

2018
the *PDW* papers

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Foreword

To my knowledge, this is the first-time papers from a Professional Development Workshop (PDW) have been published. The 2018 PDW was held in Salvador Bahia, Brazil and the theme of the workshop was “Shame”. We had a larger group of people presenting as part of their journey to become an IIBA faculty member. What was amazing was that there was very little repetition in the presentations. They looked at shame as it related to attachment, trauma, sexuality, binge-eating, grounding, vulnerability, dignity, children and more; all from the lense of a Bioenergetic therapist. I asked if they had coordinated their presentations so there would be no repetition and they replied, “no, we did not talk with each other”. After hearing the variety, the BoT decided to publish papers from these presentations and share them with our IIBA community in the form of an E-book. A great deal of time and energy goes into these presentations at the PDW. After the workshop the presenters were asked to put their presentations into an article format. This is the result of their work.

Since the PDW was in Brazil and some of the presentations were in Portuguese, the BoT decided to publish the collection of papers in both Portuguese and English. PÉrisson Dantas Do Nascimento did an excellent Bioenergetic presentation on working with children and shame. He did not have time to transform his presentation in to a paper. However, we do want to thank him for taking the time to translate the English papers of Arild Hafstad and Janet Pinneau from English to Portuguese.

These papers will hopefully enhance your library on shame. I want to thank each of the members of the faculty group at the PDW for their extra work so that we could share their work with the IIBA community. Additionally, I want to thank Rosaria Filoni, Vice President of the BoT, for her work in making this E-book become a reality.

Diana Guest

International Trainer, President & Board of Trustees IIBA

Introduction

PDWs are one of the opportunities for members of our IIBA community to share with each other how we are touched by and how we express the aliveness that BA is about. The format for the PDW into 3 broad categories:

1. adding to and refining my therapeutic skills;
2. how BA supervision draws upon Character Structure concepts and adds additional skills to the complexity of supervising; and
3. how BA concepts are used in teaching that has a strong experiential component.

The PDW rotates every two years between the IIBA conference years (i.e. is in even numbered years) in the three IIBA regions. This is to make local access easier as well as encourage participation from the other regions. Like the IIBA International Conference, we can experience our global presence.

The papers in this e-book are examples of the ideas that we can share and a sample of our collective resources. I hope you enjoy your reading.

Alex Munroe

International Trainer IIBA

Introduction

Shame is a powerful force which operates in the adaptation of the human behavior in order to ensure that life in society can work as a barrier to the free course of our biological instincts.

From the perspective of our cultural nature and of our intrinsic need for belonging to a human community, shame is vital; it is a feeling present in the life of all of us. The feeling of shame not only helps us to protect our privacy and intimacy but also preserves group conviviality. It is a factor in the regulation of social interaction as it impels individuals to act according to standards and codes of conduct.

At the same time in our practice of psychotherapy we face the distortions of the vital energy and consequently in the standards of human relationships, which may therefore be linked to the feeling of shame that appears disguised and masked by other feelings - from an apparent sense of discouragement or sadness to a bravery, or prepotency and haughtiness. Shame is an elusive feeling to our clinical approach and will hedge our therapeutic gesture if it is not a much harmonic and delicate one.

The Bioenergetic Analysis professionals who presented their work in the PDW, in October 2018, Salvador - Bahia, left us a valuable production of theoretical reflections and practical approaches to our clinic on the subject of shame.

Ana Silvia Paula, Arild Hafstad, Maria Cristina Piauhy Silva Mendes, Edna Ferreira Lopes, Eliane Regina Marques, Janet Pinneau, Maria Fernanda De Andrade Lima, Périson Dantas Do Nascimento and Regina Maria Papaléo presented 9 different works in their contents and equal in their theoretical consistency. In the 7 texts gathered here you can read about how to bring shame in the light of the conscience, this complex feeling, founding in our psyche and evasive to our perception.

1. Ana Silvia Paula developed the differentiation between the concepts of shame and timidity and made us familiar with the delicate therapeutic approach needed to find a less arduous path to the vital movement respecting the psyche condition of shame and shyness.

2. Arild Hafstad deepened in the subject of shame and sexuality, linking them to aspects of psychosexual development and its implications for the energetical dynamic and characterological aspects.

3. Maria Cristina Piauhy Silva Mendes articulated references of the Bioenergetic Analysis with Erik Erikson's theoretical scheme of psychosocial development to examine the feeling of shame in every step of the life cycle, especially in the stages of adult life.

4. Edna Ferreira Lopes brought the focus of her work on the theoretical and practical concept of Grounding as a tool for sustaining human vulnerability and for therapeutic work with shame.

5. Eliane Regina Marques focus on the psychotherapeutic work with questions regarding shame by articulating the theory and the practice of bioenergetic analysis with the contributions of Bowlby's attachment theory.

6. Maria Fernanda de Andrade Lima analyzes the determinant aspects of culture in the subjectivity by drawing from the contemporary theoretical references of the neurobiologist Humberto Maturana, from the sociologist Zygmunt Bauman and the theologian Leonardo Boff, all of them articulated to the concepts of Reich and Lowen.

7. Janet Pinneau presented a paper on the importance and benefits of treating the feeling of shame in the context of the therapy of binge eating disorder.

8. Regina Maria Papaléo articulated the understanding and extension of the feeling of shame with the theory and practice of Lowen and Reich techniques. She didn't make a text of it, yet.

9. Périsson Dantas do Nascimento brought a theoretical and practical contribution to children psychotherapy through playing, focusing on the need to understand the feeling of shame of the little ones. This excellent presentation has not yet been transformed into text, too.

I would like to thank Diana Guest and Alex Monroe for the ease and the pleasure in which we did this professional development seminar together. The intensity, joy and seriousness with which both of you have surrendered to this work is contagious, inspiring and rewarding. I also thank all of you who took part on this seminar for the same intensity, joy and seriousness aforementioned, such as candidates for the Faculty, CBTs that clearly seek knowledge and self-knowledge, in order to be ever deeper

as therapists. I also want to thank the beginner trainees who delighted me with their enthusiasm and openness to our work.

Rebeca Lea Berger

International Trainer IIBA

Shyness and shame

by Ana Silvia Paula

Abstract

This paper is based on a Workshop presented in the 23rd IIBA International Conference in Recife and later in the PDW 2018 in Salvador, and intends to understand *shyness* and *shame* in the terms of character development concepts from Psychoanalysis to Bioenergetics, setting stages and relational patterns where psychosomatic withdrawal mechanisms are activated, leading to emotional and relational conditions that affect and, in many cases, restrain social life and selfrealization.

Also presents Bioenergetic Analysis as an effective tool in the treatment of emotional disorders that derive from these withdrawal patterns.

Keywords: shyness, shame, mother-baby relationship, castration, libido, character analysis.

Introduction

I begin my work thanking W. Reich and A. Lowen, for it was through the body that I could get to feel more released from the bonds of shyness. I have always been shy, hiding myself and feeling unable to express myself. In a world where extroversion is worshipped, the silence of the timid is discarded and worthless.

But before talking about Shyness, I'll tell you a bit about Shame, because it's a subject quite close to Shyness. Shame is a long-studied subject, including by two colleagues from Bioenergetics, Helen Resneck (Shame, Sexuality, and Vulnerability) and John Conger (The Body of Shame: Character and Play).

Quoting Sartre (1997) in "Ontology of Shame": In order to be ashamed, the presence of the other is indispensable and concreteness happens through the look. For the feeling of experiencing shame is strongly connected to the fact that the self is seen by the other.

That means the OTHER is a fundamental part for Shame to happen. As Shame has to do with the nature of our bonds to others, it has been associated with the very first breaks in attention between mother and child, where secondary narcissism takes place.

For Reich (1975), our primitive shame originates from the breaks in attention between mother and baby, and character structure is built initially from the baby's somatic defensive responses of contraction, avoidance and stiffness. Character may later build its structure on these foundations, suffering under the imaginary gaze of others.

We can, and will, find many similarities between *shame* and *shyness*; these two words really blend as we look at literature, but I usually make the following difference between them: WE ARE SHY AND WE HAVE SHAME (this for me denotes a look with respect to the personality or castration anguishes, as I will describe later in the psychoanalytical thought).

Shyness is a picture little studied by psychiatrists despite the great suffering it causes to people. Psychiatrists study Social Phobia, which is considered a disease and is described in the brazilian ICD (DSM V) as a mental illness. But it's not Social Phobia what I'm going to talk about. Sartre (1997) says: 'Feeling blushed' and 'feeling revealed,' etc. are inaccurate expressions that the shy individual uses to describe his state: what he really means is that he is physically and constantly conscious of his body, not like it is for himself, but as it is for the other ... I can not be embarrassed with my own body, for I exist inside it. It is my body as it is to the other that embarrasses me.

Shyness is inherently painful. What we see is that many timids turn inward, partly as a haven from a society that so much distresses them. It can be considered a natural defense, because it is associated with 'what others will say about me'.

For some authors like Zimbardo (1977), shyness even has its advantages: discreet and introspective people can better preserve their intimacy, enjoy the pleasures of solitude, generally do not intimidate or disturb others, avoid conflicts, observe, act cautiously and are good listeners.

There is also a difference between being *timid* and *introverted*; Susan Cain (2012) describes these differences. According to her, introverts prefer quiet environments and with minimal stimuli, they are not necessarily shy, they prefer environments that are not too stimulating. On the other hand, timids deeply fear social disapproval and humiliation. A timid person

is afraid of talking, of speaking in public and is very much concerned about other people's opinion on his behaviour.

The word *shyness* comes from the latin *timiditas* and means *fear*. It comes in certain situations of tension and anxiety, in which the individual experiences embarrassment in exposing himself, feeling incapable and inferior to other people.

Shyness is a reaction caused by the presence of strangers or unfamiliar acquaintances and is characterized by tension, worry and discomfort, as well as deflection from eye contact and inhibition of social behavior (Buss, 1986). According to a recent survey, a study from Windson College in Canada found that about half of the population suffers from shyness and that number increases considerably; shyness is not a disease, but it brings suffering as if it were one. According to the psychologist René Schubert the individual even presents physical phenomena of this retraction, muscular pain and feelings of general malaise.

Shyness can be defined as discomfort and inhibition in situations of personal interaction that interfere with the personal and professional goals of those who suffer from it, characterized by an obsessive concern with attitudes, reactions and thoughts of others (Soares, 2008). It can cause isolation and failure to take advantage of opportunities that may arise. It leaves the person many times, inert, without attitude. For example, go to a bar and not be able to call the waiter to place your order. All this because of the concern of what people may be thinking about you.

According to Motta Filho (1969) in his essay on shyness: "Every effort that an individual employs as being-in-the-world is reduced in the shy to an incapacity and a frustration" (p.54). This way, we may affirm that every attempt of the shy individual results in a discomfort of wanting to go beyond; the desire to overcome eventually ends in frustrations and a sense of defeat facing shyness. An individual affected by shyness that prevents him from acting turns his life into a sequence of distressing failures which make it impossible for him to try to act, resulting in the behavior of the so-called timid. Still on Motta Filho's study, he quotes Cassier that "in man we find a partnership between thought and feeling, it happens that this partnership does not function properly for the timid; the result of their activities is a sequence of deficits" in which the timid does not live. This partnership becomes incomplete and unadjusted, focused on frustrations and anxieties especially in the emotional and relational fields. The shy person became deeply withdrawn in his body, can not move and when he tries,

generally feels clumsy; he has an obsessive thought about what he did “wrong” while others probably did not pay attention. But that takes him out of social interaction more and more. Eg, as the shaking of hands in adolescence, to greet.

To better understand Shyness, I brought Psychoanalysis as my theoretical reference.

It is possibly a wound from the childhood what keeps an individual from acting, like a castration. Freud argued that what determines the character of an individual is the way drives or is driven by his libido, and stresses that the restraint or retention of libido may cause hysteria, anguish or the rising of psychic disorders; instincts may appear later as a major problem. (Osborne, 2001).

Thus, it can be said that the individual afflicted by Shyness has possibly been, at some point in his biography, through some type of castration, prohibition or retention of libidinal energy. Based on the fact that the Ego creates anxiety to oppose the instinctive wills of the Id, cathexis would take place, and with the collaboration of the Superego through environment, culture, family imposition of rules, the course of Shyness would ascend, that is, something unconscious would prevent the individual from socializing, taking actions against others as a consequence of the unconscious castration suffered in another moment.

The anguish of castration unleashed by the Ego make it impossible for the timid to go towards the other to act within his reality, trying to avoid the displeasure experienced in the past, thereby promoting all symptoms and inhibitions which are typical of timid people.

Family is key to child development. The models, typical habits adopted in homes, will be the foundation that will sustain children in their adult lives, so if parents are critical people their children will, in most cases, also be critical and if parents are submissive, their children will also be. Same thing will happen with shyness: children will live their parents' shyness and it will become natural in their lives. This is why personal development process is so important for behavioral change.

People are not born shy, they become timid by an inferiority complex they have lived. Traumatic experiences, especially in childhood, can trigger, at any time, the whole mechanism of defense of the body, causing those symptoms such as: flushing, trembling, sweating, chills and others. (Albisetti, 1998). E.g.: A family of 5 siblings (3 women and 2 men), all of

them suffer from shyness; asking about their parents, one of them told me their mother was very quiet and the father, very violent. It was common for the children to watch fury strikes from the father to the eldest daughter, who was very “disobedient” and “confrontational”. This probably resulted in an unconscious contraction and learning - or even conscious - that one should not express his/her feelings, as it might cause a lot of pain and suffering.

According to W. Reich, in *The Function of the Orgasm* (1975), character development is a blooming process. The energy diagram on page 125 (Table 1) operates in various directions, and what we perceive in Character Analysis as a compact formation is precisely that concentration of opposing forces that occur in the character structure.

The silence of the shy individual is in general a result of an inability to verbally express its inner impulses. Clearly he would like to speak and open his voice to the expression of the heart, but he can not. So, it is important to welcome the silence and give space for the speech to come. So, he can be relieved from the pressure of “having to talk”.

Young children can not tell when a threat to their lives is real or not. When the response is blocked or inhibited by the fear of being annihilated, the internal condition for a reactive conduct is established (Lowen, 1985).

Being easier to avoid the cause of embarrassment, the timid, by consciously or unconsciously relating their trauma to the situation they face, close themselves and flee from situations that will expose them. Being shy does not depend on the Lowenian characterology, although he realizes that more timid people are present in pre-genital characters. Schizoids, for example, are more likely to be shy. As in schizoids the sense of self is inadequate due to the lack of identification with the body, the individual may not feel connected or integrated, difficulting the contact with the other, tending to live in his world and stay away from people who may try a closer contact.

For an orally structured individual, every contact with the environment has a lower charge than it is required. This character structure, for having had experiences of disappointment in the beginning of life, in the attempt to seek contact and warmth and not reaching them, might carry a great frustration for not having had support from the mother, father, brothers or close relatives. Thus, these disappointment and frustration tend to leave traces of bitterness in the personality, often making them drift away from people not to re-traumatize themselves.

For Alexander Lowen, the baby is born with the ability to cry copiously and this is the act of establishing independent breathing. The strength of this first cry is a measure of the child's vitality, which falls away along the time due to the blocks it faces, taking away spontaneity and the free movements of the body. We adopt learned movements, which are linked to the ego and not to our true self. Of course, we can not be just expressive and move with no control of the ego, otherwise we would get into psychotic states. There must be a balance between ego control and spontaneity.

Back to timid individuals, spontaneity becomes more and more distant from them until they completely lose their expression, concerned about what others are seeing or perceiving of them. They lose the ability to put their voice, lose the ability to move and lose the ability to look at people.

The search for spontaneity is an important function and the body's motility must be retaken. A body full of life is never completely static. In adults, involuntary movements form the basis of our gestures, our facial expressions and other body actions.

In Bioenergetics, we focus on 3 main areas of self expression: Movement - Voice - Look. "It is necessary to recognize that it is impossible for an individual not to communicate. Even total silence tells us something about the person and the way he faces the world", according to Boadella (1992).

Moving the body facilitates behavioral changes

There are possibilities and solutions to these difficulties. Bioenergetic Analysis, through combining expressive movements and the understanding of one's story, is an important tool for the dissolution of the conflict in which a shy person finds himself. The techniques include several exercises of breathing, expression and mainly *grounding*, which enables an individual to feel safe in both affective and professional relations. The timid individual comes to have a low self-esteem pattern for all reasons mentioned above, and the more he is able *to be himself* in *his own* world, the safer he will feel.

Bioenergetic work can help people solve emotional problems and realize their potential for joy, and for the joy of living well, not only in interaction with others, but also for the freedom of moving around the world. One's level of muscle and Energy stasis is often so intense that he may not be

able to leave or take action. We can help this person to diminish muscular and emotional tensions through specific exercises that will release both social and self-inflicted stress.

When an individual develops chronic muscular tension, he also develops emotional tension which disturbs health, retrains motility or self-expression; bioenergetic work includes expressive and respiratory movements that help the person enlarge his inner space and, consequently, outer spaces in life, always on the way to increase vitality and the capacity of joy. As much as the shy individual tries to hide himself, he is indirectly drawing attention to his stillness, withdrawal, and flushing.

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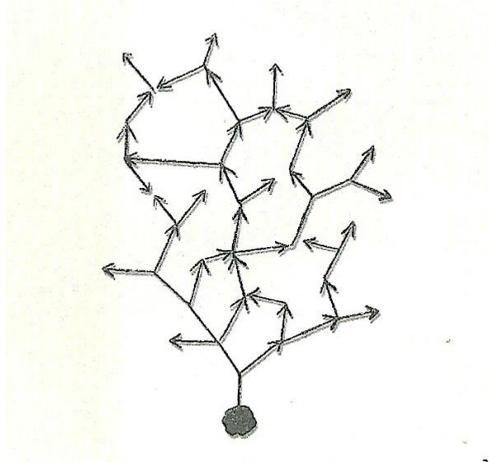
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Mutilation and the power of shame as the “guardian of dignity”

by *Maria Fernanda de Andrade Lima*

Abstract

This paper intends to broaden the subject of shame with a view to including and developing the theory and practice of Bioenergetic Analysis from the foundations laid out by Wilhelm Reich and Alexander Lowen, pioneers of body therapy. “We don’t have a body”, we are a systemic body. This paper will draw from the views of Chilean neuroscientist, Humberto Maturana, within the fields of Biology of Cognition and Biology of Love, as well as from Polish philosopher and sociologist Zygmunt Bauman, a great modern thinker on the frailty of bonds. I will add some recent Bioenergetic Analysis articles from the journal of Bioenergetic Analysis published in the period of 2011-2017. I understand shame as sensations that might develop from childhood and take hold of our true self, mutilating spontaneity and freedom, deeply impacting on our sense of dignity. However, I also see it as a multigenerational inheritance passed on in the form of beliefs and values that strongly interfere with bonding. As I see it, Bioenergetic Analysis in the field of family therapy can restore generational wounds in face of contemporary challenges.

Key words: self, body, bioenergetic analysis, systems therapy, transgenerationality.

Introduction

Gregory Bateson was a biologist and anthropologist who conducted research and worked in the fields of anthropology, sociology, linguistics, ecology and cybernetics. He was also a major systemic thinker and epistemologist. At the Mental Research Institute (MRI), Bateson engaged with the anti-psychiatry movement, developing an epistemological framework for the advancement of a new understanding on insanity, the double bind theory from a cybernetics viewpoint. Stemming from his research into

double bind among individuals with schizophrenia a cross-disciplinary team was gradually formed at the MRI. Bateson understood that all systems were influenced by and exerted influence on family systems leading to pathological interactions. Therefore, his new proposal was to go beyond the work with the subject. Family systems required working on interaction patterns that reinforced the ailments of all members. Double bind takes place when an individual receives conflicting emotional, verbal and physical messages. The researchers noticed that those highly emotionally impaired individuals often would suffer from an inability to process internal and external communication they would receive. Research was carried out that developed therapeutic approaches using a range of techniques, sharing a belief that multigenerational and transgenerational phenomena were structured intersubjectively within an ecosystem (Nichols and Schwartz, 2007). Systems theorists Humberto Maturana (1998, 2001, 2002) and Fritjof Capra (2006); and Maria José Esteves Vasconcellos (2007), who calls herself an “epistemologist” developed a novel paradigmatic view on the complexity of events, procedural instability and intersubjectivity which broke away from conventional science and the paradigms of simplicity, linearity and subjectivity impacting global, interpersonal and transgenerational development.

In this paper, I will address shame as a central issue through research focusing on Bioenergetic Analysis linked to traumas that exert psychosomatic and mutilating influences on organisms and on the status individuals operate in life, including the development of armouring, which reverberates on character traits. The key concern in relational systems theory is to restore damage caused by previous generations that impact on contemporary and future generations. I will seek to advance a theoretical link between systemic assumptions and Bioenergetic practise with couples and families. To do so, I drew on systemic authors and family therapists. The foundations of body therapy in Wilhelm Reich and Alexander Lowen, as well as articles from the Bioenergetic Analysis journal published from 2001 to 2018. The aim is to allow for an understanding of the benefits that body interventions in Bioenergetic can bring about to Transgenerational Systems Therapy.

Foundations of Systems Theory

All members of a community are organized in a vast and complex network of dependent relations. All human beings are part of a mutually interdependent process natural to ecosystems. The living systems theory

offers basic foundations of organization, which are open networks of energy and resources. Systemic structures evolve as a result of their record of changes and are intelligent because of the inherent dimensions of the vital process.

“Interdependence -mutual dependence of all life processes on one another - is the nature of all ecological relationships. The behaviour of every living member of the ecosystem depends on the behaviour of many others. The success of the whole community depends on the success of its individual members, while the success of each member depends on the success of the community as a whole” (Capra, 2006, p.231/232).

All societies build their models of groupings and family arrangements and so there is a tendency to creating images, ideals, specially moulded by social representations which implicitly carry preconceptions, beliefs, expectations, values, occult rules of coexistence that can form the basis for healthy development or a realm for negating one’s true self, specially faced with a prevailing model in complex Western societies. A hegemonic, patriarchal, hierarchical, capitalist, bourgeois, heteronormative model which bars singularity and deconstructs the complexity of co-existence based upon acceptance of changes. This hegemonic model no longer mirrors empathy but images of a false self from the early bonding process. Novel forms of bonding in the differentiation process of systems, developing a false self which impacts intersubjectivity. In opposition to linear and dualistic Cartesian thought, in the middle of the 20th century, scientists in all areas of knowledge started to develop theories of complexity and cybernetic which understand simplicity as complexity, stability as procedural instability and neutrality as intersubjectivity. This novel systemic practice and thought leads us to the many possibilities of change, interferences in complementary knowledges and multiple inclusions. We quit being observers to find ourselves implicated with our intersubjective self. According to Maturana (2005), it widens our organismic knowledge, our cognitive reflexions and experiences making way for new and more comprehensive views and sensations.

“Because a circumstance leads us to see the other as equal, an act we habitually call love. Besides, all of this makes us realize that love or, in case we don’t want to use such a strong word, accepting the other together with us in co-existing is the biological foundation of social phenomenon” (Maturana, 2001, p. 268-269).

In contemporary times, we have used the word ‘families’ rather than ‘family’ because the new arrangements are quite diverse, including conventional families, monoparental families, divorced parents, families with children from past marriages living together with children from current marriages, grandparents taking care of their children’s children or coming to live with their children and grandchildren, same-sex couples, poly-amorous relationships and even families that see their pets as part of the system. The issues and conflicts, which have always existed, have been raised in the therapeutic setting more genuinely with clients seeking care and change from relational conflicts in their own co-existence, as well as in the form of severe traumas. The traumas which have impacted families the most in the therapeutic setting include suicide attempts, abusive relationships, betrayals, intrafamily violence, sexual abuse among children and adolescents, addiction, mental disorders, secrets and occult and painful phenomena from past generations.

“We see and treat the nuclear family and at times the extended family because we are experts in seeing them and not because there is such a way, as a clearly delineated form. We study the family because we see it, because we evoke it with our models and inquiry (...) We are immersed in multiple, complex and ever-evolving networks, within which we “extract” the family when we ask, for instance, “Who is part of your family?”

Shame and Somatic Development

Shame as a primary emotion is still being developed in body psychology. Research into shame is being done in Bioenergetic Analysis (Conger 2003, Resneck, 1991, Bedrosian, 2015, Carzedda, 2015) showing its devastating impact in the organism, felt as a psychosomatic manifestation that may result in emotional and mental damage such as anxiety and depression, among others. Shame can conceal unconscious primary sensations which will manifest firstly through feelings of fear, sadness, restrained anger, narcissistic defenses and feelings of guilt and humiliation. Such defenses can become chronic blocks impeding spontaneity through armouring and subjective and intersubjective energy dynamics. In Conger (2003), he seeks to explore “discretion shame, dishonour shame and the transition from traumatic shame to acknowledgement shame” through a somatic and analytical process in which he resorts to play as an empathetic tool with clients seeking to restore spontaneous vitality. Two important points highlighted by Conger are the mirroring process from the mother-baby relationship to invasive looks and attitudes of another, of an unsafe

environment that might be abusive, hostile, humiliating and violent. Conger, in the end of his article, leaves us with this unsettling remark:

“Bioenergetics” central question might be: can we live with our failure, with the body we cannot change, with our body of shame, with our terrible sorrows, as our not-redeemed shadow? Can we live and work head-on with this failed aspect no matter what our gifts might be? Not teaching others to forgive their bodies means we haven't grasped deeply enough our own body of shame”

To Resneck (1991), where there is a situation of expectations from this ‘other’, a child will try to experience the family wish and narcissistic image so he/she can feel grand or tend to fail. On the other hand, a child that is never seen and oftentimes criticised and humiliated will lose his/her autonomy and develop low self-esteem. In both situations, Resnick underlines the structuring of an ashamed self which mutilates the psycho-body development of genders. Armoured men and women in positions of inequality in their childhood psychosexual development. The elements resulting in shame and narcissistic vulnerability occur more often in families. Let's now consider two types of inducing shame within families.

“If the family is too anxious about the child's success and does not help him/her develop a self-assessment and lets the child be their narcissistic extension, their own dreams and fantasies of what could be, then they will be subjecting the child to ridicule when outside the family.”

In face of the issues raised by Conger and Resnick I share another viewpoint, with Bioenergetic exercises of polarities which are complementary under a family systems perspective. I have used Bioenergetics in family therapy and I have witnessed that the mutilating power of shame conceals powerful defense mechanisms. Hiding shame may mean safeguarding one's dignity, surviving family tragedies, honoring values held by one's predecessors, taking ownership of one's name and erecting borders against the vast continent of ancestral pains. When such systemic ashamed self reveals the power which are blocked they are liberated and that which was enslaved over a transgenerational path turns out to be a rich conscious potential resignified in its own value... from slavery to liberation! This inheritance is to be reintegrated into one's own organism strengthening the true self for future generations to mirror.

To help us broaden our systemic view, Humberto Maturana in his “Biology of Love” (2002,2011) highlights that around three million years ago, generation after generation, hominid groupings between sexes were

made stronger through the sharing of food, protection, care, tenderness and sensuality, which he named conversations. “All of these are reflexes, like natural aspects of this mode of life”. To him, survival of our species was made possible through love for collaboration and for as long as there is love we will continue to develop. Competition is always destructive as it rejects the other as a legitimate other. In biology of humanization, denying the other implies a wish to take possession and this process has developed in relationships based on narcissism, fragility with the other seen as disposable, with competitiveness, excluding and non-collaborative heteronormativity bonds:

“Humanity began around three million years ago - generation after generation – a mode of living in conversations that involved collaboration between sexes in everyday life, through the sharing of food, tenderness and sensuality. All of this took place without reflexes like natural aspects of this mode of living.” (2011 p.18)

Bauman (2004), when addressing contemporary social bonds and liquid love, says that the metaphor of liquidity is, in fact, quite simple. Like all liquids, today’s social arrangements cannot keep their form for too long. They are in constant transformation. This does not mean there are no solid bodies. The only reason to call our modernity liquid is to distinguish it from solid modernity, that from the times of our ancestors. Our grandparents built solid structures because they realized that the world, they inherited from our great-grandparents was not enough. Today, Bauman says we live in what he coined liquid modernity. We modernize what is created today and what we created yesterday. And we modernize not because the old model might have grown old or obsolete but because the new is supposedly newer. This has become a cycle, an obsession. In a consumerist culture relationship are immediate, pleasure is short-lived and satisfaction is instantaneous as if they could be discarded. “Loving means transforming the other into a defined someone, it means making the future undefined. Agreeing with the indefinite nature of future. Agreeing with the life lived, from conception to disappearance, in a single place reserved to human beings: that vague extension between the finitude of one’s deeds and the infinitude of one’s objectives and consequences.” (Bauman, 2004 p.36). Systemic body therapists are faced with this challenge of keeping themselves grounded and their solid bodies balanced. Strengthening the feeling of belonging and the contingency of the ephemeral in relationships.

Both Hellinger (2007) and Fonte (2016) converge on the influence our ancestors have on our positions, attitudes and relationships in all areas of life. Our fate is interlinked with our forebears. We experience

sensations, emotions and feelings that pass on from generation to generation and remain occult like unconscious loyalties. “In loving our ancestors, we move away from ourselves taking information that don’t belong to us so we can return to our primordial energy, our unity, which is our ancestors. This is the challenge” (da Fonte, 2016, p.70). To Hellinger, in the family community some members will seek to balance their nuclear system making an effort to give away their own lives for losses, bankruptcy, illness, betrayal, violence, sorrows, among so many other phenomena that marked generations. “In this way, within this narrow community of destiny, bonds and the necessity for reparation lead to equilibrium and to a share in guilt and disease, in fate and in the other’s death.” (Helling, 2007, p.288.).

To Resneck, Eros, the energy of love and passion, flows unrestrained when the pelvis is not mutilated. Energy in the psychosexual stages of development runs up from the back down to the front part of the body through the heart. When the heart pulsates freely and the body vibrates with its emotional and healthy movements and the capacity to claim its rights is not hindered; assertiveness then becomes expansion, love and does not freeze and the negation of the true self does not grow into hatred or revenge. (1991).

A Systemic View on Contemporary Clinical Practice

I would like to begin this section with a clinical note on a session I led in late December 2018 when a 29-year-old female client who had previously been my client gave me a call and scheduled an urgent session. She had been living abroad for more than two years doing a PhD. This client had been in a three-year relationship but never had sexual intercourse with the boyfriend nor with other men as she abided by family values including being a virgin until marriage. When she left Brazil two years ago and went to live by herself in an apartment, she thought she would be free from her family’s oppression. While living abroad, she had short-duration relationships and was more daring in her sexuality but would feel ashamed and would freeze before engaging in sexual intercourse breaking the moment of intimacy. She said she knew these were irrational attitudes as she consciously felt liberated and that is why she has resumed her therapy sessions for the coming she will be likely living in Brazil. After returning to her parents’ home she felt as if she was regressing. At that point I realized and felt in my body what in family therapy we call unconscious loyalty with family values. Still today I find myself embarrassed in face of

some of my family's values, especially those held by my paternal family that differ from my experiences as an adolescent and from my father's expectations, as he was a psychiatrist with strong patriarchal and sexist values, having died 32 years ago. I therefore felt body resonance. I intuitively asked my client to speak about her family. She said her grandmother had taught her very dear values; she cried and then she remembered being a lively and joyful girl; then she felt her grandmother's disapproving looks as she played with boys and whenever sex was being talked about. I told her to stay in a grounding position and lift her arms over the head while she kept breathing, interlocking her fingers as she looked up. I have done this exercise when dealing with strong memories of late family members. My intention is to enable feelings of grounding and connect with the person who is no longer physically present. Meanwhile clients should continue to feel their vitality without letting go of that love-filled connection at another dimension which give rise to strong feelings of absence. This way one can update and resignify values without the feeling of betrayal towards someone he/she so deeply love(d). The client was very emotional and her body started to vibrate. She felt like asking her grandmother for forgiveness and telling her she would lead her own life and sexuality. I suggested that she should give her grandmother's fate back to her and stay in the inverted grounding position. I then told her to get rid of all the burden and try a positive look of her grandmother. I stood in front of her as she got back up in the grounding position. I waited for a moment while she turned her eyes to me as I felt deeply connected with a feeling of acceptance. I also felt an inner sense of reparation of my own sensations of denial. After a lapse of time when she kept looking at me, she began to laugh softly as if laughing with her whole body. I recalled passages from one of Lowen's books (1982) on gracefulness as she looked weightless, soft and free. She then told me her brother would say women were like pearls that needed to remain shut until men came to open them. She now felt her body was opening up. Then the title of an important book by Brazilian writer Rubem Alves, "*Ostrafeliznãofazpérola*" ['Happy oysters don't make pearls'] sprang to mind as I told her that that was because oysters need to remain shut to make their pearls. The writer resorts to the metaphor to maintain that in order for us to be happy, active and living we need to be open. The client laughed further saying she would now tell her brother: "I am now opening up by myself and showing my pearl". We both laughed and at the end of the session she told she felt more free too and that she had too received love and strength from her grandmother and that she would nurture that memory of a positive look coming from her

grandmother. She smiled and said: “just like yours” rather than that other of disapproval.

In Bedrosian’s “The Energetics of Couples Therapy” (2015, p.76), she writes about couples therapy using Bioenergetic Analysis interventions developed by herself and about the participation of Robert Hilton and Diana Guest, in her research and practice, highlighting that:

“One of the premises of Bioenergetics is that people protect themselves from their childhood wounds on a bodily level as well as on a mental/emotional level. These defensive contractions restrict vital energy in the organism and compromise the other’s context. Since these wounds are embedded in the cells of the body, the age and chronicity of the wounding determines the characteristics of those contractions and resulting adaptations, as well as styles of relationship.”

I do not seek to boil this case down to one session. I understand deep repression can be found on the parental level too. I just wanted to show that traumas related to culture and values pass on from generation to generation. In Bioenergetic Analysis, even when we are working with clients in their individuality, we are doing systemic interventions in the nuclear and extended family, their relatives, and oftentimes we deal with damage caused by grandparents and great-grandparents, which still impact bonding processes and unconscious psychosomatic repetitions. These are very clear in the illness process, partner choices, relationship with children and grandchildren and particularly in the position one takes in life and their emotional behavior. If we therapists broaden our systemic perspective to body therapy interventions, we may understand that by working on emotions from past generations we may heal today’s generation and our descendants. In all of Reich’s work he makes use of the following sentence: “love, work and knowledge are the wellsprings of our life. They should also govern it; and full responsibility should be borne by working men and women everywhere”. (p.21). To me, this is about a systemic view springing from Reich’s work since the 1930s, *Character Analysis* (1995) and *The Function of the Orgasm* (1994), a revolutionary and visionary work, especially from his early research into the armouring process in the organism through his later research into Orgone and cosmic energy. I would like to highlight another passage from Reich’s “*The Function of Orgasm*”, which to me makes all the sense when working with couples and families: “Theyouth would feel no hostility towards tradition, they would in fact have respect for it if without taking risks they could say: “We will take this

from you because it is convincing, it is fair, it is about our times too and may be develop. That, however, we cannot accept. It was useful and truthful for your time...it would be useless to us". "And this youth should be ready to hear the same from their children." (p.22). I have used this passage in the therapeutic setting depending on the context and on the family or couple in the process of differentiation. I suggest something along these lines: "I am very sorry but this does not belong to me. I respect our differences but each one is responsible for their changes". In the systemic practise this yields good results following the inverted grounding making eye contact or after exercises on boundaries.

I also seek to address Lowen's "The Betrayal of the Body" (1979) in which he writes about the schizoid masks, body tightness, fragmentation and collapse. On schizoid traits he wrote: "he believes he cannot afford any feelings or wishes as this would make him/her vulnerable to some sort of rejection or catastrophic abandonment" (p. 69). When an individual is imprisoned in an ego of idealizations resulting in loss of identity, a fragmented and collapsed organism, energetically I think of systemic shame as a possibility of reaching out to a family in its existential structure. "Schizoid sentimentalism results from withdrawing feelings from the self and the body. It denotes a loss of one's identity which is offset by social identifications" (p.72). However, in this aspect, I see the imprisoned individual as someone trapped by undistinguished characters in fusional relationships risking to lose their own meaning of life and of building their fate. In "Fear of Life", Lowen (1910) sets the context for self-perception and self-awareness as a body in its state of vitality and responsive spontaneity, and the self (itself) which is a body with sensations and sentiments from its own desires.

"The loss of authenticity also takes place on the social level. Personal values are sacrificed for the sake of money and power. Mass production does away with authenticity in products made out of effort while advertising turns mocking into a virtue. In a technological culture the only known values are money, power and success. Authenticity is a thing of the past, currently represented by genuine parts at an antique shop." (p.85).

Within this new context, expanding Bioenergetic Analysis foundations beyond individual interventions has shown to be a promising path. Shame is a very appropriate theme to be worked on from a systemic perspective, particularly with exercises that include looking, touching and shared emotional expression. Families are often reluctant to engage in

shared suffering to avoid the pain that may be felt by the other and in most part because they feel ashamed to reveal their true frail sentiments through emotional displays, crying, expressing anger towards loved ones, showing pain and opening up their hearts in tenderness seeking to overcome disagreements.

Bioenergetic Analysis in a Systemic Practise

As I said earlier, different configurations of couples and families have come to my practice with a variety of conflicts. Lately I have relied on strategic therapy, Bowen techniques, Nichols and Schwartz (2007) and systemic relational therapy (Rosset 2008, Andolfi, 2018) which converge and complement each other in their foundations and techniques, placing emphasis on the spontaneity of the therapist's self. In this section I outline basic aspects of Bioenergetic Analysis in Family Therapy. In systemic relational family therapy, I highlight Rosset (2008). The aspects I have sought to focus on in my current research which are part of my practice with families is understanding that personal struggles are related to communication that become conflicts and then evolve into family patterns of suffering. Strategic therapy seeks to understand patterns of interaction in family behavior that are unconscious and repetitive with families stuck in a crisis zone very often due to an upbringing filled with negative criticism which underestimates and humiliates individuals, requiring interventions focused on the here and now. Work on verbal and body communication is important through positive aspects that may recognize and renew the healthy potential which is blocked, freezing the energy and expression of affection. With this end, we engage everyone in understanding the family dysfunctionality, the goals for developing the system and how each member feels in face of the conflicts. It is important to stimulate suggestions to dealing with conflicts and to build strategies (Nichols and Schwartz, p. 156-159) and solutions making it clear the roles of each member, once anything affecting a family member will impact another and the system as a whole, which is also based on neuron mirroring. "Sometimes observation of only fragments of a whole action pattern is sufficient to convey an anticipation of what the other person is about to do (p.31 Umiltá et al.2001). This is not only true for actions but also for feelings and thinking patterns. Intuition needs to be supplemented by rational analysis (which is slow). Fear, stress and tension significantly reduce the signal ratio of our mirror neurons".

I believe that mirror neurons as described in Koemeda Lutz's "Mirror neurons and body psychotherapy" (2011, Vol 21) enable us to use techniques with eye movements and to develop self-regulation within a family system. Therapists will broaden their views of systems coming to understand that transgenerational forces are a resource in the therapeutic setting that "exert critical influence on current relationships". Family therapy allows for repairing experiences with a goal to discussing and reframing old relational paradigms which are traumas stemming from the original family. (Andolfi,2018, p. 51.)

The Family S Case

A mother of two children, aged 8 and 11, came to therapy because the children had been fighting too much and wouldn't stop disparaging one another, often engaging in physical aggression to the point of hurting one another. The mother said she had tried by all means to set limits, from having long talks to bedroom time, to restraining them, suspending outings and even physically deterring them. The older child had been in therapy and had been reluctant to go to school, thought she was ugly after having put on weight, had panic attacks when alone at home but relied on help from her two grandmothers. In the first few sessions, which I call a moment of emotional listening and welcoming, were hard as they wouldn't stop arguing. We couldn't discuss a therapy contract with them. In-between arguments I would playfully suggest and challenge them to keep in silence, breathing and making a sound as they breathed out. They thought this was funny and would laugh; the aggressive drive would then water down although the older daughter would engage in countertransference with myself and wanted to leave the room. At first, I would sustain the limits but when I felt the attitude sought to disregard and manipulate the family therapy, I suggested that she could leave the room and wait outside. At these moments the mother would feel stronger and would begin to be more assertive and that way our therapy contract was developed. In another session when the conversation was growing hostile and disrespectful, I stepped in and suggested that they did a standing grounding with their mother standing in front of them and that the mother would demonstrate with her eyes how she felt when quarrels broke out while they tried to understand their mother's feelings through her look. They engaged in body resonance. Once more there was the game of silence and this time with the eyes too. The mother's first look was of fatigue and they guessed it. I then suggested that she sat on a comfortable chair and while there she flipped her body and placed the palm of her hand on the ground as I held her head

on my hands. The children would remain standing watching while their mother was being held. After some time, I suggested that the mother should do an inverted grounding getting up from bottom up until she was again in a standing grounding position facing the children again. I then asked them to walk around the room as they stretched and walked. When they stopped they should look at each other again. This time the mother had a look of relief although it revealed great sadness. In the mirroring process, sadness was also seen in the children's eyes. That was when the mother revealed her pain and spoke quietly saying that she was very sad. The mother said she felt lonely trying to take care of the two children, which she sometimes failed to do, as she needed to work and have some fun with friends. When she got home there were arguments and cursing. The two children, especially the older, cried and said she missed her father so much, that it had been less than two years since the divorce, that she had no friends, feeling rejected and different, ashamed for no longer having a complete family, that she had locked herself in her bedroom and did not understand and felt angry. The youngest was moved and apologised for calling her crazy but that she needed to put out all that was bad inside and that she had been arguing with her friends too and was distancing herself as a result. I asked them to form a circle holding their hands and that they should look at one another while they slowly got closer. I gradually pulled out of the circle asking them to continue. "Family therapists cannot observe and experience from outside. They must be part of a system of independent individuals. In order to be an effective member of the system, they must respond to the circumstances in accordance with the rules of the system, while keeping himself/herself as available as possible. This is known as therapeutic spontaneity." (Minuchin S. Fischman C, H, 2007 p. 12). They hugged and cried together while I touched firmly their backs and said: "Yes, I do understand how hard it is to live without daddy home but you told me mom, daddy and the grannies took good care of you and they also feel sad". I also said "they still have a family only their father was no longer home", and asked them "where might he be now?". The oldest answered: "in my heart". The younger sister said she kept many pictures of him and that she and her mother would pray for him everyday. She thought he was everywhere, even with the grannies." As we wound up the session, the mother's look was tender and firm and they said: "mom, you're very strong". The mother replied calmly: Yes, but I too suffer. I love you! Our home needs limits and respect." I told them to remember to breathe, keep silent and look, and that even if there were arguments, as children are still

learning to deal with hard events, they could find different ways to express their pain without needing to hurt the other.

In the following sessions, they were different and asked to talk about their conflicts. They told me about other creative forms of arguing. They were closer to one another. I began to make sense of the emotional energy flow and that enabled me to understand the tension, loading/unloading, and through Bioenergetic interventions I helped facilitating the system's self-regulation. "The systems (family, couples, individuals, groups and institutions) operate on a quantum of energy and vitality, in a flexible and fluid form or frozen and repetitive." (Rosset, 2008, p.58). One way to see a family is to see it as an organism with energy movements of circular feelings and exchanges, experiencing the complexity and ambivalence of affection. This is a proposal from the systemic relational therapy which seeks to build interventions through systemic reading and building changes out of each one's responsibilities (Andolfi, 2018). Body exercises, including face-to-face grounding among other possibilities, too may help understand the important hierarchy in the structural therapy, borders and limits across subsystems. In this case, the grandparents, the mother, the children and the uncles and aunts in the extended family on both side who are integral parts of the family context. To Nichols and Schwartz (2007, p.193), when writing about techniques in structural family therapy, whose one of the pioneers was Salvador Minuchin, and in spite of all techniques available, warn that "After a therapist masters the basic aspects of structural theory, he/she must learn the approach in a way that adapts to his/her personal style". To family therapists, this was one of Minuchin's most important contributions. Improvisation, the use of creativity and spontaneity in a therapeutic setting. (p.180-204)

The mother wanted her happy and pleasurable life back again, without feeling ashamed for being a mother and also being happy and pursuing her new goals. She is a young woman full of vitality. She felt ashamed by her mother-in-law who was very close. She is ashamed to show her desire to live despite the divorce and the ability to take care of her daughters. The sessions are ongoing and I realize and feel the importance her ex-husband who still doesn't come to therapy because he travels too much on business. I feel that both her mother and her mother-in-law have been trying to replace the love of their son/son-in-law for the children. Later on, the father, grandmothers and other members of the family might come along and join the process so we can work on what the structural therapy calls subsystems and borders. The importance of the bonds of love and the capacity for

differentiating functional family positions. Each one should occupy and incorporate their place in the transgenerational system.

Conclusion

At this point in my practice and research, I have grown more aware of the convergences between systems therapy and a broader transgenerational view of couples and families, especially in using the self and creativity of therapists with body interventions from Bioenergetic Analysis. I would also like to mention the inspiring work of GaretBedrosian, “Energetics in Couples Therapy” published in the Bioenergetic Analysis Journal 2015, p.75-97). I would like to repeat one sentence as I finish this article: “I trust the process and believe that the authentic and energetic need to love and be loved will lead to healing, vulnerability and intimacy”.

With regards to the issue of shame, this has been a recurring theme in generational conflicts: family honor, ruptures and new relational arrangements, adoption, same-sex couples, sexism/feminism, sexuality, secrets and conflicts related to beliefs, values and ancestral and transgenerational myths interfering with the sound development of the ashamed self in relationships.

About the case reported above, I would like to close by recalling a sentence I heard at the 2018 PDW in Salvador, Brazil, in a workshop led by Rebeca: “Shame as a guardian of dignity”. To me, when such profound pains are revealed, fears and humiliations also become guardians “of liberation”. I said this myself after my personal work in Track 3 with local trainers supervised by Diana Guest, also an international trainer and the current president of IIBA. When I did my work, I expressed shame for my father, assigning a novel meaning to the power and restored love I felt for him. I therefore conclude by having undergone a body experience of shame, which to me was a guardian of dignity and today has become a guardian of liberation! And it has also become the theme of this paper.

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Embodiment of shame and attachment theory contributions

by Eliane Regina Marques

Abstract

This article, based on the concepts of Attachment Theory and psycho-corporeal vision, aims to broaden the understanding of shame emotion in the contemporary clinic. The present society has been called “society of the spectacle”, in which people have to stand out and appear to guarantee their existence, acceptance and inclusion. In clinical practice, one of the great obstacles and reason for extreme suffering of modern man has been to get in touch with the emotion of shame. It is a common sentiment to all mankind, its origin comes from the narcissistic experience, functioning as one of the main regulators of morality and social relations. That is, to understand shame is, in a sense, to understand human nature. After conceptualizing shame, let us dwell on its implications in relationships and immerse in its psychodynamics, as well as punctuate the differences between shame and guilt. On the theory of attachment, I will make a historical view, point out the main concepts and classify the types of attachment. In the end I will make the connection between body and shame from the point of view of Bioenergetic Analysis.

Keywords: shame, attachment theory, body, bioenergetic analysis.

Introduction

Considering the predominant phenomena and demands in the contemporary clinic, it is perceived that the shame is revealed from the feeling of incapacity, insufficiency and failure against the parameters demanded by the social group. It is configured as a form of suffering and deep pain insofar as the individual can not reach the ideals, from which he could feel recognized and included in his social group. Faced with this scenario, the psychoanalyst and psychiatrist Julio Vertzman stated that “shame is increasingly related to the image, and how that image distances itself from others.” The bombardment of reality shows incites the audience to expose the intimacy of the other. Success and self-image are measured by the

number of followers on social networks. Modern times stimulate the “society of the spectacle”, where there is an overvaluation of the image, success and finally narcissism.

From the origin of the word shame that refers to the shyness, shrinkage, humiliation, pain caused by the fear of judgment and the assumption that it is an emotion common to every human being, “to understand shame is, in sense, to understand human nature” (Lewis 1992).

Because shame is a regulating emotion of morality and socially accepted behavior patterns, it will have a great impact and influence on the way the individual perceives and establishes his relationships with the external world. The intense psychic suffering provoked by the sense of failure and exposure compromise empathy, binding relationships and the right to the pleasure of being and being with the other. The shamed person has a negative view of his self, there is a break in his own value, in the sense of identity. Within the psychodynamics of shame, I highlighted the fact that it is an emotion that has its origin in the narcissistic experience and that regulates the relationships. In the clinic, welcoming the ashamed person means standing against someone with a defeated self, in a state of vulnerability, with a peculiar way of being and living.

Due to the traumatic depth, it is a difficult wound to be treated and in the therapeutic process will be an extremely painful emotion when it is brought to the scenario, so “shame seeks to hide, for fear of making the self unacceptable.” In its pattern of behavior, it will tend to escape from its established relationships.

As shame and guilt coexist in most humans and often walk together, I considered it important to point out the difference between the two. The shame concerns a feeling of lack of moral and social standards, in the guilt the attitude adopted has hurt the moral standards. In guilt was committed a fault with the other, while in shame the fault lies in itself.

One of the theoretical pillars of this work originated in Bowlby’s Attachment Theory. For the author, babies are born with an innate propensity for contact with another human being, in other words, they are biologically generated to bond with others. He also advocates that an internalized model of reality is constructed from the first experiences of attachment, which will be transposed into other interpersonal relationships. It also presents the concept of Safe Base, represented by the caregiver figure able to provide, as far as possible, the protection and comfort necessary for the

child. Mary Ainsworth, through research has established three types of attachment: safe, unsafe-avoiding, insecure ambivalent.

Another discussed topic was the embodied shame, based theoretically on Lowen's look at Bioenergetic Analysis. The author considers that shame and humiliation coexist, both robbing the individual's dignity and self-respect. He adds that the self is corporeal and that, at first, its organization is a consequence of the registration that is established through the encounter of the body of the baby with the maternal body. In the course of the maturation process, the security arising from the maternal presence gives rise to security in the bodily self. The experience lived in this first relationship will influence the future relationships of the individual. From the assumptions mentioned, the aim of this study was to present the contribution of the Attachment Theory within the subject of shame and to favor a contact with the theme in question: origin, causes, relational / binding consequences, as well as body records. In addition, to reflect on the topic within the clinic in contemporary.

About shame. Some concepts

Origin of the word shame, from Latin *verencundia* ae. dishonor, humiliation, unseemly act. Shame, embarrassment, shrinkage, insecurity effected by fear of judgment. Pain caused by feelings of inferiority. Unpleasant feeling related to the fear of dishonor or ridicule. Sensation of loss of dignity or lack of personal value, relegation. Flushing of the cheeks caused by shyness. Feeling of modesty, decency, morality. Be the shame of someone. Despite the great relevance of the theme, shame emotion has been little studied, at least until the eighties; nonetheless, Aristotle, Descartes and Pascal, about fifteen years ago, took up the theme through some philosophical reflections.

Sartre (1943), stated that "shame is an inevitable feeling of being in the world"; The moralist Jankélevitch referred to "I am ashamed of myself, so I am" (1986: 450), and to reaffirm such positions contemporary psychologist Lewis postulated that "to understand shame is, in a sense, to understand human nature" (1992, p.2)

Shame is a universal feeling, it is part of the human life trajectory, being experienced in different moments. It will be present in several contexts, in which is considered an emotion regulating the social relations and moral behavior of the human being.

In social relations

It is known that the human being is essentially gregarious, thus seeking to interact, to approach the other, to be accepted and included by the environment, in order to guarantee its existence.

Looking for acceptance and inclusion, the behavior adopted by the individual will sometimes be approved, generating rewards and highlights by the group. However, at other times their attitudes may be rejected, generating a sense of shrinkage and shame. Schopenhauer (2011) described shame as a feeling that arises when the demands of society are not met, compromising the sense of belonging and being accepted. Therefore, such a feeling can be considered as a regulator of socially accepted behavior and will have a great impact and influence on the way the individual perceives and establishes his relationships with the external world. It is of the utmost importance to understand the influence of shame on the dynamics of emotions, cognitions and behaviors, from the moment these three aspects constitute the construction of one's personality, and consequently the way in which the individual will position and establish their relationships. It is known that emotions include the reaction of people to their behavior, are "self-relevant," in other words, important to oneself. Following this direction, can be highlighted the contribution of Tangney (2011), which includes the feeling of shame (along with guilt, embarrassment and pride) to the group of "self-conscious" emotions, since they depend on reflections and self-evaluation.

It is worth emphasizing that the educational process, the culture and the environment in which the person lives will directly influence their behavior. It will be the social group that will establish the behavior patterns, rules and limits considered socially adequate. The human being, to feel included and accepted, needs his attitudes to be aligned to those demanded by the society in which he lives. The individual tends to compare one's behavior with others; the shame brings with it a sense of exposure, vulnerability, failure. In the desire to minimize shame, the individual tries to cover it up.

Although shame is considered an emotion regulating human behavior patterns and morality, it does not influence positively in social relationships; on the contrary, it compromises the building of healthy relationships. People who experience this emotion, do not feel accepted by others, or good enough, do not develop the sense of belonging and deserve to be loved the way it is. (Brown, 2010). The shamed person has a negative view of his self, where there is a break in his own value, in the sense of identity,

brought about by the intense emotional pain that is experienced. The feeling would be, “There is something wrong with me”, a sense of inferiority, not a certain behavior, which could be manifested like this, “I did something wrong.” It is a delicate and difficult process to be modified, which provokes defensive attitudes, generating a cycle of self-destructive behaviors, leading to social withdrawal and difficulties in the interpersonal tract, as well as a low tendency to resolve the conflicts arising from this emotion. The intense psychic suffering brought on by the feeling of failure and exposure compromises empathy, binding relationships and the right to the pleasure of being and being with the other.

Factors such as the denial of one’s own difficulties, lack of self-cohesion, self-acceptance, fear of judgment, and the aggressive burden of frustration all add to the feeling of helplessness and low esteem, significantly compromising one’s treatment with the other. Mader (2011) points out that anger is an emotion influenced by shame, as well as the way people react and the way they deal with such feeling.

According to Tangney (2011), research shows that issues arising from shame can trigger some disorders, such as: borderline, eating, depression, anxiety, social phobia and suicidal tendencies. It is believed that in these cases, the depth’s level of this emotion has been devastating, hence the effects are so compromising in emotional terms. It is also worth noting that shame when manifested on a more gentle level, will be the guardian of the individual’s dignity.

Shame differs from shyness and embarrassment because it is a deeper feeling and has more compromising consequences for social interaction, and can also bring, as already pointed out in the text, several problems for the well being of the whole self.

The psychodynamics of the shame

It is a feeling that is part of the human being constitution, has its origin in the narcissistic experience; therefore, is one of the main regulators in social relations, and it is also at the center of the process of construction of the subjectivity of human dignity.

Starting from this premise, it is important to note that in welcoming the ashamed person the therapist is facing someone with a narcissistic vulnerability, who has a peculiar way of being and living. Morrisson (1989) noted that in these individuals the sense of shame “is based on an intrapsychic view of the self as a fundamentally flawed, defective self”. In them,

“the essence of narcissistic concern is an eagerness to be absolutely unique, special, of paramount importance to a significant other.” He also added that in these individuals, the feeling of shame “reflects the subjective experience of frustrated grandeur ambitions, failed attempts to obtain compensation for ambitions or unfulfilled desires to achieve ideals; it is the hallmark of the defeated self in a state of extreme deprivation, the self has failed to achieve its goals. “

Due to the traumatic depth, it is a difficult wound to be treated and in the therapeutic process will be an extremely painful emotion when being brought so “shame seeks to hide, for fear of making the self unacceptable.” Some significant defenses are: anger, contempt, envy, mania, narcissism, as well as arrogance, superiority, and grandeur (Morrisson, 1989).

It is a painful feeling, coming from a lack of limits and values that causes in the person a feeling of not being whole in life. It is as if it is eternally being judged by the other’s gaze on its own. Feels observed and it does not legitimize your expectations and needs, leading you to the cover-up movement, to escape from this judgmental gaze. Moreover, frustration is always present because for it the “ideal self” is unattainable, and consequently does not feel accepted.

The emotion of shame usually comes accompanied by a sense of vulnerability, which is directly linked to a feeling of weakness, imperfection, failure. The individual lives in conflict between hiding the true feeling (vulnerability) and striving to reach the unreachable. The person demands a lot of himself, his personal standard of tolerance and with the other is very low; he experiences a deep sense of failure and frustration. In its pattern of behavior, it will tend to flee, dodge, withdraw from relationships. He believes that the other will not accept it with so many “failures”, it is a vicious and self-destructive circle, the suffering and the pain are immense. However, as already mentioned, it is a dynamic with severe defenses, therefore difficult to modify.

As reported by Tangney (2011), shame is part of the family of self-conscious emotions, where feelings of failure, transgression are involved; for the individual there is a public that reproves it (real or imaginary), the evaluating look refers to very painful sensations, he believes that he is shrunk, small, and feels a deep sense of uselessness and impotence. “Shame marks the confession of defeat, the revelation of a weakness, the loss of appearances and dignity, and the image of its inner world unmasked in the eyes of the other.” (Green, 2003, p.1657)

To end the psychodynamic issues of shame, I outline below some of the statements contained in Costa J.F.'s work (2012) on Narcissistic Sufferings:

Costa considers “the shame as paradigmatic of narcissistic suffering pointing out that the root of the embarrassment process would be in the maternal question without the intention of love. The subject of shame would be recognized as a single subject, but without qualities. The imaginary representation solidified around the vacuum of maternal ego ideals. Using the Winnicottian referential, it states that the mother environment existed, but there was no space for mother-object, thus forming an egoic inconsistency and a difficulty of the subject to perceive and feel as a support of positive narratives. In other words, there would be something of the order of a failure of the maternal function in the constitution of the ego in which the true aspects of the self gave way to responses oriented to the demands of the environment, creating a personality based on the false self. This response would be characteristic of borderline personalities, marked by the lability of defensive and symptomatic behaviors “(Costa 2012).

Shame and guilt

Shame and guilt coexist in most human beings and usually walk together, the two are of great intensity, so they are confused in most cases, they embrace feelings of responsibility (Tangney and Miller, 1996). However, they must be differentiated in the psychotherapeutic process, since they point to a different focus and psychic configurations. The shame is about the person, and it is narcissistic, in which there is a negative evaluation of the self, consequently a feeling of devaluation, impotence, desire to hide, to escape, to shrink. Shame says, “I’m bad,” “I did that horrible thing, so I’m a horrible, incapable person.” The guilt says, “I did something bad,” “I did something horrible with that person”. The shame involves the feeling of lack of moral and social standards, in the guilt the attitude adopted has hurt the moral standards. Therefore, guilt usually is a result of a harm caused to the other, and the other has been injured, imaginary or truly, it is objectionable, there is a negative evaluation directed towards a certain behavior, the feeling of remorse and repentance motivate for a repair, which can occur through such expressions as; “I’m sorry”, “it was not my intention”, “I’m sorry for what happened”. However, when it comes to shame, the damage caused is against the person, the target is self-image. In guilt, there is the possibility of reparation, since it is related to a specific transgression; in shame, there is no way to restore the tainted image due to the

sensation that there has been “a failure in the making.” To summarize the understanding, follow the table below:

Chart 1. Differences between shame and guilt

SHAME	GUILT
Badly caused by on'sown person	Bablycausedtotheother
Yourimagehasbeen hit	Addressedtopersonwhowasinjured
Thereis no repair for theimage	Itispossibletorepair
The personisthetargetofthejudg- ment	Dictatedbythewill, it is a transgres- sion
Covers weakness	Limits force
Guardian ofinternal reality	Guardian ofobjectrelations
Narcissisticorder	Objectorder
Negative self evaluation	Negative behaviorassessment
Feeling ofimpotence/failure	Feeling regret/remorse
Lackof moral/social standards	The atitudehurtthe moral/social standards

Contributions of the attachment theory

History

The United Nations (UN), after World War II, asked psychiatrist John Bowlby (1907-1990) to write an informational material that could guide people in supporting orphans and street children. Bowlby named the booklet “maternal deprivation.” From the issues raised in this work was that he deepened his research and created the Theory of Attachment. He mentioned that much of the behavioral and mental health issues could be attributed to early childhood.

Bowlby in his theory postulates that babies, to ensure their survival, are born with an innate propensity for contact with another human being, that is, they are biologically generated to bond with others. These behaviors were called by him social liberators who would ensure the contact of the baby with the mother or with another figure of attachment. The author also points to another important component to survival that is the fear that babies have in front of strangers. For all these aspects the Attachment Theory is considered a relational theory.

Bowlby in his studies was influenced by researchers in the field of Ethology, such as Konrad Lorenz. And in the course of his journey, he counted on other collaborators such as: Mary Ainsworth, Peter Fonagy and Mary Main.

Main concepts

A. The child has inner need to be united at a main figure of attachment

For Bowlby the primary and most important bond for the baby should be with the mother, although in some cases she has taken into account other significant attachment figures for the child. He postulates that this link differs qualitatively from all others. The absence or rupture of the mother-baby bond will have serious consequences for the child's emotional development, including psychopaths.

Babies instinctively adopt some behaviors of “social liberation” to bring about rapprochement. They may cry, smile, move, stimulate contact and interaction with their caregivers. It will be through this response to the stimuli issued to the caregiver that the baby will gradually integrate into their existence. It is worth noting that the determining factor in the process of development and maturation is not only the food, but the presence, the care, the resonance with the expressed need. In order to maintain affective attunement, this regulation is established through what Daniel Stern called “affections of vitality” - they are subtle, delicate affections that demonstrate the changes of the moment-by-moment attunement through the alteration of the voice, look, rhythm, touch - that will be the preponderant factors in the interpersonal relationships established throughout the life of the individual. It will be from these experiences that the person will integrate the sense of recognition, merit and inclusion in the world.

B. The child should receive the continuous care of the most important figure of during the first years of life

Bowlby emphasized the importance of maternal presence until the first three years of life. He further pointed out that the lack of a figure of attachment, the separation or rupture in the mother-baby relationship, which he called maternal deprivation; will have profound consequences for the child. The interruption in the continuity of the bond can cause cognitive impairments (intelligence deficits), social (antisocial behavior) and emotional (psychopathies).

C. The separation of an attachment figure leads to the anguish

Whereas attachment is a kind of bond in which a person's sense of security is closely linked to a particular person, called the attachment figure; this will become a regulator of the baby's emotions, including the experiences of affect and stress, as well as maintaining the bond connection. Taking the benchmark above, the three stages of distress experienced by the baby are as follows:

Protest: the child screams, cries, and tries to hold the attachment figure, expressing his anger at being left behind.

Despair: the child gradually gives up protesting, despite still showing irritability and total disinterest for any other stimulus.

Detachment: If the separation remains, as a survival, the child may begin to interact with other people. However, he will express his anger and rejection when his attachment figure returns.

D. The child's attachment relationship with their caregiver leads to the development of an internal work model

The internal work model that is internalized will enable a cognitive understanding of the world, of oneself and others. The entire process of future relationships will be driven from this model and mental representation that has been internally recorded. According to Bowlby, the primary caregiver and the internal work model will be the benchmarks used for relationships in adult life. Therefore, the social bond will be built from the relationship between the parents and the child.

The internal work model has three characteristics: a model of others as trustworthy, a model of self as valuable, and a model of self as effective in interacting with others.

As reported by Mary Ainsworth, when the caregiver is able to provide security for a baby with an immature and vulnerable body, it will act as a Safe Base, so that this baby grows and develops and can expand and

explore the environment around him. From the contact with the Safe Base the baby can “say” to his attachment figure: “take care of me”, “help me”, “play with me”, “I need you to help me explore the world”, “I need you to welcome my approach”, “protect me”, “console me”, “organize my feelings”.

As has been pointed out above, attachment theory postulates that the quality of bonding that the mother or other child caring person offers brings consequences throughout life. If in the first relationship the child is cared for in his affective and care needs, it is likely that in adulthood he developed an “affective competence”, because he learned to calm himself and the other. All experiences in primary attachment are essential elements for the individual to feel recognized, understood and included in the future. Within a fluid process of maturation, little by little, the person will solidify his true self, being able to recognize and contact with him and with the other. The ability to be identified with oneself allows the individual to deal with the relationships and challenges of the world. He will be able to smile, look, call, touch or cling, when he wishes and needs to be with someone.

On the other hand, it is observed in the dysfunctional families, a caregiver who is not able to accept the spontaneous expression of the child, on the contrary, its movement is of detachment and withdrawal from the environment; being able to react aggressively, humiliating, disqualifying, embarrassing, punishing or attacking the child. These behaviors from an attachment figure carry an intense emotional load, with strong feelings of fear, humiliation, helplessness, loneliness and confusion.

In this situation, the child lives an ambivalence: at the same time that he must escape the figure of hostile attachment, it is for her that she will run for protection. If you feel vulnerable and exposed to loss and fear of absolute solitude, you seek to protect yourself by withdrawing, avoiding relationships, using defense mechanisms (dissociation, confusion, paralysis) to ensure survival. What is at stake is the integrity of the self and the existence of the individual.

According to Bowlby (1989), attachment behavior is any behavior that aims to achieve and maintain closeness with another person, considered more apt to deal with the world. Any situation that causes fear, insecurity or jeopardizes the act of approaching or moving away from the other, also triggers such behavior.

Affective Neuroscience states that the right hemisphere predominates in the first years of life which signals the importance of emotions at this stage.

Therefore, the predominant communication is nonverbal manifested through facial expression, gaze, tone of voice, rhythm, body movements. Fosha, D. (2016), highlights “these emotional messages from the right hemisphere are therefore somatosensory, visual, imagistic. And these interactions when carried out through empathy, affective resonance, shared looks, chained vocal rhythms and shared pleasure, are associated with positive affective states. “

Types of attachment

Mary Ainsworth (1913-1999), was an American developmental psychologist and was known to have developed a laboratory process that she called a “strange situation.” The purpose of her work was to observe the kind of interaction that the mother or a (stranger) adult maintains with the child in an unfamiliar environment. From the results observed during this research, three patterns of attachment were established: safe, insecure-avoidant/insecure-ambivalent, and Disorganized/Disoriented Attachment (created by Mary).

A. Safe attachment

The child explores the environment in the absence of the mother but shows anguish when she is not present. But when the mother returns, she receives it with excitement. In this attachment pattern the child has the capacity to feel and deal with the carer’s affectivity. It is considered a more adaptive attachment style. Some researchers believe that the child becomes securely attached if the mother is present and able to meet her affection and emotional needs. Other studies, however, mention that the behavior of the mother may be influenced by the child’s behavior.

B. Insecure attachment

It is subdivided into Evitative and Ambivalent, in both the behavior is focused on the flaws presented by the environment.

Evitative: they show indifference to the figure of attachment and strange people. It shows no interest in exploring the environment, regardless of who is present. The emotional charge remains unchanged. In this pattern the child deals but does not feel, the defense to minimize the pain is the suppression of the feelings, therefore, it does not show distress when separating, nor joy for the return; it is as if he were indifferent to the figure of attachment. There is a tendency for isolation because the interaction with the other is restricted. It is believed that this form of attachment develops from a style of more detached care, where the needs of the child

will not always be met. It is as if, what the child communicates, it has no influence on who cares for it.

Ambivalent: This pattern of attachment is now known as ambivalent-resistant attachment in which the child denotes anxiety and restlessness. The central issue is affective self-regulation because the child feels but does not know how to deal with his affections. Her behavior is ambivalent: she cries as she separates from her mother and does not calm down with her presence, continues to cry and cling to her. To sustain the relationship with the attachment figure, the child becomes trapped and has his / her universe of limited environment exploration due to the high level of anxiety about separation. This pattern of attachment develops from a style of care where the mother is more geared to her own demands than those of the baby.

C. Disorganized/disoriented attachment (created by Mary Main)

Children who have this pattern of attachment sometimes cry, fall on the floor, or become paralyzed by being separated from the mother. The affective / emotional difficulty is significant. In this pattern the child does not feel safe in front of the mother, nor has the emotional resources to deal with the intensity of the affections that emerge. It is a pattern that usually develops when the child is exposed to feelings of abandonment, helplessness, anxiety, fear and confusion. Such experiences lead the child to a lack of security, disorganization, vulnerability and threat of disintegration. He uses decoupling and split-off to protect himself because needing someone who does not convey trust is a very painful experience.

Corporification of shame

Analysis through bioenergetic view

“Every person who lacks sense of dignity and who feels inadequate suffers from a sense of shame and humiliation, which may be conscious or unconscious” (Lowen).

Lowen in his book *Pleasure*, said that shame has its origin in the feeling of inferiority. According to the author, every situation that makes one feel inferior will embarrass her. Shame and humiliation go together. For him, both steal the dignity and self-respect of the individual, as well as the feeling that he is equal or as good as others.

According to Lowen in the therapeutic environment, it is common for people to say that they are ashamed of their feelings when they admit

fragility, cry with sadness, or acknowledge their fear and helplessness. Parents say to a child: “Stop being crying” is a repression of pain, the child lives as a humiliation.

Lowen writes in the Fear of Life about the “wisdom of failure,” which in essence is the feeling of shame, representing failure in the effort to live according to the goals, ambitions, and ideals it establishes for itself. The fear of modern man’s life is the fear of life in the body, fear of feeling. Vital energy is drained by guilt and fear of failure (shame), as well as frustration at not reaching the idealized ego.

The emotion of shame has been gaining ground in studies and literature, possibly due to the demands of contemporary times, where people need to appear, stand out, to secure their place in the world. The demands of the current Clinic, as a rule, focused on “the need to overcome difficulties of speaking, making friends, showing oneself, finally appearing.”

Bioenergetic Analysis offers the view of the embodied self, so whenever Lowen referred to the body he meant, whole body, from feet to head. It would be the person as a living expression of a consciousness and a spirit, emerging from the biological basis of being. The author emphasized that in order to see a person it would be necessary to see the contour, shape, configuration and all the muscular tensions in his body.

“Behind your thoughts and feelings, my brother, is a mighty commander, an unknown wise man - whose name is self. It resides in your body, it is your body. There is more reason in his body than in his better wisdom.” (Nietzsche).

For Lowen (1993) “the baby is born with a self, which is a biological, not a psychological phenomenon.” The author goes on to state that the ego is not the same as the self, although it is part of the self-perceiving personality. The ego is a mental organization, which develops in tandem with the growth of the individual. In reality, the ego represents self-consciousness or self-consciousness. In 1983, Lowen talks about fullness of the self, and from there the sense of self comes to be defined through self-consciousness, self-expression and self-control. Therefore, the self is a sensitive aspect of the body.

According to Guy Tonella, a bioenergetic analyst, the Self needs approximately two years to mature and integrate. It is only after this stage that the ego will develop as an extension of the self.

At first, the organization of the Self is a consequence of the record that is established through the encounter of the body of the baby with the maternal body. The experiences are organized in sensorial forms: of sounds, warmth, touch, rhythms and motility. The safety initially represented by the mother is replaced by a sense of security in one's own self and in one's body. For this, it is necessary that the child feels safe in its bond with the mother Lowen (1997). The pleasure experienced by the child with himself and with the caregivers will influence his ability to learn, in all areas including his future relationships.

For Winnicott (1994) the self is a psychic entity that is rooted in the body due to the quality of maternal care received. Lowen (1993) and Damasio (2000) have a view of biological self that although unconscious exists from birth. "Bioenergetic analysis postulates that the idealized image (false self) and grandeur that comes with the feeling of being special is the corollary of the lack of proper contact with the reality of the body, feelings and the ground, that is, lack of grounding "Weigard. O. (2006).

Within the body manifestations in front of the feeling of shame can appear: flushing in the face, cold hands, stuttering, tremor, in addition to the muscular contraction, that leads to the shrinkage, consequently the person has the desire to escape, "to run, to hide".

Concept of self-respect – Helfaer. P.M. (1998)

The bioenergetic analyst Helfaer P. M, through his article published in 1998, made a great contribution to the study of shame emotion, through the definition of corporal self-concept, "the meaning of the concept of self-control is apprehended taking into account guilt, shame, humiliation and self-depreciation. Authorship is the functional antithesis of these manifestations. "For the author, the self-respect favors good feelings and mutual respect, so it can be considered the healthy side to guilt, shame and depreciation.

The author's emphasis is on the corporeal rather than the psychological aspect of the self-respect. "It is based on the individual's ability to self-regulate according to their organic states, desires and feelings, not just good feelings in the body." He adds that in the self-respect there is a deep connection with the feelings and sensations of the body and a full surrender to this vital flow. However, it is also worth mentioning that the self-esteem can be contaminated by various manifestations of shame such as self depreciation, humiliation, failure, lack and lack of autonomy.

Considering that movement is life, when parents hinder the child's pleasure in jumping, smiling and having fun, they will be blocking spontaneity, the flow of life. The alternative found by the child to survive is shrinkage, contraction. Thus, the parental positioning done in a violent and humiliating way, favors the appearance of shame. On the other hand, when the child is valued, stimulated by the parents in his expression, he will become a freer and more confident adult in himself.

“The person who lacks a sure sense of Self as one who clings to his own idealized, grandiose image. This grandiosity can be negative, that is, grandiose bad or denigrated. As he loses his sense of his own body, he loses his sense of who he really is.” (Lowen).

Final considerations

It has long been known that the caregiver-child relationship has a strong influence on the human constitution. Studies prove that primary attachment records are coded in the right hemisphere and remain there not symbolized but accessible through communication with the body in a mutual relationship.

Therefore, it is believed that this work, in the light of the Theory of Attachment, can contribute to understanding the emotion shame, even subsidizing clinical management. At the present time, the complaints that lead us, directly or indirectly, to identify shame as the heart of the problem are poignant. Understanding how the relationship with your attachment figure has occurred, the implications on the self, as well as detecting manifested bodily records, can offer an expanded look about people who seek for psychotherapy.

The bioenergetic analyst focuses on the person as a whole, taking into account the body self and the mobility of the body. From this reading it is possible to understand how the person functions, considering the fact that mobility is always under the influence of and in a dialectical relationship with the ego organization of the individual, in the way he was formed by the family and his culture.

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The shame and the life cycle

by Maria Cristina Piauhy Silva Mendes

“A person is the sum total of his life experiences, each of which is registered in his personality and structured in his body.”

Alexander Lowen.

Abstract

The purpose of this work is to situate the shame in the stages of the life cycle. As each crisis belongs to a life cycle, the shame may appear as one of the components presents relative about the changes. This article has a theoretical foundation the work of Erik Erikson, Psychosocial Development, where he includes the idea of development throughout all the life cycle. When a life cycle changes, new challenges unleash a crisis. The stages of human development are “crisis situations”, solvingproblems situation (or not) that arise both from psychic and biological maturation and from the encounters with the social/ relational reality to which the person has been presented. In the crisis, the shame could appear as something resulting from unresolved crisis situation from past stages, which are reactivated or that arise in the current phase

Keywords: Shame, Life Cycle, Crisis, Body.

Introduction

New aptitudes and different *normative crises* are awakened in each stage of development throughout the biological and psychic maturation. Erik Erikson uses the term *normative crises*, to name the crises belonging to each stage of the life cycle.

Reichian functional thinking tells us of an energy that is born the nucleus of living beings, which constitutes movement in the direction of life. He represented this vital movement in the formula: tension-charge-discharge-relaxation. The vital charge is expressed in the pursuit of discharge and relaxation. The dysfunctions in this cycle of charge and

discharge, which may occur during development, will give rise to character structures. In the beginning, the child needs a mother's emotional and bodily support to integrate the mind and body. In the course of development, the child builds internal support to achieve autonomy and independence. The interaction of the child with the environment and the environment with the child can interfere positively or negatively at each stage of their development, whether or not they compromise the person's physical and mental health.

For Reich, cited in Reichert, 2011 p. 84:

Orgone is more than a drive for desires and pleasures. It is the drive of life itself, which is also in nature, in all living beings. Functional thinking, the center of the Reichian approach, understands the pulse of life - the energy that springs from the nucleus of living organisms - is pure movement, always in a creative and renewed direction.

When this energy is blocked, planted areas will be formed in the body structure, with physical and psychical diseases. The shame appears as result of inhibition of feelings expression and unaccepted behaviors by the environment. This answer from environment furthers a feeling of being inadequate. The younger the age of the vital spontaneous flow interruption, more damages will be caused in the next development stages.

The vital energy interruption movement furthers the break of relations with the other and with our own heart

According to Maley (2006, p. 81): "If the connection doesn't happen, we need something that stops our involvement, this something is the answer of shame (the affection)."

Life Cycle

The expression "Life Cycle" is used to indicate the time evolution of an individual or a family. Is the process, in stages, of the natural human development life, where a growth always correspondent to a change, that by itself, will make a crisis and the need to change attitudes. Erikson (1959) signals that each stage of childhood are critical psychological conflicts, and for the person to remain psychologically alive, he must resolve these conflicts. When a life cycle of an individual suffers damage, appears the symptom. The development stages are expansion movements, where the interesting is focus on the skills to be developed.

About human growth, Erikson (1959, p.51) says:

I shall present human growth from the point of view of the conflicts, inner and outer, which the healthy personality weathers, emerging and reemerging with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity to do well, according to the standards of those who are significant to him. The use of the words “to do well,” of course, points up the whole question of cultural relativity.

At the beginning, the clinical psychology was focus on the person intern own world. To the extent that the context and its influences in the human relations were embedded, the cycles have come to be perceived as expressions of issues that fulfill common purposes to a system. The new systemic paradigm sees, and treats the emotional problems of the person as components of a context (Franke-Bryson, 2013).

The events that happen with our ancestors are registered in the family memory with symbolic forms. These symbols are energy, emotive bounds which, in a certain way, organizes the life project of the descendants and can be passed down from generation to generation. Getting stronger involves appropriating and incorporating the shame of what happened to your generation. When we don't take our shame, our side of shame is projected on the other.

Each stage of the life cycle is characterized of growth and downs moments that are understood as a continuous process. The psychological development is determined by internal factors, family, environmental and takes different forms, depends on the historical, social and cultural conditions in life.

Life Cycle Stages

Psychosocial development – Erik Erikson.

Each time that a life stage change happens, new challenges unleash a normative crisis, which was identified by the psychologist Erik Erikson. Theses crises, in this case, are the motors of changes. Without them, the evolution doesn't happen, neither the rising of a new way to be in life [...]. Developing is the primary law of human existence. In adulthood, when we feel stagnant it is because we are lacking development. Usually, this is by accommodation, insecurity, fear or shame. Then we lose the vitality, the courage, the inspiration and in the end, the sense of living. (Reichert, 2011 p. 93)

The Epigenetic Scheme of Erik Erikson was the first and the best known to include the idea of development throughout the life cycle. For him development is the result of the interaction between the instincts and the environment. His central idea is that the identity of the person emerges gradually.

TABLE 1: The eight stages of development by Erik Erikson (Bee, 1997 p.63)

AGE (Approximately)	CONFLICT (QUALITY OF THE EGO TO BE DEVELOPED)	SOME TASKS AND STAGE ACTIVITIES
0-1	Basic trust vs. Mistrust.	Trust in the mother, or primary provider.
2-3	Autonomy vs. Shame.	New physical skills, control of sphincters, the child learns to control himself but can develop embarrassment if the situation is not properly handled.
4-5	Initiative vs. Guilt.	They organize activities with a goal. Oedipal conflict can lead to guilt.
6-12	Industry vs. inferiority	They absorb all normal basic cultural skills.
13-18	Identity vs. Confusion.	They adapt the sense of Self to the changes of puberty. Makes an occupational choice, reaches adult sexual identity, and seeks new values.
19-25	Intimacy vs. Isolation.	They form of one or more intimate relationships that go beyond adolescent love.
26-40	Generativity vs. Stagnation.	They have and raise children. Focus on professional achievement and creativity, and training of the next generation.
41 +	Integrity vs. Despair.	They integrate previous stages and find the basic identity. Accept the "Self".

Each new task and every dilemma is thrust upon the developing person due to changes in social demands. Each age stratum has its own central psychological task. Because of the age of accompaniment, whether willing or not, the developing person finds himself confronted with new tasks, whether he has successfully solved previous dilemmas or not. Unresolved issues are carried forward, such as excess baggage, making it difficult to fully or successfully solve later dilemmas. Those earlier stages are thus, especially important, because it is decisive for everything that follows (Bee, 1997 p. 64).

The first stage of human life is characterized by the trust in the mother or caregiver, who should establish a secure attachment to support the development of the next step. In the next stage, with the training of sphincter control, the child learns to control himself and to have more autonomy. If caregivers don't adequately deal with this autonomy, the child may develop shame or guilt. In puberty the crisis is established between identities vs. confusion. Crises of adulthood develop between the capacity for intimacy and the danger of isolation. And finally, in the old age, the themes experienced are integrity as opposed to anxiety.

Shame

Man's raising himself from the ground, of his assumption of an upright gait, made his genitals, which were previously concealed, visible and in need of protection, and so provoked a feeling of shame in him (Freud, 1930).

Freud cites shame, mainly in his early texts. He places it, along with disgust and morality, as one of the repressive barriers of sexuality, alongside the pregenital drives. This connection to the pregenital stages explains not only its narcissistic prevalence, but also its intransigent, cruel and unrepeatable character. (Green, 1983/1988 as cited in Bilenky, 2014).

Shame is something innate. We are already born with the empathic field, expressed, for example, in a baby's ability to adjust to the mother's gaze. When the natural impulse of the child is not socially accepted, there is in the organism and in the psyche a contraction response, resulting in a reactive formation. The Shame only exists from the gaze of others, what the other's gaze communicates about an expressed behavior. "Both shame and guilt are affections to the morality and social regulations of human behavior" (Bilenky, 2014).

Shame is the hardest, densest energy band of consciousness to heal! It is so painful for most people that splitting off or dissociating from it is an understandable coping mechanism. This is similar to what occurs when trauma affects the body. (Cryns, 2017, p.130)

Shame promotes difficulties for self-acceptance and compromises self-esteem, causing damage to the body/mind unit.

Cultures of shame are traditionalist societies with a highly hierarchical structure, whose codes of honor and ancestral ideals are used as a reliable source of measure to determine the morality of the action of its members. In them, individuals choose to act ethically so as not to have their image stained before their peers, to preserve their honor and dignity. The sense of shame is intimately connected with ideals and values related to honor. Shame appears when the transgressive act is exposed to the other's gaze. It is a

feeling of public order. There is no possible repair for a damaged image. (Venturi & Vertzman, 2012, Pp. 125-126, Cited In Bilenky, 2014).

The shame is a social feeling. It comes to appear from the moment that the other starts to exist consciously for the child. This existence is accompanied by the gaze of the other. This occurs with the entry of one third in the mother-child relationship. Shame is inscribed in the psyche and in the body as a traumatic experience (Bilenky, 2014). The shamed person seeks to hide what causes shame, whether it is a physical characteristic, a quality that the person considers shameful, or a situation where he feels that his failure can't be revealed.

The shame can also arise suddenly, when in front of some situation appears a fracture between the image that is of himself and the ideal image. Shame erupts when the goals of the ideal of self are not attained, and the subject finds himself in a situation where he imagines that everyone will perceive this break. Because of its cruel and castrating character, shame acts to lead the individual to attempt to inhibit any activity that may reveal discontinuity in relation to his ideal. (Bilenky, 2014).

With the shame, the individual becomes depressed. Although blood is available to the periphery, the heart's feeling is cold, lonely, the *Self* is rejected, and it's useless.

Shame is central to the relationship with the *Self*, particularly to *Self-image*. "Narcissism is a positive experience of the *Self*, it is a state of love and admiration of oneself. Shame is the negative experience of the *Self*; it is a momentary "destruction" of the *Self* in a severe defamation". (Resneck-Sannes, 1991, p.5).

In our culture boys and girls have different behavioral demands, when they express behavior that conflicts with pre-established cultural patterns, they often experience situations of humiliation and shame.

According to Alexander Lowen:

The sense of shame, like that of guilt, has a disintegrating effect on the personality. It destroys the dignity of the individual and erodes his sense of "Self". Being humiliated is often more traumatic than being physically injured. The leaving wound rarely heals spontaneously. The humiliation remains a stain on the personality, the removal of which requires considerable therapeutic effort. (Lowen, 1984, p. 177)

Every culture has its own value system, and can vary according to the social position of the individual and the culture in which the person is inserted.

The shame in the body

According to Charles Darwin:

We have seen that in all parts of the world persons who feel shame for some moral delinquency, are apt to avert, bend down, or hide their faces, independently of any thought about their personal appearance. The object can hardly be to conceal their blushes, for the face is thus averted or hidden under circumstances which exclude any desire to conceal shame, as when guilt is fully confessed and repented of. It is, however, probable that primeval man before he had acquired much moral sensitiveness would have been highly sensitive about his personal appearance, at least in reference to the other sex, and he would consequently have felt distress at any depreciatory remarks about his appearance; and this is one form of shame. And as the face is the part of the body which is most regarded, it is intelligible that any one ashamed of his personal appearance would desire to conceal this part of his body.

The habit, so general with everyone who feels ashamed, of turning away, or lowering his eyes, or restlessly moving them from side to side, probably follows from each glance directed towards those present, bringing home the conviction that he is intently regarded; and he endeavors, by not looking at those present, and especially not at their eyes, momentarily to escape from this painful conviction. (Darwin, 1965,p.306)

Darwin (1965, p.290), refers to blushing as the most peculiar and most humane of all expressions. The reddening of the face from a blush is due to the relaxation of the muscular coats of the small arteries, by which the capillaries become filled with blood; and this depends on the proper vasomotor center being affected. The small vessels of the face become filled with blood, from the emotion of shame, in almost all the races of man. By frequent reiteration during numberless generations, the process will have become so habitual, in association with the belief that others are thinking of us, that even a suspicion of their depreciation suffices to relax the capillaries, without any conscious thought about our faces.

According to Conger (1994) “shame falls on the foundations of the embodied Self: our grounding, our sense of limits, our inhibited breathing, our access to a range of emotions, and our ability to make ourselves present.” When embarrassed, the person’s initial reaction is flushing, blood flowing rapidly to the periphery, and heart rate increases. As the effect deepens in shame, in the consciousness of *Self* as bad, we try to hide, pull our energy in, the face becomes devitalized, the eyes are low, the shoulders forward and the upper body collapses. The effect is like a shock: the stimulation from vagus nerve leads to a reduction in blood pressure and the heart slows down.

The Shame in the Life Cycles.

According to Erik Erikson, the stages of the individual cycle - first years of life, early childhood, age of games, school age, adolescence, youth, maturity, old age - are characterized by specific psychosocial crises,

real propels and organizers of evolutionary dynamics: Indeed, they are determined by the adaptive resolution of the antagonism between two forces (also defined as qualities) prevailing at that evolutionary stage.

If the Child overcomes these early conflicts, she, accompanied by feelings of trust, self-esteem and skills, may face the teen crisis, at the crossroads between identity and confusion of identity.

The central crises of adulthood unfold between the capacity for intimacy and the danger of isolation, and between productivity - understood in the broad sense as a tendency to generate products and ideas - and the risk of exclusively concern with oneself and with one's pleasure.

Adulthood is the link between the individual, the past generation and the future, so it is a turning point in historical transmission. And finally, in the old age, the themes experienced are of integrity as opposed to anxiety.

The Childhood

According to Resneck-Sannes (1991), "shame is felt and received by the eyes. One of the first connections of the baby with his parents is through the eyes. Sannes suggests that the reciprocal gaze acts as a creator of affection."

The reciprocal gaze seems to be a child's need just as it is the suction and the physical holding, and it seems to be one of the primary requirements for building a good mother-child attachment. In this way, from the very beginning, shame can be communicated and received through the eyes. (Resneck-Sannes, 1991,p.3).

The great understanding of the energetic body approach is that the trigger of innate shame is the interruption of excitement or joy. For some reason, negative, positive or neutral reason, if the baby is interrupted during in an act, in some moment of expansion, the baby will experience the feeling of shame. So even if the baby doesn't have a sense of his own social life, he experiences shame. The eyes look down and away, the muscles in the neck give way and the head hangs.

The shame breaks the formation of a primitive central *Self*, which is reflected in the body by an inability to take root, establish good limits, a restricted breathing, a loss of emotional diversity and a weakening in the desire of being present. These aspects will be repeated in the next stages of development (Conger, 2001).

In this context of shame, comes a false "Self", a simulacrum to protect and cover our nakedness, to keep us hidden - what Reich (calls "character". Our primitive shame originates in the mother-infant attention breaks and character initially gains shape from

the baby's strictly and dodges defensive response. Character can be built on these foundations, suffering under the imagined gaze of others. Shame always brings with difficulties of bonding and contact. But shame is diffuse, like a shadowy aspect of the stages of development, evident in all of Lowen's character structures. When a child feels welcomed by their parents, there is a feeling of being seen and being safe. If the parents are present, they are able to look at the child of this place, evoking in the child the affirmation of this eternal space. In this way, the child learns to recognize and validate the presence by himself. (Conger, 2001, p.5-8).

According to (Resneck-Sannes, 1991), during the developmental process, specifically in infancy to about three years of age, and again during the adolescence, the child is especially vulnerable to narcissistic disorder. If parents cannot allow their little child to be as big as they can be, then narcissistic disorders occur. Shame is the reaction of the *Self* overwhelmed by unreflected grandeur. Erik Erikson describes that when a child starts to control his muscles, he begins the exploratory activity of his environment. It is at this time, that parents come to help limit this exploitation, there are things that the child should not do, so parents use the means to teach the child to respect certain social rules. At this stage, depending on how caregivers deal with the child's attempt to autonomy can be structured autonomy, shame and / or doubt. By allowing the child to function autonomously, without overprotection, it acquires self-confidence and feels that it can control itself and the world around it.

The vital impetus of autonomy brings with it its own will. This is the first time we have self-asserted ourselves before the other. The aspiration now is of freedom and differentiation, desires that usually clash with the will and care of the adult, giving birth to the first impasses between parents and children, children and caregivers. (Reichert, 2011 p. 189)

It's very important that parents be careful about the appropriate degree of autonomy of the child. If he is demanded too much, he will feel he can't handle it, and his self-esteem will be shaken. If the child is little demanded, he has the feeling of not being cared for, of abandonment, and begins to doubt his abilities. If the adult protects the child too much, he becomes fragile, insecure and ashamed. Shame is hardly forgotten because it is inscribed not only as a representation, a painful memory, but a traumatic experience - inscribed, therefore, in the body itself.

Obtaining a balance between autonomy, shame and doubt would lead to will, which is the belief that children can act with intention, within reason and limits. This phase supports the formation of identity, since, with the acquisition of autonomy, the first emancipation of the child in relation to the mother or caregiver is consummated.

In the movie “Extraordinary” (Wonder, 2017), the character represented by a boy has a congenital craniofacial disease, because of this issue, he leads a life restricted to the contact with his parents and sister. He was educated at home by his mother. When he enters in the college, this becomes his first experience outside of the family environment. To hide his disability, the character wears a helmet. His image makes him stand out from his colleagues. He starts to be looked in pejoratively way and suffers bullying. Until he took off his helmet and resolved to look and being saw as he is. Despite pain and suffering this was the way found by him to be seen beyond physical deformation.

Adolescence

Puberty comes with intense hormonal and social changes. Family values may seem inadequate and inappropriate to the adolescent. He looks at the world in a differentiated way, in the face of the bodily sensation enlarged by his libido, of the expansion of his cognitive capacities and of social demand, influenced by the friends and the trendiness assumed by his social groups (Recihert, 2011). The adolescent reissues crises and difficulties of the previous development, being impelled to make a general review of the past, before entering in the adult life. There is an attempt to integrate these conflicts while the identity is structured.

The adolescent’s rebelliousness doesn’t release the repressed emotions in childhood. It is based on the newly discovered prerogatives of adolescence and thus introduces a new conflict in the relationship between parents and children. Even if the young man is dominant in the new conflict of wills, the guilt and shame from childhood experiences are not resolved. (Lowen, 1984, p.183)

Erikson’s description of the adolescent’s central dilemma in terms of identity vs. role confusion also had major influences. He argued that any adolescent who wanted to achieve a mature sexual identity and an occupational identity should reexamine their identity and the roles they should occupy. He should come to a reintegrated sense of the *Self*, of what he would like to do and be, and of his proper sex role. There is a risk of confusion arising from the profusion of roles that open up to the child at this age. (Bee, 1997). The crisis of this age is treated by many adults as teenage nonsense, but it is very delicate. It is often treated by the adult without any respect. Thus, the young man feels ridiculed in his fragilities, reacting with revolt, aggression or shame.

The adolescent wants to promote change, but feels confused. He doesn’t know how to handle the amount of feelings and physical changes

of this stage. Many adolescent conflicts are associated with a lack of affective contact in childhood and excessive, family and social repression of the child's basic natural needs in his or her previous libidinal development. The desire for personal affirmation, the desire to make things free from parental control has its roots in the anal stage, when the crisis is autonomy vs. shame and doubt. Adolescent self-assurance, when shaken by previous phases and especially by the anal phase (the period of autonomy and self-will), leads to the inhibition and brings criticism of oneself and the others. This inhibition is an obstacle to the realization of identity and entry into adult life.

Teens are susceptible to shame due to they desire to be accepted by the group. For them, it is necessary to connect outside the family to complete their development process. They are extremely sensitive to rejection, but when this occurs, they try to cover up the humiliation feelings. (Resneck-Sannes, 1991,p.4)

The body changes that occurred during adolescence may bring strangeness to one's own body, causing in the teenager a feeling of being inadequate in front of the other's gaze. Often the adolescent constructs idealized models from his idols (singers, actors, actresses, models, teachers, etc.). The teenager feels that he can only be loved if his image is close to the ideal of "Self". The requirement to achieve these idealized goals, which most often brings a great distance between the "Self" and the ideal of the "Self", makes the adolescent feels ashamed, and often he seeks for isolation. There is an attempt to become invisible and to hide anything that might be regarded as imperfection. This promotes a high level of demand for himself and for the other, impossibility of risking and failing, often paralyzes him to face his life.

Adulthood

In the initial adulthood (approximate start at 20 years old), some relationships are built from a greater intimacy that goes beyond adolescent love, often leading to family building and procreation. Procreate is not only related to having children, but also to the creative work, to the service for organizations or the society. (Bee,1997). Young adults become more independent, more confident, more affirmative, more goal-oriented, more individualistic, and less governed by social rules. Any significant deviation from the moment understood as normal has a price to be paid.

In middle adulthood (approximate start at 40 years old), professional achievements will materialize, creativity and the need to pass knowledge and experience to subsequent generations becomes more evident. If there

is failure, the adult absorbed in the *Self*, not pro-creative, may have a sense of stagnation. If we already bring from other stages of development issues related to shame, there will be a tendency for isolation and stagnation. In adulthood, the insecurity, fear or shame can keep us stagnant; with this, we lose the vitality, the spirit, the inspiration, in the end, the sense of living. The integrity of the Ego is also a quality of this stage of development, according to Erik Erikson, integrates the previous stages and finds a basic identity accepting the “Self”. Issues related to the shame of previous phases will have interferences in the construction of identity, which will be vulnerable to feelings of low self-esteem and insecurity.

Bilenky (2014) said: “The shame can also arise from a situation that is being experienced in the present moment, when in front of some situation, appears a fracture between the image that is of itself and the ideal image.” For example: professional, financial or affective failure. This leads the person to a depressive state where the image of the current failure reports to the feeling of the defective *Self*. Shame is the reaction of the oppressed *Self*. Shame can remove the adult from social interaction, can trigger an inhibition of exposure, this leads him to hide and protect himself from the judgmental gaze of his ideal of the *Self*, which is often designed for many other glances. Dignity, which is fundamental as regulator of social ties, is shaken.

Aging

With improvements in nutrition, sanitation and medical care, life expectancy, which was less than 50 years in 1900, rose to 60 years in 1930, already in the present, we have a life expectancy that goes a lot in addition, so sooner or later independence becomes impossible. A question arises: if we live for independence, what can we do when it can no longer be sustained? (Gawande, 2017). At this stage there is a set of social and biological changes that leads to a sense of loss of control. Physical and biological changes occur quite perceptibly: declines or physical deteriorations, the body shows signs of slowing and cultural messages announce aging.

When old age comes, vitality diminishes and can affect the pleasure of that age. The derogatory and phobic feelings about old age are introjected by the person. The changes that exist today are much more concerned with postponing what is considered the beginning of old age. There are positive changes, both in the medical capacity to solve problems, and in the philosophy of life in the face of aging. However, in social politics or

in the way the needs of aging individuals are understood, these changes have not yet been fully integrated by society. (Berger, 2007).

We live in a narcissistic society that reinforces the pursuit of lifestyles driven by disconnected images of the bodily self. Muscular strength and the state of the skeletal body define our appearance, which agrees with the idea of power, youth, and beauty until a certain moment of life. With the decline of muscle strength, the previously sustained image becomes incongruous and no longer contemplates narcissistic demands. This context establishes issues of an existential order: In fact, we are suffering in part from the losses attributed to aging. The acquisitions of youth assume a definitive value: we are born, we develop and mature functions, we reach the peak of our power and then we speak only of losses. (Berger, 2007, p.3).

The losses from aging, in the face of the imperious pattern of the present society of a continuous youth, leads the old man to be ashamed of the body consumed by time and of diminished or lost powers and abilities. The state of emotional, somatic, and often, financial dependence, leads the elderly to a state of shame and loss of dignity. It will then be necessary for the person to renew the sense of fulfillment in life, sometimes turning to spirituality or care for the new generations.

About the final stage of life, Erikson says that the dimension to be developed is the integration by the full acceptance of what has been lived. Resignify what has been lived makes the movement of aging.

Conclusion

In the psychosocial development theory studied by Erik Erikson, each new task and every dilemma is thrust upon the developing person due to changes in social demands. Each age stratum has its own central psychological task. The unresolved issues in the previous steps are taken to the next steps as a deficit, what create a lot of difficulty to solve later dilemmas. Shame permeates all stages of development and becomes more or less intense depending on how the context deals with behavior considered inappropriate by the environment. Shame is a feeling of public order. There is no repair for a damaged image. It originates from the consciousness of inferiority. Any act that makes a person feel inferior will also make him feel ashamed. Shame and humiliation go together; both steal the individual's dignity and self-respect. The earlier the stage where the traumatic situation has triggered the feeling of shame, the more committed is the self-acceptance and the unity of the person's personality. The shame breaks the formation of a primitive central *Self*, giving rise to a false *Self*, whose function is to keep hidden what the subject considers shameful, can be a physical characteristic, a quality, or a fact occurred. As regards the aspect of

narcissism, the only way to recover is to being another a person. Shame can't go away with the reparation, because it is not the behavior that committed a fault, but the *Self*.

Faced with this, each stage of development will be marked by an oppressed *Self*. When we assume what causes us shame, we find our dignity. At the moment that we take our shame, we can free ourselves.

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Grounding and shame: establishing connections with our vulnerability

by Edna Ferreira Lopes

Abstract

The experience of shame throughout life produces armouring of the body, which makes it difficult for the Self to be expressed. This article aims to understand the way grounding, shame and vulnerability are related and the implications in terms of relationships, personal and social aspects. The marks left by these experiences are registered on the body and influence expression, spontaneity and vitality of the organism. In order to focus on energetic blocks, especially those of the oral and cervical segments, a group of exercises is described as a treatment possibility in developing body awareness, strengthening grounding as a means to support feelings of vulnerability often present in contexts of shame and humiliation. Imagetic resources in the form of photographic image as well as poetry will be used with the intention of favoring a connection with the body, feelings and perceptions. The term Sufficient-body will be used to counteract the conditioned ideas of inferiority, inadequacy and incompetence. Under this perspective one understands that each body is fully potent to face the experiences of their lives.

Keywords: Grounding, Shame, Vulnerability, Sufficient-body.

Introduction

Relating grounding as support for our body and emotional sensations referring to the feeling of shame will bring us back to experiences that might have occurred in the early years of our lives.

Being grounded means letting ourselves be supported by our own legs and feet, meaning giving in to archaic processes in our animal structure; it is likened to having a deep faith in life. Thus, grounding is the primary objective in Bioenergetic Analysis. “The focus of the work should be going downwards, i.e. making people inhabit their legs and feet”, says (Lowen, 1982, p.172).

Lopes (2009) states that “The earth-body of the mother or of whoever exercised the maternal function, sketches out on the the baby-body the first impressions of this relationship with the earth. Our first grounding experience is lived and built within this other body; which shelters, receives, sustains and holds. The quality of this support will mark the relationship that is going to be developed with the ground as well as its subjective correlations; somehow it will also be present in each stage of the rooting process along the different phases of life. The fear of falling, so frequent among us, might be rooted in these first experiences involving space. The feeling of support, as expressed in feelings of confidence and safety; and those of falling, expressed in the feelings of failure and incapacity will be present all along our existence”. (Lopes, 2009, p.152) ¹

Conger (1994) corroborates this by affirming that “shame falls upon the foundations of the bodily Self: our grounding, our sense of limits, our inhibited breathing, our access to a range of emotions and our capacity of being present” (Conger, 1994, p.1).

The existence of a safe environment makes it possible for us to live our weaknesses and vulnerabilities in such a way that does not interfere negatively with our self-esteem, self worth and confidence in our self-expression. The feelings of shame are associated to the belief that we are not sufficient, that something wrong takes place in our body, in the manifestations of our being, in the style of living life and being in the world.

“Every muscle that is chronically tense in our body is a frightened muscle, otherwise it would not defend itself so tenaciously against the flow of feelings and of life. When life is strong and vibrant in the body, feelings, just like the weather becomes variable. As well as the sun might appear after the rain, sadness might be turned into pleasure. Changes occur on the surface and do not disturb profound pulsations which provide sensations of well-being. Repressing feelings is a process of desensibilization which decreases the body’s internal pulsations, its vitality, its state of excitement.” (Lowen, 1995, p.18).

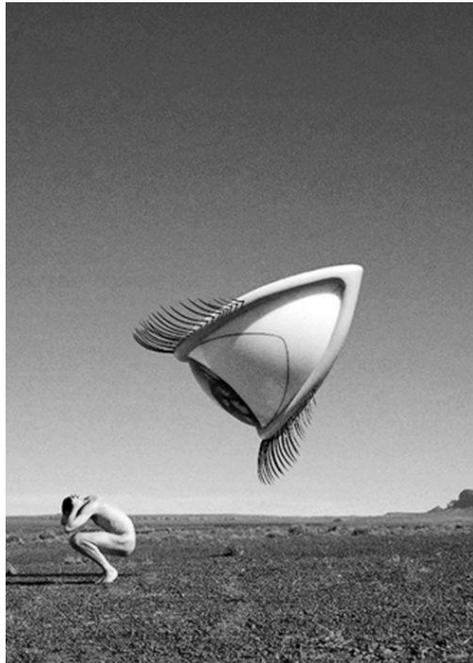
As well as from a biological perspective, in which every cell in our body has a membrane turning inwards and another one turning outwards,

¹ Citations in this paper were freely translated from Portuguese into English by a professional translator.

it is also important to provide the exchange between internal and external processes from the psychological and social points of view. Such communication takes place in order to balance these two forces, providing the being both with a sense of belonging and recognition and with a sense of separation when such a sense is needed for its existence and survival.

Shame expressed in the body

Fig. 01 Body- Imageticeexercise 01



Font: Pinterest <https://pin.it/masqn3u3aciget>

Take a moment to relax while you lay your eyes on the above image.

Notice. What part of your body reacts to this image? What muscles respond to it? Or is it the entrails? Or is it the skin, with gooseflesh or feeling hot? What thoughts, sensations or feelings come to you at this moment?

What does your body feel like doing? Walking? Closing your eyes? Do as your body tells and notice how you feel now. Are there any new perceptions? You may register somehow your experience if you like.

Conger (1994) says: Shame occurs every time we feel that we are outside, when we are uncomfortably left aside from the action. Shame is the emotional experience of a rupture in our bond with others. We can, for

instance, feel demeaned, humiliated, exposed or demoted for something we have said or done, by what the others said or observed in our respect, or we might just imagine their judgment and suffer in isolation. (Conger, 1994, p.2).

The contracted body, turned inwards, reduces its possibilities of perception, its capacity of action and thus the cycle of vulnerability feelings is reproduced translating into feelings of inadequacy and insufficiency.

“The mirroring admiration of the peek-a-boo game is a caress that paints proud edges on the baby’s body” (Kaplan, 1978, p.144). I understand that the world of body sensations and of images is present in life at an earlier stage than that of the development of spoken language and that those are incorporated to our most visceral memories. We deduce that those marks produce stories that are to remain inscribed in the body. Institutions such as families, schools, religious institutions or social and cultural ones are ill-equipped in terms of being present, feeling, supporting, helping, receiving the spontaneous feelings of children, whether of anger, rebellion, distrust or fear, as well as displays of vitality, spontaneity, creativity and sexuality.

The stereotypes of “good child and bad child” validate what they are permitted to feel and express and decide that other feelings shall be hidden or even suppressed. Angel and demon cause confusion, ambivalence, rebellion, false Self when they are separated as they underpin the Being in constructing an image to correspond to the expectations set by codes and rules distant from human nature and human needs.

For Lowen (1995) “All human societies rule over the social behavior of its members, but these rules assess actions and not feelings. Civilized societies based on power broaden the concept of guilt to include, aside from actions, thoughts and feelings”. Many times, criticism, depreciation, humiliation are seen as education in order to achieve action that is valued and accepted. To ridicule attitudes and behaviors that are genuine to the child, the teenager and even the adult are ways of social and relational control. Individuals and groups from differing culture or social class are often seen as transgressors of order and in order for them to be included they will often need to deny their own ways of being in the world.

Body forms, aptitudes and weaknesses, skin color, dress, how we walk, how we talk, an introvert or extrovert way, social status among others place individuals or groups in categories that allow for belonging and not belonging. In a globalized world it becomes necessary, for the sake of

human health, to see differences as creative possibilities for life and not with the eyes of labelling, policing and castration, which only create a divided and selective society.

Autonomy, spontaneity and sexuality are vital expressions and manifestations which are constantly repressed by a rigid moral structure, one which perpetuates its values through institutions that reproduce models to be followed. This way, being ashamed of one's self, of belonging to a group, of one's culture or country of origin takes the shape of the body producing forms of action in the personal, relational and social spheres, often reproducing values that are contrary to one's own condition in the world.

Building a mask

Shame causes loss of connection with the Self. Many paths are built by the need to dissimulate real feelings of fear, low self-esteem, devaluation and denial of potential. "The feeling of shame has a disintegration effect on personality. It destroys the individual's dignity and corrodes the sense of Self" (Lowen, 1970, p.177).

Feeling inferior, individuals will trigger a process of distancing themselves from their own sensations and feelings in search of a safe haven in the form of an accepted and valued image. By denying feelings of pain, anger or hostility one restricts body movements, inhibiting and hardening muscles, reducing internal spaces and making it difficult for it to be expressive and spontaneous. Reduced breathing diminishes circulation and communication processes in various parts of the body, reducing sensations, perceptions and energy.

Masks are built as idealized by the ego, shaping emotional and physical features, choosing what they present to the world through subconscious filters, selected behavior, thoughts and actions that will be acceptable by the apprehended patterns following negotiations between internal and external world.

For Lowen (1970, p.175) "repressed emotional expression is a form of resignation that affects the organism in its vitality reducing its capacity of contraction-expansion, which characterizes the formula of living-life". What are the illusions forming this face-mask? Crispation of face muscles works as a defense against possible attacks of non acceptance or humiliation, and it contributes to the continuation and affirmation of what has been experienced. Giving up a mask might bring back feelings of acceptance,

recovering positive concepts about one's self and uncovering creative potential. However, it is necessary to face all hidden feelings of loss of value, which act together in the subconscious and appear in behavior patterns.

Body blocks and shame

Tomkins (1962, 1963, 1987, apud Conger, 1994, p.1) “who places representation of shame on the face, due to the sensitive and intricate muscle structure in face expression: I propose that affection should be primarily a facial behavior”. However, Conger (1994) talks about “shame having an impact on the body of the being as a whole”.

Taylor (2007) presents: “The skin is the organ of touch. It is one of the largest organs in the body and its embryonic development branches from the same cells that will develop into brain cells. When we awaken the skin by means of pleasurable or painful experiences, we awaken the brain; on the other hand, an alert brain will produce skin sensitiveness”. (Taylor, 2007, p.34).

Sensory organs receive and filter information coming from the internal and external world. From an early stage, we capture the signs of affection and react to them, communicating our impressions, building interpretations that are present in our organisms guiding our actions.

“In the history of animal development, the sense of smell is the first of the long-distance senses to develop. Touch, proprioception and taste require physical contact as internal stimulus or at the edges of the body's kinesphere, but the senses of smell, hearing and vision are all adapted to a long reach of the conscience”. (Taylor, 2007, p.76)

The feeling of shame, captured by the senses, often manifests itself in body expressions such as a lifeless gaze and crestfallen appearance; shoulder curves, withdrawn pelvis, low levels of energy, weak connection with the ground. Depending on the intensity and frequency of this feeling in an individual's life it might become a chronic posture in which muscle rigidity, reduction of internal spaces between organs, reduced flow of blood circulation and other liquids will lead to weak mobility and low capacity of expression which in turn further stresses a feeling of inadequacy in the world.

Within the body these processes take place simultaneously, mostly subconsciously. Bringing such movements onto consciousness, their quality and history and how they influence behavior, choices, emotions makes

us understand the way we carry ourselves in the world as well as change and consolidate new emotional and body postures.

The body segments in which we will focus on in this work are the oral and cervical segments. Anatomically the segments include: The Oral segment comprises the internal mouth structures, teeth and gums; face expression muscles, mastication muscles, tongue, salivary, palate, nasopharyngeal structures oropharynx, organs of taste, jaws among other. the Cervical segment comprises the neck muscles such as the trapezius muscle, sternocleidomastoid, scalene; muscles related to the act of swallowing, hyoid bone, epiglottis, laryngopharynx, esophagus, larynx, trachea, thyroid, throat and cervical vertebra.

In the oral and cervical segments, as a reaction to feelings of shame and retained anger we find tension around all the mentioned structures, which makes them rigid, hardened or presenting low plasticity and tonus. Anyway, the natural movement of contraction and expansion; of charge and discharge will be affected impacting the whole organism.

Digestion starts in the mouth and we can draw an analogy with feelings following the same stages as the digestive process in a symbolic manner: ingestion, assimilation, elaboration and elimination. Many times we “choke” with feelings and emotions; other times we can lack the selective filter and assimilate food which is harmful to our body and emotional integrity. Sometimes, spitting or vomiting are mechanisms the body uses to get rid of aggression felt when it is invaded in its private space.

A feeling or an action that was prevented from being expressed creates ways and paths for its manifestation. Sometimes the body falls ill, gets soar, freezes, dampens, explodes, gets crazy, but not before trying to keep itself integrated, resistant, connected and protected. In this energetic process the armouring is built and at a chronic stage it will hinder the body’s expression of vitality and natural joy.

A river needs its margins to contain and support it in order to flow, but it also needs open space so it is able to reach its destination. This image can be applied to our organic functioning in which the impulses, feelings, sensations, thoughts and actions need limits and liberation; containment and openness; support and freedom in order to perceive our own feelings and needs.

Working shame in the body

Fig. 02 Body –Imagetic exercise 02



Font: Pinterest <https://pin.it/sghlhvdyoi5mn>

Looking at the image above what do you observe in terms of reaction in your body? How do you breathe? How would it feel to impersonate this form? How do you feel now? Do you feel like trying any movement? Action/movement changes behavior patterns and influences different systems in the organism.

What is my history with shame? What are your experiences with shame? Both personally and as bioenergetic analysis professionals?

The inspiration to organize this series of exercises presented in the PDW in Salvador – Brazil in 2018 has its roots in experiences that motivated me to further study shame. First of all, the memory of a therapeutic session I had as a student during the Bioenergetic Analyst Training with international trainer Jean-Marc Guillerme in 1999. That was a watershed moment in terms of my capacity of expression, and a personal achievement. Here I retell some extracts of the session to illustrate elements that led to the elaboration of the body exercise I'll describe later.

Session Extract 1 - Working the rigid muscles of my neck helped me broaden my body awareness and as I managed to give in to my feelings, I realized the shame written in my body, mainly on the face. The tension

around neck muscles and jaws kept me from having movements to release anger and spontaneity inhibited from an early age by feelings of excessive obedience.

Session Extract 2 - At a certain point I was asked to show my tongue really meaning “to stick one’s tongue out”, no subterfuge; as a way of facing and directing nonconformity to the condition of oppression and it became, for me, a high point of the session, as I faced feelings of fear while feeling an excitement that liberated movement and also body inhibitions that were very primitive.

In Brazil and in other parts of the world “Sticking one’s tongue out” is an expression often used by children who felt disrespected or affected in an aggressive way in their right to demonstrate their dislike. Because this action is understood by the codes of good manners as disrespectful towards authority and not as a mere reaction to and aggression it is done when nobody is looking and when the child is caught doing it they will often be reprimanded and even punished.

Session Extract 3 - “Sticking out one’s tongue” in the therapeutic process was revolutionary and structuring. Recovering my dignity of being and belonging to the world. The sounds produced in this manifestation made it possible for tongue muscles to find movement and flow, occupying the whole mouth and thus the spaces that had been restricted and standardized in life.

Giving in to the therapeutic proposal and sticking the tongue out, letting out sounds and free body movement to flow made it possible for memories to be revealed and confronted, which made the experience terrifying at first, then exciting and finally liberating. Remembering this moment, I honor Jean-Marc Guillerme; Thank you!

I have found in many of my clients the presence of feelings of shame, humiliation, guilt and the accompanying body blocks, such as: contracted muscles, inexpressive faces, apprehensive gazes and crestfallen posture, necks that are tense and inclined downwards, rigid jaws, trouble swallowing, panting or paralyzed, heat or coldness of face and hands, confusing thoughts of inability and inadequation. Also presenting difficulties speaking, singing, laughing and other expressions related to pleasure, spontaneity, freedom and autonomy are absent in the presence of feelings of inferiority triggered by shame.

In this sense “sticking out one’s tongue” in the relational transference in the therapeutic setting is an exercise for regaining autonomy, a coherent action in response to feelings of hostility suppressed because of fear, by the desire to be accepted and loved. Reacting with the body and its subjectivity to the felt humiliation, the individual becomes connected with the transgressive creative force of the child who plays with active expressions of feelings in the world.

More recently, while in the training process for the Body-Mind-Movement method developed by Mark Chandlee Taylor in the course of Muscles coordinated by Lou Sturm, somatic educator of the above method in Recife/PE Brazil in the year of 2017 I went through the tongue massage that will be described below. Associating the exercise of “sticking one’s tongue out” and the massage of the tongue muscle in association with clinical experiences I organized a series of exercises focusing on shame, grounding and vulnerability.

Exercises Part 1 - Theme Vulnerability

Start by forming a circle with the group, standing up. Feel your feet and legs and their contact with the ground. Breathe deeply and walk around the room, feeling your grounding and breathing.

The group received the consignment that at a certain moment, in an aleatory manner, some of the individuals shall lie on the floor. So some would be walking while others would be lying down and in the sequence the roles would be changed. Breathing and noticing how you feel when you are walking and when you are lying on the ground.

At a second moment the proposal is to walk and then fall (lie on the ground) and wait for someone to come and help you standing up. Observing your breathing, how you feel and what your thoughts are.

At a third moment walk and lie on the floor and only get help when you expressly ask for it. Observing what moves your body, what feelings are present, what parts of your body start the actions and what parts remain inert?

Walk around the room, stop somewhere and do the inverted grounding. Breathing and feeling the quality of your connection with the ground at this moment.

Keep walking and notice how the vulnerability of the fall feels, the feelings of being on the ground and the symbols associated to this place, the need to ask for help, waiting, the looks of others.

Exercises Part 2 - Theme Shame

Work in pairs. One person will be “A” and the other “B”. Facing each other, “A” closes their eyes and tries to remember an experience of shame in their life being aware of what the memory causes to their body, breathing and moving. Stay for a while in inverted grounding. “B” only observes what is happening in the body, the expression of “A”. And then they change roles.

For some minutes “A” and “B” talk about their experiences in the body while recalling the shame they felt.

Still working in pairs, one in front of the other, each person performs circular movements with their heads, to the right and then left. Letting the head back softly massage the front part of the neck and leaning the head forward massage the back of the neck. Feel the mobility of these muscles while in movement.

Touch your scalp with your hands, mobilize the face muscles and neck muscles feeling the skin, the tonus and the quality of these structures, if they are hardened or flexible; keep breathing deeply, letting out the sound of any discomfort or pleasure. With your tongue, massage the inner part of the mouth including the teeth, widen the opening space of the mouth and notice the opening and its dimension.

Go back to the inverted grounding position.

Again, standing up “A” and “B” shall find a spot in the room to perform a 15-minute session for each person to perform manoeuvres and bio-energetic exercises to release tension in the oral and cervical segments.

After those sessions each person will perform longue massage, using lint bandages around the tongue if necessary. Feel the tongue, its texture, weight, volume, marks, tensions, foldings, smell, roughness, voluntary and involuntary movement as well as the sensations, images, feelings and thoughts that might emerge from the experience.

Walk around the room with a loose tongue, showing it. Notice what you feel about yourself and others when you stick out your tongue at them. Do you feel grounded? How do you keep your internal and external focus? What actions do you feel like performing?

After some minutes the pair will have a session of 10 minutes each. Starting with “A”, who will stand in front of “B” and making eye contact will project a memory, person or situation in which they felt shame and experiment sticking out their tongue, taking their time, in a sign of protest, indignation and hostility. Then, they change roles.

Exercises Part 3 - Theme rounding, Shame and Vulnerability

Now working individually, people go back to walk around the room. How do you feel you occupy your body in this space? What shape is formed by your walking movement? What internal images are produced and how do they manifest themselves in relation to the group? At this moment how do you react to the feelings evoked by the exercises? Observe what movements emerge in your body?

Again, form a circle with people standing up, flexed knees, straight back, head aligned, an open chest and holding one another’s hands. In stand-up grounding feel the connection to the ground, to the group, do not repress shame but rather acknowledge its place in life. For a moment make eye contact and breathe one another’s vulnerabilities.

Grounding, Shame and Creativity

Fig. 03Body –Imagetic exercise 03



Font: Pinterest <https://pin.it/c7gekwj4drl42e>

Several feelings disguise shame; it creates many faces that make it difficult for us to confront and show through tangled threads in our histories. Where do we start to untangle this web so well woven by the body, emotion and thought, which is so perfect that we only see its effects in our personal and collective lives. Meireles asks these questions in her poetry Portrait (Retrato):

<i>Eu não tinha este rosto de hoje,</i>	I hadn't the face I have today,
<i>Assim calmo, assim triste, assim magro,</i>	Such a calm, such a sad, such a thin face
<i>Nem estes olhos tão vazios,</i>	Nor had I these empty eyes
<i>Nem o lábio amargo.</i>	Nor the bitter lip.

<i>Eu não tinha essas mãossem força,</i>	I hadn't these weakened hands
<i>Tão paradas e frias e mortas;</i>	So inert and cold and dead
<i>Eu não tinha este coração</i>	I hadn't this heart
<i>Que nem se mostra.</i>	which doesn't show itself

<i>Eu não dei conta por esta mudança,</i>	I hadn't noticed this change
<i>Tão simples, tão certa, tão fácil:</i>	So simple, certain, so easy:
<i>- Em que espelho ficou perdida</i>	"On what mirror did my face get
<i>A minha face?</i>	lost?"

Taylor (2017, p.6) says: "The habitual form of feeling the world affect directly the way we move". The need to broaden the world perspective creates a whole new perspective of it, of one's self and of the other. Cultivating in the adult the curious attitude of a child, the openness to learning, the flexibility to remain an apprentice even after carrying a lot of experience is a daily challenge in a society of conformism and standardization. Therefore, creating is a revolutionary act.

Shame contains creative potential that once released will be available to a richer personality. Fears are like barriers to creative processes in life. It becomes necessary to recognize them, make it possible for individuals to express and release the energy contained in the muscles which try to conceal their strength and autonomy. Shame carries all the features of a powerful and vital shadow, but also makes me aware of my limitations and of the limits imposed by the moral rules, codes and culture.

Creativity is one of the basic vital functions that made it possible for humankind to develop on Earth. In Lowen (1970, p.207) we find: “pleasure and creativity are both intimately related, for pleasure offers motivation and energy to creative processes, which in its turn increases pleasure and the joy of living. With pleasure, life is a creative adventure; without it, a struggle for survival”.

In a similar line of thought Nachmanovitch (1993) stresses that “By means of playing and fun, animals, people or societies experience all sorts of combinations, exchanges and body forms, social forms, forms of thinking, images and rules that wouldn’t have been possible in a world ruled only by the immediate values of survival. The creature who plays is more apt to adapt to changes in context and conditions”. Playing both in maintaining and awakening spontaneity, assertiveness, authenticity building a sense of presence, making life a real and significative experience. (Nachmanovitch, 1993, p.51).

In his book on Joy, Lowen (1995) explores the importance of this feeling for body health and committal to life. He says: “Internal freedom manifests itself in a gracious body, in its tenderness and vitality. It corresponds to being free of guilt, shame and embarrassment. It is a quality of the being that all wild animals have, but most civilized beings lack. It is the free expression of innocence, of a spontaneous way of acting, not disguised, true to the Self”.

Grounding-Releasing the creative potential

As mentioned before, there is an infinite array of body and imagetic experiences which are incorporated before the experiences with words, thus every significant action between the baby and those who take care of it is of huge importance in building the identity of one’s Self (Lowen, 1995, p.189).

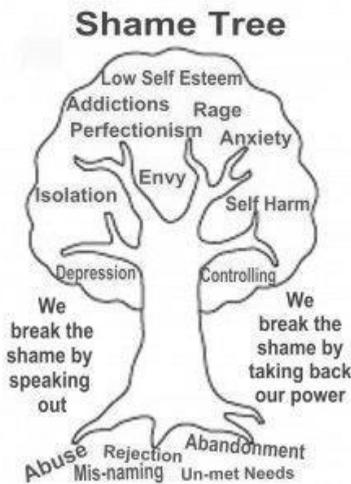
Welcoming or withdrawal; criticism or understanding; acceptance or humiliation will leave marks and concepts that might help them with their self-esteem or guide them to feelings of inadequacy and shame. Nachmanovich (1993) says: “Sometimes we need to face a painful battle in order to get to a point in which we no longer fear the child within us. We often feel that people do not take us seriously, or do not consider us as sufficiently qualified. In order to be accepted, we forget our inner source and protect ourselves behind rigid masks imposed on us by society”.

The tree of shame and the tree of life

The image of a tree as a symbol for grounding refers to the representation of the connection to one's roots (the earth, the ground, feet, ancestry, culture) by which we receive physical and emotional nourishment; carry out processes of charge and discharge and experience the vertical condition. For the plant, it is through its roots that it is fixed to the soil, absorbing water and nutrients necessary to its survival. The trunk connects roots and leaves. The conducting vases carry the sap to the leaves and to other parts of the plant.

The human organism with all of its interconnected systems working mirrors a tree. Photosynthesis as a creative process of transformation brings to conscious that creativity is beyond human experience being inherent to life in all its manifestations. Being grounded, in this perspective, becomes an ecologic posture, honoring the earth and being anchored in it might change the utilitarian view of the planet and broaden the concept of creativity so it is aligned to vital processes, at the same time supporting them and being supported by them.

Fig. 04- The tree of shame.



Font: Pinterest <https://pin.it/g5m6dv5fb36gzq>

The metaphor of a tree of shame has its roots on “harmful” soil, receiving rejection, abuse, abandonment, un-met needs, which will hardly yield any good fruit, in the sense of the natural sweetness of fruits that receive love and acceptance. On its leaves, the result of what it received are low self-esteem, perfectionism, anxiety, addiction, envy, loneliness. In

its trunk actions take place to break the cycle through expression and recovery of power, in the sense of reuniting with one's Self.

The tree of life:



Font: Own collection

The tree of life in which the nutrients of the fertile soil will lead to sweet, gracious and vital fruit. Its complexity lives in simplicity. Faced with life...live!

Body - Imagetic exercise - 03

Standing up, perceive your body as the tree metaphor. Feel the roots, trunk and leaves. In a grounding position, breathe and feel the connection of these parts forming the whole of your organism.

Are there any trees nearby? Go near it, if possible, feel it resonate on your being grounded.

Incorporate the experience creating movement, dance, a drawing might broaden your consciousness regarding the experience.

Being grounded enables you to access the essence of life. It means enough flexibility in face of challenges and the necessary awareness to keep balance. Acknowledging the body wisdom and its basic needs for breathing, movement, expression, creativity and sexuality. Freedom, autonomy and limits in the dialogue with external possibilities to organize efficient action so that the organism remains anchored, vibrant and abiding to human ethics.

Grounding and vulnerability

Lowen (1970, p. 227) says: “Steps taken from a defensive position of control of the ego in the direction of the aforementioned position of creative attitude are given by patients as they move towards reality”. And he mentions five steps in the process; first, identification with the body; second, acknowledging the principle of pleasure as the basis for our conscious actions; third, acceptance of one’s own feelings; fourth, understanding the interdependence of all functions of the personality; and fifth, humility that refers to the understanding of the relative helplessness in which we find ourselves in the universe.

The statement, on the text above: “the aforementioned position of creative attitude” Lowen (1970, p.227) refers us to feelings of vulnerability when masks are unfrozen and the *Self*, the original creative instance, can be presented to the world. The Bioenergetic process begins by unfolding the threads of body memory in which pain and pleasure are often mixed; slowly untangling the knots makes room for authenticity and flexibility. So, the body vibrates.

Fear of failure, of not deserving love and acceptance, of ridicule, of error, of humiliation finds new perspective under the eyes of reality opening internal spaces and giving in to the body and human condition. Being rooted includes the most diverse emotions, being able to express them and refrain expression taking as a reference internal and external realities, not in a reactive way, but in a creative and integrated one.

Kali, Hindu goddess of creation, preservation and destruction manifests the fusion of opposites, life, death and rebirth. Positive and negative aspects of creation and in its representation is depicted sticking out her tongue prompting the overcoming of fears not by denying them, but by facing and welcoming them.

Fig. 06 – Kali



Font: Pinterest <https://pin.it/07d343r2gPTsjP>

Going back to the body expression of “sticking out one’s tongue” and observing that it comprises feelings of freedom, assertivity, non-conformism, beauty, acceptance of body parts that are often seen as not socially acceptable to be shown in public, resistance, creativity, refusal to submit, sexuality, limits, courage, stresses the need to strengthen this expression in adults, not necessarily in the physical act of showing the tongue, but as the metaphor of its meaning. Grounding as an attitude internalized by the body will support the acknowledgment of the totality of feelings.

Sufficient-body – a refreshed view from the perspective of shame

The meaning of Sufficient-body, which has been developed by me, deriving from my work with the theme of shame and its connection with feelings of vulnerability is intended to stress that each and every body possesses the essential, is equipped with what is necessary to experience their own lives.

Contrary to body registers imposed by shame and humiliation, be them of inadequacy or insufficiency, this perspective means bringing acceptance of human diversity and its manifestation of the innumerable ways of creating life in this planet.

“Inner freedom is manifest in the gracefulness of the body, in its tenderness and vitality. It corresponds to being free of guilt, shame and embarrassment. It is quality of the being present in all wild animals, but one which is absent in most civilized beings. It is the physical expression of innocence, in a spontaneous way of carrying one’s self, bearing no disguises and being true to the *Self*.” (Lowen, 1995, p.23).

The creative potency presented in Reich by the “genital character” and in Lowen by a “primal natureza” is recognized as inherent to our animal part, which is so important for us to remain human. From this core, our senses of belonging, survival, creativity and sexuality emerge.

Along human history, life in its amplitude was denied and captured by rigid social structures, supported by tradition and with little openness to renewal; which is paradoxically intrinsic to life. Reich coins the term “living-life” declaring that there are differences between being open, free and in movement, which denotes a fine tune with vital processes of the organism and attitudes of denial, contention and imprisonment of those.

In Podres Poderes (Rotten Powers), Veloso (1984) sings:

<i>“En quanto osho mens exercem seus podres poderes; Índios e padres e bichas, negros e mulheres, e adolescentes fazem o carnaval”.</i>	“While men exercise their rotten powers; Natives and priests and gays, ne- gros and women and teenagers make the Carnival”
<i>E segue: “eu quero aproximar o meu cantar vagabundo daqueles que velam pela ALEGRIA do mundo.”</i>	And follows: “I want to liken my vagabond singing to those who care for the JOY of the world”

Lowen (1995) says: There is pain in life, as well as pleasure, but we can accept pain as long as we are not attached to it. We can take loss, if we know that we are not condemned to endless mourning. We can take the night for we know the day will come and we can take sadness when we know that joy will grow again. But there can only be joy when our spirit is free. Unfortunately, many people have been nullified, and for those people joy is impossible as long as they don't get cured.”

People, societies and cultures develop ways of repelling spontaneous movements of life, overvaluing attitudes that are seen as civilized, which often excludes what is simple, natural, unstable, intuitive, impermanent in an attempt to develop a disguise of life that reinforces the unrooting, which in its turns feeds the process.

In Lowen (2007, p.165) we find: “The objective of my therapeutic work is to help people recover their feelings of connection to others and to life. Becoming grounded is the only way to restore this link”. Reestablishing grounding is finding support for vulnerability, fluidity, strength, mobility, supporting freedom from the pre-established scripts that hinder creative expression of feelings, adventure and giving in to life.

The body work in bioenergetic analysis enables change in the somatic and psychological structure that contributes to developing new perspectives on one's self and the world. Recovering sensitiveness in the body to welcome the different forms of being and supporting life's singularity and complexity.

Conclusion

This article proposed the task of reflecting on grounding, shame and feelings of vulnerability. Focusing on body blocks, especially of the oral and

cervical segments, it aims to better understand somatic and psychological aspects in the establishment of a false Self, symbolized by the building of personal and social mask, when feelings of shame and humiliation are present in the life of individuals. A set of exercises has been developed with the aim of promoting consciousness about shame in the body and of its manifestations on personal, relational and social levels. Exploring the tongue muscle has a core importance in this study. In general, in Western cultures, the physical expression of “sticking one’s tongue out” is used by children in situations in which they feel invaded or disrespected and is perceived by adults as disrespecting authority and often punished. The spontaneous Being, which is assertive and creative is often refrained and shame installs itself causing feelings of vulnerability and unrooting. Grounding, creativity, autonomy, among others are presented here as means to restore and recover a body which is free from the ties of feelings of inferiority, feeling undervalued and inadequate. Image reading resources were developed by the author, the body-imagetic exercises, with the intention of mobilizing the body by observing images and vice-versa, these exercises should be coupled with energy blocking release exercises. Such proposal originates from the knowledge that our body and image memories are present long before the development of speech and thus contain a wide and deep array of tools and stories about ourselves that can be mobilized by the images. We also looked at the creative potential of shame and that by recognizing and integrating it to our consciousness it becomes possible to reignite the notions of limits and the capacity perceive and build safe spaces for expression. The term Sufficient-body has been introduced as the understanding that each and every body is equipped with the capacity to being potent. The subject of shame is too instigating and deep in the individual and social levels, as well as in the roles of clients and therapists in bioenergetic analysis; in spaces of education and social clinic; in the field of research and wherever it is possible to use body processes to broaden internal and external sensitiveness to respect and value of the diversity of life. I then conclude by offering the piece of poetry from *The Body’s Contradictions* by Corpo de Carlos Drummond de Andrade as an invitation-attitude to the voice, to the gesture, to spontaneity, to limit, to shame, to boldness: “Saio a bailar com meu corpo” (“I go dancing along with my body”).

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Shame & sexuality

by Arild Hafstad

Abstract

From a bioenergetic viewpoint, the concepts of shame and sexuality are put in mutual context taking as the point of departure that they mutually influence the organismic energy system and its economy, asking: How can sexuality influence shame? How can shame influence sexual function? How can we deal with shame and sexuality in psychotherapy? Developmental issues, energetic and characterological dynamics with therapeutic implications are included.

Keywords: Shame, sexuality, psychotherapy, bioenergetic viewpoint.

Human shame is a wide and deep topic, having a role in religion and philosophy, cultural history, biology, psychology and sociology. When we add sexuality as a related theme, the object of our attention get immensely complex since sexuality plays such a central role in human nature and culture. In this article, I will look at shame and sexuality from a bioenergetic viewpoint, taking as the point of departure that they somehow mutually influence the organismic energy system and its economy.

In order to bring the issue into a manageable discussion, I will look for answers to three questions:

How can sexuality influence shame?

How can shame influence sexual function?

How can we deal with shame and sexuality in psychotherapy?

A quick thought may appear in you as it did in me: “Shame has a negative effect on sexual life”. I warn myself though, that rushed ideas not always can be trusted. Instead, I will try to unveil the topic in a careful way.

Before the discussion, I find it most straightforward to say where I come from. I grew up with sexuality in the shadow of shame. After decades of struggle to come to terms with it, I have no illusions that reconciling shame and sexuality is a fast track. The burdened experiences may of course blur my look on the matter, but also be a resource in seeing its complexity and impact through the human life span.

I am deeply indebted to Dr. Phil Helfaer who has elucidated the theme with his book *Sex and Self-Respect* (1998) and the article *Shame in the light of Sex and Self-Respect* (2011). John Conger (2001) is a main reference in the aspect of shame and narcissism.

With Helfaer (2011), I prefer to look at shame as entangled in four developmental themes: *Selfhood, Sexuality, Grounding and Energetic organization*. *Sexuality and selfhood* develops hand in hand, are both the same and different. A common energetic process underlies them, both as they flourish and gets disturbed.

Sexuality has a *grounding* and since grounding in the bioenergetic sense must imply feeling and contact, grounded sexuality appears as a felt connection to the body. The feeling we have for ourselves as men and women and the affectionate tone of close relationships is a body feeling. Since the erect posture is fundamental to being human, we need to feel that connection standing on our two bare feet (Hafstad 2013). What are the connections between standing grounded and sexuality? I came to think there are many. I like to choose one that strikes me: Grounding is about *how we stand in ourselves*. Stanley Keleman (1971) said that *unsureness in standing* is a common human factor. When we stand, we feel our unsureness in standing. If I do not feel it, if I do not have contact with it, then I am not grounded. The felt contact with the ground is only comforting and vitalizing because I also feel the unsureness.

Standing in myself is part of a wider context: *How do I stand in my life?* This brings in all the existential questions. Family relations, health, work, stresses and conflicts. Again, there is no safety without feeling the vulnerabilities. They are aspects of existential grounding.

Closely following these questions comes a third that builds on the two formers: *How do we stand as men and women?* How I feel about myself as man is about both sexuality and selfhood, always these two together. Sexual identity and selfhood seen this way, is also *organizing principles* brought into life from birth and continuing through the life span. Feeling our vulnerabilities, our liveliness and shame - as men or women and

accepting them as they are, is the sound Self-respecting way to sound sexuality. Both the way *I live my shame* and *my sexuality* is immediately also here in my standing. This is an aspect of basic body grounding. In therapy, it is immediately present in the standing client and a direct road to work with these themes. Below, I will choose the standing position as an avenue to work with shame and sexuality in therapy.

Since sexuality and selfhood are closely intertwined developmental lines, while shame is a developmental influence, I chose to look at development of sexuality and selfhood first.

I will frame sexuality as “the personal experience of being sexual”, both gender and sexuality, experience of sexual feeling, aliveness, interest, arousal/orgasm orientation and goal seeking that starts as a developmental line from birth. The first fact of the infant is that of being a girl or a boy. Boys and girls express gender in many ways. Others responds to these expressions, influencing children’s energy, feeling tone and expressiveness. This in turn organizes selfhood and sexual identity on organismic and psychological levels. The fate of children’s needs in the world structures into their whole being (Stern 1995).

Sexual feeling is a soulful experience felt in the body as sweet and good. Also, it awakens a desire and a seeking process for an object. Libidinous attachment intensifies the feeling and adds a lust for rough and wild expressive movement (Gullestad 2018). The feeling is in the body, as well as in the mood. I faltered to stay and grow; a vitality develops that nourishes the whole human being. It stimulates cells and tissue proliferation and increases organismic pulsation. Sexuality is essential for reproduction *and* filling life of the whole person with substance and meaning. Through sexuality, life sings its song and makes it swing.

Sexuality undergoes maturation and developmental steps as well as developmental risks. We may look at some main stages for its development (Helfaer 2011). In the infant stage the baby while alive and motile establishes a sense of “being of the species”, being one like the mothering one. In the separation-individuation phase, the child feels support and respect from the parents as “I am accepted as lively individual”. The Oedipus period establishes “identification with the genital”. Energetically, the child has developed to a new point around the age of three. With that follows a heightened charge and a need for discharge. The child needs to regulate sexual tension. The sexual object has changed from the infant’s breast and pleasure-sensations in the oral area and pleasure in elimination and

streaming in the anal cavity by the toddler. Now, excitement in the whole body with especially increased streaming in the genitals relates to involvement with the preferred love object in the family. The need is to “be loved *with* my pulsating aliveness”. In adolescence, the need is “to choose and to be chosen” grounded in integration of selfhood and sexual desire of the adult body. Full integration of all these developmental steps demands parents supporting energetic aliveness of the growing self. Integration is work and all work require energy. Surplus of energy is what drives integration (Hafstad, 2018).

The developmental line described is subject to vulnerabilities. It is more likely than not, that some of them appears and interferes with integration. Rejection of aliveness incorporate shame into personality. It has different effects on each of the four stages.

After the infant stage, it may leave a feeling that “I am not of this species. I am different and one to be attacked by my own species. I carry the shame of not being like the others”. Shame in the infant makes the self and the world feel cold and foreign.

After the separation-individuation (mirroring) phase, “I am extraordinary, but is thrown down, left in humiliation and shame of myself”. Shame in the mirroring phase creates a constant vulnerability to devaluation and as protection from that, a constant struggle to be seen.

After the oedipal stage: “I am wrong and terrible because of my dirty excitement. I am ashamed of it and disclaims it’s me”. The sexual intensification of the child’s oedipal phase challenges the family field. The triadic constellation between mother, father and child intensifies. If the parents get disturbed, it hits into the child’s vital core of being and the whole organism contracts(castration).

After adolescence: “I am not worthy of anyone and cannot expect to be chosen. I am too defective and dirty” (sexual ruination). The summed-up constellation of shame and contraction at that time, sets the scenario for the future.

Children are by nature alive, spontaneously motile and express pleasure in everyday life. Sexual feelings are at first not different from other states of pleasure and aliveness. When children are shamed when in sexual excitement, sexuality easily connects to shame. Children do not distinguish love from sexuality, but if parents do in a confusing way and thereby disturb the vital connection to the child, the following contraction

builds some split that the child is not ready for, between affection and excitement. Clinical experience show it is hard to mend that split.

In all the stages shame tags negative affect to the Self, sexual identity and sexual drive. When identification with good sexual feeling comes to arrest, as we can sense – life turns into a struggle of confusion and pain. It is quite a loss, since sexual feeling is one of the very gifts of life. The feeling of life lose harmony, sweetness turns sour. Vitality suffers.

The child has to find its best adaptive response after the moments of arrest. Such a response is hard to put in reverse and has a good chance to persist and consolidate. Decades later the adaptive pattern forms into character traits – traits that keeps vitality disrupted. They only have meaning in the context of the childhood scenario. Character defense strongly conserves a field that is mutually composed of sexuality and shame. Despite the defenses and shame, there may also appear memories from childhood that holds sweetness of sexuality, liveliness and tenderness. I remember such feelings from before going to school, from a time when I directed those sweet good feelings towards my mother. I remember telling her that when I got old enough, I wanted to marry her. Remembrance of the love we once felt for those who also did hurt us, is an important gate to the childhood vitality we once had. Whatever we had of that early sweet feeling is a source for a connection to our vitality now. If it ever was, it can and needs to be restored. I see this as *a major goal in the healing of sexuality and shame*.

Shame

Shame is not a singular phenomenon but an array of different experiences. It is possible to differentiating some main forms.

I will start with the state of *shamelessness*, which I define as *an inability to consciously feel and process the affect of shame, and a tendency to act out in ways that would be shameful or humiliating for others*.

In some persons, it is the dominant way of living shame, as in sociopathic and severely narcissistic personalities. It may occur because the normal capacity for shame has not developed in the ordinary way. Besides, it is common in psychotic states, were the ability to feel shame disintegrates in the person as part of the psychotic regression. Also, it increases in altered states of consciousness and under substance influence.

There is also a *second form of shamelessness*, where early experiences of shame have been so severe that we have developed a deadening

defense against the feeling of shame. I say “we” since some shamelessness can be present in any person. We have disowned-disconnected-unfelt parts of our selves. It can be a state *or* a context dependent response. Sometimes it dawns upon us when we recover ordinary sensitivity and contact with ourselves: “My God, what did I do!”

Shame states have generally a regulatory effect on behavior; they intervene by self-critical evaluation before we release behavior scripts into action. Shame have a tendency to inhibit spontaneous behavior and restrict our freedom of action. Nevertheless, shamelessness is a condition where we have lost social sensitivity, self-judgement, borders and felt responsibility. It can be considered the most primitive and disintegrated aspect of shame.

A second form of shame is *severe shame*. It is an extremely painful experience where we feel loss of personal value, below other persons and undeserving of recognition and love. At its most, it is a process of inner ruination or even dying. Everything feels lost and there is no mercy, no hope for recovery of social dignity. It is a most dangerous condition if it turns into a chronic state. It makes sense that shamelessness or - killing the awareness of shame - sometimes is the only found defense against self-destruction. If we feel lowered to an intolerable degree, we may feel that we are not any longer tolerable to others, we are outcasts, the scum of the earth, we are useless and deserves no pity or recognition, even to exist. It can turn into a very damaging state. It has far-reaching bodily and energetic implications and it reduces our capacity for social and cognitive functioning. The effect is traumatizing.

Humiliation is a harsh form of interpersonal shame that require a humiliating agent to imposing it and is particularly devastating. When repeated, severe shame leads to shaping of an *ideal-self* while humiliation leads to shaping of a *persecutory internal object* and a mental state of hypervigilance to protect oneself from persecutory attacks. Humiliation vulnerability is more violent, more violating and involves the use of power, force or rage by a significant other. The risk of fragmenting self is greater. The person feels less able to face the world and may turn to protective maneuvers like contempt, manipulation, projection, projective identification, derision or out and out hate.

Narcissistic shame

Since the work of Kohut, (1977) the field generally agrees that severe shame in the narcissistic form stems from disturbances in the

separation-individuation (mirroring) phase. We often see this pattern in persons aspiring for place, status, and affiliation with the clan. At the same time, they might display a slouching posture, inaudible speech and averted gaze, hallmarks of narcissistic shame (Morrison 1989). If not expressed, the therapist might sense an apology of the self's very existence. When in shame we are unable to look others in the face, or we wear a mask – as ocular and facial hiding. Bodily shame is the concealed side – that I am ashamed of who I am, my body and body parts and bodily expression. I am ashamed to be the organism I am, the erotic self, the person seeking fulfillment through an alive good body feeling. This kind of shame splits us from our body and erotically grounded self. Social shame can be a defense against or displacement of bodily shame. The averted gaze and the mask can also cover pelvic movement, penis or vagina, the look of lust or desire and guard our hidden erotic fantasies or sexual secrets. The naked body itself (Helfaer 2011).

In this condition, there is a tendency to be fixated on unattainable ideas. When the person realize that he never can reach his goals, a crisis appears. This leaves an emptiness that can lead to the opening of Self-respect and from there a connection with the body.

Arrest of vital movement

Every sound childhood expresses the somatic pulsation of life through excitement, love, emotion, feeling, and play (Conger 2001). Appreciation and respectful awareness support the child's energetic flow and allows its energetic expansion. Its expression is upright, bright and prideful. The paradox is that the livelier expanded and therefore sensitized a child is, the more he or she is susceptible to shame. *It is as sexual vitality invites shame to enter into the life scene.*

Events or patterns of arresting vital movement can occur in any or all of the stages mentioned above. The parental forms of stopping have a broad range from respectful firmness to disrespectful rage and violence. Stopping responses also includes absence of contact, neglect and lack of attention. A most severe energetic arrest appears in mortification. Children been exposed to parental hate, hateful behaviors and hateful family environment may in effect be grossly stopped in all levels of their movement. They have to develop all kinds of compensatory attitudes and a characterological pattern called the *self-hate system*. They learn to hate themselves. It is even worse than that since it is so chaotic, complex and torturous. The child introjects hate and even hate oneself for not being able to win the

parents approval and love. What dominates life is a fundamental internalized “reality” of having earned hate. With any such experience in early vital relations comes a chronic organismic contraction. To the extent movement is stopped –life is painfully stopped. The shamed humiliated child shrinks in, collapses down (Helfaer 2011). *The organism cannot any longer sustain the same level of energy.* Were happy liveliness circulated, shame now infuses as a mix of cognitive and affective components that can constitute a more or less energy reducing closed loop.

Later, in adult life, the affective and energetic side of shame, rooted in bodily and affective reactions from childhood continues to circulate along with a set of idealizations developed in childhood as response to the contraction.

Milder forms of destructive shame are probably more common. They include a phobic response to flushing, to public attention, a sensitivity to being embarrassed and a preoccupation with appearance, with success and fulfilling ideals. The general quality is not so much a devaluation of the Self and inner pain, it is more a fear of what can happen to one’s social Self that is caught in anticipated humiliation and shame.

Then we arrive at a final form of shame. It is the ordinary occasional experience of the shame-emotion. A sound response to having acted in a way to others that violates one’s own values. It is a social sentiment of feeling a lowering of self-value in relation to another or others and a need to do some correction of the wrong or saying that I am sorry. Shame in this form can blend with guilt. It is a socially adaptive and self-regulating capacity in social life. It is not attacking self-respect or a capacity for compassion. On the contrary, it guides and motivates us to treat our self and others in a good way. “I cannot accept what I did and needs to undo the fault as best I can”. It is a sound part of social and moral sensitivity. It is tolerable and do not harm vitality and mature functioning. There are children who grows up with this fine capacity, and many parents who support it. They support children’s good body feeling and fertilize the ground for sound aspirations and strivings. The child may still feel shame but not the repetitive misery-making sort. Shame then, can aid strivings in a way that take care of both the child’s autonomous needs and the need for a vital connection.

Polar energetic dynamics of sexuality and shame

Sexual aliveness generally increases organismic pulsation and flow, deep soft breathing, bodily charge and expansive flow from core to

periphery. Also, increased sensitivity at the peripheral contact points, increases the inflow to the core and feeling of a unified organismic self. Sexual aliveness flows readily through all segments, improves grounding and organismic balance. Sexual aliveness supports motility of the pelvis. It is as the whole organism is fertilized and enriched. This organismic proliferation builds a reservoir of surplus energy ready for creative involvements, full sexual involvement with orgasmic discharge and growing personal integrity.

Energetically, destructive shame has a profile that is the opposite of sexual aliveness. Organismic pulsation and flow stagnate towards a standstill. Generally, it restrains breath and reduces pulsation between core and periphery. It creates contractions and tensions in the core and reduces flow towards the contact points. “Feeling my organismic self” may be lost. It represents a withdrawal from the world and anesthetizes the erogenous zones. Shame runs counter to sexual aliveness and grounding. It has more or less contracting effects on all the body segments. The down braking collapsing effect blends more or less with a compensatory “pulled up” and upward displaced energetic dynamic. The body is more or less deserted and the head takes a role of “a refugee camp”, filled with dysphoric affects, noisy and disturbing thoughts. Remark that this dynamic is *not* valid for shamelessness and the sound shame emotion.

Let us remember the qualities of shame I have mentioned:

Shamelessness, severe shame, the milder form of destructive shame and finally the ordinary and sound experience of the shame emotion.

As we can see, the five forms of shame differ significantly in its operation and consequence: *Shamelessness* does not inhibit sexual expression but twist it to a forced, destructive and insensitive way. *Destructive shame*, especially when it is severe, runs counter to sexual feeling, expression and function. *The mature form* of shame enhances sexual sensitivity and develop its respectful expression. Also, concerning underlying energetic dynamics, there is differences. Shameless sexual expression does not come from the sensitive core but from an intermediate forced layer of activation, violating bioenergetic integrity. The mature form of shame is careful, soft and sensitive but governed by self-respect and respect for the other. Its energetic pulse and flow are full, concerned, and in tune with the heart. And so, it promotes bioenergetic integrity.

Character formation

Now, a word about the nature of contact. I understand contact as appearing at an interface, where life on the one side feels life on the other, or in short – contact is “life feeling life”. It happens within a person and between persons. The vital connection between the child and the beloved object – feeling alive in togetherness is of central importance to the child in becoming a person. My first memory is a clear one; I must have been a little more than a year.

I woke up in bed, the sun was shining and no one else was there. Where were the others? With much insecurity, I climbed over the high fence of the bed, stumbled over the floor and went fearful down the steps as if it was my first descent alone. The door to the right led to where the others were. Proudly I opened it and looked for cheering response: Here I am - I did it on my own! Then I saw my mother there, her look was angry or hostile. I remember the shrinking feeling.

I was not welcomed in my autonomy achievement. My movement arrested. It gives some insight into the sensitivity of the individuation – separation phase. This experience shows that at every age, the fate of the child’s need is at stake.

Disruptions in the vital connection can make a strong organismic effect: The indwelling tendency in every child is pulsation, expansion and inflow. With pulsation comes *contact sensitivity* – discrimination of the life enhancing from the life disruptive. When the alive, contact-full and sensitive child is exposed to shame in the oedipal period, or at any other charged developmental moment, the child is so sensitized to disturbance that it hits straight into the core of being. It hits the “life nerve”. Shaming sexuality or its expressions as liveliness, has an immediate disturbing consequence. It functions as what we call “one trial learning”. One such experiences can be a change maker that is very resistant to be undone. It is character forming. Which of the shame qualities (see above) that follows the experience will determine the energetic modification that follows and in turn, what defensive and adaptive operations gets mobilized?

Shame motivates to conceal, in contrast with guilt that motivates to confess. In its concealed form and ever present, shame is hidden under a protective attitude against shame. Attitudes like arrogance, irony, superiority and grandiosity serves this need to hide. Underneath this cover, there are defenses as rage, contempt; envy; depression; hypochondria; mania and narcissism. Sometimes shame and contempt serve as a defense that

cover intense drive conflicts arising around the Oedipus complex (Helfaer 2011, Morrison 1989).

Systems

The layer of character attitude and the defenses joins with adaptive structures, mainly the *Shame System, Ideal-Self and Self-Hate System* (Helfaer 2011):

Shame-system

When the universal experience shame amounts to feeling worthless, failing, lacking and defective -combines with feeling not to belong and loss of vital connections, it can become a “system”. It may include humiliation, shame of the body or body parts, genital desire and expression. Filled with shame, we want to sink into the ground and disappear. The child internalizes a shame of “what I am”. Shame in this sense – can have a disintegrative impact. Mortification is an unbearably painful form of humiliation. It makes being in the world very difficult. Shame as a system can also develop from chronic painful shaming or neglect of the child: “they show me how worthless I am”. When it becomes a subjective reality to the child, explaining the bodily pain, it takes hold of the child’s being. Mind follows body. Integrated into the character – it forms a closed loop that perpetuates the initial contraction. The effort to reconnect or reconstruct the early vital relationship is fueling the character system. The tragedy continues since it is an attempt to establish love and being loveable. It becomes a futile attempt to construct a cohesive Self. The “plan” is dependent on a contraction repetition.

Ideal-self

This system builds when the real bodily self becomes incongruent with the parental response. The child then attempts to respond, think and feel based on his or her limited experience of what can make me lovable. The result is a person with unrealistic and unrealizable strivings that produces vulnerability. *Narcissistic vulnerability* appears in persons who has a view of themselves as fundamentally flawed and defective in relation to the parents. They have fallen short of their internalized parents ideals and goals. They tragically repeat the belief that they only can become someone of worth through becoming the parent’s ideal daughter or son. This builds a narcissistic tension between grandiosity and desire for perfection on the one side and a basic sense of self as flawed. There is an incompatible need for absolute autonomy and uniqueness on one side and a wish for perfect

merger and reunion through projected fantasy of the ideal way of being. So shunning shame drives narcissism always higher and higher, reflected in a pulled-up body attitude. This often happens when there is a history where parents shamed the child's need for both merger and childish longings to be special and unique. The situation is one of inner chaos, confusion and turmoil.

Self-hate system

A child exposed to profound and consistent disrespect of their being, self and personhood, can develop identification with the aggressor-parent and create a negative identity to justify the hate. The child turns against the self in a powerful, intense way.

The core hurt

Underneath these attitudes, defenses and (mal) adaptive structure lies the shame of not feeling lovable and lost sexual aliveness, implying a chronic contraction at the core of being.

Therapy

Therapeutic work with shame and sexuality is inherent in Bioenergetic therapy.

Goals

- Becoming a person in the bioenergetic sense, implies some main goals in restoring sound sexuality and shame:
- Restoring organismic pulsation, flow and core sexual feeling.
- Restoring general body feeling and contact sensitivity - life feeling life.
- Developing self-respect and respectful sensitivity for others
- Restoring a shame response that is in tune with respect for self and others
- Ability to develop sexual fulfillment through a mature vital connection

Self-respect is an organismic concept, not a psychological one. It is about our capacity to regulate ourselves in tune with our true organismic state, desire and feeling. With this orientation, we foster aliveness, motility and flow of energy (Helfaer 1998).

General therapeutic orientation (Helfaer 2011):

The shame of the patient is “contagious”; often touching the therapist own shame issue. Feeling of failure is actually the feeling of shame or the failure to live up to once goals, ambitions and ideals. Sound Selfhood holds the quality of Self-respect and the fostering of sexuality. We need to consider our countertransference feelings along with the theme in the client. The therapist needs contact with his own failures to achieve goals, to see ambitions, grandiosity and ideals in himself. The therapist needs to metabolize own experience with the client and be aware of and welcome his own shame. Processing of empathic failures, mistakes, misunderstandings and poor judgement promotes progress. Through discovery, examination and working with shame, the experience that the therapist and client alike can accept shame and its origins – is a major curative factor.

Sexuality is one of the major organizing principles of personality – with selfhood being another. If sex is the biological expression of sexuality and gender, then self-respect is the biological expression of selfhood. For shame, the healing antidote is acceptance of the self. Acceptance is in the larger context of respect, leading to the attainment of self-respect. The respect for the feelings, states and reality of the body. These twin themes is a continuous part of the process.

Do energetic work in the same contact-full attunement, sensitive and respectful attitude as any other part of therapy.

In the bioenergetic approach of *seeing the person*, we are dealing with shame issue from the first moment! Staying in contact full seeing – the shame issue becomes even more central, since we bring the client into shame vulnerability when feeling looked at. The eye of the therapist stimulates the shame issue. He/she must go on with the business of looking still. Therapist’s self-warmth and self-acceptance at the body level can support him/her in this shaky situation. The client may sense this as supporting and grounding respect that can allow the way for genuine movement.

From the moment when body experience becomes the focus, it is advisable to give room for verbal processing along with energetic work. Analytic-reflective dialogue helps reality testing the belief system and to separate it from the affect: In shame, we live the delusion of having a horrible feeling *because* we are not up to justified goals. In truth, the feeling was here way before the goals. We constructed the ideals afterwards as a need to keep hope of the vital connection. If not seen through, the illusion can go on in a lifetime, keeping the energetic process in its contracted grip.

Energetic work, stimulating pulsation, deep breathing, crying and release of anger – undermines the illusion and we can reach the origin of the painful shame experience. Capacity for self-respect grows through feeling the newly enlivened body.

We must be prepared for projective identifications that claims: You are the one to be ashamed - You are the inadequate one! Narcissistic rage attempts to get outside what is inside. Self-respect allows us to feel and suffer our shame and pain, its sources and its end. To integrate estranged parts, therapist needs to aid it back so the client can feel and own it.

There is a confusing swing between self-degradation and grandiosity. It has a counterpart in two polar identities: I am worthless/ I am special. The swing makes contacting bodily feeling difficult, since any feeling can be attacked and therefore invalid. Desire, needs and genital feeling suffers the same fate. It is the therapist's job to hold self-respect continuously in the relationship and bring it back to the realities of the body. We cannot escape that "the body is me", but the conflict between self-denigration and self-respect can be held and felt in the here and now. Gradually, the person can develop a sense of "respecting me as a living body". I am simply as human as others.

With that comes a capacity for pleasure and sexual fulfillment. It has to include the feeling that I am one of my kin; I can feel my genitality as my good essence. I am one that can choose and be chosen as man or woman. In reality - choosing comes from an inner movement. It comes from a bodily feeling of excitement of connecting with a desired person. As I come to feel my body and have good feelings in my body, it is possible to feel like a good person.

Specific bioenergetic work

Although there is no simple technique necessarily involved, I find one kind of approach often suitable:

The standing position has several advantages in working with shame and sexuality. I have already mentioned that to stand is to stand in oneself, to stand as man or woman, to feel how I stand in my life and to mobilize the theme of being seen as a person. In standing the body gets as aligned as it can and the energetic system is mobilized by gravity (Hafstad 2013). The gravitational pull stimulates a down-up charging wave that invites pulsation and flow. We can often feel this *pulsatory grounding wave* as a first

sign that my Self is not in the head but resides in body aliveness. As such, it appears as a resource for further work with shame and sexuality.

I start with the standing position, inviting to just stand with bare feet, stand as good as you can and feel into yourself. I both look and feel how your uncertainty, tensions and spontaneous motility affect my body. What is your unsureness, how do you tense up? I ask what you feel and may give feedback on any spontaneous movement. Both the way we live our shame and sexuality is immediately here in the standing. It hits the therapist strongly. At the same time, I can see the organization of posture. I see what is most striking about the awkward grounding. I may comment or not. So here we are, with a direct road to work with those themes.

Then I suggest a few modifications. First is positioning the feet aligned and feel the difference. People usually say it is strange or unnatural. I consent, but suggest they try it anyway. Then I suggest they experience their breathing. They may tell what they sense or not. I suggest they allow it to go as deep as it can and see/feel what is going on. They may share an experience or not. I keep my impression/feeling. Then I ask if they would try something new and tells what I have in mind, if I have consent, I just say:

Just continue your breathing and let down in your knees while you breath in, push into the floor while breathing out.

For some it is impossible, since breathing in is ego control, while letting down is ego surrender – incompatible to the ego. The movement require letting go of ego superiority and surrender to “body, breadth and Self moving from the ground”. Asoutbreath and felt contact with the ground supports one another by pushing into the feet, a pulsatory wave goes upward through the body segments. It is *the pulsatory grounding wave*. In the standing position, the segments show the state of energetic modification. When the pulsation is activated, we have a situation to work dynamically with them from the feet up. When working with the pelvic blocks, I found particularly useful two interventions introduced by Helfaer (1998): “*Stopping the movement*” Which investigates the pelvic contraction pattern of the person and “*Identification with the genital*” Which invites and supports genital movement to develop again.

Summing up and Conclusions

How can sexuality influence shame?

Sexual aliveness generally increases organismic pulsation and flow, deep soft breathing, bodily charge and expansive flow from core to periphery. Also, increased sensitivity at the peripheral contact points, increases the inflow to the core and feeling of a unified organismic self. Sexual aliveness flows readily through all segments, improves grounding and organismic balance. Sexual aliveness supports motility of the pelvis. It is as the whole organism is fertilized and enriched. This organismic proliferation builds a reservoir of surplus energy that needs to be down regulated through creative investments of any sort and frequent enough full orgasmic discharge.

Feeling body aliveness and Sexual streaming can neutralize the effect of shame. Reconnecting to the love we once felt in childhood, is an important gate to vitality now. Feeling again that early sweet feeling is to connect to core aliveness now. It is a major goal in the healing of sexuality and shame. Any person's appreciation and respectful awareness of their energetic flow, allows it to expand and to regain upright, bright and prideful posture.

How can shame influence sexual function?

I have differentiated between shamelessness, severe shame, the milder form of destructive shame and finally the ordinary and sound experience of the shame emotion.

Destructive shame runs counter to sexual feeling, expression and function. Energetically, it is the opposite of sexual aliveness. Organismic pulsation and flow stagnate towards a standstill. Generally, it restrains breath and reduces pulsation between core and periphery. It creates contractions and tensions at the core of being and reduces flow towards the contact points. "Feeling my organismic self" may be lost. It represents a withdrawal from the world and anesthetizes the erogenous zones. Shame runs counter to sexual aliveness and grounding. It has more or less contracting effects on all the body segments. The down braking collapsing effect blends more or less with a compensatory "pulled up" and upward displaced energetic dynamic. The body is more or less deserted and the head takes a role of "a refugee camp".

Shamelessness does not inhibit sexual expression but twist it to a forced, destructive and insensitive way. This sexual expression does not come from the sensitive core but from an intermediate forced layer of activation, violating bioenergetic integrity.

The mature form of shame enhances sexual sensitivity and develops its respectful expression. This shame is careful, soft and sensitive but governed by self-respect and respect for the other. Its energetic pulse and flow are concerned, and in tune with the heart. It promotes bioenergetics integrity.

It is more likely than not, that shame appears in the developmental line of sexuality and interferes with integration. Some disturbances incorporate shame into personality. It has different effects on each of the four stages mentioned. After the infant stage, it may leave a feeling that “I am not of this species” (reification). After the mirroring phase, “I am extraordinary, but is thrown down” (narcissistic vulnerability). After the oedipal stage: “I am wrong and terrible because of my dirty excitement. I am ashamed of it and disclaims it’s me” (castration). After adolescence: “I am not worthy of anyone and cannot expect to be chosen. I am too defective and dirty” (sexual ruination).

In all the stages shame tags negative affect to the Self, sexual identity and sexual drive. It hits into the child’s vital core of being and the whole organism contracts. The summed-up constellation of shame and contraction at that time, sets the scenario for the future.

Shaming sexuality or its expressions as liveliness, has an immediate disturbing consequence. It functions as what we call “one trial learning”. The child shrinks in, collapses down and loses integrative capacity. One such experience can be a change maker that is very resistant to be undone. It is character forming. In addition, which of the shame qualities that enter the experience will have influence on the energetic modification and after that, mobilization of corresponding defensive and adaptive operations. Character defense strongly conserves a field that is mutually composed of sexuality and shame.

How can we deal with shame and sexuality in psychotherapy?

Be respectful. Identify the core hurt. Find out what unattainable ideas are active. Take advantage of the emptiness crisis that appears when the belief system collapses. Support Self-respect and a new connection with the body.

Support organismic pulsation, flow, general body- and sexual feeling. Activate the pulsatory grounding wave early in the process. Find ways to stimulate energetic pulsation. Identification with the genital is a direct way to give sexuality a new drive in countering the domination of shame.

Stimulate contact sensitivity. Support a sound shame response. Promote sexual fulfillment through a mature vital connection in the client's life.

Be friendly to your own shame issue. Accept your failures and see through your own goals, ambitions and ideals. Foster your own self-respect and sexuality. Consider countertransference feelings along with the theme in the client. Remember that for shame the healing antidote is acceptance of both selves in the room. Both needs to have good body feeling to feel like good persons. Self-respect reduces the toxic effects of the shame systems. Grounding is a way to reduce the effect of the ideal self.

Developing self-respect and a sound shame response dampen the dysregulating effects of shame. Restoring a feeling of being lovable and experiencing sexual aliveness dissolves character patterns and bodily contraction.

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Arild Hasfad was born in Oslo, Norway 1957. Received his Psychological Degree in 1983. Full time clinical work, county employed and private practice since then. Clinical psychologist 1988, Chief psychologist 1990. Studied Bioenergetic Analysis from 1994, CBT 2004. Has run full time Bioenergetic Clinic in the Oslo area since then. President in Norwegian Bioenergetic Society NFBA from 2007 to 2010. Board member in Forum for Character Analysis and the Reich Society. Co-founder of Norwegian Institute for Bioenergetics NIBI 2017. President and local faculty in NIBI. Published Bioenergetic articles in IIBA journal and European journal for BA. Workshop presenter at IIBA Conferences in Palermo and Toronto.

Shame, binge eating and bioenergetic analysis

by Janet Pinneau

Introduction

As a Marriage and Family Therapist certified in, and practicing, Bioenergetic Analysis, I identify myself as a body-mind and somatic relational psychotherapist. Considering my background as an athlete, my training in Bioenergetic Analysis, my inclusion of the body in the work I do as a psychotherapist, and in the personal growth I continue to pursue as a client, the human body is critical to my foundation. This paper began as a presentation at the Professional Development Workshop (PDW) in Bahia, Brazil in 2018 with the thesis that successful treatment of binge eating disorder and the shame that exacerbates it, must include a somatic relational therapeutic approach that invites the afflicted to improve interpersonal skills and develop a positive relationship with their body and eating. Recovery from eating disorders with this approach eliminates using eating as a method to check out of one's body, and introduces groundedness and "being seen" to enable regulation and soothing. Bioenergetic Analysis as a treatment for binge eating disorder has the potential to provide longterm success by including the body in treatment. I conclude this paper with the description of a technique that I demonstrated at the PDW.

From the time of my presentation on this topic at the October 2018 Bioenergetic PDW I have delved deeper into the field of intuitive eating and body acceptance and understand that as "body psychotherapists," Bioenergetic Analysis, as a field, must evolve to embrace the body "as okay at every size" and overcome the bias of diet culture that many psychotherapists engage in without awareness or intention. The acceptance of every client that enters our offices, without bias towards their bodies is paramount.

Current Problem

Binge eating disorder (BED) is the **most common** eating disorder in the United States (National Eating Disorders Association, NEDA, 2018), and is complicated by the shame that resides in the sufferer. According to the DSM-V the essential features of BED include frequent and recurrent

episodes of eating excessive amounts of food (more than what most people would eat in a similar period of time, in similar circumstances), in a limited amount of time, usually less than 2 hours. The excessive food consumption is accompanied by a sense of lack of control, and include: eating until uncomfortably full; eating when not hungry; having a loss of control over quantity; being secretive because of embarrassment about the quantity; and feeling guilt or shame around the eating (DSM-V, 2013). Binge eating disorder and the shame that accompanies it drives people to hide their disorder so that even their close friends and family don't know that they binge eat. Shame about eating and our bodies begins for many in childhood, and memories of shameful experiences can perpetuate disordered eating behaviors.

Mental Health Solution

Cognitive behavioral therapy (CBT) is considered the treatment of choice for people with BED. Some studies have shown that after 20 sessions 40-50% of subjects were in remission. Unfortunately, follow ups have not supported that recovery continues at that rate after a years time. In a simplified description, cognitive behavioral therapy proposes that dysfunctional thinking is the cause of the disorder, and that the modification of the thought process is the key to treatment. I do support this idea for some diagnoses. However, I suggest that the body is a critical factor involved in disordered eating and the human body as well as the thinking process must be part of the treatment.

In my work in Bioenergetic Analysis I have seen how becoming open to life and love through recognition and acceptance found in a therapeutic relationship is undeniably healing. Such therapy includes the body, all that has shaped the body and all that the body presents in treatment. "Body-oriented psychotherapists are especially well suited to work with eating disordered patients, for they read the body, interpret its signals and help the patient feel her body again to like it, to be kind to it and eventually gain a healthy and realistic body image of herself," (Ventling, 2004).

Alexander Lowen (Bioenergetics, 1994) stated, "The primary nature of every human being is to be open to life and love. Being guarded, armored, distrustful and enclosed is second nature in our culture. It is the means we adopt to protect ourselves against being hurt, but when such attitudes become characterological or structured in the personality, they constitute a more severe hurt and create a greater crippling than the one originally suffered." Consider when such attitudes become structured in

the physical body, the armoring becomes the physical layering of increased body mass. Eating becomes soothing and weight becomes protective until it becomes crippling and unforgivable in this fat shaming world. In itself, eating is a relationship. It is an interpersonal relationship between yourself and the taking in of food. Food can bring enjoyment, happiness and positively fuel the body and mind. In parallel, positive relationships with others can bring enjoyment, happiness, and rejuvenation. Therapists can approach the negative relationship some clients have with food as an experience to be repaired. The modeling of certain behaviors around food and how therapists feel about their own bodies can help mend the wounds and develop strength in the body of the client. Most of all, therapists can see the life and love in clients before they see the size of the client. Bioenergetics is a body psychotherapy that can address the shame in the body that is interwoven into the disordered eating. “Shame strikes at the foundations of the embodied self: our grounding, our sense of boundary, our uninhibited breath, our access to a range of emotion and our intention to be present,” (Conger, 2001). In using Bioenergetic therapy, I use grounding, boundaries, breath, emotion, and connection to treat the whole client.

Shame

During intakes with my clients on average 66% will include as part of their goals of treatment a desire to get help with controlling eating habits and losing weight. I hear statements such as: “I have an eating disorder; I want to lose weight; I am always on a diet; I can’t lose weight; I have an unhealthy diet; I can’t stop eating; I am ashamed of my body; I can’t do what I want to do.” It is not always what brings them to therapy, but it is a part of what they hope to get help with. In my office one day, I gently asked a large client, “What if this is the size you are supposed to be?” Her eyes welled with tears of sadness. “I cannot go places (theater, amusement parks, etc.). I am excluded. I want to be a normal size.”

Shame keeps people trapped in their disordered eating behaviors. For example, they may say, “My body isn’t okay so I will do what society tells me and go on a diet.” When the diet fails, they then feel shame about the failure. Therapists may use the terms overweight or obese with clients without knowing the shame they are creating. Simply stating that someone “looks good” because they have lost 30 pounds, reinforces the shameful idea that they did not look good before. Then when they gain back the weight they are often met with silence or even a disapproving eye and the shame is perpetuated. Compliments can be toxic. Inadvertently fueling an

eating disorder. Promoting a certain size. “Oh, you are so thin, you look great.” Such a comment can send someone with disordered eating habits directly into thinking, if this is great then losing more will be better. The shame that society places on not being thin is going unchecked, while the “perfect” body that is depicted in magazines and billboards is repeatedly shaming the non-thin world. Society must overcome the deep bias that stigmatizes those living in a large body, (i.e., fat people). The best-known environmental contributor to the development of eating disorders is society’s idealization of thinness. This idealization is delivered through shame. Mental health professionals have a moral obligation to assist in stopping the perpetuation of fat shaming.

Mini experiential exercise:

Close your eyes and imagine the most powerful and respected person in your life is standing in front of you.

Now imagine them saying to you “you are fat”.

Wait two minutes, and then record how you feel.

Now close your eyes again and imagine them saying, “You have a large body.”

Wait two minutes, and then record how you feel.

Compare the two different feelings.

In a group of 25 or so therapists, the discussion following this exercise revealed feelings of sadness, hurt, and shame with the imagery of being told “you are fat.” While the words “you have a large body” elicited feelings that were more matter of fact, less hurtful and more acceptable.

Current Statistics (US)

> 1 in 3 adults considered overweight

> 2 in 3 adults overweight or have obesity

> 1 in 3 adults have obesity

~ 1 in 13 adults considered extreme obesity

The above statistics are found at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) website. They are profound and

paint a dire situation. Yet, the terms used are shaming and continue to shame as society jumps on the diet culture bandwagon.

- Overweight is defined as above a weight considered normal or desirable.
- Obesity is defined as being grossly fat or overweight. In the “anti-diet, health at every size, positive body image” world, the word overweight would not be used and instead one would say, “people in larger bodies”.
- Body Mass Index (BMI) is used to estimate what is considered overweight and obese. BMI is the tool most commonly used to estimate and screen for overweight and obesity in adults and children. It is a weight-to-height ratio using the following formula.

For example:

Wt 150 lbs = 68kg

HT 5' 6" = 168 cm or 1.68 m

BMI = $68\text{kg} / (1.67)^2 \text{ m} = 24.2 \text{ BMI}$

$(150 \times 703 / 66^2 = 105450 / 4356 = 24.21)$

In the medical model the following determinations have been decided (National Institute of Health: National Heart, Lung, and Blood Institute, NIH/NHLBI):

- underweight (BMI less than 18.5)
- normal weight (BMI between 18.5 & 24.9)
- overweight (BMI between 25.0 & 29.9)
- obese (BMI 30.0 and above)

$$\text{BMI} = \frac{(\text{weight in kilograms})}{\text{height in meters}^2} \quad \text{BMI} = \frac{(\text{weight in pounds} \times 703)}{\text{height in inches}^2}$$

- extreme obesity (BMI 40.0+)

The National Eating Disorders Association (NEDA) has concerns about BMI report cards, because BMI screenings, such as the ones done in schools, may be triggering for individuals who are struggling with or vulnerable to eating disorders. The fear is that if an individual is already struggling with an eating disorder, being evaluated in this way may serve as a trigger for continued or worsening disordered behavior.

Health at Every Size (HAES) is a weight-neutral approach that argues the idea that being overweight/obese causes adverse health outcomes. This approach is supported by the Association for Size Diversity & Health (ASDAH) and it rejects the use of weight, size and BMI as proxies for health, and the myth that weight is a choice.

The Health At Every Size® Principles (Bacon, 2018) are:

- **Weight Inclusivity:** Accept and respect the inherent diversity of body shapes and sizes
- **Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.
- **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.
- **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
- **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

In addition to Health At Every Size (HAES), the anti-dietculture promotes the Body Liberation Movement, Fat Activism, Intuitive Eating, Body Positivity, and Joyful Movement. Why diet? The word diet comes, via Latin, from Greek *diata* ‘a way of life’. It is food that is consumed by an organism, and also describes the kinds of food that a person, animal, or community habitually eats. American society has hijacked the use of the word to mean eating a restrictive selection of food. The diet industry makes billions of dollars each year. Yet 90% of all diets don’t work. Instead diets make you think about food and cause you to gain weight. “It’s not that people are failing diets; it’s that diets are failing them.” Dr. Linda Bacon.

The medical field worries that a continued focus on being ‘okay at any size’ may normalize ill-health and prevent people from taking steps to reduce obesity, specifically to diet. Calorie-restricting diets are constantly being reproduced and physicians are continually recommending them to their patients. What is known about diets is that they are part of the

continuing cycle of binge eating, shame, weight gain, shame, and diet again, then repeat the cycle.

Body shaming

The practice of making critical, potentially humiliating comments about a person's body size or weight, often with the intention of motivating the person into changing, is body shaming and is also known as fat shaming. Society (even physicians and other health professionals), have been reported making the following statements: "If they are overweight, it could be good that they feel shame. Won't body shame help them lose weight and make them more healthy? Don't you think shaming people could help combat the obesity epidemic? Aren't you just encouraging people to be unhealthy if you don't say something?" These are not just hurtful statements. These are biased beliefs. Health care providers, even those who specialize in treating obesity, have been found to have negative biases against large people in a number of studies (Teachman & Brownell, 2001).

I suggest it is time for psychotherapists to step to the forefront and examine the part we play in the mental health field and the treatment of disordered eating. As for body psychotherapists, the action is even more imperative. When someone seeks out a body psychotherapist there is an expectation of a higher level of understanding as to how to integrate our mind with our body, no matter the size, shape or appearance. As professionals we seek supervision when countertransference presents itself, likewise, our own biases against large bodies must be considered. In the midst of writing this paper, I received a text from a client that said, "This is why I get anxiety when I have to fly..." She included a link to a news story about a woman who was removed from a plane because she was critically fat shaming the two people seated next to her. The video received over two million views and showed the rude hurtful behavior of a woman seated between two large passengers. My client was sharing her pain with me. I supported her feelings and shared my anguish as genuinely as I could by validating her experience and supporting her worthwhileness. I was left struggling with how to help her accept and love herself exactly as she is now, and that she is loved unconditionally whatever her size. I work to help her feel fully seen ever time she enters my office.

Review of the Recommended Treatment Options:

Treatments of choice covered by insurance include: cognitive behavioral therapy, dialectic behavior therapy, medication, nutritional counseling, group therapy and family therapy.

Cognitive behavioral therapy (CBT) is considered the treatment of choice for people with binge eating disorder. With the support of decades' worth of research, CBT is a time-limited and focused approach that helps a person understand how thinking and negative self-talk and self-image can directly impact eating and negative behaviors. However, studies of eating disorders under CBT treatment have been short, and indeterminate as to whether observed improvements persisted after clients discontinued the treatment. Average CBT outcomes for BED (research) shows 50% good outcome at end of treatment with 60% maintaining this at one year.

Dialectical behavior therapy has also received some attention as being a supportive additional treatment. Clients learn behavioral skills to help tolerate stress, regulate emotions and improve relationships with others, all of which can reduce the desire to binge eat. Perhaps this approach can be used in combination with other approaches.

Though medications are mentioned as part of an over all treatment plan, the long-term effectiveness is unknown and psychotherapeutic approaches have shown to be more effective than medications for BED. The binge-cessation drug Vyvanse is the first FDA-approved medication to treat binge-eating disorder in adults. It is a stimulant also prescribed for attention-deficit hyperactivity disorder and has shown to help some bingers manage eating-related impulsivity. It's not clear how this medicine and some anti-depressants can reduce binge eating, but it may relate to how they affect certain brain chemicals associated with mood. Importantly some physicians recognize that clinicians must not recommend the drug alone. Therapy must be part of the treatment.

Nutritional weight-loss programs are generally monitored under medical supervision. Weight-loss programs that address binge triggers can be especially helpful in combination with CBT.

The support of group counseling and family counseling in combination with other treatments has also shown to have positive impact. Such support has proven to offer beneficial outcomes.

The above treatment options are what insurance companies will sometimes identify as approved techniques, either as stand-alone treatment or in combination with one of the others. Cognitive Behavioral Therapy has the most funding for research and additional research is needed for all other treatments.

Being Seen as Contact

The following is a technique I use with clients to offer connection, relationship, and mindfulness. For a client who is larger or self conscious for another reason, being seen as they are, in a body that they may despise this can be a powerful experience.

In a group this can be completed with partners working together and then trading roles (client/therapist) before sharing their experience.

Steps

1. Instruct the client get as comfortable as possible in their chair. Therapist sits facing the client, but to the side, so that they are closer than knee to knee.
2. The client is instructed to make eye contact as much as is comfortable. If it becomes too much they can look away and then come back when ready.
3. Therapist instructs the client to breath softly, feeling their feet on the floor.
4. Then they ask them to think of a part of their body that they are least comfortable with. To sense that part. To be aware that they are exposed and are being seen.
5. Therapist then breaths with the client, softly and deeply, and gently makes empathic eye contact.
6. After a few minutes the therapist says I see you and I accept you. (Perhaps, you are perfect as you are.)
7. Therapists checks in with the client and asks if they would like any contact, like hand-to-hand, or hand on shoulder, etc. (Some clients begin sobbing and end up being held.) Therapists will provide support in a manner that is safe for the client, and with the clients permission.
8. To close the therapist will help ground the client and explore the experience.

I use the above technique with clients in a session. There first time I conducted this exercise in a group was at the PDW. The impact was powerful as participants shared their experiences and the profound way that they were able to connect with parts of themselves that they identified not only as uncomfortable, but even disgusting. They were seen by another in their dark place and the door was opened for their shame to be released. Shame is debilitating and often makes people believe that they cannot be accepted by anyone. This process can continue to be a powerful experience as they move about in the world with a new experience of being seen

without judgement. With my clients, as they learn to accept themselves as I have accepted them, we begin the steps towards reprocessing their body shame.

What are we treating?

This question continues to arise for me. Are we treating the impact of shame, a disordered eating process, or a body weight issue? Do we help them with weight control, or do we help them to realize that this is the weight they are supposed to live with? Is there an eating problem or a weight problem? Their shame is in the room. What do we choose to allow in the room based on our shame? I do not have these answers yet. One inspiration I have to finding more answers came in the incredible documentary form 2016, *Embrace*. Body Image Activist Taryn Brumfitt posted an unconventional before-and-after photo in 2013 and it was seen by more than 100 million people worldwide and sparked an international media frenzy. The movie follows her crusade as she explores the global issue of body loathing. It is educational and inspiring as it invites people to change the way they feel about themselves and think about their bodies. I encourage mental health professionals to view and consider how clients walk into our offices pushed by societies non-expecting ideal with the belief that they will never be the 'right' size.

Hope for the Future

In 2008, Morgan Lazzaro-Smith published a study of Body Psychotherapy and Eating Disorders. He posed the profound question: Will therapists of any orientation acknowledge, and even incorporate, the beneficial somatic elements into their practices when working with eating disordered clients? He concluded that it makes little sense to attempt recovery without some sort of body-oriented work, and suggests that body psychotherapy offers a unique orientation and set of techniques, which can be particularly suited to treating eating disorders.

How can Bioenergetic Therapy be useful? The body of someone with BED may be viewed as a source of pain and something that needs to be controlled. There may be a sense of mistrust of the body, its urges, its hunger and fullness signals. One may also feel cut off from a sense of nourishment. Bioenergetic Analysis can facilitate deeply honoring the reasons why this body is in the shape it is in. Building a relationship, bioenergetic therapy offers an avenue to shift from opposing and fighting the body to aligning with the body. An opportunity if presented to allow the client to feel more at home in their body, to view their body as a valuable

tool, a resource, and an ally, and to repair the disconnection between mind, body, and emotions. Bioenergetics offers the opportunity to work toward a beneficial and compassionate relationship with the body and the experience of true nourishment through the depth of the therapeutic relationship. This process gives the client the opportunity to repair the young, childhood relationship that might be the catalyst to the disordered eating behavior.

“All of us in civilized countries have some shame about the body and its animal functions, but few patients talk about their shame. They are too ashamed to talk about their shame and, being sophisticated, they deny it.

Most people have some dark secrets they are ashamed to reveal, and sometimes they even hide them from themselves. Fear, envy, disgust, repulsion and attraction, when hidden because of shame, become important barriers to the surrender to love.”

Joy: The Surrender to the Body and to Life, Alexander Lowen.

In conclusion, I am not opposed to nor do I intend to negate benefits shown by other psychological treatments of eating disorders. My intention is to encourage the inclusion of body psychotherapeutic approaches such as Bioenergetics as a treatment option and to encourage longer term research that can verify its efficacy as a treatment that is less prone to relapse. In life threatening disordered eating, any treatment that shows quicker success and moves a patient out of immediate danger must be primary, and in such a situation the long-term resistance to relapse can be addressed after stabilization. In such situations I strongly support the blending of multiple modalities to offer the best success. It is time for research to be expanded to include body psychotherapeutic approaches. The facts are that there remains too little research and running long-term experimental interventions is very difficult.

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