

Gerda Boyesen (Norway)

## Body Psychotherapy is a Psychotherapy<sup>1</sup>

My psychology professor at the Oslo University, in his book *Neurosis and the Neurotic Character*, used the example of an experiment with a pike to illustrate the neurosis of man. In a big aquarium, he let a pike swim around using the whole space. Then he put in two glass walls. The pike snubbed its nose, and was forced to use the more limited space for its movements. When the experimenter then removed the glass walls, the pike still only swam in the imagined 'neurotic' limited space. To me this is a good example of how man's neurosis limits him in life - both psychologically and spiritually. Psychotherapy tries to remove the invisible neurotic glass walls modern man suffers from.

### The soul of the body

For Kurt Goldstein (1939) man has one basic drive or instinct, and that is the drive towards self-realisation. In my view this includes all other drives and potentialities. Sigmund Freud, who explored the unconscious, compared it to the larger part of an iceberg lying under the water. Freud said the aim of psychotherapy is to inte-

1. To honor Gerda Boyesen's death, in London 29.01.2006, I am making one of her last articles public for the winter. It was published in Michael Heller (ed.), *The flesh of the soul : the body we work with*, pp. 33-44. Bern: Peter Lang, 2001. The second half of the article we wrote together, in my Lausanne home. These were notions she believed I should think more on. This publication on the Internet is made available for private use only. Any form of organized distribution of these texts requires my permission as accorded by the *copy-rights from Peter Lang*.

grate as much as possible of the client's unconscious material into his ego. Thus, Freud discovered the verbal methods which developed into psychoanalysis and which still forms the background of most modern verbal psychotherapy methods working on psychological defences. Then Wilhelm Reich, Freud's student and follower, discovered the body's muscular defences, which he called the muscular armour<sup>2</sup>. He found that when he worked on these muscular defences, repressed feelings and memories emerged. Thus, Wilhelm Reich became the father of our body psychotherapy. Some people ask: Is body psychotherapy mostly a psychotherapy, or a body therapy such as physiotherapy?

From the above it is clear that what Wilhelm Reich did was at least a body therapy. Furthermore, the two different approaches, Freud and Reich's, both brought up memories and feelings. Therefore, Reich's body approach working with the muscle armour<sup>3</sup> is also psychotherapy. One cannot be a body psychotherapist without also being a psychotherapist. How can you deal with repressed feelings, memories and conflicts without also being a psychologist and a psychotherapist?

Body therapists like physiotherapists, masseurs, Alexander practitioners, and so forth, are often aware they can take over active bodily and muscular psychological defences; but when they do they are often unable to handle the unconscious material that comes up. When this happens, the client then needs psychotherapeutic help. A body psychotherapist should know how to work on muscle defences in a psychotherapeutic way, and how to work only psychologically when this is the preferable approach. The dichotomy between the verbal and the body verbal approach also comes from the controversy between Freud and Reich, but today

2. Body therapist use the term armour when a defence system is associated to a chronically hardened tissue. The original meaning came from Wilhelm Reich who associated neurosis to chronically stiffened muscles on most of the body. (M.H.)
3. Gerda Boyesen's understanding of this notion is discussed in the second half of this chapter. (M.H.)

we can consider this as just a question of semantics. Something Freud said in fact bridges the therapeutic contradiction that still exists today. Freud introduced the concept of the “motoric-ego”<sup>4</sup>, a notion that seems almost forgotten today. Freud stresses that the psychological system connects sensory nerves to motor nerves. This implies we can work on either the muscles or the psychological level, depending on what we feel is the most helpful for our client.

### *Energy draws fluids*

I once did a U-turn on a French boulevard which infuriated a policeman, who told me: ‘Never turnaround in a boulevard.’ I mention this because there is a U-turn in body psychotherapy that is difficult and dangerous. It occurs when the secondary, neurotic personality changes to a non neurotic, healthy, spiritual and primary personality. Such a change is possible when the person has lost much muscle armour defence and his tissues have become more permeable to energy and feelings. At this stage, it is dangerous to use methods designed to loosen strong muscles, because one provokes more feelings than the patient can deal with. He can sink deeper and deeper into fear, depression and psychosomatic symptoms if one continues to provoke instead of integrating. I have seen clients treated like this remain ill for years, sometimes seemingly forever, stuck in this dangerous U-turn.

To understand this phenomenon, we must return to another of Wilhelm Reich’s findings: *energy draws fluid*. The energy blocks in these people do not consist only of energy but also of energetic fluid. The less muscle armour the client has the more energetic fluid accumulation he will have with its accompanying neurotic symptoms.

4. Gerda Boyesen read Freud in Norwegian, and is quoting from memory. The closest term I have found in James Strachey’s standard translation of Freud works is that of “body ego” (for example Freud 1900, p. 686; 1923, pp 364 – 365). (M.H.)

In the sixties, a biochemical psychiatric world conference in Uppsala took place during which a few researchers showed how fluids could cause psychiatric and psychological nervous symptoms. More particularly, the fluids between the termination of a motor nerve and the muscle motor end plate, where a motor axon contacts a muscle. By using drugs, psychiatrists can modify these fluids, and influence the course of depression, anxiety states, psychosomatic symptoms, even acute neurosis and psychosis.

The conference's findings made a big impression on me, because I was removing this fluid using my *psychoperistaltic* method<sup>5</sup> with surprisingly good results. This is nature's own way instead of making new psychopharmaceutical tissue armour. My body psychotherapy intervention has two aims: to provoke and produce the repressed energy from the unconscious, and then to integrate or empty the energetic *fluid* by natural methods.

In Norway, the Reichian psychotherapist Einar Dannevig once said to me: 'Gerda, we Reichians speak about energy but you speak about fluid.' 'No, Einar,' I said, 'I speak about energetic fluid and that's the bridge between medicine and psychotherapy. Remember that Reich said energy draws fluid.'

Professor Dr. Seterkleiv, at the Riks Hospital in Oslo, found two kinds of intestinal sounds, one coming from the intestinal canal, the other from fluid in the intestinal walls. The first he knew, the other he called the internist's headache, because it had an unknown function. He also found a phenomenon he called "the zone of firing" which occurred when intestinal sounds came. This is all that was known then from a medical point of view. From a body psychotherapy point of view, all cells, starting with the amoeba, contain life energy. This is also true for the intestines. To understand the energetic fluid in the intestinal walls, I combine what Dr.

5. Gerda Boyesen's hypothesis that some peristaltic movements can be associated with psychological processes is a good example of clinical findings that precede actual psychophysiological scientific findings such as those summarised by Michael D. Gershon, 1998. (M.H.)

Seterkleiv found on fluids with the Reichian concepts of energy. Dr. Seterkleiv's other interesting concept, "the zone of firing", is in my view what generates the psychoperistaltic sounds.

*The circulation of energy in the organism*

Sigmund Freud says there is a no-man's land between the psyche and the soma, and that it would be up to his followers to explore this. However, it is dangerous for a scientist to go into a no-man's land. Remember Galileo, remember Wilhelm Reich... Also remember those who went into the spiritual realm of the body. Wilhelm Reich wrote an article called *From Libido Theory to Cosmic Theory* in which he stated his main theory on cosmic energy in man. He found that by working with the muscle armour memories, abreactions emerge. His clients reported a new phenomenon, they called "streamings", which were of a pleasurable nature, except when they became too strong and painful, producing anxiety. These streamings, he thought at first, were vegetative currents. Later, he understood they were manifestations of cosmic energy in man which he called "Orgone" energy. That is how he rediscovered cosmic life energy. It is this discovery that led him - via the Orgone box - to prison and death. Sigmund Freud also spoke about the life force but, as this was too provoking and metaphysical for his colleagues, he changed the meaning of the word libido<sup>6</sup>, and put life energy in brackets so that it only became a sexual or psychosexual concept.

If you have a strong muscular armour, you do not feel the pleasurable streamings in you. I, myself, once thought it was a ridiculous concept. I only felt the streamings after several years of Dr. Raknes' therapy. But how can the streamings have anything to do with what we now call the soul of the body?

It was the beginning of 1970 in London. I had just developed my theories of the up-going earth emotional instinctual energy canals

6. In association to Messmer's fluids. (M.H.)

and the down-going spiritual heavenly energy canals. I knew these notions were close to what acupuncture was about, so I went to see Dr. Jack Worsley, the head of the Chinese College of Acupuncture in Kenilworth. When he stuck needles into me, I felt wonderfully peaceful, happy and calm and I noticed there came psychoperistaltis and down-going pleasurable streamings, such as those that always followed my own psychoperistaltic treatments.

When Professor Worsley went to America, his assistant took over. It all changed. Even when I thought he put the needles in the right acupuncture points, as Professor Worsley had done, I felt contraction, pain, irritation and fury. Other people had the same experience with the assistant.

In my theoretical development I had discovered that the up-going emotional energy travelled in deeper canals in the body membranes than the down-going spiritual energy. This discovery came from my experience with psychoperistaltis work, but I did not connect it to acupuncture at the time which has its own theory and methods. I asked an acupuncture therapist about my experiences with Dr. Worsley and his assistant, and she said succinctly: 'the assistant sets the needles too deep. He sets them in the animal canals instead of the spiritual.'

Combining this information with Dr. Prof. Seterkleiv's findings about the zone of firing and my own theories and findings, I felt I had come closer to understanding how the spirituality and the soul of the body worked. I was then also thinking about the two polarities in the body, the skull and the pelvic bone. I called the skull the spiritual pole and the pelvic bone the animal, earthy pole. Reich had found that the storage place for the energy is in the spongy bones that both polarities are full of.

Suddenly I understood Dr. Seterkleiv's zone of firing. The firing occurs when the emotional up-going energy from the earth pole goes through the zone to the down-going spiritual canal, joining the spiritual energy from the skull. This can make an astonishing difference in the client's mood and feelings. At the same time, the psychosomatic symptoms along with anxiety and depression are removed. We call this melting.

One of my students in Paris who had previously had so much psychosomatic pain, once exclaimed when she saw me: ‘Gerda, you have found the key to happiness.’

In the zone of firing the up-going emotional energy is transformed into down-going spiritual energy. The fluid becomes free of energy and exits the body through the kidneys. The energy can now circulate without the fluid, giving strength, happiness and spirituality to the person. And through this spiritual transformation will come what I call the heavenly qualities of man: patience, understanding, reconciliation, gratitude, spiritual love and so forth, instead of hate and other lower self qualities.

Here lies the connection between the soul of the body and the soul itself, coming together thanks to the cleansing of the neurotic contamination of the body and soul. The soul of the body and the soul itself are now one.

## The body of the soul

In the second half of this article, I will illustrate my general comments by describing certain concepts that I often teach.

### *Id canal*

In order to understand what the id canal is, one has to go back to the first unicellular animal, the amoeba; and then to the next animal in biological development, the “tube animal”. The intestinal canal in man seems to be like the tube animal, but much longer. In man, the intestinal canal is 7-8 meters long. As the tube animal has no muscles or nerve system, one can assume that it is one of the simplest animals. My speculation is that its equivalent (the digestive tract) could also be one of the most primitive and instinctual aspects of humans.

I have noticed, clinically, that instinctual emotions are generated by the body depths, follow the intestinal walls up towards the

head, and are expressed by mouth and face. I call this emotional pathway the “instinctual canal”, or “id canal”, in reference to Freud’s concept of the ‘id’. As the esoteric schools say, every organ has two functions: a physiological one, and an esoteric one. One can say that the intake and digestion of food is the physiological one: food is displaced in the intestinal space; and the instinctual moves in the intestinal wall. While the intestinal digestive function goes downwards, the instinctual goes upwards.

### *Tissue armour*

When a group of muscles is maintained chronically tense to repress an emotion, Reich talks of “muscular armour”. Touching tissues through massage and observing detailed emotional reactions of the organism, has taught me that all tissues may have “an armour”. Each time residuals of emotional biochemical substances remain in a human tissue after an emotional conflict and trauma that has not been resolved, armour is formed. This process is highly diversified and produces a wide range of different tissue armour types. Furthermore I noticed that tissue armour is not a tension maintained to repress an impulse, but a tissue that has lost some of its capacity to respond to relevant stimulation. Thus armour does not need to be continuously activated by the nervous system: it acquires a state that in itself partially inhibits the dynamics of certain psychophysiological processes.

This modification occurs in the tissue’s texture, at a biochemical level. After an unresolved emotional conflict, the biochemical substances burned by the tissues activity are not evacuated as they should be, because of the remaining tensions. These residuals prevent the tissue from regaining all of its initial elasticity. If unresolved conflicts repeatedly, or traumatically, mobilise a tissue, the “solidification” increases thus creating “tissue armour”.

The tissue armour, while it remains in its non-dynamic state, has the effect of making the organism less and less permeable to life-energy. When the armour is very strong, the person is less in touch with the self and the body, and often complains about it.



These neurotic patterns remain passive until the person's psychological and bodily defences are lowered. Then these inactive substances become dynamic. They participate in whatever psychophysiological movements occur in the organism at that time, often by preventing the reaction to function as adequately as possible.

Having clarified the notion of tissue armour I was able to describe several types of armours for each type of tissue and developed a technique for most of the tissue armour types.

### *Energy tone & energy contraction*

#### *Energy tone*

From the point of view of the energetic fluid model, when energy goes from one muscle to another, it also fills the muscles with fluids. The mechanisms underlying the view are probably fairly complex, but for current practice this model is what we use to understand what we observe. This model clarifies certain aspects of what Dr. Ole Olesen used to teach us in Copenhagen. He maintained there could be fluid accumulation in the body streaming from stress and conflicts that create both nervous and psychosomatic symptoms. With his pumping massage he improved blood circulation and removed fluid accumulation via the venous and lymphatic systems through the kidneys. He was not interested in breathing or muscle consistency or psychology. He regulated the balance between the sympathetic and para-sympathetic systems. In the 1950s other doctors contemptuously called him a homeopath. However, he had such good results that clients came to him from all over the world.

#### *Energy contraction*

When too much energy enters, too much fluid fills the muscle. Muscles then become contracted and painful. Such muscular pains are of a different type than those felt after a big muscular effort.

Let us take an example that shows how a distortion of the energy tone leads to an energy contraction that can influence a patient's process:

A therapist loosens part of a patient's muscular armour. In this particular case, the patient opens too quickly. The energy rises out of the unconscious at a tremendous speed and force towards the muscles involved in the expression of the repressed affects. These muscles are startled<sup>7</sup>. Instead of being led towards a relevant tone, they react against the energy flow by becoming extremely contracted, tense, and painful. If the therapist can analyse the situation correctly, he can immediately use the relevant techniques, and prevent the patient from leaving the session in a crisis generated by the session.

The physiology of fluids and the relation between intracellular plasma (or fluids) and ions, had strongly influenced my initial<sup>8</sup> thinking on the phenomena, which explains why, for a long time, I referred to it as the plasma faradic principle. I still think that one could improve our knowledge of energy tone by studying not only how nerves regulate tone, but how fluids participate in tone regulation through mechanisms similar to those of diffusion, osmosis, blood plasma hyper- and hypo- tonicity... which all involve the regulation of fluids, membranes, and solute particles (e.g. in Ganong 1991, p. 5-10).

### *The three hollows*

The concept of the *three hollows* helps us to understand and work more efficiently a) with unconscious emotional and repressed energy, and b) towards a cerebral integration and a cleaning out of this particular emotional trauma. With the concept of the three hollows I refer to the three big and main hollows in the organism:

7. As in a startle reflex. (M.H.)
8. Beginning of 1960. (M.H.)

the ventral hollow, the chest hollow, and the head hollow. All three of them contain organs, nerves, and blood vessels.

In my view, emotional energy is basically stocked in the pelvic bone; where it lies, neutralised and static. When it is activated, by factors I will later explain, it starts to move upwards, towards the head, the mouth and the brain. This emotional energy becomes dynamic as soon as it enters what I call the first hollow (ventral). The energy is attracted there by what can be described as a form of “micro-magnets”.

These magnets are a type of tissue armour, associated to repressed affects. When these tissues are activated, the general vegetative responses related to the repressed affects are also activated. At this stage the patient only feels a tension, and perhaps some pain, in the ventral hollow; but he usually has no idea of the content that is buried behind this tension. In other words emotions are for the moment aroused in so raw a form they cannot yet be integrated.

When the emotion enters the chest hollow, the patient feels the emotional quality of what is building itself up in him: whether it is fear, rage, depression, etc. At this stage, you immediately notice that the patient’s face and breathing change, clearly becoming very emotional.

Freud used to say that anxiety is the form emotions take when repressed in the unconscious. This feeling is often felt in the chest, associated to modifications of breathing or heart behaviour, as in anxiety neurosis. Patients usually find it difficult to deal with such affective manifestations and are victims of their own fears, emotions and strong vegetative reactions.

Medication can help one to master these feelings; but in depth therapy one will mostly try to help the feelings to reach the head hollow, so that they can be actively expressed and integrated through conscious procedures. Thus affects that have been repressed for more than thirty years can at last follow the paths they were always meant to take.

Several difficulties must be taken into account when dealing with the last stage that leads emotions towards their fulfilment. Be-

tween the chest and the head emotions must pass through a narrow door: the neck. The whole process that leads emotions towards their fulfilment can get stuck there. I like to compare the body in this dynamic moment to a champagne bottle where the throat is the champagne bottleneck. The therapist must sometimes not only help the cork to come out of the bottle, but also consider various ways this might happen. For example, if all the emotional repressed material enters the expressive systems and rises too quickly in the brain, one may risk a psychotic breakdown. Integrating an emotional event in one's conscious thinking and expressed behaviour is also an important area.

## Bibliography

- Freud, S. (1900/1978): *The Interpretation of Dreams*. Harmondsworth: Pelican Books.
- Freud, S. (1923/1985): *The Ego and the Id*. Harmondsworth: Pelican Books.
- Ganong, W. F. (1991): *Review of Medical Physiology*. London: Prentice Hall.
- Gershon, G.D. (1998): *The Second Brain*. New York: Harper Collins, Publishers.
- Goldstein, K. (1939/2000): *The Organism*. New York: Zone Books.