

ABSTRACT OF THE TRAINING CURRICULUM FOR AFFILIATED SOCIETIES

INTRODUCTION

Bioenergetic Analysis was founded by Alexander Lowen, M.D., and he established the Institute for Bioenergetic Analysis in 1956.

The first training manual for Bioenergetic Analysis was formulated around 1972, based, necessarily, upon the understanding of Bioenergetic therapy at that time.

A second curriculum was organized around the theme “back to basics” in 1988, reaffirming the importance of the energetic perspective and work with the body.

The third basic curriculum 2005 arose from the need to emphasize and make more explicit the relational dimension of Bioenergetic Analysis in both teaching and practice. It was a first attempt to integrate to the classical bioenergetics practice and teaching the relational work required to deal with deficits and traumas of early attachment issues.

This 2017 revision is defining a modern Bioenergetic Analysis integrating:

- the important developments in understanding acute and developmental trauma and its determinant role in the origin of emotional disturbances and embodied fragmentations as well as new ways to heal traumatic experiences
- the recent neuroscientific knowledge about brain and neurobiology’s contribution, including polyvagal theory. They validate Lowen’s fundamental principles and demand that we review traditional Bioenergetic Analysis terminology, theory and practice.
- The attachment patterns related to attachment theory and their correspondences with modes of character formation and functioning. Attachment modes and micro-practices as grounded in different forms of parental cooperation (family-alliances) with somatic- and affect attunements.

Definition of Bioenergetic Analysis

In Bioenergetic Analysis, personality functions and therapeutic processes are understood in terms of the energetic processes in the sense of motility, vitality, arousal and excitation of the body. This is the unique, distinguishing feature of Bioenergetic Analysis as a theory and as a therapy.

Bioenergetic Analysis is a deep analytic, self-oriented-relational-body psychotherapy. It is not just “body work,” nor is it psychoanalysis with some body exercises as an added ingredient.

The four dimensions of human reality - bodily, psychic, relational and social are all recognized in the therapeutic situation and procedures.

“It integrates a work with the body, with the patient’s interpersonal relationships, and with his mental processes; each of which is correlated and interpreted in terms of the others... Bioenergetic Analysis starts with the reality of the body and its basic functions of motility and expression.”

A. Lowen, New York, 1963

Mobilization of the energetic vital processes of the body is the axis around which other dimensions of therapy articulate.

Bioenergetic Analysis is a system of therapy with a theory and a set of techniques arising from that theory. It can be applied in diverse clinical situations. Because Bioenergetic Analysis is relational, there is a focus on the person of the therapist rather than on the techniques, since an appropriate use of the techniques is closely related to the therapist's ability to be in touch with his deeper Self in the therapeutic moment.

New developments and variations are possible within Bioenergetic Analysis, and therapeutic efficacy depends on the skills of the clinician.

Here is how Bioenergetic Analysis is defined on [IIBA website](#):

Bioenergetic Analysis is a specific form of body-psychotherapy – based upon the continuity between body and mind – rooted in the work of Wilhelm Reich and founded by Alexander Lowen.

Bioenergetic Analysis basically combines a bodily, analytic and relational therapeutic work, based upon an energetic understanding.

Bioenergetic Analysis helps to release chronic muscular tensions, manage affects, expand the capacity for intimacy, heal sexual difficulties and learn new, more fulfilling ways of relating to others. Tenderness, aggression, assertion – and their confluence in sexuality – are seen as core lifesaving

forces. The therapeutic relationship provides a place of safety in which healing begins.

The therapist reads the body, resonates with its energy, feels the emotions, listens, hears and answers the words. The language of the body (posture/gesture, breathing, motility, expression) is on focus as it indicates the status on the way to personhood – from the past to the present and future. Techniques are used which address the energetic aspect of the individual, including her self-perception, self-expression, and self-possession. These also include work with body contact, boundaries, grounding, and the understanding of muscular tensions as indications of somatic and psychological defenses against past trauma. The goal of therapy is more than the absence of symptoms - it is having aliveness, getting a taste of pleasure, joy, love – vibrant health.”

Basic Principals of Bioenergetic Analysis

- I. All affective human experiences are body events.
- II. Energetic processes (vitality, motility vibrancy, excitation, arousal, pulsation, flow, streaming, centering, containment) underlie and determine affective experiences. They constitute the foundation of the psychosomatic unity of a person. This perspective is not dependent on a specific conception of the nature of energy but we regard it as a physical phenomenon or manifestation of physical energy (according to Lowen in Language of the Body).
- III. Psychic, physical and relational processes are fundamentally related and in mutual interaction. This means that, while one deals directly with one dimension, it includes the others indirectly.
- IV. The bodily self is rooted in the sensorial integration of proprioception, equilibrium, tactile sensation together with interoception of inner organs and internal milieu.
- V. The focus in the clinical approach is upon the connection between the energetic process of the body and the analytical and relational process of the therapeutic procedure. The key to understanding personality is bodily, vitality and expression.
- VI. The history of a person is structured in the form and motility of the body. Trauma, deficits, and conflicts are understood in a developmental context as the origin of emotional disturbances and characterological patterns.
- VII. Change in personality is based on an energetic change in the form and motility of the body, along with changes in relational patterns and personal expressivity.
- VIII. The individuality of the person is emphasized, not the character type.
- IX. Attachment (dual and triangular) and Sexuality are the cornerstones of personhood.
- X. Relationship is a fundamental component of the therapeutic process: Every therapeutic process occurs within the context of a relationship, which implies that therapy is not just what the therapist does but who the therapist is, in relation to the patient, and that relationship within the therapeutic process is central to the success of the therapy.

“Relational” refers to the interaction between client and therapist as they form a psycho-neuro-affective system. These interactions use three specific modalities: intersubjective, analytical and transference.

The relational dimension of Bioenergetic Analysis has always been considered to be a central therapeutic agent. The interactions between patient and therapist are central in therapeutic work. These principals are inherent in the character analytic approach of Wilhelm Reich, from which Bioenergetic Analysis originates.

Attachment, affective attunement and cooperative attunement concepts and research add new meaning to the importance of therapeutic relationship.

The acquisition and development of the self are determined by early bonding experiences. A primary “interactive emotional regulation” is a fundamental mechanism of psychobiological development.

Personal therapy as well as continued experiential body work are pillars of the training process. The goal of the training is to help each trainee to develop him/herself as a “therapeutic person”, which means having the capacity to provide a safe, contactful therapeutic container for therapeutic work.

To be a therapeutic person requires the ability to attune to the client’s relational needs and to be a partner within an interactive and emotional regulation in order to develop a relationship with the client that is new, real, specific and promoting of psychosomatic growth.

Through the therapist’s attunement and resonance to the client’s body and rhythm, developmental levels of functioning and relationship needs, an interpersonal relationship is formed influencing both parties in a dialectical interplay between two subjectivities.

The importance of relational work needed to heal attachment, bonding and cooperative deficits depends on their severity.

- XI. Trauma is an important aspect of the therapeutic process: by addressing the critical role of the body in enduring and healing traumatic experience, Bioenergetic Analysis is closely connected to the stream of somatically based trauma therapies that developed since the 1990’s.
- XII. The specificity of abreaction and catharsis, its usefulness and its limits when working on trauma, has been reviewed within the BA community in view of new knowledge about the neurophysiology of trauma. It emphasizes the need of titration and/or the need to calm down the autonomic nervous system in order to deal with PTSD. Other forms of somatic trauma healing methods open new avenues to be integrated to classical bioenergetics work.
- XIII. Different types of memory codify the personal history and its memories since birth and probably before birth. Body experiences are specially codified in analogic implicit procedural memory and Bioenergetic Analysis, working with the body, stimulates specifically procedural memory and memories unattainable through representations or words. In a traumatic event it is characteristic that the explicit, declarative memory is deactivated while the implicit, declarative memory is activated.
- XIV. Effective teaching stems from the teacher’s experiences gained through working with his/her own body and his/her own character, attachment and cooperative patterns. Effective therapy and supervision have the same basis.

GENERALITIES

- I. The present curriculum outline is the basic core curriculum for all training programs affiliated with the International Institute for Bioenergetic Analysis.

For certification to be meaningful, all trainees receive the same curriculum and meet the same set of standards. The curriculum needs of different regional groups in regard to legal, cultural, and other issues have to be in addition to this curriculum which is the basic core structure.

- II. This curriculum is part of a package of official papers of the IIBA.

This package includes: the certification guidelines with the minimal training requirements, description of the organization structure, and the Code of Ethics.

- III. Bioenergetic Analysis training is a post graduate study program for psychotherapists.

Since many programs include students that did not have the required background in professional psychotherapy training, we recommend that the societies explore the option of additional and complementary programs to develop basic skills in psychotherapy and basic knowledge in developmental psychology and psychopathology.

We recommend also that the period of training be 5 years. (This is already the case for the majority of European and South-American programs.) The curriculum is divided into a pre-clinical section of three years and a clinical section of two years.

A training of four years, fulfilling the basic requirement of a total of 80 training days is also acceptable, according to the training guide lines.

A Modular format may also be applied according to the need and convenience of local societies.

A combination of presential and virtual forms of teaching and learning is also acceptable, respecting a minimum of **80%** presential hours.

- IV. Training in Bioenergetic Analysis is essentially experiential, allowing for learning from “the inside out.”

Especially in the preclinical phase, demonstration therapy sessions are to be done by trainers, and exercises are used frequently. This should be followed by experiential work done in pairs, triads or small groups of students.

The ability of a therapist to use Bioenergetic techniques can only develop from personal experience. Small variations in the thematic material help students grasp essentials and sort them out from the non-essentials.

The emphasis in training is in teaching/illustrating/helping the students experience the basic dimensions of Bioenergetic Analysis, i.e., there is a constant emphasis on experiential teaching.

Videos are also helpful as complementary teaching material.

During the clinical phase, rather than doing sessions or demonstrations in front of the group, the role of the trainer evolves to become more that of a supervisor of the experiential work/sessions that the students do in front of the group. Teaching develops from the material that comes up in the trainees' work.

V. Teaching in Bioenergetic Analysis is done in a group setting.

In the group, trainees are immersed in a charged energetic milieu, allowing them to accommodate higher charge, increasing the capacity for expansion/contraction and charge/discharge, and increasing the ability to tolerate and contain the strong affects of the Bioenergetic process.

The group has an important role in training and the group experience is a central aspect of the training. Relating to the importance of relationality, the group setting is considered as an integrative and fundamental part of the learning process.

A certain amount of group process is essential in Bioenergetic training in order to provide the opportunity and environment for students to confront and understand their own personal history of relating by experiencing group process and group exercises in which their patterns of relating to self and others are explored and understood from a relational and Bioenergetic perspective.

However, the Bioenergetic training program does not provide group therapy nor training in group therapy. Yet it should pay attention to the process and deal with the conflicts and lateral transferences in the group that interfere with the primary mission of the group which is learning the art and craft of Bioenergetic theory and therapy.

VI. Note on Exercises.

A series of exercises should be part of every training session. This will enrich the training program, add to the trainees' learning about their own bodies and help them develop the confidence to conduct exercise classes with their own patients.

VII. Written Reports of Training Workshops.

It is highly recommended that trainers write reports on their training workshops so that their experience can be shared with other teaching faculty and possibly with the local teaching committee.

VIII. Written Assignments.

It is highly recommended that written assignments for various phases of the training program be developed. This is a way of making concrete to both trainees and trainers how much teaching material has been absorbed and integrated.

IX. Seminars may be presented by students, prepared in small groups, with the duration of 20 minutes, based on chapters of Lowen's books and other Bioenergetic literature selected by the local teaching committee.

CONTENT

Pre-Clinical Phase

Comprehending the fundamentals of Bioenergetics

Content to cover

Bioenergetic Analysis: History and basic concepts

Evolution of the energetic concept

Evolution of the therapeutic procedure

Evolution of relationality in bioenergetics and new developments

New developments of the concept of Self

New developments of neurophysiology related to emotions and trauma

Anatomy and new developments of anatomy

Bioenergetic Analysis basic issues: neurobiological self-regulation and techniques

Energy and grounding

Energy and breathing

Energy and movement

Energy and emotional expression (self-expression)

Energy and sexuality

Energy: connecting the head

Bioenergetic Analysis basic issues: interpersonal regulation and techniques

Attachment theory

Theory of the Primary Triangle and family alliances/ the cooperative strand of development

Bioenergetic Analysis basic issues: trauma, regulation of post-traumatic stress (PTS) and techniques

Trauma theory

Resources and techniques

Resources and techniques from other sources

Bioenergetic Analysis: basic tools

Reading the Body with the Major Focus upon Seeing and Understanding

Using body mobilizations as embodiment techniques

Trainee skills to develop

Understanding the developmental process and the associated deficits, traumas, conflicts

Content to cover

The tasks of Prenatal, Natal, and Immediate Postnatal Period

*Aspects of pre and postnatal life: nature of the newborn
Interferences and consequences*

The tasks of Oral-Sensorial-Attachment Period

*Aspects of the oral period
Interferences and consequences*

The tasks of Tonic-Anal-Separation-Individuation Period

*Aspects of the intermediate phase
Interferences and consequences*

The tasks of Oedipal and Infantile Genital Period

*The Genital and Oedipal phase
Gender and homosexuality
Interference and trauma in the Oedipal phase
Observing the effect on the body of disturbed sexual development*

The tasks of the Adolescent Period

Trainee skills to develop

Character

Content to cover

Towards a Comprehension of Character formation and organizing principles

Generalities

Approaching character through the body

Approaching character through fear and anxiety

Role of positive emotions and affective states in relation to character

Character Structures

Definition, formation and function of character structure

The basic character structures and their manifestations

Character structures and character strengths

Precautions teaching characters

Character and culture

Trainee skills to develop

Clinical phase

Content to cover

The setting of Bioenergetic Analysis

The Bioenergetic Analysis session

The therapeutic process: generalities

The uniqueness of the individual

The nature of the therapy process: a relational developmental process

Dreams in Bioenergetic Analysis

The question of illness

The therapeutic process: the therapeutic relationship

Working with resistances

Working with defenses

Working with sexuality

Working with resonance, intersubjective relationship, transference and countertransference

The therapeutic process: the therapeutic phases

Beginning issues

The treatment process

Termination issues

Exercises

Selected topics

Adult development

Specific traumas (PTSD)

Physical abuse

Sexual abuse

Crisis intervention

Psychosomatic diseases

Bioenergetic Analysis and other specific pathologies

Gender issues

No cutting edge topics

Note concerning supervision during the clinical phase

Format for a session in the final year

Criteria for a session to demonstrate certification of readiness

Trainee skills to develop