

Psycho-Organic Analysis: a psychoanalytical, mind-body and existential practice.

A clinical illustration: polarizations

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Abstract:

In this article I show the ways in which Psycho-Organic Analysis stems simultaneously from psychoanalysis, body-mind therapies and the existential-humanist approach of the person.

In creating Psycho-Organic Analysis, Paul Boyesen founded a new therapeutic method with its own concepts and specific clinical procedures. I illustrate this specificity by means of an original therapeutic practice that we call 'polarization'. Polarizations form an appropriate instrument for repairing the deficiencies of primary narcissism, and the subject matter here is what we call 'positive regression' in its entirety. It is also a further opportunity to demonstrate how the attention given to the richness and variety of corporal sensations gives people following a therapy an opportunity for symbolization and subjectification.

Key words:

Psycho-Organic Analysis, Psychoanalysis, body-mind therapies, existential humanist approach, primary narcissism, polarization, positive regression, symbolization, subjectification.

It is impossible to give priority to any one particular approach in the theory or the practice of Psycho-Organic Analysis, whether it be psychoanalytical, mind-body or existential. The three are intrinsically intertwined and always have been. What Paul Boyesen has developed is indeed remarkable. He used and built upon these origins to create a completely new practice and conceptualization, forging his own concepts in order to take into account the body-mind reality of the individual and thereby structuring an original clinical methodology rooted in a new vision of the therapeutic process.

We have conserved the meta-psychological base of psychoanalysis. It is this very edifice that has structured the majority of psychotherapeutic approaches in the last decades, since Freud theorized the unconscious, preconscious and conscious; drive, abreaction; the id, ego and superego; defense mechanisms, and psychopathology, which was a revolutionary approach for its time giving us his conceptualization of neurosis, psychosis and perversion.

Many other Freudian discoveries are also landmarks in our practice: transference, first and foremost, as a major therapeutic tool, the importance of childhood and of sexuality, the function of the symptom and many others still.

It is this psychoanalytical base, along with the precise and specific concepts of Psycho-Organic Analysis that allow us to develop and articulate our practice.

Here is not the place to highlight how psychoanalysis has radically transformed therapeutic practices that existed before it, nor to demonstrate how it has progressed, developed and evolved since its origin, allowing for a rich and constant evolution. Eric Champ and myself have demonstrated this in a recent article¹ in which we bring to light what we can call a 'psychoanalytical paradigm'. This same term can be applied throughout the various evolutions of psychoanalysis from S. Ferenczi to D. W. Winnicott, from M. Klein to J. Lacan as well as child psychoanalysis.

Psycho-Organic Analysis is clearly in line with this psychoanalytical paradigm which Freud, himself, makes mention of in his writings in 1922: *“The affirmation that unconscious mental processes exist, the acceptance of theories of resistance and repression, the importance granted to sexuality and the Oedipus complex: such are the essential elements that psychoanalysis refers to and bases its theory upon. Those who do not generally accept them cannot be counted among psychoanalysts”*.

S. Freud, 1922²

Yet Psycho-Organic Analysis, “which is part of the larger movement of psychoanalysis”³, has its own specificity within this practice.

Contrary to what we may often hear, the body is indeed very present on the psychoanalyst's couch, even if it is the couch of a practitioner that we may, undoubtedly too hastily, call “classic”. Contacting these unconscious processes in the transference relationship, indeed, considerably mobilizes corporeal sensations.

However, in psychoanalysis, we don't usually address the body immediately and don't use it directly as a venue or means of expression, and even less so as a body, as such, as a vector of possible transformation. This is exactly what we can do, on the contrary, in Psycho-Organic Analysis.

Indeed, following the vision of W. Reich, G. Boyesen and A. Lowen, we consider the body as a venue where psychic conflicts are accumulated and expressed. We know that by addressing the body with a sometimes purely corporeal approach, it is possible for these conflicts to be expressed and resolved.

We usually seek to associate such corporeal work with psychic elaboration. For us, a solely physical or body abreaction is, in itself, not always sufficient to bring about lasting transformation⁴.

¹ « De la psychanalyse freudienne vers une psychanalyse intégrative » in *Les fondements des psychothérapies. De Socrate aux neurosciences*, sous la direction de M. Vinot-Coubetergues et E. Marc, Dunod, 2014.

² S. Freud. 1922. S. E., XVIII, p. 247.

³ Paul Boyesen during the Trainers' College, May 30th 2015.

⁴ This necessary psychic elaboration also serves to avoid the frequent dependence we can observe with solely corporeal or abreactive approaches.

We indeed notice that it is the relationship between the body experience and a situation, memory or recollection associated with this body experience that a sustainable transformation of awareness can take place. This transformational elaboration starts with the creation of such a relationship and can be explored in Psycho-organic Analysis using several techniques including PIT⁵, for example.

Finally, Psycho-Organic Analysis is also instilled with the existential humanist approach. This is of the utmost importance to me and is what creates the psycho-organic analyst's "style", as I call it. It is the welcoming and warm way of being that people who come to see us perceive immediately.

The existential approach takes into account the subjective experience of the individual.

It affirms that a human being's operating mechanisms depend on the specificity of his or her individuality. A person's way of being only has meaning as it pertains to the particular and unique identity of that individual⁶. Consequently, the relationship to the person him or herself becomes fundamental.

This existential approach in psychotherapy emerged in the 1960s in the United States among certain university psychologists⁷, psychotherapists, as well as certain psychoanalysts. They refused behaviorism on the one hand, which saw the mind as a "black box" (only behavior was dealt with and neither the subjectivity of the individual nor the question of meaning were considered) but could not identify with psychoanalysis solely, considering Freudian theory overly deterministic in that it made man out to be exclusively the product of his history and his urges.

They therefore came together under common values such as an individual's specificity, one's capacity to choose freely and the value of intentionality just as well as that of causality.

"Existence precedes essence," as Sartre wrote in "Existentialism is a Humanism"⁸. This statement can, to some extent, summarize existential psychology's posture.

The power and the constant presence of creativity in Psycho-Organic Analysis are, for me, one of the particularly positive effects of assembling these different approaches. This creativity, present as much on the therapist's side as on the client's, is a remarkable particularity of our method and would merit an entire article to elaborate on its specificities, modes of expression, ways we use it and, of course, its therapeutic effects.

I will illustrate here, the synthesis of the psychoanalytical, body-mind and existential approaches that is Psycho-Organic Analysis by explaining the practice of "polarizations" that we can use throughout the course of the therapeutic process.

What is it?

⁵ PIT stands for Primary Impulse Training and is our base method of work in Psycho-Organic Analysis. It is divided into Elementary PIT and Advanced PIT. Elementary PIT consists essentially in creating the conditions which allow the client to experience situations from their past differently by positioning him or herself differently relative to them. This is done with openness to one's organic and emotional perceptions as well as work with expression. Advanced PIT is mainly based on what we call symbolic images that each of us has within us and that carry with them our expectations and are the medium for our desire to live. I only give basic definitions here and invite the reader to consult the following book for a more in-depth explanation of the concept and practice of PIT: *L'Analyse Psycho-Organique. Les voies corporelles d'une psychanalyse*, collective work supervised by E. Champ, A. Fraisse, M. Tocquet. Ed. L'Harmattan, 2015.

⁶ Note that the very etymology of the word existence (exist: exit, emerge, to step out) carries with it the notion of remaining outside of a relationship, stepping out of a defined space that is determining for the person.

⁷ Such as A. Maslow, K. Goldstein, R. May, H. Ellengerger, C. Rogers, H. Feifel, G. Allport.

⁸ Sartre J.-P., *L'existentialisme est un humanisme*, Paris, Gallimard, 1996, p. 32.

A polarization is what we call an “experiential” experience, that is to say something we propose that our clients experience during their sessions⁹. When we feel it is appropriate to suggest such an experience, first and foremost, we present it to the client and explain what it consists in. The client’s consent to carry out this experience is, of course, solicited.

The practice of such experientials constitutes a specific framework within our existing analytical framework. We inform the client that we will be doing an experiential, that it will have a certain duration, be comprised of certain elements and that it is an experience limited in time that we invite the person to feel and live through during one or several sessions.

We thereby clearly define this experience and will, of course, come back to it and integrate it in the framework of the therapeutic process. We always invite the client to share with us what happened for him or her during this experiential, what he or she experienced and how this experience was meaningful, allowed for understanding and perhaps transformation. The therapist can express this directly at the end of the experiential or, depending on the situation, during future sessions.

For the polarization, once we have solicited the person’s consent, we specify that he or she can stop the experiential at any time by simply raising their hand. We then invite the client to turn on their side¹⁰ and bring their legs in towards them. The psycho-organic analyst then approaches the client and places one hand on the upper back, for example, and the other hand on the bottom of the spine. The therapist then invites the person to welcome whatever comes up and happens within him or her.

We can accompany this positioning of the hands with words such as: *explore the space that is there, the space of contact with yourself. Feel what is happening inside of you. You can open yourself up to the life circulating in you and simply be there and listen to the life inside of you. And you can welcome what emerges for you: the sensations, images, feelings and emotions.*

Of course, this requires that the therapist be absolutely and wholly present. Such entire presence can repair a potential non-presence of a mother to herself and to her child and can be perceived in the therapist’s hands through the balanced touch that is sufficiently strong to support and contain yet sufficiently soft to not be oppressive or intrusive.

Polarizations, for me, fit within the framework of repairing what was missing or faulty in the experience of primary narcissism, a theme that many therapists will come in contact with throughout the therapeutic process. The need for primary narcissism, repairing it and establishing a base on which secondary narcissism can appear are all present here.

We propose polarizations when the client finds him or herself in one of those key moments of their process. Perceiving this very moment and identifying it as such in order to propose this therapeutic mediation is, indeed, part of the art of being a therapist.

A polarization lasts at least 15 minutes. This is what appears to be the minimum duration that allows an experience to unfold and be registered in the body.

Several different positions of the hands are possible for the therapist:

Top of the back – Bottom of the back

Top of the back – Feet

Back of the head – Feet

⁹ An “experiential” allows our clients to come into connection with or mobilize their organic and emotional sensations, contact and open up to their unconscious world and repair what was lacking or faulty in their experience through images or situation which they explore in a wide variety of ways throughout the therapeutic process.

¹⁰ Preferably on the left side.

Top of the back – Stomach

Point of the heart in the back – Bottom of the sternum

Note that in polarizations, we maintain a topology of the body. This allows the person to have a point of reference during the regression and a potential base upon which to structure an unconscious image of the body.

It is therefore desirable to ask the client to tell us which of these different hand positions is the most suited and most appropriate for them and if they desire any changes in the pressure exerted. A finer adjustment of the therapist's hand position allows the client to let go and be able to feel what "good" this experience can bring. It also allows the client to accept to let things come up and delve more deeply into what is happening for them because they are not bothered by unpleasant sensations or unconscious comments that may be brought about if something were ill-adapted.

In the deep regression that these polarizations can induce, being able to express his or her preference to us and seeing that we adapt to it, can also be therapeutic regarding the power to transform the "object" (as defined by psychoanalysis and here, being the mother). The client's desire has an effect on the other. The child is heard and recognized in his or her need and desire and the other takes it into account and can then modify their behavior.

Finally, with the possibility of expressing what is best for him or her, the client becomes active in the experience. He or she becomes an actor in this experiential. This thereby limits the potential dependence on the "good" feeling that can often be felt during these experientials as well as the dependence on the therapist that may arise when the client is passively subjected to practices that induce regressive pleasure in the body.

Through this example of polarizations in Psycho-Organic-Analysis, I believe we can easily see how our work constitutes an articulation between psychoanalysis, body-mind approaches and existential humanist psychotherapies:

- Our position is humanist in that we explain to the client that we are proposing an experience and we create a specific therapeutic framework within the framework of the session and the therapeutic process. We solicit the client's consent, inform that he or she can simply and easily stop the experiential at any time and can also be active in improving the experience. We are thus addressing the individual in front of us, positioning this therapeutic experience as such and allowing the person the choice to accept or refuse it.

- In addition, the very notion of regression, as well as its clinical practice comes directly from the practice of psychoanalysis. The process of regression was brought to light and theorized by Freud, who demonstrated its therapeutic benefits. He also demonstrated the importance of early childhood experience and detailed primary and secondary narcissism and the role they play in the constitution of the self.

- And finally, the body-mind approach is, of course, present in the protocol itself and in the way we call upon the client's corporeal experience in this experiential. We do not seek to appropriate this corporeal experience immediately by having the client put words and meaning upon it, as a verbal discourse would restrict and limit the richness of the organic experience¹¹. We find that this organic experience in itself is reparative and repairing, thanks to the beneficial experience of the body

¹¹ It is for this very reason that we don't necessarily seek to put meaning onto this experience immediately, but can do so in the following session for example.

through what Gerda and Joëlle Boyesen call positive regression. This regression is generally linked to organic pleasure: something can be repaired in the transference relationship, something relative to the security in the relationship and to ontological security of existence felt in the body.

This is the opportunity to also highlight how much, for us, the body and its multitude and richness of sensations is the venue for symbolization and subjectivation¹².

This regression can also bring the client to experience or re-experience a difficult situation that does not bring him or her “good”. That being said, this experience has meaning, of course, and serves as a base for further analysis and symbolization of what is happening for the client in that very space. It opens up the possibility of repairing these first moments of life through the transference.

The practice of experientials must be done in an appropriate manner, always in phase with the client and the various issues that he or she brings up and develops throughout the course of the therapeutic process as well as his or her unique mode of psychic elaboration.

It is paramount, for me, to always give the client the possibility to deploy his or her own therapeutic space, to put into play the intensity and often harshness of what he or she desires to repair.

It is the indispensable and constant work in supervision that allows us to perceive this balance, take into account what is being put into play in the transference and counter transference and thereby elaborate our therapeutic practice with openness, rigor and pertinence.

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¹² I agree with what F. Dolto conceptualized as the “unconscious image of the body”, which remains of utmost importance as a means of subjectivation far beyond childhood.

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