

The Body of Shame in the Circle of the Group

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abstract

This paper suggests an integration of two therapeutic domains in which the author was trained and certified: group analysis and bioenergetic analysis. Bioenergetic analysis is a psychodynamic psychotherapy which sees the individual as a psychosomatic unity and combines work with the body and the mind. The author considers the pioneering book "The Group as an Object of Desire" by Morris Nitsun as a facilitating environment for the ideas of this paper to be accepted. Nitsun opens up the importance, on one hand, and the neglect, on the other hand, of sexuality and the body in the discourse of group analysis.

The paper brings the body to the front of group analysis.

It illuminates the body as the stage on which the drama of shame occurs.

The paper discusses 5 dimensions of shame, categorized into 5 degrees of pathology, having to do with the developmental stages in which it occurred. The most archaic one (degree 1) is the most malignant and inhibits the social life of the individual. The 5th degree, social shame, is necessary in order to be part of society.

A bridge of understanding between group analysis and bioenergetic analysis is suggested in which social shame, the more superficial one, serving as a defense against or displacement of the bodily shame. The ultimate space for working, therapeutically, on shame is the group, provided the body is not dissociated from the arena.

A clinical example of working with a group in the integrated model is described, followed by a discussion. It is suggested to consider the matrix as the group body-mind instead of only the group mind.

Key words: group analysis; bioenergetic analysis; sexuality; body; shame

This paper is the outcome of a process of integrating two professional domains in which I trained, worked and gained experience: Group Analysis and Bioenergetic Analysis. Bioenergetic analysis is a psychodynamic psychotherapy, which views the individual as a psychosomatic unity. The accumulating experiences/traumas in bodily postures/behaviors/disfigurements/ disabilities is the individual's character.

The analysis of the character is the basis for the psychotherapeutic process.

I relate to this integration through the subject of shame, so important to group therapy. Shame is a painful affect experienced by the self, in the body, and needs to be addressed also on the body level.

Conger (2001), a bioenergetic analyst, writes: "It seems remarkable that for all the literature published on shame, an affect that expresses itself psychologically and physiologically, an affect notable for physical manifestations such as blushing, sweating, increasing heart rate and downcast eyes; that very little has been written on the body of shame". (pp. 71).

In this paper I wish to bring the body of shame to the front of group analysis.

Bioenergetic Analysis has developed out of Psychoanalysis, similarly to Group Analysis. Wilhelm Reich, Freud's student and colleague, initiated it.

Reich (1972) formulated a concept of character and character armor, which includes both body and mind. Character is the basic resistance to change.

In his effort to understand character resistances, Reich moved his chair from behind the couch to where he could look at, as well as listen to, his patients – a small change that made a world of

difference. The whole person was now on the couch, body and mind. The way was open to bring the body into the therapeutic process.

Alexander Lowen, Reich's student and patient, continued his work, getting patients off the couch and onto their feet. He coined the term "Bioenergetic Analysis"(1975).

At the core of Bioenergetic analysis of the individual is the study of sexuality.

Reich focused on sexual functioning, Lowen shifted the focus to ego functioning and integration of ego and body.

Helfaer(1998), who was Lowen's student, and also my teacher for Bioenergetic Analysis, took Bioenergetics one step forward. In his developing of the Bioenergetic theory, Helfaer pulls the organismic point of view of his "ancestors" (Reich and Lowen) towards an organismic theory of the self. Helfaer's theory is a theory of the self, rooted both in biology (sexuality) and society.

Helfaer introduces another important concept – SELF-RESPECT. It is experienced in the form of "being" in the body, with an absence of shame, guilt, humiliation, self-criticism, or preoccupation with self-esteem.

According to Helfaer, sexuality and self-respect are two organismic functions.

This concept is important for us, group psychotherapists, because Helfaer emphasizes the social factor. "At the same time, self-respect, a keenly personal matter, reflects our sensitivity to our position within our group, our tribe, our community. In fact, our sociality, itself, is given to us through our biological heritage at the same time it is indelibly colored by a unique, personal, sociopsychological history." (pp. 4)

What Helfaer means by sexuality is, by no means, only genital sexuality. Sexuality encompasses the whole range of development. The basic need of the baby to be mirrored in his mother's eyes, and his excitement when this need is met is very sexual.

Helfaer emphasizes the importance of looking at the body of the patient, at the same time of listening to his words. When we look at a person, the first thing we see is a man or a woman – a sexual distinction.

The first time I met in the psychoanalytic literature a reference to the importance of looking at the body was in Khan's paper "To Hear with Eyes" (1971: "I have not come across any paper that discusses the contribution made to our knowledge and experience of a patient, from our looking at him or her in their person as a body...looking cannot be neutral... this may be one reason why given the accredited tradition of the so called neutral analyst, this aspect (of the analyst' behavior) has not been reported or discussed."(pp.246)

This paper by Khan is important for the evolution of my ideas because it is based on two important and connected aspects that I am trying to illuminate: sexual identity and the human tendency to split-off parts of the self by dissociation. The possible result can be dissociation between the biological reality of the body (male or female) and the sexual identity (both for analyst and patient).

The core identity of the self, according to Helfaer, is sexual identity. The violations of sexuality in childhood damage the very primal sense of self. Hence, shame is a body system, rooted in body pain and tension, developed into a belief system about the self and serves to prevent the excitatory movement of the individual. A person who is free of shame enjoys good body feeling which reflects healthy functioning of self respect, a definite sexual identity, and a sense of well-being

The Body of Shame

In his paper "The Body of Shame" (2001) Conger links the experience of shame in early childhood to the development of character. "Shame disrupts the formation of a primitive core self which is reflected in the body through a failure to ground, establish good boundaries, restricted breathing, a loss of emotional range and a weakening in our desire to be present." (pp.71)

I think that the intention to be bodily present is a crucial point in the transition that Foulkes made as a psychoanalyst when he first assembled his patients to sit in a circle of a group. This shift in the psychoanalytic technique had a revolutionary connotation. Pines (1987) argues that we have good reasons to consider Freud as shame prone and shame sensitive. In an early paper about mirroring Pines(1984) writes: "We know that Freud himself admitted to his dislike of being constantly looked at by his patients and this, amongst other considerations, led him to construct the situation of the patient on the couch with the analyst sitting behind him". The very fact that this technique was so deeply accepted in psychoanalysis might indicate that the refusal to be looked at was not only Freud's problem.

Although Foulkes (1964) refers to the unity of body and mind, psyche and soma, there are still, today, clear indications of splitting of body and mind in the Group Analytic field. I will mention two examples.

The book "Group-Analytic Psychotherapy" written by Behr and Hearst (2005) has a sub-title: "A meeting of Minds". The word "minds" becomes even more meaningful when you look at the drawing of the cover of the book. Under the title, there is a drawing of people sitting in a circle, on chairs, who speak very much with their body language and facial expressions, but there is a complete split between the title and the drawing.

The second example is the title of the GAS Winter Workshop in Budapest, 2005 which was "Body and /or Mind – Who are sitting in the circle"? It seems that in 2005, group analysts are still not certain about what is a person, a body or a mind, or maybe, the two of them together.

In 2006 there was a very important break through, made by Nitsun, of this split in group analysis.

In his book "The Group as an Object of Desire – Exploring Sexuality in Group Therapy" (2006) Nitsun brings into the center of the stage two issues which were marginalized in our field: sexuality and the body.

There are several issues, mentioned at once, in his approach:

- How to deal with the body in the group situation?
- The ability of the therapist to be sensitive to body language and non-verbal communication (which necessitates as a must the therapist's consciousness to his own body of shame)
- Sexuality and its relation to the body

Nitsun has the intuition for body psychotherapy. This is clear when one reads his book The same is correct for the intuition of Helfaer for the importance of society. In his paper "Shame in the Light of Sex and Self Respect" (2007) Helfaer draws on Morrison's conception of shame as narcissistic injury. He enlarges the concept to social realm. "The shame Morrison is describing, I want to say, is the shame of the social person in his aspiration for place, status, and affiliation with the clan."

Nitsun gives shame an important place in the therapeutic work with sexuality in the group. It stems from the inevitable gap between the private and the public self.

This is why he considers the group the ultimate therapeutic environment for dealing with sexual problems and identities. But being aware of how difficult it is, because of shame, he demands from the therapist a great deal of self awareness of his own shame and sexual difficulties. "An even more hidden and elusive form of shame, I suggest, is the therapist's shame. It seems to me necessary and important to recognize that therapists are not immune from the same experiences of shame that we more easily identify with patients, including shame about sexuality".(pp.259).

He emphasizes the role of the therapist as a facilitator of creating environment which enables members of the group to talk about their body experiences of sexuality and about their shame.

Nitsun's book, in my understanding, is the best contribution in group analysis to the complex issue of individual and group. Ever since Foulkes' death, group analysts have tried to comprehend Foulkes' understanding of this issue. The recent argument in Group Analysis between Dallah and Lavie (2005) is a good example of this attempt.

Nitsun considers the issue of sexuality as the bridge between individual and social.

"Theoretically, sexuality is at the interface of individual and social models of human behavior, highlighting the existence of the social in the individual and the individual in the social, and indicating the potential for a more clearly articulated sexual discourse in group psychotherapy." (pp. 282).

Nitsun's book is about sexuality and desire. When one talks about desire, one talks, inevitably, about shame. Metaphorically, I see desire and shame as two controls necessary to drive a vehicle. Desire is the forward control of life, while shame is the brake control. Society and culture are the road conditions dictating the vehicle advancements.

Dimensions of Shame

There are more dimensions to the issue of shame and the body of shame.

I suggest looking at shame as an affect, which runs on a continuous scale from the most malignant shame to a necessary and healthy ability to feel shame in order to be a part of society. The degree of pathology of shame has to do with the developmental phase in which shame producing experiences occur. The earlier these happen, the more profound and inhibiting is the shame.

Malignant Shame

Malignant shame occurs in the very start of life, in the process of attachment between mother and child. "Shame is a response to failure and to ensuing feelings of inadequacy.... The most fundamental failure, I suggest, is that of not being able to evoke an empathic response in the other." (Mollon, 2002,pp.26)

Mary Ayers (2003) calls this kind of shame "absolute shame". Wurmser (1997) calls it archaic shame and writes that "this type of shame is unimaginable and nameless, beyond speech. The most infantile aspects of shame are masked and dissociated, hence, reside almost completely within the domain of the unconscious...at a preverbal level".

The malignancy is described so well in Mollon's words: "Shame involves a hole – a hole where our connection to others should be. In shame we fall out of the dance, the choreography of the human theatre. And in the deepest depths of shame we fall into a limbo where there are no words, but only silence. In this no-place there are no eyes to see us, for the others have averted their gaze – no-one wishes to see the dread that has no name." (pp.23)

My understanding of the descriptions above is that this first level of shame is a body memory, and we can meet it in therapy only through some kind of early body experience, such as eye contact and the therapist's holding response.

Ayers considers this shame a psychotic anxiety, as it causes disintegration and annihilation of the self.

Broucek (1991) says that shame involves one's core sense of self and identity.

This will haunt the individual through each developmental stage.

Primitive Shame

The second level of shame has to do with the nature of our bond with others, shame that is associated with the earliest breaks of attention between mother and child. When this happens, our whole being is deficient. In this kind of shame, there is a bond between mother and baby from the start, not a hole like described above. But when there is a break in this bond, the baby experiences mother as a stranger.

In Bioenergetic terms, when primitive shame emerges out of a break in the attention between mother and infant, character will be shaped defensively out of the infant's somatic response of contraction, withdrawal, and rigidity. This kind of contraction stays chronically in the body.

Recognition Shame

The third level of shame is what Conger (2001) calls Recognition Shame. Conger writes about experiencing oneself as a visual body, as opposed to a felt body.

This movement from inside to outside, subject to object, brings recognition of oneself, a developmental leap of consciousness, and inescapably some moments of shame.

Finding the way to move readily from the felt body to the visual body is a tremendously difficult developmental task. Those who fail to accomplish it become alienated from their body.

It is Sartre (1956, 1992) who gives it the accurate words: "The ashamed person physically and constantly is conscious of his body, not as it is for him, but as it is for the other... I cannot be embarrassed by my own body as I exist in it. It is my body as it is for the Other which embarrasses me."

Conger adds: "The mirror experience eventually drives us from Eden and we become aware of our separateness in a world of others. So central and traumatic is this shift that some people are locked inside themselves, isolated with their autonomy intact at the cost of relatedness. Others become locked outside themselves without access to a grounded, internal sense of self. They fit in much too well. The gaze of others is not easily distinguished from an imagined gaze, our interpretive transference. Out of this shame juncture arises a false self, a pretense to protect and cover our nakedness, to keep us hidden, what Reich calls Character. Upon these foundations character may later build its house, suffering under the imagined gaze of others". (pp.75)

For a person who suffers from chronic shame, sitting in a group circle of 7-8 people is the ultimate nightmare; he sees a world of faces gazing at him. It challenges the character as much as a bioenergetic bodywork does, and "when we challenge the character of our patients we are likely to encounter shame."(Conger, 2001).

Shame is located not only in the face, rather, in the whole body, open to inspection. This is important to remember when we talk about the fourth level of shame.

Shame as the "Shadow" of Sexuality and Desire

Mollon (2002) tells us that the child's discovery of his and his parent's sexuality is a form of shock, accompanied with shame. The function of sexuality in childhood, according to Mollon, is mainly to achieve autonomy and identity. Parents often interfere with the child's autonomy by inhibiting its exploration of the body's sexuality. Amsterdam and Levitt (1980) argue that the Mother's disapproval of her child's autoerotic exploration may be one of the first narcissistic injuries experienced by the child. In contrast to the "gleam in the mother's eye" which Kohut (1971) emphasized as a foundation of the child's sense of self, mothers in our culture do not normally beam whilst their infants play with themselves. They argue that in this way the child's dream of his or her own perfection is destroyed and the source of pleasure, his or her own bodily sensations, now produce shame. Exploration of sexuality has led the child out of the Garden of Eden.

Helfaer's paper (2007) "Shame in the Light of Sex and Self-Respect" contributes to the bioenergetic point of view about shame and sexuality.

Helfaer agrees with Morrison (1989) who considers that therapeutic failure and premature termination of therapy are often the result of the failure to deal with shame in treatment.

Helfaer points to a tendency in the Bioenergetic tradition, as well as in other psychoanalytic fields, to overlook shame even when discussing issues of narcissism. Helfaer adds to Morrison's broad understanding the bioenergetic aspect of shame: "A bioenergetic perspective immediately brings to our attention bodily shame, a shame that infuses identity, the feeling that who I am is shameful and that my body, body parts, and bodily expression are shameful. This shame splits us from our erotic selves". Helfaer says that shame is a difficult experience to describe, because it has a mix of affective and cognitive components. "As I see it, the affect, the pain, of the shame experience, is a body memory having its origin in childhood experience....

The essential painful experience for the child consists in having his/her movement stopped. In other words, there is contraction, a shrinking, in response to the environment... It is an inevitable part of childhood, and it is inevitably painful."

Social shame

Helfaer talks about "a shame-system" which develops from the chronic, painful shaming or neglect of the child. In this case, the affect of shame becomes embedded in a set of beliefs which feel real to the individual. The chronic contraction of the early shame experience is integrated to establishing and maintaining this system.

The beliefs help explain to the individual his or her pain. In this case "mind follows the body" and social shame is the more superficial one, serving as a defense against or displacement of the bodily shame. This is a bridge of understanding between group analysis and bioenergetic analysis.

At the same time, when Helfaer writes: "the human potential sensitivity to feel shame is a survival mechanism helping to ensure belonging to a group, to make sure of one's position in the group," it leads to the inevitable conclusion that the group situation is the ultimate space to deal, therapeutically, with shame.

The real challenge for us, group psychotherapists, is how to handle shame and its vicissitudes in the group process, without leaving the body out of the circle, split-off and hidden from participants and therapists alike.

Clinical example

I will present a group of 12 participants, 6 men and 6 women, all of them group conductors, with whom I worked in a 3 days conference of group Psychotherapy.

Almost all the participants chose my group because of my interest in body-mind integration, and from the start there was a push-pull towards working with the body (exercises).

In the first session there was a high charge of sexual energy in the room, with much laughter, enthusiasm, and self projection (mostly in professional terms.) Yet, very deep feelings were expressed already from the start. Isack told the group that he was hoping to attain in this group a healing experience of a traumatic rejection from the Israeli Institute of Group Analysis, because in the beginning of the introductory course he had told the group a dream about incest (this was his understanding of the rejection).

Dafna, who is now divorced after being married for 30 years, talked about her fear to trust and to start a relationship with another man. I saw her difficulty to take part in the "sexual game" of choosing and being chosen. I was also aware of the false ability of all the others to handle sexuality. There was a strong charge in the room, mainly because of the equal number of both genders, but it was expressed mainly in intellectual terms. This was obvious, especially, in one man, Gilad, who could not contain any emotional or sexual charge in his body, and he burst constantly into the group, challenging me with the difficulty of handling him within the group. Another man told him that he was spreading fire-works all over the room. I used it as a metaphor for an overcharge in the head. It was part of my working on the split between body and mind, expressed in sentences like: "Let's stop talking and turn to body work". I was looking for the right moment to bring also the body to the stage. My intention was to help the group with the over-charge of energy in the head, by diverting their attention to the legs and feet. When the right moment came, I asked the participants whether they are willing to take off their shoes and socks (some of them did not take off the socks) and put both their feet on the floor, close their eyes for a short moment and listen to their body sensations and breathing. When I asked them to open their eyes I suggested to look on 13 (including me) variations of human feet.

We finished this short experiment by standing up, and looking around, which means – exposing and observing the whole body. After sitting down people were talking about different experiences of eye contact, fear of eye contact, and refrain from looking underneath the face level. The energy in the room was more contained, less hysterical.

In the morning of the second day Gilad told the group about a horrible headache that he had had in the night, something he suffers from very often (no wonder, because of the intense charge in his head).The group went on to a clear fight around a place in the group. Only one woman challenged me and said that I was too dominant.

The fight was mainly among the men, and was very intellectual.

Amos, the eldest among the men, shared with the group a dilemma he had at that time. He had been in a good relationship with a woman for 11 years, but desire had long ago faded away, and now he was having a relationship with a new woman, 20 years younger, which brought back desire to his life. In the previous day, when I looked at Amos's character I saw his held- back body, depleted of energy, with low voice, sad eyes, a body which radiates deep tiredness. This giving up of desire was a subject I began to reflect to the group yesterday, by talking with Amos.

Sara said to the group: "I am jealous of Gilad who draws all the attention of the group to himself. I want too, but I feel now that my heart is beating strongly (she mentioned it also

yesterday). The group ignored her, and another man, Pini, went on with the competition with Gilad. I reflected to the group how the competition is expressed only in cognitive terms, and the voice of the heart is not heard.

The next session started with another woman, Ayala, who continued with the subject of how to survive in long term relationships and how to deal with desire to partners outside this relationships. As a matter of fact she talked about the marriage of her parents. I reflected that until now, they avoided talking about their parents, and reminded them how they did not join the only woman who "dared" to confront me. I also mentioned a slip-of-the-tongue of Gilad who turned to me, several times, not in my name but in the name of a woman he was attracted to.

I suggested thinking about a connection between Oedipal relations with their parents and the disappearance of desire from their marriages.(This subject was in the group from the beginning, with Isack's dream of incest).

My interventions enabled people to bring their relations with parents to the group, and how it affected their developing identities. The atmosphere in the room changed to more emotional, and at the end of the morning session there was a hug between two men, and one of them said "Now my heart is beating." This was a sign for me that the energy of the group was, then, more in the body level, and the time is right for a bioenergetic body exercise session.

I opened the afternoon session with exercises to open up blocks along the body.

This process opened a deep experience of rejection for Lily, who talked about her mother who had told her: "I see evil in your eyes". After working with her theme, several people accused me with pushing away the desire from the room by introducing the parents.

Gal, the youngest man in the group, who found it difficult to compete with the others, talked about feeling non-existing for others, not being observed. Gal was sitting with his two feet on the chair, and I asked him if he could put them on the floor. He said he could not because they were trembling. I told the group that in this afternoon session, shame entered the room, through Lily and Gal. Gal seemed stunned, but also touched and seen.

In the third day, in the morning, the subject of childhood entered the room.

Other stories of rejection and shame joined the matrix.

In the last session I planed to work on separation and closure, as I always do in short-term groups in conferences. It was interesting to note, again, that after the subject of shame was brought to the surface, people were reluctant to leave it, and actually "waiting in line" to talk about their private shame experiences, until almost the last moment of the session. In the last moment, when we were about to finish, Gal said he wanted to say something he had never before said to anybody – he was over 30, and he had never had any relationship with a woman. (I hope he took it to another therapeutic group to work on this important issue).

Discussion

The realm of the body in the group process has to do with what Foulkes (1964) called the third level of communication, or "the projective level", by which he meant the level of bodily and mental images.

Winnicott (1945) writes about the importance of handling of the good-enough-mother which enables the baby's emerging self to dwell in the body.

There are references in the history of Group Analysis to the group as a mother. Foulkes (1964) writes about the group as representing the mother image.

Elliot (1994) developed this idea into the potential to regress to very primitive and early states of mind which results from memory traces of being in the womb. This can be evoked in a group situation.

My claim is that the conductor needs to hold the reality of his and his patients' body (as part of their person) in his mind all the time, in order to encompass the very young babyish selves that are sometimes, there, in the group. I also argue that some of the dropouts from the group might be a result of failure in holding and handling of the primitive fragile states of minds that are there in the group.

In order to discuss the clinical example I need to explain, shortly, the concept of grounding, introduced to Bioenergetic Analysis by Lowen. Grounding describes the organism's energetic relation to the ground, that is, to the stress of gravity.

In organizing itself under the stress of gravity, the body must inevitably mobilize whatever chronic character tensions are present.

There is a constant two-way flow of energy in the adult person. The upward flow, towards the head, is very important in maintaining the intellectual, controlling function. Sometimes, there is an overcharge of energy in the head, which will be expressed in such statements as "I can't stop thinking" or "I can't give up control". Usually, these people have difficulty in the other direction of the flow, namely, downwards, into the pelvis and legs. These people would find it difficult to give in to feelings, especially softer ones. This is why I was working, in this workshop, to lower the high "heady" charge that was in the room to the chest (calling attention to the heart) and then to the pelvis and feet. Bodywork and verbal elaboration of the process brought the group, eventually, from the narcissistic defensive state to the connection with painful realities of body and mind.

The concept of grounding can be translated into group analytic terms. Foulkes (1964) writes about Matrix that "it is the common shared ground which ultimately determines the meaning and significance of all events and upon which all communications and interpretations, verbal and non-verbal, rest." (pp. 292) The first "grounding" of the baby is in his mother's body.

I argue that there is a very important quality of grounding in the community, society at large and culture, which can be enhanced and stabilized in a therapeutic group. Foulkes (1948) refers to the quality of grounding when he writes: "Good Group treatment, by developing a good group, makes both processes go hand in hand: the reinforcement of the communal grounding and the freer development of the individual differences. Like a tree – the firmer it takes root the freer it can display its individual characteristic beauty above ground." (pp. 30)

The translation of the concept of MATRIX into Hebrew also sheds light on this perspective of the group as a ground for the developing self. Apart from the common use of network, the other use is of a basis on which something can grow and be cultivated.

There is a common use in Bioenergetic Analysis of the concept of SURRENDER to the body, meaning, give in to the biological reality of the body as opposed to the narcissistic intellectual part of the personality.

In the same line of thought I suggest referring in Group Analysis to SURRENDERING TO THE MATRIX. Participants can surrender to the matrix when they feel safe in their own bodies, while sitting in the circle of the group. I think this way of thinking gets closer to what Elliott means by regression to the experience in the womb.

Although not having to struggle with gravity while sitting, the "gravity" of the power of the group is also a force that one deals with according to one's character. Part of the difficulty of

dealing with the power of the group, especially for people who are shame prone, is the gazing of so many eyes for a whole session.

Foulkes (1964) relates to the matrix as the group mind, and I suggest introducing the group body to the concept of matrix. .

Powell's concept (1991) of the 'embodied' matrix is relevant here. When discussing Fiumara's paper (1991) he writes:" Fiumara, if I understand him correctly, says that the human psyche retains for ever a kind of nostalgia for that first imprint of somatopsychic undifferentiaion."

When we think about the matrix as the group mind, it is worth remembering how Winnicott (1949) relates to the mind as part of the psycho soma. "The mind does not exist as an entity in the individual's scheme of things, provided the individual psyche-soma or body scheme has come satisfactorily through the very early developmental stages; mind is then no more than a special case of the functioning of the psyche-soma. . . If the Mind", says Winnicott," is developed prematurely, in a not good-enough and holding environment, then "the mind will often be found to be developing a false entity, and a false localization."(pp.244)

Conclusions

Group Analysis and Bioenergetic Analysis have more in common and can contribute to each other and to psychoanalysis more than is realized in both fields.

Being connected to the body, especially to the body of shame, demands constant awareness of the possibility of dissociation. As human beings, our tendency to dissociate from our bodies is there all the time, because it is the survival mechanism which enables one to live with emotional and physical traumas and other painful experiences.

For the group analyst, holding the body (his/her and others) in his mind is a difficult task, especially in a context where the body is not considered an important issue in psychotherapy. Although there is a growing awareness of the need to induce the body into the psychotherapeutic session, applications of this need are very complicated, and therefore, working with the body without a proper training should not be tried.

Nitsun (2006) deals with the implications of his book on the necessary changes in training and training institutes. I will leave the end of this paper with the question – is it only a dream to include body work in the training of a group analyst?

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