INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number two • fall 2014

EABP

EUROPEAN ASSOCIATION FOR BODY-PSYCHOTHERAPY

USABP

United States Association for Body Psychotherapy

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis
(formerly US Association for Body Psychotherapy Journal)

The International Body Psychotherapy Journal (IBPJ) is a peer-reviewed, online journal, published twice a year in spring and fall. It is a collaborative publication of the United States Association for Body Psychotherapy (USABP) and the European Association for Body Psychotherapy (EABP). It is a continuation of the USABP Journal the first ten volumes of which can be ordered through the website http://www.ibpj.org/subscribe.php.
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The IBPJ is available free online.
Print subscriptions: www.eabp.org/ibpj-subscribe.php
Printed single issue Members €17.50, Non-members €20
Yearly subscription: Members €30, Non-members €35
Two-year subscription: Members €55.00, Non-members €60.
Payment through bank transfer, American Express or PayPal.
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Translation The online Journal is published in the English language. Abstracts of articles are to be found on the IBPJ website in Albanian, French, German, Greek, Hebrew, Italian, Portuguese, Russian, Serbian and Spanish.
http://www.ibpj.org/archive.php
If an article originally written in another language has been accepted for publication in English, the full article may also be found in the original language.

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ISSN 2169-4745 Printing, ISSN 2168-1279 Online

Publishers: USABP usabp@usabp.org www.usabp.org
EABP secretariat@eabp.org www.eabp.org
IBPJ www.ibpj.org

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL THE ART AND SCIENCE OF SOMATIC PRAXIS

Body Psychotherapy for Anxiety Disorders

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Received May 25, Accepted July 23, Revised August 5 2013.

Abstract

In this paper, an overview of anxiety theories including the latest findings from perinatal and infant research will be explored from a holistic perspective. The body psychotherapy approach to anxiety problems will then be illustrated with case vignettes.

Keywords: anxiety theory, Freud, Reich, psychodynamics, infant research, body psychotherapy in practice.

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*
Volume 13, Number 2 autumn 2014 pp 44-60. *ISSN 2169-4745 Printing, ISSN 2168-1279 Online*

This article discusses both theory and clinical work with patients who suffer anxiety, from the perspective of body psychotherapy. Along with the symptoms of depression, those of anxiety are the most often seen in the psychotherapy treatment office. As is the case with all psychic and psychosomatic symptoms, they cannot be treated in an isolated way, as they are usually the expression of an underlying personality problem and have therefore a comorbid aspect. While special methods and techniques for anxiety exist in body psychotherapy, these are only instruments and as such secondary in a relational and process oriented psychotherapy. Before describing the body psychotherapy treatment concretely in the form of case vignettes, the theoretical concepts of anxiety will be dealt with in a historical context. My main focus is on the rational core (Holzkamp, 1973) of the various theories of anxiety, whereby I concentrate on the psychodynamic, humanistic and body psychotherapy approaches. The learning theory basis for the development of anxiety, which has been widely adopted in behavioral therapy, is only briefly touched upon. This is because body psychotherapy has traditionally seen itself as belonging to the spectrum of depth psychology, from which it has originated, and further because since the seventies it has developed increasingly in the direction of humanistic psychotherapy. A discussion of the behavioral position would require a paper of its own and cannot be included in this context.

I will start from the beginning of modern psychotherapy with the founder of psychoanalysis, Sigmund Freud, and with his erstwhile student, Wilhelm Reich, the founder of body psychotherapy. Important in Freud's early theory is that the energy of the anxiety is viewed as originating from a sexual or an aggressive impulse; Wilhelm Reich (1897-1957) took up this idea and developed it further.

1) Freud's theories of anxiety

Sigmund Freud's (1856-1939) early theory of anxiety (Freud, 1895) assumes that in its first

[1] This article is based on an article, which was first published in German in "Psychotherapie und Wissenschaft" (Psychotherapy and Science). Volume 1, Number 1/2011 with the title: "See how eloquent – the body in psychotherapy. IV" Ulrich Sollmann (Ed.), but has been essentially rewritten. Translation by Elizabeth Marshall.

years the child already has sexual and aggressive impulses, which press for gratification. According to his view at the time the child turns to the mother with these impulses, who reacts according to her own psychosexual development and the social norms of the time with insecurity, rejection, ridicule or punishment. According to Freud, such experiences can cause a blocking of the sexual impulses in the child, which in turn leads to an excitation blockage. The child experiences this as anxiety, which causes the sexual impulses to be converted and thus become less threatening. Faced with possible punishment, the child feels less threatened by anxiety than by the sexual impulse.

In a later version of his anxiety theory Freud elaborated on the signal function of anxiety (Freud, 1926), He believed anxiety to be a sign of threatening situations both in the outer and inner world of the patient. Real anxiety is the fear of what is happening in the outside world and is therefore considered healthy. In contrast, neurotic anxiety develops in relation to inner impulses that are perceived as dangerous. From a psychoanalytic viewpoint, there is a special form of anxiety known as "super-ego anxiety" (Brenner 1976, S. 114 ff.) If one's conscious actions are in opposition to the norms of socialization and one doesn't fulfill the internalized standards of the "super-ego", then one is afraid of punishment, corresponding to the earlier withdrawal of love used by our parents.

2) The Reichian concept of anxiety

Until the end of the 1920s, Reich was a close student of Freud, who demonstrated his esteem for Reich by endorsing him as leader of the technical seminar of psychoanalysis (1924-30) in Vienna when he was still a young man. He espoused Freud's first anxiety theory and, like him, believed that anxiety and sexuality originate from the same basic energy. "When this same excitation, which emerges in the genitals as a sensation of pleasure, reaches the heart system, it is experienced as anxiety, the complete opposite of pleasure" (Reich, 1987, p. 103). If this energy moves from the inside towards the outside, through stretching and expanding, this leads to sexual impulses; if it moves from the periphery towards the center, then it turns into anxiety.

Reich didn't agree with Freud's second theory of anxiety; in his opinion real anxiety also has a psychoneurotic basis and conversely psychoneurotic anxiety has an actual neurotic core. He was now interested in providing clinical proof for his theory that anxiety and sexuality have the same energetic basis. In 1924, he treated two women with heart problems in which the heart symptoms decreased and the heart anxiety receded when they became genitally aroused. Reich believed, in accordance with contemporary physiological knowledge, that pleasure was connected to expansion and anxiety with contraction; these were for him the primordial polarities of vegetative life (Reich 1987, p. 215). Expanding, stretching and dilating processes are controlled by the parasympathetic and contracting processes by the sympathetic nervous system.

Reich saw not only the connection between anxiety and sexuality but also that between anxiety and aggression. In his essay "From Psychoanalysis to Orgone Biophysics" (Reich, 1933, 1989, p. 389 ff) he demonstrates how suppressed and split off feelings are embodied in a "muscular armor" through chronically contracted muscles and restricted breathing, and how chronic emotional defenses manifest as "character armor". Within his character the patient may develop a compact defense mechanism, which on the one hand serves as protection against external stimuli and on the other tries to control the libido impulses, which surge up continually from the id. By binding and defending against anxiety and other feelings, the armor is constantly supporting a neurotic balance (p. 79).

Reich further shows that when this armor is loosened through character analytical work,

first the repressed aggression and then the anxiety are released. "If in the character analysis we succeed in releasing the aggression, which is held in the armor, then anxiety emerges. Therefore anxiety can be transformed into aggression just as aggression can be transformed into anxiety." (Reich,1989, p. 451). This insight of Reich's, a result of his clinical experience, is of great significance for body psychotherapy work with anxiety, as will be shown later in the case studies.

In his work "*Character Analysis*" (Reich, 1933, 1989) Reich differentiates among several character types, who vary in their response to anxiety. The rigid character can suppress anxiety with the help of muscular armoring of chronically tense hypertonic muscles, which the schizoid character cannot achieve. The latter is too unboundaried, has a weak defense system and the musculature is more permeable and hypotonic. Anxiety is bound into the basic structure of the schizoid character, as a result of weak or negative attachment experiences with primary caregivers. In many cases the mother has rejected or even hated the child at birth. Through experiences of emotional rejection, injury and even humiliation, the child has no basic trust in the world and a tendency to perceive others as threatening and a source of anxiety. Rather than suppressing painful feelings the schizoid person splits them off.

Reich's insights on anxiety and anxiety disorders were further developed by his successors, above all by Alexander Lowen (1910-2008), the founder of Bioenergetics. He adopted Reich's character typology, refining and developing it and augmenting it with the "oral character" (cf. Lowen, 1985). Lowen took Reich's ideas of a free flowing energy in the body and the possibility of experiencing "oceanic feelings" (Higgins & Raphael, 1967, 1984, p. 88) as his starting point. Reich had already demonstrated clinically that a change in breathing can help transform anxiety into pleasure (Reich, 1942, 1987, p. 254 ff). Lowen followed this up and found in his clinical practice that as people gave up their defenses and opened up both psychically and bodily to the suppressed excitation created by the anxiety that pleasure, the polar opposite of anxiety, gradually appeared. At the level of the body, the anxious muscular contraction is replaced by a pleasurable expansion. Conversely, greater emotional openness may heighten the potential for hurt and therefore when the soul-body processes are reopened in body psychotherapy, a new strategy for dealing with anxiety and pain must develop simultaneously. Otherwise, there is a danger of repeating the old injuries and traumata. Thus it is essential that the patient have realistic control over the process. Lowen recognized that the one-sided opening up of soul-body processes makes a person too vulnerable.

Over the decades in his clinical practice, Lowen found that many of his patients were anxious about sexuality. They were afraid of letting go, of falling and especially of the "petit mort" of orgasm. This sexual anxiety can be associated with fear of ego loss (cf. Lowen, 1989, p. 129 ff). He took Reich's overemphasis on the sexual drive and its suppression in the genesis of anxiety and broadened it into the concept of a general life-energy impulse, which means that through anxiety, not only sexual but also vital life impulses, are suppressed. Another fear that he noticed in his bioenergetic analyses was that of madness, which often manifests itself as a fear of psychosis or of going mad. Often anger is equated with madness; by blocking (pushing down) the excitement, the patient attempts to avoid madness and the dangers of exploding or bursting (p. 129 ff.).

John Pierrakos (1921-2001) co-founder of Bioenergetics, Gerda Boyesen (1922-2005) founder

of Biodynamics, David Boadella (1987), Stanley Kelemann (1992), George Downing (1996) et al. have all contributed further to the concept of anxiety in body psychotherapy. Unfortunately there is no room here to discuss their contributions further (cf. Röhricht, 2011, p. 133ff).

3) Psychodynamic theories of anxiety

Modern textbooks, which are usually of a behavioristic orientation, either do not address the issue of how excitation or energy lies at the root of anxiety, or the answers they do provide are typically not adequate. However, in depth psychology and psychodynamics, the correlation between aggression and anxiety plays a major role.

Fritz Riemann (1902-1979), who wrote Anxiety - *Using Depth Psychology to Find a Balance in Your Life* (2002), a classic of depth psychology, anxiety theory and therapy, argues similarly to Reich, that anxiety and aggression are closely related. It is probable that anxiety and frustration lead to aggression. Frustration is, according to Riemann, the archaic form of anxiety in early life. The infant can only express anxiety in the form of frustration, through screaming, kicking, flailing about; in motoric reaction and abreaction (Riemann, 2002, p. 31). In psychodynamic therapy, in addition to the original model of anxiety as the accumulation of instinct repression, there are currently three models of anxiety:

a) conflict model: anxiety as a consequence of conflict
b) structural weakness model: anxiety as a consequence of weak ego structure
c) attachment theory model: anxiety as separation anxiety (cf. Hoffmann, 2009, p. 16 ff.).

The basis of the conflict model is Freud's signal theory, which states that demands from both the conscience (superego) and the id, which pressures the ego from both sides, cause conflict (Freud, 1895). Intrapsychic conflict is seen as the central source of anxiety. According to Freud's second theory (cf. Hoffmann, 2009, p.16), anxiety is the last resort in preventing a traumatic overstimulation of the ego and is in this case more akin to panic (Freud, 1926). The development of anxiety is closely related to early childhood phases:

- fear of losing the object - separation anxiety
- fear of losing the love of the object
- fear of punishment for a breach of the rules and taboos of the outside world
- conscience or super-ego anxiety
- fear of losing body integrity.

The basis of the structural weakness model is ascribed to deficiencies in the child's development. This may be through traumatic early experiences, poor environmental or constitutional factors, which have severely affected the ego and the self, therefore causing a "weak ego" or "ego-fragility". The individual doesn't have enough resources to defend against or compensate for anxiety and feels threatened and diffusely fearful. In psychoanalytic thinking, impairment in ego development is often associated with narcissistic personality disorder and also with borderline states (cf. Hoffmann, 2009, p. 35-36).

The attachment theory model of anxiety is based on the work of Bowlby (Bowlby, 1975, 1995). Anxiety is seen as a reaction to threats to the fundamental attachment relationship. Fear of losing the object or separation anxiety is the predominant fear in early childhood. Someone with an insecure attachment pattern didn't have a warm, supportive and secure

relationship in early childhood; instead they suffered deprivation and separation. As an adult, such a person has problems forming and maintaining healthy attachments, because it is difficult for them to develop trust in others. In threatening situations, the fear of loss and abandonment surfaces. This model focuses on the anxiogenic effects of insecure attachment and separation.

If we consider the three aforementioned psychodynamic theories in light of Reichian discoveries on anxiety and character, we find that important aspects of these models were already contained in Reich's *Character Analysis* (1933, 1989):

a) Early childhood conflicts and the manner in which the primary caregiver deals with instinctual needs, especially those of a sexual and aggressive nature, play a central role in the development of pathological anxiety. How the contradictory demands of the id and the superego are managed in early childhood development can also lead to pathological anxiety in problematic cases (Reich, 1933, 1989, p. 246ff.)
b) In his work on the schizophrenic character, Reich demonstrates how ego fragility has a profound effect on the defenses against anxiety, which are extremely weak and the person thus correspondingly anxious. There is a lack of adequate defense and compensation possibilities (Reich, 1933, 1989, p. 520ff.).
c) Early disorders, such as the schizoid, are an expression of deprivation, hurt, humiliation and lack of security in childhood – the child's fears of losing the primary object or of punishment are internalized in the character in the form of anxious behavior in relationships.

In the light of this, I will attempt to integrate these different theories and expand on them within a body psychotherapeutic approach.

Anxiety is mirrored on the physical, the muscular and the vegetative level. Breathing plays a central role in the perception or suppression of anxiety. Reich highlighted the diaphragmatic block as the main bottleneck in suppressing unwanted feelings, the release of which was for him the "gateway" to the feelings and to the unconscious. With the help of the breathing and the loosening or release of bodily, muscular and vegetative blockades, a new way opened up for Reich to the psyche and to mental illness that transcended the verbal level. Accordingly, pathological anxiety could be treated not only with words but also, or primarily, in a non-verbal way— through the body.

4) Further development through pre-, peri- and postnatal psychology and infant research

In 1942, Reich had begun to study the development of babies, particularly the earliest stages of infanthood. He noticed that at a few weeks old his son Peter was already afraid of falling. Reich thought this was the consequence of a disturbance in the interaction between Reich's wife and their son: Peter had an "oral orgasm" while breastfeeding and this had irritated his mother, who drew back a little from him emotionally. Reich encouraged his wife to accept the oral orgasm, and her contact with her son markedly improved. Reich himself did gentle falling exercises with him, which gradually alleviated the fear of falling (cf. Thielen, 2010, p.197). Reich had already realized that anxiety can develop in earliest childhood.

5) Findings of pre- and postnatal research on the genesis of anxiety

One of the most important pioneers of pre- and perinatal research is Stanislaw Grof (b. 1931). He worked first as a psychiatrist in the former Czechoslovakia and later in the United States. Trained in psychoanalysis and at a time when working therapeutically with LSD was still legal, he identified four matrices of the perinatal phase from several thousand therapy sessions using LSD. He recognized the perinatal phase as the source of extremely deeply anchored anxieties and panic states, which couldn't be resolved or alleviated through conventional psychotherapy. Grof's innovative ideas have in the meantime become common knowledge in psychodynamics and prenatal research. Ludwig Janus, for example, who sees himself in the tradition of psychoanalyst Otto Rank, writes, "…. Grof's description of the (perinatal) process is today generally accepted" (Janus, 2000, p.19). People whose experience is defined by the second basic perinatal matrix[2] are overwhelmed by increasing levels of anxiety and feel as if their lives are in danger. Generally, they can't explicitly recognize a reason for this and have a tendency to a paranoid interpretation of the world. As an additional complication in the second and third matrices the cord can be twisted around the neck of the fetus, causing fear of suffocating and dying. When these people hyperventilate in later life, this can bring up these fears again. Grof (1985) worked with many anxiety patients who had already tried psychoanalysis or another form of psychotherapy without having been able to alleviate the anxious symptoms, because biographical work alone is not enough. Only through working with the peri-and post-natal experiences were they able to find relief.

The origins of anxiety can be found even earlier than the perinatal phase. Prenatal researchers such as Emerson, Chamberlain and Renggli (cf. Harms, 2000) have studied the possibilities of disturbed interaction between the mother and the embryo or fetus from the beginning of conception. Prenatal psychology assumes that the fetus already has feelings before birth (Janus, 2000, p. 69). Therefore, anxiety, perhaps in a rudimentary form, may already exist in the womb. Anxiety would then be a discrete affect, which develops independently of sexual and aggressive impulses, unless the fetus already has these impulses. Anxiety seems to be a physiological process of excitation connected to displeasure. As Reich's example of the amoeba (Boadella, 1983) shows, displeasure is accompanied by contraction and pleasure by expansion. The anxiety of the fetus would then be accompanied by feelings of displeasure, by muscular contraction and a strong excitation.

The contribution of infant research to understanding the genesis of anxiety

There are numerous publications on the subject of the integration of infant research into body psychotherapy (e.g. Downing, 1996, 2006; Trautmann-Voigt/B. Voigt, 1996, 2002; Geissler, 1996, 1997, 2007, 2010; Petzold, 1994, 2003; Heisterkamp, 2002; Harms, 2000, 2008; Koemeda-Lutz, 2002; Diederichs/Jungclaussen, 2010; Thielen, 2002, 2006, 2008, 2010, 2013). I shall focus on the single aspect of how they have made a new contribution to the understanding of the genesis of anxiety.

Martin Dornes (1998) summarizes the findings of infant research on the development of anxiety in babies (Stern, 1992, et al.). There are natural conditions that cause fear in most species: being alone, darkness, sudden or unexpected sounds. Babies have predominantly realistic fears,

[2] The initiation of the birth process. The original equilibrium of intrauterine existence is disrupted by alarming chemical signals and then by muscle contractions. In regular intervals the fetus is tightly squeezed by spasms of the womb. The cervix is closed and the way to the outside is not yet evident (Grof, 1985).

which disappear when the triggering situation changes. "Long-term, chronic anxiety results from the link between this adaptive affective reaction and a chronic emotional predisposition with associations unrelated to the actual situation" (Dornes, 1998, p. 183).

Infant research shows that as the affect system develops earlier than the imagination, babies can't yet fantasize, so their fears are concrete. Imagined fears evolve out of a real sense of internal or external danger. Dornes differentiates between anxiety and fear, fear being the reaction to a perceived external threat and anxiety the reaction to a perceived internal danger (ibid, p.184). Fear usually appears at about the age of seven months, when the baby can actively move about. With this new skill, the infant can move away from the parents, which in turn puts his life in heightened danger.

The best-documented anxieties in infanthood are separation and stranger anxiety, both of which occur at about 7 to 8 months when the mother begins to leave the child alone for short periods. In psychoanalysis, these are often treated as one phenomenon, but Dornes finds this inappropriate: stranger anxiety occurs also when the mother is there, and not only in her absence as psychoanalysis claims. They are discrete processes that climax differently. According to Rene Spitz (ibid, p. 187), the infant can encounter strangers with a mixture of curiosity and caution and not necessarily with anxiety. At nine months babies turn to the mother for guidance in ambiguous situations or when conflicting emotions come up; the affect of the mother then determines the child's affect. This phenomenon is known as "social referencing" (cf. ibid, p. 189). In addition, there exists a biological or genetic disposition towards anxious excitability; there are babies who are easily comforted and those who are difficult to calm. A comparison of the findings of pre- and perinatal psychology with those of infant research throws up various contradictions. Prenatal psychotherapists see anxiety originating in the time before birth, whereas for baby research it begins around the age of seven months with stranger or separation anxiety. Separation anxiety is concerned with the fear of losing the beloved object: the mother or parents and the security, interaction and affect attunement they provide (Stern, 1992). If the caregivers misjudge a situation, this can intensify and reinforce the baby's anxious behavior and thus form the basis for neurotic and irrational fears.

Stern's model of RIGs (Representations of interactions that have been generalized) (Stern, 1992) offers an explanation of how the child can be infected by anxious primary caregivers. RIGs or generalized interaction experiences are stored by the infant in the preverbal phase. These RIGs encompass all the baby's senses. The body experience is extremely significant as the formation of these RIGs occurs in the child non-verbally. The baby stores, for example while breastfeeding, how the mother holds it, how she speaks, what she feels like, how she smells, how she looks, etc. and this process includes all the senses. The baby naturally absorbs the physical state of the mother as well. Cohn and Tronick (1993) and Gusella et al. (1988) studied the effect on the child when the mother suffers from depression. These studies have shown that the infant withdraws from the interaction and behaves in a depressive way itself (cf. Dornes, 1998, p.68). It seems reasonable to assume that babies react to anxious interactive behavior with the caregiver with an anxious reaction of their own, although as far as I know there is not yet any empirical evidence for this.

The body psychotherapist Downing (1996, 2006), who has pioneered the application of infant research to body psychotherapy, has developed the concept of micropractices, which is compatible with Stern's concept of RIGs. Micropractices are the baby's bodily reaction and action

forms in interaction with the caregiver.

> "For example: when an adult suddenly and unexpectedly invades its field of vision, the child recoils. This is a simple sequence of stimulus and response. One example of this would be when a child cocks its head and looks at the adult distrustfully from a certain angle. If it does this repeatedly then it is a bodily micropractice, which is variable and also purposeful. The micropractice is the child's bodily know-how (Downing, 2006, p. 335). It is accompanied by mental representations and has an emotional aspect, in this case the child's mistrust" (Thielen, 2010, p. 201-202).

Micropractices are special competencies, embodied skills. They comprise what is sometimes called procedural or implicit knowledge, a knowing "how" as opposed to a knowing "that".

When one of the parents has a chronically anxious style of interaction with the baby, which according to Stern (Stern, 1992, p. 212ff.) represents an emotional misattunement, this can lead to anxious micropractices in the child. From the idea of micropractices I have developed a physical exercise, which can enable the therapist to explore early emotional and bodily reactions to a misattunement with the patient. I have used this exercise in the case vignettes.

In summary it can be said that empirical infant research confirms and differentiates the development of anxiety in early childhood. Stern's concept of RIGs renders the internalization of affective misattunements, which include neurotic anxieties, understandable. Downing's micropractice concept shows how these misattunements become part of the body.

6) Humanistic psychotherapy and anxiety

Humanistic psychotherapy is in Germany the fourth basic orientation in psychotherapy next to psychodynamic, behavioral and systemic therapies (Kriz, 2005, p. 7ff). In Germany the German Association for Body Psychotherapy (DGK, German section of the EABP) is a member of the Project Group for Humanistic Psychotherapy (AGHPT). Because of its relational and process oriented character and to differentiate itself from the disorder oriented concepts of behaviorism, humanistic psychotherapy doesn't usually offer specific therapeutic approaches for anxiety. Rogers, the founder of Person Centered Psychology, understood anxiety as a person's feeling of threat to the structure of the self, which leads to a defensive reaction. Anxiety is a result of incongruence between the self-concept and the life experience of the person (Rogers, 1987, p. 30). For Rogers the self-actualizing tendency is essential for human growth. If this is hindered through real life situations then anxiety develops. At the root of panic attacks is the basic conflict between dependency and autonomy.

Eberwein, who has described the current spectrum of humanistic psychotherapy, its theories and techniques in his book *Humanistic Psychotherapy* (Eberwein, 2009) sees the greatest of the anxieties as the fear of fragmentation. It is the fear of the disintegration of the structure of the self, of the dissolution of identity. "When with the help of the therapist the client has gradually felt through the defense barriers and integrated repressed material, he then finds in the center of what was defended against, an inner dynamic, which is so threatening that he experiences it as unbearable. It is the almost indescribable experience of the loss of the self." (, p. 32-33).

When the ego or the self fragments, the person becomes psychotic, so the fear of

fragmentation is similar to the fear, which Lowen described, of going mad. Particularly with clients who have a fragile ego or self this fear of fragmentation plays a central role and the main therapeutic line of action must be to strengthen, hold and contain the self. The varied experiences and concepts in trauma therapies, above all those that are body oriented such as Somatic Experiencing, have influenced body psychotherapy. Styles of work such as Bioenergetics, which focused on emotional expression, have changed enormously in the direction of a dialectical approach. For example, we can work with traumatized and developmentally wounded clients with fragile egos in a way that offers support and containment, which calms and grounds. With patients with stronger egos, who are more emotionally controlled, we can work in a more affective and emotionally stimulating way.

7) Anxiety as a whole-person experience

On this basis of the various concepts of psychotherapy, work with anxiety offers a rewarding challenge to try to integrate them all into a general holistic view, which maintains the significance of the physical, muscular and vegetative levels described in the preceding pages. Morschitzky (2009), who has written a comprehensive book on anxiety disorders, makes just this attempt to grasp anxiety as a whole-person experience. Although he comes from the behavioristic tradition and only marginally includes humanistic, especially body psychotherapeutic, concepts, in my opinion he brings together the various levels of the experience of anxiety, especially in the body, in a meaningful way:

- "Physical level: objectively measurable physiological factors such as muscle tension, tachycardia, constriction of the arteries, raised blood pressure, fast breathing, changes in the skin resistance level, altered brain waves, etc. Each anxiety reaction generates physical reactions and sensations.
- Subjective level (thoughts and feelings): dread, feelings of exposure and helplessness, anxiety-inducing thought patterns and consequent feelings, images of anxiety-inducing situations from the past or projections into the future and the misassessment of a situation as dangerous, triggering both physical reactions and behavior patterns.
- Behavior (motoric) level: observable reactions such as freezing with fright to the point of stupor, shivering or shaking, flight reaction and panicky movements, avoidance of anxiety-inducing situations and of eye contact." (p. 13)

Anxiety is a complex neurobiological event in which (not only) adrenaline is released, causing an increased heart rate. In danger situations ranging from a painful stimulus to the reactivation of an unconscious childhood trauma, the body reacts with the fight-or-flight response.[3] The potential for anxiety, as for other basic feelings, is genetically determined. The startle response, the fight-or-flight response and many other anxious reactions to key stimuli such as a sudden precipice or an unidentified danger are congenital (Morschitzky, 2009, p. 198). Anxiety, in the healthy sense, is a life sustaining reaction, signaling the presence of threat or danger and so prompting the individual to protect him or herself (cf. Butollo, 2000). For a therapy in which anxiety is the main focus to be successful the aforementioned three levels, despite their intermeshing, must be worked through according to their relative qualities.

8) Body-psychotherapeutic work with anxiety

[3] For further information on the neurobiological effects of anxiety please refer to the relevant literature (cf. Morschitzky, 2009)

When I perform a thorough case history and make a diagnosis and analysis of the basic biographical conflicts, I generally look at physical symptoms. If the ego, or better, self-strength of the patient allows, I first encourage her to explore the mental and physical anxiety symptoms. In the following case the patient suffered from panic attacks, which occurred when she was under pressure at work or involved in a private conflict. In addition, she suffered from agoraphobia and was afraid of traveling on the subway or on any train and of flying. She had been living with her boyfriend for a few years and as she was afraid of being alone in the evenings and above all of having to sleep alone, she was quite dependent on him. Apart from the anxiety she had a severe sleep disturbance and psychosomatic disorders such as problems with her digestive tract, psoriasis and joint pains. During the panic attacks, she hyperventilated, was afraid of fainting (which had happened once), and went through practically the whole range of typical symptoms such as: palpitations, perspiring heavily, shivering, breathlessness, a feeling of tightness in the chest, nausea, dizziness, shakiness, light-headedness and fear of losing control. The panic attacks were often triggered by contact with her mother, especially when there was a conflict between them.

As a child, she was very close to her mother. After her parents separated when she was 9 years old, the mother used her as a substitute partner. She treated the patient like a girlfriend, monopolized her and behaved towards her generally with no respect for boundaries at all, for example talking to her about her sexual preferences and problems. The mother herself suffered from anxiety and had passed it on to her daughter.

Shortly before the beginning of therapy there was a very difficult phase in the relationship: telephone calls or even just a text message from the mother could trigger a panic attack in the patient and she had thus practically broken off the contact for a couple of months. On the basis of a trusting and positive transference relationship, we worked on finding alternatives to her physical panic reactions. I explained to her that anxiety is expressed on the physical level in muscular contraction and tension. To reduce the tension, the overreaction, I suggested two exercises from the Reichian tradition and Bioenergetics. First, lying on her back on a mattress she stretched her legs up at a 90° angle with the knees extended as far as possible and the toes bent down towards the body. Her arms were also stretched up at 90° and the hands bent backwards as if supporting something. While she was in this position I had her breathe a little deeper and faster than usual into the belly and at the same time imagine a situation which would normally make her anxious. She was asked to hold this position, also known as "holding up the sky", as long as possible and then put the feet down and work the tension into the mattress with the arms and legs, turning the head at the same time (Reichian "running"). She "ran" very fast and became irritated and even angry at her mother. She was angry at having been instrumentalized as a substitute partner and felt used. She realized that she had always had to be considerate of her mother because she was ill, a pensioner suffering from anxiety, depression and psychosomatic illnesses. In the last few years the situation had worsened as she had been diagnosed with skin cancer and had even had a heart attack recently. Afraid that something might happen to her mother, the patient had for many years suppressed that anger she felt towards her; it had become a kind of murderous rage, which was gradually released in therapy. This suppressed and partially dissociated anger had turned auto-aggressively against the patient herself in the form of panic attacks. These she experienced as her own

fault, for which she blamed and reproached herself.

In the body psychotherapy work it became clear that, as with many other anxiety patients, her panic attacks were like an implosion, an attack of rage which has turned inwards. The task of therapy was therefore to co-operate with the patient in bringing them out towards an external object. Usually it concerns the primary caregivers, generally the parents. Body psychotherapy techniques and exercises are very useful in helping the patient to experience and to express the anger contained in the panic/anxiety.

For the patient in this case, expressing anger and rage was taboo in the socialization process she had been through, so in therapy she had to learn to identify and take possession of these feelings. Here, a whole range of body-oriented exercises, especially grounding from Bioenergetics, were helpful in making the connection between the muscular contraction, the pressure in the belly and the general uneasiness and feelings of irritability, anger and rage. It was especially effective if the exercise was constructed as follows: first a stress position to intensify the inner tension and make it more conscious, then a second step discharging it through physical and emotional expression. The patient discharged the pressure the anxiety produced through "running" or with a fit of anger, hitting and kicking on a mattress, or standing up and boxing or kicking against a foam rubber cube, or in the form of role playing directly against the mother or the father. She became increasingly aware that expressing anger, rage or even hate could be a viable alternative to a panic reaction.

In recent years, she had begun to build up a healthy and trusting relationship with her father, whom she would meet about once a week and with whom she also spoke intensively about her anxiety. When he had to undergo an operation for cancer she was worried about him, despite the fact that the prognosis was good. As a child, she had had a close and loving relationship to him, but after the parents separated, that deteriorated. She experienced him as volatile and even frightening. She also felt used by him as a substitute partner, with whom he sought comfort, support and physical contact. As an adolescent, the patient had almost no contact with him for several years and had the impression that he was hardly interested in her at all. She felt that he admired her attractive good looks, but that she didn't meet his standards intellectually and politically. On one occasion she spent a day with her boyfriend, her father and a friend of his out in the countryside, where she went for a walk with her father and his friend, who talked mainly between themselves about intellectual and political issues and she felt inadequate and left out. In the following evening she had a severe panic attack to the extent where the father almost phoned for an ambulance. As we worked though this situation in therapy we first re-enacted it and she began to feel the predominant physical panic symptoms. She realized that she was angry with her father and wanted to shake him or thump him on the chest and in the role-play she began to punch the foam rubber cube. She felt ignored and degraded by him and this made her angry, all of which was also connected to her childhood, especially as a teenager when she had felt disregarded and unappreciated. After working through this situation in body psychotherapy she was able to actually confront her father about it. In the process her father was able to understand her anger and disappointment and apologize for his behavior. He assured her that he acknowledged her intellectual abilities, although he would prefer to see her working in a different field. They had further confrontations in which she even became spontaneously angry and was then for

a short while afraid of losing him. Her father also showed his anger towards her and these irate confrontations were like a cleansing storm, after which their relationship improved considerably.

This case vignette illustrates clearly how the panic attacks originated in the experiences and contradictions of the patient's childhood. She couldn't solve the basic conflict between dependence and autonomy either in relation to her mother or to her father. The constructive aggression she needed in order to free herself from both parents, especially her mother, was blocked by fear of losing them. After the parents separated, she had felt particularly dependent on her mother with whom she lived, and felt blackmailed through her mental and physical illnesses to behave well. Out of fear of losing both the loved one and the love, she had to suppress or split off the rage about being emotionally blackmailed and used. She had directed the rage against herself auto-aggressively and this manifested physically in high excitation, palpitations, breathing difficulties and in anxiety and panic symptoms. As we succeeded with body psychotherapy in turning the aggression away from herself and towards the tormentors of her childhood, the panic attacks slowly diminished. With the aid of breathing techniques, especially deeper exhalation, she could overcome her phobias and learn gradually and at first anxiously to travel by subway and train and even by plane.

This example demonstrates the close connection between anxiety, panic and suppressed rage. It also shows that approaching the anxiety from a bodily perspective can offer an alternative to the anxious behavior. The physical symptoms, muscular contraction and vegetative pressure also hold the beginnings of recovery, namely muscular expansion and vegetative balance. The origins of the anxiety must be dealt with biographically and object-relatedly in and through the therapeutic relationship. The patient had a middle to weak structure and therefore fragmentation fears and the holding and containing work with biodynamic massage, which I usually integrate into my work, had an important place in the early phase of therapy (cf. Thielen, 2008, p. 251). We worked through the three levels described by Morschitzky (see above) and on the bodily level the patient learned to interpret the extremely high excitation and the strong internal pressure as somatic markers (Damasio, 1996) at first for anxiety and later for aggression. By turning the aggression towards the outside against the object, which had originally been the cause of the anxiety, she could transform it into aggression. On the subjective level she could recognize emotionally as well as cognitively that her anxiety was a function of the hitherto unresolved conflicts with her parents. By working through it she could transform the panic reaction into the ability to face up to conflict in an adult way. There were also changes on the behavioral level, the panic reactions slowly abated and then eventually disappeared and she could convert her previous avoidance strategy into a constructive, solution or compromise-oriented approach.

In a different case example the anxiety and panic problems were rooted in the patient's very early childhood, reaching as far back as birth. I have described this case in detail elsewhere (Thielen, 2010); in the context of this article I would like to concentrate on one aspect. The patient was in his early thirties and suffered from panic attacks mainly when alone at night or in conflict situations in which he had to assert himself. He also suffered from fear of flying and psychosomatic symptoms such as herpes zoster. During these feelings of panic, he experienced a strong physiological excitation, muscular tension, breathing difficulties and

obsessive thoughts.

In the initial phase of his therapy I used an exercise based on micropractices in order to reactivate memories from early childhood in relation to his parents, in this case to his mother, from procedural memory. Using specific breathing techniques and suggestions I guided him into contact with his first year of life. Then he was to imagine that my hand symbolized the hand of his mother and to react physically to it. I let my hand move slowly towards him vertically from about a meter away until it was touching his left forearm. He reacted at first anxiously and then aversively, pulling his arm away and breaking contact. As we spoke about it afterwards he said, that as "her hand" came nearer, he had felt manipulated, dominated and in part humiliated by his mother. In the next step I proposed that he express his aversion more offensively. He then had the impulse to push away my hand, which was the symbolical hand of his mother. As he did this against my resistance, he felt irritated at first and then became angry. He expressed this feeling towards the mother-object and then felt relieved. He was surprised about what he experienced in this exercise and astonished at how authentic it was. He could well imagine that this experience realistically mirrored his early relationship to his mother. We then began to reconstruct the roots of his feelings of panic and he himself had the idea that they could be connected to the pregnancy and to his pre-, peri- and postnatal experiences. This association was substantiated through joint sessions with his father's therapist and with his parents, which had taken place before we started therapy.

Again with the help of specific breathing techniques and visualizations, he could sense emotionally and associatively being in the womb and being born. During the imaginative birth process his fear of the dark and of getting stuck surfaced so strongly that we re-enacted the struggle with the help of an artificial birth canal. He had a great fear of not getting through and was extremely relieved when he managed it in therapy and the constriction in his chest area dissolved. Fragments from his implicit memory began to emerge and he realized the birth had been under anesthetic and that he was separated from his mother for some days afterwards. When he asked her about this she told him facts about the birth that he had in part already experienced in therapy. After birth he couldn't breathe of his own accord and had to be put on a ventilator under strict medical supervision for several days. This very early separation from his mother was related to the feelings of panic. These feelings were activated later through misattunements in which he didn't feel physically secure enough or emotionally accepted. His mother was anxious, insecure and emotionally unable to cope and sometimes touched him too roughly and he in turn felt rejected. His crying was an expression of a misattunement with the mother but she didn't react adequately to it; rather according to the principles of an authoritarian upbringing, he was often left to cry which further intensified his panic feelings. He developed the basic feeling of not being good enough, of not living up to her expectations. As a child later on all this was reinforced when he was often sent to his room alone as a punishment. The mother reacted by breaking off contact, which only strengthened his feelings of insecurity and panic. Between the two of them there was an insecure/ambivalent attachment; this manifested in his fear of her, in which he experienced her as volatile, moody and erratic. He felt that she punished him by withdrawing affection and by imprisoning him and in that, his negative feelings were judged evil and had to be suppressed.

This extract of a case history demonstrates that feelings of anxiety and panic can have their

roots in pregnancy and in the birth phase. Therefore, effective psychotherapy has to go back to this time and with the help of non-verbal, body-oriented methods process the traumata, injuries and deprivations with emotionally corrective experiences and with nurturing, so that the anxiety and panic which emerges on the way can be overcome or, in the case of real fear, integrated (cf. Butollo, 2000).

Anxiety is not just a symptom or a disorder, but an energy, a danger signal which protects us and also an opportunity for growth, because the way forward lies directly through the fear. If we accept the challenge despite being afraid, we can transform the fear into courage.

BIOGRAPHY

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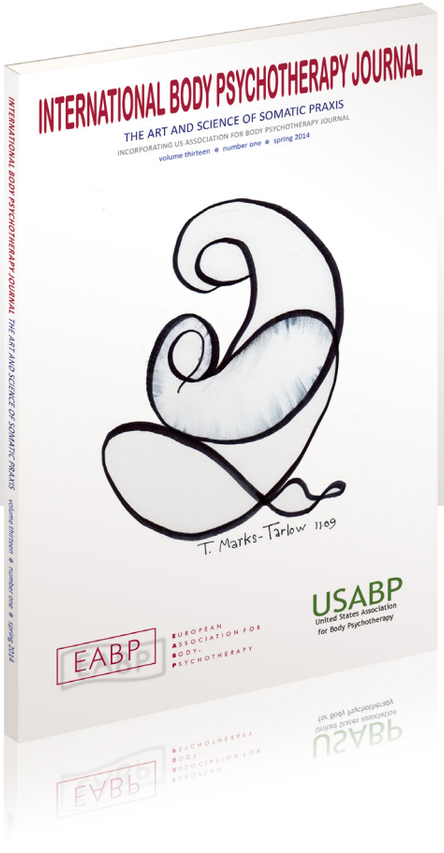

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INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number two • fall 2014

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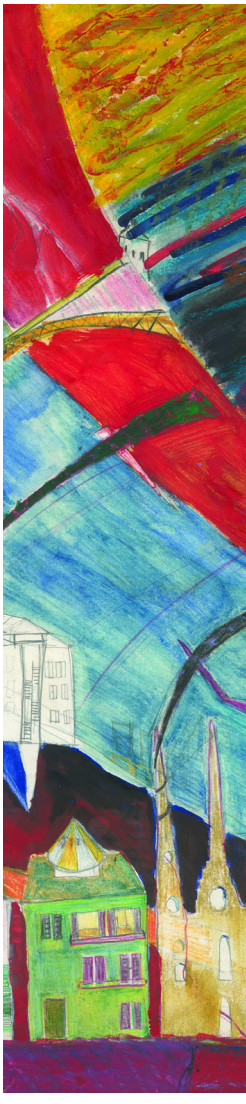

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Journal (ISSN 2169-4745)