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The Psychotherapeutic Process in Psycho-Corporal Integration

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Abstract: The presenter will use her own experience of 200-250 spontaneous intrauterine regressions achieved in an uninterrupted period of 7 years (2 hours therapy sessions a week during 5 years) to show how we reach this type of experience in Psycho-Corporal Integration. She will use the theoretical references of the founder of this system Marc Costa who has been her therapist and teacher for this journey.

We basically try to bring the therapy to a place where "somato-psychic" experiences take over psychosomatic ones. We do this by gradually "dialoging" with the different stratums of the caracter and "navigating" through the intrapsychic conflicts and its defensive layers in a synchronic way between the 4 parts of the psychosomatic apparatus. The psychosomatic apparatus is divided in 4 parts: two somatic ones: physiological-vegetative and skeletal-muscular and two psychic ones: instinctive-emotional and mental-cognitive.

Zusammenfassung: *Der psychotherapeutische Prozeß in der Psycho-Corporalen Integration.* Die Autorin nutzt ihre eigene Erfahrung von 200–250 spontanen intrauterinen Regressionen über sieben Jahre (zweistündige wöchentliche Therapiesitzungen während fünf Jahren), um zu zeigen, wie diese besondere Erfahrung in der Psycho-Corporalen Integration erreicht wird. Dabei benutzt sie den Theorierahmens des Begründers dieses Systems Marc Costa, der ihr Therapeut und Lehrer während dieser inneren Reise war.

Grundlegend ist im therapeutischen Prozess die Ersetzung „somato-psychischer" Erfahrungen durch „psychosomatische" Erfahrungen. Dies geschieht durch einen zunehmenden Dialog auf den verschiedenen Ebenen des Charakters, indem man durch die intrapsychischen Konflikte und ihre offenen Schichten hindurch „navigiert", wobei die vier Dimensionen des psychosomatischen Apparates gleichzeitig angesprochen werden. Diese Dimensionen des psychosomatischen Apparates sind: zwei somatische – die physiologisch-vegetative und die skelettär-muskuläre, und zwei psychische, die instinktiv-emotionale und die mental-kognitive.

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Psycho corporal integration is a neo reichian psychotherapeutic synthesis system created by Marc Costa. "The central axis of the system has always been the search for a profound and synchronized work with psychic and somatic instances. From this arises the principle of psychosomatic synchrony, that proposes the progressive attainment of globalizing experiences between the mental-cognitive, the instintive-emotional, the physiological-vegetative and the skeletal-muscular. With it is propitiated a peculiar final work witht the defenses, directed towards achieving first, the synchronic defense experience (SDE), as a means of experiencing and becoming conscious of the painful experiences consigned to the unconscious, and second, the synchronic defense opening (SDO), as a means of regaining natural orgnanismic reactions in order to face pain and transform it."

For us regressions are part of the patient's process and they do emerge spontaneously at one point due to the way we handle therapy, specially transference.

You cannot access them sponteneously without the body as the means of emotional and vegetative expression on the defensive and on the spontaneous and instinctive levels.

"The living organism expresses itself in movements; we therefore speak of expressive movements. Expressive movement is an inherent characteristic of the protoplasm. It distinguishes the living organism from all non-living systems. Emotion means 'moving outward'; at the same time it is an 'expressive movement.' The pshysiological process of the plasmatic emotion or expressive movement is inseparably linked to an immediately comprehensible meaning which we are wont to call the 'emotional expression'. Thus, the movement of the protoplasm is expressive of an emotion, and emotion or the expression of an organism is embodied in movement."

Reich introduced the concept of muscular armor, meaning that character resistance is manifesting on the somatic level just as it does on the psychic level and both manifestations happen at the same time. From that arose his very revolutionary principle of functional unity*. With him the body becomes a vehicle of utmost importance in the therapeutic process just as is the mind. In that sense Reich is our granfather.

We understand a regression as an experience that involves the whole psychosomatic apparatus i.e. an experience that is felt, has a meaning and reaches expression. Then it is important to transform it into a new one that is more satisfying, more nurturing and more effectively adapted to one's present reality.

It is also an experience where the different stratums of the character which is the barrier between the vigilance state of conciousness and the regressive one is elaborated and dissolved in the moment of its occurrence until its final transformation. This is done through the systematic work with SDE and then SDO.

We work with the following model for the stratums of character from the core to the surface:

1. Instincts and basic fundamental needs: survival, nutrition, space and autonomy, penetration. This layer allows the process of primary autoaffirmation to take place: "I have the right to exist and be myself."
2. Basic emotional process: agression-fear/Joy and sadness. This layer allows a secondary process of autoaffirmation. "I can defend myself from danger and

therefore I feel confident about myself and I can feel joy when satisfied therefore I can expand myself."

3. Process of autonegation: Patterns of retroflection on a cognitive, emotional, vegetative and skeletal-muscular levels. I have to deny my needs because for as much anger and crying I express for not being attended they don't seem to care. I must be wrong: .guilt arises.
4. Process of terminal adjustment of caracter: The Self's compromise, stereotyped behaviour, Ideal self.
5. The reality outside of us.

My very first regression took place when I was elaborating a dream in my group therapy session. I dreamt it the night before and had left a strong impact on me. When the therapist started elaboration, I never thought that the outcome was going to be something relating to my intrauterine life. I didn't even know what a regression is. The key point was when he asked me to sense and feel if possible in my body what I was saying. I understand now that what he did was a trial to syncronize as much as possible the different parts the psychosomatic apparatus. To his surprise and mine I just FELL into a different level of conciousness and put myself in a foetus position. Here I was in regressive state spontenaeously. I say to his surprise and mine because I had just started group therapy and at that stage I wasn't even in individual therapy.

I'm commenting it for its effect on me more than for the peculiarity of its occurrence. I remember that I stayed in that regressive state for ten days.in and out all the time. I was very scared because I felt totally vulnerabe, in danger, not really controlling my mind's capacity to leave the reality, not controlling my body which used to simply disappear.I was at the mercy of that regression.

What really took place? The answer for me is very simple. This regression broke through all my defense systems on a mental, emotional and psycho-corporal levels. My body had no capacity yet to sustain such high level of energy (pain and terror in that case), my emotional system didn't have enough maturity to deal with such a big shock: "they let me die". My mind could not assimilate it because it didn't know where to place it, what to do with it. By the way this was a somato-psychic experience as oppose to psycho-somatic ones that will be described later on as you will see.

What made me come back to reality was a big dose of care. I remained in constant contact with my therapist and with others who tried to take care of me in every "fall". I remember that the quality of contact I needed was very difficult to be provided because with my therapist I still had no bond and with these friends it was very difficult for them to be with me the way I really and deeply needed it. I hardly knew them and they did their best to manage me. They never had regressions of this type and didn't really know what it felt to be where I was nor did they know what to really do. I was alone facing my madness even though protected by those who were around. It felt horrible. They were all trying to bring me back to reason because the situation was very awkward for them.

I do not advise anybody to have "this type" of regression unless they have the type of contact they need. It is a painful experience which left a bitter taste. I felt I was a fool and made a fool of myself. As I said it lasted 10 days and I needed another 15 days to recover.

This for me is a clear example of "a loose experience" , one that simply happened. I didn't look for it and when it happened I didn't know what to do with it, where to place it in the context of my reality.

Primary caracters are more inclined to fall into that type of regressions than secondary characters.

This doesn't mean that depending on how and when these experiences occur they could be very healing and revealing also.

My aversion to regressions lasted a year. Then they started to occur again. At that early stage they were quite mental energetic. I accessed them through visualizations and dreams and they were syncronized with the sensations in my body while elaboration. These were psycho-somatic regressions because the psychic activity (symbols, images, sensations) is predominant and is still not connected with the skeletal-muscular apparatus, meaning body expression is not yet part of the experience.

This phase that lasted a year introduced me to my "intrauterine life" and allowed me to realize that it did indeed affect my whole being. This in turn gave a whole new meaning to everything I did on the adjusted terminal level of character.

Through the meticulous elaboration of the cognitive material and all the accompanying sensations, I came to the following conclusions:

1. I became quite concious on sensory perceptive level of the tremendous amount of fear hidden underneath my very frontal, strong capacity to create my life. I looked strong but I knew deep inside that I was fragile. This fragility was starting to be a reality. So here we see clearly the dialogue between certain parts of the psychosomatic apparatus (cognitive and energetic) and the adjusted terminal stratum of character.
2. This deep comprehension of my way of functioning in the daily life and its connection to my intrauterine life prepared the ground for creating a bridge that linked both realities therefore enhancing future regressions. I remember it opening my apetite. I wanted very much to know what happened to me in the uterus. I knew intuitively that the answers to all my questions were to be found in there. That gave me a very strong predisposition to have regressions
3. I remember being particularly touched by my therapist respect and acknowledgment of my regressions, he recognized ME "in them". That was very important for me because I felt myself theatrical and that I could not be really recognized in what "I feel". In reality it was all "I could" experience. I had no capacity to access any other level of feelings or emotions nor express anything more. He tried to bring theses mental regressions to the body and I could only have sensations. He elaborated the sensations and all the mental information that came out of it, i.e. he tried to syncronize as much as possible the psychosomatic apparatus on the layer it was manifesting: the adjusted terminal stratum of character. My stereotype was being theatrical.

This brings me to talking about the main and most fundamental tool that allows regressions spontaneously. TRANSFERENCE.

The technical part is very important because it gives you the tools you need to work with. They also allow you to situate yourself on the map of the patient. Is

he on the mental level, is he capable of expressing what he feels? Can he really connect with his emotions? Which stratum of caracter are we dealing with? etc.

But without the transference/counter transference there is no way you can have a spontaneous synchronic regression. There is simply too much involved for the patient and quite a considerable dose of confidence is a MUST. on the regressive level of manifestation.

Reaffirming me in my regressions gave me confidence in him. It made me feel that he comprehended me on one hand and on the other that he was really connected with my fragility which is what I needed to feel in order to go deeper into myself. At that stage transferencee is still indirect and under trial. If I receive the signals I need I trust him, if not I simply close the door and resist the process. It all takes place on a subterranean level. This type of transference is a major and most fundamental requisite for spontaneous regressions. It is a psycho somatic transference. As patients usually start with regressions like the ones just described you need to consolidate transference on this level before you move to deeper ones. Of course it is not always subterranean.

Elaborating these sensations and trying gradually to connect them with the skeletal-muscular apparatus allows body expression. This took me deeper N O W .....

– He is aware of my fragility, so transference is established.

– I'm starting to connect deeper on a cognitive level through verbal elaboration (so I'm moving to a different stratum of character or maybe a different aspect of the same stratum).

– My sensations are on their way to cristalize in emotional expression, i.e. expression through the body: the road is paved for a deeper dive.

A deeper dive brings deeper resistance. Elaborating the resistance and its significance is another major requisite that allows spontaneous regressions to emerge. You comprehend, feel express, dismantle, dissolve all the anger and fear, all the lies, the manipulation, etc... you created in order to survive whatever agression you received. in other words you dismantle the defense system once built to protect you. We work on this defense system sistematically mentally, emotionally, physically and vegetatively through the different stratums of the character until we reach what we call the synchronic experience of the defense and its opening. This is a very important caracteristic of our school*.

In my process resistance was manifested as destruction. This is how I escaped death. I directed all my energy at destroying the therapeutic process, therapist included. Letting go of destruction turned out to be a spiritual experience because it implied the death of my ego. I remember this moment as one of the most critical in my whole life because I took one of the most important and difficult decisions: Stop running away and facing myself.

Facing myself meant facing death. I knew that for twelve years already. I just kept on postponing it. I had a vision before leaving Egypt 12 years before that revealed to me the path I had to walk if I wanted to recover myself. I left Egypt because I wanted to find myself and that vision showed me the way: I had to face death. THAT WAS THE MOMENT, I knew it.

Needles to say that taking that decision plunged me into 3 to 4 years of death experience and its reconstruction. It was understandable then why destroying him and the therapy was easier than facing death.

Transference/Countertransference was the major key to this whole stage. When I let go of my ego and realized that I had to experience death to recover life I felt very helpless. The therapeutic frame was also a threat so we went through a long and difficult process of negociation until we adjusted it in a way that allowed me to feel secure. This is when I started two sessions a week and therapy time exceeded the normal contracted hour. Marc did this concession to allow the process to go on and eventually paying 2 therapy sessions a week was my concession. Another detail that might seem insignificant but really enhanced regression was the fact that one of my two weekly sessions took place "by coincidence" at night and I was born at 01:30. in the morning

Facing death was the beginning of the somato-psychic process . It means the soma takes over and rules the process. Everything that happens takes place primarily in the body and it is the body which rules the scene from now on. This is when my intrauterine process started to be the center of my therapy. I started having intrauterine regressions of terror of death. I felt very vulnerable because I could easily get away from the reality and enter a strong paranoic state and feel lost. It reminded me of my very first regression but now I was entering this realm in a completely different way. Now it made part of my life process.

When the soma takes over we start to deal with a different level of transference/counter transference. it is a somatopsychic transference. It is a totally different language and it is a whole process where both therapist and patient have to meet and know each other and learn how to dialogue with each other. Boundaries are to be redefined in the body language. The therapist's body becomes the main reference to go "to hell" and come out of it.

The major difficulty as you all know is the delicacy of such intimacy. The therapist is too exposed and this is exactly what I needed in order to do my process but obviously it is very delicate for him, he can hide less. Communication and constant dialogue about boundaries and everything else that takes place in an open, direct and honest way is a must because it is very easy for the patient to feel deceived. All what takes place is very subtle and the therapist has to be very well connected with what his body expresses. He should not lie to his patient no matter what.

I was a group of particles floating in the air and needed to become a group of cells that gravitate in the same field. Receiving a physical grounded reference every time I got lost in space and lost my body helped me ground my body. This in turn allowed me to become that group of cells that have the same gravitational field. I FINALLY EXIST, even though in a very precarious way but I EXIST.. Death stops being the permanent danger against which I am totally impotent. I CAN EXIST. My esquizoide trauma is being transformed.

Once danger of esquizo death retrograded I started facing my second death. These cells need to become a body with muscular mass. For them to do so I needed nutrition. The analogy would be: "I need him to breathe life into my cells otherwise I die of lack of nutrition". I was dealing with my very deep depressive state. In me it was an energetic state that manifested in being very colapsed to the point of being unable to focus on anything and unable to move when in regressions.

But to go into these regressions we really needed to work out the transference/counter transference relationship again. It is obvious we are still in the somatopsychic realm, therefore somatopsychic transferencial relationship. But it had to be readjusted to meed the needs of this phase with all its caracteristics. Nutrition is a different theme to survival. In survival terror is high erratic vibration energy; in nutrition depression is a lack of energy. I remember the difficulty in really establishing a good connection for regressions to emerge again. The difficulty lied in that my body didn't easily respond to his contact which permitted me to project on him my anger at my mother who is the one that let me die. The lack of connection with him the way I needed it allowed the "psychosomatic projection". Here we clearly see the complexity of the transference on those levels. We had to deal with my projection the way it manifested: mentally and energetically. I still had no real physical body to sustain such an expansive emotion as anger. It was a time of lots of confrontation and isolation. He didn't respond to my demands and projections on him, rahter he concentrated on helping me seperate him from my mother so I can stop "not" feeling contact with him. Eventually when this projection was rechanneled I felt the connection with him. Now I was capable of having regressions again and through reconstructing them I finally came out of my depressive state. For the first time I felt I had a body and that this body had the capacity to feel and sustain what it felt. That was the outcome of this second phase of the somatopsychic transference. Now I am ready to be identified emotionally through a one to one relationship instead of the mother/baby relation we had until then.

That took us to the following phase. In that phase distance on a physical level started to be part of the process. I didn't need to be that close. On the contrary I needed distance so I can see him and confront him with my power to reaffirm myself in mine. I was starting to feel I had my own space and needed to contact with him from my space.

Separating physically ended that very important, basic long somatopsychic phase where I was in a regressive state almost all the time. Until I came to that level I could not feel the total veracity of my experiences nor could I register that I am really capable of transforming them. So that was the result of that second phase which lasted 3-4 years. It was the definite transformation of the amount of death there was in me. It was very painful but I feel I went through an initiation process. and it feels good.

My body right now is not afraid of pain, can sustain much higher levels of energetic charges and can discharge very strongly. I don't colapse due to regressions, pain, fear or terror. So this makes me go into regressions and come out in a very different way. I also have less of them now.

In my life this is translated in a capacity to grasp life, a higher capacity to create relationships. It also reflects in a higher quality of sexual contact. Intensity has increased very much and the orgasm is much more powerful.

Through sexuality and don't ask me why I am entering the realm of the vegetative response. This is the phase I am dealing with right now. Unfortunately I have very little to say about it because it has just started. This takes us to the most difficult part of the somatopsychic apparatus: the vegetative instance. What I can say right now is that the movement starts from within, as if it was coming from

my uterus and traveling through my spine. It travels like a vibration, very subtle vibration that directs the outer skeletal-muscular expression of whatever is felt inside.

A very important thing that is starting to take place right now is the change of my breathing pattern.

Another caracteristic of that phase is the immediacy of emotional response and its pureness. On a transferencial level it is the time to construct the relationship from the instinctive emotional contact where truthfulness is the key to that creation.

We are now dealing with the deepest stratums of caracter. In these stratums the transference is as follows: When we are in the reality because we can situate ourselves more in it we are in psychosomatic transference but when we are in a regressive state the transference is global and is somatopsychic.

Conclusion: To have a spontaneous regression what do we do? – Syncronize the 4 parts of the psychosomatic apparatus while elaborating sistematically and consistently the different layers of defense (stratums of character). All this is done in a very particular transference/counter transference therapeutic relationship where we move from psychosomatic transference to somatopsychic transference back and forth depending on the patient's process.

You might wonder how come I don't look like someone who really had this terrible intrauterine life. Well ..... reasons:

1. I have a very strong life force. Without it I know I would have died.
2. I "fabricated" a very peculiar and sofisticated defense system. I had regressions where I relived the loneliness and madness felt during the time I spent on fabricating tensions to give me reference as my only means of survival. I describe my survival system as madness within sanity.
3. My ego identity was totally shattered due to so much death but I had a very deep transpersonal sense of self that gave me my identity. I had enough power in my life to never do anything that compromised that self. It is easy to understand why.
4. I have a very deep and powerful sense of freedom.

Transpersonal sense of self, a powerful life force, a deep sense of freedom.....Did I come with these traits or did I develop them due to what took place? And if I developed them due to my difficulties in the womb and as a tool of survival why did I choose those tools and others choose the tools they choose?who we really are in essence and how much of who we really are comes with us to the uterus and how much is fabricated in there due to mama and papa and circumstances.

I leave this reflection on the table today.

A lot of you might disagree with the amount of pain I experienced in that process but for me it is worth it for 2 main reasons:

1. That pain was registered in my body in many different ways and affected my energy circuits in many different ways and on many different levels which in turn had deep effects on my daily life. Denying it was a choice I had if I didn't want to connect with my body because I was living out of it. This is how much I was dissociated.

2. Having to deal with death in such a crude manner allowed me to resolve my deep fears that involved death. This made me take a conscious decision about living. Not to fear death is a blessing. Choosing consciously life is a privilege. Most people go through their lives without even wondering how or why they are here.

I hope I have been able to convey to you the way we get to spontaneous regressions in Psycho-corporal Integration.

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