

***SHAPES OF EXPERIENCE -
neuroscience, developmental psychology and somatic character formation.***

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“I am not saying that the mind is in the body. I am saying that the body contributes more than life support and modulatory effects to the brain. It contributes a *content* that is part and parcel of the working mind.”
Damasio (1994), p. 226 (his italics).

Abstract

This article compares findings in developmental neuroscience and infant research from 0-2 years with five basic somatic character structures derived from the slightly varied descriptions of development in three somatic character systems: Bioenergetics, Hakomi and Bodydynamics. These comparisons show: 1) a strong correspondence between neuro-affective development, posture, and behavior of misregulated children and the somatic character structures for which that age is considered a formative stage, and 2) that the developmental stages traditionally described as oral, anal and oedipal are - contrary to current characterological thinking -- activated before the child is 2 years old.

Introduction

Like traditional analytical character theories, most somatic character theories rest on developmental psychology. They posit that with the formation of emotional and psychological patterns there is a formation of motor habits and 'energy' patterns in the body, which develop according to key interactive patterns throughout childhood. Body psychotherapists assume that central parts of the personal narrative are accessible only in the inner sensory field, and that they are existentially grounded in the person's motor patterns and habits.

A widespread misunderstanding about somatic character theory is the belief that it claims that body structure creates personality. The true

theoretical foundation of somatic character development is that experience shapes the body as well as the psyche in coherent and characteristic ways. Put differently, all experience has somatic components which shape neuro-affective habits, while experience and affect both shape neuro-motor habits.

In somatic psychotherapy, the body is considered to be an essential part of the story of the psyche, but definitely not the whole story. In reading somatic character structure in the adult or older child, the therapist is reading stages of affect and affect regulation visible in the motor system, and 'reasoning backwards' from there. If a person is showing postures, movements and gestures typical of a certain developmental age and interaction, the therapist assumes that corresponding states of neurological activity, self-representations and affect (psychosocial character) are present to some degree (Bentzen, Bernhardt and Isaacs, 1996). As in the usual psychodynamic approach, the therapist relies on the verbal narrative of the client to flesh out the story of the postural habits he is seeing. Reich said that character is frozen history. Perry et al. (1995) state: “EXPERIENCE CAN CHANGE THE MATURE BRAIN – BUT EXPERIENCE DURING THE CRITICAL PERIODS OF EARLY CHILDHOOD *ORGANIZES* BRAIN SYSTEMS!” (Capitals and italics theirs.)

Somatic character theories view a specific character structure as shaped both at the age at which a certain neurological and interactional maturity develops, and also by those earlier and later experiences – including current life-style - that resonate with *theme* and *level of processing and interaction* inherent to that maturity. Any individual with normal levels of brain function will thus show elements of all the character structures.

Three systems of somatic developmental character structure

There are many different systems of somatic character. Reich (1949) began to work with the body in the 30's, and developed the first system of psychodynamic somatic character structure. All later schools have built on, or been influenced by, his concepts. In the following I will use three systems that are organized primarily from a developmental understanding, and which are also taught in trainings in Europe and North America. All three systems are still refining and changing their theories.

Bioenergetic Analysis (henceforth called Bioenergetics) is directly descended from Reich's work. Lowen's first popular book about character, "The Language of the Body", was published in 1958. Most other somatic character systems have been strongly influenced by this system, and for the reader from a non-somatic background the relationship to traditional psychoanalytical character is fairly obvious. Over the years, however, it has abandoned psychosexual charge as the central concept and embraced attachment theory, with flow and muscular blocking as a response to developmental thwarting.

Hakomi was developed by Kurtz and his staff in the mid-70s. It introduces the idea that character traits may be seen as overdeveloped skills as well as traumatic regression. It focuses on development as the learning processes of a self-organizing body/mind system, which requires certain healthy experiences to mature optimally. Character formation may then be understood as constructive attempts to cope with unhealthy formative interactions. Hakomi thus emphasizes more positive aspects of character.

Bodydynamic Analysis (henceforth called Bodydynamics) originally developed out of a northern European tradition of psychomotor developmental awareness work. During the 80's, Marcher and her colleagues combined psychomotor development with Bioenergetic character theory and developed a model based on motor and psychological child development, and a corresponding theory of specific muscle activation. 'Mutual connection' is seen as the basic drive rather than sexuality. The response of the environment to this basic drive determines whether healthy or unhealthy character develops.

There is a great deal of overlap between these character models, and each also has concepts that are unique to it. Since this paper functions as a brief

introduction to somatic character, the main focus will be on areas of general agreement and some basic body concepts, rather than on details and differences between the systems. Unfortunately, this means that I will not devote any space to healthy character, which is a strong focus in both Hakomi and Bodydynamics.

I will be outlining five structures described by all three systems:

- I. schizoid (- hysteric),**
- II. oral,**
- III. psychopathic,**
- IV. masochistic and**
- V. rigid (phallic and hysteric).**

Although there is widespread dissatisfaction with these pathological labels, I will use them in this article because there are no other universally known 'tags' for somatic character structure. All three systems present two structures at some or all character levels, such as early and late, or compensated, oral. Bodydynamics, inspired by the earlier work of Johnsen (1975) on developmental resource, defense and resignation in the body, has two positions at each developmental stage: an early, more resigned and posturally collapsed one and a late, more controlled and posturally tense one. However, all three systems use the general postural concepts of collapse and flaccidity as well as that of muscular tension and character armoring.

In this article, I will outline the following points for the first two years of development: Elements of neuro-affective development, clinical descriptions and studies of children, and somatic character structures assigned to each developmental stage.

I. Pre-and neonatal development: the autonomic nervous system, early infant contact disturbances, and the schizoid-hysteric traits.

Stephen Porges (1998) describes three phylogenetic stages of neural development in the autonomic nervous system and three corresponding levels of emotive and interactive behaviors. The autonomic nervous system is the part of the brain that matures first. The first two aspects of the autonomic nervous system are active at birth, and the third matures during the first 6 weeks after birth.

The first stage is the primitive, *unmyelinated vagal parasympathetic* system, which activates digestion and responds to novelty or threat with a reduction of metabolic output and immobilization (freezing).

The second stage is the *spinal sympathetic* nervous system, which can increase metabolic output and inhibit the action of the primitive vagal system on the intestine, allowing “fight or flight” behaviors to emerge. The third stage is the *myelinated vagal parasympathetic* system, uniquely mammalian, which can regulate metabolism to allow fine-tuned engagement and disengagement with the surroundings. It controls facial expression, sucking, swallowing, breathing and vocalization. It also inhibits the sympathetic action on the heart, supporting calm behavior and pleasurable interaction.

The myelinated, social vagal system is active under conditions of normal interaction, for instance when the baby smiles, gurgles and makes different noises to invite food, sleep or play. When the child is stressed, this organization gives way to the phylogenetically earlier fight-flight system. In the infant, this first means crying, and increased startle and gripping reflexes. With more intense activation, the infant screams while flailing and twisting in an increasingly disorganized manner. Finally, if there are no outlets for fight or flight responses, the most primitive system and the dissociative parasympathetic coping strategy become dominant. The infant withdraws, becomes passive and quiet or immobile, and shows little or no interest in contact or food.

According to Perry et. al (1995) the infant has two separate reaction patterns to severe stress. His descriptions correspond to Porges’ levels of activation. The first is a sympathetic arousal state and the second is a parasympathetic dissociative state. When the infant is frightened, his heart rate and breathing increase, his blood pressure goes up, he becomes alert and he cries. This is the fight or flight response, Porges’ second phylogenetic stage of arousal. If the arousal state of the infant is not regulated after a while, he will dissociate, withdraw from external stimuli and become extremely passive. The intense sympathetic activation is still present, but the parasympathetic inhibition overrides it. This is the action of the first phylogenetic stage of the polyvagal system. The infant is in a state of highly activated, frightened helplessness and resignation.

Broden (2000), director of a treatment facility for disturbed infants in Sweden, describes the traits and attachment styles of infants with ongoing unregulated stress. Following the attachment research of Ainsworth and others, she describes children in three states: over-passive, over-active and stable.

Broden states that the typical ‘over-passive’ infant in her practice (corresponding to the parasympathetic, dissociative state and the schizoid structure) does not fuss, rarely invites contact, and seems content when left to his own devices. He is disinterested in food and pleasurable activities, but likes to spend time alone in bed. He is slow to engage, and rarely smiles. Even when staff members pick up this child for a cuddle, they usually put him down again quickly because he has no ‘molding behavior’. He doesn’t cuddle up to the body of the adult, and this makes him seem to reject the contact. He does not have the spontaneous responses which make contact rewarding for others, so they often disengage after attempting a few times to elicit some welcome. - Broden emphasizes that she is describing contact-disturbed infants and not autistic ones.

The ‘stable children’ in Broden's practice are managing conditions of insufficient nurture very well. Their biological functions and rhythms are simple and stable, they are easy to feed and get to sleep, and they adapt well to changes. They are described as actively ‘helping’ their mothers with their over-expressive signals, frequent smiles and generally positive response. Deprived of sufficient maternal response, they readily turn to others and greedily absorb contact and nurture.

The motor patterns of these infants are staccato and uncoordinated. Deprived of maternal holding, Broden reasons, they ‘hold’ themselves with strong tensions in back, shoulders and neck. The staff has nicknamed them ‘swan-neck children’, because of their long necks and tendency to hold the head stiffly. These ‘stable children’ have trouble relaxing into holding and contact, and instead seem to stay ‘on alert’ and to take an unreasonable amount of responsibility for the contact, particularly for eye-contact. In terms of physiological activation, these infants show a fairly high level of sympathetic arousal, but still organized in contact strategies.

The 'overactive' infants have extreme and diffuse movement patterns, and may even seem spastic. The facial expression is worried and guarded. They actively resist body contact and eye contact, and the general activity level is very high and avoidant. They seem generally unsatisfied, and often go into incomprehensible states of crying and screaming. They are easily frustrated and upset, and difficult to calm. It is difficult for them to wait for food, and meals are like battles. When fed, they are often so upset that they have trouble settling into eating, and then quickly tire. Often they gulp their food and then throw up after eating. The infants' biological rhythms are very irregular and they are easily disturbed and upset. These infants live at the physiological level of disorganized sympathetic activation and fight/flight response.

Bioenergetics describes the developmental stages as having a 'hierarchy of needs' not unlike Maslow's self-actualization pyramid. The basic need during intrauterine and early postnatal existence is the 'Right to exist', - which is internalized through being welcomed (Lowen, 1958, Mac Intyre and Mullins, 1976, Ingen-Housz, 2003). Since the infant is completely dependent on parental figures for emotional as well as physical nurture, other schools emphasize that this right only has meaning when described as a 'right to exist and belong with someone'. When this right is threatened, *schizoid* or *hysterical* character elements result. Both respond to a 'threat of annihilation', but where the schizoid structure emerges from ongoing hostility, coldness or abandonment, the hysterical structure is generally understood as an adaptation to sudden, less constant, traumatic events. These distinctions correspond well to Porges and Perry's assertions that the infant first reacts to stress with sympathetic fight/flight arousal and only withdraws into parasympathetic dissociation when the threat is perceived as more constant.

The pre-nate and neonate infant has no sense of separate self, and is completely dependent on his caretaker for basic modulation of arousal. If he is frequently abandoned or treated with hostility, he habituates to a constant level of fear and distress as his 'normal' resting state. This is thought to be the most common formative dynamic of the schizoid character pattern. Isolation impacts the emerging self-regulation, and if the infants' experience is not offset, the later formation of internalized objects of self and others will be hostile and depersonalized. Adults with schizoid

traits describe their inner experience of the self as alien, disconnected, fragmented and deadened. The person is primarily identified with the mind and often distrusts and dislikes the body and its unruly feelings. The social world and other people are felt to be alien, stressful or innately hostile. As Lake (1966) puts it: "Saying good-bye is like getting a new lease on life." If this person suddenly gets in touch with excitement and feelings, he may not be able to regulate them. These states then become synonymous with intolerable levels of arousal, terror, rage, destruction and/or pain. Under extreme stress he may dissociate further into flares of rage or terror.

The schizoid posture is characterized by deep holding patterns in the core of the body, and a habituated parasympathetic dissociative activation, which leaves the skin and the extremities cold. Movements are often stiff and clumsy, and there is little spontaneous movement. Even when he is trained in athletics or dance, his movements are outer-directed (which corresponds to later cortical control patterns) rather than inner-directed (corresponding to early neuro-motor integration). His breathing is shallow, and the general physical impression is of a person who has withdrawn as far as possible from aliveness. Like Broden's 'passive' infant, the schizoid structure does not know how to shape himself to touch and physical contact, and his body seems unresponsive to closeness. He often avoids mutual eye contact. Even when he does meet the eyes of another, his gaze seems unfocused, and the other has no feeling of an emotional or contactful meeting. Reich viewed the schizoid character structure as having a primary blocking around the eyes and in the sub-occipital orienting muscles of the neck. The body is characterized by deep, 'frozen' holding patterns in and around the joints, twists and significant differences of organization between right and left side, as well as between different parts of the body. This somatic pattern has elements of the disorganized flailing of the infant in severe sympathetic distress frozen in a matrix of dissociated primitive parasympathetic inhibition.

Often, the basic autonomic rhythms are in disarray: sleep patterns are fragile, digestion may be too rapid, and a complaint of constant loose stools or incontinence is often heard.

SCHIZOID SOMATIC PATTERN

Formative age: 2. trimester to 3 months (Bodydynamics).

Also called the tactile or ocular stage of development in other systems.

This infant is born 5 weeks early, and shows some very early neurosomatic organization, governed by the unmyelinated parasympathetic vagus. He has some muscle tone and beginning reflexes, which make him flex his legs and fingers and turn his head, tilting it a bit backwards.

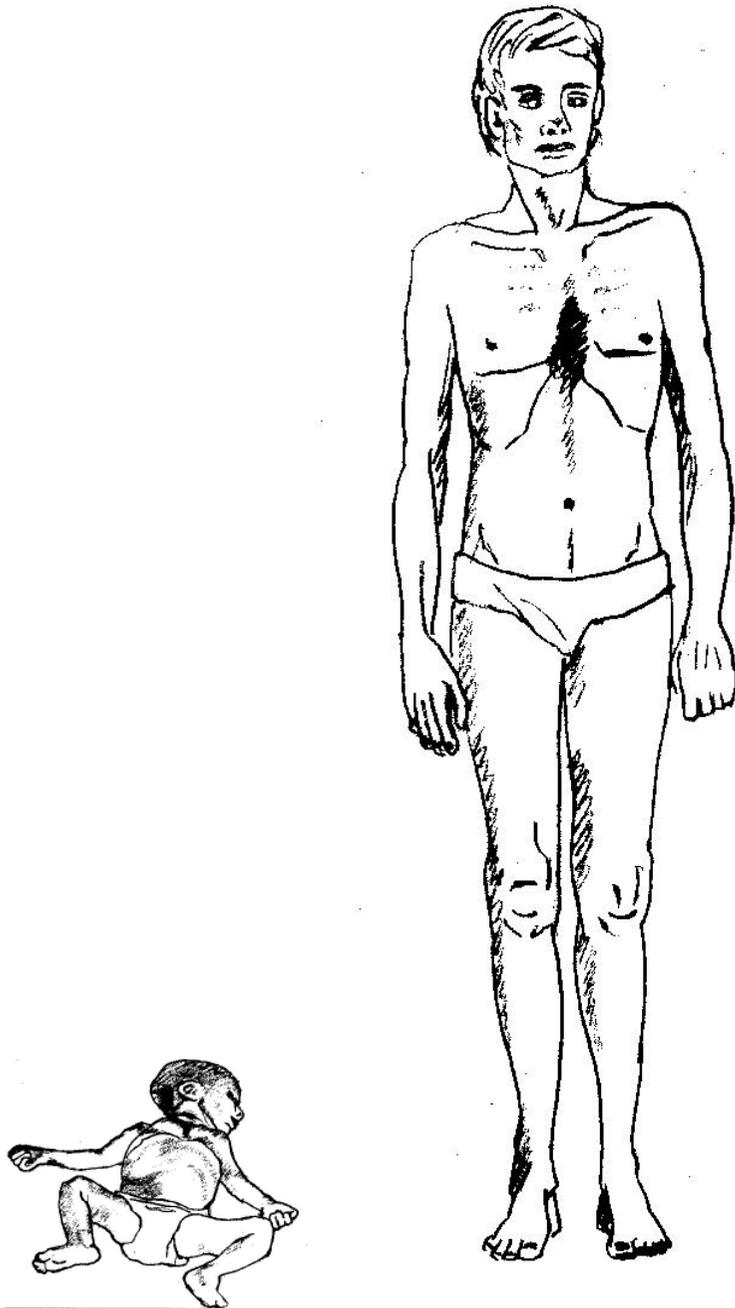
'The schizoid structure is shaped by threat of annihilation' (Bioenergetics).

This man has been asked to stand straight. His posture shows the asymmetry and twists of the schizoid pattern. There is little evenness between the right and left side of the body. The arms and legs are stiff and have little charge. His gaze seems unfocused and distant. The main aliveness is deep in the torso and in the head. He seems to have little natural muscle tone. In somatic character reading, this posture translates into: holding together against fragmentation, and contraction towards the body core and into the head. The posture shows strong tension at the base of the skull, corresponding to the activation of the earliest startle and orienting reflexes.

Drawings sketched from photos in Bentzen (1968) and Hviid (1992).

Some character structures are described in similar ways in different systems but assigned to different developmental stages. Most notable is perhaps the *hysteric*, which Bioenergetics and Hakomi describe as a genital or oedipal structure. Bodydynamics sees the hysteric as part of the schizoid or existence structure, a result of 'the schizoid-hysteric split' first described by Lake in 1966. Boadella considered the schizoid versus the oedipal theory of the hysteric structure in 1974 (lecture, printed in 1986) and pointed out that an infant who feels compelled to fling himself into contact for dear life is quite likely to expand his survival strategies with flirtatious and seductive behavior when he reaches the oedipal stage. The two explanations are then understood as complementary rather than mutually exclusive.

When deeply frightened, an infant will flail, scream and 'try to grab' his parent with his eyes and intensified gripping reflexes. If this feeling of threat and coping strategy is internalized as a representation of being-in-the-world, the adult is likely to feel threatened by fairly small separations



and upsets. He will respond with strong contact-hunger, emotion and excitement, in an attempt to get the interpersonal closeness that will help him feel less threatened. This is the inner landscape of the adult hysteric structure. "Saying good-bye is like dying" (Lake, 1963). The primary identification is with emotions, relationships and the body. Often the person distrusts the mind and its silent machinations.

According to Lake it is only when the threat becomes pervasive and seemingly unending, giving a sense of 'no way out', that the individual will withdraw into himself and into the state of the schizoid structure described above.

Bodydynamics describes the adult hysteric (emotional existence) structure as 'looking as if he has a small head' and Hakomi (Ogden, 1985) describes the schizoid as having a long neck. Johnsen and Bodydynamics find that the early gripping reflexes in the hands and feet as well as early neck reflexes are often also present. As in the schizoid, the body characteristics of this structure are fragmented, but more symmetrical. Joints are typically over-flexible rather than stiff. There is lots of facial animation, expressive body movements and lots of emotion.

Several somatic systems warn that this structure can be incorrectly assessed as healthy in traditions that rely heavily on encounter, contact intensity and emotional catharsis, all of which this structure "does" impressively well.

The overactive infant described by Broden has no direct counterpart in the developmental somatic character systems. Lake, however, describes the schizoid-hysteric condition as a split branch, in which a person 'flips' between the two stress responses of sympathetic and parasympathetic override. Both the schizoid and the hysteric structures can have elements of the overactive pattern. The hysteric generally lives in a continuum that reaches from a sympathetically charged, survival-motivated socialization to a desperately or chaotically agitated sympathetic fight-flight arousal with sudden dissociated pockets. The schizoid generally lives in a continuum that begins in the dissociated parasympathetic state and may be overridden by the chaotically agitated sympathetic fight-flight state under extreme stress. If the person has more contact-seeking characteristics, he will generally be assessed as more hysteric, while the contact-avoidant individual will be assessed as more schizoid.

II. The first year: the maturation of the limbic system; "schemas-of-being-with"; and the oral-depressive and oral-paranoid structures

In terms of neurological development, the first year is characterized by explosive neuron growth. This growth is intimately shaped by the specific life conditions and interactions in the infant's new social environment. The primitive brainstem structures are already functioning, and the mammalian vagal system will mature during the first several weeks. At around 6 weeks, the infant is capable of interactive facial and eye expressions, which makes mutual gaze interactions possible. The amygdala, a part of the limbic system that is already active at birth, gives the infant the capacity to have emotional experiences linked to outer events. Although the amygdala is known for its function in *aversive* conditioning, this ability only matures some time after birth. This maturation difference permits early attachment regardless of parental behavior (Schore, 1994). Until the capacity for aversive learning has matured, the infant will continue to turn towards an insufficient or abusive caretaker, but will respond with stress and fear while doing so (Sullivan, et. al, 2000).

The amygdala is central to forming emotional memories. Damasio (1994) and LeDoux (1989, 1994, 1998) point out that it receives input from many other brain structures. During the first year the amygdala ripens to process and coordinate sensory and kinesthetic information and emotive response (later in life it also assesses information from higher cortical areas of the brain, allowing more considered responses).

The orbitofrontal cortex undergoes rapid maturation from birth to around 18 months, and is central to the ability to form attachments and relate in meaningful sequences. This part of the brain handles emotional evaluation. Positioned between the limbic system and the frontal cortex, it is central to the capacity for self-regulation of affect and the regulation of the autonomic nervous system, while also forming the basis of cognitive assessments. The inner state of caretaking strongly activates the fronto-limbic cortex in the caretaker. In the infant, the orbitofrontal cortex is strongly involved in the internalization of love and safe caring.

A number of motor skills are central in the development of the infant during the first year. In the earliest months the coordination of sucking and swallowing is established, as well as that of eyes, neck and facial

expression. These abilities are crucial to the infant's contact with his mother and to his ability to follow her with his eyes. He is also exploring the rest of his visual world, and as voluntary reaching, gripping and handling overrides his inborn gripping reflex he can reach for and handle the things he sees. Letting go is more difficult, and is learned between the 5th and 12th month. Around 6-8 months, after some intensive training sessions of simultaneously lifting arms, legs and head while belly-down on the floor, his spine strengthens to the point that he can actually sit up straight. This heralds the beginning of rolling, scooting and creeping, which quickly give way to crawling, standing and walking with hand support as his legs begin to hold his weight and their coordination improves. He launches into exploring the world, his capacity to handle arousal grows and his needs differentiate. The loving, regulating and encouraging caretaker shapes the emotional tone of the sense of self that he develops during these processes.

Stern studies mother-infant interaction during these crucial months. His phrase 'schemas-of-ways-of-being-with' is a term for the internalization of early contact experiences. He describes the following interaction as typical of an infant with a passively depressed mother, not an agitated or anxious one, who has become so after the infant has some experience of normal behavior and developed some schemas for it.

The infant attempts to engage and 'reanimate' the mother, but is unsuccessful. He then responds with resonant affect and motor changes: his posture deflates, his positive feelings drop and his face falls. Stern describes this as a 'microdepression'. He makes the point that this microdepression is not only a response to lack of stimulation, but an imitative, resonant or contagious process. At the neuro-affective level, this is an example of the interpersonal dynamics of 'limbic resonance', and the ways that emotional states are transmitted at this neurological level¹.

¹ Also of neurological interest here are 'mirror neurons', recently discovered in the area of the premotor cortex near the speech center (Rizzolatti et al, 2000). They fire when one sees others engaged in some activity. It has been proposed that they are likely to exist at more primitive levels of the brain, and may be involved in early imitative behavior and empathy.

"The two phenomena - being with via identification and imitation and the experience of depression - become linked in a single moment of subjective experience." (Stern, 1995, p. 101) When this happens repeatedly, the infant establishes a schema of being-with-mother, a norm, in which he imitates more and loses self-agency as well as positive affect and motor competency.

Stern then goes on to describe a condition he has investigated in adults: that once this schema is in place, the desire to be with someone will in itself trigger the microdepression. - Stern repeatedly and decisively points out that the infant is not a telepath, and that he cannot know the mothers' fantasy world. What he *can* know is how she is responding to him. This he knows intimately and minutely in the delicate dance that they share. Stern here mentions the difficulty of having an observer correct a poorly attuned mother in this attunement process. - Corrections make her self-conscious and awkward, and the dance is lost, with mother and child still struggling.

During the first 6 months of life, the infant is primarily interested in dyadic contact, and develops schemas for all his family members as well as the recurring events in his life and their variations. In the second half of the first year, the infants' ability to handle excitement grows enormously. His grasp of his inner and outer world is becoming increasingly differentiated and complex. At around 6 months, his interest turns towards the object world, and the role of his mother changes from primary focus to one point in a triangle: the triangle of mother, infant and the play thing or other person under investigation. Both this triangle and the differentiation require much greater flexibility and maturity of the mother. Her baby needs her to correctly read and care for his differentiating needs and feelings, to be in affective visual contact when needed, and to be both safe companion and delighted supporter of his exploration of the outer world.

In the 'hierarchy of needs' for the growing child, Bioenergetics suggests that the issue in the first year of life is the right to have needs, differentiate them, and be loved as a separate being. The formative dynamic of the oral character structure is thought to be lack of early interpersonal nourishment and support, or less commonly,

deprivation of physical nourishment. The mother is seen as unavailable, or weak, depressed, ill or resentful of the differentiating needs of the child. As inchoate inner needs emerge and are not mirrored or responded to, the child collapses into a state of helplessness and resignation. This experience is internalized as a self-representation of being infinitely needy and unfulfilled in a world with no gratification available.

The early, depressed structure is often described as needy, compliant, dependent, wordy, and helpless. He is seen as sucking others' energy. The dynamic of 'trying to get mother to react right' and the micro-depression following failure, is also described in the oral patterns. With pleasant invitation and compliance the adult tries to get the desired closeness in his relationship to intimates or to a therapist. However, his attempts are colored with resignation, as if he 'expects a no'. Sørensen (1996), chief psychologist of a Danish psychiatric ward, describes the early oral structure as always ready to engage if there is a chance of contact (p.188) and grateful to get what he can, but without the kinesthetic sense of self needed to discern the quality of the interaction, or whether it matches his needs. This is partly because he fails to recognize what he is getting while he gets it, and partly because his containment and object constancy is poor – he quickly loses the feeling of being full and satisfied.

Bioenergetics, Bodydynamics and Hakomi all describe similar postures in the oral stage. Early and late both have a collapsed s-shaped spine, sunken chest, head held forwards, and weak legs with locked knees. This description of low energy and motor passivity corresponds well to Sterns description of the infant in microdepression.

The flaccid belly protrudes like a 'half-filled sack' (Lowen, 1956). The early structure is described as having a weak, longing gaze and soft, inviting lips, while the late oral structure is described as having a more aggressive, suspicious expression and either pouting mouth or clenched jaws. The energy flow is described as weak in the whole body, especially in the arms and legs. The strongest and most contactful energy is in and around the mouth and eyes. These physical characteristics correspond to specific levels of neuro-motor maturity. Before six months or so, the baby's deep intrinsic spinal muscles and muscles of the torso cannot yet hold him upright in the sitting position for any length of time. The same muscle groups seem unable to hold the adult oral structure in a

wholesome, erect standing or sitting posture. In the infant, the neck muscles and the eye-head co-ordination have matured in the first couple of months. Correspondingly, the adult in the oral structure uses his neck and head position to compensate for the weak postural capacity of the torso.

The dissatisfaction in the late oral structure is understood to correspond to the infants' unhappiness with having his increasingly differentiated needs and feelings incorrectly 'read' and responded to by the caretaker. A dissatisfaction of this rather sophisticated nature is generally predated by a better 'match' or 'reading' at the earlier, less complex stages of interaction. The adult late oral structure distrusts the authenticity or validity of what is given, and expects it to be withdrawn without notice. This thwarts his deep desire for closeness and exciting interaction. Hakomi (Weiss, 2003) states that this structure had enough determination and strength to totally erase the option of support and instead rely on itself: "I will not expose myself to that yearning ever again and be in pain forever".

Another effect of incorrect reading by the regulating caretaker is incorrect identification of one's own needs and feelings. The infant develops schemata of 'being-with' through resonance and interactive response. Schemata based on incorrect mirroring will not satisfy him, nor will they sufficiently regulate or mature his affective state or his interactions. In the adult interaction, the late oral structure has a set idea of what he needs and should have, complete with the frustration of not getting it right, based on his incorrect schema. This means that attempts to satisfy him usually fail completely or partially. He then either fumes silently, since he does not trust anything that is not spontaneously given, or he impatiently tries to 'correct' the other until he gets exactly what he wants. In both these scenarios, sensitive two-way attunement and discovery of how to match the inner state with the 'right next action' are lost. As in Sterns' corrections to the mis-attuned mothers, the dance is lost, he cannot find his way to it and his attempts to find it push it farther away.

ORAL SOMATIC PATTERN

Formative age: 0-18 months (Bodydynamics).

Called the oral stage of development by most systems.

This baby is sitting up, but his spine is not yet strong enough to hold him in the upright position. He collapses and his head angles upwards awkwardly to make eye contact. Except for the head position, this is also the posture of the motor collapse of the infant in 'microdepression'. This early stage of somatic organization is thought to define the oral posture of the man.

"The oral structure is shaped by threat of abandonment" (Bioenergetics)

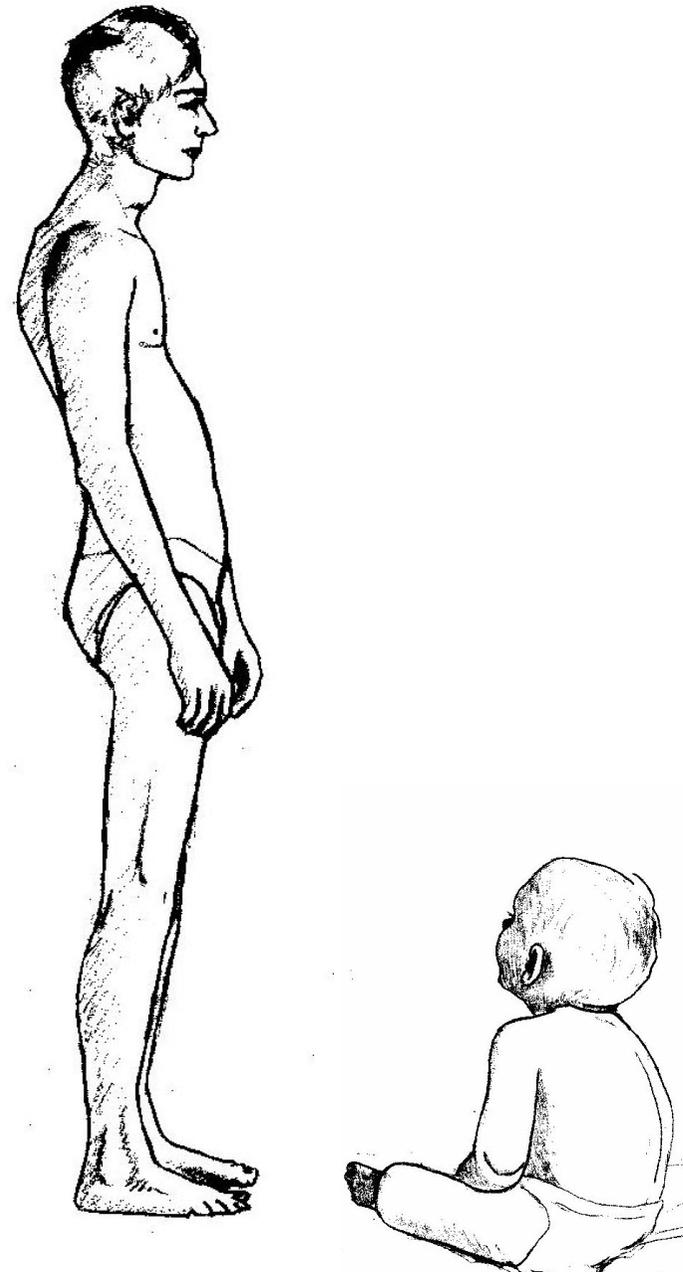
His spine is collapsed, his head falls forwards as he gazes longingly into the world, and his arms and legs are passive. In the standing position spinal collapse forms an 'S' curve rather than the infant 'C' curve. There is a general sense of low tone and little strength in the body, especially in the arms and chest. This posture is read in somatic character systems as collapsed, but holding on against abandonment

Drawings sketched from photos in Bentzen (1968) and Hviid (1992)

III. 8-15 months, orbitofrontal elation, inner representations and the psychopathic structure

Towards the end of the first year, a great many powerful new cortical developments occur. From 8–15 months, the brain undergoes a massive pruning of synaptic connections, in which unused connective possibilities are culled. Such pruning occurs several times during childhood and is probably related to qualitative leaps in affective and cognitive organization.

At around 9 months, the infant becomes able to manage much higher levels of pleasure and excitement, particularly in intense dyadic contact with the mother. From 10-13.5 months, a strong heightening of positive affect and lowering of negative affect is observed (Shore, 1994, p.132). Neurologically, this elation reflects the development of dopamine circuits from the limbic system and into the orbitofrontal cortex, which 'comes online'. The orbitofrontal cortex is central to the linking of externally experienced events with internal states and feelings. The right lobe,



primarily related to emotional processing, is larger and has much stronger connections into the limbic system than the left one.

This right-brain maturation allows the toddler to form an inner schema of the different emotional expressions of his mother, linking them to his own inner sensory and emotional response. Also, he begins to have a sense of time, or temporal coherency. This allows him to form an experience-based representation and expectancy of future events, which he uses to guide his actions. In other words, the orbitofrontal cortex is the center of object constancy. However, the maturation of complete inner schemata seems to depend on the development of high levels of dopaminergic excitement in the relationship, and it may be disturbed both by insufficient arousal or hyper-arousal. Burton and Levy, (1991, see Shore, 1994, p.191) suggest that with insufficient arousal the toddlers' representations remain more primitive and piecemeal. Hyper-arousal, on the other hand, is thought to lead to unmodulated rage-responses. Gaensbauer and Mrazek (1991, see Schore, 1994, p.207) describe a mother teasing her infant from anger into a state of unmodulated rage.

In studies of mammals, affective imprinting on the caregiver is consistently linked to locomotion, as the infant bounces out into the surroundings, and also playfully pursues and attacks the mother. It seems likely that all mammalian imprinting depends on the formation of stable object relations. The human child becomes capable of independent locomotion at about 10 months, when he begins to crawl and toddle out into the environment. This crucial period for the maturation of infant-mother bonding corresponds to Mahler's practicing period.

This stage of development greatly expands the complexity of intrapsychic and interpersonal events, and the character systems focus on somewhat different aspects of this complexity in their personality descriptions.

Bioenergetics describes the basic issue of psychopathic structure as the 'right to be free (from the manipulative needs of others)', and the somatic tension pattern as 'holding up against falling down'. In Hakomi, the psychopathic structure is linked to the long process of the child forming a self-image, and learning honesty in needs, weaknesses, intention and feeling. In Bodydynamics, the (activity directing autonomy) structure is organized around the toddlers' excitement with his impulses and ideas, and his insistence on following his own desires. Bodydynamics sees the

unmodulated excitement of practicing, and the late practicing-age social and sexual exploration as the basis of this structure²

The early practicing child needs help to modulate some very high states of excitement, and the mother may not be able to do this. Unregulated high arousal becomes disorganized. In the child, this becomes evident as the child's involuntary excitation and entrainment keep him active - perhaps crawling or walking - until he is crying with fatigue, but still can't stop himself.

One formative dynamic of the psychopathic structure is thought to be the relationship to a mother who is extremely manipulating. She induces the child to believe that he can manage by himself. She denies his helplessness or is afraid of it, and ignores his neediness and weakness, focusing only on his strengths. In this stage of basic reality testing and subsequent modification of inner schematas, she does not help him test reality, so he maintains grandiose and unrealistic images of himself and his abilities. Another theory is that the mother is overexcited by the accomplishments of her child and over-identified with him. This means that instead of being with a containing, sharing and regulating mother, the child is met with an escalating excitement that overwhelms him, making him lose track of his own feelings and activity in the surge of maternal affect and contact. He then begins to avoid contact with the over-stimulating mother, and in the absence of regulating contact he forms a more partial schema of his inner states and emotions. Driven by the inner dopamine high, he dives into the sympathetic excitement and intense task-absorption of the practicing child, and denies the vegetative needs which would lead him back to the mother about whom he is now ambivalent .

²*Bodydynamics also describes a collapsed psychopathic structure (activity avoiding autonomy), corresponding to insufficient dopaminergic excitation in the practicing infant. The adult is described as having a wide pelvis and narrow, collapsed chest. Hakomi assigns a similar body type to the oedipal hysterical structure, and Bioenergetics to the masculine-aggressive and passive-feminine rigid structures. Both the overlap in formative stages and the similar interaction dynamics of having excitement and charge denied or rejected may contribute to the difference in assignment of this posture and body type.*

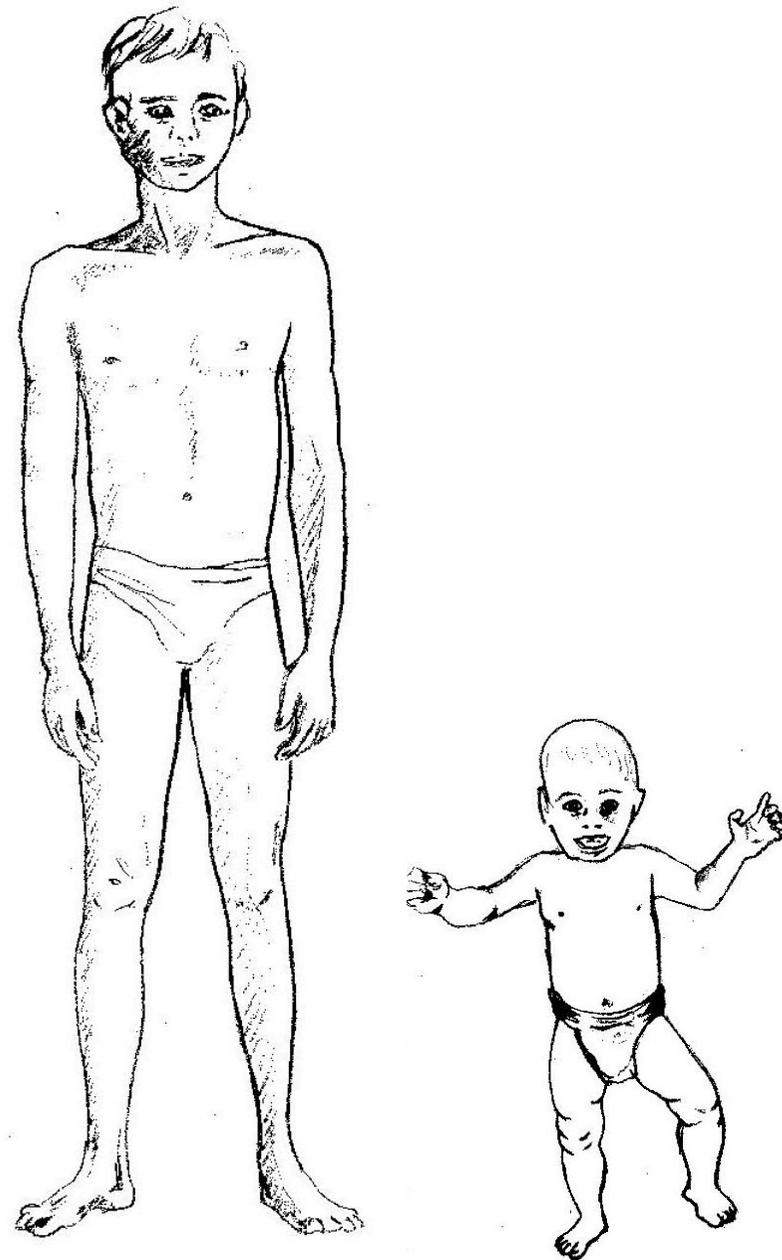
In the adult psychopathic structure, this excitation shows up as a constant and passionate drive onwards to the next activity, with no time for reflection, completion or digestion. He is perennially excited and enthusiastic about whatever he happens to be doing at the moment, and his enthusiasm is very catching. He is extremely resistant to negative feelings, and moves on to the next passion as soon as he gets bored, or develops unpleasant or ambivalent feelings with his activity. He immediately forgets or suppresses negative interactions and feeling states. He is extremely hard to 'pin down' and correct. If this is attempted, he may respond with extreme rage. This structure corresponds to the high-arousal dopamine-activated hyperactivity seen in the practicing stage. The psychopathic structure's inner representation of self and world is that he has to do it himself – who else is there? He may help other people, but he doesn't feel that he needs help – he doesn't recognize feelings of inadequacy or neediness, since schemata for them are partial or missing. Underlying this is a fear of being engulfed by the mother.

The somatic holding pattern of the psychopathic structure is: tense legs, a tight pelvis, tends to walk on his toes, and lifts his whole body up by the shoulders. He has a magnetic gaze, and a very engaging manner. He is described as having his energy displaced upwards, and tends towards motor and verbal activity.

The practicing infant walks on his forefoot. His falling reflexes in his arms and shoulders are just beginning to become active, and he uses his arms and shoulders to keep his balance as well as to handle objects and play with people. He is 'up' in his own body, and is also fascinated with getting up on high things, - climbing stairs, chairs, kitchen counters or even refrigerators, to the horror of parents and caretakers. The social charisma, excitement and varied 'language-babble' are also typical of the practicing stage.

PSYCHOPATHIC SOMATIC PATTERN

Formative age: 8 mo-2.5 yrs (Bodydynamics)



Hakomi states that the formative age is before 4, while the child is developing its self-image in interaction with the image held by others.

This early toddler is flooded with excitement. He is passionately focused outwards, and is intensely engaged and engaging. He is walking, but his legs are not yet fully up to the task and he is using his shoulders, arms and hands to keep his balance. His energy is going up in more ways than one. If his legs do not stabilize, he may become a toe-walker and have trouble developing normal walk and push-off.

“The psychopathic structure is shaped by the threat of falling down” (Bioenergetics) The somatic organization of the man opposite is similar to that of the young toddler. He has overdeveloped, square shoulders, a tight pelvis and tight, thin legs. He is standing on the forefoot, with little or no weight on his heels. Although a drawing does not show it, he probably holds his balance with a lot of subtle movement. His gaze is magnetic and engaging.

In a somatic reading, this posture would be interpreted as displaced upwards and outwards, probably to avoid the fear and ambivalence that this structure associates with a deeper sense of the kinesthetic self and with the supporting floor; -the relationship to grounding is often considered a clue to the relationship to the mother, the first environment.

Drawings sketched from photos in Bentzen (1968) and Hviid (1992)

IV. The second year, inhibitory regulation and the masochistic structure

In the beginning of the second year, the intense pleasurable dynamic and interaction of the previous months changes radically.

The earlier general state of pleasurable dopaminergic excitement is now followed by a period of anxious, depressed, shame-responsive hypothalamic-pituitary-adrenocortical (HPA) activity, starting between 12 and 14 months. We are now at the end of the critical period for practicing, and the beginning of the rapprochement phase.

This development heralds the beginnings of the development of social inhibitory capacities in the child. Great importance is placed on the development of shame. This intense swing from a positive sympathetic to a stress-deflated parasympathetic state is thought to activate further development of the frontolimbic structure (affect regulation) and the maturation of the orbitofrontal cortex (object constancy and emotional assessment). The fearfulness, depression, sensitivity and separation

anxiety described at this stage of child development fits the descriptions of the emerging adrenocortical function. This affective state is triggered by normal misregulations as well as shaming interactions.

Some authors speak of an actual shift from a nurturing to a socializing relationship. Tulkin & Kagan (1972) note that the interaction with the 10-month old is 90% centered on love and positive interactions, and 5 % is used to limit the child. At around 14 months the child is exploring up to 6 hours a day, and the percentages of limiting interactions rise dramatically. The mother of the 11-17 month old intervenes to stop her child from some activity about every nine minutes (Power & Chapiesky, 1986, see Schore, 1994, p. 200). This means a great many interactions in which the toddler creatively tries to find ways of doing what he wants, while the parents try to prevent him from doing it. Many authors describe shaming as being a primary way that caregivers regulate the actions of their toddlers. Schore states that the ensuing frustration (- in the toddler, not the parent) and internal stress triggers the further maturation of the cortex.

Absent at 12 months, embarrassment and shame are first seen in the toddler at around 14 months. A shame-inducing reunion scenario might go like the following: In his foray into the world, the toddler has found a lovely squishy sweet-tasting thing on the grass, which he is bringing back to mother. He is very excited and anticipating the intense pleasure of her delight and sharing. Mother looks at him, disgust etched on her features, and shouts: “NO! BAD! Dirty ice-cream!” - This is an age-typical misregulation of his state.

The toddler is abruptly plunged from a state of pleasurable, high dopaminergic sympathetic excitement into a sudden stress-filled parasympathetic vagal activation. His excitement is sharply inhibited, his heart rate abruptly slows, his body and limbs lose tonus, his head hangs, his face loses tone and he blushes. His legs may even give way. He feels lost and his mother seems like an alien being to him. It is now vital that his mother can regulate him out of this state of intense shame, because his immature nervous system does not yet know how to do this. He will probably try to make contact with her to reestablish the lost regulatory flow, and with it, the good inner feelings. If all goes well, his mother will connect and stay in contact with him until he is “back on his feet” again.

Through this kind of interaction, the toddler's sense of object-constancy deepens as he incorporates conflict and painful dystonic feelings as well as their healing in his representations of being-with.

In a later typical regulatory situation, the infant is heading towards a nice muddy puddle, and mother, some distance away, breaks off her conversation with a friend, tenses up and frowns at him. Since he is strongly sensitized to her non-verbal responses, he picks up this signal, pauses, and changes direction. The injunction has now become part of a more modulated dialogue. The toddler is internalizing mothers' rules, and the socialization process is moving ahead.

Around 18 months, signal shame is becoming an internal guiding system (Greenspan, 1988). Moving towards a puddle, the child may stop, remember mothers frown, frown in imitation, struggle a while between desire and inhibition, and finally turn away.

Newer psychoanalytical theory suggests that the socializing function of shaming and shame are at the very heart of the development of a sense of self. It describes the infant as living in a dream-like present until the shaming parent and his own emotional response jerks him into full wakefulness. In this context of early ego formation it is interesting to note that many theoreticians speak of the shame process, with its abrupt plunge into the dissociative vagal activation, as being one of the most intensely kinesthetic feelings that we experience (Shore, 1994).

Pathological exchanges may occur in this vital process. Unregulated parental expressions of rage and contempt evoke intense and unrelieved shame and humiliation. Shame-humiliation dynamics have been found to consistently accompany child abuse (Kaufman, 1989, M. Lewis, 1992, see Schore, p. 207). If the stresses of the child's life are too overwhelming, he may become stuck in a vagally dominated state of diminished movement and interest in the environment, and a general activation of the anxiety-deflation-shame state.

In the somatic character traditions, Bioenergetics focuses on the right to be self-directed and on the somatic tension pattern of holding in against humiliation and shame. Hakomi states that the innate issues of the formative stage of the masochistic structure are responsibility and

freedom, and that the structure 'clamps down and sticks to the ground'. These two systems often see the psychopathic and masochistic structures as complementary. In Bodydynamics, the threatened right of the (self-sacrificing will) structure is to make choices and develop one's will. The structure is strongly driven by shame, guilt and over-responsibility. Although there have been attempts to distinguish decisively between shame and guilt, current findings indicate that guilt is a later modification of the same neurological processes as shame. As such, guilt is usually more specific and localized, while shame is usually more global and pervasive. The formative age of the masochistic structure is traditionally the anal stage (in Bodydynamics, 2-4 years). Since the affective processes of socialization and shaming, and the body postures related to it, emerge around 14 months, it seems reasonable to extend the 'window' for the formative stage of this structure back to that age.

The masochistic structure is thought to have the following formative dynamic. The primary caretaker over-controls, nags, rages or shames the child, and the child responds with shame and guilt. He collapses into anxiety and self-judgment, and draws back from asserting himself in relationships as well as in activities. Fearful of asserting himself, he also turns his anger inwards.

The masochistic structure's inner representation of self and world is that he is deficient. He is locked in a struggle to be good and he fails abjectly. He feels that his failure is the cause of all kinds of calamities, - his own accidents, mother's pain or illness, and nebulous unknowable catastrophes. His representations are much more complex than those described in earlier structures, because this structure spans a later and more diverse range of cognitive development. Since the ability to form object representations has reached a level of beginning causal and temporal coherence, the masochistic structure can be immobilized by fear of the future as well as fear of the consequences of his actions. He is self-effacing and submissive, and afraid of choices and independent action. He takes on burdens and either fails or is driven by fear of failure. Hakomi and Bioenergetics sum up the central belief of this structure: "Submission is the price for intimacy".

This description corresponds to an ongoing neurological dynamic of anxiety-worry (hypothalamic-pituitary-adrenal activation) and a constant

level of inhibitory shame. Accordingly, the masochistic posture is based on a shame or guilt based collapse in the spine and hunches inwards like a shamed toddler. The butt is tucked under and the shoulders are drawn protectively up and forwards.

Another aspect of this structure is the sense of burdens. Beginning around the age of two, the child's balance and gross motor control has now improved. He delights in carrying things around, and will test his limits by trying to carry objects that are too heavy for his

body. He will also engage in 'helping mother', practicing his entry into the world of responsibility. The masochistic structure typically takes on physical and emotional burdens and is ambivalent about them – wanting to do it right, but feeling overwhelmed and confused by the tasks he has accepted.

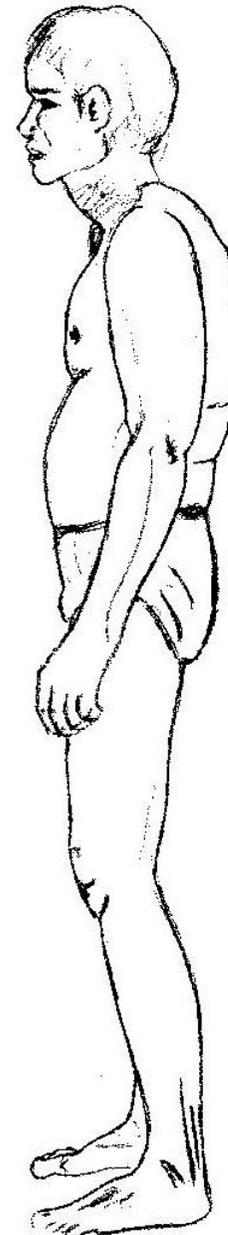
MASOCHISTIC SOMATIC PATTERN Formative age: 2-4yrs (Bodydynamics)
Hakomi states that the formative age is when the child is becoming autonomous: learning to walk, move freely, and assert itself.

This child is in the acute state of shame. He is hunching his shoulders, making an unhappy shameful face and squeezing down into himself in his seat on the floor. The head and neck is pulled into the torso. His arms and legs are flexed. Since motor control in his legs is still quite immature, he will find it hard to stand or walk in this state, but will tend to collapse to the floor or ground.

*"The masochistic structure is shaped by threat of humiliation" (Bioenergetics)
The adult is in a similar state of neuromotor organization. His back and shoulders are hunched forwards, and he is "tucking his tail". His facial expression is apologetic and suffering, and perhaps angry as well. His arms and legs are flexed, and he seems to be weighed down by an invisible yoke on his shoulders, and perhaps also invisible weights in his hands.*

A somatic reading would describe him as weighed down by responsibility and tucking his tail in shame, while the solar plexus area, traditionally related to feelings of dignity and personal power, is collapsed.

Drawings sketched from Internet photo and private photo.



Bioenergetics and Bodydynamics both describe a later development of this structure: the sadistic (in Bodydynamics: judgmental will) structure. It is described as having the same basic inner dilemma, but where the masochistic structure submits to get intimacy, the sadistic structure rejects intimacy as well as submission and instead chooses self-assertion and loneliness. This structure takes a controlling, judgmental stance.

Bodydynamics (Bentzen et al. 1996) describes that the child moves from self-correction to commenting, correcting, punishing and shaming the behavior of others. Bioenergetics describes the structure as being mixed with the later rigid structure and the issue of opening the heart. In Hakomi, these phenomena are seen as elements of the psychopathic structure. Bodydynamics states that the child's dilemma is that it is not allowed both personal empowerment and intimacy. The early, self-sacrificing structure gives up empowerment, and feels ashamed, dejected and under that, angry. The late, judgmental structure gives up intimacy, and is coldly and controllingly angry.

The posture is similar to that of the masochistic structure, but expresses anger rather than shame, and the spine behind the solar plexus is held aggressively straight instead of collapsing.

V. The second year: the impact of genital sensory maturation and gonadal steroids on brain and interaction, and the rigid structures

The most pervasive aspect of gender differentiation is linked to the level of sex hormones, which are very high at birth, and then slowly decrease through childhood, until they rise sharply again when the child approaches sexual maturity. From birth, high levels of sex hormones are circulating in the infant's body. Impressive evidence has linked early gonadal steroids to establishment of sexual dimorphism in the maturing limbic system and cortex, including the orbitofrontal cortex (Schoore, 1994). The neurological and psychosocial impact of these sex hormones in infancy seems to place the first beginnings of social gender identification at birth. Gender identification is critically dependent on social interactions. Nurturing contact raises the levels of gonadal steroids circulating in the infant's bloodstream. The sex hormones then unlock genetic potential, and initiate sex-linked differentiation in the cerebral cortex and brain circuits. The sexual differences that develop during prenatal existence and during the first years become a permanent part of

the brain. These include differences in the regulation of sexuality, aggression and emotion as well as spatial coordination. This sexual dimorphism extends to the differentiation and use of the right and left hemispheres, and influences, among other things, the relationship between verbal and emotional processing.

In the middle of the second year, the child can correctly identify boys and girls. At around 14 months the gender process in the infant has matured to the point that both his brain and his sense of self have a definite and irreversible gender. Working models of maleness and femaleness, as well as personal identification, have already been internalized (Schoore, 1994).

It is thought that the maturing sensory system in the genitals becomes functional at around 18 months. At this age, the toddler becomes much more interested in touching and exhibiting his genitals. Pleasurable eye contacts seem to trigger excitation in the genital area, and stimulate his sexual self-fondling. This development occurs when the shame response has been established for some months, and the two dynamics are in fact intimately connected. One of the central shaming interactions of this stage is the parent's response to the toddler fondling his genitals. Shame is a basic part of the regulation of the sexual drive.

At this time, the practicing period offsets, and according to Schoore the imprinting process on the mother offsets too. The toddler is beginning to establish deeper relationships to other people besides mother, and is developing his first experiences with triangular relationships. This process began with people and objects in the middle of the first year, but now he actively seeks other adult and child contact, and experiments with them. With his parents he begins to pull one close while pushing the other away. He may try to keep this triangular balance for minutes or days, but sooner or later he will try the opposite configuration, and 'switch intimacies'. In this process he seems partly motivated by a desire to test his power to direct the situation, but he also seems to be 'feeling out' the different qualities of claiming an alliance with one parent while holding away the other. Ganging up with father feels different than ganging up with mother. Schoore briefly mentions a theory of 'father-imprinting' thought to onset at this time.

These dynamics, beginning in the middle of the second year, correspond to the dynamics described as oedipal, which are commonly held to belong to middle childhood. It seems reasonable to set the beginning of the formative age of gender identification and interaction at birth, or at least at 18 months, at the onset of sensory maturation of the genitals and triangular experimentation.

Since the core issue of the rigid structures is gender identification, and since family structures and gender roles are culturally set, different formative dynamics must be expected in different cultures. These descriptions are developed in North American and northern European culture, and may only be fully valid there.

The somatic systems differ in their views of the posture and personality of the character structures of the oedipal, gender-differentiating period. Bioenergetics, Bodydynamics and Hakomi roughly agree on the posture and personality dynamics of the rigid-phallic structure. Bioenergetics' oedipal hysteric structure, however, is posturally similar to Bodydynamics (romantic), but similar to Hakomi's in personality, while Hakomi describes an oedipal hysteric structure which corresponds posturally to a mixture of oedipal and oral or masochistic structures in Bioenergetics, and to an early psychopathic structure (activity-resisting autonomy) in Bodydynamics. Bodydynamics assigns the hysteric structure to the schizoid stage of development, and describes the sexual-identity issues under the oedipal stage, while placing the general emotional volatility commonly assigned to the oedipal-hysteric structure in the earlier schizoid formation.

This general confusion only begins to make sense when one realizes how closely knit the neuro-affective origins of schizoid, oral, psychopathic, masochistic and oedipal stages are in time. The three systems focus on different clusters of postural and personal characteristics that emerge and intermingle during the first 18-24 months, rather than over the traditional six years.

The rigid-phallic structure is identified with performance, both sexual and task-oriented. Hakomi and Bioenergetics describe it as industrious and over-focused. In Bodydynamics, as in the works of Erik Erikson, gender

issues have been separated from achievement issues, which are placed at Eriksons "Age of Industry" around preschool and school age. These later issues will not be described in this paper.

Bodydynamics notes that the key to the gender-differentiating (oedipal) stage is the quality of interaction and assigned identity: if parents define the child as sexual, whether good or bad, this is the identity he will internalize. If the interaction and the child is defined as sweet and loving (heart) and not-sexual, whether good or bad, that is the identity he will internalize.

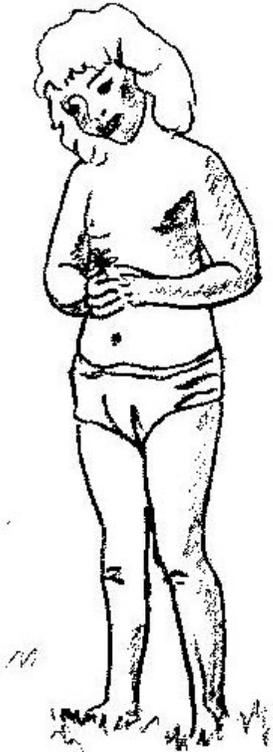
The phallic structure has a lot of energy and excitement, more than any other character structure. He is organized around the internal experience of needing to be grown-up, or to achieve, or to perform. He is afraid of opening his heart to – another - rejection. He is afraid of opening himself, relaxing and losing control, so despite his very high level of performance, he cannot seem to attain satisfaction and release. Bioenergetics and Hakomi describe both structures for both sexes, but Bioenergetics sees the rigid-phallic as more common in men, and the hysteric as more common in women, although this cultural pattern is changing. Bodydynamics' (seductive) position has a high charge in the pelvis and genitals, and a hurt, guarded closure in the chest and heart, corresponding to the Bioenergetic and Hakomi descriptions of the rigid-phallic structure.

In Hakomi, the formative belief of the person with a phallic structure is that he is not good enough to have a place in the adult world. Just being is not enough, and not good enough. One central interaction thought to lead to the phallic structure is that the father rejects the child or makes him feel inferior. The child struggles to 'grow up fast' and attempts to take adult gender roles and responsibilities. Another dynamic is the parental requirement that the child be a 'little man' or 'little lady'. The love and acceptance of the parent depends on how well the child lives up to this demand.

The phallic structure has internalized the following representations of self and world. He feels fully alive and fully himself only when engaged in a task or right after finishing it. He feels that he must achieve and strive to

be the perfect man/woman/executive/doctor/dancer etc. Only if he succeeds will others love and recognize him, or alternately: - will he be worth loving and recognizing.

PHALLIC SOMATIC PATTERN

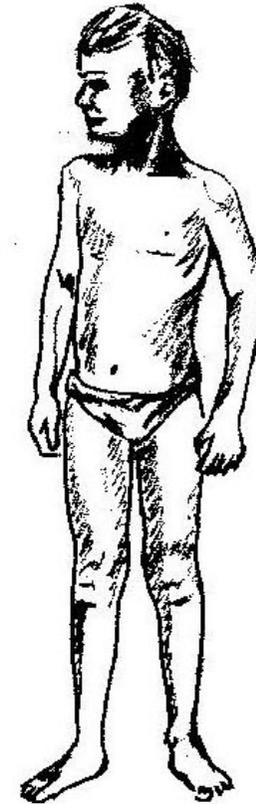
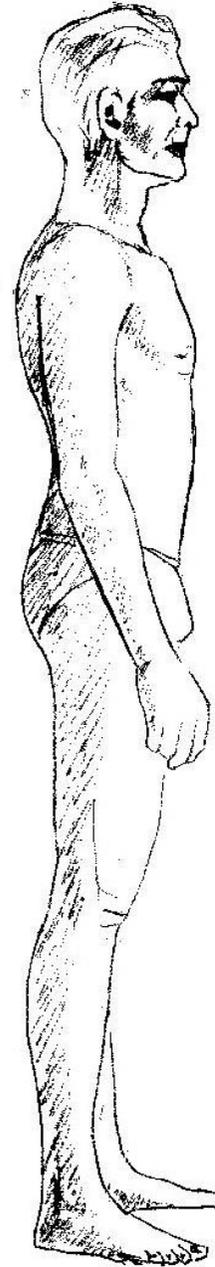


Formative age: 3-6 yrs (Bodynamics)

Hakomi states that it occurs when the child is old enough to be aware of sexual differences.

(The children shown here are 4-5 years old, the age traditionally assigned to the oedipal stage.)

In her posture, this girl shows both openness and innocent flirtation. Her head is angled and her facial expression is playfully inviting. Her shoulders and chest area, traditionally connected to heart feelings, is somewhat collapsed, and her pelvis and genital area show some congestion and fullness. Her chest seems smaller and more



fragile. She combines the pelvic characteristics of the Bioenergetics mixed-rigid structures or Hakomi's hysterical structure with some of the characteristics of the Bodydynamics romantic structure.

The boy has the typical leggy and straight posture of middle childhood. His back is straight and arched, his legs are tense, straight and muscular, and the general sense is of energy and presence. His shoulders and arms show a neuro-muscular 'readiness' to do something.

"The rigid structure is shaped by fear of surrender" (Bioenergetics). The man has a similar somatic organization. His posture is straight and confident, his spine is over-arched, his legs are straight and tense, and his shoulders and arms are ready for action. His body is symmetrical, powerful and controlled. His face shows tension. The whole posture has an upright tense quality. In a somatic reading, this posture has a lot of 'life-energy', but uses it to keep control, stay on top of things and achieve, achieve, achieve. He is holding back against the fear of surrendering to softer feelings and to vulnerability.

Drawings sketched from photos in Leach (1998) and Hviid (1992) and personal photo.

Not surprisingly, the postural characteristics of both the phallic and hysteric structures epitomize some of the gender stereotypes of our culture. The phallic structure has a straight posture, with a shapely, tense chest and a tight, charged pelvis. His back is straight or arched, his legs are straight, and the general impression he gives is of a 'good soldier' (Hakomi), a 'Toreador' (Bodydynamics) or a 'knight' – in either chain-mail or plate armor (Bioenergetics). Hakomi describes the oedipal hysteric structure as expressive and clinging, like the schizoid-hysteric of Lake and Bodydynamics. This structure is identified with his feelings, and is very sensitive and easily upset. He exaggerates emotions and is theatrical in his expression. He tends to have trouble focusing, is easily distracted or scattered, and is often inconsistent. Hakomi and Bioenergetics also state that he tends to use sexuality as a form of defense against deeper feelings and commitments. He may be promiscuous or have his sexual activity with one person while he has his

heart and deeper companionship with another. He is often seductive or flirtatious.

Bodydynamics' romantic structure has over-activity or openness in the chest and heart, is wasp-waisted, avoids feelings and sensations from the genital area and the pelvis and exaggerates ideals and loving feelings. The posture is similar to that of Bioenergetics' hysteric structure. Hakomi describes the body of the hysteric as being like a child's upper body in a wide pelvis. The shoulders, arms and chest are all underdeveloped and tense, and in the woman the breasts are often small. The abdomen and pelvis are soft, wide and round. The posture is straight, and the head is held high.

The three systems describe similar formative dynamics for this structure. The parents reject the child's sexuality, perhaps because they are afraid of their own sexual feelings for him. One commonly described dynamic is that one or both parents, are contactful in the first years, but then withdraw and lose interest. The parents may also reject the child's feelings and desire for loving intimacy, or deny the child's growing individuality and personhood.

The hysteric structure has internalized the following sense of world and self. He feels that his love and his feelings are not enough or good enough, or they are too much, and he is searching desperately for someone who will accept him 'as he is', while simultaneously withdrawing from the deeper involvement that would make his heart vulnerable to another wounding. Unlike the phallic structure, he feels his hurt and betrayal, and is identified with it. He therefore sees other people as being potentially wonderful and potentially betraying, as he struggles with his inner yearning and distrust.

Bioenergetics describes structures that are a mixture of oedipal and preexisting oral or masochistic character traits; the passive-feminine structure for men, and the masculine-aggressive for women. These structures have the wide pelvis and narrow chest/shoulders of Hakomi's hysteric and Bodydynamics' early psychopathic structure. If we accept that socially formed gender identity begins at birth, it seems likely that 'mixed' structures would originally form together.

As earlier mentioned, the sex hormones underlying crucial gender differentiation are all active from birth, and are regulated by the caretaking interactions at the onset of the oral process. Genital sensitivity and genital interest mature in the late practicing period. In the actual life of the toddler, elements of caretaking are interwoven with socialization, excitement, sexuality, shame inhibition, gender learning, differentiation of object relationships and social interactions with more people and in more complex situations. The many different views of somatic oedipal character formation reflect this complexity.

A word about character formation from 2 years and onwards

This paper has focused on the development of the child from 0-2 years, and has considered neuro-affective development as a basis of the formation of character. In traditional theories about character formation, the masochistic and rigid structures form largely after the second year. The masochistic structure revolves around assertion usually beginning in the middle of the second year and goes into the “terrible two’s”. The rigid processes are generally assigned to begin around the age of three years.

Looking at neurological maturation and interpersonal interaction, however, it seems clear that the child has all the basic affective personality components of the traditional five stages of character in place by the end of the second year.

This does not mean that the whole personality is finished at age 2! The structures described above deepen and differentiate, and the personality continues to mature and refine as new cortical and somatic possibilities mature. From two years and onwards a left-hemisphere verbal identity forms along with the development of language and the refinement of cognition and motor skills. Curiously, the difference between verbal and non-verbal identity formation has almost no place in character theory, whether traditional or somatic. The vast impact of peers and group identification processes around the early school age have been considered characterologically only by Erik Erikson and Bodydynamics, and the newly discovered neurological changes occurring in prepuberty and puberty are still not assimilated in any psychodynamic personality theory.

Also, if the character structures described here are linked to levels of neurological processing, it follows that there are also distinct character patterns and preferences which are not pathological, and that we all have elements of many different healthy as well as stress-formed character structures.

Hopefully, this paper opens the way for a new look at some traditional characterological milestones.

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