

Vita Heinrich-Clauer (Ed.)

# **Handbook Bioenergetic Analysis**



**Psychosozial-Verlag**



**PART IV**  
**TREATMENT**  
**OF PSYCHOSOMATIC**  
**DISORDERS IN**  
**BIOENERGETIC**  
**ANALYSIS**

# INTRODUCTION

*Ulrich Sollmann*

Bioenergetic Analysis (BA) addresses the interplay of body, emotion, cognition and behavior in an original way; therefore, it is closely related to psychosomatic medicine. Its concept of functional identity of body and psyche is an essential foundation for and orientation toward understanding the interdependency of soma and psyche as well as its practical application. Regarding psychotherapeutic practice, this is historically an essential hallmark of BA. For some authors, it found its way through psychosomatic medicine (Uexküll 1994; Lowen 1980b, 1981; Ehrensperger 1992). These concepts are also supported by newer findings of neurobiology (Bauer 2006, Madert 2007, Traue 1998). Philip M. Helfaer describes the basic concepts of Reich and Lowen in his introductory essay in this book.

Bioenergetic-analytic concepts are applied in the treatment of neurotic and personality disorders that are accessible specifically by body based, non-verbal modalities. In addition, these concepts find more and more attention in the treatment of psychosomatic diseases.

Psychosomatic medicine addresses physical diseases and their bio-psycho-social aspects as well as functional and somatic disturbances, where there are no detectable organic findings and psychological factors. A psychosomatic approach therefore is primarily indicated when psychological and social factors substantially contribute to the development, prolonged presence or chronification of a disease. Basically two psychosomatic indications for treatment can be distinguished:

1. A physical disease, an accident or an operation leads to psychological and social handicap with substantial debilitating impact on well-being



- and everyday life. Emotional processing can entail further physical symptoms/diseases or their intensification.
2. Physical disease however can be precipitated and sustained by psychological factors. This is the case with many cardiovascular diseases, complaints concerning the spinal column and also psychological trauma, when stress caused by these events remains unprocessed. In this context, BA can be seen as a psychosomatic modality of therapy. It helps the afflicted person to deal directly and bodily with his/her symptoms, primarily by accessing conflicts which originated in his/her preverbal stage of development. It accomplishes this through the patterns of communication in the therapeutic situation, thus, the patient learns to understand his/her own body language and to gradually be aware of and understand the message hidden in the symptom and hopefully taking it seriously in shaping his/her own life (cf. Ehrensperger 1992). Giving examples of specific medical conditions and diseases, he demonstrates how the perspective of BA holistically and rapidly helps recognize body processes with their underlying unprocessed impact of problems, conflicts, unconscious defense, shift of symptoms, etc.

Psychosomatic medicine in general includes a variety of disease models and many interdisciplinary concepts for treatment as well. In part these concepts are specifically designed according to certain indications, approved in practice and integrating body-related modalities and also experience-reactivating methods. BA offers a dynamic and process oriented approach: the expressive language of the body is explored in contact with the patient (so called body-reading). The body-reading information will be analyzed and worked through in collaboration with the patient and the patient will mentally and also physically process information coming from the outside (Ehrensperger 1992). BA, like other modalities of therapy, which are rooted in depth psychology, includes work with transference, countertransference and with resistance. It also focuses on modes of processing stress (coping), training of body awareness, experiencing of the body as self-experience as well as on psychophysical expressivity.

The combination of psychosomatic medicine and BA reaches back as far as the seventies of the last century (Lowen 1980b). Thus John M. Bellis (1979) compares the goals of the BA with the goals of medicine, in order to gain insight for therapies to define a basic ethical orientation and the role



of the bioenergetic analyst. Robert Lewis (1979) first described the bioenergetic foundation of early ego development and introduced fundamental hypotheses concerning psychosomatic development. Many of the case studies, published mainly in the journal "Bioenergetic Analysis", address aspects of psychosomatic understanding of diseases, illustrate the actual process of therapeutic work and come to conclusions which explain, specify and verify the interactive bio-psycho-social field where therapy takes place.

Publications about BA during the first decades were based on case studies, which attempted to prove that its numerous convincing models of understanding and acting fulfilled its claim of integrity. The qualitative case study is largely still the state of the art in presenting and discussing the holistic approach of treatment in a differentiated and person-centered way in the scientific therapeutic field. In sections V and VI of this book, the integration of these findings of the last decade are presented as well as the findings of more recent empirical studies.

The acceptance of BA and also the relevance of bioenergetic-analytic practice are reflected in the numerous editions of Alexander Lowen's books during the time of the mid-Seventies through the Nineties. These editions can also be understood as client feedback, feedback that highlights great acceptance and interconnectedness among clients and colleagues. An essential element of psychosomatic disease consists in not being able to perceive and accept one's own emotionality and its underlying psychodynamics as connected with the physical symptoms. The great interest in books about BA might be understood as an indication, that the client-public has made a beginning therapeutic step.

The considerable interest in the books about BA in the time of the Seventies through the Nineties can also be understood as an expression of awareness about health. Through the clarity that can be found in Lowen's books, people want to get a better understanding of themselves, their relation to their body and to a pleasurable way to live. This interest is responded to by resource-oriented concepts of BA: improvement of one's own grounding, body awareness, emotional presence and self-expression, a sense of coherence and of finding of one's own identity in the sense of a true (body) self and in the training of resilience and stress resistance.

The following case presentations refer to the specific dimensions of BA as a psychosomatic therapy, as they were described above:

*Carol Bandini* demonstrates in her case presentation "A Valiant Woman", the interplay of biography, actual psychodynamics and their impact on



the body self. She continues describing ways in which way she has dealt with and integrated the different levels in the process of Bioenergetic Analysis. The patient suffered from physical and psychological symptoms and reported different diseases (neuralgia of the trigeminal nerve, cancer, extreme overweight, among others). Either there was no organic reason for these complaints or a medical treatment did not lead to improvement of her condition. Bandini describes in detail the physical state relevant to the bodily experienced symptoms and its biographic origin and the resulting consequences. She illustrates the way in which the very psychosomatic symptomatology echoes the early relationship of the patient with her mother. From early on in her childhood the patient was forbidden to express feelings verbally. So until now, only body language has been available for her as a way to express her fantasies, her wishes and her needs which had been forbidden in her everyday life. In addition, communication in the family frequently and unconsciously had had a sexual connotation. The patient had learned to express that inner excitement or arousal unconsciously by tension and pain.

The therapy process itself was built on an initially difficult, but later on, successful relationship of trust. It was difficult to tolerate the extreme negative transference and finally to experience together with the patient, that in spite of her tremendous rage, "both survived". Bandini based the therapeutic process on the analysis of the psychodynamics, work with the body and feelings and with the biographical dimension. Through describing the process, the intricate interplay of the work with the body, the work with the emotions and with the relationship became understandable and transparent. The therapy led to a significant improvement of the patient's health conditions, well-being and the quality of living.

*John Bellis* refers in his article "Symptom and Diseases of Respiratory and Digestive Tract" to Reich and Lowen. He stresses that Reich and Lowen did not try to "break" the character armor. In fact, both of them were concerned about understanding the basic survival patterns of the patients and their meanings, their value in relation to the experience of the person and the adaptive processes. The point for both of them was to read the patients history and psychodynamics of crucial conflicts in life in the expression of his/her body, however conscious, defended against or suppressed. Nowadays, neurotic conflict processing and structural vulnerability are clearly differentiated. The concept of body armor, as seen by Reich and Lowen, primarily refers to conflictual issues. It has been expanded



by more recent concepts of BA attuned to the work with structurally less integrated patients.

The essential contribution of Reich and Lowen consists not primarily in the character concept, but in a new way of thinking about life. Bellis in his article illustrates the “functional thinking” – the basic psychosomatic approach in BA – using examples of three medical conditions: diseases of the respiratory tract, hyperventilation and diseases of the gastrointestinal tract. In each case he describes the physical symptomatology, identifies it as psychophysiological process and finally inquires into the underlying personal attitude of the patient towards life and the function of this attitude. In doing so he affirms that it is not sufficient to remove the symptoms, but it is essential to work through the psychological issues (character structure) which prevent the patient from recovering.

*Jörg Clauer's* case study is an illustrative and apt example for the combination of medical treatment and salutogenesis. He is concerned about the description of “a patient's protracted and often difficult process of facilitating the growth of the organizational patterns of self”. The presented patient suffers from endogenous depression, anxiety, sexual problems, self-doubts and colitis ulcerosa. The patient had survived, as she herself affirms, by developing psychosomatic dissociation. She had “switched off the body” and she consisted only of thoughts and mind. Her self-respect was strongly based on her commitment to performance.

In the treatment process, Clauer pursues two therapeutic goals conceptually and practically, in each case with sound reasons. On the one hand the pathological dimension is worked through analytically, focusing on the dialogue in the relationship and in a body-oriented way. On the other hand he places support of basic self-functions in the center of his work. The unfolding “of self perception and self efficacy or creatorship as new transformed patterns of their organizing principles” occurs as an “embodied dialogue in relationship”, furthermore, the following issues are integrated: experience of boundaries, developing of aggressive feelings, felt acceptance as a space for change and awareness of implicit relational knowledge as agency for the change of patterns of mental organization. In the second part Clauer discusses his theoretical considerations regarding psychosomatic diseases. In the third part additionally he presents exercises and techniques specifically indicated for treatment of psychosomatic patients. They relate to the various dimensions of the therapeutic process, particularly pathological symptomatology, experience of self and relational process and transference relationship.

You are invited to participate in an inspiring, scientifically-based and illustrative tour of discovery of body psychotherapy.

*Translation: Peter Brandenburg*

## REFERENCES

- Bandini, C. (1990): A Valiant Women. Bioenergetic Analysis, Vol. 4, No. 1. New York, 12–28.
- Bauer, J. (2006): Prinzip Menschlichkeit – Warum wir von Natur aus kooperieren. Hamburg (Hoffmann und Campe).
- Bellis, J.M. (1979): The goals of Bioenergetic Analysis, 2. Manual der Bioenergetischen Analyse, IIBA. New York, 87–99.
- Bellis, J.M. (1990): Symptoms and Diseases of the Respiratory and Gastrointestinal Tracts. Bioenergetic Analysis, Vol. 4, No. 1. New York, 29–42.
- Clauer, J. (2007): Embodied Comprehension: Treatment of Psychosomatic Disorders in Bioenergetic Analysis, Bioenergetic Analysis, Vol. 17. Gießen (Psychosozial-Verlag), 105–133.
- Ehrensperger, Th. (1992): Psychosomatische Medizin und Bioenergetische Analyse. NIBA Forum 1/92, 1–18.
- Ehrensperger, Th. (1994): Bioenergetische Analyse. Separatdruck aus "Naturheilverfahren" Berlin (Springer).
- Lewis, R. (1979): The psychosomatic basis of premature ego development, 2. Manual der Bioenergetischen Analyse, IIBA. New York 139–154.
- Lowen, A. (1980b): Stress and illness. International Institute for Bioenergetic Analysis, New York.
- Lowen, A. (1981): Körperausdruck und Persönlichkeit. München (Kösel).
- Madert, K. (2007): Trauma und Spiritualität. München (Kösel).
- Traue, H. (1998): Emotion und Gesundheit – Die psychobiologische Regulation durch Hemmungen. Heidelberg, Berlin (Spektrum Akademischer Verlag).
- Uexküll, Th. v.; Fuchs, M.; Müller-Braunschweig, H. & Johnen, R. (Eds.) (1994): Subjektive Anatomie – Theorie und Praxis körperbezogener Psychotherapie. Stuttgart, New York (Schattauer).