but his pain was defended behind a ‘better than’ stance while hers was expressed in longing that could never be met. They fell in love with one another to help heal these wounds of inadequacy. It’s the same wound expressed in an opposite way.

Each of them has to move more toward vulnerability and risk the fear of being rejected, which is the struggle all face in love to one degree or another. Defensive structures are insidious and surrendering to intimacy is challenging. *They were trapped in a verbal sparring match so exploring the somatic expressions of their primal defenses allowed them to drop into vulnerability.* When a romantic partner requires an authentic expression of love and empathy in order to heal, their partner also has the opportunity to become more fully alive.

#### **4. Case Example 2: Finding the Conflict in the Body**

Another couple with whom I worked was entangled in insecurities with one another.

Each blamed the other and neither was able to claim their contribution to the danger zone. Their energies were pushing and pulling at the same time.

I asked that they stand with the palms of their hands flat against one another and to experiment with pushing and pulling. One would push and the other would resist or one would move their hands back and the other would follow.

I then had them experiment with not cooperating with one another's movements. As one moved back, the other would either push harder or not follow at all or if one moved forward the other would block the movement or move back without any contact.

Very quickly they went from laughing and enjoying the playfulness of this exercise to having a somatic experience of the emotional struggle in their relationship. Their bodies lost the vibrancy and spontaneity expressed in the first round of this experiment. It became more sobering and emotional for them. The embodiment of their relational dynamics took them to their painful loss of connection. This allowed a deeper awareness of their defensive patterns, which prevented them from attaining the intimacy they desire.

Each was able to take responsibility for their contribution to the conflict. Through her tears, the woman said that this is exactly what she feels in their relationship. The man immediately moved toward her in an expression of compassion and empathy. As he held her, he was genuinely remorseful about his unconscious tendency to withdraw his energy from her. Of course, she had tried to tell him but he

couldn't hear it when her communication sounded critical, shaming or blaming. This exercise gave him a felt sense of his own struggle to remain in contact with himself as well as with his wife rather than protect himself by withdrawing. She was able to recognize how her anger and criticism was an attempt to protect herself from heartbreak, but only served to push her husband away.

This somatic experience of a less defended and more vulnerable communication enabled the healing of childhood wounds thus creating the opportunity for a mature, adult loving relationship.

## **5. Clinical Summary**

Experiencing the energetic transformation in couples work is completely satisfying. I witness it in my private practice and in the 'Getting the Love You Want' couplet workshops that I lead. Each partner discovers the mysteries and gifts of their relationship's frustration as the missing pieces fall into place. They understand how and why they chose one another and how the relational struggles are opportunities to heal and grow into a deeper love.

Blending these two fields of study, relational therapies and Bioenergetics Analysis, creates a fuller, richer picture of human development. When unable to trust the relationships with childhood caregivers, individuals characteristically defend their expressions of love as well as their receptivity to love. However, defending against authentic expression creates a multitude of physical, emotional and relational problems. Humans are born fully alive, joyful, and connected and want to reclaim that birthright. This disconnect from the true or authentic self can cause a tug-of-war within relationships. Individuals long for the give and take of love, yet unconsciously defend against it due to the possibility of heartbreak. The unconscious energetic expression of that tug-of-war is fascinating. Accompanying someone through the obstacles to their unique life expression is honoring and humbling. Remaining grounded through the turbulent waters of the siren's call for a couple can stretch the therapist as well as the couple to a higher level of attunement.

## **6. Addendum: Body Interventions with Couples**

On the next few pages, I would like to share couples exercises I created with Diana Guest, MFT, CBT. Together we presented a variation of this workshop at the International Bioenergetic Conference in Spain as well as at the United States

Association of Body Psychotherapists Conference in Colorado. I have presented a different variation of this workshop at an International Imago Relationship Conference as well as at the IIBA conference in San Diego.

The following are examples of exercises we have used with couples. We would not recommend using all of these exercises with any one couple. One cannot just overlay these exercises on the couple. They may not be applicable in their original form. The intervention must be organic and relational for that couple. They must therapeutically address the dynamics for the couple present while also considering their personal and relational history. For example, you may not do some of these if there is a sexual abuse issue, domestic violence history, etc.

### **6.1 A suggested beginning to a session:**

Have the couple sit facing each other. Have them close their eyes and go inside, get grounded in themselves and then move their awareness to the relationship between them and instruct them to notice how they feel at that time. When they appear or report feeling present and grounded tell them to complete each of the following sentence stems silently with their eyes closed first. Then have them open their eyes and one person at a time share each sentence with their partner. The partner will repeat each sentence as they hear it.

1. As I enter the relationship space, I am aware of experiencing...
2. How I would like our relationship to be at the end of this session is...
3. What I can do to help make that happen is...
4. Something I appreciate about you is...

After this initial ritual the couple can discuss an issue in their relationship. One of the following body interventions may enlighten them to *character structure, transference, and/or projections to illuminate* the unconscious dynamics in their relationship.

### **6.2 Power Struggle Interventions**

- **Go away:** Have the couple stand and face one other. Partner A starts by doing a pushing movement with hands (with or without contact depending on the couple).
- **Relational Ambivalence:** This exercise begins as the previous exercise but as ambivalence is recognized or felt have the ambivalent partner move into pushing with

one hand while saying, “go away” or “leave me alone” and alternately, with the other hand reaching and pulling their partner toward them while saying, “don’t leave me.” Have the other partner mirror these alternate expressions. (Example: A husband was ambivalent about intimacy and so he had a pattern of pushing his wife away. I had him physically experiment with the push/pull dynamic so he could embody his defensive pattern and make a more conscious decision about whether this is how he wanted to behave. In this example, he expressed empathy for what it might feel like for her, which allowed her to sink into her sorrow and to own her critical, defensive style and also make a different choice in her behavior.)

- **Towel Pull, My Way:** Have the couple play tug of war with a towel, each holding onto opposite ends, while expressing the different sides of their power struggle, which may just be saying, “My Way.” Couples often see the futility of this and drop into a more authentic place.

- **Turning Your Back:** Partners are face to face. As one begins to talk the other turns their back and walks away. Process feelings that arise.

- **Control Exercise:** Have partner A stand and face partner B. Partner A starts moving arms in various directions. Have Partner B try to control the arm movements of A. Then have partner A take the hands of partner B and say “move with me, I’ll keep you safe”. (example: A wife literally jumped up and wrapped her legs around her husband to try to control his arm movements. When we moved to the second part, he took her hands and said, “move with me, I’ll keep you safe.” She said she could feel her body relax. He said he felt more like a partner and there was more room for him in the relationship) Then they began a dialogue about the experience. This exercise allowed them to experience an embodied sense of their power struggle.

- **Feet to Feet Push-Up:** (this provides a container for negativity) Have partners lie on the floor on their stomachs as if doing a push-up. The bottom of partner A’s feet is in contact with the bottom of partner B’s feet. As they move into a push-up while in this position, have them talk about a frustration.

- **Shoulder to Shoulder Push:** While on hands and knees have partners face each other. Partner A puts the soft part of their right shoulder against the soft part of partner B’s right shoulder. You may also use left to left shoulder. Have them push against each other. Use your clinical judgment about whether to have the couple talk or make sound.

### 6.3 Negativity Interventions

(These exercises should be used prudently. Expressing negativity to a partner in this fashion may cause deeper wounding. Also be aware of previous abuse issues

with each couple while using these exercises.)

- Before beginning this exercise have the couple determine a safety word such as “red.” This means stop the exercise immediately. The person receiving determines the intensity of the contact. Have partner A hang over in a forward bend. Using the side of their fists have partner B rhythmically hit A’s back, legs, and buttocks. (Instruct them not to hit A’s spine or kidney area)
- Put a tall cube between the couple and have partner A hit it with a tennis racket or hands while looking at partner B. Partner B holds a pillow as a protective barrier and also imagines a safe place before beginning this exercise. (Explain to the couple before they begin the 90/10% rule: This means the frustrations being expressed are 90% about the person expressing and 10% about the person witnessing or receiving)
- Partner A twists a towel while letting anger come through their eyes, sounds or words directed toward Partner B.

#### **6.4 Cooperative Exercises (Verbal communication is very important in these exercises)**

- **Tree pose (as in yoga):** Partners stand side by side facing the same direction with inside arms around each other’s waist. Each does the same tree pose by bending their outside leg and putting their foot on the inside of their straight leg, leaning out with the knee and forming a triangle with this leg. Then they take their outside arms up over their head and clasp the hand of the other or place their palms together with their partner. Take a minute to breathe together in this position.
- **Back to back:** Partners sit back to back with knees bent and feet on the floor in front of them. They sit as erect as they can and with their buttocks pressing toward one another. They interlock arms at the elbow. Now with each applying pressure toward the other’s back, have them stand using only their legs. This exercise is to demonstrate interdependency.
- **Face to face:** Partners stand face to face and grab each other’s wrists. With feet hip width apart, move feet closer to partner and lean back. Now bend knees and go down to sitting position on floor. Now reverse movement to standing position.

#### **6.5 Connecting/Containing Exercises**

- **Breathing:** Sit face to face with partner A mirroring partner B’s breathing for 1-3 minutes. Do this exercise with eyes open and/or with eyes closed (depending on the couple). Reverse and have B mirror A.



- **Spoon tuning:** Partner A lies on his/her side with knees bent. Partner B lies behind partner A, fitting the front of their body against A's backside. B puts arm around A (Spooning position). Partner B mirrors A's breathing. (Reverse)
- **Writing Love Messages on Partner's Back:** Partner A draws individual letters to spell a message on Partner B's back. Partner B receives and verifies the message.

## 6.6 Supportive/ Receiving Exercises

- **Giving and Taking Directions of Support:** Partner A sits comfortably on the floor and partner B sits between A's legs with his/her back to A's front. Partner B then instructs A how s/he would like to be supported or held.
- **Human Barrel exercise:** Partner A is on his/her hands and knees in the crawling position. Partner B stands at the feet of A and bends backwards, slowly lowering him/herself so that B's lower back is supported by A's buttocks. B may place his/her hands on A's back for support as he/she continues to bend backwards until they are back to back. Depending on the couple's physical capabilities, A can move into the convex and concave ("cat/cow") movement. To get out of this exercise, A slowly sits back onto his/her feet using his/her arms as support, thereby lifting B. They end the exercise by sitting back to back. This exercise requires continual dialogue between the couple to be sure they are each safe and supported.
- **Forearm support:** A holds his/her forearms out in front, palms facing down, elbows bent. B faces A and extends his/her forearms under A's forearms with palms up thereby supporting A's arms.
- **Holding Exercise:** (So the holding partner (A goes first as holder) can remain emotionally warm, do not use exercise to discuss the relationship. Because of the regressive potential inform couples that this exercise should never lead to a sexual experience.) Partner A sits with back support against a wall, sofa, etc. Partner B stands facing A on their right side. B then sits on their feet or cross legged beside A, right hip to right hip. With arms folded on their chest, B lies on his/her side across the front of A, head nestled with an ear to A's heart. A is to support the full weight of B's body. This is to replicate an infantile position for B. B may then speak about childhood memories, while A listens. A may mirror but does not ask questions. A's hands need to remain still. There is no patting or rubbing.

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## **Love and sexuality: fear of living in fear of loving**

*Patrizia Moselli*

In today's fluid society there is no longer a difference between love and the sexuality. This difference has been replaced with a confusion over pleasure and the discharge of excitement.

In the modern age strong sensations such as love and pleasure seem no longer to be tolerated by those with a fragile narcissism as they are experienced as threatening, and can lead to compulsive acts as a way of release.

It is the speed of the changes taking place in the modern era, due to the difficulty in outlining clear boundaries, that have encouraged reflections from authors across the various disciplines.

Scientific-technological, socio-political and ethical changes affect all aspects of human existence and are reflected in collective terms. In this context the impact on the way of living interpersonal relationships is significant and evident.

The sociological analysis of the polish scholar Zygmunt Bauman carefully describes the differences between cultural models, including the structure and social behaviour that determine relationships, values, forms of communication and behavioural models that are very different from the past.

Changes in the job market and the fragmentation of tasks, explains Bauman (2001), have increasingly led to an exasperated affirmation of the individual. Society has moved towards a process of the subject's individualization in which prevails uncertainty, loss of meaning, and liquidity of identity. "Liquefaction" is the metaphor used by Bauman (2000) to describe the de-structuring of relational systems, social institutions, community spaces and subjectivity by undermining aspects concerning intimacy and the individual-community relationship.

Postmodern man transforms himself from producer to consumer with

profound ethical repercussions: even the shape and contours of emotional relationships adapt to the momentary needs of the consumer who is focused on satisfaction rather than the construction of the bond (Bauman 2012). Thus, the desire is typical of the consumer, attracted by consumer goods, while love has yet to be recognized as a moral act, as a desire to take care and preserve the object of one's care (Bauman 2012). The relationship in the times of the social network becomes "connection" and sense of belonging, the undisputed desire of man, is expressed in the virtual space that sharpens and conceals the void left by the fading of human relationships: "virtual relationships" are high speed, easy to start and finish, easy to use when compared with the heavy, confusing material of "real relationships" (Bauman 2012).

In this context, we see how it is still very difficult to integrate love and sexuality in the relationship with the other. A possible integration of these two aspects must consider the recovery and reunification of corporeity to affectivity, considering the complexity of a relationship that wants to return to being real, in which the relationship bond is built together; a story that starts from reality and does not live in idyll: thus in a society with a freer sexual morality the need for poetry and not just sex shines through, which arises from meeting and clashing, with ups and downs and multiple shades (Biondi 2013).

After all, the meaning of the sexual act, Lowen explains, is directly proportional to the amount of love that two people invest in it, determining the sense of fulfilment and pleasure that, otherwise, would result in a mere relief given by the discharge of excitement. The concept of contentment and pleasure, treated in the bioenergetic paradigm, represent a very strong and current starting point for the problems that characterize our society: the experience of true pleasure sensitizes our bodies, connects us to others and to reality (Lowen 1970).

*Shortbus*, a provocative film written and directed by John Cameron Mitchell, perfectly describes the spasmodic search for pleasure but also the confusion that characterizes our paths of desire in our era: the author follows the erotic and sentimental vicissitudes of a group of emblematic characters in today's New York who meet at the Shortbus, a nightclub outside the law and conventions, where sex, art and politics are mixed: the achievement of orgasm represents the point of deep contact with otherness; at first people meet but without meeting, in the buzz and distorted background noises that often represent the modern era and, after sexual discharge, something changes.

In the thoughts of Reich and Lowen we find the central theme of sexual discharge as an antidote to sexuality and love and for all that is destructive and threatens us in our current existence. A healthy orientation for sexual pleasure and fulfilments is considered essential food for thought to enable a deeper view of attachment processes, and what it means to support and develop in children and adults an openness to life and intimacy in the relationship, conscious and fearless.

In the “reflex of orgasm” Lowen identifies the most general and broad ability to experience pleasure, expressed with a sense of increased vitality and joy of life in the body by overcoming the mind-body dichotomy and love-sexuality (Lowen 1988). This integration determines the existence of a functional sexuality that allows the person to feel his body and freely express the feelings connected to it, to build meaningful relationships and open-up to experience and to the achievement of one's goals.

Blocking the development of healthy sexuality destroys physical pleasure and induces the person to dysfunctional and self-destructive attitudes, in which there is a reduction in sensitivity and ability to express himself, a decrease in creative potential, leaving a sense of great frustration, inadequacy and inability. A sexual act in which there is no connection with the other, leaves the heart cold and detached, and translates into the expression of various and contrasting feelings towards the other, including sadism and contempt (Lowen 1988).

Sexuality forms the core of the life force and is determined by early relational event. Human sexuality is fundamentally rooted and impacted by the parents' relationship with the child's life force. The main exponents of Infant Research amply demonstrated the powerful impact that maternal attunement, or its lack thereof, can have on the attachment of the child and on the general feeling of belonging in the mother-child dyad (Stern 1985, Tronick 1989).

In the same way, a healthy and appropriate sexual relationship of the child with each of its parents, characterized by experiences of safety, love, pleasure, acceptance, nourishment of the life force, profound respect for the uniqueness of the other and the model of mutual relationship between the parents is root of healthy adult sexuality. (Tuccillo, 2006). It is outlined how the sexuality of the child, from the development point of view, emerges along a path of growing awareness of feelings of love, bodily sensations and psychic perceptions of excitement and pleasure. The child must be able to expand with excitement and passion and, at the same time, feel an

underlying deep feeling of security, since fear or anxiety can crush or at least negatively transform the possibilities of feelings and possibility of expansion: security also means containment, disciplined attention to borders, an environment capable of giving support.

In an environment of this type the child can express himself and the parent is there to see, understand, support and respond harmoniously with the child's ability. This experience of being safe in experience and expression is fundamental for the construction of the adult ability of intimacy: feeling safe in knowing one's true feelings, in sharing oneself through expression or one's feelings, are keys to the development of the capacity for intimacy. Feeling safe in the relationship is the main and cardinal element that promotes healthy growth.

That security is experienced somatically like the freedom to breathe and to experience breathing by opening the body to soft waves of sensations and feelings. Love is the second important fundamental element that allows the development of healthy sexuality in the child. The child must be able to love himself, his body and his experience of feelings and, he can do this, only to the point where he receives genuine love from his parents.

Love is openness and tender, an empathic surrender of the heart to the other. A respect and a parental attunement for the capacity to accept in one's children will lay the foundations for the child's self-confidence, self-respect and the ability to let himself be guided by his intuition of what feeds his well-being. We can see the respect of self and self-acceptance in the rooted position of the young child, in his standing upright, in the dignified way of moving, in the passionate way of focusing and in direct eye contact. Support for the expression of the child's love and excitement can only be provided with deep-seated receptivity, deep respect for the uniqueness of the other, so that the child can go into the world knowing that his love, his sexual arousal and his desire are a true gift for the other. Orientation and education to pleasure, support an internal goal and the ability to follow the path of the body towards pleasure, to explore all its aspects and possibilities: sexuality is an adventure of pleasure, a journey of exploration and discovery.

So, we have seen how relationships characterized by love, in which it is possible to experience the integration of the sexual aspect, build pleasure, the source from which all our feelings and thoughts arise; conversely, destructive or sadistic relationships can only result in superficial gratification, and relief.

The importance of a relationship characterized by love from childhood, in the mother-child dyad and in the relationship with parental figures, was stressed as functional for the development of healthy adult sexuality. An individual who felt loved, supported, accepted, content and free to express himself as a child, as an adult, is open to experience, he feels his own body and the feelings connected to it, has the ability to express feelings and pleasure to forge meaningful relationships and to make movements adequate to achieve his goals in life.

So, it becomes extremely important to understand the development of the child's sexual experience. The child is blossoming at this stage evoking powerful feelings in parents. These powerful feelings can be experienced by the parent in a number of ways; sexually exciting, hostile or disparaging, depending on their own sexual experiences as children. In these situations, the child is generally pushed to cut out or suppress their own sexual sensations to avoid shame, humiliation and abuse and to repress the memory of these traumas to maintain some degree of health.

Lowen's thought and genius lie precisely in knowing how to read and recognize the characteristics previously described in the body: The attentive therapist will recognise distortions in the body that have occurred as a result of defense mechanisms. For example, the split between the upper and lower part of the body, stalled pelvic development or exaggerated heaviness in the lower body (Lowen 1994). Defense is a superficial structure, the fundamental needs have gone unrecognised, and the trauma that produces the defense mechanism has often occurred. The positive model and nourishment that were needed were never there, they were never available.

In this case the only possibility of repair is the therapeutic relationship. When the education of the parents is lacking, the therapist must reflect on the ways in which to deal with the discourse of sexuality in the psychotherapy setting, where very often it is medicalized or avoided if not even agitated or abused.

In recent years, the bioenergetic approach has developed some reflections on how to approach such an intimate and "threatened by shame" ground when dealing with patient sexuality. We have seen, with patients who experience problematic and in particular compulsive sexual behavior, how effective it is to use a paradigm that looks at sexual behavior as a way of processing childhood traumas and deficits (Guest 2006); It is also important to bring the aspects of the relationship characterized by love back into the setting without forgetting how in the therapeutic relationship there are actually two bodies and two stories of sexual development including different

possibilities such as refusal, seduction or frustration (Hilton 1987).

A central role is played by empathic and body-tuning skills, confirmed by brain storming research, for the development of children's attachment and for each therapeutic process (Resneck-Sannes 2002). Finally, the importance of the recognition by therapists of the containment applied to the sexual impulse to promote satisfactory sexual activity as an integrated action of the head, heart and genitals (Lowen 1988) is underlined. These paths, which reflect the original Lowen one, show us how to move in life without being afraid; they suggest to therapists how it is possible to contain all this through constant attention to one's own bodily reality, the emotional regulation of this reality and reminding us how, in the bodily psychotherapeutic process, empathic resonance is also a bodily resonance.

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## **Violence in Intimate Relationships: Emergency Room Intervention and Psychocorporeal Focus on the Phenomenon**

*Monica Monteriù*

### **A premise that guides the intervention**

The issue of maltreatment of women is now widely known and statistics tell us that it is a worldwide and cross-cutting phenomenon, present in every social class, regardless of education, income, culture, origin or age. Equally known are the disastrous effects on women's health, in many instances recalled by the World Health Organization.

Since 2005 I have been working closely with victims of domestic and non-domestic violence in all its forms: physical, psychological, spiritual, economic; rape, stalking, mobbing.

Women who are subject to violence and arrive at the Emergency Room of the San Camillo-Forlanini Hospital in Rome, generally enter in the acute phase. The intervention of the medical and nursing staff and of the anti-violence team are therefore critical to understanding the dynamics behind the request for help. We can say that, for the most part, the user is not aware of being a victim of violence and therefore makes no clear request in this sense. Very often women arrive in the Emergency Room seeking only medical care and support. Consequently, access to the Emergency Room becomes a point of arrival and departure in a process of possible emergence from the spiral of violence.

The Women's Desk, founded in 2009 as the first facility in Italy dedicated to supporting victims of violence that operates 24 hours a day within the area of one of the largest Emergency Rooms in Italy, can count on the presence of experts in the field of gender-based violence to ensure a multidimensional approach and reading of the phenomenon. It also interfaces with different professionals, availing itself of various tools:

- Multi-professional groups: healthcare professionals working in the Emergency Room with a view to integrating skills and activities, where the key word is sharing objectives;
- Legal office: the support of lawyer experts in the area of gender-based violence, in civil, juvenile and criminal matters, who assist women with– for instance - requests for separation, lawsuits/complaints, applications for restrictive measures;
- Team meetings: these allow the working group of the Women's Desk to monitor critical situations, developing good practices by sharing methods of intervention.
- Clinical supervision: in order to bring to the fore, the emotional components related to the traumatic impact of violence, but also to prevent *burn-out* by providing a holding environment and protection against the possible risk of “secondary traumatization” in anti-violence workers;
- Community resources: depending on the course that is co-constructed with each individual woman, there may also be a need to work in coordination with the network on the territory.

### **Methodology and tools of the helping relationship**

The team, in responding to the needs of women who access the emergency service, supports the needs and choices of persons who are subject to violence, respecting their pace and creating a space for decompression in which to recover and express their will, all too often enfeebled by years of harassment. The team takes care not to overlap or supersede the choices of the user but promotes and facilitates the emergence of a process that activates the woman’s resilience, proposing a range of paths that can be followed while respecting the otherness of both.

### **Empathic and non-judgmental reception**

The first meeting, in the vast majority of cases, is upon referral by the Triage and therefore without prior notice; at this stage, the woman has not yet processed the fact of being caught up in a dynamic of violence. The needs of the users whom we aim to support cannot be brought to the fore unless their experiences emerge first.

It is important to proceed respectfully in order to create a space that can provide a quality of time that is different from the commotion of the Emergency Room, in which to listen closely and proactively to the needs that emerge from the individual situations; responses that are not readymade can thus be provided, which is the premise of an empathic listening relationship, of a reception that will create the

binder for the integration of the other interventions that will need to be activated in the helping relationship.

An effort is made to bring to the fore the uniqueness of each single story of violence and the particular features of each individual user, without giving in to the temptation of a “seen one, seen them all” type of approach, which causes to overlook ‘crucial details’, making the woman feel ‘unseen’ in her entirety yet again.

In fact, the experience of finally being believed is an element that, in contrast to the daily impoverishment of one’s personal resources resulting from psychological harassment, unhinges the scaffolding of gender-based violence and, creating a good enough alliance, can indeed determine the success of the emergency intervention.

Another aspect to be taken into consideration is that of giving the woman the opportunity to show even those parts of herself that are still affectively entangled with the abuser, admitting the legitimacy of her feelings and thus dispelling her shame, creating a context into which she can bring all those parts of herself that collide painfully and that contain chaos, confusion and even a sense of worthlessness. By experiencing the freedom of not having to choose between contrasting self-representations, the woman will gradually return to being whole, in all her complexity, without having to conform to a pre-established ideal.

It is in fact necessary to bear in mind that women who suffer domestic violence find themselves caught up in a paradoxical situation: the person who perpetrates the violence is the same person with whom they initially fell in love and with whom they have an emotional bond or they have shared a common project, precisely because in intimate relationships, violence does not immediately manifest itself openly. It is therefore plausible that the woman may have seen something good in the abuser and that she has held on to this in order to preserve the emotional bond, neglecting and downplaying some signs pointing to the partner’s possible dangerousness.

In this context it is essential, however difficult, to avoid a judgmental and punitive attitude towards the partner, for that would be tantamount to be littling the woman for choosing ‘such a man’, thus re-victimizing her and inducing her to defend herself and basically to resort to one of two types of reaction: shame, humiliation and estrangement from the service along with the possibility of change; or donning *the mask of the model user*, complying with the expectations of others and adhering to

rigid and sometimes unrealistic ideological schemes, only to leave the service when the first opportunity arises. In both cases the intervention will have offered nothing different from what the woman already knew before.

### **Flexible language, information and communication**

Of great importance are words accepted, spoken and above all unspoken, which can be traced in the relational space of the non-verbal.

The language and the words of the practitioner give shape and boundaries to the chaos generated by the experience of violence and/or abuse, making it possible to communicate aspects that are often uncomfortable and painful, 'unspeakable'. In order to be effective and to reach the user in her bubble of acquired helplessness, the practitioners must adapt to each individual woman, taking into account her cultural heritage, her level of schooling, her person *as a whole*.

In the protected context of the helping relationship, the foundations are laid for the creation of a shared language to support the intervention and facilitate the collection of accurate information that makes it way through a jungle of understandable concerns and expectations and reshape the baggage of often misleading information that the woman brings to the service. All this promotes the acquisition of new skills or the rediscovery of those already possessed, and the emergence of *coping* and *problem-solving* strategies, the ability to stay in the here and now of the relationship and of the encounter with the other in a more authentic way, co-constructing new paths of self-determination, stimulating the connection to the bodily Self.

Finally, an element of communication that can act as a binder and enrich the complex minuet of building basic trust is represented by the importance of making room for irony and for the ability to start smiling again together. Entering together into a space that is also playful, will help to consolidate the alliance and trust and therefore the possibility of laying the foundations for an effective and lasting intervention.

### **Etymology of the damage**

How does violence affect women? There are many facets represented by the media, which all too often depict cursorily a phenomenon as slippery and difficult to grasp as gender violence. It should be borne in mind that *femicide* is only the tip of

the iceberg of a phenomenon that is difficult to grasp on the basis of official statistics. Thanks to the strategic and permanent position of the Emergency Room, which offers the possibility of accessing a wide spectrum of the female population that is not necessarily aware of its condition, it is finally possible to outline the features of what I call *the face of the submerged* (Gargano O., 2011).

The repercussions on the psychological and physical health of women are many, as are the difficulties for women to extricate themselves from the consequences of the countless variables that come into play when dealing with violence. At the same time, when we open up to levels of increasing complexity, we can see how, as each individual combination of events intertwines, the emotional impact, the encystment, the burden inflicted and the effects of violence on women and children change, often in terms of witnessed and/or endured violence.

### **The face of trauma**

The joint reconstruction of the traumatic history allows the woman to trace back the stages she has gone through and to understand the interlocks of her experience, digging into neglected details, linking up situations that are sometimes underestimated, relating to events that have mostly been repressed as well as to those that are more vivid and explicitly marked by plain and visible violence.

The narration of the traumatogenic story allows us to identify the single elements of the violence experienced and to recapture the feelings, so as to share the emotional bearing, characterized by bodily and imaginary sensations that are at times terrifying and elusive and have become mired in the solitude of the woman's experiences. This is also in order to understand the possible responsibilities behind the persisting interlock.

From the very first sessions, it is a story told through the *persecutory gaze of the abuser*, with a profound sense of introjected worthlessness, which has enveloped every movement, circumscribed and coordinated every gesture and every word, every breath of the woman who chooses to seek help and support for the situation she is trapped in. This way of accessing the field of the helping relationship tells us how much the invasiveness of the perception of others has invaded the boundaries, undermined the sense of security, generating a pervasive sense of worthlessness and contributing to repress the feelings and perceptions of the woman, introducing in their place the insinuating doubt of being *crazy or silly*, as is constantly insinuated by the

psychologically violent partner. Thus, being able to *put out* the pernicious, judgmental and accusatory gaze of the other, within the helping relationship, becomes an implicit demand for reassurance, primarily of the fact that one is not prey to madness, nor guilty of one's victimization.

### **Multiplicity of dissociative strategies in cases of violence in intimate relationships and risks. A reflection.**

To avoid generalizations, it is important to underline how the multidimensionality of the phenomenon of violence in intimate relationships corresponds to the diversity of potential victims; likewise, multifaceted is the density of the duration of maltreatment and the significance of the outcomes of overcoming or entanglement.

From the numerous cases I have followed I have observed that a large part of the narratives refer to stories in which one can find both previous relationships in which violence was committed against the woman and cumulative traumas (Khan, 2002) or the witnessing of domestic violence, testifying to a past in which traumatic circumstances would appear to have encysted, providing a basis for the repetition and persistence of violence, also passed on from generation to generation.

Starting from this casuistry, it is possible to formulate - not without due caution and discretion - the hypothesis of relational matrices which, at times, from the developmental age, can be traced back to the broader concept of DIWM (Dissociated Internal Working Models), present within the Traumatic Attachment Relationships; these involve the setting in of relational memories (V. Caretti, G. Craparo, 2008, p. 14-30) and procedural links in which the introjected mirroring styles will be mostly 'microscopically traumatic', altered and dysfunctional, characterized by dissociative and disorganized tendencies, emerging in and from the object relations inherent in the field of the bodily and relational unconscious, the main consequence of which is the re-actualization of highly disruptive interactions.

In light of this, it is possible to grasp the importance of the first exchanges in the attachment relationship with the caregivers, which is essential for interactive regulation during the first year of life to guarantee harmonious development and the desirable impact on future relationships.

For the newborn, the anguish caused by the repetition of such relational



discordances is an intolerable experience, which is highly disruptive and traumatogenic, and forces the child to withdraw into himself and to form personality structures at a psychocorporal level (Dancers M., Filoni R., 2011, p.15-16); these are often of a dissociative nature, though not necessarily psychopathological, and can predispose the subject's other spheres of life to greater vulnerability in the area of social and intimate interactions, while keeping them intact and functional.

As regards dissociative processes, we can think of Bromberg when he speaks of the function and operative quality of 'detachment', aimed at carrying out a protective function "against the painful affects associated with attachment, such as separation anxiety, the loss of love, and hopeless desire" (Bromberg, 2007, p.34) to monitor and protect the integrity of the Ego from the invasions of certain harmful relational interlocks. Hence, the affective-emotional mimesis described by Schnarch (2001) with the concept of *the reflected sense of self*, which, although it initially guarantees the survival of the couple relationship, in the long run has a cost.

So we begin to have a sense of the pregenital personality structures described by Lowen (2007) and of the substantial *denied rights to exist, to need*, and above all of the dynamics present in that *denied right to self-possession*, of which Johnson speaks (2004, p.160) in reference to the symbiotic personality.

This premise does not intend to slip into the simplistic labeling of *a symbiotic woman who may have asked for it*, as one sometimes hears when the issue is hastily dismissed based on 'common sense' in all its lightness and irresponsibility. Quite the contrary. It should be pointed out that, in contrast to the feminine dimension examined here, there is the figure of the abusive partner, who in this context is deliberately left in the background, and who contributes in his own way to the interlock in question. The intention is to lay the foundations for a deep empathic understanding of the pervasiveness of certain dissociative forms that risk informing the *disorganized* behavior of victims of violence when they ask for help and that undermine their safety and the process of emergence from violence.

The desperation that can arise when one comes to see that the illusion associated with the planning of a life with a partner is coming apart and that is often grazed at the time of the umpteenth aggression, reaches unfathomable but above all unspeakable depths; thus, the unfolding of such a scenario of loss can, at an implicit level, coincide with the woman's visceral experience of losing herself because the *reflected sense of self* that in the past allowed her to survive, now seems to condemn

her to see only the ghost of an empty Self, more illusory than real.

As supportive figures, we can find ourselves sharing and breathing the adhesive and sticky sense of profound loss, abandonment and devastating and pervasive powerlessness of women who project onto their partner the grandiose image of an all-mighty man, invested with the power of life and death by the woman with whom he is in a relationship and who seem to replicate the experience that a newborn may have with the parental figure; there is no need to recall that sometimes from such imaginings self-fulfilling prophecies arise, whose disastrous results, unfortunately, we hear about daily in the news.

The concept of DIWM is therefore useful to try to explain some of the particular situations that one may encounter in the helping relationships with victims of violence in intimate relationships. Why should a woman stray from herself and not be sufficiently aware of the risks she is exposed to? In a nutshell, the hypothesis is that the *unconscious and implicit choice* of the different dissociative paths is intended to protect the affective-relational core, which in the past was imprinted in the body to guarantee survival and which is re-actualized in the relationship with the abuser in spite of all the evidence.

The detachment that ensures the integrity of the ideal of a relationship that ultimately leads to demanding holocausts, risks causing the victim to lose sight of the overall picture and its limits, feeding on minimizations, underestimations and the unrealistic conviction of knowing how to manage and contain all possible future outbursts.

This detachment from oneself can take many forms, such as the *timeless porosity of memory* strewn with voids and gaps that points to the underlying and incessant effort to repress in order to “prevent awareness” (V. Caretti, G. Craparo, 2008, p.333); and as Bromberg reminds us (2007, p.96) quoting Loewald (1972) “[The] individual not only *has* a history which an observer may unravel and describe, but *is* [also] history.”

As recollections and memory fade away, it is difficult for women to live in continuity with their own past and it is equally difficult for them to project themselves into a different future. So, they remain stuck in an eternal present without hope, filled with illusory expectations that are often disappointed and marked by rituals that help to avoid psychological and physical blows.

It is clear that this state of affairs can make it difficult for a woman to file a complete report and to obtain adequate restrictive measures, but also to have a realistic sense of the risk she is exposed to, as she lacks an overall view of the traumas she has suffered. Remembering could imply having to choose to distance herself, and this would reinforce the paradox that is taking shape, which is the irreconcilable crossroads between love and fear that can result in paralysis and a split in the integrity of the woman's self.

Subsequently, and as the violence continues, these defensive mechanisms will tend to become highly maladaptive and dysfunctional for the woman's psychophysical well-being. Moreover, the non-integration of the events and of the split aspects of the partner, who is regarded alternatively as "all good or all bad", will promote a similar sense of splitting in the functioning of the mind of the woman who suffers violence; the woman will see herself alternatively as highly deficient and powerless, but also capable of handling and pre-empting the next aggression, remodeling and shaping herself to hold back the partner's umpteenth unpredictable outburst, becoming metaphorically smaller and smaller, until she almost disappears from herself.

In this regard, in my opinion, the analogy of the balloon, used by Bennett Shapiro to describe the condition of the permeable boundaries of the *Flaccid Schizoid*, can help to describe how "submission becomes the only strategy to survive" the sense of total annihilation experienced in the developmental age in interactions with an ambivalent, hostile and/or anxious mother. Similarly, Lowen argues: "For the child, submission equals survival" (Lowen, 2013, p.51). Thus, preserving meaningful bonds of attachment, sacrificing and minimizing one's needs, one's natural Child and therefore one's authentic Self, becomes the only possible currency; this lack or looseness of boundaries between oneself and the other, which is the result of a deficient or faulty development of an autonomous and sufficiently differentiated identity (Marchino L., 2011), could later cause the encounter with the other from oneself to easily become con-fusional and confusing.

Furthermore, trauma parcels experience and makes room for chaos and the *loss of meaning*. The woman finds herself at a crossroads that leaves her mired in the implicit incongruence of the double threat she is subjected to: violence protracted over time and permeating her daily life, and contingent loss of her loved one who inflicts it.

It is worth briefly noting how the Central Nervous System is constantly

engaged in decoding and filtering information to organize and make sense of experience, as Gestalt theories show with respect to the analysis of incongruous images: the *illusory contours*. According to the principles of completion of (visual) perception, it happens that “The subject is urged to produce, on the basis of certain elements or available clues, an extension or a filler that allow to complete in some way a perceptual representation, which thus becomes more complete, regular and orderly, avoiding what would otherwise be experiences of irregularity, fragmentation, chaos” (Bonaiuto P., Batoli G. Giannini A. M., 1994, p. 50).

I therefore believe it is plausible to think that, if what is at stake is a sense of disorientation and a visceral void caused by the fear of abandonment, the woman who suffers violence may have to repress from her perceptive experience memories, significant details and/or interpret aspects of the relationship with the abuser to fill the *void of meaning* that often makes many aspects of domestic violence unspeakable.

Lowen (1972, interview) asks himself, “Why does horror stun the mind? (...) I think the essential element is that horror is *incredible*. Not all incredible events constitute a horror experience, but each horror experience is incredible. *The mind is not capable of understanding the logic or meaning of the event*. It finds no meaning. It is not possible for that to happen. (...) Horror is not the only reaction to an incomprehensible event. Another reaction is fear. An event or situation that the mind is not able to absorb (comprehend), will be perceived with horror or fear”. And Berceli adds: “The numbness of the body during the traumatic event is a natural protective mechanism. (...) If the imagining is terrifying and grotesque or horrifying, the body will continue to become emotionally indifferent to escape this oppressive ideation” (2010, p.107-108).

Parallel to the parceling of the sensory-emotional experience, we will also see the emergence of a concomitant overwhelming and *omnipotently dysfunctional sense of guilt*, just to get to the bottom of the growing confusion and powerlessness, in the vain search for the neglected detail, which perhaps could have avoided yet another aggression. This confusion is further fueled by the *false reconciliations* in which, for short periods, everything will seem calm again, and this will nourish the hope that things will change, discouraging initiatives of escape from violence. It is precisely the fluctuation of these phases that often leads to the loss of critical thinking, generating a sense of dullness and disorientation.

To this are often added other forms of ‘detachment’ that are traceable in states of *hyper-arousal*, which I believe is one of the faces of dissociation. For

example, in the process of emergence from violence you may be dealing with a woman who is apparently strong-willed and determined to lodge a complaint and to contact all the services in the area that can support her in her intent, but then, once she has obtained the desired feedback, she experiences a strong sense of frustration until her plans eventually implode and collapse. This may happen when, in order to cope with the traumatic situation, hyper-activation initially allows to bypass the pain and not come into contact with the distress caused by the prospect of disengaging from her partner, and the consequent sense of emptiness and paralyzing guilt. Here, of fundamental importance is the role of the anti-violence worker who will curb and contain the self-sabotage and overflow of anxiety, analyzing the emergency on the basis of facts, recreating an internal space and time in which to hold these anxious and disruptive states, so that the woman will not feel compelled to go back on her decisions, placing herself at risk again.

### **Maltreated bodies and trauma**

In most interviews, the first evidence is the battered and injured body of the woman, which testifies to a daily routine that is offensive and damaging to her sense of self, integrity and life. The state of vulnerability, of desperate hyper-arousal, the posture, voice and eyes filled with shame, the disorganized and self-directed anger in the immediate aftermath of the trauma, in the course of the subsequent sessions will often give way to a flood of words, to the fragmentation of the experience of Self, relegating breathing to superficial and frugal stolen moments, revealing the pallor of fear and helplessness, and a gaze that is often distant, withdrawn, empty, fleeing.

We are well aware that defense mechanisms are ways of feeling, thinking and organizing one's behavior that have arisen in response to the perception of psychic danger, apt to "remove unpleasant or disturbing contents from one's consciousness" (Lingiardi V., Madeddu F., 1994, p.35). These defensive organizations unconsciously try to regulate the tensions that arise from the relationship with reality and are not in themselves pathological but can become maladaptive when they become excessively rigid, as is the case if they are triggered by the cycle of violence repeated over time.

A salient feature of the traumatic event is its power to infuse terror and impotence. Those who have survived traumatic events that are 'extraordinary' - not because they are rare, unforeseen and limited in time (such as accidents or catastrophes), but because they have the power to overwhelm normal abilities and resources for adapting to life - can develop a series of disorders. It is important to

underline that, even apparently 'simple' threats and daily intimidations, or continuous exposure to mistreatment of varying intensity and type, can give rise to psychophysical traumas, characterized by the symptoms of post-traumatic stress disorder (PTSD) in a more or less pervasive form, which is difficult to determine beforehand.

Traumatic reactions occur when it is impossible to mentalize or to perform a defensive action and one feels overwhelmed and powerless; it is important to underscore that almost all the symptoms of post-traumatic stress disorder can be traced back to the triggering of the defense system and to the four fundamental responses - *Fight/Flight/Freeze/Faint* - that are typical of the evolutionary history of different species of mammals, even before that of the human being. If one cannot defend oneself by attacking (*Fight*) or fleeing (*Flight*), and fear is very intense, a surrendering behavior may appear in the form of alertness and 'freezing' (*Freeze*) where the only way out is to remain still. One enters a state of hypometabolic passivity, in which mastery of motility is retained, and the body becomes anesthetized - causing some dissociative states - for this appears to be the only way to 'not feel' the pain and the overwhelming psychic suffering. If the body is unable to cope with all these stresses to the sympathetic system, fainting occurs (*Faint*).

In my opinion, the persistence and extension of the traumatic maps in the context of the woman's significant relationships can lead to a sort of *freezing of thinking*, an *impasse* that in the victim of abuse reduces the possibility of tapping into her own resources and capacity for self-agency, having instinctively learned to become still and hold her breath in order to become 'invisible' to the attacker.

Being exposed to traumatic events can therefore generate a sense of erosion of the Self and profound changes (lasting or transitory depending on the *buffer* factors that are available to the woman) in the psychophysiology of those who suffer maltreatment, and this at the cognitive, physiological and emotional level, sometimes leading to the fragmentation of normally integrated functions.

All this often goes alongside with isolation, which implies that over time, the only voice and the only point of reference becomes the abuser himself who slowly and with manipulative behaviors, threats, psychological and physical violence, will isolate the woman by disparaging her and more subtly by manipulating her with flattery. The woman who is isolated from her friendships and from social, family and professional networks gradually loses her points of reference and comparison. In an attempt to stem

the bursts of anger and possible violent reactions, she will tend to self-regulate over time, compressing the sphere of her own interests and social relations, going out less with friends and spending less time with her loved ones, giving up work and staying at home more and more, thus sacrificing her freedom and autonomy and limiting the chances of getting support. This sense of *social and cultural isolation* induced by violence will, over time, generate in the woman the feeling of shame which, as Donna Orange (2016) explains, like all emotions is intersubjective; in particular, she adds (2016, p.3). 210), quoting Morrison (1984), “*humiliation* represents the strong experience of shame reflecting severe external shaming or shame anxiety at the hands of a highly cathected object (a significant other)” as is the case in relations with the abusive partner. As such, it produces a condition of profound suffering related above all to relationships with others for it is generated by the fear of their negative judgments, which act as a sounding board for their own negative self-judgment, confirming and consolidating a sense of failure. Shame often causes the woman to hide and to withdraw into herself; the idea of belonging to the ‘category of victims’ often causes her to feel helpless and to have low self-esteem, which does not make it any easier for her to seek support from her network of close relationships. Over time, therefore, the woman will not feel entitled to come forward and tell her story of abuse, for she experiences it as something she is responsible for, which causes her to feel a strong sense of guilt and, precisely, shame. This vicious cycle will only further plunge the woman into more violence and silence, making it ever more difficult for her to emerge from the spiral of violence.

### **Trauma and the role of fear in the helping relationship**

Trauma in intimate relationships therefore has a precise connotation, a complexity that should not be pruned but rather grasped in its multidimensional essence.

The fear of the woman who suffers violence - which is often necessarily anesthetized - can find a space for mentalized mirroring in the fear that the anti-violence worker may find herself perceiving during the session and that she will filter through cautious and targeted responses. Over time, this may resensitize and thus help the woman to *perceive her own fear*, which has often been denied for too long. Presenting one’s experience in a perspective of self-disclosure avoids establishing that ‘the practitioner knows better than the woman herself what she feels’ and interventions that may re-victimize the user. For instance, the practitioner, through a careful and calibrated sharing of her somatic countertransference, attempts to release the sense of

blunting and torpor, bringing attention to what stirred in the woman but was cast off and discarded, in favor of protecting the couple's relationship and the illusion that it implied. In the long run, this provides quality time and a safe place in which to tune in to one's own bodily sensations and emotions, validating them, for they are sustained in a helping relationship that restores value, meaning and dignity to the woman's perception. In this perspective, the fear of the practitioner as a tool helps to assess, together with the woman, on the basis of a criterion of reality, the extent of the risk, examining every aspect to which she is exposed in the here and now of the request for help and guides the intervention and the resources to be activated. Countertransferentially embodied understanding, based on empathic emotional resonances in the body of the anti-violence practitioner (and of the therapist, if in a psychotherapeutic setting), promotes the possibility of the progressive growth of the Self, which encourages greater contact with and a growing awareness of one's self-agency abilities (Heinrich-Clauer, 2013, p.349-357).

## **Conclusions**

In all this complexity of factors that intersect closely, enmeshing the woman who suffers maltreatment, the process of overcoming trauma can be considered as a process in four phases: experience, resistance, survival and resolution. In this process it is important to find a way to see and to offer the possibility to overcome the psychophysical outcomes that the trauma entails and that can be reactivated continuously with flashbacks, feelings of strong anxiety and agitation, loss and social withdrawal.

In conclusion, I believe that the helping relationship, especially when confronted with the thorny issue of violence in intimate relationships, can only be nourishing and transformative if we engage in a human sharing of age-old themes that resonate in each of us, and with authenticity in "a recognition, devoid of judgment, of the eternal and inevitable collision between sense of Self and empathy" (Bromberg, 2007, p. 94).

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# **Violence in Intimate Relationships. Assessing the Impact of Trauma on the Psyche through Dreams - a Case Study**

*Paola Bacigalupo*

*"If I knew what safety looked like I would have spent less time falling into arms that were not." Rupy Kaur*

Intimate partner violence (IPV) refers to "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours" (WHO 2002).

IPV against women is a widespread phenomenon: in the USA, it is estimated that more than a third of women have suffered sexual or physical violence and/or stalking by an intimate partner at some point in their lives (Black, et al, 2011) while in EU countries, IPV has increased from a fifth to a quarter of women (Council of Europe, 2011).

Studies and theory in the field of attachment indicate that women victims of IPV are more likely insecurely attached (Alexander, 2009; Henderson, Bartholomew, Trinke & Kwong, 2005, Kuijpers, van der Knaap, & Winkel, 2012) and they most probably have had experiences of childhood sexual abuse or in which they witnessed domestic violence, (Coid et al. 2001; Ehrensaft et al. 2003; Whitfield et al. 2003). According to attachment theory these experiences are strongly related to disorganized attachment (Barnett, Ganiban & Cicchetti, 1999; Cyr, Euser, Bakermans, Kranenburg & Van IJzendoorn, 2010)

The long-term effects of exposure to childhood violence, whether direct or merely witnessed, have been well documented and studies have focused on intrapersonal function in interpersonal relationships. (Valdez, 2012, Schaaf and Mc Canne, 1998, Alexander, 2009, Parks et al. 2011). Parents, who fail to provide care, protection and interactive regulation and are abusive or neglectful, become at the same

time, the source of and the solution to the infant's distress (Liotti, 2011, Main & Hesse, 1990, p.163). This result in Attachment disorganization. According to Liotti, a disorganised or traumatic attachment is a significant risk factor, both for dissociation and for the likelihood of future re-victimisation, as the unprocessed traumatic experiences can lead to a subconscious tendency to find oneself in dysfunctional relationships or situations (Liotti, 1999), as these experiences can be re-enacted in the violent relationship with a romantic partner perpetuating the cycle of violence (Walker, 1979)

Early experiences relating to attachment disorders can create a tolerance of abusive or violent relationships with significant others. In particular, an internal working model of oneself as bad, worthless or inadequate can create a tendency to tolerate mistreatment from others. Furthermore, Internal Working Models (IWM) of others as hostile or neglecting abusers can desensitise an abused partner to violence instead of considering it an aberration in normal relationship experiences (Liem and Boudewyn, 1999).

Valdez (2013) conducted a research on female victims of IPV. The majority of interviewees were childhood trauma survivors, and told of how their deprived family life had led to a strong desire for intimacy in adult romantic relationships, but also of a lack of self-reliance and a tendency to select intimate partner congruent with their IWM.

As the interviewees suggested their childhood experiences lead them to internalise a deep sense of guilt and a negative self-image that together with the fear of loneliness rendered these women more vulnerable to tolerating physical abuse perpetrated by a partner.

Although these studies have focused more on childhood physical and sexual abuse, it appears that emotional abuse in particular, characterised by rejection, threats, isolation, degrading behaviour and/or exploitation by caregivers (Hart et al, 1997), shows a link to violence in intimate relationships.

Berzinski and Yates (2010) have found that emotional abuse is a major predictor of IPV compared to other forms of violence, be it an isolated case or accompanying the traumatic consequences of other forms of violence. Experiences of childhood attachment are a factor of vulnerability in starting and maintaining a monogamous relationship with an abusive partner; it is not uncommon for someone

who suffered from childhood abuse to have an abusive partner in adulthood.

In the case presented here, it is remarkable how the representation of the dreamer's inner world and the intrapsychic resonance of the traumatic events connected to mistreatment and IPV and their links to childhood trauma emerge in dreams.

### **Mirna's story: The first session.**

At her first appointment, Mirna a youthful, slenderly built 33-year-old health worker, was visibly shaking as she described why she was there. She leaned forward as if ready to leap out of her chair. Her speech was rapid, and told of how she had had trouble eating and sleeping for weeks. She further confided that she had started to feel this way after thinking she saw an ex-partner in a crowd. From then on, she lived in great fear, to the point of refusing to leave the house. It was as if time had never passed and she began reliving the terror of that prior abusive relationship. Mirna displays all the symptoms of complex PTSD: hyperactivation with recurring flashbacks of the most traumatic incidents of their relationship, constant hypervigilance, with intrusive imagery and disturbing physical symptoms, and insomnia.

Even minor events (in some direct or indirect way connected to trauma) can trigger a flood of implicit memories, and cause a "limbic hijacking", which inhibits cortical functioning and to which the body responds as if the individual was facing life or death threat now ("I know it can't be him. He lives far away, but I feel paralyzed"). (Fisher, 2017, p.37)

These effects of the "Pathological kernel of the trauma" (Van der Hart, Nijenhuis and Steele, 2006) manifest through the reactivation of implicit memories and defensive animal survival responses. This coexistence and alternation of reliving trauma and its avoidance would, according to many authors, be considered the fundamental mechanism of PTSD. Indeed, although Mirna retained the memories of her traumatic experience, she disowned their sensory and emotional aspects: shame, loneliness, helplessness and fear for her life losing important aspects of herself. In her dissociation, the internal relationships between the fragmented parts reflects how her mind and body once tried to adapt to circumstances beyond her control in the traumatic environment which were once the solution (Fisher, 2017). A part of her personality, "the trauma related part", continues to activate a survival response

reliving of the trauma, while the “going on with normal life part” tries to carry on and function in daily life.

### **Mirna’s Background**

Mirna’s childhood was painful, with a conflictual domestic life. Her father was frequently out at sea, but would start arguments at home. Her mother was a dependent person to whom Mirna feels protective. When she was seven years old, her mother left her husband after countless threats, running away with the children. At age nine, her maternal grandmother, who had welcomed them and become Mirna’s strongest support, passed away. As a teenager, she made constant use of illicit drugs, and did heroine before coming of age. She went to live for three years with her boyfriend’s parents. At around age 20, she started a relationship with an older, married man. Although she initially felt loved, he was possessive and gradually started isolating her, prohibiting her from seeing her family (to “protect” her) or her friends. The man was an alcoholic and the relationship began to be characterised by threats, jealous outbursts and humiliations, to the point of occasional severe physical violence. Mirna feared for her life on at least two occasions, but couldn’t bring herself to leave him, despite feeling exploited. She finally found the courage to leave him and end the relationship after getting pregnant and losing the baby.

Mirna’s story of abuse and transformation shows how experiences of early attachment trauma, especially of betrayal on the part of a caregiver are linked to dissociation and lead to generalised problems in identifying violations in social relationships (DePrince, 2005) and exposure to further traumatic experiences.

### **Working with trauma legacy: A Multi-consciousness approach based on the body as a shared totality.**

With Mirna the goal of treatment was to find a way to acknowledge the reality of what happened without having to re-experience the trauma all over again (Van der Kolk,1995). Dissociation is a survival response disowning “the other one inside”, by disconnecting from one’s traumatized parts and non-me states (Bromberg 2011) is a way to preserve oneself by detaching emotionally and losing consciousness of unbearable feelings.

Our first task as therapists is to help the patient to notice and welcome his/her reactions, increasing mindfulness, encouraging the ability to notice and recognise

emotions and sensations enables the subject to attune to his/her experiences in a safe way.

Working with symptoms as manifestation of parts allowed to introduce a “dual awareness” and notice her experiences rather than “get in touch with it” (Fisher, 2017, p.44).

Healing traumatic wounds and the fragmentation connected to trauma depends on developing a collaborative relationship among parts. (Fisher,2017).

From a Bioenergetic perspective Tonella (2008) and Ballardini & Filoni (2008) agree that a trauma informed Psychotherapy, should be a paced approach based on these guiding principles:

- Interactive neurobiological regulation
- Titration opposed to catharsis
- Focusing on affect tolerance via expanding the window of tolerance (Siegel, 1999)
- Exploring Micro-movements and sustaining mindful awareness
- Building a holding environment (Container)
- Recognizing and working in present time with the spontaneous evoking of implicit memory and animal defence survival responses (Fisher, 2017).

### **Listening to dreams: a safe way of working with trauma and dissociation**

Dreams are an incarnate experience, where we witness experiences that appear real to our senses (Ellis, 2020). They are a safe guide to inner life and to the therapy’s process, allowing us to access emotions or themes which the patients can be reluctant to share. Or, as in this case, dreams help the healing process by symbolising affects and fragments of individual experiences otherwise inaccessible to the conscious mind. Dreams can represent psychological dissociation and linking its fragments together into a single dramatic narrative, this being a kind of miracle in the psychic life.

Listening to dreams is a fundamental part of therapeutic treatment, an effective way to discover and transform implicit belief systems a person holds of him/herself and the world (Ecker et coll., 2012).

My reflections on the importance of dreams began after a remarkable dream

reported by Mirna and the contribution of the Jungian psychoanalyst Donald Kalshed (1996;1998; 2003). According to Kalshed, dreams portray an archaic psychological defence system associated with childhood traumatic experiences. The self-care system role is to prevent potential retraumatization, manifest in dreams as archetypal figures. Its caretaking side is personified by an inner figure who swings between benevolent, protective and persecutory actions and qualities.

Also according to Steele, Boon & Van der Hart (2016), we naturally develop mental representations (called “objects” in the theory of object relationships or “internal working models” in attachment theory), of our early caretakers these serve as models for our own self representation as well as for those of others.

In cases of severe abuse or serious neglect, negative representations (bad object) serve as the foundation for dissociative parts of a person that imitate the perpetrator. The perpetrator imitating parts make sure that the subject maintains a negative self-image, blaming itself for whatever happens. Traumatic memories, relived from the perpetrator’s perspective as conceived in childhood serve as a defence against shame, trying to maintain a fragile balance and an internal security by reliving what cannot be explicitly remembered. These parts of the personality system, which are largely unknown and unanchored, should be recognised as parts which try to give protection (even in a paradoxical way) and enclose experiences that are difficult for the subject to integrate, such as sadistic impulses, which are an understandable reaction to abuse.

### **Mirna’s dream**

This dream comes the night before her wedding. I have transcribed it in her own words:

*It’s night and we’re in the mountains in winter. Zeno (our dog) is with us, getting sheared in a place Martina (her wife to-be) found which I don’t like. It’s a nuclear bunker. We come back to pick him up after an hour with some dear friends.*

*We all enter and an enormous scary Russian points to a corner in the corridor. I turn and see Zeno completely sheared, trembling in fright, a puppy once more. I pick him up and tell the others to get out, pushing Martina hurriedly. I force her into the car with our friends, and hand them Zeno.*

*I then realise that I haven’t paid, so I tell them to go on ahead. I watch them leave and I go back in. The door shuts behind me and I realise it is a trap. I turn and*



see **him**. The Russian starts insulting me in the worst way possible and hits me. He stops, snatches my mobile phone and starts sending texts. I know he's making me lose my job, my friends, my family. I cry in desperation, feeling pain in my chest. I scream at him to give it back, that he's ruining me. He smiles with a terrifying leer and tells me I deserve it. There's a girl, all wrapped up, at the corner. She has a hood obscuring her face. I can't see her features clearly and she says nothing. I beg her to help and she returns my phone, but he reappears. He takes me by the arm and I keep crying. I tell him that he'd let me go if he loved me even a little. He releases me and, crying and laughing at the same time, tells me with a crazed expression: "You're mine anyway. I'll always be with you. I can take you back any time I want". The girl comes without my noticing and drags me to the exit. I run through the snow in the darkness. I turn around and see her closing the door. Her hood falls back and I see she is me. Once the door shuts completely, I find myself alone in the dark. My mobile vibrates. It's a message from Martina. She's worried about me.

The first question is why the dreamer would have such a frightening dream at a significant and happy time of her life. According to Kalshed, (2008, p.195) excitement over a long-desired event and the emergence of hope in a new life opportunity are a serious threat to the protector's/persecutor's control and so it attacks or demoralises the person: Self sabotage keeps the pain associated with the trauma alive and turns the defence mechanism against the very person it is supposed to be protecting.

The setting of the dream describes a dark, cold situation. Mirna recognises herself as the subject of the dream through her vigilance and wariness of letting her guard down, as well as having accepted to take the dog to a place she dislikes, perhaps because it is a location recognised by her subconscious.

She has company during the car journey, as well as at the bunker's entrance, but the big scary Russian appears and points to the dog, now a trembling, defenceless, completely sheared puppy. It's as if Mirna has found in the bunker two personifications of herself, one small and defenceless, the other, represented by the Russian, being an oppressive guardian figure who acts as both protector and cruel jailer. The latter is not merely an introjected father, but a tyrannical and controlling object who imprisons her most vulnerable part, represented by the dog in a suffocating bunker. "The system is stuck at the original trauma ... the innocent, creative relational essence of the child is eternally locked away in a prison for safe-keeping... paradoxically, in the name of survival, the archetypal self-care system says NO to life,

“(Kalshed, 2008). However, the defence is an overactive safety mechanism which confuses “every flash of light for the original catastrophe inflicting a high price to pay by maintaining dissociation”. (Kalshed, 2008).

She arrives at the bunker to take care of her dog just before her wedding, but her memories, taking the form dream fragments, are reactivated. She wishes to be desired but also feared because the people who should have loved her were the very same, she had to defend herself against.

The dream reveals that little Mirna is now safely under the protection of friends. The persecutor aspect still torments her because she doesn't deserve to be happy or free. This is the paradoxical message of the protector/persecutor: “I shall always be with you”. This part of the dream brings to light this central experience which made Mirna turn the protector/persecutor into a mix of attachment and violence.

In reality, children often come to the self-blaming conclusion that they are guilty because such is the explanation given implicitly or explicitly by parents and/or violent partners (“you're the one who gets me wound up”, “you were asking for it”). The subject gains a sense of control out of it fighting feelings of helplessness, as well as avoiding blaming the parents. This leads the victim to project the anger against him/herself rather than the abuser. This guilt-ridden internal life divides the self into a self-loathing part and another more domineering and contemptuous one. The Russian in the dream, who takes the phone and uses it to destroy Mirna's relationships and work, has a paradoxically protective function “operating like a dysfunctional immune system” (Kalshed, 2008) meant to avoid re-traumatization and intolerable feelings of dependence and loss.

What's new in the dream is the strong, silent figure who takes her outside and is recognised by Mirna as herself. This is a major step which makes cooperation possible, putting the dreamer into contact with her part that acts rather than talking, and preserves traumatic memories and the knowledge that she is no longer a prisoner in the bunker, that her “phone” (her ability to maintain relationships) has not been destroyed. She now knows that she is not alone and that her partner is always with her.

## **Conclusions**

I would like to conclude with a reflection; perhaps one of the most powerful

tools in therapy is the ability to recognise the “bad self” or the “shadow”; it is the capacity to accept it within ourselves that allows patients to take this integrative elaboration, and helps them to understand the root of their shame and self-hatred, thus reducing fear and hate.

This allows one, with the patient’s help, to re-write their history and observe the protective function of this component, which is often the keeper of the most intolerable parts of traumatic experiences.

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# **Historical and Contemporary Psychoanalytic and Bioenergetic Perspectives of Sexuality: Let's Bring It Back into The Therapy Room**

*Helen Resneck-Sannes*

## **Introduction**

Wilhelm Reich is the only person whose books were burned by the FDA. And as one psychoanalyst said to me when I was presenting Bioenergetics to an analytic group: Do you really believe that orgone energy was that threatening?" Freud believed that sex and aggression were the two most threatening drives, and the culture's role was to manage and control them. "It was Freud who first bravely placed sex at the heart of psychic development and highlighted its destabilizing power in our psyche and hence the defenses brought into play to manage it. As one contemporary psychoanalyst has stated: "His corpus of work might even be described as the result of an internal need for regulation of the sex drive. (Lemma and Lynch, p.2) TRUMP)

Reich also saw the danger of the sex drive. As we know from Sharaf's biography (1983), Reich discovered his mother having sex with his tutor and told his father of the affair. His father began treating his wife badly, and Reich's mother was driven to committing suicide. However, Reich believed that the problem was repression of sexuality, rather than it needing to be more controlled.

Bioenergetic analysts view that how we organize ourselves sexually plays a key role in our feelings of aliveness and in our somatopsychic organization. In *Fear of Life* (1980), Lowen states: "Sex is the most intense manifestation of the living process. By controlling sex, one controls life." (p.122) Two factors have the greatest impact on our attitudes regarding sexuality: cultural attitudes and our attachment histories. In this talk I trace what has happened in the field of psychotherapy regarding sexuality from the 60s when sexual attitudes began to be more open, to the present. Focus is on the necessity to be alert to feelings of shame, the importance of grounding especially in relation to the pelvis, and the role of sexual fantasies in revealing attachment histories.

The following concepts are key when discussing sexuality from a Bioenergetic perspective.

1. Reich's concept of orgasmic potency is a yardstick for health in that it describes the capacity for aliveness and pleasure in life.
2. Lowen's (1980) addition of the concept of grounding enables a person to take a stand to feel his bodily separateness.
3. Bodily boundaries enable the client to merge and recover his separate bodily integrity.
4. Opening the blocks in the body in the presence of a highly skilled Bioenergetic therapist reveals to the person his needs and emotions that he has cast out, enabling him to be in as much contact with his deepest self and to experience as much as he can of his partner's emotions.

Baum (2016) has elucidated the requisites for creating the optimal environment for this deep work. Bioenergetics therapists are skilled in knowing how to support the diaphragm through the terror of the heart and pelvis opening and flowing together, enabling feelings of passionate love, which is sometimes a roaring train and other times a sweet melting.

## **History**

Let's go through a little history about how Bioenergetics, with its emphasis on emotional expression and sexuality came to be popular and then retreated from a prime position on the therapy stage. By the mid 1960s the Kinsey Report had been published and its findings disseminated. Birth control was widely available, as well as mind altering drugs, great music, economic prosperity, and feminism. Without the fear of pregnancy or HIV, cultural attitudes regarding sexual expression loosened. Reich's ideas were attractive because they promised freedom to discover our real selves, separate from the culture's restraints. However, the culture was still saying that sexuality was dangerous and women's role was to create boundaries. I remember when I told my parents my sophomore year of college, that I wanted to move off campus and needed their signature, my father first accused me of wanting to put a red light in front of my door, and then the next day offered to help me get birth control pills. I was in love but not certain I was ready to have sex yet. Fifteen years later I entered Bioenergetic therapy and training. I remember when I first felt the sweet vibrations emanating from my pelvis, trying to work its way through the block at my shoulders. My therapist told me that this was my energy, that it belonged to me. I had

been masturbating since the age of 4 and enjoying orgasms, had been active sexually since the age of 21 years, and had been married 5 years and had given birth. However, I began to cry, as for the first time, I really felt that this energy was mine. Of course, there lies the danger. If I felt that this was my sexual energy, how was I to control it, and to keep it from being expressed when it shouldn't? After all, the culture had told me that I am a woman and I must set boundaries. There was that ominous red-light problem. As the sexual charge increased, the more shame I felt with my desire not to manage it. I asked my therapist what she thought about shame and she replied: "that it was just a racket that parents run on their children". My parents did not want to shame me, but there it was. I felt terrible, so, I decided to explore it: How it was held in my body? What were its early manifestations? In 1981 I published my article: "Shame, Sexuality, Vulnerability". Shame had not been explored much before then in the psychological literature, so other authors began calling me, wanting to talk about it.

In 1988, my friend, Ellen Bass published the book: *The Courage to Heal* (which I helped edit, but only the body work section). It alerted the culture to the widespread occurrence of sexual abuse. She has a statement in the book, which sounds innocent enough: If you don't remember your abuse, you are not alone. Many women don't have memories, and some never get memories. This doesn't mean they weren't abused. If you think you have been sexually abused, you probably have." (p.81)

This became the sentence that caused a public outcry. During those subsequent years, many women and men for the first time began to tell people about their sexual abuse histories. Even before the book had been published, I was interviewed by a magazine and asked how many of my clients reported sexual abuse. I went through my notes. It was 80% of women. I was asked if that seemed disproportionately large. I had never even thought about it before then. Interestingly, if I look at my cases now, it is probably only 35% of women and 10% of men.

After the book was published, therapists were alerted to the sexual abuse they had been missing. I had clients coming in reporting that previous therapists were telling them that they had been abused and as a somatic therapist, perhaps I could help them recover their memories. No memory of a sexual abuse incident emerged, although somatically the clients were experiencing the same bodily sensations and emotional fears of clients who had a memory of at least one specific incident of sexual abuse. Two parenting events were a parent, who was also violently punishing them. Now, we know from working with the body that two things flood the pelvis: Sexuality and aggression. And as I mentioned previously, Freud believed that these were the two

most difficult and potentially dangerous drives to control.

I then published the article: *A Feeling In Search Of A Memory*, which was immediately picked up by the Utne Reader. I state in that article:

The current debate in the field of psychotherapy and child abuse is a difficult one. The question is: Can therapists know about a client's sexual abuse before the client is aware of it? Several of my clients have seen therapists who decided that they had been sexually molested. The therapists began to work toward enabling the clients to retrieve the abuse memories. One client produced memories for the therapist. Later, in therapy with me she admitted that these events could never have really happened. For the others, no memory ever emerged. All of the clients became more and more confused and ashamed of their sexual feelings.

No memory of sexual abuse ever emerged because there was no incident. These clients had all grown up in families in which boundaries weren't respected. Many of them were emotionally flooded by one of the parent's needs. The threat of violence was present, often from a parent who was also seductive. They grew up in an atmosphere of emotional and sexual abuse, but there was not a physical incident of sexual abuse to be remembered. There was no memory because there was no incident. (1995, p.97-98)

The culture, especially the therapeutic field had become hyper vigilant to issues of sexual abuse. Therapists were being reported to licensing boards for sexual violations and day care centers were being closed due to charges of sexual abuse. The False Memory Association was formed. Bob and Virginia Hilton published the book: *Therapists at Risk* (1996) to help us navigate this territory.

### **Current views**

Alan Schore's writings (1997, 2003) and the findings from neuroscience directed the field to focus on the non-verbal events that happen during the first three years of life. Many therapists took refuge here, for now the focus was infantile issues rather than adult sexuality. And as Mann warns us: "When sexuality is too hot to handle, therapists may resort to mentally de-sexualising their own and their patient's bodies, thereby compounding problematic body-mind splits and heightening the danger of acting out erotic desires. (Mann,1997, p.10 in Harding)



Awareness of the effects of shock trauma, flooding, and disassociation became hot topics, and many of us studied treatment modalities for working with trauma. Treating shock trauma is now included in our training curriculum.

Self-Psychology (1) and Object Relations (2) became of interest, along with Martha Stark's analysis of a One-person, One-and-a-half-person and Two-person therapy. (3)

**(1) Self-Psychology** is a modern psychoanalytic theory. Its clinical applications, were conceived by Heinz Kohut in Chicago in the 1960s, 70s, and 80s, and is still developing as a contemporary form of psychoanalytic treatment. In Self psychology, the effort is made to understand individuals from within their subjective experience via vicarious introspection, basing interpretations on the understanding of the self as the central agency of the human psyche. Essential to understanding Self psychology are the following concepts: empathy, alter ego/twinship and the tripolar self. Though Self Psychology also recognizes certain drives, conflicts, and complexes present in Freudian psychodynamic theory, these are understood within a different framework. Self Psychology was seen as a major break from traditional psychoanalysis and is considered the beginnings of the relational approach to Psychoanalysis.

**(2) Object Relations** is a variation of psychoanalytic theory that diverges from Sigmund Freud's belief that humans are motivated by sexual and aggressive drives, suggesting instead that humans are primarily motivated by the need for contact with others - the need to form relationships.

**(3) One-person therapy:** The therapist is expert, separate from the relationship and interprets the client's feelings and behaviors. **One-and-a-half-person therapy:** The therapist empathically mirrors the client.

**Two-person therapy:** The therapist is an active participant in the relationship.

Classical bioenergetics is a One-person therapy, with the analyst as expert offering interpretations and techniques. With a Two-person therapy, the therapist is a part of and deeply affected by the process. Many of us were working with personality disorders and our clients were feeling ashamed and flooded by the Bioenergetic work. We had already begun to reshape our interventions, so that the analyst openly acknowledged her part in the process. However, to work this way has its risks, especially if you are working with sexuality. You are no longer an unmoved observer of someone's energy opening.

**Target (2105) states:**

It appears that psychosexuality retreated from analytic focus at about the same time and rate that transference issues started to occupy the centre ground. Possibly sexuality was easier to focus on when the treatment was shorter, when the relationship with the therapist was not the central focus, when the patient's attachment to the analyst was most easily understood to be part of their illness, and the therapist behind the couch did not expect to get involved (p.58).

**Therapist Stance Working with Sexuality**

It behooves you then as the therapist to be more aware of your own sexual energy, and to work on yourself, to be as open and conscious as possible. This is especially true, as we now know from Alan Schore's writings, that what transpires between the therapist and the client is often unconscious and non-verbal. Our comfort with our own bodies and sexuality is a pre-requisite to work with another's sexuality.

So, after all of this: Again, what do we know of as healthy sexuality? For Reich the measure of health was to achieve orgasmic potency, "The Big O". One definition of healthy sexuality could be a body that has a capacity to slowly vibrate into finer and finer movements until, they become like subtle electricity, and the body is enveloped in streaming, "The big O". For a brief period of time the body/mind split is healed.

Although Reich believed that the charge begins in the pelvis, he was writing about more than genital arousal. He was talking about an energetic charge that is first manifest as vibrations or a tingling sensation, which travels up the spine through the shoulders freeing the arms to reach for connection and to push away to create boundaries. It travels up and down the legs, like a balloon needing a string and a hand to hold it, seeking for a way to move down and up from the ground in a wave pattern, moving our head back as the lower spine seeks contact with the ground and our legs seek a boundary to hold them. It comes up the front of the belly and chest and up to the jaw and out the eyes, freeing the eyes to be soft or hard, to push away or pull back, to show love, passion, longing, hurt, anger and sadism. Yes. We need to take responsibility for our sadistic impulses, feel the pleasure of our anger, to feel it in our bodies, and to have a choice whether to contain it or express it and to decide how we wish to do that.

The “big O” isn’t only about sex. These vibrations or tingling sensations are important for regulating our arousal system. Reich believed that we have more energy than is needed, in case of fight/ flight. If that energy isn’t discharged, it becomes anxiety, sometimes so intolerable that physical symptoms and illness occurs. We know how valuable it is to release that energy, especially in dealing with trauma. Levine (1997) and Bercelli’s (2008) somatic interventions for the treatment of trauma are based on Bioenergetic theory and techniques, which they both studied.

However, it is not that easy to reach the Big O and certainly difficult to sustain. My experience is that I have achieved it rarely and for only brief periods of time. I notice that my clients and I unconsciously stop the flow. Even though the sensations are pleasurable, familiar muscle tensions and holding patterns reassert themselves. Our attachment history has informed our bodies that it is not safe to be this open. It is too painful to have the expression of our needs and impulses denied again and again, so our bodies contract so that we are unaware of these frightening emotions, our desires for connection and the need for boundaries. To re-experience that rejection again and again would be intolerable, so we prevent ourselves from consciously knowing of them. We may be in state of chronic hyper - or hypo - arousal without awareness that another way of living in our bodies is possible. Not knowing our needs, we aren’t able to take care of them. Lack of awareness of our anger, can cause it to burst through explosively. Chronic muscular tensions cannot only make it unpleasant to feel our bodies but also lead to health problems. Of course this is a very shortened minimal description. To see how they apply in Bioenergetic therapy refer to Angela Klopstech (2000).

However, lying on the floor and streaming isn’t sufficient for healthy sexuality. The “Big O” is an experience of a person alone, not in relationship. Healthy sex is relational, for as Lowen (1975) says: It is illogical to write about sex without discussing its relationship to love.” (p.27) Our relationship to sex and love are formed in our early attachment relationships. Target (2015) lists the following attributes as necessary for what she refers to as “normal” sexual relationships.

First the relationship must allow opening one’s mind to another’s projection, an experience of safe attachment interactions allow each partner to accept being both separate and fused with one another ... Secondly, normal sexuality requires a reliable sense of the boundary of the physical self. This is blurred in intense sexual pleasure, in which the bodies may feel merged or interchangeable, and there must be confidence that the sense of self can be restored. Thirdly, ... genuine desire on both sides is

essential. Fourthly, heterosexual excitement may be underpinned by an unconscious fantasy of also possessing being the gender of the partner (p.54).

Target mentions an experience of safe attachments as necessary. We know that to rear children with healthy sexuality, we must provide a positive mirror, beginning in infancy and throughout childhood. Children must neither be favored nor victimized by either parent, but must be the third, separate from the parental unit. Tucillo (2006) states that the relational dynamic between the parents has a profound impact on the child's sexuality and, in particular, on her eventual sexual relationship.

Children learn to relate to others through their parents' relationships. Much of this trauma and pathology becomes imprinted, embedded in the unconscious and, although a young adult may vow never to repeat the mistakes of her parents, nevertheless, she often finds herself mired in similar relational traps ... (p.74).

For healthy sexuality it is necessary to be separate, to feel the charge and to take possession of it. If not, the person remains in a symbiotic merger with the other. As I quoted Target previously, you can't merge and lose your boundaries with another unless you are separate.

### **Bioenergetic Work on Sexuality**

One of the principles of Bioenergetics is to first help the clients find their ground, to feel stable standing on their own two feet. As Lowen states in *Fear of Life* (p.8): "One's feelings of security and independence are intimately related to the function of his legs and feet. These feelings strongly influence his sexuality." It follows then that for clients to experience separateness, they must be able to stand, feeling supported by their own legs. It is often necessary to assist them in finding where the pelvis should be held in relation to the rest of the body. The client often needs support from the therapist to be able to manage this new stance.

### **Case Presentation**

The pelvis needs to be allowed movement to provide charge and energy. Sometimes it is cocked back and held in the charged position, and tensions block the full swing of the pelvis into the discharge position. It is as if the person has one foot on the gas and one on the brake. Recently, a male, I'll call him Joe came to therapy reporting ongoing panic attacks that had begun after his wife separated from him. He couldn't sleep and

a psychiatrist diagnosed him as bipolar. However, he had never had these symptoms before. When I began to ask him to focus on the sensations in his body, he described feeling intense activation beginning in his chest and rising up his back and up to the top of his head. The area of his heart felt tight and ached. I told him that he was describing the pathways opened in kundalini yoga. He then told me that he had attended a kundalini retreat a couple of years ago, and it seemed that these either were, or had become habitual pathways for the energy in his body. First, of course, I helped him ground, finding the support that his own legs could give him. As Baum (2017) says: “Modifying the stance, like the effect of considering a new way of looking at something about which one has always had a particular attitude, creates the possibility for new experience, new ideas, new images, and new solutions.” (p.27)

After Joe found his legs and grounded, we did some simple boundary-setting exercises. Next, I encouraged him to move his pelvis. It was arched back, and he found it difficult to let go of the tension. He held a fully charged pelvis, but couldn't release during the thrust. All that charge created a great deal of anxiety, confirming Reich's theory. When trying to release his pelvis, he lost his ground and needed support from my hands on his upper back and on his chest to keep centered. While standing there, he reported a memory. One time, when he was 18-years-old, someone spiked his drink at a party with a hallucinogen. He came home and was very frightened. His father was generally passive, and his mother let him know in many ways that Joe was superior to his father. My hand on his upper back reminded him of that time when his father was providing support and calming him. His mother came home and found them together. She yelled at his father, grabbed Joe and dragged him upstairs to his bedroom, locked the door and climbed into bed with him. As he told me this story, he became aware of how enraged he was with his mother and how frightening it was to feel that. I removed my hands from his chest and back and stood in front of him. I offered him the palms of my hands and encouraged him to move his pelvis and push against me with his hands, enabling him to feel the power to set boundaries. I continued the contact with my hands while he pushed, since without the contact, he lost his ability to ground. His mother encouraged his sexuality. In fact she flooded him with so much charge, that it became difficult to ground. Also, there was no safe release.

Joe could not report an incident of sexual abuse but was caught between his mother's use of him to meet her own narcissistic needs, including sexualization of him, and the negation of his father as an idealizing object. He was caught in an Oedipal triangle that charged his pelvis in a way that was frightening to him.

After that session, he was able for the first time to take a stand during the mediation sessions with his wife and set limits on how she was treating him. He also began having his first good nights of sleep in months. This was important as he said his anxiety was about not being able to sleep and not being able to sleep led to more anxiety. So being able to sleep offered him a great deal of hope.

Joe did not enter therapy with sexual issues but the somatic interventions were useful in enabling him to recover feelings regarding his mother, which in turn enabled him to be more assertive, to set boundaries, and discharge some of his anxiety. However, like most of our interventions, this was not a one-session cure. Several weeks later he had trouble sleeping again and was experiencing anxiety about his relationship with his current girlfriend. He reported frightening nightmares of being held sexual captive by his girlfriend and her father. Joe still has a tendency to lose his ground, especially with women to whom he becomes attached. He will need to lose and recover it many times before that learning solidifies. However, under stress, Joe like the rest of us will return to his defensive position. But he now is aware of it and is able to find a solid ground for himself. After 21 sessions, he no longer needs the atavan to sleep.

## **Shame and Sexuality**

Not all clients enter therapy ready to stand on their own and be separate. As infants we need a caretaker to survive. If that caretaker doesn't respond contingently to the infant's needs or threatens abandonment when the child tries to individuate, the client will be unable to separate from the introjected mother. To do so would mean death. In this case infantile issues need to be addressed before opening the sexual charge.

Another pitfall of opening sexual feelings prematurely is the following. When sexuality is opened before the person has dealt with feelings of shame, he or she either self-attacks or attacks the other (the therapist) to protect against the "bad self". You may be working with infantile blocks as the patient lies on the mat, encouraging a full pelvic release. But later the adult is frightened by the charge and the sexual impulses that have emerged and may have feelings of shame. This is especially true for issues regarding sexual abuse. Sexual abuse often opens the genital charge before the victim can contain it. The charge is over-whelming and frightening; and to make matters worse, the victim usually blames him or herself for the abuse, and experiences intense feelings of shame.

Shame is an emotion that is not readily shared. Rather the person wants to hide and cover the feeling to prevent further exposure of inadequacy. Because of this reaction, the person may internally separate from the therapist (Resneck-Sannes, 1991, p.11).

This is a critical moment because if the shame is not immediately addressed the client will be left feeling that he or she is bad, which may lead to a self-attack, i.e. cutting, over-eating, drugs or attack on the other (the therapist) to protect against the “bad self”. The therapist who opened these feelings must be bad. He or she is the perpetrator over-stimulating the client.

Empathy, mirroring, supporting, challenging and analyzing the therapeutic relationship are needed to treat sexuality. Lowen said always support sexuality. We need to support it because of the shame and feelings of inadequacy that surround it. It is such a sensitive part of ourselves that we need to bring to the therapy all of our therapeutic skills, including our knowledge of how energy moves through the body, especially through the pelvis.

### **Developmental Charge and Sexual Expression**

Another important contributing factor that Bioenergetic theory, brings to the therapy process is the analysis of how developmental charge is held in the body. The belief is that the charge comes into the pelvis in a more differentiated way between 18 months to 3 years.

Reich (1971) made it a point to investigate his clients’ fantasies during masturbation. So, at some point, when the relationship is solid and I’m fairly certain that the question will be received well, I ask my clients what they fantasize about when having partnered sex or masturbating. I do this, because I want to know how they were parented during this time. As I have said, physical aggression charges the pelvis. Children who were physically punished during that time (not necessarily beaten, but swatted on the butt), or harnessed, or confined to a playpen, often have sado/masochistic fantasies during sex or masturbation. One client was literally tied to his crib when he was young, as his parents were afraid, he would wander through the house and hurt himself. He liked being tied up during sex, and deep inside, he felt his charge was too much for others. When he had a therapist, who avoided discussing his sexual practices, it confirmed that belief. Another client’s father spanked her very hard. He also dressed her in a French Maid costume when she was 8 years old, so

physical aggression and sexuality were merged. She had fantasies of being spanked during sex. She was over-stimulated by her father and entered therapy wanting treatment for alcoholism. Once the drinking was under control, she became a compulsive eater, and then finally she became a sex addict. After three years of therapy, she could take a stand and ground on her own. She was able to differentiate her own body's arousal from her father's sexualization, which had flooded her. She was free from the need to use alcohol, food, or sex to calm herself.

If women are told that their sexual feelings might be over-whelming and that men might have a difficult time containing them, i.e. leading to rape, they report fantasies of being irresistible and captured, so that they aren't responsible for what follows and can avoid feeling ashamed for wanting sex.

There are as many variations on themes as our wonderful fantasy life will allow. I include Internet videos to be an important part of a client's fantasy life that also need to be investigated. I have treated many men who have come to therapy suffering from secondary impotence. The men I treated were all able to masturbate successfully, which I encourage. It is always good to keep the equipment in working order. Each of them experienced harsh rejection and criticism from their partners during sex. The pelvis was tucked under, like a dog with its tail beneath its legs, muting both the charge and specifically the aggression that would follow the resentment at being treated badly. As Murray (1986) says in her article: The necessary therapeutic intervention was when she helped her client see "his impotence as an expressive act by his body, through which he told his wife how he felt about her behavior." (p.249).

Some of these men turned to Internet sexual videos, which the culture has labelled as pornographic. When questioned about what they were watching, the story line was clear. The women in these videos were all enjoying receiving and giving sexual pleasure. Fantasies are a rich resource of material and I encourage them not to be overlooked when working on attachment issues.

## **Culture and Sexuality**

Along with our early relational experiences with our caretakers, cultural attitudes impact how sex is experienced in the body/mind. The definition of normal sexuality has gone through many changes. In the last few years homosexuality and transgender identification are no longer considered sexual perversions. In fact,



transsexuals have shown us that gender and sexual attraction are fluid. A woman may be attracted to women and find that the lesbian community provides a safe mirror for connection to herself. When her partner decides to become a man is she still a lesbian or is she now heterosexual? Does she have to give up her lesbian community, in which so much of herself is identified? In this context the labels lose their meaning. Gender is no longer a two-option choice. It also means that the ideal couple doesn't necessarily need to be represented as a heterosexual unit. But then again, how many of us hold our parents' unions as ideal standards of relatedness?

Homosexuality is no longer considered perverse. It does bring some problems of its own in terms of marginalization by the culture, homophobia and shame. In fact, homophobia impedes the ability to have normal sex, as it interferes with the capacity for imagination during sex of being the gender of the other. Normal sexuality is about being grounded and separate enough in your own body and sense of self that merging and losing body/mind boundaries is pleasurable. For healthy sexuality, we must be able to move from passive surrender (reception) to assertive aggression (thrusting). We need to take on both roles in our imagination. As we receive the penetration in our body/minds we also hold the role of the penetrator, feeling welcomed inside, imagining being touched while touching the other and reveling in the sensation.

## **Conclusion**

In the last year I asked several Bioenergetic male therapists if they work with sexuality. Many said that they stopped because they were afraid of litigation. De-sexualizing our clients is often shaming to them, encouraging them to turn away and negate the very part of them that provides the life force, a sense of joy and power in the world. Therapists who are unaware of how sexuality functions in their own psyches are unable to effectively mirror their clients' sexuality and are in danger of acting out in the therapy room. However, working with such an integral vulnerable part of the self has its dangers. Virginia Hilton (1987) has written:

How can we, who haven't resolved our own conflicts, offer those who come to us an ideal relationship for working through their Oedipal/sexual problems? We can't. Hopefully, we can be *aware enough* of our own issues and how they may impinge on the relationships, so as to keep them out of the way, and clear enough about the nature of the task so as not to simply recapitulate the initial trauma. We can acknowledge our limitations, and seek help for ourselves through therapy and

supervision, accepting the fact that we never outgrow the need for such help (p.216).

Let's bring sex back into the therapy room.

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# **Relationships in the XXI Century: Intimacy in Postmodern Times**

## ***Fina Pla Vila***

### **Introduction**

“Intimacy-direct, unmediated, heart to heart connection with ourselves and with others-can only occur when the heart is undefended. To cut through our personal experiences, to reach the unveiled part of ourselves that is deep enough to express the most profound and untamed aspects of our being means learning how to love and be loved without defenses and without obstructions. It means cultivating the capacity to be emotionally present even when we feel exposed or vulnerable; learning to relinquish the many strategies we have employed to feel safe and in control; and finding the courage to love without guarantees or requirements.” (Psaris J. M.S Lyons, *Undefended Love* facing page)

As Psaris expresses in the quote, we bioenergetic analysts, know that the capacity to have a heart connection with another human being requires us to be undefended and we know well how the type of family we have grown up has structured our subjectivity, our identity and our attachment and relational patterns. But apart from the repercussions from our personal history we must not obviate the impact of the sociocultural and economic system we live in, as the characteristics of this system has a direct impact on ourselves, our lives, our subjectivities, our identities and our sexuality.

Intimate relationships have undergone profound changes during the second half of the last century and the beginnings of this one, as deep social, economic and cultural changes are affecting the way we relate to each other in many aspects. In this article I will reflect on how these external social factors affect us deeply on many levels and we will see how these changes have produced an impact on how we live the issues of intimacy, couple, family and personal relationships, affecting our ways of relating, connecting and using online resources. Also, the notions we had about singlehood, friendship and old age are also being transformed. Some clinical examples

will be provided that show how these changes are affecting our lives and the lives of our clients and what ways we all find to relate in this present changing world.

These socioeconomic factors have affected our perceptions about sex and gender issues, the changes produced in masculine and feminine identities, the way we choose our sexual partners, the way we establish intimate relationships and the way we relate. We have left behind the era of modernity to enter a post modernity one and some philosophers like Judith Butler and some sociologists like Eva Illouz, Zigmunt Bauman and Anthony Giddens make interesting reflections about the world we live in.

In the last part of the XX century we lived a sexual revolution, the emancipatory Feminist Movement and the emergence of LGBTQ Movements and Queer Theory, that made us review our previous ideas about sex and gender. These deep socio-cultural transformations that have given way to postmodernity have brought a generalized context of change, individualization, liquidity and uncertainty, based in the crisis of previous norms and traditions. They have brought changes related to the contraceptive revolution in the 60s, the entrance of women in public space, the diversity of sexual options and the emergence of social individualization. We are in a new age characterized by globalization, increasing individualization and identity changes and the central value of this individualistic logic is the self.

With the dissolution of social family ties that structured traditional societies, people become increasingly individualized in capitalist contexts and the concepts of family, couple relationship, sex, and gender are deeply transformed. As a consequence, people no longer have definite paths as before, but they have to build them with their choices and the project of one's own self, with an emphasis on self-fulfillment, takes a central place. These processes of individualization make the modern family and the modern couple unstable and as a result, more people live periods of their life alone. The sociologist Beck even sees the family as a "zombie category" as it is dead but still alive and the category of family fails to contain the multiple practices of intimacy that arise. So, the hegemony of the conventional family is experiencing a significant challenge and families in postmodernity come in all shapes and sizes: divorced, remarried, parenting out of marriage, single parenthood, same sex parent, all of them have made the traditional nuclear family become almost the exception.

As a result, the social organization of intimacy is changing making space to new ways: non co-residential partners, friendships, communities, reconfiguring the demarcation of public and private space. Bawin, a sociologist, sees intimacy as "a

precarious negotiation of paradoxes trying to reconcile two somehow antagonist needs: the need to be engaged with the need to have a private space”. What matters now in terms of intimacy takes place beyond the traditional family, between partners who are not living together and within networks of friends.

These social changes have an impact on private lives: women have no more than two children or none, there is an increase of births outside marriage, delayed marriages, higher rates of dissolution and solo living, increased cohabitation, same sex relationships, women incorporating to work market, all those changes challenging the hegemony of the conventional family based on an heterosexual relationship. There is now more acceptance towards people with diverse sexualities and this have brought changes also in the psychotherapeutic field. For women, these changes bring more economic independence from their partners and there is a shift of emphasis from economic security to emotional satisfaction.

### **New Comprehension of Sex and Gender roles. Gender and Queer Theories**

We are in the middle of a profound change regarding binary identities and making space for other options. In this sense, Butler’s contribution has been decisive. Historically, there has been a dichotomous sex/gender system that has been taken for granted. We have lived in a world where heteronormativity was the only accepted option and the word heteronormativity describes the social relations and the institutionalized power structures where heterosexuality is seen as the norm, and the rest of options are considered deviations. Queer theory searches to deconstruct all those categories with the aim to fight gender and sex inequality.

The first Gender Studies started in the 50s and were developed by the Women’s Movement in the 60s. The Feminist Movement led women to rethink themselves and to question hegemonic gender rules. Later, the Gay and Lesbian Movements questioned normative sexuality and fought to have sexual freedom as an incontestable right, the racial movements and the 68 French May continued the path, and in the 80s-90s, the first Masculinity Studies were developed.

Gender Studies unveil the cultural construction of sexuality. They see gender as a social category imposed on a sexuated body and this category refers to cultural, psychological and social aspects assigned to people according to their sex. Gender is seen as a historic construction that shows how thoughts, behaviors and social roles are divided into two binary socially accepted positions.

But an increasing number of people now challenge the notion of fixed identities. And this is what the concept queer does, as it questions fixed and stable sexual and gender identities. There is now the notion that identities are plural with an intersection of multiple identity levels (sexual, gender, class, and race) and this is really opening a new path.

Contemporary Gender Theories show the complexity and fluidity of these concepts. Harris, a relational psychoanalyst, sees gender as socially constructed and uses the term “softly assembled” meaning it is not predetermined but has different patterns and contents in different people, follows multiple roads and is influenced by inter and intrapersonal, conscious and unconscious factors. In her conceptualization, she uses elements of Chaos Theory based on nonlinear dynamic systems, where results cannot be predicted. Benjamin, another relational psychoanalyst, criticizes classical psychoanalytic theories of Oedipus development for being limited and based on a binary model of opposites.

Until recently, we psychotherapists, were trained to see gender variance as pathological. For many years, the discordance between one’s internal sense of gender and one’s body was a gender identity disorder. In recent years, psychoanalysis, bioenergetics analysis and other approaches, do not reduce the construction of the subject exclusively to sexual development anymore and so, the importance of sexual difference as a condition to create a psychic subject seems to have lost its initial force. Attachment theory also questions the Freudian model as it proves the role of the father as an important attachment figure. Unfavorable legislation, social exclusion, pathologization from healthcare professionals, have made gender and sexual minorities aware of their discrimination described as homophobia, heterosexism and sexual prejudice. We know well how discrimination affects psychological health and it has been accepted now that gender and sexual diversity is not an indicative of mental illness.

The sex-gender system evidentiates the hypervalorization of male values and the infravalorization of female ones. When we talk about masculine and feminine from a gender perspective, we mean the ways in which being a woman and being a man are built in each culture. We can say we become women and men through a complex network of familiar, economic, politic, historic and cultural aspects.

L. is a lesbian woman 40 years old. She had an abusive father of whom she was terrified and an unstable mother to whom she bonded and this bond allowed her to

cope with her father's madness. To survive in that family she disappeared, she hid in the attic where she could find a space of her own, where she made up stories in which she was a powerful knight defending weak women. She suffered harassment in her adolescence by gangs of boys in her village and this left a profound mark of injustice in her psychism. On a body level she is an energetic woman with narcissistic traits, with a lot of energy in the top part and very feeble legs and feet and terrified of losing control. She cares a lot about her physical appearance which is a mixture of masculine and feminine traits. When she came to therapy, she was using manipulative strategies to get what and who she wanted and was terrified of her feelings which she translated as being weak. She had identified with a powerful masculine ideal related to be strong even to fight physically and at the same time be a defender of fragile women. She has her own business and we have worked on how to improve her relationship with her employees as she was terrified of not being assertive enough and of not being liked and accepted and be the best boss. She is a feminist and feels she has her own group of female friends that are her family community and then comes the rest of the world. She is in a relationship with a younger woman and often gets suffocated with the needs of her partner to whom she lives as invasive sometimes. She loves the freedom she has as she is independent economically and now she is more contented with herself being more able to recognize all the good things she has been able to create in her life as there was an insatiable and critical inner part that never felt fulfilled enough with her achievements.

### **Queer Theory and Butler's Contribution**

Queer Theory, influenced by Foucault and developed by Butler, emerged in the 90s as a reaction to mainstream studies that positioned heterosexuality as the norm and the normal. It departs from Foucault's Post-structuralism and Derrida's Deconstructivism and pleads for multiplicity and difference and for a non-repressive power construction but a constructive one, creator of subjectivities. Butler integrates the gay, lesbian and queer perspectives and declares that gender is not natural but learned, it is like a kind of mask, a performance, and she declares it performative. Queer theory aims to challenge heteronormativity which is considered restrictive and damaging. It is an approach whose aim is to deconstruct fixed identity categories. Thanks to her contributions, the pathologization of sexual and gender identities that do not adjust to heterosexual standards has changed, with an effect on psychotherapy and legislation.

In *Gender Trouble*, one of her books, she develops her thesis that gender is

not innate but socially constructed and stresses that conventional notions of gender and sexuality serve to perpetuate the domination of women by men and to justify the oppression of the LGBTQ collective. She completely disrupts the binary view of sex, gender and sexuality. Gender, rather than being an essential quality, is an act reinforced by social norms. So, gender is not hard-wired biologically but comes from an emotional and relational experience immersed in a social context.

Opposite to the prevalent view seeing biological sex as binary, essential and natural, and conforming binary gender, she pleads that gender is a repetition of facts, performatively constructed and sex is also constructed in the same way, sustaining a system of compulsory and naturalized heterosexuality. Every subject gets conformed as such through the repetition of gender rules based on sexual differences.

Sex and gender can be seen then as political categories produced by power relationships. She argues that any individual who does not fall into one of the two sex categories is labelled abnormal. For her, bodies are not facts of nature, rather they are produced by social and political discourses. She sees the body as a space governed by social constructs and for her, both sex and gender are not fixed but unstable and fluid. Butler's model opens us to a wider perspective and helps us to be aware of the powerful prejudices we have been educated with. Butler's contributions are essential, provide a wider perspective and have changed our understanding of gender and sex, stressing the impact of social dynamics in the construction of our subjectivity.

### **The New Masculinities**

Due to the impact both of the Feminist Movement and Gender Studies, men have questioned themselves about their heteronormative masculine model and Men's Studies have provided the way to reflect on men's role and its effects on masculine subjectivity and in their relationship with women. These studies analyze masculinity as socially constructed and masculinity is not treated as something universal and unchangeable but as a problematic gender construct. Postmodernity has brought new perspectives on how men are constituted as gendered social subjects and we do not talk about Masculinity anymore but about Masculinities showing the plurality in which they can be lived.

We can say that Masculinity in the XXI century is in crisis as what was previously defined as masculine loses somehow importance. In most societies the predominant masculine model has been sexist and homophobic but this model is not



compatible anymore with respect to diversity. Many men today don't want to be male chauvinists but they don't want to become feminine either, so they are working to create open and versatile identities to look for a model towards co-equality with women.

Hegemonic masculinity has been built upon the basis of a patriarchal society and upon a femininity based on submission. Masculinity has been traditionally understood as a way to exert power over women and power in the social organizations. In this context, heterosexism means that heterosexuality is considered natural and superior to other options and we know how patriarchal power structures are internalized via subtle mechanisms of socialization.

In this patriarchal system men must prove their virility and social validation which places masculinity in a permanent ritual to measure success, power and wealth, with the ideal of being strong and able to control emotions. This construction of masculinity means that men must prove they are not like women, they are not "weak" which is the feminine stereotype. Masculine subjectivity has been based mainly on the devaluation of the feminine and setting up distance with it, and we know well the negative impact this has had on feminine subjectivity and on the relationships between men and women.

But, at present, some changes are happening as more men are open to explore their vulnerability and to accept they are not the only ones responsible for the family and having the authority role. Some men are forming men's groups to inquire about how they feel and what it is to be a man in the XXI century and also support women on their vindications and explore new roles as caretakers of their children. But also, we see nowadays an increase in violence towards women, sexual abuse towards children, pornography and prostitution, that are really worrying and that show the failures and resistance to change of this patriarchal system.

At the same time and it started much earlier, women's role has changed deeply as they are now providers, are more independent economically, they are not so easily controlled, men are not needed to fecundate, masculine privileges are questioned and more women dare not to follow the traditional feminine role of housewife and mother.

Some gender dichotomies are being deconstructed: the male control versus the female emotional lack of control, the active male and the passive, receptive,

dependent females as well as the emotional restriction in males shown in the psychic and body armor, which causes lack of empathy and care towards the other and the hysterical dysregulation usually attributed to females.

Benjamin, a psychoanalyst, reflects on how domination is pervasively present in dominated people as we are in a hierarchical organization that promotes different psychological traits for men (strength) and for women (weakness). She says women are socialized into believing that sexual stimulus come from outside and not from some inner movement and this leaves women in a place always attentive at being perceived, at being looked at, in a place of permanent body insecurity as Femininity becomes associated to be in service of others, in need of external recognition and as a renouncement to personal desires.

Z. is a recently divorced man of thirty-five trying to adjust to his new life as a single parent, having to develop his professional objectives in a job he likes and enjoys as his aim is to be a successful businessman and a good father. He is trying to cope with an inner sense of betrayal and an inner emptiness and loneliness. He is able to cry and to feel moved and he can share his feelings with me. We are working in letting him explore a new space where things are not all resolved, where he has to go across uncertainty and at the same time disassembling his romantic ideal of a perfect partner and his blind optimism which prevented him from seeing the mismatch with his ex-partner. He is learning to walk by a new path more based on emotions and sensations and less on objectives to be accomplished mentally. We are working with his rage and hatred so that he does not act them out in a dangerous way, as thoughts of revenge accompanying the rage and hatred are present. We are working on him being able to contain these emotions in his body, to be more grounded and not to be so much in his head but feeling his wounded heart and learning about his inner emotional rhythms. He is being a secure base in the relationship with his two sons, allowing himself a space to enjoy being with them, cooking and watching series together, and looking after them emotionally while at the same time starts to slowly explore the world of online dating.

### **The Role of Singlehood**

Singlehood is taking a new meaning in this postmodern society and the category of single is deconstructed into new categories such as living in shared households, living apart together, living by himself/herself. Gender norms have been crucial and still are to shape how singlehood has been interpreted, as women

experience more pressure than men to conform to the ideal of femininity based on care and dependency and heterosexual marriage has been presented to women as central to achieve a fulfilled femininity. Successful femininity has meant having a sexual connection with a man, and women who are single have to develop strategies to justify their choice as they are often seen as outsiders who do not fit even if they have significant relationship connections outside the traditional setting.

Social norms privilege heterosexual marriage and those who are not in this category can still be marginalized and subject to stereotyping and stigmatization. In that sense, “singlism” refers to the existent prejudice against the unmarried ones corroborated by multiple studies. Socially, there is a pervasive belief that presents marriage as an ideal state but in postmodern society, singlehood as a desirable option is starting to take more space. For a long time, unmarried people have been seen as less desirable, lonely and responsible of their status due to some personal flaws but the proportion of people being single has widely increased in those last years.

The deinstitutionalization of marriage brought by postmodernism has transformed women’s lives and gender has become a matter of multiple options. We know that the dominant heterosexual discourse has assigned different roles to feminine and masculine desire based on a binary logic in which women are sexually passive, experience less desire and value relational aspects while masculine sexuality is based on active desire and prioritizes sexual activity over emotional closeness.

But empowered feminist discourses support women to be more assertive and active with their sexuality and support identities that validate singleness as a choice. Despite these changes, single women still find it hard to have a positive narrative about themselves as performing conventional femininity allows many women to avoid social stigmatization.

L. is a young woman aged 35, a professional in the science field. In her childhood she had to witness her father’s maltreatment to her mother and she became the pillar to sustain her mother who needed many years to be able to finally divorce. As a consequence, she is a very good caretaker of others but not so much of herself. She is extremely responsible and efficient but has low self- esteem and is invaded by invalidating thoughts and an inner and deep anxiety that disrupts her, all of them symptoms of her traumatic childhood. Our work has consisted of creating a trusting bond, which we have done and helping her to set up clear boundaries as she is very sensitive to invasion. On a body level the work has consisted in helping her feel her

feet and legs more, to connect with the inhibition in her voice so that now she can be more assertive and using her arms to set up clear limits. Working with her tensions in the diaphragm and chest has allowed her to change her body posture as initially she hid her breasts and lowered her head. After splitting with her partner with whom she lived but did not have a good connection, and having been on her own for two years, she has started a new relationship with a professional man, older than her who lives far away. They see each other in person every three to four weeks and the rest of time they interact by phone. They spend holidays together and this arrangement seems to fit both of them. She feels a deep need to have her own space and likes living solo without renouncing to have a couple relationship. We have worked on setting up boundaries for her to find her own space and at the same time to develop a feeling of closeness that does not overwhelm her. She is more in contact with her own needs now and more able to set up boundaries to the invasive and sometimes aggressive and demanding members of her family.

### **The Role of Friendship**

The bond of friendship becomes more relevant as postmodernity brings a depersonalization and liquidity of intimate relationships. While the structures of family, neighborhood and community are fragmenting, the bond of friendship is becoming an essential resource. Friends seem to take some of the functions, family had in the past and the boundaries between families and friends become more permeable. “Families of choice” is a term used by friends and also by gay and lesbian couples.

In these developing social changes, there is a centering of personal life around other relationships and a decentering of the couple relationship. What is the role of friendship in the lives of people who are not conventionally partnered? Can friends and non-family relationships provide a reference point in late modernity? Are friends becoming more important in this fluid society? As so many aspects (marriage, job) become transitory, it seems that friends can provide a stable support. Despite whatever is the personal situation, people continue to have the same need for intimacy, for a durable bond, and for many, friendship becomes a reliable space to share care and intimacy.

There is a shift from the heterosexual family to a more fluid world of intimate bonds including friends and lovers and for some people, friendship offers more stability than sexual relationships in this liquid world. While family relationships often

involve status and power, friendships are perceived to be more equal and some researchers see friendship as a key relationship in postmodern times that offers alternative options to the traditional ones.

A. is a seventy-seven-year-old woman, a retired university professor but still active professionally. She is a rigid structure, with quite a well-proportioned body good distribution of energy and an energetic voice. She came because of relationship problems with her daughter. She had an unhappy marriage and another long couple relationship with a younger man besides some affairs in a crazy young phase in her past. She loves to direct others and have her own voice. She still retains part of her attractiveness seen in her well cared physical appearance as she looks younger than she is. She is mother of two daughters who live their own life. She has consciously given up the possibility to have a new partner, too much work and effort for an uncertain result, she says, and loves to feel free to travel and to go out whenever she feels like. She has a very stable network of women friends built throughout many years. She feels they are there in her daily life and make it enjoyable. She expresses she feels fulfilled enough in her present state without idealizing her situation and is very curious and active intellectually which makes her feel alive and with new projects.

### **The Impact of Online Resources on Intimacy and Partnership**

The impact of internet technology and its repercussions on how we humans presently relate is so obvious that we cannot elude it in this article so I'm going to make some space for it. Technology is changing what we do and who we are as digital culture threatens our capacity for real and present connections, and seduces us with its offer of immediacy, choices and control. Technology has developed a new form of communication, called CMC (Computer Mediated Communication), beginning in the 90s which no longer requires physical presence and in this new setting, features such as tone of voice, smell, facial expression and body touch, become somehow obsolete.

We can say we are in the middle of a digital revolution and internet has become a powerful social connector. We now have to set up an online profile to create a digital self and the boundaries between public and private, the real and the virtual become blurred. But some researchers affirm that cyberspace is real and is becoming an important part of the present social world.

The Descartes thought, "I think, so I exist" has been transformed into "I'm in

the web, so I exist”, says Cabré, a Catalan psychoanalyst, and he foresees that possibly those who stay apart from new technologies will have to live outside of society.

People belong to virtual communities and these have an effect on the identities of the participants. Some scholars conceive of a new era in which identity might be detached from the physical self-taking a cyborg form, as technology allows people to remake their digital identity constantly and at will. Turkle, a psychologist specialized in the relationship between human beings and technology, sees internet creating a paradoxical community of strangers who are “alone together” and reflects on how this can affect our capacity for solitude as, in a way, we are always connected even if it is superficially connected.

It is true that our modern way of living with less time and space makes it more difficult to accede to conventional forms of dating and this has facilitated these new ways of connecting. Let’s say that traditional dating has become old fashioned in front of Tinder, Facebook, Instagram and Twitter though some specialists start to recognize the addictive power of Tinder and how it can decrease interest in “normal” dating.

It is obvious that online dating avoids the time and effort needed in a face-to-face contact and for some, the absence of physical presence allows freedom to experiment with sexual fantasies and with insecurity and shyness. In fact, online dating can be seen as a fantasy where the ideal partner is built in our mind though the risk of being disappointed if there is a real encounter is high.

There are, of course, some advantages in these new technologies: less impact of physical attraction, more ease to express emotions, less painful rejections, flexible time use, cheaper costs and many options. This option that was initially helpful for shy people and for those who had fewer alternatives in the physical world is now becoming massively used, not only for people after forty as it used to be, but for people of all ages.

One interesting thing of this new format is that emotional intimacy becomes more important than physical intimacy and people very quickly share their most intimate thoughts and feelings. As Bauman says, the security once provided by romantic partners and family structure has liquefied as computers have made love liquid and have transformed romance in a kind of disposable entertainment. Sexual networks have expanded increasing the number of possible sexual partners and casual

encounters while others still use this technology to meet life-long partners. For many, online dating is a cheap and effective way to expand one's social network where distance and time constraints are not important.

As therapists, we are experiencing that demands for online therapy increase despite its limitations and the computer then becomes a sort of transitional object between therapist and client and we will need much reflection on this issue, and even more for us bioenergetic analysts working with a living and present body, as there is the risk of banalizing the therapeutic relationship because real human contact can never be equal to the online one.

Our profession has started to be impacted by this new functioning that little by little is taking space in our lives. Some patients now start a therapy, they have a low commitment, more tend to demand bi-weekly sessions, and there is more demand to change the therapy hours and some of them, after a few sessions leave sending a WhatsApp message. So, in a way, we therapists have also become disposable goods, in the supermarket of health activities, always in search for a better one, always looking for the best option.

**J.** is a 40-year-old woman whose parents had a very traumatic divorce which left her isolated from her father who started a new family that she doesn't know because she does not have any relationship with him. She has an extreme dependence on her mother, which is her bible to her, so to speak. There is a mutual dependence, I would say which leads them to get in contact several times a day. Energetically, she is a mixture of a rigid character, with an alive upper part and a masochistic bottom with a wide pelvis and stagnant thighs. She controls her feelings and is in her worried head most of the time. She is a professional with a hypercritical inner voice (her mother's) that leaves her permanently frustrated as she never reaches the idealized professional position where she should be, dismissing the good conditions of her present work. She has a father's figure wound and subsequently with men as she has been unable to have a relationship with a man, only one in all her life that lasted for two months. She is terrified of showing her vulnerability as she feels it as getting lost. She has undergone long years of psychoanalysis but she is unable to recognize what she has learned in these therapeutic processes as nothing or no one seems to be good enough for her. Her previous psychoanalyst sent her to me with the aim that maybe a body approach could help her move from an immobilized inner place full of impotence and frustration for not being an incredibly successful professional and for not having a stable couple relationship. By the time she started to come she was unable to sustain her friendship

relationships, she dismissed almost all of them for not being interesting enough. She used tinder at times, could have one-night sex with a man to whom later she dismissed sexually, but had serious difficulties to keep the relationship going, feeding her deep dissatisfaction and her mistrust in men. After three months of sessions she suddenly disappeared one day and despite my intents to talk to her about this abrupt acting out, she never did despite that my sense was that we had established quite a good connection. I suppose body work did not fit in her high demanding standards and her immediacy needs for a quick result did not help either.

### **Postmodernity Couples. The Changes in Intimacy**

“Intimacy is an Art of Creation- an enactment and a celebration of aliveness. It is a relationship to others within which we risk exposure in order to feel understood, safe, physically strong and capable, able to empathize and help our fellow human beings.” “At its best intimacy is a state where defensive ego boundaries are let loose and a spiritual connection is joined as something sacred or as a state of grace.” D. Finlay, *Notes on Intimate Connections*.

The traditional couple relationship as we knew it, as a stable and secure place, is undergoing many changes. The ways couples connect, meet and engage have been changing quickly. Relationships can start and finish at a very quick pace, tend to be less durable and with a low commitment. Both men and women share a sense of uncertainty, of not exactly knowing which their place is in the couple relationship, of how to be men and women in these postmodern times. Both share the idea that bonds have become fragile and they take into account the possibility of a rupture since the very beginning. Men feel in disadvantage in front of women’s capacity to express their feelings and both feel stressed between the old and new models. There is a continuous tension between the need for intimacy and the need for space to develop personal projects.

In the XIX century people married mainly for economic and class reasons, love and duty went together and there was no insecurity at this level. Now the situation is different, men and women are more equal though not completely and they mate for desire and to feel realized. Romantic love was connected to intensity and sexual attraction but internet cools the relationship, often based now on a disembodied interaction and love becomes more strategic as internet dating encourages us to act as shoppers, always trying to get a better deal.



The old model of sacrifice present in romantic ideology is seen now as a threat to autonomy. The objective is to amplify gratification and avoid suffering. In this new way to live love connections, love can be seen as a burden as one may have to take care of another and what is optimal is to look for autonomy and self-care so keeping a relationship can become more difficult. There is a strong emphasis on appearance that fades the idea of a soulmate in favor of a sex mate and as a result, technology diminishes passion and relationships are managed in a more rational way.

Sexuality is separated from affects and becomes important as a source of gratification. Sporadic sexual encounters get legitimized but, in these relationships, there is an asymmetry about emotional implication between men and women. There is also an emotional restriction not to show the other what one feels as there is fear that showing one's emotions can make the other afraid and flee from the relationship. Women tend to adapt to men's rhythms to keep the relationship. There are some strategies to cope with the fear of loss and uncertainty like low commitment, multiple options and successive relationships, so another one is started before the previous one is finished. Let's look at the contributions of some sociologists, Eva Illouz, Zigmunt Bauman and Anthony Giddens to see how these socioeconomic changes are modifying the concept we have of intimacy, relating and engagement.

### **Illouz's Contribution: Emotional Capitalism and the Cooling of Desire**

"The degree to which a person identifies with his or her feelings is inversely proportional to the degree of narcissism. The more narcissistic one is, the less one is identified with one's feelings" (p.14) "Narcissistic characters and psychopathic personalities show a need for instant gratification, an inability to contain desire and tolerate frustration." (p.23) "Narcissism denotes an investment in one's image as opposed to one's self. Narcissists love their image, not their real self" (Lowen, 1985, p.25).

Lowen was a pioneer when he described the narcissistic society in his book and we can see many of those traits present now: excessive concern for appearance, a strive for power and control, the need to be unique, the lack of humanness, the absence of feeling, the excessive preoccupation about oneself to the exclusion of others, the absence of self-restraint, the need for success and perfection and the need for immediate gratification and a sexuality disconnected from affects. And his understanding was that "narcissism denotes a degree of unreality in the individual and in the culture" (xi) and in a way we seem to head in the direction of an ungrounded

and disembodied society where feelings are not given the place they deserve.

Eva Illouz, an Israeli sociologist, perceives some important social changes: the individualization of life styles, the intensification of emotional life projects and the use of economic models to structure and shape the emotional self.

In this post-modernist society citizens become mainly consumers. The way people are controlled by governments, corporations and power institutions has changed, has become more sophisticated and desire is controlled by means of social media and advertising. Activities and experiences are offered via the entertaining industry that provides the illusion of freedom but, on the contrary, they are means of an alienating social control through a narcissistic-hedonist approach. That's why I quote Lowen in his description of narcissism as he captured very well the functioning of a narcissistic society and since then things have not improved at all. Social control remains subtly hidden and acts through the seductive consumerism achieved by the manipulation of desire. Freedom then is limited to freedom to consume, not only goods but services and experiences: travels, sports, culture etc.

In her book *Cold Intimacies*, Illouz submerges us into the functioning of Emotional Capitalism. She points out how economic and emotional discourses shape each other and produce a movement where affect becomes an essential aspect of economic behavior and in which emotional life follows the logic of economic relations. In this world, emotions are quantified and commercialized and become cultural constructions and to consume emotions is to consume culture.

Emotions are very effective tools in emotional capitalism. Experiences produce emotions and so experiential consumption is linked to interpersonal relationships. Leisure products ritualize romantic feelings and the result is a kind of emotional numbness that, she says, separates people from their deep self and from each other. This consumerism of love rituals is, for Illouz, the chore of contemporary romantic love. Lovers, by consuming services get into an imaginary world where there are no limitations or difficulties. This postmodern capitalism connects romance, money and consumption and consumerist articles not only help people express feelings but they create feelings too and this functioning is subtle and not easy to identify.

Interesting to see how the body is treated in this capitalist dynamics where the body has been massively recruited to be manipulated to achieve an ideal image

(diet, health, beauty, fashion, surgery, cosmetics, and sports). This consumer culture is based on the plasticity and remake of the body as the market encourages the self to be seen by the others through internet networks, so very narcissistic traits indeed. We would say that emotional capitalism uses emotional vulnerability to control people better and emotional health becomes then a product liable to be controlled by pharmaceutical companies, professional groups and cultural institutions. Emotions, through internet, become products which are rationalized and sold, quickly consumed and with a wide choice and at low cost.

She reflects on how these dynamics are affecting the couple relationship as they have changed the way we relate through the impact of internet in love choices. Internet love has lost spontaneity and has become rational, emotions can be calculated and they get cold.

She points there are different attitudes for men and women in this new way of relating as men tend to see the marriage market as a sexual market and tend to stay in this sexual market more time while women see the sexual market as a marriage market and tend to be there less time. Two diverging ways emerge: accumulative sexuality versus emotional exclusiveness and this helps us understand the difficulties heterosexual couples encounter to connect with each other. There is more fear now to become engaged as it implies giving up the search for a possible better candidate. So, from the scarcity of old romantic love we pass to the abundance of postmodern multiple options.

She points at some important changes happening in the mating process that summarize well the functioning of love interactions in post-modernity:

- a) romantic election is wider and differences in class or race are not determinant.
- b) sexual market is ruled by beauty, personality and charm instead of economic status and class in the traditional marriage market.
- c) women store emotional experiences, men sexual ones.
- d) overabundance of choices produces a cooling of desire that affects its intensity.

### **Giddens Contribution: The Pure Relationship, Confluent Love and Plastic Sexuality**

Giddens, an English sociologist, has also explored the impact of globalization on personal relationships in advanced capitalist societies. He sees the couple

relationship evolving from a traditional model to a post-traditional one in which the relationship is mainly seen as a means of self-development.

In the last century there was the ideal of romantic love that led to a long-life marriage and parenthood. At the end of the XXth century and beginnings of the XXIst there is a detraditionalizing process that creates a new relationship ideal that he calls the “pure relationship” in which there is an interaction between trust, modernity and intimacy. His thesis is that in modern societies trust relies on a new basis based on mutual disclosure in the couple relationship. Before, trust was created by direct communication and institutionalized connections such as family or community but postmodern relationships are more impersonal and are characterized by the absence of direct interaction between people. People have to rely now more on abstract systems in which trust is more difficult to build up and as a result, the mechanisms to create trust are profoundly altered.

Another important aspect for him is that the processes that generate this modern society are linked to democracy. In the past, communities were the keepers of traditions and norms and with the dissolution of traditional communities, personal relationships gain more freedom and personal identity is developed now more through self-exploration.

He uses the concept of intimacy to describe the processes that allow people to produce stability in their relationships. So, intimacy reaches far beyond sexual interaction and affects family and friendships. He thinks that democracy cannot exist without autonomy of the self. Present society, more focused on individual autonomy produces a greater diversity in sexual behavior and intimate relationships become freer, more equal and more democratic.

Individualization processes on the level of love relationships and intimacy show the evolution from a model of romantic love to one of “confluent love” that does not lead to fusion but fosters the development of personal identity. So confluent love preserves individuality and one partner is not absorbed by the other.

A “pure relationship” means a transparent one, a relationship that solely exists for the rewards it provides. Mutual disclosure for him is a democratic act that builds trust. This pure relationship is based on constant communication and the knowledge of the other, so intimacy relies on self-development. This relationship has the potential for freedom and happiness but it also causes anxiety due to its level of

uncertainty. The pure relationship combines confluent love (reciprocal and active) with plastic sexuality and the opposite of confluent love would be co-dependency, with fusional love. Confluent love is temporal, based on equality and mutual satisfaction and subject to continuous examination and negotiation.

Traditional marriage had a strong hierarchy of responsibilities according to gender roles and lasted till death. This new relationship ideal is set up between equals who share responsibilities and heterosexuality is not the norm as sexual behavior is negotiated. Women are not only housekeepers anymore and this sort of intimacy becomes the source of meaning in life and Hostchild, an American sociologist, sees, as Illouz, that intimacy has freed from tradition but has been colonized by capitalism.

Giddens sees sexuality as “plastic sexuality”, one that is free from procreation, based on women’s gained sexual autonomy, finding pleasure in ways not dictated by men. There has been a certain shift in public discourse that recognizes gender equality but deep underneath, a phallogocentric view of sex is still deeply rooted and despite Giddens intents to democratize gender relationships, research studies show that men still exercise more power than women in many aspects of life. He advocates for a radical transformation of intimacy but the reality is that inequality coexists with these new advances and women suffer from it.

Feminist scholars have studied how inequality is kept and reproduced in a context of democracy as gender schemes are deeply internalized, with masculine associated to dominant, assertive and related to power and feminine associated to a subordinated position and to submission that makes difficult that inequality is avoided in heterosexual relationships as our subjectivity has incorporated the sexist rules and as Bourdieu, the French sociologist says, inequality gets naturalized by those who act it and by those who suffer it. Sexism is so deeply rooted that we reproduce it unconsciously.

According to Hite, the American sexologist, there is an emotional contract that protects the old masculine privileges and demands a higher dedication from women in relationships, a view shared by many feminist scholars and psychotherapists. She sees a structural imbalance based in the masculine repression of affects and the feminine as giver of affects. The desire for reciprocity in women finds the need for emotional distance in men and some women, tired of making efforts to make relationships work, put their energy into other projects. Jonasdottir, an expert in Women’s and Gender studies declares: “if capital is the accumulation of alienated

work, masculine authority is the accumulation of alienated love”

For many women, the lack of emotional response from men leads them to adapt to the situation, they adapt to the rule of emotional distance that leaves them in a position of emotional dependency and makes them suffer from emotional exhaustion so, in this gender roles distribution, women take care of the other and of the relationship and when there is a conflict men tend to take emotional distance more and women to put their energies to repair the conflict.

This inequality in the heterosexual couple would generate a deep dissatisfaction in women due to a lack of emotional reciprocity and I see these relational dynamics often in couple therapy. Exhausted and fed up, some women will leave the relationship while others accept inequality as a way to keep the relationship. For Jonasdottir, the deficit of love in women shows how sexism is present in postmodern societies and how it gets reproduced in romantic relationships.

We can conclude that people go back and forth between these two contradictory visions of love as despite the emergence of new models, the influence of marriage as a social institution is still relevant and is deeply rooted.

Some authors criticize Giddens’ model as they say there is an overemphasis on individuality and a sub estimation of social factors. Jamieson, a feminist sociologist, criticizes it as it ignores all the feminist research about gender inequalities. Other authors criticize the permanence of the institution of heterosexuality as it operates invisibly and pathologizes any other form of intimacy. Goldner, a relational psychoanalyst, advocates for a third space where there can be an articulation between the needs of dependency and autonomy.

Some people experiment with new models such as non-monogamy, or co-parenting without love, as they find it easy to look for someone to share co-parenting than finding a partner and some websites connect people who want to be fathers and mothers. Some women freeze their ovules as an insurance if they don’t find a partner.

Bauman, the sociologist who coined the concept of liquidity, differently from Giddens, is quite pessimistic about our relational future and he thinks that in this period of liquid modernity and individuality, relationships are a rare blessing. To establish relationships in this consumer society of immediate satisfaction where you get results with no effort can be a difficult task. His concept of liquidity and liquid

love refers to the fragility of bonds in present relationships. To him, we live in an ephemeral world of liquid events and he believes that to create authentic consistent relationships is getting harder now as, more than relationships, we establish connections and these connections can be meaningless and superficial and, as a result, the subject becomes more alienated and diluted.

According to Bauman, the postmodern condition is based upon the feeling of impotence and disorientation of the contemporary individual. Full of contradictions between security and freedom, the individual breaks with traditional community bonds and looks for individual solutions. Postmodernity is soft, fluid and liquid and social life is unstructured and lasts little. Durability suffocates, and Beck, another sociologist, calls this uncertainty the chaos society or risk society. Temporality and provisionality in jobs and in relationships create disorientation and confusion. The world, he says, has become a "floating territory where fragile individuals are faced with a porous reality".

In this liquid generation, communication becomes more simplistic. The less committed one is, the less one suffers. There is the compulsion to be permanently connected but these relationships are not profound, they are unsatisfactory. This generation, more than falling in love is interested in instantaneous pleasure and intimacy becomes virtual. Personal relationships are multiple and with limited commitment. In this virtual world you can disappear or change your identity and couple relationships are substituted by changing networks. Liquid love is not romantic, it is not felt, it is made, which can lead to a permanent frustration. The less one invests in the relationship, the less one can get hurt. People get objectified and can be used to provide pleasure. No one suffers much but nothing deep is built.

In terms of pathology, presently we do not find superego inhibitions, but, dependency, impulsivity and lack of control due to a deficient ego development and due to the grandiosity of the hedonist narcissistic self. There is a split between the heart and the pelvis and emotions don't have much space. There is a lack of connection with reality and so a lack of grounding.

**M.** is a 38-year-old woman who just divorced from a dismissive narcissist husband who maltreated her psychologically diminishing her all the time. She is a professional in the health field and has had problems at work because of her inner chaos and disorganization mainly connected to a chaotic mother and a quite absent father as the parents got divorced. As it is difficult for her to adapt to rules, problems

with her superiors at work have been frequent. It has been a very challenging relationship for me as it was very difficult for her to respect our agreements about timetable, fees etc. and I had to cope with her chaos without getting lost. I was transferentially placed in the place of the bad mother with whom she had this chaotic and at times rebellious relationship full of fights. She has serious difficulties with the issue of boundaries which has a repercussion on her work and relationships. The ex-husband tries to go on diminishing her adopting very rigid ways concerning their son and we are working on her getting more grounded and less dependent on him in this new phase of her life. She is able to recognize now that she was in a toxic relationship that left her exhausted. She has had to face diminishing attitudes in one of her male bosses that she is able to confront now. She has not been able to be on her own for a while and has immediately started a relationship with a previous male friend who lives far away. They visit each other every fortnight and she is trying to go on with her life as a divorced parent, taking care of herself and of her child. She alternates between being dissociated or shifting to a sympathetic anxious state. We've had to work a lot on grounding her, helping her to contain her anxiety without having to dissociate. Little by little a more stable bond is created between us though my stable presence.

### **The Relevance of the Group of Old Ageds**

I do not want to finish this article without dedicating some space to another social fact which is the increase in life expectancy meaning that when we retire, we can live 15 to 20 or more years where we are a social force present in society and also affected by these new ways of relating. We know that usual social representations of old age are associated with fragility and incapacity. It is evident there is an age prejudice in our western societies that we must deeply rethink to keep up with all these social changes.

W. Thomas, an American doctor expert on geriatric medicine and founder of the Eden Alternative project to deinstitutionalize nursing homes and the Green House project, where nursing homes are replaced by small home-like environments, has worked extensively on improving old people conditions and helping to change the limiting stereotypes about old age. He sees elderhood as an age with a liberating development potential and sees aging as very relevant to transmit culture across generations. He created the word Eldertopia that gives name to a project of intentional communities, improving the ways communities sustain and nurture the elders. In these communities, elders are able to share their wisdom and their legacy with the children and the adults that surround them. For him, elderhood contains a revolutionary



potential and he says that we need a radical reinterpretation of aging stressing much more capacities and potentialities than limitations.

Tornstam, a researcher from Uppsala University, has developed the theory of Gerotranscendence where he stresses some positive traits for old age such as a decrease in self-centeredness, a movement towards altruism, an increased need for solitude, an interest for nature, an increase in tolerance and less interest for superficial relationships among others. We know from neuroscience that our brains are plastic and we can benefit from stimulating them creating new neural routes via new experiences.

Hill, another researcher, talks about “positive agers” as the ones having the ability to mobilize resources to meet the challenges of aging. Nelson Mandela created the Group of Elders with the mission to help those in need and to foster agreement processes where there was conflict. Similar groups are the Earth Elders or the Thirteen Grandmothers.

There is the stereotype that old people don't use internet but it is not true in a time of increased longevity and there is also the stereotype that sex, love and romance are mostly for young people. The truth is old people use CMC and start relationships offline and online.

We are in a culture that denies age and places the mind in conflict with the aging body. The aim is to have a youthful appearance. The new cosmetic technologies and emotional capitalism are also influencing this population group that is increasing in number as life expectancy rises up. Much work is needed, internally for everyone and socially, to deconstruct the limiting stereotypes related to old age and adding new positive and affirming values to this phase of our lives and we, as bioenergetic analysts can do a lot in this direction.

N. is a 72 years old divorced man who had an affair that led to a serious disruption in his marriage and a subsequent divorce that he has not digested yet though he is now living with a new partner. He recognizes he cannot fully open his heart to her for fear of having another traumatic separation. The deep sadness in his eyes touches me, that he hides making ironic or detached comments. He has built a joking mask to hide his fears of not being accepted. He is a quiet man who has a deep primary wound as his mother was not emotionally available and his father was emotionally and physically absent. He does everything to please and become accepted,

mainly with his two sons and his ex-wife with which he shares flat sometimes. He is not active in his sexual life and his partner is more of a companion against loneliness, I guess. His sons dismiss him often and this produces deep pain that he is unable to share. He expresses he doesn't know how to express his feelings, he never learned about it. He finds difficult to confront them and he feels he becomes speechless when there is a conflict which he tries to avoid and minimize. He has a fixed belief that things cannot change for him whatever he does. When he came, he was completely disconnected from feelings, living in his head which made it quite difficult as he had a kind of constant questioning and distant attitude, not having any trust that things could change for him, together with a lack of grounding in his legs and feet and superficial breathing. We have worked on helping him feel his body, work on his inhibited assertiveness that made him accept inadequate responses from his sons. He has a deep tension in his chest that blocks deep breath and deep sadness and rage. I feel we have established a good bond and he is starting to share his inner world with me that he has been unable to share with anyone. He stands in relationships in a way that others do not take him seriously. He is an engineer but a musician too and last session he brought a piece of music he composed and asked me to listen to it and so we did it together. I sense he is lost and awakens compassion in me. Presently we are working on his assertiveness as, relationally and with his loved ones as he places himself as if he were a doormat, letting others step on him and also, on his guilt of having had an affair and not having known how to care for the relationship in front of a very demanding and critical wife.

## **Conclusion**

“Your task is not to seek for love but merely to seek and find all the barriers within yourself that you have built against it” Rumi.

This quote by Rumi reflects very well our task as psychotherapists helping our patients identify and work through their inner barriers. We are living in a complex world where economic forces are having an impact on inner subjectivities as we are affected by what happens around us. We and our clients try to learn to navigate through these sometimes tumultuous waters where we have to face uncertainty, lack of stability, dissolution of boundaries, anxiety etc. as we have to move through unknown territory and it is our task to find out how to preserve our emotional self-capable to love in this liquid world and help our clients to do the same. We have seen important changes in feminine and masculine identities, new ways of relating, the acceptance and welcome of other sexual and gender identities and we need to be able to learn to

circulate across all these complexities. Let us hope we, bioenergetic analysts, can be a stable anchor for those patients who have not had the possibility to create a stable bond with their parents and are in need to learn how to do it through the therapeutic process with us accompanying them in their journey to heal their inner wounds. Some of these new ways of relating can make a hard task to share the real self in a relationship but it is also true we have good tools to offer our clients so that they can feel grounded, in contact with their feelings and knowing who they are so they can be less lost in this world of diffused boundaries and I want to finish with some words by Rainer Maria Rilke which I find very adequate to one of the tasks we are dealing with, as individual persons and as therapists which is to actively be able to love other human beings.

“For one human being to love another: that is perhaps the most difficult of all our tasks, the ultimate, the last test and proof, the work for which all other work is but preparation. For this reason, young people, who are beginners of everything, cannot yet know love: they have to learn it. With their whole being, with all their forces, gathered close about their lonely, timid, upward-beating heart, they must learn to love. But learning time is always a long, secluded time, and so loving, for a long while ahead and far into life, is-solitude, intensified and deepened liveness for him who loves ... Only in this sense, as the task of working at themselves (“to hearken and to hammer day and night”) might young people use the love that is given them”. Letters to a Young Poet, n° 7, R.M. Rilke.

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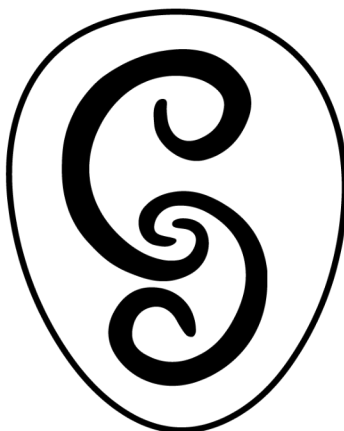
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**SEXUALITY IS NOT A  
RECREATIONAL OR PART-  
TIME ACTIVITY.  
IT IS A WAY OF BEING.**

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**ALEXANDER LOWEN**

This collection of articles is written from personal and professional experiences, as well as case studies and exercises focused on **Bioenergetics** and **Gender, Love, Sex, Relationship**.



**About the Editor:**

M. Rosaria Filoni studied Philosophy and is Psychologist and Psychotherapist, Supervisor and Local Trainer, Training Director for Bioenergetic Analysts for SIAB. She has her private practice in Rome.