
Including the Body in Psychotherapy

The Development of Bioenergetic Analysis

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Abstract

This paper describes the development of Bioenergetic Analysis, one of the more recent psychotherapies to arrive in New Zealand. Bioenergetics opens up psychoanalytic theory and practice to include all aspects of the self: the mind, the body, emotion, energy and relationship. In doing so it provides a holistic psychotherapy for the twenty-first century. The paper describes Bioenergetic's beginnings with Wilhelm Reich, a contemporary of Freud, and its establishment by Alexander Lowen. It critiques Bioenergetic's association with the 'cathartic' approach of the 1960s and describes how Bioenergetics is integrating Reich's and Lowen's work with current thinking about the therapeutic relationship.

What is Bioenergetic Analysis?

Bioenergetic Analysis is one of the more recent mainstream psychotherapies to arrive in New Zealand. A simple description is that it includes 'working with the body' as part of the psychotherapeutic process. While this description seems to imply a duality between mind and body, a primary principle of Bioenergetics is that mind and body (including cognition, affect, behaviour and spirit) are simply different expressions of the same 'bio-energy' or life energy. Bioenergetics provides a holistic framework for doing psychotherapy.

Besides incorporating the client's body into the healing process, the bioenergetic therapist must grapple with this concept of energy. Most therapies do not explicitly include this notion in their conceptual frameworks. They may even question its relevance or existence. Outside therapy, however, 'bio-energy' is not difficult to envisage when confronted by a dead body, for instance, or when drooping plants are revived with water. Children, too, can provide wonderful examples of the way alive bodies are meant to work. Unfortunately, adults seem to lose access to their awareness and experience of this energy.

A living body is in constant motion: only in death is it truly still. This inherent motility of a living body, which is the basis of its spontaneous activity, results from a state of inner excitement that is continually erupting on the surface in movement. When the excitement mounts, there is movement, when it falls, the body becomes quieter (Lowen: 1977: 7).

Thus, while a primary goal of the bioenergetic therapist is to help clients work through their unresolved issues, it is also important to help them experience increasing health and vitality. When a therapist is working with the client's body and energy, as well as their cognition, affect and relating, this increase should happen spontaneously, as a result of the therapy.

Reich: the beginning of Bioenergetic Analysis

The development of Bioenergetic Analysis is traced back to Wilhelm Reich (1897–1957). Reich was one of Freud's talented young pupils and, later, a dissenter. It is interesting to realize that while Freudians worked to provide a 'blank screen' of therapeutic neutrality by sitting behind their clients and out of sight, Reich faced his clients and observed them closely. It was from these observations that he saw how fundamentally mind, body and emotion were connected. He went on to develop Reichian therapy, which involved working with each of these aspects of the self directly. He emigrated to the United States in 1939.

Lowen: the establishment of Bioenergetic Analysis

Alexander Lowen, born in 1910 and from New York, was one of Reich's clients from 1942–1945. While he owes a large part of his knowledge and understanding to Reich, he also developed his thinking extensively. Lowen wrote many books on the subject and called his approach 'Bioenergetic Analysis'. He set up the International Institute for Bioenergetic Analysis (IIBA) and established a group of trainers who took Bioenergetics to various parts of the United States, and later to Canada, Europe, Britain and South America. In 1992 the first IIBA bioenergetic training programme commenced in New Zealand. Bioenergetics is now strongly established in 26 states and countries around the world.

The development of Bioenergetic Analysis

Both Reich and Lowen observed that emotions were specific and more intense waves of 'bio-energy' moving through the body. They observed that, in order to repress these 'waves' of feeling, the involvement of the body was required.

In fact it is not difficult to see why this should be so. If, for instance, a child is told to 'stop that crying or I'll give you something to cry about', the question is, how do they accomplish this? The child must tighten some of the many muscles in the throat, neck, upper chest and shoulders, in the jaw and around the eyes. Breathing must also be inhibited. If crying was generally forbidden, the child would develop a chronic pattern of contraction in some of these areas of the body, just to keep the tears at bay.

Of course, this supposes that muscular development has taken place. In fact it is only towards the end of the second year of life that the cognitive and neuromuscular structures are developed enough for the child to use them as a means of defending him/herself against emotional pain. How do babies defend themselves? Later observations suggest that very young babies break the flow of emotional energy by a contraction in the connective tissue extending throughout the body (Davis: 1997). For Reich and Lowen this pattern of holding was observed as a disconnection at the joints and in the eyes. They thus drew attention to the organismic basis for what was generally known as the 'schizoid' condition. Similarly, extreme failures in parenting around early feeding patterns were considered by Reich and Lowen to result in the contraction and collapse of the neck, shoulder and upper chest areas. This condition is observable in adults with a diagnosis of 'orality'. Slightly older children defended themselves by internalization and splitting (Fairbairn: 1943). Reich and Lowen observed that this splitting occurred just as much in the body as it did in the mind.

Thus Reich and Lowen were in agreement that severe trauma or ongoing deficits in parenting produced different effects in the body, depending on the developmental stage of the child. They called these developmentally derived patterns of holding 'character structures', and used the same diagnostic terms that were in general use in the world of psychiatry at that time.

According to Reich and Lowen, then, because the emotional history of each client's story is structured into their body, the body must also be included in therapy. When adult clients let go some of the muscular holding involved, it is not uncommon for them to start re-experiencing the emotion the holding was initially set up to repress. This is not done quickly, nor should it be, as the body does not give up its old patterns of repression lightly. There is always a depth of pain involved. When it does happen, however, it also allows the life energy to flow through that area in the body again and a greater sense of aliveness and energy is the result.

Further developments of Bioenergetic Analysis

There have been three major developments in Bioenergetic Analysis since Lowen's original formulations. The first has to do with bodywork method and the place of catharsis. The second has to do with the relationship between client and therapist. The third concerns the application of bioenergetic principles to post-traumatic stress disorder (PTSD). While this latter development is making an important contribution to the treatment of traumatic stress (Eckberg: 1999, 2000), this information is beyond the scope of this paper and will be addressed at another time.

The connection with catharsis

In the 1950s and 1960s it could be said that Bioenergetic Analysis developed a reputation for an emphasis on catharsis. This was despite the fact that Lowen himself had a much deeper understanding of his clients' needs than this would suggest. However, two of Lowen's preferred exercises were, firstly, asking clients to stretch backwards over a breathing stool and, secondly, asking them to lie down, kick on the mattress and shout 'no' or 'I won't'. Lowen used the former to open up the heart, chest and breathing, while the latter was used to bring energy down into the legs as a means of restoring grounding and natural assertion. In less experienced hands these exercises may have been used primarily to facilitate the expression of strong feelings. As time went by, many, including bioenergetic therapists, moved away from pursuing catharsis as a goal of therapy, realizing that expression *per se* did not change anything and that it could, in fact, be harmful. It was also recognized that the more easily accessed emotions were often used as defences against deeper and more difficult issues. In fact, bioenergetic therapy is now much more about the containment of feelings and the building of psychological and somatic strength than it is about expression.

Importantly, the new thinking also recognized that the kinds of exercises described above were only suited to clients with post-oedipal structures: that is, clients whose primary damage occurred after three years of age. Clients whose major wounding was pre-oedipal, as has been explained, have different patterns of holding in the body. Strong expressive therapy was more likely to retraumatize these clients. Their ego structures were less developed psychologically and somatically and they were therefore less able to contain the emotions safely. Instead, softer and more relational techniques were required, in line with the earlier developmental needs for safety, nurturing, individuation

and the right to a sense of self. More suitable bodywork techniques took the form of somatic awareness, attention to breathing, stretching, looking, pushing or reaching. As well, these exercises needed the kind of relational context that went with the developmental needs the client was exploring at the time.

Updating Bioenergetic Analysis: the therapeutic relationship

This brings us to the second major change in Bioenergetics since Lowen, which was about developing an appreciation of the nature of the therapeutic relationship. This movement took place as bioenergetic therapists began to incorporate developments in the field of Object Relations (Fairbairn, Winnicott, Mahler, Stern) and Self Psychology (Kohut). It continues as the nature of the therapeutic relationship is further defined. The most recent influence is the work of Martha Stark (1999). In integrating different major psychoanalytic paradigms, Stark suggests that three basic modes of therapeutic action underpin them all. These three modes also describe the way in which the therapeutic relationship in Bioenergetics has evolved over time.

The first of these modes, a *'one person therapy'*, is the name for a *knowledge-based* model. It was the one largely practised by Reich, Lowen and the classical analysts. In this mode, the therapist does not see her/himself as a participant in a relationship but as an objective observer. While Reich and Lowen established their therapies on a developmental foundation, they maintained the concept of therapeutic neutrality in respect of their own role in relation to the client. They diagnosed their clients' somatic and neurotic patterns, including transferences, and suggested somatic and psychological interventions.

The second of these modes, a *'one-and-a-half-person therapy'*, is an *experiential* model of therapy and comes out of the varying schools of Object Relations and Self Psychology. It is based on Fairbairn's (1943) premise that the libidinal impulses within the individual point them towards relationship with an object rather than towards gratification *per se*. The therapist's role is to set up a corrective relational experience by providing the client with some form of unconditional acceptance. The client is then able to experience a 'good' object as well as perceive and work through the negative relational patterns they developed originally around the 'bad' object. Stark calls this a 'one-and-a-half-person model' because it is a one-way relationship. The therapist gives and the client receives. As the Bioenergetic movement gained some separation from Lowen, therapists increasingly worked in this way. Their ability to respond at

the energetic level to their client's movements towards and away from them made this a potent means of working with the relationship.

The third mode, a '*two person therapy*', is a *relational* model because the therapeutic relationship is seen as two-way: as "co-evolving, reciprocal and interactive" (Stark: 1999: xix). In this mode, more emphasis is placed on the impact the client has on the therapist. It is the therapist's job to contain the client's projections and transferences by being aware of this impact and by finding ways to work with this awareness with the client. At the same time, the therapist must be aware of her own energy and what effect this is having on the relationship. For the bioenergetic therapist who has a heightened sense of how her own energy and issues are linked, this last approach makes sense. It has become clear that human beings are open, not closed, systems and that they are energetically impacting on one another continuously. This third mode of therapeutic interaction demands a high degree of self-awareness from the therapist and the need for a sound understanding of her own major issues. The inclusion of the energetic and somatic components make this even more essential (Hedges, Hilton, Hilton, & Caudill: 1997).

Of course these three modes are complementary rather than mutually exclusive. Bioenergetic therapists, like all therapists, need to choose the most appropriate mode of therapy for each client. It is also quite conceivable that the therapist could be 'authoritatively directive', 'warmly empathetic' and 'authentically relational', all in one session. Knowing the difference and the appropriate timing for each, is the art of therapy.

Conclusion

In practising bioenergetic therapy today, there is the ongoing challenge of keeping pace with new developments and their professional applications. Furthermore, to be useful to the client, the therapist must be able to incorporate the theory and practice of bioenergetic principles into her own life. To this end, Bioenergetics, like any psychotherapy, is a lifetime pursuit. Without doubt, however, the most exciting aspect of Bioenergetic Analysis is its explicit goal of fostering aliveness and a passion for life: a goal as central for the therapist as it is for the client.

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