

Bioenergetics in Human Development and Integrative Care

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Abstract

I have been developing social work involving Bioenergetics at public health and education units and in social organizations. The work includes teaching/capacity building and health assistance. Bioenergetics have proven to be a powerful resource in human development and integrative care for the individuals and groups with whom we have been working. Our methodology is based on three principles consisting of building safe bonds, Bioenergetic body work and making room for exchanging and integrating experiences through which we develop a “Pedagogy of life” that does not dissociate technical capacity building and human care and seeks to integrate equally mind and body into practices of care and teaching. For the last five years we have worked with over 1,000 people of varied profiles: public health service users; public health professional; public university students and residents; and members of traditional indigenous populations. Some of the results of this study have been published and the most visible results indicate improved life quality (expressed in different ways through physical, emotional and relational aspects) of beneficiaries and its perceived relevance in public policies.

Proposal Introduction

I have been dedicating the last 10 years of my life to working with Bioenergetic Analysis within the context of public services in Northeast Brazil. I come from a background in critical psychology oriented towards social issues rather than a clinical view. My background in Bioenergetic Analysis at Libertas made it possible for me to gather in-depth clinical view of body-oriented psychology to the idea of Social Psychology. I first worked in the area of social assistance in the cities of Olinda and Recife, in the state of Pernambuco. Then, I started working as a professor in federal universities in Recife/PE and Petrolina/PE. By means of the work in universities combining teaching, research and community work I was able to extend the work with Bioenergetic Analysis to undergraduate students in Health, residents and other professionals related to public health and education services in Petrolina/PE,

Cabrobó/PE (where the work with the indigenous population takes place) and Juazeiro/BA. Also, by means of creating networks among practitioners, researchers and managers in public health, we have been advocating for Bioenergetic Analysis in policies of Integrative and Complementary Practices (Integrative Medicine) within SUS – National Health Service.

Putting in perspective different actions, contexts and groups over a decade, I observe that the **main goal of our work and of this proposal we are submitting to IIBA prize has been to contribute towards humanization and integral care of people, from the capacity building processes to ways of caring for one's self and other individuals and groups.**

In using Bioenergetic Analysis as a resource for humanization in care relationships (in the areas of health and education services) and professional capacity building (in the areas of university education of undergraduates and post-graduates in public institutions), I have perceived the important contribution we can make to this field.

In specific terms, we consider that **humanizing is essentially ensuring the processes in the area of capacity building and health care human. And, in this matter, Bioenergetic Analysis, the work of Alexander Lowen, as well as contributions by other thinkers, help us build ways for assistance and capacity building of more human people grounded in their own bodies and potency for life.**

Our action results from a number of contributions, from our teachers at Libertas (who supported us in terms of sharing theoretical knowledge and by the practical coherence of their human attitudes, their therapeutic behavior and the examples of care) to all those who took part of the actions (practitioner with different backgrounds, students, users of public services who shared their lives through the experiences that significantly enriched not only the results of our actions, but particularly our own lives).

There is no technological innovation and no solitary attitude in our work. Everything that was carried out so far is the synthesis of several vibrating human encounters that give potency to our lives and we thus overflow the gifts along with our folks. **One of the principles we live by (one which we see as a legacy of Alexander Lowen) is that only people and practitioners who are involved in humanized relationships and integrative care practices (who do not separate mind and body) are able to live with integrity and offer such services to the population in a deep and coherent way.** Taking this simple statement as a starting point we have built

humanized environments and relationships and adopting the resources of Bioenergetics we have been offering care that integrates mind and body.

For the time being, we are going to concentrate on justifying the importance of this simple action.

Relevance

In his book *The Spirituality of the Body*, Lowen says that in pursuing a career as a doctor he expected to understand the processes of health and illness in human terms. He, however, never attained such kind of knowledge in the medicine course. Let us remember what he said:

“I was 36 years old when I entered medical school, I had been a Wilhelm Reich’s student and had been working as a therapist for some years. I wanted to learn more about the body and the illnesses that affect us, but I wanted to acquire this knowledge in human terms. More specifically, I wanted to know what role was played by the feelings in health and illness and we could explain love, courage, dignity and beauty. Although the knowledge I gained in medical school proved to be of great value, the terms I mention above were never mentioned there, nor did I find any reference to them in any medical compendium”
N.T.¹ (LOWEN, 1995, p.33).

It is clear that the problem faced by Lowen is no exception to the rule in a society that has abandoned its own natural human condition for fear of life. The consequence is dealt with in many forms in Lowen’s works and we highlight here as a key aspect the human unrooting from their own bodies. We have a medical health science that fragments the human in several parts and does not take care of individuals as a whole. We equally observe a division between mind and body, psyche and soma.

Such an education model, which was analysed by Alexander Lowen, as well as by Wilhelm Reich, produces health practioners, defines a mainstream “comprehension” of health problems, defines diagnosis models, treatment protocols and prognostic expectations. This unrooted hegemonic rationality, which often operates silently and implicitly, is responsible for an unhuman assistance and for real limitations in human care, mainly in terms of prevention and health promotion.

This unrooting has contributed for the limited perception of reality, of one’s self and of the world. The education system responsible for producing such practitioners proves to be excessively intellectualist and critical, while dividing mental and physical

T.N¹ Translated freely from Portuguese.

aspects. This attitude makes relationships less human and is harmful to all those who interact in such way. The negative implications of these relationships can be observed in the cultural habits of our society, which are harmful to life itself.

What is described here is not only a theoretical elaboration underpinned by the works of Lowen and Reich, it is the result of experience as an individual throughout my education and work. Short testimonies by some of the health practitioners with whom I have worked illustrate the unrooting of one's self by the lack of contact with the body in a simple, straightforward manner:

“In my whole life I had never stopped to breathe and think that breathing would relax my body. Breathing is essential. Working on human contact, working the issue caring for others are things that sometimes we forget on a daily basis. And the work really becomes mechanical, only the problems matter, you only see the big work load” (Nurse).

...the question of seeing the body. Which, in fact, as my colleague has said, becomes automatic and we end up feeling that we have no time for that, isn't it?! And not having time, we actually miss the simple things within us and, consequently in others. Yes... so the questions of seeing [feeling] the body were very important for me. When we started the body activities I noticed how tense I was, as if I was rusty or something, in terms of the body, being stuck in this routine of ours, of driving, of not ...really, not walking, not being involved in activities in which I took care of myself. So, I then felt I needed it.”(Psychologist).

...the way we work in health. Because we are used to that mechanical system, isn't it, Cartesian, and we were able to notice that this system often oppresses not only our patients but also practitioners. (Physician)².

These testimonies speak of the importance of body awareness, of affective and safe bonds, as well as the impact of such questions on people's personal lives and in the way people work. Such testimonies could have been given by me or by many others with whom I have worked.

Bioenergetic Analysis was undoubtedly a transformative landmark in my life both in intimate personal matters and professionally. Bioenergetics have helped me repair several divisions built along my process of socialization. And, for knowing that, although my experience is a singular one, the unrooting processes and the human suffering are huge in our society that I have adopted the resources of Bioenergetic Analysis in my work and in my life.

² These testimonies were collected during the assessment of one of the activities of Education through Care with health practitioners in the Local Health Department in Juazeiro-BA.

Basically, we are dealing with the dimensions defined by Lowen (1982) as contributions from Bioenergetics: *self-perception* or *body awareness* (that has been separated or limited at a certain moment in life); *self-expression* (that has been blocked), and; self-possession (that hasn't been developed or has been lost over time). Additionally, we are constantly working on safe human bonds (that have been weakened or established inappropriately).

Since 2011, we have received government funds to perform our actions. We started a group of complementary activities called "Projeto Integrar" funded by UNIVASF (Federal University of Vale do São Francisco), and later by the Brazilian Ministry of Education (MEC). There have also been actions sponsored by the Ministry of Health. Such projects had the aim of promoting health in different contexts, giving priority to public health units, but still interacting with communities and traditional groups (we developed actions with midwives and *quilombola* communities N.Tⁱ).

It was, however, at public health units in Juazeiro-Bahia that our actions were developed more regularly and on an ongoing basis. We carried out group work with Hypertension groups. Reich in his classic work "The Function of the Orgasm" (2003) had already observed the body-mind relation between strong emotional tension and vasoconstriction. Lowen in his book "Love, Sex and Your Heart" (1990) dealt with the topic, relating heart problems to sexuality, which in turn is related to character traits and to body energetic dynamic. The contribution made by Bioenergetics to this matter still appears to be a minor one, once the most frequent cause of mortality in the world is the heart, problems of the circulatory system. In the Public System of Primary Health Care 60-80% of the demand for care come from people suffering from high blood pressure. In Brazil, around 40% of adults have got at least one chronic disease, the most prevailing one being high blood pressure³.

As we carried out the work with hypertension groups, we also carried out regular Bioenergetic Analysis activities with drug users at a social institution which offered service to the public health system in Juazeiro-BA. The issue of drug abuse has been an important one in Brazil in past years, especially in terms of providing humanized care to drug users rather than treating them in a punitive and censoring manner.

In my own personal experience, as a former alcohol and marijuana abuser as well as a former smoker (I quit smoking as a result of my therapeutical process), I notice how

³ Data from **Pesquisa Nacional de Saúde (PNS)** available at: <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/leia-mais-o-ministerio/673-secretaria-svs/vigilancia-de-a-a-z/doencas-cronicas-nao-transmissiveis/12-doencas-cronicas-nao-transmissiveis/14127-pesquisa-nacional-de-saude-pns>

Bioenergetic Analysis resources can contribute in this area, both with the public as well as with institutions as a way to advance a Harm Reduction humanistic perspective.

Still in Juazeiro/BA working along with the Local Health Department, we carried out joint affirmative actions focusing on humanization and integrative care of health practitioners. Two editions of the course named “Humanization and Integrative Care” were held with the participation of over 100 practitioners. The basis for this work was the development through care, that is, starting from body work of bioenergetics and from making room for listening to individuals, supporting and integrating, we managed to build knowledge that was alive. We held as a principle that only practitioners who live humanistic relations and integrative care practices can offer such services to the population in a coherent and profound way.

There was a great demand for these actions to be continued but we had to stop the more regular actions in 2014 as the proposal coordinator had to be away for his PhD.

From 2013 to 2016, the coordinator pursued his PhD degree, having as a final product a pedagogical proposal called “Pedagogia da Vida” (“Pedagogy of Life”), which involves deep analysis of the experiences of human development through care using Bioenergetic Analysis, in which he had been engaged over the last decade (BARRETO, 2016). We will look at some more findings in more detail on the following section of this proposal in which we deal specifically with work methodology. This work aims in part to overcome the gap in terms of underpinnings to the practice of Bioenergetics, which is not directly a clinical practice (though it offers significant therapeutic benefits to those involved). It also helped build confidence in a certain way of working, that significantly differs from regular ways of professional formation at the institutions where we carried out our work.

Work Methodology

Alexander Lowen in his article written in the 1980s and recently published in Brazil says that Bioenergetic Analysis is about exchanging life experience in a profound sense, likened to an education process. Therapists are a sort of educator-guide who have already been to existential places clients haven't yet been to and based on their experiences therapists offer the necessary safety to support-guide clients towards self-awareness (LOWEN, 2015).

In a nutshell, our Pedagogy of Life restates that. Drawing on the clinical work done by Wilhelm Reich and Alexander Lowen, we understand that Education (even if at the

professional or technical level) can't be boiled down to conveying knowledge and training in some skills. Rather it is essentially about human formation in such a way as to allow each individual to lead a more profound and fulfilling life, while contributing to society in a more genuine manner.

Taking a more pragmatic perspective, we might be providing individuals with the tools with which they can better know their bodies and be able to listen to them. We may as well approach (depending on demand) illness and death, or even, deal with workplace relationships, anamnesis and diagnosing forma. However, we are fundamentally taking care of people so they can learn to care for themselves while learning about things and ourselves is amplified by care.

Although very often there is a script or a pre-defined theme to be approached for our work in Formation through Caring, we give priority to dealing with issues as they emerge from experiences and stories told by the individuals or groups involved. Then, as we deepen those experiences with a focus on body awareness, we can build potency for life (BARRETO, 2016).

The experiences we went through in groups in the Bioenergetic Analysis formation were practical examples of that. Also the valuable contributions I received from Jayme Panerai Alves and Grace Wanderley Correia (2004; 2015), both resulting from their personal achievements in the social field of Bioenergetics, as well as from their ongoing support and encouragement to thinking of the work of Bioenergetics in diverse contexts, were remarkable aspects in developing our approach to the work we do.

We oftentimes adopt very deep-seated Bioenergetics terminology to lay the foundations of our work; we call it "Movement Group" as the activities we do always involve body work in groups and were not meant clinical work like in psychotherapy. However, our actions were often not restricted to body work and would consist of some additional stages.

We then slowly formed what we called the Movement Group. All this work is all about carrying out group activities based on a tripod which we distinguish here for pedagogical purposes only, as they are integrated into our everyday work, consisting of: (i) setting a safe environment (agreeing and sustaining bonds of trust so that we can deepen our experiences); (ii) body psychotherapy with bioenergetics exercises; and (iii) integrating experiences (the space for sharing experiences and integrating events experienced in one's body, their life stories and and the group's. We will further detail each of these aspects of our method.

Building a safe environment is a key aspect of our method. Recent Bioenergetics studies have underlined the importance of this aspect. We first came to know this field through the theoretical work of Guy Tonella (2008) who highlights the relevance of attachment theory in Bioenergetics. Likewise, Olida Weigand's Masters dissertation (2005) approaches the object paradigm placing emphasis on the importance of Bioenergetics refraining from focusing exclusively on the drive paradigm; instead this relational perspective should also be incorporated into theory the same way Guy Tonella had done.

At the practical level, our formation in Bioenergetics gave us the chance to learn a range of holding resources and communication modes that aid in the task of ensuring and sustaining safe bonds.

From the outset we invite all individuals or groups to engage in building a safe bond for our work. We agree on a flexible work contract, define principles and values that rule our bond, and we set forth some concrete rules that favour group confidence. For all groups we start by giving priority to this aspect of the work, building a safe environment and bonds. As this environment is well established, it turns into a sort of alloy connecting everyone and enabling a deeper and richer work which is meaningful to all those involved. Everytime we notice a loosen knot we have to go back and look at it. Some exercises consisting of making eye contact or a soft and warm touch, as well as those that can be done in pairs or small groups dealing with trust and cooperation among participants, can contribute to strengthening a safe bond.

One key rule is not judging peoples' attitudes. Instead of speaking about what someone did in a judgmental way, we encourage participants to talk about themselves, how they feel about what happened, thus letting out their deepest feelings regarding the events. This simple movement makes way for powerful empathy and runs in opposition to judging.

Of course that when the safety pillar is well established, our work can flow more deeply and rewardingly to everyone. Exercises are done with greater openness and sharing and learning take place more intensely.

We shall now turn to body psychotherapy Bioenergetics exercises and how we apply them.

The work with Bioenergetics exercises can take place in a number of very diverse ways throughout our practice. They can happen in a more traditional form when we perform a set of exercises on all tension spots (rings), moving along a progressive

sequence from feet to head. These exercises are generally based on suggestions contained in A. Lowen and L. Lowen (1985), as well as the exercises book by Jayme Alves Panerai (1998) and David Berceci (2007).

However, like Lowen (1985) himself says, the exercises should be done with a view to caring and loving to oneself. For this reason, in attempting to be as mindful as possible about this aspect, we don't always follow the classical sequence of exercises.

Oftentimes we put together a body work plan consisting of a set of exercises but will find that just grounding and breathing can have such a surprising result to groups that no other exercises are needed.

On special days or events that are meaningful to the group or are related to local culture, we may adapt some Bioenergetic exercises to some body practices. An example of this is the traditional June festivities featuring *Quadrilha* folk dance in which we can integrate body work to the typical moves of the dance thus engaging all the group in familiar practices, which in turn may lead to greater surrendering to movements and body.

Generally speaking, we see body work as a powerful resource to connect oneself. Very often following body work, nothing else is left to do, individuals and groups might at that point have experienced what was necessary to them. We also notice how body work can help in strengthening bonds of trust in groups as well as makes it easier to work group energy, dealing with conflicts and delicate issues with more maturity.

It is worth highlighting that body work, despite oftentimes having a specific moment to be carried out, is taken into consideration all along the session consisting of the cornerstone that directly contributes to making sure people are fully present in the activities proposed within the Formation through Caring. Ultimately, it is the body itself that tells us what we need to learn and what needs to be done in order to offer care.

However, we are heirs of an oral tradition, particularly in Latin America where we have deep-seated orality roots. This, coupled with an academic tradition also based on speaking and dialogue, justifies the need for our third methodological component. The space for integration and sharing experiences is open for participants to speak. This space may be simply dedicated to personal accounts about the intensity and value of the work. It may as well be the chance for people to speak about their feelings and needs towards specific people in the group or the whole group. This moment can also be used to show affection towards the group, when one is feeling fragile or to provide support to someone who needs it. This is when we can find commonalities and develop empathy

with one another through listening to people's history. Moreover, when activities in the formation through caring are of a professional nature, we can take this moment to consider some of the technical foundations underpinning the work and deepen our understanding of the issue at hand, as well as to clear doubts on certain behavior in facilitating the work.

Lastly, this last component also involves the wrapping up and closing of the work. This is when participants can talk about their experiences and get ready to leave the room.

Results obtained with the work

Over the two years we conducted these activities with hypertensive individuals in the healthcare services in the city of Juazeiro (BA) we achieved significant results. In previous publications we highlighted the fact that all participants reported on range of improvements such as: blood pressure control; pain relief (migrane, insomnia and multiple muscle-bone pains); emotional gains resulting from lower anxiety and unease, improved capacity to deal with sadness and anger, increased connection with joy; and, lastly, noticeable improvement in body awareness (BARRETO et al, 2011; BARRETO et al, 2015). In another publication, through the stories told by people we tried to show how traumatic events and restrictions to expressing emotions might be directly related to etiology of hypertension. Likewise, carrying out Bioenergetic therapeutical work leads to significant improvements (LIMA, CUNHA e BARRETO, 2014).

Regarding the work done with drug addicts, body awareness and self-esteem were noticeably improved among participants. The work also provided significant contributions to improving interpersonal relations at the institution, leading to lower relapse rates in the services, that is, people could keep receiving treatment for longer periods of time. Besides, in this experience we could witness how healing it is having safe bonds, allowing for expression to develop and giving support to the hurdles drug users undergo, once most participants reported painful experiences in their family bonds (MORAES, BARRETO, 2012; LIMA et. al., 2012;).

Concerning the activities developed within the formation through caring program for professionals in the healthcare service in Juazeiro (BA), our work with Bioenergetics also presented great results. Throught the accounts and evaluations gathered throughtout the work with over 100 healthcare professionals, we could notice the following: greater capacity for self-care and, as a consequence, for caring for those

assisted by them; reduction in physical and emotional symptoms; greater trust between professionals and different sectors. The benefits emerging from this work went beyond the professional sphere, thus contributing to improved relationships within families (BARRETO et. al., 2014).

At one of the sessions in the formation offered to healthcare professionals we relied on the World Health Organization Quality of Life (WHOQOL) evaluation tool in its concise and standardised format in Brazil to assess whether the benefits produced by this work could be statistically proved in terms of participant quality of life. The findings are yet to be published but they are very stimulating. All domains directly related to our work presented statistically supported improvements over the six months of activities. Thus, we could reap as fruits resulting from our work improvements in the physical, psychological and social relations domains. The domain dealing with the environment did not present statistical alterations, which further corroborates the significant impact of our work⁴.

These experiences in healthcare services and the partnership with FLAAB (Latin American Bioenergetic Analysis Federation) have helped introducing Bioenergetic Analysis into the “healthcare practices” group in Bahia’s Integrative and Complementary Practices Policy, together with other health practices adopting a broader approach to individuals, such as Traditional Chinese Medicine, Homeopathy and Yoga.

In terms of recognition of Bioenergetic Analysis, we have taken part in national healthcare events presenting our work in Bioenergetic Analysis (BARRETO, 2014), as well as offered some demonstrations. Finally, we are currently members of REDEPICS (*Rede Nacional de Atores das Práticas Integrativas em Saúde*) which brings together policy-makers, healthcare professionals, researcher and facilitators. This network has played a major role nationally in strengthening the National Integrative and Complementary Practices Policy within SUS (National Health Service).

Going back to the specific activities in “Formation through Caring”, the work done over the past seven years at *Universidade Federal do Vale do São Francisco* through teaching and outreach, has taken Bioenergetics to many people. Counting with

⁴ A short video was made on the formation program for healthcare professionals in Juazeiro’s health service, which is available at: <https://www.analisebioenergetica.com/fla/curso-teorico-vivencial-de-humanizacao-e-cuidado-integral/> or https://www.youtube.com/watch?v=g1_caTCHjwc

undergraduation students, residents and healthcare professionals, as well as those groups linked to local social movements and teachers at state schools, over 1,200 people have been introduced to our approach. The PhD thesis (BARRETO, 2016) seeks to elaborate on some of the main gains resulting from our Pedagogy of Life, among which we must highlight: recognition of our unique and diferente work in Bioenergetics; benefits of body work for human and professional development; contributions to strengthening bonds of trust, loving relationships and freedom; the value of the educational approach that is equally caring and contributes to integrate previously split personal experiences (such as theory and practice; body and mind; human and professional; emotions and reasoning); and, lastly, we can see how our work has contributed to helping individuals connect and develop.

The methodology used to analyse these factors included testimonials and accounts from individuals who experienced the Formation through Caring with us. At the end of 2016, we created a Facebook fanpage where some of these testimonials can be found and help to show how powerful our work is (the fanpage is at <https://www.facebook.com/formacaohumanasaude/>).

Perhaps the greatest result of all is the inner experience of contributing to the lives of a number of people while making our own lives richer through these experiences. We have learnt a great deal and many windows have been opened. On the one hand, public funding and the institutionalization process are running slow though our hope isn't fading. On the other hand, the warm welcome our activities have enjoyed on the part of individuals and groups is continuously expanding and making us surprisingly happy, as we know we have to make sure we keep grounded and working within the limits of our possibilities.

2017 Action Plan

In 2017, we will continue to hold activities for the “Formation through Caring” program with UNIVASF Psychology students and residents from a range of health areas.

Another foreseen action for this year is a “Formation through Caring” with indigenous Truká teachers. Last year we carried out some Bioenergetics activities in partnership with OPIT (Truká Indigenous Teachers Organization). Following this first partnership we have put forward a project together with UNIVASF and we are currently waiting for funding. It is important to recognize that most indigenous groups in Brazil

are in significant vulnerability status due to a complex historical and political process which resulted in those old peoples in our country losing their capacity to lead healthy lives with good life quality. We believe we will learn greatly from the cross-cultural interaction of Bioenergetics and the indigenous culture.

Additionally, in 2017 we will keep offering another outreach activity in partnership with healthcare professionals seeking to introduce Integrative and Complementary Practices into the largest trauma hospital in our region.

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ⁱ N.T Quilombola Communities were founded by slaves of African origin and their descendants.