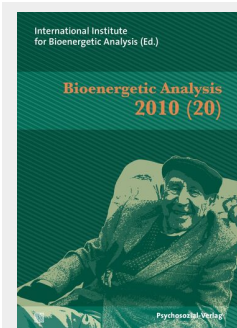


Louise Fréchette

Trusting the Wisdom of the Failing Body



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Trusting the Wisdom of the Failing Body¹

From Well-Being to Illness: A Journey towards Wholeness

Louise Fréchette

Abstracts

English

Through research data and clinical vignettes, this article analyzes the question of physical illness within the paradigm of a personal development process. It argues that physical illness should not be interpreted as a failure to live up to our Bioenergetic Analysis values and principles. Instead, physical illness can be viewed as an integral part of a person's personal growth journey; as a manifestation of guidance from our organism; and as an attempt from our body to steer us towards a path that may lead to deeper emotional and spiritual healing.

1 Presentation given at the Southern California Bioenergetic Conference; Lake Arrowhead, March 13–16, 2009.

Der Weisheit des versagenden Körpers vertrauen.
Von der Gesundheit zur Krankheit:
Eine Reise zur Ganzheit (German)

Auf der Grundlage von Forschungsergebnissen und Fallvignetten wird in diesem Beitrag körperliche Krankheit unter der Leitidee von persönlichen Entwicklungsprozessen untersucht. Körperliche Krankheit sollte nicht als Versagen betrachtet werden, unseren bioenergetisch-analytischen Idealen und Prinzipien zu genügen. Stattdessen kann körperliche Krankheit als unverzichtbarer Teil persönlichen Wachstums aufgefasst werden; als Manifestation des Umstandes, dass der Organismus die Führung übernimmt; als Versuch unseres Körpers, uns auf einen Pfad zu bringen, der zu einer tieferen emotionalen und geistigen Heilung führt.

Faire confiance à la sagesse du corps qui nous lâche.
Passer de la santé à la maladie: un voyage initiatique vers
l'unification de soi (French)

À l'aide de données fournies par la recherche de même que de quelques vignettes cliniques, cet article analyse la question des problèmes de santé physique dans la perspective d'un processus de développement personnel. Il tente d'expliquer en quoi la maladie ne devrait pas être interprétée comme étant un échec en regard de notre capacité à incarner les valeurs et les principes de l'analyse bioénergétique. Elle peut au contraire être vue comme faisant partie intégrante du cheminement de développement personnel de tout être, comme une forme de communication de notre organisme, une tentative de notre corps destinée à nous orienter vers une guérison profonde tant au plan émotionnel que spirituel.

Confiando en la sabiduría de los puntos débiles del cuerpo. De la salud a la enfermedad: Un viaje hacia la completitud (Spanish)

A partir de datos de investigación y casos clínicos, este artículo analiza la cuestión de la enfermedad física desde la perspectiva del proceso de desarrollo personal. Argumenta que la enfermedad física no debería ser interpretada necesariamente como un fracaso, si nos basamos en los valores y principios del análisis bioenergético. En cambio, podemos verla como parte integrante del camino de desarrollo personal del sujeto, como una comunicación orientativa de nuestro organismo, un intento por parte de nuestro cuerpo de guiarnos por una senda que lleve a una curación tanto emocional como espiritual más profunda.

Avere fiducia nella saggezza del corpo che ci abbandona. Dal benessere alla malattia: un viaggio iniziatico verso l'integrazione del Sé (Italiano)

Grazie ai risultati della ricerca e a vignette cliniche, questo articolo analizza il tema dei problemi di salute fisica nella prospettiva di un processo di sviluppo personale. Si propone di spiegare che la malattia fisica non va interpretata come un fallimento della nostra capacità di incarnare i valori e principi dell'analisi bioenergetica. Al contrario, la malattia fisica può essere considerata parte integrante del soggettivo percorso di crescita personale, come una forma di comunicazione del nostro organismo, un tentativo del nostro corpo di orientarci verso una guarigione profonda sia sul piano emotivo che spirituale.

Confiando na sabedoria do Corpo em Crise. Do bem estar para a doença: Uma jornada em direção à integração (Português)

A partir de dados de pesquisa e casos clínicos, este artigo analisa a questão da doença física desde a perspectiva do processo de desenvolvimento pessoal. Argumenta que a doença física não deve ser interpretada como um fracasso por não se ter conseguido viver de acordo com os valores e princípios da Análise Bioenergética. Ao invés disso, pode ser vista enquanto parte integrante da jornada de desenvolvimento pessoal, enquanto uma manifestação orientadora do nosso organismo, e enquanto uma tentativa do nosso corpo de nos impelir na direção de um caminho que poderá levar a uma cura emocional e espiritual mais profunda.

Trusting the Wisdom of the Failing Body – From Well-being to Illness: A Journey towards Wholeness

If I chose to present on the topic of the wisdom of the failing body, it is because, although we rarely see the failing body as a blessing, it can teach us profound lessons about how we live our lives. It is also because, as Bioenergetic therapists, we are bound to develop an interest in psychosomatic problems, especially since our clients come to us not only with their emotional problems, but often times with somatic problems as well.

As we know, Bioenergetic Analysis is a wonderful approach designed to help us understand the complex interaction between body and psyche. The theoretical foundation on which Bioenergetic Analysis is elaborated, gives us a model of physical and mental health, whereby an individual should ideally be relatively free of tension so that energy flows freely from the core to the periphery of the organism. This enables the individual to be expressive and grounded in reality, as well as in adult sexuality. Alexander Lowen explains it thus:

“Let us assume for the purpose of the discussion that it is possible to eliminate every defensive position in the personality. How would a **healthy person** function? What would our diagram look like?”

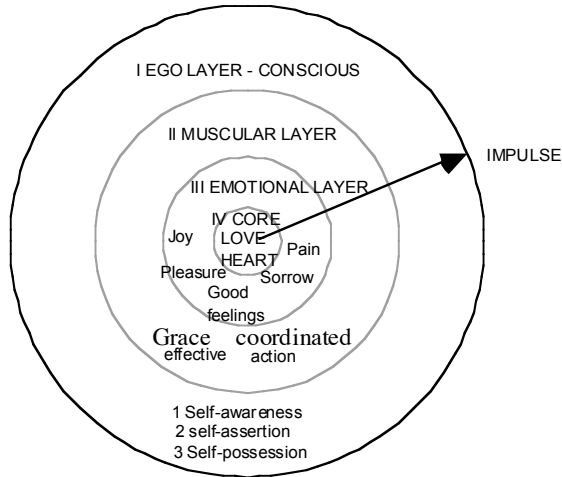


Figure 1: Coordinating and expressive layers in a healthy person (Lowen, Bioenergetics, p. 123)

- all impulses would flow from the heart,
- he would also respond emotionally in all situations:
- his actions and movements would be graceful and effective.

The basic quality of the person would be one of ease as opposed to dis-ease; his basic mood would be one of well-being. He would be joyful or sorrowful as circumstances dictated, but in all his responses he would be a healthy person” (Lowen, *Bioenergetics*, pp. 123–124).

Although we all know that the model **Alexander Lowen** describes is a utopian model, deep down inside, we nevertheless tend to use it as the gold standard by which we measure our own success as psychotherapists and as individuals. Given that, it is easy for Bioenergetic therapists to

feel ashamed if we fail to help a client heal, or at least reduce the client's psychosomatic symptoms. It can be even more shameful if we ourselves are diagnosed with some kind of physical illness, or if we develop chronic ailments.

I do not want to challenge the presumption that physical illnesses or problems may reflect unresolved psychological issues. I believe that most of the time they do, at least to some degree. However, I would like to challenge the implicit belief that physical illnesses or physical problems should be equated with psychotherapeutic failure. I would like to reframe physical illness or problems as being part of a self-developmental process, something we should not be ashamed of, but rather, something we should welcome as a signpost along the way, to help us find the right direction in our quest for wholeness. I propose that we can transform the sense of failure we may experience when the body fails us, into a sense of wonder that such a complex organism should attempt to communicate, in its own language, something of vital importance to us.

When the Body Fails Us: from Small Failures to Severe Failures

We can view the theme of the failing body in a way that refers to mild as well as more severe types of physical illnesses. It is not my intention to give tips on how to deal with the specifics of various health conditions. Rather, in this article I want to reflect on the question of physical illness in our clinical work with clients, as well as in our daily lives when we ourselves are faced with our own illness. I will highlight the factors that can cause physical illness. I will also share a few clinical vignettes that may help us understand the kind of strategies, as well as the kind of attitudes we can develop to cope with the unexpected when, suddenly, the body doesn't respond as well as it used to; when it fails our clients; or when it fails us.

The Body-Psyche Connection in the Case of Physical Illness: a brief look at the Evolution of the Concept

For psychotherapists, and even more so for us, Bioenergetic therapists, it has been clear for a long time that there is a connection between physical problems and the psychological patterns of a client. We understand that there is a need to work through emotional issues in order to promote physical healing as well as psychological healing. This understanding is not altogether new.

Freud recognized the relationship between hysterical repression and somatic symptoms. One of Freud's contemporaries, **Georg Groddeck**, a German physician, would look for emotionally traumatic events that could have triggered a particular physical illness in his patients. Groddeck looked for this connection as early as 1917. A few years later, **Reich** also speculated about the psychic nature of certain physical illnesses, and connected cancer with an attitude of emotional resignation. In 1935, **Helen Flanders Dunbar**, an American woman from Chicago, (with degrees in mathematics, psychology, philosophy and theology), published a book entitled, *Emotions and Bodily Changes*. She postulated that certain personality types are more prone to certain physical illnesses. A few decades later, during the 1950's, came the famous study by **Meyer Friedman** and **Ray Rosenman**, demonstrating that hyperactive, extrovert, Type A personalities were more apt to suffer from cardiovascular problems, while introvert and externally calm, Type C personalities were more prone to autoimmune diseases. Type B personalities, on the other hand, were seen as more balanced and therefore less likely to suffer from problems of physical health.

Lowen himself, back in 1980, wrote an article entitled, *Stress and Illness: A Bioenergetic View*, in which he offers various hypotheses with regard to physical illnesses such as tuberculosis, cancer, arthritis, heart attack and ulcerative colitis. Later, he published *Love, Sex and Your Heart*, a book devoted to the analysis of the emotional underpinnings of cardiac problems.

Since then, countless studies and theoretical essays have been published on the subject, while new studies continue to be conducted. There are studies on

the impact of positive feelings on a person's physical health. Some of these are being conducted at the **HeartMath Institute**, where ECG patterns are recorded and compared to positive or negative emotional states and their impact on body cells. Various studies are being conducted at the Virginia Commonwealth University by **Dr. Everett Worthington**, which are on the impact of forgiveness on a person's physical well-being. **Professor Carol Ryff**, is making other studies at the University of Wisconsin, with respect to the relationship between psychological well-being and neurobiology. Professor Ryff studies the impact of emotional well-being on neural circuitry, neuroendocrine regulation, inflammatory processes, cardiovascular risk, as well as on the general resilience of the organism. **Ernest Rossi**, a disciple of the great hypnotherapist, **Milton Erickson**, has written several books on the topic of mind-body communication during hypnotic states. In one of his books, entitled, *The Symptom Path to Enlightenment*, **Rossi** devotes a whole chapter to *The Neuroendocrine Information Loop Between Brain and Body*. He explains that substances called 'molecular messengers' or 'informational substances', are believed to,

“modulate the action of neurons and cells at all levels from the basic pathways of sensation and perception to the regulation of the homeostatic processes of life on the molecular-genetic-cellular levels.”²

Reading this chapter certainly leaves one in awe of the complexity and sophistication by which information travels in our organism. Then there are **Antonio Damasio's** findings that demonstrate that, “emotions are brain representations of body states.” Finally, **Allan Schore**, another prominent researcher in this field, explains how the quality of primary human interaction, at the very beginning of life, can affect one's capacity to self-regulate later, both emotionally and somatically.

Clearly, the psychological, endocrinological and neurological fields are coming together and are closing the gap between the mind-body dichotomy that our Judeo-Christian tradition taught us, had existed for so long.

2 E. Rossi, *The Symptom Path to Enlightenment*, pp. 96–97

When the Body Screams, “Help!”

The body is a marvelous and extraordinarily complex organism that has accumulated the wisdom of billions of years of evolution, since life first started on this planet. We are just beginning to unveil the workings of some of its deepest mysteries through research on how DNA carries the blueprint for so many vital functions. When we think of it, it is a miracle that our body does not fail us any more than it does. And when it does, it is because its incredible adaptive mechanisms can no longer cope with the state of imbalance it is submitted to. Along with a state of imbalance, our poor capacity to self-regulate; as well as the lack of communication between the various somatic components; contribute to weaken our body’s adaptive mechanisms and pave the way to physical illness. We will now examine more closely what pushes that marvelously complex and ingenious organism over the edge, causing it to fail us.

Ideally, being and feeling physically and emotionally healthy is related to a state of balance. In Bioenergetic terms, this means that one is in a state of free flowing energy, from head to toe, from center to periphery, just as we saw in **Lowen’s** diagram at the beginning of this presentation. One experiences a rhythmic, pulsative activity in one’s organism, as described by **Reich** and by **Keleman**. This goes along with a good capacity to sense, to express and to assert oneself in the world.

However, life being what it is, there are few, if any, individuals that fit the ideal model. Because of our personal history, we have had to contract and defend ourselves in many ways in order to cope with the hardships of life. Fortunately, that incredible lifelong companion, that is our body, can draw on the wisdom of billions of years of evolution during which living organisms evolved. So, built into our very cells are many adaptive resources that can aptly manage, for a while, a relatively good range of states of imbalance, before breaking down and “failing” us, so to speak.

State of Imbalance as a Factor that May Precipitate Physical Illness

What are we talking about, when we talk about states of imbalance? Basically, we are talking about situations where the level of stress is such that it exceeds our capacity to manage it, and so this is the point where the scales are tipped. What are those situations? We will consult the well-known stress scale designed forty years ago in 1967 by **Holmes** and **Rahe**. We see a list of situations that can induce a level of stress that challenges the organism's capacity to adapt and that may put a person at risk of physical illness (or accident). The life change units indicated beside each situation serve to tally a score that indicates the level of risk of physical illness. The tally takes into consideration **only events that have occurred in the past YEAR** of an individual's life.

Life event	Life change units	Life event	Life change units
Death of a spouse	100	Trouble with in-laws	29
Divorce	73	Outstanding personal achievement	28
Marital separation	65	Spouse starts or stops work	26
Imprisonment	63	Begin or end school	26
Death of a close family member	63	Change in living conditions	25
Personal injury or illness	53	Revision of personal habits	24
Marriage	50	Trouble with boss	23
Dismissal from work	47	Change in working hours or conditions	20
Marital reconciliation	45	Change in residence	20
Retirement	45	Change in schools	20
Change in health of family member	44	Change in recreation	19
Pregnancy	40	Change in church activities	19
Sexual difficulties	39	Change in social activities	18
Gain a new family member	39	Minor mortgage or loan	17
Business readjustment	39	Change in sleeping habits	16

Change in financial state	38	Change in number of family reunions	15
Change in frequency of arguments	35	Change in eating habits	15
Major mortgage	32	Vacation	13
Foreclosure of mortgage or loan	30	Christmas	12
Change in responsibilities at work	29	Minor violation of law	11
Child leaving home	29		

Score of 300+: At risk of physical illness.

Score of 150–299: Risk of physical illness is moderate (reduced by 30% from the above risk).

Score –150: Only have a slight risk of physical illness.

Although **Holmes** and **Rahe**'s stress scale is still relevant to some degree, one must acknowledge that the world has changed considerably since 1967. In the midst of a world that seems to come undone more and more every day, the individual faces a level of stress that demands a lot of the adaptive potential of the individual's organism. The capacity to maintain one's emotional and physical balance in that context is, to say the least, sorely challenged. But this is precisely the time, when it becomes important to listen to the wisdom of one's failing body, as it cries out, through the language of symptoms, to come back to the essence of a balanced, healthy life.

Poor Capacity to Self-regulate as another Factor that May Precipitate Physical illness

Self-regulation refers to the capacity of the person to process and modulate somatic and emotional experience, so that the person will not be overwhelmed by it. In Bioenergetic Analysis, we often use the term 'containment' to describe that crucial function. **Allan Shore**, in his book, *Affect Regulation and the Origin of the Self*, explains how primary attachment

patterns affect our brains, and consequently our basic organismic capacity to self-regulate throughout life.

When the primary caregivers are unable to offer a ‘good enough’ quality of attunement to the infant, later on the adult may have a poor capacity to self-regulate. This, in turn, may leave the organism more exposed to somatic problems. In an interesting book entitled, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*, **Dr. Jon Kabat-Zinn**, reports on numerous studies that demonstrate the role of emotions in physical health. One of these studies, on a group of women who were diagnosed with a lump in one of their breasts, clearly highlights the connection that exists between affect regulation (or lack of) and the risk for cancer. In the words of **Kabat-Zinn**:

“The majority of women who were found to have breast cancer had either a lifelong pattern of extreme suppression of their feelings (for the most part anger) or of ‘exploding’ with emotion.” (**Jon Kabat-Zinn**, *Full Catastrophe Living*, p. 207)

Of course, this is not new to Bioenergetic therapists, because we know a great deal about the importance of good energy circulation in the body. We also know the importance of being able to feel, contain and express emotions in a regulated way, in order to stay emotionally and physically healthy.

Learning to Self-regulate: a Case of Ulcerative Colitis

Not only do we know about these things, but we are also starting to write about them. In an interesting article published in 2007 in the *Clinical Journal of the IIBA*, **Jörg Clauer**, a German CBT and medical doctor, shares with the reader his clinical experience with a client who was suffering from ulcerative colitis and seasonal depression. **Clauer** explains that he basically worked with this client at reconstructing a new embodied self, and that in order for this to be accomplished, he had to apply the principle of the three S’s: Slowness, Safety and Support. What guided him in his work was his

embodied countertransference. **Shore's** findings in neurobiology, together with those of **D.N. Stern** and **K. Uvnaes-Möberg**, among others, turned out to be guidelines to explain the therapy process.

Given this understanding of the core issue of his client, **Clauer** proceeded to work with this client in such a way as to help her reconnect with her bodily sensations through various grounding exercises. He used a balance disk, so that she could learn to feel more at ease in her body and heal her dissociation or mind/body split. On the interpersonal level, he facilitated a dialog between the client and himself as a 'parent-body'. Having the client, for example, sitting back-to-back with him, helped her gain more self-awareness. Then came a phase when **Clauer** was going away for a vacation and would be missing an appointment. This triggered the client's feeling of abandonment and subsequent anger, as it was experienced as a repetition of her own history. The capacity of the client to then actively express her anger to the therapist marked a positive evolution in the therapy.

The whole process, according to **Clauer**, led to developing the Body Self and a New Implicit Relational Knowledge that led to Changes in the Mental-Organizing Principles. This means that the client's outlook on life and on her relationship with her parents was significantly modified by the dynamics of the interaction in the therapeutic experience. **Clauer** concludes his clinical vignette by saying: "To the amazement of the gastroenterologist, the colitis-changes were not any longer detectable at a post examining colonoscopy" (p. 118).

Lack of Communication within the Organism, a Third Factor that May Precipitate Physical illness

Communication in the form of exchange of information is vital for survival. Exchange of information is constantly at work in our organism. As explained by **Ernest Rossi**, the nervous system plays that crucial role (of exchange of information), through electric impulses, as do the endocrine and the immune systems through various substances such as hormones and proteins.

In Bioenergetic Analysis, we are aware of the importance of re-establishing pathways of communication in the body. When we propose exercises designed either to soften the muscular blocks or to call attention to inner body sensations, we intend to restore the flow of energy in the body. We are also aware that the creation of a safe space and the establishment of a safe interpersonal relationship, are crucial factors for bridging the gap between the psychic and the somatic worlds. This is especially true when trauma has brought about a fair degree of dissociation. In so doing, we are taking into consideration the impact of the infant's very early experiences on his or her capacity to cope with the stress of life later on.

Restoring Communication and Continuity within the Body: a Case of Cancer

One of our colleagues from the IIBA Faculty, **Guy Tonella**, is currently developing a very interesting theoretical model that combines concepts from attachment theory and from neuroscience with basic Bioenergetic Analysis concepts. In an instructive article titled, *Symptôme psychosomatique et intégration corporelle* (Psychosomatic Symptom and Psychosomatic Integration), **Tonella** reports on the therapeutic process of one of his clients, a young woman who came to him with a very serious health condition. She had been diagnosed with thymus cancer that had metastasized to her lungs, with the presence of nodules in the liver and in the uterus.

The client's doctor had told **Guy Tonella** that the client was terminally ill and had only a three to six months life expectancy. Nevertheless, **Tonella** began to work with her, clearly seeing right from the start the degree of lack of integration in this woman's body. Her mother had been mentally unstable and violent and her narcissistic father had been mainly absent. **Tonella** explains in this article how he worked subtly at the somatic-tonic level, that is to say beyond words, re-creating a safe bond that eventually allowed the client to reconnect with her primary, vital impulses, and to express emotions she had to split off from long ago. Throughout the

therapeutic journey of this woman, **Tonella** consistently worked from an attuned position, using various holding techniques, sensitive touch, and interaction through eye contact. All of this eventually helped the client break down and sob deeply, and then, later on in the process, enabled her to express her anger through hitting. According to **Tonella**, it is this kind of work that allowed the restoration of continuity between the tonic, the sensory, the affective and the representational layers of the client's being. Towards the end of the therapy, as she was regaining a sensation of vitality, the client told **Tonella**:

“I have the impression that I am discovering my movements, my true movements that help me feel good, movements that are in tune with me, in which I care for myself. I feel that I am really starting to love myself. I am beginning to love people without quite knowing yet how to relate to them. My fear of people is disappearing. And I love myself! I am beginning to feel good inside myself, even though I do not feel too good physically speaking.”

When I discussed this article with **Guy Tonella**, he told me that his patient actually lived for a year and a half notwithstanding her doctor's prognosis that her life expectancy would probably not exceed 6 months. Not only that, and even more important, he helped her re-establish a sense of continuity between all the layers of her being. From the most primitive nucleus, that of the sensory-tonic sensations, to the more sophisticated functions, such as the representational one, **Guy** helped her regain a sense of herself and a sense of being alive that she could never have experienced otherwise.

Listening to the Wisdom of the Failing Body: Many Points of Entry, Many Paths towards Healing and Wholeness

From the clinical vignettes I just presented, we already see that various dimensions of the person are involved in the healing process. These vari-

ous dimensions can be seen as points of entry from which to approach the problem when the body speaks its wisdom through its failure. First, there is the somatic layer, the body itself; then, there is the emotional layer, the domain of feelings; and finally there is the representational layer that is related to the mind, to the thought processes and to the symbolical realm.

As Bioenergetic therapists, we are equipped to propose various exercises that will help a person be in touch with the person's physical sensations. However, because we possess these tools, we may be tempted to work "from the outside in", so to speak, creating between us and the client a type of dynamic that will resemble that of the doctor/patient relationship, where one holds the knowledge while the other undergoes the treatment. This can go on at a very subtle level, especially when the client who comes to us is in a desperate place and seeks to be cured by us.

Out of a genuine desire to help the client get relief from suffering – and also because of our own narcissistic issues – we want to get positive results as soon as possible. So, on a verbal level we may explain to the client that psychotherapy is about him being involved as a major actor in his own process. Yet, on the interactional level, we may take charge of the process, unconsciously demanding of ourselves to have a quick grasp of the connection between the health condition of the client and the underlying emotional issues of the client. We will also expect ourselves to know the kind of energetic work the client needs to do, in order to improve the client's condition. And then, we will have created the perfect setup in which, not only will we overburden ourselves with a level of responsibility far beyond what it should be, but we will deprive the client of the opportunity to become the central actor in his own healing process.

So, as we approach the client's problem, both from a physical and an emotional angle, as we are trained to do, it becomes important to work "from the inside out". But what does that mean concretely? It means that we have to get our cues from the client's organic rhythm, and from the client's capacity to create solutions, rather than from our preconceived notions.

Working “From the Inside Out”: coping with Fibromyalgia

Here is another clinical vignette to illustrate my point. A female client who came to see me many years ago for problems related to anger control, started to suffer from fibromyalgia in the course of her therapy. I worked with her for quite a while on issues related to the expression of anger, having her kick and scream and hit with a tennis racket, while also extensively working on grounding. I was operating under the assumption that if she could discharge her anger and gain a better understanding of it, not only would she develop a better capacity to contain and regulate her anger, but she would also get relief from her fibromyalgia symptoms. This strategy helped to some extent, but what helped even more was when I started to work with her, using what **Jörg Clauer** called, “the three S’s”: Slowness, Safety and Support. She came back to therapy last year to get some help around an issue of self-assertion at work. Instead of proposing various exercises, I would sit and listen to what she would tell me about her pain, inviting her to focus on her breathing. I followed the small and slow movements of her body and tried to attune my verbal interventions, as well as my body posture to hers; using techniques I had learned from my hypnosis training. At one point, I invited her to move through her body, to observe the rhythm of her breathing and to imagine she was finding a way to ease the pain in her joints. I encouraged her to focus on her inner resources. The image that came to her was that of two small hands moving inside her body, massaging a soothing substance on the painful spots. This client still copes with fibromyalgia, but ‘the little hands’, as she calls them, are still with her and continue to help her ease the pain in her body during periods of stress.

My point is that I mainly tried to establish a kind of somatic dialog with her body, coupled with an invitation to use her own resources of sensorial imagination, as opposed to trying to give an interpretation to her symptoms of fibromyalgia.

The ‘inside out’ approach demands of us that we become attentive and attuned to the natural signals the body is giving us, to its micro movements, taking advantage of the “three S’s” approach: Slowness, Safety and Sup-

port. It also requires that we be humble and patient and that we trust the organic process of the client. This organic process can sometimes express itself through small and slow movements, as well as through intense and cathartic ones.

Emotional Expression and Healing: Coping with Gastrointestinal Problems

Regarding strategies that are geared towards the emotional point of entry that can promote healing, I recall another client of mine who came to me with symptoms of painful gastrointestinal problems as well as a problem of acute anxiety and low self-esteem. This client had grown up in a family of many brothers and sisters. Contrary to his brothers who excelled at sports, and who lived up to their father's expectations, he excelled neither at sports nor academically. He was physically smaller than his brothers and did not enjoy rough physical activities. When he reached secondary school, he decided he would work hard in order to succeed academically. He did, and went on eventually to complete a university degree. His father took no notice of his success, he never gave him any sort of encouragement, and he continued to treat him with contempt. Even though this client has a successful career, taking on positions that required leadership talent, he never managed to develop a feeling of self-worth. For several years he had been able to alleviate his symptoms through high caliber biking. This not only helped him discharge inner tension, but also helped him raise his self-esteem, because of his achievements in that sport.

When he came to see me, his gastrointestinal problems and his level of anxiety were on the rise, since knee and back problems prevented him from continuing his biking activities as intensely as he used to. Coming to therapy was a source of acute anxiety for him. It meant facing and revealing his own self, when he basically despised himself as his father had. In the course of a therapy session, he started to talk about the grief he felt at not having been acknowledged by his father and at the harshness with which his father had

treated him. I encouraged him to listen to the wave of emotion that was coming from his gut and to share with me more of his history, and more of what he would have wanted to tell his father, had he been able to. He then started to sob deeply, as he continued to talk about how much he had felt like a failure when he would see that look in his father's eyes. At the end of the session, he felt a form of relief he had not been able to feel for a long time.

Subsequently, whenever he cried deeply during a session, he would feel the same relief and gradually his gastrointestinal problems subsided. They are altogether gone, because he still struggles with that symptom whenever he faces a stressful situation. But he is getting better at digging himself out of this hole of anxiety and self-loathing that he had been in for most of his life.

My understanding of what helped relieve the physical gastrointestinal symptom of this client is twofold. On the one hand, the sobbing certainly helped release the tension in the deep abdominal tissue, so that some kind of regulative process could be restored. On the other hand, for the first time in his life, this man willingly, 'broke down' emotionally, and courageously exposed his feelings of fear and hurt. This in itself implied that he acknowledged himself as worthy enough to cry out for help and ask to be cared for. As he learned to break down emotionally and cry for help, it seemed as though his body did not need to "scream" as much as it used to. As for the therapeutic strategy, I think that in this case, here is what was most helpful – in addition to the bodywork we had been doing. What was most helpful was my empathic listening, my not using too many words, my repeated encouragement to value his process, and my readiness to hear what he would share with me. I listened as the subjective experience of his pain emerged and took form and meaning through his own words.

Mindset, Beliefs and Attitudes that Promote Healing

Mindset, beliefs and attitudes are crucial factors that can affect our physical health as well. They also constitute a third point of entry with regards to

healing strategies. **Dr. Jon Kabat-Zinn**, in his book, *Full Catastrophe Living*, reports on various studies that demonstrate that some basic perceptions and thought patterns can make a difference between health and physical illness. One of these patterns is that of *optimism vs. pessimism*. According to certain studies he cites, optimism appears to have “a protective effect against depression, illness and premature death” (p. 201). Then, there is *self-efficacy*, a belief in one’s ability to exercise control over specific life events in one’s life. This factor, according to another set of studies, “is the best and most consistent predictor of positive health outcomes in many different medical situations” (p. 201). Finally, he mentions the inherent *sense of coherence* about the world and oneself, which refers to one’s capacity to give a meaning to a painful situation.

A certain number of scientific studies tell us about the positive impact of positive perceptions and thought patterns. However, these thought patterns cannot be developed merely through willpower. They need to evolve from a set of attitudes that can be cultivated. The fact is that all of us have some degree of choice. We can choose for the better, in spite of our character structure that operates quasi-automatically, or even on an unconscious level. But deliberately making choices, which lead to positive change, does not come easily. We often prefer to stay in a miserable condition that we are accustomed to, rather than risk stepping into the unknown. Consequently, we stick to our habits, good or bad, until something really disturbing, such as when our body fails us, forces us to change our patterns. **Jung** used to say: “Illness is an effort made by nature in order to cure us.” And true enough; physical illness is a call from deep down inside, which beckons us to learn new ways of dealing with life’s challenges in order to honor our true nature. And as we make the changes that enable us to get more in tune with who we truly are, and with our purpose in life, the body can start to heal.

Some people have to change careers in order to honor their deeper self, while others have to learn to set their limits in their workplace in order to stop energy drainage. Some have to learn to cry and soften their hearts, while others have to learn how to get angry and stand up for themselves. And some have to put an end to a relationship, while others have to learn

to forgive their partners. Changes need to be made in order to recover our health, or to adapt to whatever limitations physical illness places upon us. The basic ingredients that should underlie all those changes are self-love and acceptance. We need to accept whatever life brings to us, and accept who we are, in the moment. Then, last but not least, we need faith, be it faith in one's capacity to heal oneself or in some superior power.

And even when a person does not heal completely, as in the case of my two clients, the rapport with oneself changes dramatically. Instead of feeling held hostage by one's physical condition, like a victim, the person can learn to take charge of her process, in a caring and compassionate way towards herself. She can begin to treat her own body like a wise companion, one that is trying to help her find a path towards wholeness.

When the body fails to heal

But then, what if, after having done our best to restore our health through energetic work, emotional work and work on our thought patterns and belief system, we are still not recovering? What if physical illness does not release its grip on us? What if physical illness slowly takes us down the road to our very end? Does that mean we have failed, or is it just another phase on the road in our personal journey towards self-realization and wholeness?

In an attempt to answer those questions, I would like to share with you the extraordinary journey of a student of mine. Emma³ entered the Bioenergetic Training Program when she was in her mid-forties. She was a woman of incredible vitality – an outspoken, sensitive, vibrant woman and an extremely motivated participant. Emma and I shared a special moment when, in the course of the second or third workshop I had been giving, I did a piece of work with her that she experienced as life changing. Over the five years during which I did these workshops, I developed a strong

3 The names have been changed and certain details have been slightly altered in order to preserve confidentiality.

connection with Emma. We kept in touch from time to time, through email, after the completion of the fifth and last year of training.

I had gone several months without hearing from Emma when, during one of my trips to her country, I met with one of her fellow participants who told me that she had been diagnosed with mouth cancer, and was undergoing a series of treatments. This news had been shocking to Emma as she had very healthy life habits, had never smoked nor done anything that could be considered a risk factor for that kind of cancer. I could not believe this was happening to Emma. I reconnected with her through email. She shared some of her emotional experience with me, as she was going through all kinds of treatments, from conventional to alternative medicine. Emma wrote to me about the inner work she was actively doing. She was trying to understand the meaning of this awful type of cancer, accessing new emotional layers and trying to come to terms with her deepest issues, in the hope that emotional healing would bring somatic healing.

As the cancer evolved, Emma went through several major physical losses. After a while, she, who had been a woman who loved to savor life and especially enjoyed good food, lost the capacity to eat solid food. She had to be fed with liquid substances, thus having to let go of the pleasure of tasting and eating solid food. Then, she who had been so proud of her appearance, saw part of her jaw gradually destroyed by cancerous tissues, and had to grieve her good looks.

As Emma was going through all of this, she chose, paradoxically, to envision this process as a healing process on a spiritual level. She wrote to me some poignant reflexions on how life was stripping her of the superfluous to bring her to meet the essence of life and love. This is not to say that she never experienced fear, sorrow, anger, despair, especially as she saw part of her face literally disintegrate. However, the wholeheartedness with which she embraced her ordeal, while doing all that was in her power in order to cure herself, sometimes made me cry when I read her messages. Emma never gave up on hope, yet she completely surrendered to the somatic, emotional and spiritual process that was unfolding.

A week or so before she passed away, on the blog some of her friends

had created for her, so that she could keep in touch with minimal effort with all of those who cared for her, Emma wrote:

“It is true that I have sowed many seeds throughout my life and to me, your love is a living proof of that. You truly are a path of flowers ... but I feel frustrated not to be able to find the path that could bring me back to a genuine and total love of myself. I would not want to die before I reach that stage. Because I truly believe that this is the path ... being able to love in such a way that each and every one of my cells feels loved.”

Then, a few days later, Emma wrote again:

“Dear friends. Here I am again, at this wonderful window that the universe keeps open for us so that we can see the immensity of the stars, of the seas, of the deserts and of this river of love that we are creating ... it is such, such a beautiful view that which I see from here, that it absorbs me and I am transforming into that which I am looking at: a star, a wave, a grain of sand ... the pure essence of love.

May the true Passion of Love bathe every pore of your body, and from that place in me where I can feel deep enjoyment, I am sending you a big embrace, full of tenderness and gratitude ... I LOVE YOU WITH ALL MY BEING.

I, Emma, AM HEALTHY, HAPPY AND I LOVE YOU DEEPLY”

The next day, we all received the following message:

“Today, April 7, 2007 at 11 o'clock AM, Emma's soul has left her body, moving on to another level of even more LOVE. The parting was painless and relatively easy. We are grateful for that,

Her daughters. Eugenia and Ella”

I was not surprised. I did not expect Emma to recover. I was privileged enough to be included in the list of people to whom she wished a little portion of her ashes be entrusted. I did a ritual during which I dispersed her ashes by the sea. Emma had once told me that as a little girl her dream was to become a psychiatrist in Canada. So it felt as if symbolically I was somehow honouring one of her deep wishes.

If I have shared with you Emma's journey, it is because I have truly seen grace at work in the way in which she both struggled with and surrendered to the deeper teachings of her failing body. I am forever grateful to Emma for having taught me that the wisdom of the body that fails us may help us heal our whole being at yet a deeper level: it may help us heal our soul.

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