

The Oral Character

Bioenergetic Dynamics

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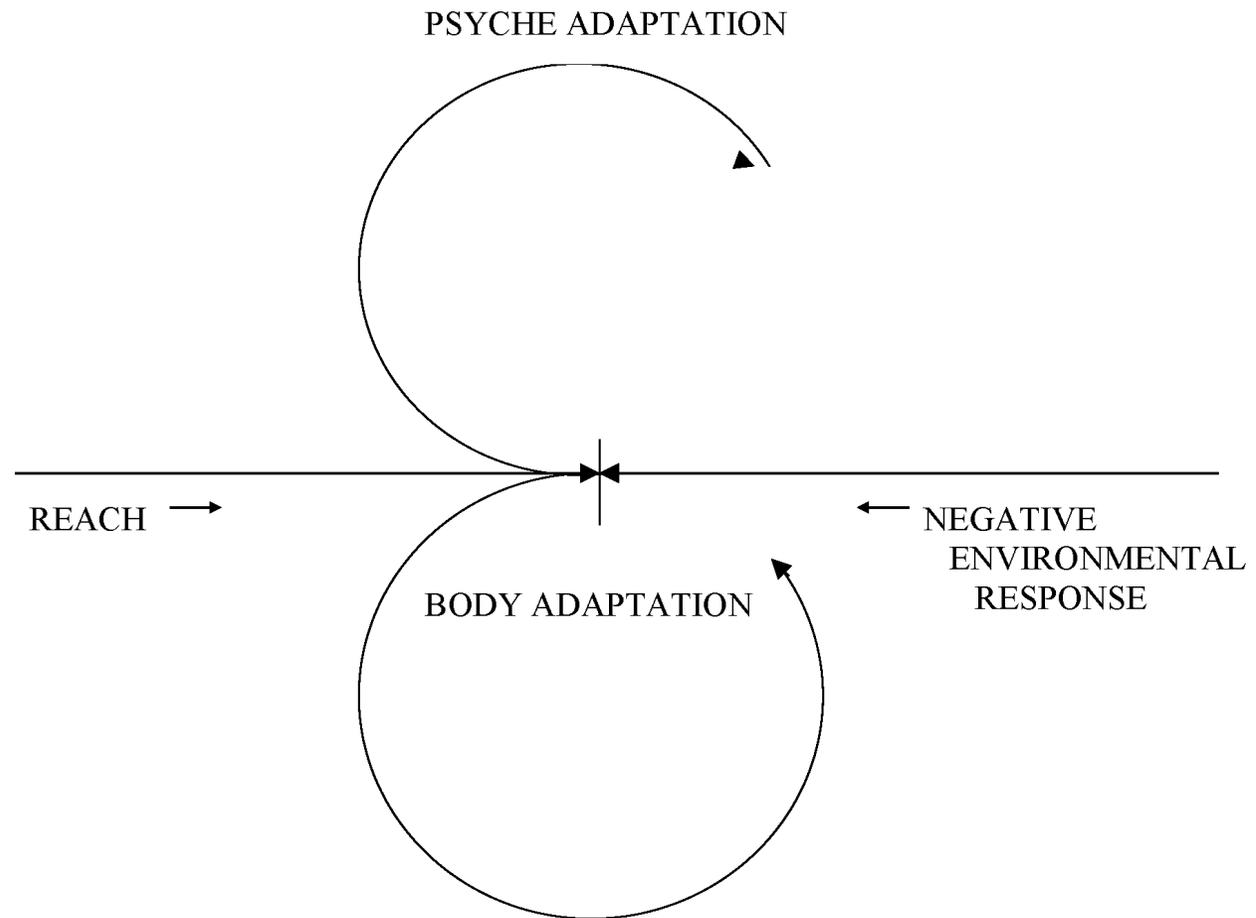
My Story



Dynamics

- **Age of core wound:** first year of life when energy is focused on oral needs around the mouth, such as sucking, licking, or biting. A wanted child but one who did not get enough love, attention, nurturance or warmth.
- **Parents:** often wanted the child but were too busy or too distracted (with other children, or overwork, or addiction) to satisfy the needs of the child.
- **Result:** The baby cries out to be held, changed, fed, loved. The reaching cry is not answered. It changes to protest, then giving up in despair. This “giving up” is structured in the body.

Hilton Diagram



Hilton Diagram

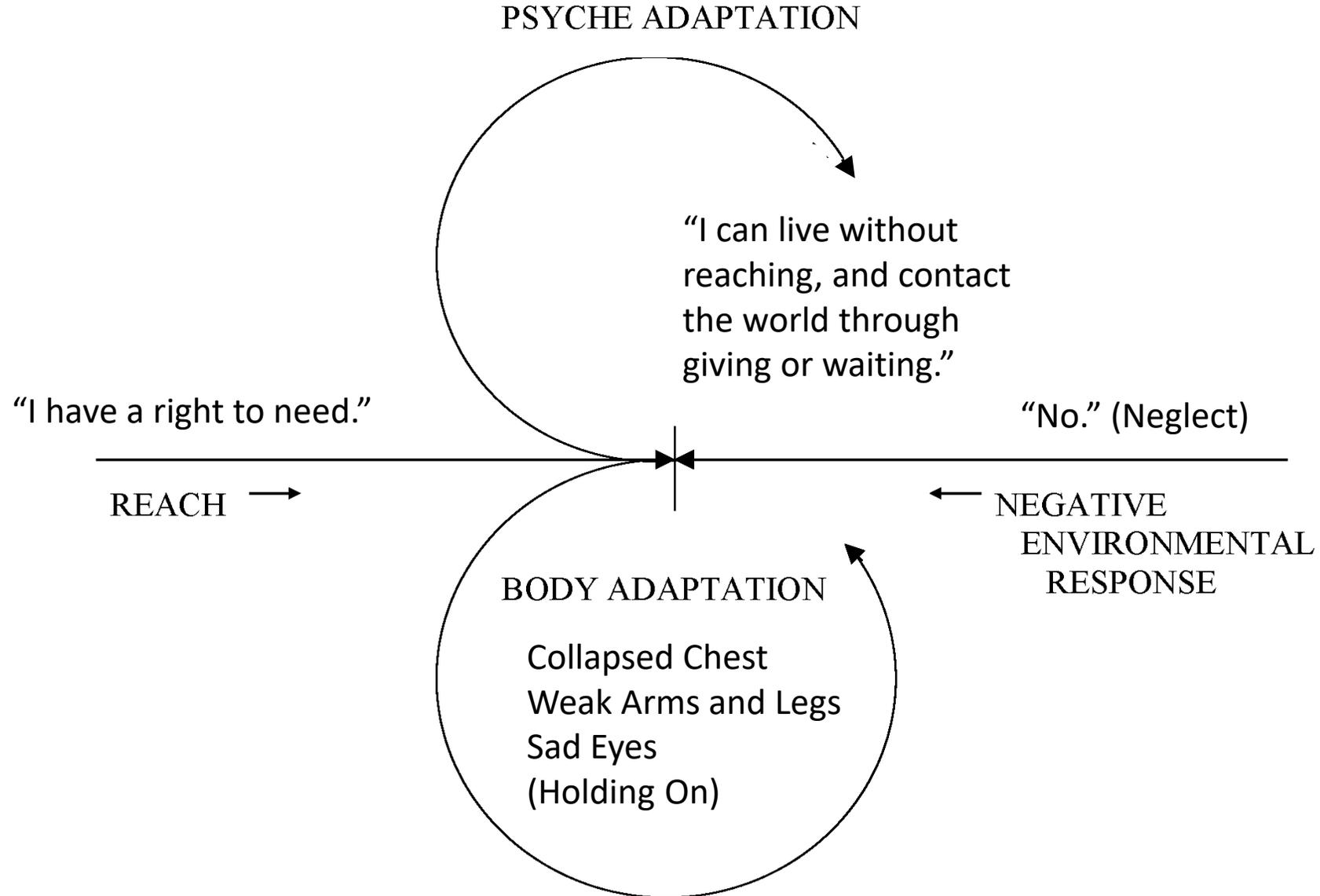


Image of Oral Body

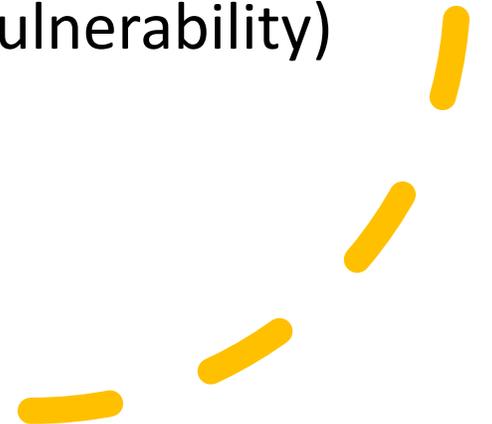


Oral

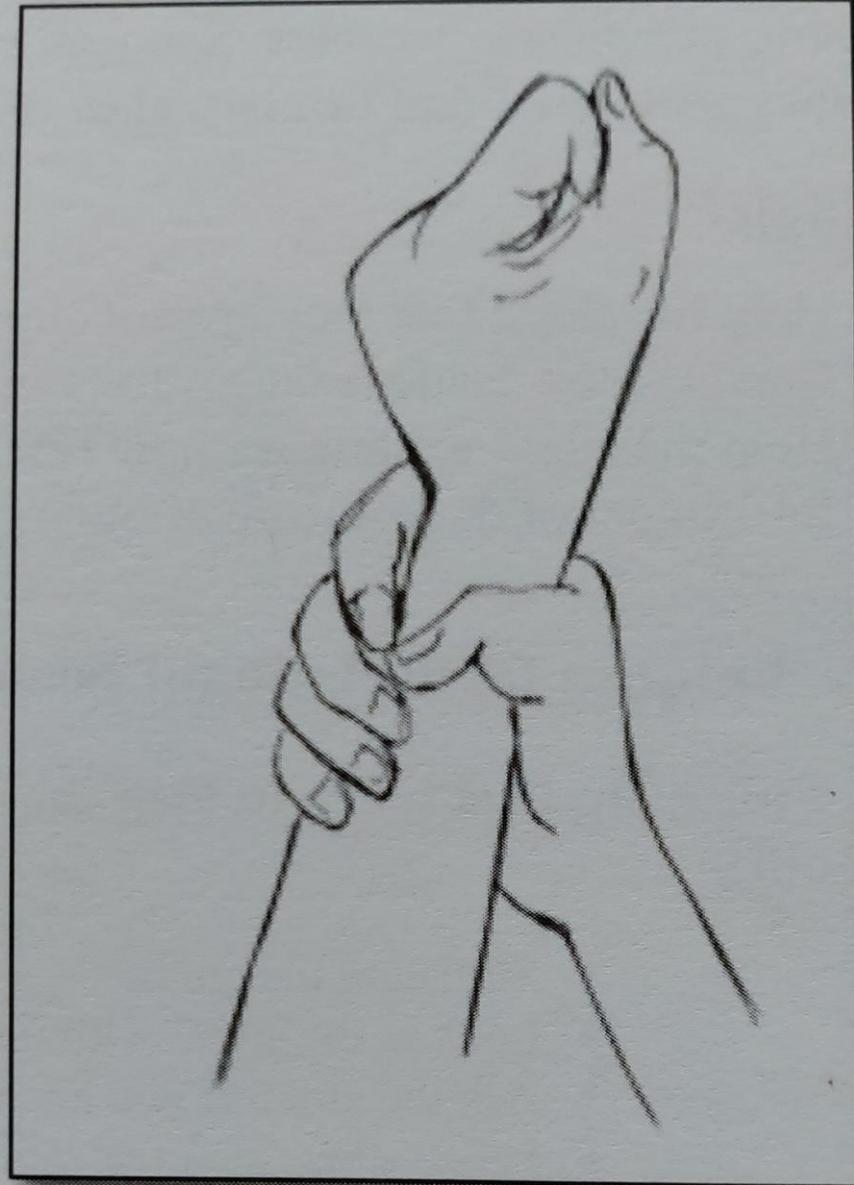
- Thin and deflated body
- Collapsed chest/shoulders
- Sad eyes
- Undercharged organism
- Overall weak

Demonstration

- Child reaching for parents; parental response
- When the struggle for love meets the fear of disappointment
- Arms and legs weak; collapsed chest; deflated balloon
- Eyes betray longing, sadness
- Reach with head
- Tight jaw (hold back oral longing, vulnerability)
- Shallow breath
- Low energy



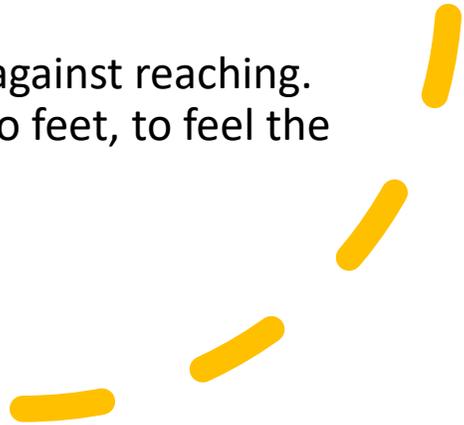
The wrist exercise



Directions:

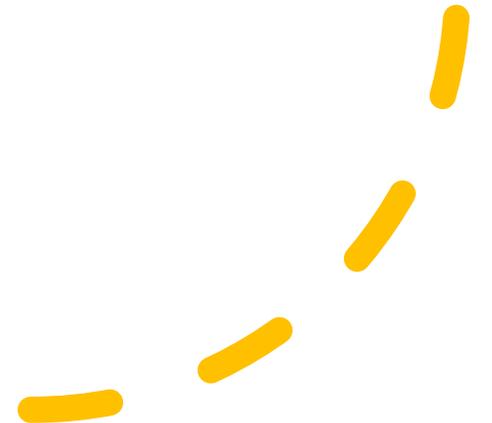
- Grab one wrist with your other hand, skin to skin. You are the hand that grabs.
- Imagine the wrist as a person who does not want to stay long enough.
- Notice the sensations in your hand. (Do you tighten your grip? Do you make it looser?)
- Pull the wrist away.
- Notice how the hand feels. The hand wants to reach but is ambivalent. (This is the dilemma of the oral character. The need to reach meets the fear of disappointment.)
- Next, imagine the wrist will be present and stay as long as you need.
- Grab the wrist, relax, breathe, inhale the love and connection.

Goal in therapy

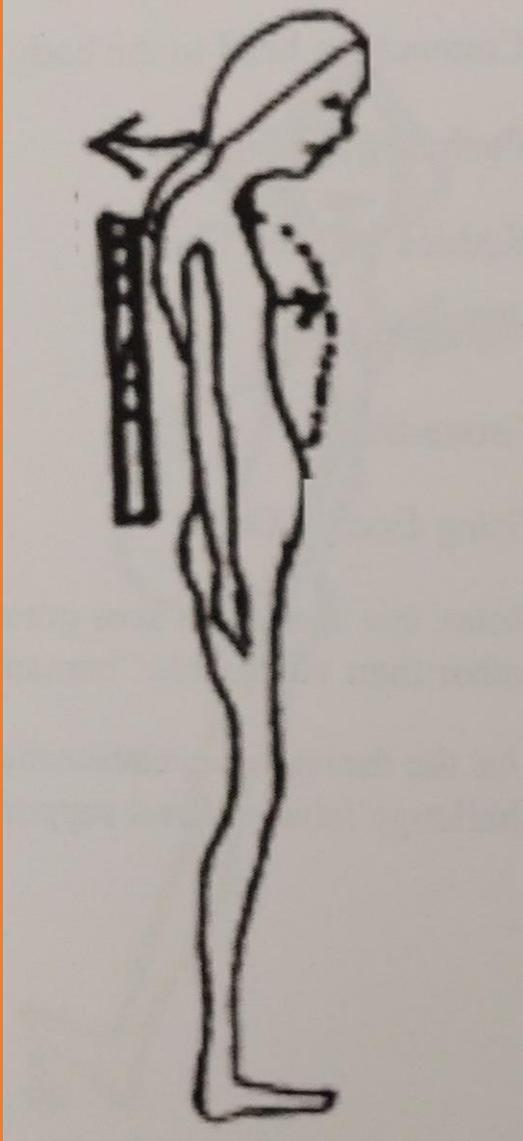
- Work through the blocks to reaching
 - Re-claim the right to feel loved
 - Risk fear of abandonment by assertively reaching for love and life
 - **Transference:** The client has an ambivalent attachment, expects neglect. Can be demanding or act disinterested to hide their need. (example: My therapist asked, “what do you need from me?”)
 - **Countertransference:** Overtalkative client can bore the therapist. Demanding or low energy client can annoy the therapist; Take a breath and remember that these are defenses.
 - **Relational stance of therapist:** provide a nurturing presence; use your own body to sense when client is clingy or withdrawn (see the fear beneath it). The client can only stand on their own two feet once they are filled up with support from you.
 - **TECHNIQUES:** work somatically with the defenses against reaching. Help them learn to enjoy standing on their own two feet, to feel the strength of their back and be assertive in reaching.
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Somatic exercises

- Grounding : lean on one leg then the other
- Strengthen the back and open the chest: The bow
- Activate reaching: (titrate) reach from hands only, return hands to chest; reach from elbows, return arms across chest; then reach with entire arms over and over.



Treatment



Oral

- Build Backbone
- Fill out Chest
- Pull back Shoulders and Strengthen weak Mid-back
- Build a Charge through Breathing
- Reconnect with Aggression
- Use the Therapeutic Relationship to work through issues of Reaching for Nurturance and Support

Pillow exercise

- Grab a pillow. Hold it away from you.
- Look at the pillow. See the face of someone you love.
- Slowly pull and hold pillow to chest.
- Keep breathing.
- Notice what you feel.



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Siblings



References

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 - Chapter 5 (pp 79-91) “The Oral Character Structure” (In English)
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