Dear Madam, Sirs,

we present you our answers of the 15 questions for the Scientific Validation by the EAP.

Yours sincerely

Marianne Wailand

Introduction

The answers to the 15 questions of EAP to provide evidence that Biodynamic Psychology/Psychotherapy is a scientifically valid form of Body-Psychotherapy can be divided into three categories, elaborating the following:

Part I: The position of Biodynamic Psychology/Psychotherapy within the field of scientific Psychotherapies and her specific contributions to this field; (Questions 1-7)

Part II: The position of Biodynamic Psychology/Psychotherapy within the scientific platform of exchange, communication and scrutiny and her relationship to this community; (Questions 8-12)

Part III: The relationship between the theory and therapeutic praxis of Biodynamic Psychology/Psychotherapy and her claim on the effectiveness of her methods; (Questions 13-15)

Part I: The position of BPP within the domain of scientific psychotherapies and her specific original contribution to this field
In Part I we will outline the specific areas of interest that BPP explores, demonstrate the knowledge and competence that she acquired in these areas, in reference to the major issues that are the relevant and common preoccupation of all psychotherapeutic approaches: Our view on the human being, on the therapeutic relationship and on the central issue of illness and health.

QUESTION 1

Please provide evidence, that your approach has clearly defined areas of enquiry, application, research and practice.

1.1 Definition

Biodynamic Psychology and Psychotherapy (BPP) has in the last fifty years been mainly developed by the Norwegian clinical psychologist and physiotherapist Gerda Boyesen. She was strongly influenced by the Norwegian tradition of bodys psychotherapy and physiotherapy that had originated with the former psychoanalyst Wilhelm Reich, who had lived and worked in Oslo from 1934 till 1939. She was a client and later colleague of Reich’s most prominent Norwegian adept, Ola Raknes, who had been trained in the Berlin psychoanalytical institute 1927-1929 and can be considered as one of the most important persons to spread the bodys psychotherapeutic approach in the wake of Reich in Europe. This historical connection explains - besides Boyesens education in clinical psychology -, why BPP is on the one hand so strongly rooted in psychoanalytical thoughts and ideas.

The other root of Gerda Boyesens BPP is physiotherapy. Her own training in this field is connected to the name of A. Bülow-Hansen, who led a renowned physiotherapeutic institute in Oslo in close co-operation with the psychoanalyst T. Braatoy, who had also been inspired by Reich.

BPP therefore is a psychotherapeutic approach that situates itself within the realm of the inner connection of physiological and psychological states and material in human beings.

EABP definitions

BPP considers itself as an approach within the field of body psychotherapy. It supports the EABP definitions of Body-Psychotherapy and of the work of a body-psychotherapist (see Appendix 1 to this question).

Specifics about BPP

BPP is a biological theory of psychology which is directly concerned with the organic link between the body and the psyche. It postulates that psychological principles are not just theories and concepts but can be an actual energetic force and organic or neurological reality. The term “biodynamic” refers to the concept of life energy (bios means life, dynamic means energetic movement).

As it is rooted in the psychology of Freud and especially of Wilhelm Reich, BPP can be seen as a psychoanalytical approach insofar as it accepts the three basic Freudian “Shibboleths” (criteria) of an analytical approach: the existence of unconscious realms of existence, the existence of transfer and the existence of resistance. In BPP the unconscious is considered to be embodied, the existence of transfer is as
acknowledged (though it is not central to the BPP as it is in psychoanalysis) as is the existence of resistance. In BPP it is stressed that resistance should be always looked upon as protective resistance.

BPP also uses the basic Freudian concepts of psychological structure (Ego, Id and Super-Ego), in order to understand the emotional conflicts of a person. Additionally it refers to the Freudian assumption of different levels of psychosexual development (i.e. oral, anal, genital) and has adapted these concepts in an own theoretical framework. BPP has adopted and elaborated the Freudian and Reichian libido theory and given it a central position in its own theories.

Another strong influence comes from the analytical psychology of C.G. Jung, whose concepts (especially the concepts of individuation, psychic energy, archetypes and synchronicity) have been integrated in BPP.

BPP studies and treats psychological processes not only on the mental, psychological or symbolic levels but in the context of the full range of a person’s life processes (e.g. 4), including the somatic aspect of human existence. Considering the functional unity of body and mind as a basic principle, BPP especially has amassed a wealth of very differentiated information about the subtle interrelations between physiological and psychological states.

Some of the central tenets of BPP are:

Psychological problems are considered to have a somatic basis; they are seen as embodied. Body and psyche are considered as two aspects of the same life process. The life process is considered to be related to and governed by the laws of the "Life Force": BPP basically states that the living human organism is vitalised and moved by this life energy that is considered to be identical to a presupposed cosmic force, that is seen as the basic fabric of the universe. (Principle of trust in the existence of the Life Force). The free and unimpeded streaming of this life energy within the human organism is considered to be a) eutonic (i.e. creating by itself a good and healthy tonus of the muscles and other tissues of the body), b) purifying (i.e. cleansing the body tissues of waste products and potential toxics) c) clearing (i.e. bringing with it a clarity of mind) and d) healing (restoring a natural inner equilibrium, which is considered basic for health). (Principle of the healing power of the energetic flow.)

BPP insists on the human birthright of pleasure and on its spiritual significance. The life energy moves in us as libido, the flow of pleasure, and its vibrations lead us through the physical and the emotional to the cosmic or transpersonal levels. (Principle of trust in the autonomous libido circulation and in the positive teleology of life energy and the spiritual wisdom of the body). (e.g. Southwell 1981)

BPP advocates a faith in the essential rightness and aliveness of a person’s true nature (the so-called ”Primary Personality”). The concept is strongly related to Reichs concept of a basically sound, decent and loving ”Core”, seen as constituting the centre and the essence of human beings. It is also similar to Winnicotts concept of the ”True Self” (Schrauth 1995) (Principle of faith in the essential rightness at the core of human beings.)

BPP strongly appreciates the significance of the vegetative processes in all aspects of human life. Changes in our somatic reality, in the somatic ways in which we experience our life situations, are considered to be the decisive criterion of real psychotherapeutic change (e.g. Boyesen, Leudesdorff, Santner 1995, S. 173ff). (Principle of the basic psychological significance of somatic (physiological, vegetative, muscular etc.) states.)

BPP has a strong faith in the basic ability of the human organism to self-regulate and heal itself. BPP claims that there is a previously undescribed mechanism of innerorganismic selfregulation, which is connected to the enteric (intestinal) system. This so-called ”psychoperistaltic” function of the intestinal system is seen as a soft and non-cathartic way of working out nervous tensions. (Principle of faith in the innerorganismic ability to heal and self-regulate itself).

References: (1.1 and 1.1.2)
The domain of BPP is psychotherapy and within that of the specific biodynamic form of body psychotherapy. BPP focuses on how somatic phenomena can be diagnosed, described and utilised to improve the psychotherapeutic techniques and understanding. By somatic phenomena we understand such phenomena as bodily posture, muscular activity, breathing, muscular tensions, non-verbal communications, vegetative processes, specific states of the body tissues etc. These bodily phenomena are seen as containing valid information about the psychological state, that a person is in and are used as guidelines for the psychotherapeutic work. The main interest is in the thorough understanding of the interrelationship of bodily and psychological mechanisms, so that the psychotherapeutic task can be tackled from both a somatic and a psychological angle.

The main topic of enquiry is in specifying the criteria and methods for initiating and enhancing a bodily and psychotherapeutic process, that aims at the full psychosomatic integration of the individual. The psychosomatic integration, that is considered the basic aim of the therapeutic endeavour, relates to the unification of somatic, emotional, symbolic and spiritual aspects of a person.

References:


1.3 Application

As is true for bodyspsychotherapy in general BPP is applied with a wide range of clients (psychiatric and borderline clients, traumatised and addictive clients, clients with psychosomatic symptoms, all types of psychoneurotic and characterological clients, clients who are not mentally ill or in great distress, but wish to enhance life skills, relationships, communication or healthy psychosomatic functioning). It is applied within the settings of individual or group therapy. It has been applied in psychosomatic clinics (e.g. 5, 17) It has also been taught in hundreds of training groups.
life). According to the theory of self development of D. Stern, in the early ‘representations of interactions
generalised’, so-called RIGs, the basis is laid for later healthy or emotionally disturbed developments.
These early stages of development may be only accessible by haptic (i.e. touch) or olfactory stimulation.

There is a large number of case vignettes, where BPP has been found helpful (see ref. list). These case
stories relate to: Acute psychovegetative symptoms like muscle or tissue pain, pain in different parts of the
body (back, neck, head, breast, shoulders, legs etc.) fatigue, headache, sleeplessness, states of confusion
derealisation, general nervousness and restlessness, exhaustion. There are short case studies about
successful work done with a wide range of psychosomatic disorders, that seem to be especially accessible
by BPP: Asthma, arthritis, high blood pressure, migraine and all kinds of headaches, tinnitus, heart
problems, angina, conversion symptoms, eating disorders. BPP has also been successfully applied to
people in life crises, anxiety problems, panic attacks, acute psychotic decompensations and psychosis
(Schizophrenia, manic-depressive psychosis, catatonic states), compulsive disorders, Borderline and
narcissistic personality disorders, neurotic character traits, depressions, despair and resignation, suicidal
tendencies and suicide attempts, posttraumatic stress syndromes. It also seems to be helpful for a number of
more bodily symptoms like oedema, tissue atrophies, aneurysm, inflammations of the nerves, fast ageing of
the skin, cellulite etc.

BPP has been repeatedly found very effective with children. There is quite some literature that supports
this statement. (e.g. 5, 8, 11, 16, 20, 22-24)

References: (1.3)
Boyesen, Gerda (1975): Psycho-peristalsis Part III: A Case History of a Manic Depressive, in: Energy and
Boyesen, Gerda (1982): The Dynamic of Psychosomatics, in: Courtenay Young [Hrsg.], Journal of
die Seele heilen: Biodynamische Psychologie und Psychotherapie, München: Kösel, 197 S.
Boyesen, Gerda (1987): Die Methode der biodynamischen Entspannung, in: Boyesen, Gerda und Mona-
Lisa, Biodynamik des Lebens: Die Gerda-Boyesen-Methode - Grundlage der biodynamischen Psychologie,
Essen: Synthesis, p. 7-23
Boyesen, Gerda, Leudesdorff, Claudia, Santner, Christoph (1995): Von der Lust am Heilen, München:
Kösel, 175 S.
Mißbrauch. Beiträge der 2. Fachtagung der Gesellschaft für Biodynamische
Psychologie/Körperpsychotherapie (GBP e.V.) in Hamburg, 14.-16. November 1997, S. 29-58, Ulm:
Eigenverlag
Freudl, Peter (1992): Der Borderline-Klient im therapeutischen Setting und der Beitrag der Biodynamik,
in: unveröffentlichtes Manuskript, 56 S.
Freudl, Peter (1998): Der Psychosomatik-Klient und die Biodynamische Psychotherapie, in: Gesellschaft
Mißbrauch. Beiträge der 2. Fachtagung der Gesellschaft für Biodynamische Psychologie/
Also in: Energie & Charakter, 30, Nr. 19, 131-158 (Teil 1) und: 30, 20, 31-58 (Teil 2)
1.4. Research

1.4.1. Empirical studies

Support for the validity of BPP rests largely on phenomenology and evidence that relates to case studies. BPP largely developed outside the official universitarian institutions. Because of this, there are no “laboratory research” studies to support it. But with the exception of Behavioural Psychotherapies all the other modalities in the field of psychotherapy share this lack of “laboratory research science” support. Yet there are two studies, that support the effectiveness of the method:


We also refer to entry 15 of this submission.

1.4.2. Publications and Bibliographies

There is quite some literature that has been written about BPP. Since 1996 there is a research project by the “Archiv für Körperpsychotherapie”, that has accumulated a biodynamic archive and published a bibliographical list of biodynamic books, articles, unpublished manuscripts and training materials (Archiv für Körperpsychotherapie (AfKPT), No. 1). This list is regularly updated (see Appendix 2 for the latest update). The bibliography, that so far only contains the basic English and most of the German texts of BPP, lists around 250 items, most of which have been published. Another bibliography has been published by Michael Heller, that lists the French literature in BPP and Psychoorganic Analysis (see Appendix 3; Psychoorganic Analysis has developed out of Biodynamic Psychology). In the ”Archiv für Körperpsychotherapie” the items have been entered into a computer program and categorised according to key words in order to facilitate research work.

1.4.3. Symposia and congresses

There has been established a rich tradition of biodynamic symposiums, congresses and discussion meetings. In Germany, for example, there have been at least eleven congresses of biodynamic associations within the last 15 years. So far, five of these gatherings have been documented in books (4-8), another reader about the latest ”Fachtagung” in 1999 is about to be published. The First German Congress of Body-Psychotherapy, that took place 1998 in Berlin and was attended by more than 700 people, was mainly organised by people with a biodynamic background.

References:
Verein für Integrative Biodynamik [Hrsg., 1994], Körperpsychotherapie zwischen Lust - und Realitätsprinzip, Oldenburg: Transform, 200 S.

1.4.4. Empirical Research Project
BPP officials have taken concrete steps to take part in the body psychotherapy evaluation study that has been designed by Richard Meyer in close co-operation with the German University of Erlangen.

1.5 Practice

The large part of BPP practice is done with clients in an individual setting in a private practice situation. There is also a tradition of conveying biodynamic principles in more pedagogically oriented study groups. BPP is also practised in the setting of therapy groups. BPP has been known for entertaining clinics for the general public, that were associated with training centres (e.g. London, Munich, Hamburg): Members of the public can come in and are ascribed a therapist. Thereafter they are usually seen by that person.

**QUESTION 2**

Please provide evidence that your approach has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.

**2.1. Impact of BPP in Bodysychtptherapy**

BPP’s claim to competence and knowledge within the tradition of the bodysychthropathetic field is partly related to the fact, that Gerda Boyesen, the founder of BPP, had a special and pioneer position in the early development of the field. Ola Raknes, a trained psychoanalyst and one of the outstanding experts of bodysychthropathetic work, 1969 offered Gerda Boyesen to take over his practice in London (1). She accepted and became one of the most influential persons in the then young history of bodysychthropathy. She strongly influenced some of the most prominent therapists within the field, e.g. Malcolm Brown, the founder of Psychoorganisismic Psychotherapy, Jerome Liss, the founder of Biosystemic Psychotherapy, David Boadella, the founder of Biosynthesis, and her son Paul Boyesen, who became the founder of Psychoorganic Analysis. Maarten Aalberse, one of the most prominent representative of Unitive Psychology has been in training with M.-L. Boyesen. Also Ron Kurtz, the founder of Hakomi, was attending G. Boyesens workshops in the seventies. The claim to competence is well accepted within the field, as for example is shown in the following quote of David Boadella: ”The biodynamic principles of Boyesen reveal a rich understanding of the relationship between emotional levels of expression and inner feeling and the subtle qualities in the body tissue and viscera.” (2, p.19; Boadella’s appreciation is also documented in: 3, 4) J. Liss has given his tribute to the work of Boyesen in an article and a book (5, 6). G. Boyesen has been acclaimed as one of the leading protagonists of current psychotherapy (7, 8). 1999 she was awarded with the honorary membership in the EABP.

**References:**

Bibliographische Analyse von 30 Jahrgängen der wichtigsten Zeitschrift der Körperpsychotherapie, Elmshorn: Eigenverlag,
2.2. Long Tradition of Training in BPP

There is a long tradition of training other people in BPP. G. Boyesen started to train people as early as 1971 in London, when she founded her own “Centre of Bioenergy”. In 1976 there already existed four biodynamic training institutes (London, Paris, Holland, Göttingen) and the first three year training courses in BPP had been established. In the following ten years at least 50 training groups were run by an international biodynamic trainer staff in England, Holland, France, Germany, Austria and Switzerland. Biodynamic trainers in the seventies were invited to join the training staff of A. Lowen’s “Institute of Bioenergetic Analysis”.

In the last 24 years there has been a steady continuity of offering BPP as a training, which has been remarkably successful, in spite of the difficulties, that bodyscytherapeutical work is confronted with by health legislations. A conservative estimate would state that at least 3000 people in Europe have been trained in BPP since the early seventies.

Right now (December 2000), just one of the biodynamic training organisations, The European School for Biodynamic Psychology (ESBPE e.V.), is running ten different training groups, that are attended by around 16-20 people each. The EABP training standards have since 1997 been implemented in the current organisation of the ESBPE training.

This long standing tradition of training can be taken as a sign of competence and is taken as proof of a substantial amount of professional expertise, that has been established over the years.

2.3. Extensive Publication

Since the first publication of a biodynamic text in 1970 a substantial amount of articles and books have been published that attest to the well developed field of knowledge within BPP. (See Appendix 2 and 3)

There have been some journals, that were or are mainly concerned with BPP:

“Adire”, founded 1985, about one issue per year, founding editor: Michael Heller, now: Revue de L’Association Francophone d’Analyse Psycho-Organique (especially in the early years of the paper there is a strong grounding of the articles in biodynamic concepts)

2.4. Publications in “Energy & Character”
A statistical overview of all the English and German articles that appeared in the most important European journal in body psychotherapy, "Energy & Character" ("Energie & Charakter") shows that authors that are related to BPP have contributed 46 articles in the first thirty volumes of E&C (1, p.38). Only authors of Biosynthesis, Bioenergetics and Reichians have been more productive within the field. BPP has also been discussed in around eight articles written by authors that belonged to another bodypsychotherapeutic school. This figure of reference articles is by far the highest among all the schools that have published in E&C, which can be seen as an indication of the strong impact that BPP had in the development of the field.

References:
Bibliographische Analyse von 30 Jahrgängen der wichtigsten Zeitschrift der Körperpsychotherapie, Elmshorn: Eigenverlag

2.5. Diagnosis and Intervention

BPP as a matter of course uses the classical diagnostic instruments of anamnnesis and personal assessment by the therapist. BPP tries to avoid any classical psychodiagnostic assessment, since it is seen as prone to have destructive effects onto the therapeutic relationship and the therapeutic process. Yet there is a highly differentiated and individualised diagnostic perspective on the basis of the individual somatic shape and behaviour. There is a wide range of partly new and original concepts, that have been developed to describe and discriminate the specific bodily appearance of a given person at a given moment and how this is related to the emotional and psychological states of this person. Some examples of these concepts are: chemostasis, somatic compromise, internal organismic pressure, distention pressure, transudation pressure, visceral armour, tissue armour, muscular armour psychoperistaltic openness or closure, psychoperistaltic tree, energetic fluid, ripeness principle, parasympathetic appearance, startle reflex pattern, stasis, streamings, vasomotoric cycle, vegetative discharge etc. It is important to note, that all these concepts refer to specific and discernable physiological states which by decades of phenomenological experience and the often repeated evidence of case studies have been found functionally identical with psychological or emotional states. (For definitions see Appendix 2 (pp 42-48), 1, 2, 3)

Additional diagnostic information has been accumulated in a specific ‘emotional anatomy’ or emotional chart of the body, which relates specific emotional themes or conflicts to specific body areas (4).

A third set of diagnostic information is related to the segmental body theory of W. Reich. (5, 6).

The fourth set of diagnostic perspectives has to do with characteranalytical models that originated with Freud and Abraham and was consistently developed by W. Reich. BPP is inspired by characteranalytical models that have been especially elaborated by A. Lowen and J. Pierrakos (e.g. 7) and further elucidated by R. Kurtz (8). Within BPP the characterological diagnosis is combined with the individualised diagnostic information. It is strongly advocated that the characterological information is used in an appreciative, respectful, non-judgmental and positive way (e.g. neurotic patterns as best possible survival strategies, defence mechanisms as means of preserving an essential part of the self of a person etc.). The fact, that the new and very influential psychoanalytical concept of an ‘Operationalisierte Psychodynamische Diagnostik’ bears close resemblance to the main characterological conflicts and themes (despite some differences) is taken as an indirect evidence of the validity of the characterological perspective. (9) All these informational channels and theoretical frameworks are integrated in biodynamic ‘bodyreading’.

A fifth set of information comes from interactional and communicative aspects of the therapeutic relationship, which has especially developed by the second generation in BPP (e.g. 10,11) In relation to therapeutic interventions there are specific ways to do verbal psychotherapy (e.g. ‘rooted talking’) and imagery work (this work is especially inspired by the ”Creative-Trance-Approach” of Jay Stattman, the
founder of Unitive Psychology, that in the seventies co-operated very closely with the Boyesens and their training staff (12)). BPP is especially known for having designed vegetotherapeutic and somatic techniques, including a wide range of specific techniques of touch, body treatment and psychodynamic massage (e.g. 13-17). A more detailed description of the principles of biodynamic interventions can be found in the answers to some other questions of this survey.

References:
Boyesen, Ebba (1986): The emotional chart of the body, in: Training paper, 1986, 21 S.
Arbeitskreis OPD (Ed., 1996): Operationalisierte Psychodynamische Diagnostik, Bern: Huber

QUESTION 3

Please provide evidence that your approach has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.

3.1 The Human Being as an Energetic System
For centuries all approaches of how bodily behaviour is actually experienced have used models involving a form of energy specific to life (1, 2). This was true with yoga, with martial arts, in Greek medicine or in Chinese health care (acupuncture, Xi Gong). In 1997 acupuncture, for example, has been accepted as a scientifically valid and effective strategy by the American health authorities, although its energetic framework is in conflict with the dominating medical paradigm.

It was still true when the young Freud created a psychosomatic model and developed his drive theory of the libido. As late as 1921 Freud still maintained a quantitative view of drives: "Libido ist ein Ausdruck aus der Affektivitätslehre. Wir heißen so die als quantitative Größe betrachtete – wenn auch derzeit nicht meßbare – Energie solcher Triebe, welche mit all dem zu tun haben, was man als Liebe zusammenfassen kann." (Freud GW XIII, p. 248).

W. Reich further worked on the libido theory and made it a key-concept of its own groundbreaking style of Body Psychotherapy. It is the energy principle that unifies the whole work of Reich.

In BPP the energetic tradition of Reich has been continued. In BPP "our theoretical and practical principle is to work with the Life Force…which is the cosmic energy …and the whole essence of our therapy is to work according to the Life Force and its principles.” (1. p.3) Body and psyche are seen as two sides of the same energetic life processes. The energetic principles that were found by Reich (see e.g. 2) are applied and elaborated (see Basic Tenets 1,2; Question 1) and are considered absolutely basic for the understanding of the psychosomatic functioning of a human being. Some new concepts were introduced (e.g. the concept of ‘energetic fluid’), that stress the connection of energetic and physiological events or differentiate the levels, directions and psychological meanings of energy currents (2, 5).

Though the importance of the energy notion is widely accepted in BPP, there is an awareness of its shortcomings: See (4) for a critical assessment of the Reichian energy concept within BPP.

**References:**

**3.2. Body/Mind Holism**

In BPP as in other forms of bodypsychotherapy there is a general understanding, that the Cartesian split between body and psyche is a fallacy. A human being is comprised of a synthesis of mind, body and spirit. The main emphasis is on the dialectical mind-body connection and methods to promote a psychosomatic unity. Within current research there is an increasing amount of information to support this notion, coming from different fields like brain research (e.g. 1, 2), psychoneuroimmunology (e.g. 3, 4), psychotraumatology (e.g. 5), hypnosis (e.g. 6), psychosomatic medicine (e.g. 7-9) and gastroenterology (10). The new findings in relationship to the enteric nervous system (the “second brain”) strongly support the biodynamic notion of the psychological importance of the intestinal system (11)
Though psychoanalytical metapsychology has become a theory of abstract ideas and merely psychological structures and mechanisms, in the beginning there was a strong awareness of the mind-body-connection in psychoanalysis. As Boadella has shown bodyschootherapeutic holistic thinking preceded and strongly influenced the psychoanalytical ideas of Freud via the work of the psychologist Pierre Janet, who according to Boadella can be acknowledged as the first bodyschootherapist (12).

Freuds theory of drives and his view of the psychological apparatus and structure reveals some holistic tendencies: Freud thought of the drive as being situated somewhere in between psyche and body ("ein Grenzbegriff zwischen Seelischem und Somatischem" (Freud GW X, p. 214, (13)). 1938 Freud conceptualised the drives as the demands onto the life of the soul, that are put upon it because of it being so thoroughly connected with human embodied existence: He speaks of drives representing ”die körperlichen Anforderungen an das Seelenleben” (Freud GW XVII, p.70, (13)) ”

Another famous Freudian quote is the following statement: Das Ich ”ist vor allem ein Körper-Ich” (Freud, GW XIII, p. 255 (13)) ("The Ego is above all a body-Ego"). In a discussion of this statement, Kernberg concludes that Freud did not yet discriminate between the ”Ich” as a psychic structure or psychic function and the more bodily, subjective, empirical self…” (16, p. 330). Freud did not yet discriminate between the motoric ego and the self, which is more related to the body.

Furthermore Freud’s concept of the ”Id” is taken from the work of another early bodyschootherapist, G. Grodeck, although Freud reduced the original meaning of Grodeck’s ”Id”, eliminating, its positive, constructive and transpersonal aspects. The current use of the concept of ”Id” in BPP seems close to the original meaning of the term in the writing of Grodeck.

The work of the psychoanalyst S. Ferenczi has had a strong influence on Reich. Ferenczi’s work is full of therapeutic suggestions, that go together very well with bodyschootherapeutic ideas and techniques (e.g. therapy as emotionally corrective experience, nourishing the client and keeping an attitude of motherly tenderness ("Mutterzärtlichkeit"), ”keine Heilung ohne Sympathie” (no healing without affection), active technique including touch and holding (14). As Schrauth has pointed out (14), Ferenczi’s attitude as a therapist is quite similar to the attitude of the biodynamic therapist. With the defamation of Ferenczi and the expulsion of Reich the line of thought within the psychoanalytical community that included bodily techniques and the basic psychosomatic unity was disrupted and is only lately being revived.

In the latest developments of psychoanalytic self-psychology there is a strong tendency towards a user-friendly approach in psychoanalysis, which stresses the necessity to create a ”friendly atmosphere” in the therapy room (17). This attitude has been very strongly been advocated by G. Boyesen, who always emphasised the necessity of creating a friendly and even loving atmosphere in biodynamic therapy. She considered this as extremely important for therapeutic success (15).

References:
Ornish, Dean (1990): Dr. Dean Ornishes program for reversing heart disease, New York: Random House
3.3. Specific assumptions about the human being and on health and illness

As was already stated in the answer to Question 1 BPP advocates a strong faith in the essential rightness and aliveness of a persons true nature, the so-called “Primary Personality” (2, 3). The concept is strongly related to Reichs concept of a basically sound, decent and loving “Core”, seen as constituting the centre and the essence of human beings. It is also similar to Winnicotts concept of the ”True Self”. The idea is that each child is born with this potential ”alive core” and its own ”autonomous libido circulation” (1) that enables it to feel ”independent well-being”. The basic biodynamic views of the child and its potential to independence are strongly supported by the current research on the earliest development of children (e.g. Dornes, 7)

Being confronted with a non-sympathetic environment in the development of a child this Primary Personality may be buried under the ”Secondary Personality”. The concept is closely related to Reich’s notion of the character armour. The ‘Secondary Personality’ is considered as the sum of all unfinished emotional cycles (seen as ‘vasomotor’ cycles) and defence mechanisms, that are embodied in different somatic armour (muscle, tissue, intestinal etc.) systems (the somatic compromise). These armour systems on the one hand reduce the aliveness, inner equilibrium and natural selfregulation capacity of a person. On the other hand the Secondary Personality is seen as the best possible survival strategy that was used to protect some essential self aspects of the child under unfavourable life conditions.

In BPP there is the assumption, that there is some ‘internal organismic pressure’ in each human being that tries to restore the healthy natural inner balance that is the criterion of the Primary Personality.

Human beings are considered as basically healthy. There is a trust in the innate inner ability to self-regulate and to heal oneself (psychoperistaltic principle; e.g. 1,4, 5, 6)

Seen on a process level, health is seen as the ability to follow and surrender to ones own rhythmical (physiological, emotional) cycles. Especially important is the ability to go through the whole sequence of ones own emotional vasomotor cycles, i.e. to go through an emotional arousal situation without leaving any damaging residual substances in the body. In BPP there is a strong trust that even dramatic aversive situations don’t have to develop into an emotional disturbance (like PTSD) if the vasomotor cycle that accompanies the aversive event can be completed.
Seen on a level of psychological structure a person is considered healthier, the more its motoric ego is supported, carried and energised by the forces and resources of the Id. If the effective agency of the ego (Ich) can be fully in tune with the strivings and forces of the Id then a person is considered able to function in his most healthy way. The process of integrating Ego and Id is supposed to be guided by the transpersonal or Higher-Self-aspects of a person. In this process of being more and more in tune with the organismic self the imposed Super-Ego-identifications or introjects are seen as gradually dissolving and being replaced by the directives of the Higher Self. BPP therefore trusts, as did Reich, that there is something like a basic natural ethic in human beings that is profoundly egoistic and prosocial at the same time. Living according to this natural inner ethics is considered to be very favourable for health. The basic therapy principle in BPP therefore is to reconcile the demands of the body and the forces of the unconscious strivings with the more spiritual values of the Higher Self. The Ego is seen as the psychological function that is best equipped to execute the will of the psychosomatic unity of a given person in the material external world. It is seen as a competent servant and not as the function that should rule ones life (e.g. 4).

BPP can be looked upon as a theoretical framework and methodology that strives to (re-) establish a firm and conflict-free connection of body, mind and soul within a person.

However within BPP this is considered as the general guideline and orientation for therapeutic process. In the individual practice it is the client who sets the aim of the therapy and the client is also the main determinant of the successful end of therapy.

References:
Dornes, Martin (1993): Der kompetente Säugling, Frankfurt: Fischer

3.4 The therapeutic relationship in BPP
As in many other forms of psychotherapy in BPP it is a basic idea that it is the person of the therapist with his professional and communicative competence, that provides the working material for therapeutic change. The kind of atmosphere that the therapist is able to create and maintain within the therapy room with a specific client is considered to be of utmost importance. According to Gerda Boyessen the embodied principles of "humanness, love, no criticism, no judgement..." (1, p. 118) are crucial for therapeutic success. The aim of the therapist is to work with an attitude of humility, gratefulness and joy and as much as possible refrain from exercising any "pushing" of or putting pressure on the client while on the other hand being clear and determined to defend the limits that are set by professional rules and ethical considerations (1).
BPP stresses the importance of the therapeutic relationship. There is a strong awareness that therapeutic process or healing necessitates a personal, essentially non-technical approach. In BPP there is the basic notion that the professional and the grown-up working-relationship within psychotherapy has to be governed by clear contracts and explicit ethical guidelines (see EABP standards). The transferential and countertransferential aspects of the relationship are to be acknowledged and taken into account when planning and applying therapeutic interventions (e.g. 1,2, 3). Some of the governing principles in dealing with transference are the following: There is a conscious effort neither to diminish nor to enlarge the transfer aspects of the relationship by working as close as possible to the current ego-position of the client.

Another basic idea is to think that the embodied unfinished (vasomotoric) emotional cycles are the structural and energetic source of the transferential psychodynamics of the client and that by completing the emotional cycles or working on the concomitant psychoaffective somatic compromise the psychosomatic basis of the transferential distortion is reduced and minimised.

Still another principle is that the working through of the (counter-) transferential aspects is therapeutically helpful but that decisive progress in therapy often goes along with interpersonal situations in which the transfer is transcended: "[When] you allow and trust this bonding-healing capacity [that is considered a reconstructive and creative force that is behind the transferential movement], the transfer transcends itself (…) you then find that you are relating the essential part of yourself to the essential human part of the patient and this communication is felt as a resonance between both hearts and this is what satisfies and heals." (E. Boyesen, (4), p. 233. See also (5) and (6))

Yet another important principle is to think of the therapeutic relationship as an emotional and intellectual "container of transformation". This line of thought is close to the concepts of the psychoanalyst W. Bion, who considered it the task of the therapist to pre-digest the ‘poisonous’ or unintegrated ‘β-elements’ of the client and thereby providing a model and the emotional and intellectual opportunity for the client to develop ones own healthy and self-regulatory ‘alpha’-function (7, 8).

References:
Boyesen, Gerda, Leudesdorff, Claudia, Santner, Christoph (1995): Von der Lust am Heilen, München: Kösel, 175 S.

3.5. Touch and other non-verbal communication
The use of touch and its importance is a fundamental aspect of BPP (e.g. 1-8). The evidence on the effectiveness of touch is, at present, indirectly documented. The domain is well documented by research,
but not the effects during therapy. Hunter & Struve (9) or Bonnet & Millet (10) demonstrate that touch has a deep impact on psychophysiology and how certain forms of touch have different types of influences. The existence of the phenomena is therefore not debatable, though the influence of certain forms of touch on specific psychological dynamics has not yet been researched experimentally. In BPP there is quite an extensive, differentiated and subtle clinical knowledge (based on case studies), in what way specific forms of touch or structured body interventions tend to affect the psychological status of a client. There is a strong awareness in BPP that touch should be used only with great consciousness and awareness (e.g. 7, 8). Within the BPP training program there is an emphasis on teaching the art of communicating by touch and of integrating touch interventions within a general theory of the therapeutic relationship. The ethical guidelines of the EABP are implemented in the BPP.

We generally assume that any communicative act is produced by an inner psycho-physiological mechanism that has an impact on the psychophysiology of those that perceive the behaviour. This assumption is one of the common roots of (a) the transferential model proposed by psychoanalysis, and (b) the communicational model of systemic approaches. There have been some studies showing how the non-verbal behaviour of patients influences the therapeutic relationship. In such studies the involvement of bodily phenomena in psychotherapy is clearly described.

References:
Also in: Biodynamic Psychology-Collected Papers, 1 Aufl., London: GBI, 1980, S.105-116
Please provide evidence that your approach has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/intervention.

4.1. **Historical perspectives in BPP**

BPP has been one of the first body psychotherapies which systematically and consistently applied in her theorising, as well as in her methodical application, the basic assumption that the human being is a psychophysical unity. The consideration of all human aspects of body, mind and spirit into an integrated whole is based on a concept of self, which develops through the body and individuates into a fully realised human being, the “primary personality”. Self-development is primarily seen as an holistic psychophysical development.

Theoretical development has been generated on the basis of some essential psychoanalytical concepts like the mechanism of repression (Verdrängung) and the "Instanzen"-model of psychic structures, that are also seen as body-energetic processes. The technique of free association has been "incorporated" in the organismic therapy as the approach of "rooted talking".

The concept of "psychoperistalsis", which is central in the biodynamic theory has determined many of the specific biodynamic methods and generated much of the development in methods of self-regulation and self-management on biophysical, cognitive, psychic and spiritual levels of human experience, which only starts to find adequate appreciation through recent scientific research findings (e.g. in the field of neurogastroenterology, (1)).

The basic assumption of biodynamic psychology, for which we will provide more evidence elsewhere (Answer 12), is that a psychobiological integration of the self as a basic therapeutic aim, can effectively be realised through the body-oriented methods and techniques of biodynamic psychology and psychotherapy.

Psychobiological integration of the self as a therapeutic aim, is in biodynamic psychotherapy furthered through:

a. improved body awareness and awareness of body sensation in the libido-flux;

b. therapeutic massage and holding-/contact techniques, which contribute to intensified body-awareness.

c. vegetotherapy techniques, which enable the client to connect emotions to bodily processes, rather than experiencing them as split off from the psyche;

d. a basic therapeutic attitude, which can best be compared to that of a midwife; it complies with what by various psychoanalytical writers has been characteristically described as "nurturing" or "motherly" (Ferenzci, Balint, Winnicott); the therapeutic setting which is established through this attitude has been quite original among the various body oriented approaches, and is one of the characteristics of the biodynamic method.

4.2. **Methods of touch in BPP**

Part of the basic biodynamic assumption that an integrated human being is a psychobiological unity, is reflected in its innovative application of touch in the therapeutic process.

Involving body awareness is still a long way off from just involving the body by loosening up energetic blocks and influencing the breathing pattern. Biodynamic psychotherapy directly applies therapeutic body
contact, massage and vegetotherapy, which eventually results in changes of the body posture, as well as changes in the psychic attitude of the client. The rationale for these techniques is again the assumption that the body and the psyche are functionally identical, and that a basic conflict is reflected on all levels of experience and thus finds specific expression in body posture, breathing pattern, muscle tension, speech, on the level of gestures and mimic expression etc.

The use of touch in psychotherapy is one of the areas of common ground that BPP with her specific methods and techniques for direct body-work shares with a number of other, closely related body-psychotherapies, some of them recognised as scientific approaches by EAP (Biosynthesis, Psychoorganic Analysis, Bioenergetic Analysis etc.)

The biodynamic view is that the human being is fully human right from the very beginning of his existence, developing as, not towards a complete psychophysical unity. Looking at the concept of an already existing self - be it called "psychophysical unity " or "undifferentiated psychosomatic matrix" (Jacobson ), "l-Id-Core" (Glover ), "nuclear self” (Kohut), or simply “core-self” (Stem, Greenacre) - the shared opinion (2) seems to be that a self develops through the body.

Montagu (3) provided evidence, that only through optimal skin-contact, the body-boundaries can form a self that is able to distinguish itself from the object.

BPP uses a therapeutic approach which is consistent with much of the above mentioned research findings. All levels of touch which lead to the development of an integrated self are included in the biodynamic therapeutic praxis, based on the evidence, that a body-self in its development is strongly influenced through and in the body-contact with primary relations in primary relational interaction patterns. Many of the newer psychoanalytical concepts of the development of "corporeality" (a concept of Object relation theory) found their way in applications of biodynamic therapeutic treatment (2).

The underlying contention is that, through the application of biodynamic massage- and holding-techniques and the psychotherapeutic application of physiotherapeutic techniques, an integrative process is supported, because they enable the client to improve on his body-awareness and to get in contact with his libidinal potential through the increased realisational awareness of the body. They give him an inner "felt sense” (Gendlin) for his body contact surfaces with the outer world.

Through organismic psychotherapy, the awareness of feelings and insights are consciously set in relation to body-awareness, contributing to an ongoing integrative process. In vegetotherapy both body-awareness and expression of emotions help the client to establish within himself a connection between emotions and bodily processes, thereby counteracting tendencies to split them off from the psyche. In this way an holistic process of self-realisation through full awareness of the body on all levels of human experience is strongly supported.

4.3. Interactive approaches in BPP

Many biodynamically trained psychotherapists meanwhile have complemented their training both in more traditional mainstream psychotherapies like depth psychology and Jungian analysis, as well as in more recent developed body oriented analytical psychotherapies (G.Downing, P.Boyesen) or approaches that deepened the understanding of the spiritual dimension of human experience (transformational psychotherapies like Core Energetics (Pierrakos) or integrative approaches, connecting spiritual traditions with modern psychological theories (e.g. the Diamond Approach of A.H. Almaas).

Some closely related body psychotherapies, which have developed their own original approach, have been inspired by and have integrated biodynamic techniques and therapeutic attitudes, but elaborated further on
themes and areas, which hitherto have been neglected or underdeveloped in BPP, e.g. theory on pre- and postnatal development (for an exception see (4)) and object relation theory (H. and I. Krens), the theory and treatment of "Frühstörungen" (M. Aalberse), the integration of societal influences and group dynamic processes (Integrative Biodynamik of K. Speyer).

In a creative reflux many of these traditional and newer influences have in return enriched biodynamic theorising (e.g. 5, 6) and therapeutic praxis and corrected or complemented original biodynamic standpoints.

4.4. BPP-contributions to understanding human nature leading to new ways of treatment and intervention

Providing evidence, that BPP has contributed to relevant themes and areas of human experience which deepen the understanding of human nature and initiated new ways of treatment, has, by necessity, to be summative in the context of this presentation. It may suffice to refer to Appendix 2 ("Schriften in Biodynamischer Psychologie" (1969-2000)) and Appendix 3. A selection of the following biodynamic themes intends to illustrate in summary BPP's occupation with key issues of theorising on aspects of human nature and the development of new ways of treatment and intervention:

The Interpretation of Freud's concept of the unconscious: "where "I" is, the "Id" should appear" (G. Boyesen, p. 140 in: (7));

The elaboration of the individual's intimate vegetative life: the intimacy of the inner organs (the guts); the concepts of tissue and intestinal armour; elaboration of Reich's concept of vegetative streamings; psychoperistalsis; the relation between the central nervous system, the autonomous nerve system and the enteric nervous system; extension of Reich's understanding of the function of sexuality in psychoenergetic and erogenetic therapy;

BPP's psychophysiological understanding of emotional needs: emotional expression as a physiological necessity and the therapeutic handling of “completing unfinished emotional cycles";

Redefining the rights and needs of the child: the concept of "independent wellbeing"; the focus on the importance of containment of the child's aliveness in child-rearing; awareness of pulsation rhythms in the infant's nurturing cycle; awareness of early vegetative balance of contraction-expansion pulsation as an expression of natural contact-differentiation needs of the child;

Development of therapeutic methods in dealing with life attitudes and life situations of stress and strain: resolving the startle reflex pattern to undo neurosis; the description of vegetative processes accompanying stress and stress digestion;

Formulating new insights in human nature: emphasis on the importance of the relaxation-recuperation-rehabilitation phases in establishing an emotional-vegetative equilibrium for the maintenance of physical, mental and psychic health; emphasis on the pleasure principle vs. the reality principle; emphasis on the positive self-regulation as an organismic drive (in addition to the Freudian concepts of Eros and Thanathos); emphasis on the importance of vegetative discharge as a necessary complement of and even having a priority to emotional discharge;

Improvement of the mother-child relationship: new interpretation of the "blessed symbiosis" between mother and child as an impeachment of the natural state of independent well-being; the concept of "alpha-nursing" in the infant's feeding cycle and its influence on the child’s cognitive development.
References:
Spörri, M., Berührung und körperlicher Dialog in der frühkindlichen Entwicklung, in: Energie & Charakter, 31, 21, 2000, p. 100-120.
Some other illustrative examples of this reflux from traditional and more recent theoretical development in relevant issues can be found in the contributions of the "Biodynamische Fachtagungen" of the GBP (Gesellschaft für Biodynamische Psychologie/Körperspsychotherapie) and the publications of the "Verein für Integrative Biodynamik, listed in "Archiv für Köperpsychotherapie, No. 1" as No. 138- 140 (GBP) and No. 251-252.

QUESTION 5

Please provide evidence that your approach includes processes of verbal exchange alongside an awareness of nonverbal source of information and communication.

Biodynamic Psychology/Psychotherapy as a client-centred and analytically oriented method uses a wide variety of verbal methods according to the needs of the client to be supported in the ongoing therapeutic process.

In using the non- and averbal information as a diagnostic tool in utilising countertransference or vegetative resonance, the therapist supports the client to let the body speak and find words for the inner dynamic as well as for the transference and relation dynamic in the therapeutic process.

The verbal interventions are mostly contained and sparse “little words“ (G. Boyesen), encouraging the unconscious to express itself („let it speak“) without provoking the ego-defence, i.e. as close to the material that the ego can easily reach and digest.

Even though provocative and confrontative methods are also used in BPP, the way words are used always come from the intention of „making friends with the resistance“ (M. L. Boyesen) much like language is used in hypnotherapy, using the image-world of the client as a bridge to the translation of the „Id-language“. The direct non-verbal language of the belly-brain, i.e. the peristaltic sounds, is used in BPP as a diagnostic instrument and marker for the emotional state and transformational digestive process of the mind during verbal exchange on important gut issues (da Silva) between therapist and client.

One of the central approaches of Biodynamic Psychotherapy is the self-regulative function of the psychoperistalsis as an expression of digesting traumatic, unresolved emotional facts and the vegetative residual affects and toxic introjects belonging to them.
In the therapeutic setting of a biodynamic process verbal expression and integration is supported besides a body-oriented process of vegetative abreaction and integration. The biodynamic therapist has often experienced that while dealing with “gut issues” on a verbal level which really matter to the patient the borborygmic sounds of psychoperistalsis “join in the conversation “(Freud) as punctuations of insights into deep inner conflicts (see also 6).

Taking into account the close communication of psyche and soma, the choice of verbal interventions is oriented on the individual character patterns shown in the body and the neurotic conflict-management-strategies of the patient in order to get insight in his interruption patterns of the vasomotoric cycle. The therapeutic aim is to re-establish the natural rhythm of contact and withdrawal and to heighten the ability of awareness, insight and expression in order to help the client to fulfil unfinished emotional vasomotoric cycles (5, 8). The choice of interventions has always the intention to support the osmosis between the conscious and the unconscious, body and mind, digital and analogue knowledge in order to deepen the relationship to the client’s own inner world as well as his relation to the outer world.

Biodynamic Psychology believes that an exact and true perception of the self and the world depends on an undisturbed connection to the biological energy core: The point of deep contact between sensations, emotions and awareness provides a moment of truth (eureka) which is mostly accompanied with harmonious psychoperistaltic sounds as markers of transformation processes. In order to overcome the split between the mind controlled belief system and the feelings emerging out of the bodily sources the therapist has to take care that the client gets in contact with his biological core of energy. Because only then he is able to give up control and dive into the oceanic wave of being himself, and decide from there his life script and self-expression.

In this short outline about verbal and non-verbal sources of information within Biodynamic Psychology and Psychotherapy (BPP) methods, it seems expedient to state that although direct touch and bodywork is part of the essential allegorical traits identifiable to BPP, it is finally by expressing the word that a person speaks his or her own mind - and thus “our cramped soul can soar!”.

And although therapeutic success ultimately depends upon emotional equilibrium attained and maintained after a process of psychotherapy, it is, in the end, by the often inaudible therapeutic space made available between the client and the therapist, that an individual’s emotions become personal to him or to her and therefore enlarges and enriches his/her life. Biodynamic Psychology with its emphasis on the self-regulation and psychoperistaltic principle governing the development of the person as a whole, has through the empathic qualities of Gerda Boyesen’s pioneering methods and theories for the last 50 years aspired to equilibrate the gap and discrepancy often attributed to the empirical domain between bodys Psychotherapy and psychotherapy.

Central to BPP is the method of “rooted (organismic) talking” which is an essential and integrative part in Biodynamic Psychotherapy. This method aims equally to let the mind wander, to think aloud, bridging and grounding the person on the verbal level, from the physical to the psychological, from the energetic to the symbolic.

The therapist adopts an “atmospheric” tone of voice: emphatic (or ‘tragic’), to invite unconscious material and trivial, to assimilate the awareness and the symbolism e.g. in the aim of repairing early childhood events or in the matter of problems in the here and now (1).

This verbal “letting it speak” (rooted talking) method facilitates an energetic and vegetative interaction and / or identification on the side of the therapist, important and decisive in the client-therapist-relationship, and it is from this setting that the countertransferential interventions or the assessment of the therapeutic process is done. Imperative is respecting the client’s “creative or protective” resistance with the intention of
not insisting upon interpretations which the client is not ready to embrace, but to help reduce repression and disease without activating and reinforcing the client’s defences.

The unifying element of Biodynamic theory and praxis is it’s altruistic instrumental attitude whether it follows the individual process on the social and humanistic level or on the psychological and interpersonal, the existential and symbolic or on the holistic and the transpersonal level. It is this attitude which is the subtle and necessary link between the client and the therapist, and which ensures the Biodynamic containment.

No psychological method can account itself being indispensable (as it can fail the client), for if the dynamic balance between trust and transfer, identification and independence is disturbed, real psychological health cannot unfold. This process depends largely upon how the therapist is actually touched by his client’s experience. The therapist absorbs the client’s experience into his system, allowing the informative material to invade him intuitively into some non-verbal source within, until assimilated by selection and fed back to the client as an emphatic concordant impulse, or as a necessary complementary intervention. This vegetative or organic identification with the client’s energy govern in fact all the intervention-impulses within the therapist and conducts the way the therapist chooses to deal and communicate with the client and his/her therapeutic issues.

References:

Boyesen, Gerda, Leudesdorff, Claudia, Santner, Christoph (1995): Von der Lust am Heilen, München: Kösel, 175 S.
Da Silva, Guy (1990): Borborygmi as markers of psychic work during the analytic session. A contribution to Freud’s experience of satisfaction and to Bion’s idea about the digestive model for the thinking apparatus, in: Intern. Journal of Psycho-Analysis, 71, 641-659
QUESTION 6

Please provide evidence that your approach offers a clear rationale for treatment interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.

6.1. Illness as a disturbance in the energy-flow

Biodynamic Psychology and Psychotherapy describes illness and suffering as disturbances in the healthy, normal flow of energy in the organism (= person) (e.g. 1-3). These disturbances may be created by a variety of factors, hereditary or acquired. Their main source relevant to our work are experiences of trauma and deficiency - mainly in earlier stages of life - common to which are the difficulties or inabilities of the person / organism to react to in a flexible manner that can adapt constructively to later, different conditions. For example, the person may then resort to a pattern of reaction which alleviates the distress of that particular situation(s) but thereby acquire a lasting and even generalised pattern of reaction which may not answer the demands of later, different or more complex life constellations and may hinder liveliness, expression and fulfilment with a widening gap between the primary and secondary personality.

The creation process of such patterns takes place in the whole person - on both psycho-cognitive and physical levels. We presume a unity of these levels: Experiences with the physical body are manifested in the psychological, emotional and cognitive set-up of the individual. And vice versa, psycho-cognitive experiences effect the physical body and participate in it's formation and function. The information gained by experience is recorded in the tissues of the body and their interaction with each other (e.g. 4).

Biodynamic Psychology and Psychotherapy (BPP) is accessing the person and his/her problems on both levels, whereas historically, (balancing out the verbal bias of traditional therapies), the emphasis is on the physical one.

By observing the body we can gain diagnostic and operational information about the person and his/her condition which is less accessible to verbal communication.

The relief of suffering

By working directly with the body through massage, vegetotherapy, expressive and postural exercises, imagery etc. we can:

help the person become aware of relevant underlying material hitherto not consciously accessible;
help the person experience and exercise new patterns conducive to health and well-being;
help digest and integrate traumatic material recorded in the organism and trigger new experiential qualities directly, sometimes independent of conscious insight or verbal processing (A central method here is the uniquely Biodynamic psychoperistaltic work in which we utilise intestinal peristaltic feedback as a source of diagnostic and operational information). (e.g. 5, 6)

6.3. Body-oriented models of diagnosis and treatment

We apply various other body-oriented models for diagnosis and treatment. E.g. the following 3 models which we share with many other Reichian body-therapies and which are central to our work and a good illustration of it's conceptual framework. They are 3 complementary view angles of looking at and working with the same phenomena. The location of a person or a process in one of them enables good predictions about their location in the other 2 models. All 3 models may give us information about the person, his/her
behavioural preferences, maladaptive tendencies, physical (bodily) organisation, belief systems, relevant developmental events, healing potential and resources as well as the possible choice of treatment strategies and interventions:

1. The model of Energy-Flow Cycle gives us information about the way the person deals with certain life impulses - e.g. need - from initial perception through action, interaction, satisfaction and digestion to full organismic integration

2. The Segment Model and other forms of Body Mapping help us observe the interaction of parts of the body and their (dys-) function with the personality of the individual (life events, beliefs, behaviour etc.) (e.g. 7)

3. The Character Model helps us, by observing the body and behaviour of a person, to make diagnostic and operational assumptions about his or her early life events, psychosexual development, basic beliefs, object relations, possible aetiology of physical and behavioural symptoms as well as therapeutic strategies and prognosis (e.g. 8-10)

**The biodynamic rationale for treatment interventions**

Much of the conceptual and operational rationale of BPP is shared with many other, especially Reichian, body-therapies which developed parallel to BPP. There are however several issues of distinction, among others:

In BPP:
- there is a central notion of self-regulation, mobilisation of own healing potential, liberation of the primary person etc. as essential factors in the process of change and a strong emphasis on the need for a suitable, safe and nourishing therapeutic context (relation) for this to happen.

- there is an emphasis on the, at least partial, possibility of healing old, early life wounds, not only learning to cope with or react differently to them. Here the therapist may play a very active, giving role.

- there is a strong notion that an adequate, safe, nourishing body-contact (in massage, vegetotherapy etc.) may sometimes facilitate by itself positive change and render verbal therapy redundant.

- there is a strong emphasis on the "night side" of human function and experience which comprises various involuntary vegetative activities, especially those associated with digestion and integration of physical or emotional material.

Whereas psychological maladaptation may have it's origins in early life events, it's maintenance and current form for which the client is seeking help is a product of interaction with many other factors added to a process that has been taking place over a long time span and still is.

So, the consideration of the present life situation of a person, work, relations, life style, beliefs, affiliations etc., and the issue of responsibility for one's own life and well-being may also be central in a therapeutic process.

6.5. Strategies of constructive change

BPP offers a wide variety of strategies and interventions for facilitating constructive change:
It offers initially a safe, non judgmental space for experiencing oneself in perception, insight, emotions, reflection, expression, interaction etc.

It offers a nourishing contact on various levels as a healing context for early-life injuries and deficiencies.

It offers numerous interventions aiming at improvement of (self-) perception, energy flow and well-being.

It offers effective and non threatening methods for retrieval of and therapeutic work with previously unconscious issues that play a central role in the aetiology and maintenance of illness and suffering.

It facilitates identifying maladaptive patterns as well as learning and exercising new, constructive ones.

As emotional problems and maladaptive patterns are mostly created in the context of human relations, the client-therapist relation can be a determining factor for the success or failure of the therapeutic process (e.g. 11, 12).

Another central assumption of BPP is that the intention of an intervention is more important and effective than it's technical, manifest side. It is essential for the therapist to be aware of his or her own intentions and the transference / countertransference aspects of the process (e.g. 13).

A Biodynamic therapist is expected to tackle the issue of relations in his/her own life, be exposed to own therapy, collegial exchange and supervision and be able to deal with the ethical issues arising in the intimate context of body-therapy (e.g. 14, 15).

The tools to do that are also part of the Biodynamic Training Program.

References:
Boyesen, Ebba (1986): The Emotional Chart of the Body, unpublished manuscript, 21 p. (See also: Question 2.5.).
Freudl, Peter (1994): Entwicklungspsychologie und Charakteranalyse, unpublished training material, Elmshorn, Eigenverlag
QUESTION 7

Please provide evidence that your approach has clearly defined strategies enabling clients to develop a new organisation of experience and behaviour.

BPP has very strong and clear strategies for helping clients, especially with awareness about their bodies and the interactions of the mind-body associations, BPP stresses the importance of the "psycho peristalsis" and the ‘digestion’ of emotions as a psychosomatic function of the alimentary canal. With the balance of the autonomic nervous system being better regulated through various techniques (structured body treatments like Deep Draining, dynamic physiotherapy and massages, body exercises, breath work, rooted talking, vegetotherapy, ergodynamic exercises and techniques; see the list of references for some texts on therapeutic strategies and techniques in BPP)) and with appropriate information the client is led into this new area of awareness about their bodies and their emotional reactions.

The BPP therapist is usually taking an individual body-oriented assessment as a starting point (of the therapy in general and at the beginning of each session), while collecting and processing information of an individual body reading, of the emotional chart of the body or of the characterological model. The therapist usually adopts an inviting, non-directive and accepting attitude. In BPP there is an emphasis on creating a very safe and accepting, non-judgemental, friendly and joyous or even loving atmosphere in the therapy room. This is seen as the basic and necessary (though not sufficient) condition for a client to open up for his inner processes and the impulses, that ‘impinge from within’.

The therapist sometimes takes the initiative to start or deepen the therapeutic process, but in general tries to create a "holding environment" (Winnicott), so that the “spontaneous gestures” (Winnicott) or "primary impulses” (Boyesen) of the true self of a person may find their way. The basic therapeutic principle is that it is the being itself that heals. The task of the therapist is seen as initiating the process of the client, keeping it going and very consciously avoiding stopping it. The organic depths of the body are seen as the source or origin of the ‘true self’- feeling and –awareness. The idea is that learning to trust the autonomous movements and rhythms in the body means learning to trust the embodied dynamics of the unconscious and thereby learning to trust oneself. To put it in another way: All the methods in BPP try to reconnect the emotional self in the body.

The basic strategy in short is to provide experiences that are likely to change the vegetative way in which life situations are felt and perceived. The methodology therefore concentrates on techniques that help loosening the old psychosomatic compromise (i.e. the physiological and somatic blocks that have ‘somatised’ the trauma and their psychological correlates that reinforce the neurosis) and are indented to establish a new integration of the body-mind-unit. The techniques help to heighten the awareness for the own inner sensations, impulses and rhythms and to learn to trust them. They help the clients reorganise their emotional and psychological viewpoints in conjunction with their stance and posture, their muscle and tissue tonus, their proprioception, subsequently their emotions and finally their potential actions and abilities.
Helping a person to reconnect to his or her own embodied truth is considered the basic step in order to re-establish the ‘independent well-being’ that the free and unimpeded flow of the innate autonomic libido circulation brings with it. This process is enhanced by therapeutic work on the relational aspects of a person which in BPP is done within an analytical framework.

References:
Boyesen, Ebba, Das Wesen der Energieverteilungsmassage, in: Studientexte in Biodynamischer Psychologie III (Ausbildungstexte), Altneudorf: Gerda Boyesen Institut, 1985, 5 S.
Boyesen, Mona Lisa, Orgonomy Massage: Four different approaches in bio-dynamic vegetotherapy, in: unveröffentlichtes Manuskript (Trainingspapier), o.J., 2 S.


Gvirtzman, Daniel (o.J.): Knochen und Aura Massage, in: unveröffentlichtes Manuskript (Trainingspapier), o.J., 6 S.


Voet, Johannes D. M. (o.J.): Grundlagen der Biodynamischen Körperspsychotherapie, unveröffentlichtes Manuskript, 49 S.


Part II

The position of Biodynamic Psychology/Psychotherapy within the scientific community, her relationship with and her contribution to the “scientific platform” of information, communication and critical reflection.

In Part II we will describe the historical position of BPP especially within the field of body-psychotherapy. Our contribution to methodical and transparent communication with other related approaches will be demonstrated and our openness to critical (self-) reflection assessed.

Examples will be given of the distinct and differentiated contribution of BPP to the field of psychotherapy at large, and that it shares with them areas of common grounds that makes integration and collegial exchange possible and fruitful.
Please provide evidence that your approach is open to dialogue with other psychotherapy modalities about it's field of theory and practice.

Biodynamic Psychology and Psychotherapy (BPP) is traditionally a depth-psychological therapy founded and developed by G., E., and M. L. Boyesen. It has it's roots in physiotherapy and biochemistry (1) as well as in the work of Wilhelm Reich which originally emerged out of the Freudian analytical tradition (2).

Being undogmatic, it has not only been open for dialogue with neighbouring depth-psychological and body-therapies, but also to an exchange of views and methods and mutual fertilisation with other schools of psychotherapy (3). It is in effect one of many contemporary schools of psychotherapy developed mainly in the second half of the 20th century, that departed from the defensive orthodox of early times and have ever since been open and supportive to reciprocal influence with other schools (4).

There are some basic assumptions and positions that make out the uniqueness of BPP (5). Within this basic framework the individual therapist can incorporate creative compatible impulses adopted from other therapeutic schools. Biodynamic training is open to students and professionals with different therapeutic backgrounds and many graduates expand their knowledge and experience with complementary approaches.

BPP has been actively influencing other schools for several decades now. Many founders and followers of current established body-therapies have had Biodynamic training with G. Boyesen or other proponents of this approach.

Biodynamic therapists and trainers are invited to guest in schools and institutions of other approaches like Gestalt, Rogerian, analytical, systemic etc., that want to become familiar with body-oriented therapeutic work. They're also participating actively in intercollegiate and interdisciplinary dialogue in various national and international forums as well as in research efforts in the field.

References:
See also : AfKPT (Appendix 2) p. 36, No. 212
QUESTION 9

Please provide evidence that your approach has a way of methodically describing the chosen fields of study and the methods of treatment or intervention which can be used by other colleagues.

BPP is a multifaceted approach ranging from a physiotherapeutic through psychological to spiritual understanding of the human condition. It is also to a great extent of experiential nature. Thus, with a mere description of theory and methods of BPP a person not at all familiar with a given facet or with no relevant experience in the field (or lacking a certain mature personal quality) may not be able to use them constructively. This is true for the vast majority of therapeutic approaches.

So, we're dealing here with two different questions: that of methodical description and that of professional application.

However, in the context of professional training integrating aspects of theory and practice, experience and personal growth that go beyond mere descriptive teaching BPP has a solid and well-tried educational framework for conceptual and practical learning of the subject matter.

A detailed description of the methods and techniques used in BPP cannot be comprehensively be published because it might encourage uncontrolled use of them. Yet a lot of material has been published and is available for colleagues and the general public (see Appendix 2 and 3).

Moreover they do require a form of know-how which cannot adequately described in writing and which needs to be experienced and refined as in training sessions. As in many psychotherapies, the practice of biodynamic psychotherapy is not scientific but more craftlike, complex, artful, partly intuitive, and the whole is not easily reduced to the sum of it’s parts for purposes of measurement.
Those that want more detailed knowledge may have access to the available video demonstrations on the various biodynamic methods of treatment (1). They can perhaps attend introductory workshops provided by ESBPE, the European organisation for BPP (2), become patients for a short term or long term biodynamic Psychotherapy (3), or follow an established biodynamic training course (4). In all these modes of exposition of our knowledge, persons may contact the biodynamic methods in a way where an exercise is shown in a relevant theoretical context and know-how, which also takes into account the potential benefits, and the contra-indications of our method (5).

BPP employs an easily understood terms and a professional jargon which is similar to that of most other related approaches. Terms that are specific to the method can be easily translated into common language.

In addition to colleagues already mentioned (Question 8) there are at present hundreds of professionals across Europe applying the knowledge gained in the various Biodynamic Training programs. Many of them are in continuous co-operation, supervision and discussion with colleagues from other therapeutic schools. There exists of course unpublished training material (curriculum, basic and advanced training texts), through which a person could gather in depth practical knowledge without proper training. Yet also many biodynamic authors have published in depth descriptions of biodynamic techniques, principles, theoretical background, prescriptions and case analysis (6). Knowledge of the biodynamic approach can also be found on our website. Biodynamic Psychology has a definite set of study fields and the theory and methods that derive from them are in depth described in the original basic formulation by Gerda and Mona-Lisa Boyesen in: ”Die Biodynamik des Lebens” (7), which contains a sort of basic introduction into the biodynamic method.

References:
6 Videos on biodynamic psychotherapy, compiled at the University of Nijmegen, the Netherlands (edited by H. Krens), 1977.
Regular announcement of upcoming introductory workshops can be found at the ESBPE-Website in Internet: www.biodynamik.de
Via ESBPE an updated list of accredited biodynamic psychotherapists is available.
Information on current and future training programmes is available from ESBPE, Hüxterdamm 22, 23552 Lübeck. Telefon 0451- 70041 or e-mail: esbpe @ t-online.de
QUESTION 10

Please provide evidence, that your approach is associated which is the result of conscious self reflection and critical reflection by other professionals within the approach.

Conscious self reflection is part and parcel of the paradigm of body psychotherapy. A consistent underpinning of the various forms of the work involves regaining, reinforcing and utilising conscious contact with the body - the proprioceptive sense. Conscious self-reflection is absolutely necessary to renew and maintain this contact. This is often what attracts clients to body psychotherapy and is thus part of the body psychotherapists task and therefore exists as a pragmatic priority in the client-therapist-relationship.

Since the founder of Biodynamic Psychology, G. Boyesen, had been trained in both clinical psychology and physiotherapy – a then quite unusual combination of areas of study – her strongest interest was in deeply understanding the psychological meanings of somatic symptoms, states and shapes. Her contributions to the field of body psychotherapy originate in her reflection of the processes of her patients and also a thorough and original way of reflecting her own personal therapy process. As Freud was developing important parts of his theory by self-analysis, so did G. Boyesen. (1)

To give one example for the way she was using her observations to come to a theoretical conclusion: She consistently found in her daily practice that people who had strong vegetative reactions during or in between the therapy sessions (like diarrhoea, fits of cold or heat, nausea etc.) had a very good prognosis in therapy. She found this especially true for people with anxiety problems. This observation led her to conclude that the working out of the somatic basis of a neurotic disorder can be a decisive step to overcome the neurosis just by changing the vegetative response pattern in the patient. She independently came to the same conclusions as Reich had done before her: If one wants to really heal the emotional disorders, one has to change the vegetative form in which the patient is experiencing his internal and external life situation (e.g. 1).

So besides the theory of psychoperistalsis, which is her crucial contribution to psychosomatic medicine, in BPP there are many phenomenological observations which are looked upon in a fresh and original way.

The bibliographies (Appendix 2 and 3) are taken as evidence of the amount of conscious reflection about the own approach. 47 of the documented texts of the BPP bibliography (App. 2) have been published in the most important European journal in body psychotherapy, i.e. ‘Energy & Character’. The growing body of literature in BPP attests to the longevity, breadth and depth of conscious reflection in BPP.

Since 1969 representatives of BPP have taken part in many general body psychotherapeutic congresses or helped to organise it, have organised own meetings and symposiums (e.g. 15-23), where specific topics were extensively discussed and the own approach critically reflected. Some of this themes of critical self-reflection were:

The body and the transference relationship in psychotherapy (e.g. 2-6, 15, 24), including a critic on ethics related to the management of transference in BPP and body psychotherapy (3) and a critical discussion of the latest findings in the research of early infancy (Dornes, Lichtenberg, Stern) in relationship to the management of the therapeutic relationship in BPP (11).

A critic of the Reichian energy concept (e.g. 7)

A critical reflection of BPP in relationship to the work with the Borderline-Personality Disorder can be found in (8). Another critical reflection about BPP in general is found in (10).
An epistemological critic attempting to describe what kind of knowledge is particular to body psychotherapy can be found in (9). Published reports on congresses within the field of BPP in Germany within the last ten years document a critical reflection of a wide range of topics: abuse (15, 22), pleasure principle versus reality principle in psychotherapy (16, 17), the problems of touch (19, 22), narcissism a early disturbances (18, 20), body psychotherapy with children (21), sexuality (17, 22), creativity and spirituality (23).

References:
Heller, M (1989) : Pour une ethique de la connaissance en psychotherapie, in : Adire, Nr. 4, 29-62
Southwell, Clover (1985): Some Personal Reflections On Biodynamic Psychology and on what I see as some oft its strengths and weaknesses (Draft), in: unveröffentlichtes Manuskript, 55 S.
Gruppe französischer Biodynamiker [Hrsg., 1982], Psychologie Biodynamique: Rencontre a Montailleur,, Montailleur: Eigenverlag, 272 S.
Verein für Integrative Biodynamik [Hrsg., 1994], Körperpsychotherapie zwischen Lust- und Realitätsprinzip, 1. Aufl., Oldenbourg: Transform, 200 S.
QUESTION 11

Please provide evidence that your approach offers new knowledge, which is differentiated and distinctive in the domain of psychotherapy.

Biodynamic psychology/psychotherapy developed as one of the first among the bodyspsychotherapy-methods, dealing with the direct link between the mind and the body. It is a differentiated and distinctive approach, containing many original contributions, that later opened up and stimulated further extension in the field of bodyspsychotherapy (1). We also refer to the entries Questions 1 and 2.

The fact that Gerda Boyesen and BPP holds a singular and prominent position in the field of bodyspsychotherapy and is also considered to belong to the main new psychotherapies of our time can be related to her astute psychological insight and her creative and logical method of investigation The impact of her innovative approach can only be understood against the background of biodynamic psychology and psychotherapy as a coherent and consistent system, which include:

the basic assumptions, that underlie the differentiation and distinctiveness of the method;
the basic therapeutic principles and the therapeutic attitude, that are extrapolated from these assumptions;
the specific therapeutic methods and techniques, including massage- and holding/touching techniques as psychotherapeutic applications. They derive their effectiveness from the basic assumptions, principles and therapeutic attitude. Especially in the field of psychosomatic treatment, BPP has contributed new forms, that offer differentiated and distinctive new perspectives on the body-mind relationship (2, 3).

For a concise and informative summary of the basic assumptions, principles and therapeutic attitudes, as well as for an overview of the main therapeutic methods and techniques, we may refer here to the Appendix 2, pp. 3-17 (4). This text includes original quotations of the founder of BPP, Gerda Boyesen.

The most important contribution of BPP to the field of psychosomatic medicine is the discovery of the psychoperistaltic function of the intestinal system - the possibility of the intestinal system to digest emotions and it being an important regulator of emotional health - and the theoretical and practical development of its implications for psychotherapy. It is only nowadays that a recognised new branch of
scientific research, gastroenterology, seems to confirm and consolidate this central aspect of Gerda Boyesen's original work (e.g. 5, 6). The fact that the intestinal system contains an enormous amount of nerve cells, that justify to call it the “second brain”, can be taken as an indirect support of the relative autonomy of the intestinal system. Another indirect confirmation of the psychoperistaltic theory comes from the finding in recent gastroenterological research that much more information flows from the intestinal system to the brain than from the brain to the intestines. Also this line of research seems to find evidence and theoretical explanations for the well-known fact, that people who suffer from disturbances in the digestive system often also suffer from psychological or emotional irritations.

It would however do no justice to the scope of Gerda Boyesen's work to reduce her influence on generations of bodys psychotherapists to the singular discovery of the psychoperistaltic regulation. Another original contribution of BPP is the development of very differentiated concepts on the interrelationships of body, emotions, mind and spirit (e.g. chemostasis, tissue armour, the role of body fluids etc.). The glossary in Appendix 2 shows the wealth of new information that has been gathered and conceptualised in BPP (see pages 42-48).

A third essential and original contribution is the insight, that the specific (body) technique in psychotherapy is not in itself decisive for therapeutic success but that it is much more the general therapeutic attitude, in which the therapeutic technique is applied. BPP therefore very consciously favours a gentle, non-judgemental, non-directive, process-oriented and client-centred approach, where the client is met at his own level of awareness and understanding. The therapist’s attitude is basically ‘motherly’ (though being firm in defending the therapeutic frame), being accepting and supportive out of trust in the self-healing powers of the client. The therapeutic function is comparable to that of a midwife in facilitating, but not giving birth to the client’s “primary child” or his “primary personality”.

Another new insight is conceptualised in the BPP notion of the importance of the ‘parasympathetic’, digestive stages of emotional cycles. In BPP unfulfilled emotional cycles are seen as central causes of neurotic development and many diseases. This is one of the main tenets of Gerda Boyesen's theory of neurosis. In specific G. Boyesen added two stages to the Reichian four-step life formula that she called regeneration and rehabilitation, because she considered it of utmost importance for emotional and psychosomatic health, that our emotionally exciting events are given ample time and space for inner digestion and integration.

In BPP in the last forty years there has been developed a vast amount of specific, new and original body therapeutic techniques, that are based on the new concepts on the interrelationships of body, emotions, mind and spirit. For evidence to this claim see for example the reference list of Question 2, section 2.5.

One further original contribution, that we would like to mention here, is the concept of an inherently spiritual and also embodied drive towards self-realisation as a guiding and supporting principle in therapy. BPP is not unique in her conviction that the human being is essentially “good”. But original at Gerda Boyesen’s time was her therapeutic interpretation, that the integrative process of self-realisation towards a primary personality follows an ontological blueprint under the influence of an innerorganismic pressure as one manifestation of the formative and optimising forces of life energy.

In order not to be too redundant it may suffice to just shortly summarise some more topics in order to demonstrate in which way BPP has contributed to the development of a new outlook on bodys psychotherapy and psychotherapy at large:

Gerda Boyesen’s energy concept has been derived from her extensive therapeutic practice and expertise and was innovative in as much as she stressed that pleasure is not exclusively connected to the tension-discharge formula (which would reduce the therapeutic aim in a Reichian sense to the “perfect” orgasm),
but finds a much wider application in the whole context of an autonomic libido circulation and the therapeutic aim of “independent well-being”.

Repression is understood as a psychophysical phenomenon as well, related to a lack of completion of emotional vasomotoric cycles. Her contention, that neurosis is “incorporated” is conceptually and practically integrated in her extension of Reich’s concept of muscle-armouring, that has been supplemented with amour systems of the tissue, the intestines, the brain and even the aura.

The biodynamic psychotherapist focuses also on those body symptoms, which are specifically related to the (mal-)functioning of the psychoperistalsis. For instance he could consider to work on swollen tissue areas of the clients body which seem to be “ripe” for the elimination of nervous tension fluid, and thereby either ‘work out’ the corresponding psychological problem or help to create the space within the client to tackle the problem on a psychological level.

BPP’s optimistic view on the human being is based on the belief in the existence of a potential “primary personality” in all of us. Letting aside the question if such a personality can be realised, the concept implicitly presumes her dynamic function as an ‘attractor’ force, not unlike Kohut’s concept of ideals (7).

The life confirming attitude of Gerda Boyesen was originally a counterweight to the prevalent attitude of animosity at her time towards pleasure, the body and body contact. New was also G. Boyesen’s insight that pleasure, joy and creativity are very sensitive and vulnerable qualities that urgently need our protection against persistent repression from the environment.

The setting in BPP practice intentionally aims to create a loving, accepting atmosphere, counteracting a general deficiency in the family culture of the time. With a sensitive touch and an emphasis on proprioception to enhance the client’s awareness of his bodily sensations, she invites the contact with and the expression of suppressed feelings and needs.

Additional to an emphatic atmosphere, Gerda Boyesen developed singular therapeutic massage- and holding techniques, which sensibilised the client to become aware of his own borders, invited appropriate emotional expression through non-confrontative vegetotherapeutic techniques and supported his psychophysical integration through the verbal method of organic psychotherapy (“rooted talking”).

Even though BPP has not conceptually developed an outspoken critical social-political standpoint, there is a definite “revolutionary” implication in her emphasis on the guiding principle of “independent well-being”, relevant for actual life situations, against the tide of life negating norms and self-destructive adaptive behaviour (8).

References:
See question 1, 1.1.2.
QUESTION 12

Please provide evidence that your approach is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.

At the 1999 Congress of the "Deutsche Gesellschaft für Körperpsychotherapie", Gerda Boyesen, together with other influential founders of Body-Psychotherapy Schools, was nominated as honorary member of EABP.

Gerda Boyesen, who developed her approach known as Biodynamic Psychology in the mid-sixties(1, 2), is generally recognised as one of the main representatives of the new body-oriented psychotherapies, which at the time were closely connected to the new "Bioenergy Movement" (3). From her "Centre of Bioenergy" in London, she took an active part in the development and integration of psychoanalytical and body-analytical (vegetotherapeutic) methods and techniques in the Reichian Tradition, with physiotherapeutic and psychophysiological instigations. As one of the first she theoretically and practically established a link between two psychological and psychotherapeutic models, which until then had seemed incompatible: the psychoanalytical models of Freud and Jung and the early Reich on the one hand, and the physiological theories of the later Reich, Pavlov, Canon and Selye, as well as the physiotherapeutic applications of these theories, many of them Scandinavian in origin.

Gerda Boyesen inspired and influenced to various extent several prominent founders of body-psychotherapeutic schools (e.g. J. Liss, M. Brown, R. Kurtz). Some of these schools have been officially recognised by EAP as scientifically valid psychotherapeutic methods (Boadella’s Biosynthesis, P. Boyesen’s Psychoorganic Analysis).

Discovering the function of the psychoperistaltis Gerda Boyesen has been giving the psychodynamic structure of a human being a long searched for biological basis. She synthesised Freud's psychoanalysis and dynamic physiotherapy with the vegetotherapy and orgon therapy of W. Reich.

Her particular interest was not so much the elaboration and extension of Freud's theoretical concepts. Her contribution to further development of psychoanalytical theory lies more in interpreting important psychoanalytical concepts like repression and psychic structures also as bodily-energetic processes. For instance she took the well known Freudian axiom of "working with what is closest to the ego" as also an physiological phenomenon and found a body-psychotherapeutic application for the psychoanalytical method of free association in what she called "the organismic method of rooted talking". In her understanding of psychological development and of the psychopathology of adults BPP basically refers to the psychoanalytical tradition of Freud, extending it however with the bodily and energetic dimensions.

Diagnostically BPP applies elements of the traditional characteranalytical schools, founded by W. Reich, a common ground area, which she shares with related approaches in body-psychotherapy like Lowen, Keleman and Boadella. With the latter (Biosynthesis) she shares another common ground in the interpretation and extension of the psychoanalytical concept of the psychic structures (Id-Ego-Superego), which is considered as analogue to their corporeal equivalents of the three embryological layers of endoderm, mesoderm and ectoderm. A field of special interest in and exploration for BPP is the endoderm, that part of the Unconscious which is associated with the Id in the Freudian topology. The digestive tract, developed from this embryological layer, is here interpreted as the "Id-Canal" with the twofold function of food intake and digestion as well as regulating (transporting and digesting, interrupting and blocking) residuals of emotional experiences. In BPP understanding the Ego corresponds on the bodily level to the
mesoderm and the "motoric Ego" is interpreted as the emotional regulator, using the skeletal musculature and the diaphragm for its regulative functioning.

One of the most significant areas of common ground, that we want to mention explicitly is certainly the increasingly important area of psychosomatic therapy. One of the characteristics of BPP is undoubtedly her early emphasis on a psychophysiological approach to psychotherapy, reflecting the original two-track process of her foundress, who was both a clinical psychologist as well as a physiotherapist. In a recent text on BPP and psychosomatics ("Der Psychosomatik-Klient und die Biodynamische Psychotherapie") the author convincingly argues for the view, that biodynamic psychotherapy represents a promising alternative in psychosomatic therapy "deren Heilpotential den herrschenden Verrichtungen in weiten Bereichen überlegen ist." (4) This opinion is certainly supported by the increased consciousness within psychoanalytical circles of the immense importance of the psychosomatic dimension as "Grundpfeiler einer dem Menschen als Ganzen adäquaten Medizin" (5).

For further, more extensive accounts of the way Biodynamic Psychology and Psychotherapy has assimilated and integrated theoretical and practical elements of the four major scientific "mainstream-psychotherapies", we refer here to two comparative studies, available from the "Archiv für Körperpsychotherapie" (1, 6)

References:
Freudl, P., Der Psychosomatik-Klient und die Biodynamische Psychotherapie", in: Energy & Character, 30, Nr. 19, p. 131-158 (Part 1), and 30, Nr. 20, p. 31-58 (Part 2)

APPENDIX TO QUESTION 12

In order to really understand to what extent BPP is capable of being integrated with the mainstream psychotherapies we need to know which claim they pursue on effectivity and by which criteria their contention is scientifically proved. The next step is to provide evidence that BPP also meets these criteria. D. Boadella (7) has formulated a claim for the mainstream psychotherapies and for all practical purposes we could see of all the basic elements which his claim, implicitly or explicitly, contains are represented in BPP.

On the basis of the EABP-answers we will first reformulate themes, that are relevant to the answer of this question, into a number of statements, some of whom we will then elaborate:

BPP is a valid part of the history and development of Body Psychotherapy and consequently also of the history and development of scientific psychotherapy at large;
BPP fully assimilates and integrates the perspectives (which are (more) familiar, of all four major psychotherapeutic perspectives:
   - psychodynamic (Psychoanalysis, Depth Psychology) psychotherapies;
and can demonstrably meet the claim, implicit in the perspectives of the mainstream psychotherapies that “the integrative process (of self-realisation) can only be realised through a spirituality expressed through a full realisational awareness of the body”. This means that:

BPP supports an **integrative process (of self-realisation)**;
BPP submits to the therapeutic intention of supporting a **holistic integration of the self**;
the integration of the self can only be realised through a **spirituality expressed through a full realisational awareness of the body**.

Through her holistic approach, BPP demonstrates, by combining and working with all aspects of the relationship between affect, behaviour and cognitions (all fundamental aspects of scientific psychotherapy), how this interrelationship is manifested in and through the body (e.g. holding environment; unconditional positive regard; interpreting and reframing etc.).

BPP shows in her awareness to the connections between body and emotions and in her therapeutic methods, cognitive changes and has with her bodily oriented psychophysical approach has had an impact on and made an original contribution to psychotherapeutic praxis;
BPP as a clinical psychology/psychotherapy is in need of other scientific criteria and a newer scientific paradigm than conventional research does and can offer.

### 12.1. The integrative process of self-realisation

Biodynamic Psychology holds a positive view on the human being. Her basic assumption is that there exists in all of us a "primary child", which has the potential to develop into a "primary personality". Her full development is both therapeutic orientation and the individual's life goal. The Primary Personality is both in contact with the instinctive self, the primitive and animalistic needs and in contact with the transcendent (8).

The concept of "Primary Personality" stands in the Reichian and humanistic tradition of a positive view of man, rejecting in this respect Freud's concept of "destrudo" and the assumption of a primary destructivity in the human being. A biodynamic therapeutic process is seen as a re-discovery of the true inner nature, a re-membering of one's inner self on all possible levels of human functioning (9).

In the ongoing discussion on what is meant by the "self", it seems that conventional psychotherapies generally take the concept to refrain to the self-image or self-representation. A.H.Almaas (10) contributes much of the existing confusion to unspecific definitions of what self, self-identity, self-representation stand for. Although BPP has not greatly contributed to a clarification of these concepts, theoretically it assumes a primary core in the human being, which has all the capacity of becoming a self-realised person. Her simple model of primary child-secondary personality-man in transition - primary personality seems to be capable of being integrated with other approaches to be part of scientific psychotherapy: Mahler's object relation theory, Kohut's self-psychology, Hartmann's Ego-psychology and the contributions of Stem, Winnicott and Kemberg on the issue of self.

### 12.2. An holistic integrative process, which includes a spirituality

Already in the first edition of her article on "The primary personality and it's relationship to the streamings" (11), Gerda Boyesen admonishes that one often has to break through the barriers of mechanistic
categorising, and to have the courage to confide to a holistic philosophy that unifies all areas of human existence. And A.H. Almaas poignantly places this attitude within the frame of scientific research:

“(........) if the psychological researcher insists on validating only the standards levels of the self's experience concerned mainly with disturbances in this conventional experience, we will not end up with a true science of the self, but at best, with something like folklore” (12).

The holistic scientific approach in BPP, which empathically includes the spiritual dimension of human experience, has greatly influenced her concept of the therapeutic process and the underlying therapeutic attitude. Her reliance on the self-regulative capacity of the client, also within the frame of the therapeutic relationship with regard to handling the process of transference and countertransference, her basic "motherly" attitude of acceptance, respect and trust in the spontaneous healing "from within": all this can hardly be understood and appreciated, without taking three other basic concepts in BPP into consideration: life-energy and organismic pressure/self-regulation. At the same time these concepts reflect the necessity to clearly define the boundaries of conceptual usage in the various dimensions of human experience for the sake of communication in scientific exchange.

12.2.1. The concept of Life- (Bio-) Energy:

In a serious attempt to clarify the "scientificity" of the bioenergy-concept in body-psychotherapy, including the biodynamic approach, a Swiss project group (13) has suggested to separate the instrumental, conceptually concrete part of an energetic conceptualisation in psychotherapy (the "small" energy-concept) from the energy-concept as holistic organisational principle, belonging to the domain of philosophy and spirituality, which relates to the invisible, untouchable and unspeakable aspects of the inner experiences of clients. This procedure could be applied to other diffuse concepts also, thus dividing the criterion of scientificity into research outcome with passes communal scientific "judgement", and the hermeneutic findings of educated "pre-judice" anticipating scientific judgement.

12.2.2. The concepts of organismic pressure and psychoperistaltic self-regulation

A key-factor in the biodynamic theory is the concept of inner organismic pressure, understood as a hydrostatic, osmotic pressure, on the organic level as an exchange of fluids between capillaries and tissue. The extension pressure in the intestinal linings would maintain the bio-energetic equilibrium through psychoperistaltic regulation.

At the same time BPP sees in this organismic pressure the optimising force of the "biodynamic ontogenesis" (14), "felt as the inner pressure to complete the task of bringing about the development of the self to its ultimate possibility (cf Kohut's "ambition" as driving force), but also as an inner guidance (cf Kohut's "ideal" as leading force) towards this task of completeness" (15). Though the latter certainly belongs to the domain of spirituality, it has, as a developmental force, also been recognised in various psychoanalytical child research projects (Mahler, Kohut). BPP assumes that this optimising force is effective in the primary personality, with her "natural drive towards expansion and self-expression".(16)

On a deeper level of psychoperistaltic regulation it is the process of digestion, which includes the organic completion of undigested, toxic experiences, images, belief systems and identifications which are alienating from the essential self, that expresses the optimising force towards self-realisation. The realised self as a manifestation of reality, cannot reabsorb what is not real, not even in its final consequence a self-image!
12.3. A spirituality expressed through full realisational awareness of the body

One basic assumption of BPP is that the holistic integrative process of self-realisation can be supported, precisely through direct work with and on the body.

The hypothesis which might be difficult to falsify, is that the self develops through full realisational awareness of the body. BPP seems a suitable testcase for this claim, since she developed a self-concept, whose central element is the Primary Personality. Its rediscovery is exactly the aim of biodynamic psychotherapy: Self-realisation and individuation is a tautology for learning to develop in oneself the primary personality. And since BPP is part of bodypsychotherapy, whereby the body plays a central role, it is likely that the bodily aspect of the integrative process is far more focus of attention as in psychotherapeutic methods, in which the body plays a less important part.

Freud's statement that "the I (or self) is first and foremost a bodily I (or self)" apparently does not clearly include the soul aspect of self, since conventional psychoanalytic theory since then seems to interpret Freud's point of view as meaning: "the self-representations are first and foremost body-representations" (17). If however "full realisational awareness of the body" includes the soul aspect of self, which Boadella's claim seems to imply, it is only "when the awareness of the body is completely free from any image, (that) experience moves to a different dimension. We realise that our experience is no longer centred within the body, but in a boundless expanse of consciousness, which feels more like clear spaciousness than anything corporeal". (18)

We have to quote here at some length from Almaas' discussion of the relation between the real self (Primary Personality?) and the body, because he seems to reveal a discrepancy between the biodynamic concept of the primary personality, the therapeutic aim of BPP and the biodynamic psychotherapeutic. Gerda Boyesen sees a human being who developed his primary personality as someone who does not suppress nor encapsulate the life-energy and its accompanying streamings - those tiny rippling sensations of body-vibrations, which tell us, that we are alive. (19) But still she seems to indicate that it is not the body-feeling of aliveness alone that gives rise to self-realisation. She trusted the process of re-membering of and reconnecting with the primal life force, following her impulses as a biological growing force towards self-realisation. She therapeutically encouraged the re-experience of independent well-being as the innate capacity of the human being by the invitation to let it be, or more simple still: just be!

A guiding principle in the biodynamic attitude is "to let it impinge from within", which encourages the client to trust his innate capacity of self-regulation and let the organismic pressure follow its natural course, an attitude she summarises as that of a midwife. It is exactly this quality of presence without images, without preconceived plan or goal or intention that characterises the depth of the biodynamic process. It is this principle, alongside with methods and techniques directed towards a "full realisational awareness of the body" through a holding and healing touch, guiding the attention inwards and a genuine, loving therapeutic presence, that make up the effectiveness of the biodynamic approach. And she stands in this respect in a good tradition of some well known psychoanalysts like Ferenczi, Winnicott and Balint, with whom she shares the view that the therapist should as far as possible meet the client with genuine love and in an atmosphere of unconditional acceptance.

It seems again Almaas, who finds words for the unspeakable which biodynamic theory has not been able yet to express:

"The experience of the body in the dimension of essential presence indicates that the core of the self is experientially deeper than the living body. This core is the very consciousness that allows us to experience the body as living. Our definition of the self includes the living body, but as we have made clear, also includes more fundamental dimensions. More accurately, it is not that the body is a more superficial reality than presence; it is more that the self is a wholeness that contains all dimensions, including the body, and
this wholeness is disturbed when there is dissociation from presence, because it is presence which is responsible for this complete wholeness. Presence is the ultimate ground and reality of all the dimensions. Awareness of essential presence does not negate or devalue the body; rather, it gives it, along with the other aspects and dimensions of the self, a greater sense of integration, wholeness, and lightness." (20).

References:
Almaas, op. cit., p. 30.
Juchli, E. et al. (1999): Der Energiebegriff in der Körperpsychotherapie, Energiearbeitsgruppe, CH
N. Schrauth, op. cit., p. 30.
G. and R. Blanck, Ego Psychology II, quoted in: Almaas, op.cit., p. 75.
Almaas, op.cit., p. 75.
Almaas, op.cit., p.76.
Part III: The relation between theory and praxis in Biodynamic Psychology/Psychotherapy and her claim on the effectiveness of her methods and techniques.

In Part III we will demonstrate that there is a direct link between the transparent contribution of BPP to a deepened understanding of human problems we meet in the therapeutic praxis and an effective treatment of these problems resulting from this understanding. We will also demonstrate that our investigative procedures derive at a level of scientificty that makes scientific research feasible within the near future.

QUESTION 13

Please provide evidence that your approach describes and displays a coherent strategy to understanding human problems and an explicit relation between methods of treatment/intervention and results.

The strategies by which BPP understands human problems have been described elsewhere in this submission as well (e.g. Question 6). The bibliographies of BPP (Appendix 2 and 3) contain an overview of the basic tenets in BPP. The basic strategies are discussed at length in the basic textbooks of BPP (see reference list). In all of these writings there are references to the understanding of the human being as a whole gestalt of body, mind, emotions and spirit, and the development of strategies and interventions to restore a homeostasis in all these domains.

The summary that Dr. Erica Goodstone has given for the basic strategies in body psychotherapy is valid within BPP too:

”Although each modality of Body-Psychotherapy may use a different specific strategy, there are some elements common to the field as a whole:

Observation of the body to determine physiological underpinnings of neurotic and psychotic character structures and emotional patterns.
Touching the body in specific ways designed to release bodily armouring, release neuromuscular tension, and promote less restricted movement.
Eliciting verbal responses and emotional catharsis as the body lets go of habitual tension patterns connected to memories and mental blockages.
Partnership between Body Psychotherapy practitioner and Body Psychotherapy client/patient in interpreting and evaluating the meaning of verbal, emotional and imaginative responses.

These strategies are felt to lead to greater wholeness and general integration as seen by:

Body Psychotherapy clients/patients develop a more coherent, cohesive and integrated sense of self, better able to cope with life.
Body Psychotherapy clients/patients gain control over their emotions, become focused on their goals and accomplish life tasks with renewed energy, vigour and
confidence.
Body Psychotherapy clients/patients learn to confront and handle their problems as they arise, communicate authentically with peers, co-workers, friend and family, and as a result create more fulfilling and satisfying relationships, including marital and other intimate love relationships.”

References:


QUESTION 14

Please provide evidence that your approach has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.

BPP offers the following theories and concepts concerning problematic human behaviour:

A theory on neurosis-formation developed by Gerda Boyesen, based on the model of psychosexual stages of S. Freud and the theory of character structures of W. Reich:

in connection to the genesis of psychosomatic symptoms (e.g. migraine, asthma, digestive problems, skin diseases, high and low blood pressure, postural changes, hyper- and hypotonicity of the musculature and sinews, etc.) (1);
caused by psychovegetative disorder-patterns and energetic introjects (2);
leading to specific individual modes of armouring in the ecto-, meso-, and endodermal tissue as well as to changes in the cognitive and emotional realms (3);
“chemostasis” as the physical equivalent to the psychological “Restaffekt” (residual affect) as Freud put it. Gerda Boyesen uses this concept for toxics and wasteproducts that are encapsulated in the body, when emotional conflicts are not solved satisfactorily over a longer period of time (4);

A theory about the effect of disturbances in the early child-parent-relationship, taking in consideration the object-relation-theory and developmental psychology, e.g. the startle reflex, the adjustment to distress leading to alterations in the breathing pattern and body posture, as well as to disturbances in the immune and metabolic system (5);
The concept of the “secondary personality”, which is created as a reaction to childhood traumas and is a safeguard against expected further injuries, imagined or real (6);
The concept of interruption patterns in the emotional-vasomotoric cycles as a diagnostic tool and orientation for further psychotherapeutic treatment (7);
The concept of energy stagnation or energetic overexcitement leading to physical and psychological problems (8);

BPP offers the following concepts and theories concerning normal human behaviour:

The emotional-vasomotoric cycle, based on the stimulus-response-cycle of the Stress-theories (Canon, Selye; cf. also W. Reich’s stimulus-reaction-pattern) (9)
The Psychoperistalsis-Theory (10);
The concept of self-regulation and the self-healing principle (11);
The theory of energy-circulation and its connection with the circulation of bodyfluids and with the energy distribution in the body (8);
The concept of the “Primary Personality” as a model of a well balanced non-neurotic Person (12);
The concept of “independent well-being, representing a healthy early mother-child-relationship that facilitates a healthy child-development (cf. also the work of M. L. Boyesen on the nursing cycle in relation to the arousal of alpha- and thetha-brainwaves of a baby (13);
All BPP-theories and concepts are related to efficient methods of diagnosis and treatment. Psychological and physical equilibrium can henceforth be:

seen in the body structure and – posture, in the movements and breathing pattern of a person, in the mimic and gestures;

felt, through palpation, muscle tonus, condition of the skin and the connective tissue, the energy flow and body temperature, etc.;

heard, and gathered by what and how a client expresses himself, taking into account: projections, positive or negative transference and countertransference;

sensed, as a special energy while being in contact with the client.

BPP combines it’s various methods and techniques in a way that is tailored to the needs of a client in a particular session. Besides the verbal methods there are specific massage-techniques, awareness- and body exercises, developed by Gerda, Ebba and Mona-Lisa Boyesen, in order to support the client’s equilibrium. Furthermore BPP uses specific forms of vegetotherapy, a biodynamic way of Gestalt-work, breathwork, birthrelease, work with the real and ideal parents, positive regression- and aggression-work, dream- and imaginative work, free association and erogenetic analysis.

References:
Burkhardt, Markus (o.J.): Stresstheorie, in: Theoriehefte der Biodynamischen
QUESTION 15

Please provide evidence: that BPP has investigative procedures which are defined well enough to indicate possibilities of research.

15.1. A preliminary political remark

This question touches on a sensitive spot of, at least for the German situation, an undercurrent of rivalry, that goes on between industrial, political, medical and psychotherapy lobbies of interest in power and profit, which has very little to do with the genuine intention to promote the scientificity of psychotherapy and its quality standards for the benefit of the client. The consequent next step in the process of discrimination probably is the attempt to establish one, and only one, recognised, standardised training in psychotherapy, naturally in those "scientific" approaches "whose specific methods of treatment have provided evidence for their therapeutic effectiveness" (1). If the selection and recognition procedure of qualified training proceeds according to the same criterion of professionalism, which "out-lawed" all trained (body-)psychotherapists but the "psychological psychotherapists", the survival chances of body-psychotherapy training schools will be hit in their existential nerve: the professional education of future body-psychotherapists.
The official Scientific Council for Psychotherapy of Germany ("Wissenschaftlicher Beirat für Psychotherapie") (2) came to the conclusion, that momentarily (2000) there do not exist enough methodically adequate studies on the effectiveness of psychotherapy. It also stated that the available studies show some severe problems, e.g. lack in number of representative samples, an inadequate control of treatment relevance, or being based on only a few selected indications. The "verdict" of the Council was, that the level and scope of evaluative research in psychotherapy are definitely unsatisfactory! The Council's recommendation to stock up the financial means for methodical research on psychotherapy methods sounds very attractive, were it not that body-psychotherapy has not even been invited to dinner....... The conclusion is nevertheless right!

15. 2. Evidence of investigative procedures in BPP

15. 2.1. Reference to the EABP-preamble and scientific question/answer 15

In the previous 14 answers to the 15 scientific questions, evidence was provided, that BPP's methods, investigative results on her praxis and theory, were made public through training papers, publications, workshops, congresses and professional conventions. The amount of experimental research carried out in BPP is still rather limited and in the public presentation of BPP, but improvement is needed on scientific formulations of theoretical concepts and investigative procedures.

BPP has met, both with approval for her innovative approach and with doubts and criticism for being too speculative. Where Gerda Boyesen had encouraged "to break through the barriers of mechanistic categorising in confiding to a holistic philosophy" she herself did have the courage to move into domains of human experience, that were unusual in conventional psychology and psychotherapy circuits of her time.

15. 2. 2. A short biographical excursus

Those of us who witnessed Gerda Boyesen in the normal routine of psychotherapeutic practice, were struck by her astute perceptive power and sharp analytical mind. She was a disciplined and industrious writer, rarely going without a notebook on hand. Her original manuscripts, from which her daughter, Mona-Lisa Boyesen, extracted and formulated the foundation papers of biodynamic psychology, included countless observational descriptions of therapy-sessions and observation-based analysis. Many who attended her life-therapy sessions were impressed by her precise questioning and effective interventions, for which she - in the reflection on the process - then also could offer a clear and plausible explanation and rationale.

15. 3. The exploratory beginnings of a systematic investigative procedure

This short biographical excursus (3) was necessary to make understandable how a single person could draw such an astounding large audience and have such an impact on the rapid development of body psychotherapy in the midsixties. The earliest publications in biodynamic theory reflect the influence of the originator of the method and clearly show that there was a system in her unconventional way of thinking.

She was first and foremost a practical psychotherapist, always basing her theoretical assumptions on (self-) experience and observational data. As an educated clinical psychologist she focused on understanding neurosis formation, especially in the process of handling emotional conflicts. In the reflection of her observations, in what seemed to her a twofold function of the "dynamic updrift" became later on a leading research question: How could it be that the same inner organismic pressure, as a manifestation of the
optimising life force, can sometimes develop in a pathological neurosis-forming direction, and at other times in a healing, self-regulative direction. Her passion to find an answer to this central therapeutic question dictated her line of investigation, as was well documented in the foundation papers (4).

15. 3.1. The "pistol-shot" for the neurosis-theory

Gerda Boyesen was also a trained physiotherapist and collected her first practical experience in psychiatric institutions, one of them being the physiotherapeutic praxis of Aadel Bülow-Hansen, who worked in close co-operation with the psychiatrist Trygve Braatoy. From her she learned "psychopostural treatment", a very effective, but provocative method, which dealt with the freeing of breathing through applying a tactile shock to spastic muscles, that provoked a startle reflex, thus resolving the spasm in the diaphragmatic muscle. As she explored the somatic pattern of this reflex in the flexors and extensors of the motoric apparatus, she was fascinated by the process of armouring, first of all, by what she later learned to appreciate as Reich's discovery: the muscular armour.

The startle-reflex is an observational phenomenon, readily available to any perceptive observer. The vegetative residuals of this survival mechanism, which normally functions both in situations of strong physical as well as in the more subtle forms of psychic stress up to extreme traumatic experiences, have been described in detail in the startle-reflex theory of BPP. It is substantiated by a still increasing mass of supportive theories and (research) publications on related themes, captured under the heading of "Stress and Strain" (H. Selye). BPP's contribution lies undoubtedly in developing effective psychotherapeutic applications of dealing with the neurosis-formative effects of particularly psychic stress and the theoretical elaboration of concepts and processes in a coherent theoretical matrix of neurosis-formation.

15. 3.2. The "discovery" of the "psychoperistalsis" and the concepts of tissue- and visceral armour.

The explosive vegetative processes as the result of the psychopostural treatment brought Gerda Boyesen to developing her gentle method of the psychoperistaltic-regulation-treatment, as an psychovegetative equivalent to the analytical verbal method of association, taking care to work only with what is closest to the "somatic ego". From this moment on she concentrated more on the observable reactions in the membranes of surface tissue, to the accumulation of fluid. The logical next step was thus the development of the theory of tissue armour and visceral armour and methodical treatments which could regulate the intensity of vegetative discharge, accompanying emotional expression.

Psychoperistaltic self-regulation as a function of the pulsatoric, healing force of life-energy, became the organising principle for the theoretical edifice of BPP. The following description illustrates the potential scope, which eventually would establish BPP under the most influential body psychotherapies of our time:

15. 3.2.1. Defining of the concept of psychoperistalsis

a) Description of the general concept

The following quotation offers a general description of the concept, from which "psychoperistaltic self-regulation" as the organising principle" then was deduced:

"..The concept of "psychoperistalsis" refers to the central discovery of Gerda Boyesen and is her most significant contribution to medicine, in particular psychosomatic medicine. It describes the fact, that there is in the body an internal self-regulation- and cleansing-process, that serves the vegetative discharge of the bodily equivalents of emotional experiences. The spontaneous propriomotion of the smooth musculature in
the intestinal walls filled with fluid, called peristalsis has, apart from playing a part in metabolising bowl content, also serves the function of regulating nervous tension. The higher order function of the psycho-peristalsis serves the complete digestion of biochemical rest products of the metabolic process of excitatory or emotional stressing experiences. This process is accompanied by the gurgling sounds of the fluid in the intestinal walls, heard directly or through a stethoscope placed on the abdominal area. In order for the psychoperistalsis to start working, it is essential that one has the feeling of emotional security and safeness. When it functions well, a relaxed peaceful emotional mood sets in, accompanied by a harmonious and refreshing feeling of satiation and aliveness The psychoperistaltic self-regulation is considered to be the essential self-healing process. Its functioning is seen by BPP as decisive for the complete and final resolution of neurotic problems as it stimulates the free flow of life energy in man on all the levels of his Being.”(6).

b) Operationalisation

The problem attached to the above general definition and related concepts is to deduce from them operational concepts on the basis of observational phenomena, from which we can eventually derive a falsifiable hypothesis. In other words: how can a "phenomenological causality” repeatedly (by several independent observers) be established between the psychoperistaltic self-regulation and the biodynamic psychoperistaltic treatment as an effective, scientific form of psychotherapy, supporting "an integrative (holistic) process (of self-realisation) through a spirituality, expressed through a full realisational awareness of the body”.

The classification of concepts, observational phenomena and processes, which reflect the manifestation of pulsation on all the relevant levels of the "psychophysical unity" operative in the biodynamic therapeutic process of dealing with excitation and emotional stress (since the same organismic pressure, as a manifestation of the optimising force of bio-energy can develop either in a pathological neurosis-forming direction or in a healing, self-regulative direction (5), is one of the first requirements.

We base such a classification on the principle of "psychoperistaltic self-regulation”, because it seems to provide us, given the hypothesis underlying it, with an organising principle on which a theoretical matrix could be build for the specific holistic approach of biodynamic psychotherapy on all levels of human experience.

c) An overview of concepts, observational phenomena and processes, relating to the principle of "psychoperistaltic self-regulation".

A closer scrutiny of the concepts in the biodynamic theory, that were developed, related to the principle of psychoperistaltic self-regulation, demonstrates the wide implications of the discovery of the psychoperistalsis:

Overview of Concepts in BPP

<table>
<thead>
<tr>
<th>Level</th>
<th>Concepts</th>
<th>Observational phenomena</th>
<th>Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotoric</td>
<td>startle-reflex startlerflex-residuals startlerflex-pattern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td>stretching-reflex multi-unit spasm motoric-&quot;I&quot; dynamic relaxation somatic compromise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
somatic resistance

**Psychovegetative**
- peristalsis
- distension pressure
- gel and sol phases

**Level**
- tissue armour
- transudation pressure
- vegetative discharge
- tissue fluid
- visceral armour
- visceral hypotony
- visceral impregnation
- somatic compromise
- vene-pump
- autonomic interaction
- closure principle
- autonomic linkage
- open system

**Psychochemical**
- chemostasis

**Level**
- encapsulation
- somatic compromise
- plasmogalvanic and
- plasmafaradic principle

**Psycho-emotional**
- impulses from within
- psychoperistaltic

**Level**
- impinging-from-
- self-regulation-treatment
- within-principle
- emotionalvasomotorcycle

**Psycho-energetic**
- melting principle
- streamings
- centralisation

**Level**
- dynamic equilibrium
- stasis
- harmonisation
- energetic fluid
- mild waves
- energetic accumulation
- dynamic updrift
- surface ripplings
- transpiercing currents
- libido circulation

**Orgonotic**
- pulsation
- psychoorgastic process

**Level**
- oceanic waves
- oceanic feelings

**Transformational**
- primary personality
- self-healing

**Level**
- secondary personality
- biodynamic ontogenesis
- man-in-transition
- erogenetic process
- organismic core
- alphanursing cycle
- independent well-being
- psychoperistaltic
- internal organismic pressure
- self-regulation

d) An expanded, holistic definition of "psychoperistaltic self-regulation"

Psychoperistaltic self-regulation refers to the propulsive process of eutonising, cleansing, clearing and healing in the gastroenteric nervous system, as a function of the inner organismic pressure, manifesting the optimising, formative life energy forces, metabolising all undigested (ingestion, digestion, resorption and synthesis) and indigestible (egestion) toxic residuals of past and present excitatory or emotionally stressful experiences for the purpose of regaining a pulsatoric (co-ordinated waves of contraction and relaxation) equilibrium in all phases of the biodynamic ontogenesis.

e) Definition of related concepts
From the definition of psychoperistaltic self-regulation the following related and sub-related concepts need to be described, and supportive evidence for them should be provided:

gastroenteric nervous system
eutonizing, cleansing, clearing, healing
inner organismic pressure
optimizing force
formative force
toxic residuals
pulsatoric equilibrium
biodynamic ontogenesis

15. 3. 2. 2. Conclusive remarks

The relation between characteristic peristaltic sounds (borborygmi), distinct emotions and particular therapeutic methods of treatment has been reliably confirmed through years of clinical observation. Experimental research, which has objectively tried to confirm this relationship in a quantified form, is not yet available. However, the general precondition for the operation of "psychoperistaltic self-regulation" ("open system"): a relaxed state of the organism (parasympathetic dominance), and the experiential observation that tension and anxiety (sympathetic dominance) impedes the peristaltic regulation ("closure principle"), is an experimentally proved neurophysiological fact.

The interpretation of the phenomena relating to the concept of tissue armour (e.g. the concepts of energetic fluid, distension- and transudation-pressure and chemostasis) has not been experimentally confirmed yet.

The concept of visceral armour relies on the theorising of Seteskleiv, whose updated research findings are not yet been available to us at the time. Promising also in this area of research, are the writings of Gershon in the new field of neurogastroenterology (7).

15. 3. 2. 3. Supportive evidence from recent developments in related theories and research. On the concepts of tissue and visceral armour, relevant for "psychoperistaltic self-regulation".

Supportive evidence from recent developments in theory and scientific research, which may be relevant for BPP, has been already mentioned in the various other entries. Worth repeating in this context are various concepts from the human embryology (E. Blechschmidt (8), like biodynamic ontogenesis, biodynamic metabolic fields and the biodynamic formative forces (“Gestaltungskräfte”) for the concept of "psychoperistaltic self-regulation" as a functional differentiation of the peristalsis through organismic pressure; the holistic biological-medical theory of A. Pischinger (9) on his "System der Grundregulation" for the psychoperistaltic self-regulation in relation to the concept of energetic tissue fluid; the above mentioned neurogastroenterology (Gershon, (7) and the “Resonanz”-theory of Prof. Popp (10) about cell-communication through chemical transport and through light transport (“Biophotonen”), for the psychoperistaltic process. Some of these relevant theoretical impulses were introduced in a lecture, given on the third "Fachtagung" of the GBP 1998: "Die Funktion der Psychoperistaltik in einer biodynamischen Ontogenese" (11).

15. 3. 3. Extending towards a holistic theory of libido circulation
Observing the vitalising effect of libidinal "streamings" on the tissue consistence, which were of a more pulsatoric nature than the vibratory tremblings of the muscles, known for instance from Lowen's bioenergetic exercises, Gerda Boyesen assumed a close relationship between bioenergy and her concept of tissue armour. It was observable, that the streamings tonified the musculature and that their appearance was often accompanied by intensified mucous production. To induce from this phenomenon what is known in BPP as the plasmofaradic and plasmagalvanic principles is a speculative transfer of effects that are operative in electrophysics, to bioenergy, for which no experimental confirmation yet exists.

If however the biodynamic theory is tested on its own internal coherence and we once more follow her founder in her original line of thinking and investigation, one has to admit that the last link in the theoretical framework has a psycho- and onto-logical consistency, inspired once again by a determined therapeutic intention to find ways of resolving armouring on all levels of human experience.

The logical completion of the theory of neurosis and the basic trust in the healing function of the psychoperistaltic self-regulation made her develop psychotherapeutic methods of treatment, that dealt with the toxic effects of neurotic defence even on the aura level of the body: the aura armour. Just as the peristaltic bowl movements on the physical level propulses the stomach content in the metabolising process through consecutive states of solid to fluid and gas-forms, the completion of incomplete emotional cycles on all the levels of human experience ask for metabolisation, including the egestion of all alienating "toxics" that stand in the way of self-realisation. And the identification with the ego as our last defence against re-absorption in our ground of Being seems to be the most tenacious (11).

One can only imagine how sceptical and almost ashamed the closest circle around Gerda Boyesen at the time tried to "hush her up", when she mentioned her latest experimenting with "drawing spirals", and already the earlier beginnings of aura treatment by contacting the electromagnetic charge of stuck energetic fluid by fast quivering strokes above the skin surface, met with suspicion before it became a generally accepted form of psychoperistaltic treatment. But biofield treatment provoked outright disbelief!

From her own experience and from observations in psychotherapeutic praxis, all her concentrated efforts were now directed towards finding methods to allow the optimising force of the inner organismic pressure to take its natural course and let the biodynamic ontogenesis fulfil its innate drive to integration and self-realisation, expressing its natural spirituality through the full, detoxicated awareness of the body.

15. 3. 4. Basic assumptions underlying BPP

This final implementation of the theory on psychoperistaltic self-regulation led to the formulation of the basic assumptions in BPP underlying

her view on what a human being is, and what fully unfolding his potential could be: from the concept of organismic core-self to the concept of the Primary Personality;
her view on scientificity and science, including scientific domains that were -and partly still are - taboo: philosophy, ontology, theology, and spiritual traditions;
her view on the therapeutic attitude: allowance (the principle of letting it impinge from within; the attitude to let it happen, let it be, just be); genuine love, respect;
her view on the therapeutic relationship: trust in the self-regulative capacity of the client, respecting his mechanisms of defence and resistance.

All these elements became integrated in a coherent psychotherapy approach and the outline of an holistic theoretical matrix.
15. 4. The present state of methodical investigation in BPP

The EABP-answer of Question 15 includes three descriptions of how scientific investigative procedures are applied or could be applied to different areas of body psychotherapy, c.q. biodynamic psychotherapy. From these descriptions it becomes clear that BPP finds herself presently at the beginning phase "of designing theory-developing studies that are exploratory and descriptive in nature", which is still a long way off from methodical qualitative exploration and description of concepts, observational phenomena and processes specific to biodynamic psychotherapy, leading up to demonstrating the effectiveness of biodynamic psychotherapy.

The theoretical conceptualisation of BPP, attributed to M. L. Boyesen, whose basic texts have been published originally in “Energy & Character” between 1974-1979 (13) provide a still unexhausted inspirational source of ideas that could be elaborated for methodical research purposes. These basic texts have certainly contributed to an impressive production of manuscripts, lectures, comparative studies, descriptive case studies, dissertations and books, and to a far lesser extent, to methodical investigation and experimental research. An important preparatory requirement for the latter has been realised by creating bibliographical overviews of BPP (see Appendix 2 and 3). The next step would be to analyse this material, which contains a host of registered observations from years of psychotherapeutic experience that needs to be systematised to "link ideas to experience". From this systematising, possible areas of methodical research could be derived through the analysis of those theoretical concepts, that are capable of operationalisation.

All over Europe there undoubtedly exist a fair number of investigative initiatives in BPP that have been undertaken without us knowing about it, especially outside the German speaking area that we are most familiar with, e.g. in England and France. For this entry we will limit ourselves on some of the requirements needed for scientific research in BPP, and to reporting specifically on one illustrative example of a scientific experiment that demonstrates in which direction we have to move. To avoid overlapping we point here especially to Entry No. 1 and Appendix 2 for further references on research evidence.

15. 5. Providing further evidence of investigative procedures in BPP

15. 5.1. Introduction

At present ESBPE is organising its participation in an extensively designed scientific research project of EAP, initiated by Prof. R. Meyer and H. Krens. The preparation for this project involves formulating specific research questions that need to be interwoven in the design to investigate the effectiveness of specific biodynamic method.

The summary of an investigative procedure (see the EABP-answer to question 15, p. 13) shows an example of a research project in BPP on some operational research questions, as an intermittent step to providing evidence.

According to the biodynamic theory, resolving muscular tension is a precondition for the self-regulative cleansing function of the psychoperistalsis and thus for the resolution of hormonal stress residuals. Clarifying the question whether reduction of muscular tension results in a discharge of hormonal residuals would certainly be decisive for the validation of the biodynamic theory on psychoperistaltic selfregulation. It would do justice to its potential holistic scope. But demonstrating the reduction of chronic muscular tension through the application of biodynamic methods is practically more relevant for the psychotherapeutic praxis, even independent from the postulate of hormonal residual discharge or the claim
of contributing to an integrative holistic process of self-realisation. The following example has investigated this relationship in a scientific procedure.

15. 5. 2. Example of an investigative procedure in BPP

The experiment, carried out by M. Kerklaau and M. Störmer at the Psychological Department of the Wilhelms-University, Münster in 1984, investigated the effectivity of a biodynamic method, called Biorelease, whose therapeutic application aims at the biological discharge of nervous stress, emotional overload and muscular tension, demonstrating a limited, but well-defined effect of "psychoperistaltic self-regulation" treatment. For a full description of the experimental design and execution of the experiment we refer to the original scientific report (14).

a) Operational research questions:

Does the Biorelease-method reduce muscular tension?
Does the Biorelease-treatment result in a subjectively sensed, overall bodily state of relaxation?
Has the subjective perception of an objective measurable tension or relaxation of the musculature been improved because of the Biorelease-treatment?

b) Outcome Report

Investigating the effectivity of the Biorelease-method in reducing muscular stress-tension, an experiment was carried out with two groups of ten participants each. One of them followed a Biorelease course of six sessions (experimental condition) The control group had the possibility to relax in their usual way on six consecutive evenings. Both groups went through the conditions in a "cross-over-design". Before and after each session, the muscle tension of the M. Trapezius, the self-estimation of bodily relaxation and the emotional sensibility with the ENH-B (an emotional inventory test) were measured.

Through the Biorelease-method of treatment the muscle tension had been significantly reduced and the subjectively sensed relaxation significantly improved. The ENE-B showed no significant changes. The correlation between muscle relaxation and a subjectively sensed degree of relaxation proved to occur under the Biorelease-condition significantly more frequent than under the control condition.

15. 6. Conclusion

Applying the rigorous standards of experimental research, some of the areas in BPP's theories on the levels of human experience do not stand (up to) the test of scientific research. She could not and should not! The psycho-logical and onto-logical consequences of an holistic approach imply that we move into areas, for which even the broadest paradigm of scientific research validation can provide no investigative procedures or plausible explanations. Only old religious traditions and spiritual philosophies can apparently propose a coherent picture of what human nature is. And they deal with life processes and human beings in dynamic interaction with them, and with each other.

Investigative procedures will partly remain an open-ended search for what a human being is, also in relation with the ontological ground of his Being. Opening up in the therapeutic process and contact, for the spiritual dimension, when the inner organismic pressure spontaneously presses forward to move into it (cf. D. Boadella's claim), is not a matter of choice or preference, nor a lack of realistic, self-induced limitation, but real scientificity and a dictate of con-science.
References:
2) Ibid.
13) Appendix 2, pp.24-25.