Editorial

AUTUMN EDITION 2016

Welcome to the ABMT Journal.

This edition includes the concluding Parts 3 and 4 of the article written by Carlien van Heel, 'Revisiting Gerda Boyesen's Theory of Psychoperistalsis' which explores the physiological and neurobiological aspects of psychoperistalsis.

Kate Codrington talks to Theo Raymond about his research paper 'Hearing Peristalsis: theory, interpretation and practice in biodynamic psychotherapy.'
Barbara Hussong reflects on her continued professional development and Ursula Deniflee reviews Gill Westland's new book 'Verbal and Non-Verbal Communication in Psychotherapy.'

With very special thanks to all our contributors.

Our Spring meeting in April was a great success with a valuable and constructive talk about brand versus authenticity.
For those who were unable to attend there is an excellent summary by Vice Chair Lindsey Nicholas, available on our website at the following link:
http://www.abmt.org.uk/blog

I look forward to seeing you at the AGM

With all good wishes,

Justine Halpin
Journal Editor

AGM and Autumn Meeting
Saturday 5th November
2-4pm
Room LAB214, Lord Ashcroft Building, Anglia Ruskin University, CB1 1PT.

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Letter From The Chair

Dear colleagues and friends,

I hope you all have had a good re-start after the summer and are in good flow with both your work and private life!

It was lovely seeing a few members at the recent conference of the European Association of Body Psychotherapy in Athens, which was both interesting and enjoyable, with presentations and lots of experiential workshops. One aspect I found inspiring with regards to Biodynamic Massage was that our way of thinking and practice sits so well in the wider field of body psychotherapy and resonates with other modalities.

It would be wonderful if other professionals were more aware of our hands-on work and what it offers to the clients.

Wishing you all a good end to the year, a lovely time over the holiday season and a fruitful transition into the New Year.

Last not least, a big thank you to all the committee members who have worked hard for all of us in the biodynamic community.

Warm wishes,

Hartmut

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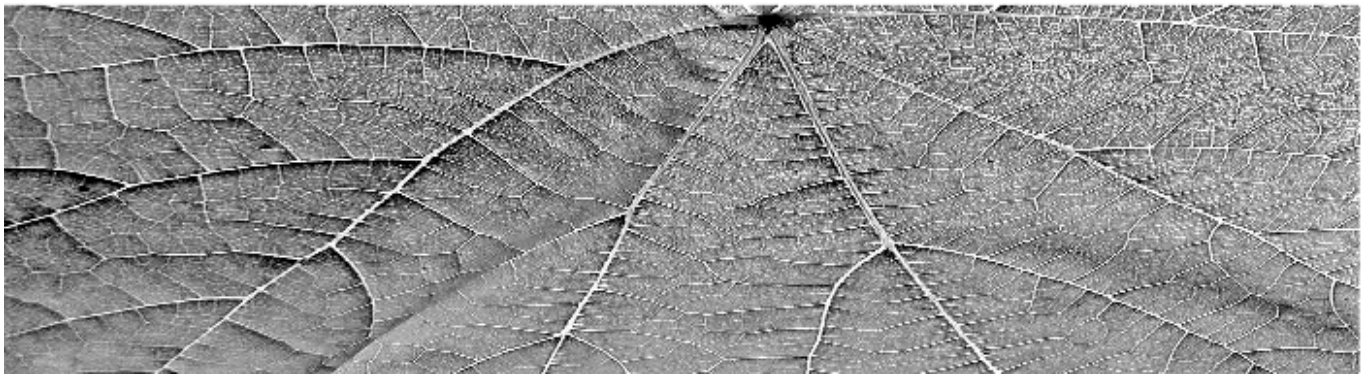

Biodynamic Therapy Research: Psychoperistalsis

An Interview with Theo Raymond, by Kate Codrington

Kate Codrington talks to Theo Raymond about his research project ***Hearing Peristalsis: theory, interpretation and practice in biodynamic psychotherapy.***

Although the enteric nervous system has become more widely understood from Giulia Enders' book, there is not yet a proven scientific link between peristalsis and emotions. How do Biodynamic therapists relate physical digestion to emotional digestion?

"I think the two can be seen as overlapping phenomena.

Wilhelm Reich, who many would consider the founding father of body psychotherapy, came up with the idea of 'functional identity', meaning for every physical function of a muscle or organ there is also an emotional one. According to this theory, as we digest food we take in material from the outside world, digest what we need, and eliminate the rest. The gut could be seen to function emotionally in a similar way, allowing us to take in material from our emotional world, digest what we need from it, and get rid of the rest (providing everything is working as it should!)"

What does it mean, to hear the different sounds? Do therapists believe they have different meanings?

"Yes, therapists would say that different sounds have different meanings. Just as one might observe a client's breathing to be deep, shallow, fast or slow, and assess meaning from that, peristaltic sounds have similar variability. They can be watery and healthy-sounding, or staccato and faltering. They can sound like animals, voices, machines, or communicate something else entirely. While there may well be agreement on what certain types of sounds mean, what came out from the research was that people tend to have their own way of understanding peristalsis that comes from their personal experience."

What does it mean if there are no sounds at all?

"It could mean that the client isn't processing material on the unconscious emotional level. That isn't to say that things aren't being processed – they might be processing a lot of stuff in their head, for example. However, if we think about peristalsis as a sign of the 'calm and connect' system being activated, it might mean that the client is anxious or unable to relax, which is useful information for a therapist. It's always worth checking the positioning of the stethoscope though, just in case it's not in a suitable place to pick up sounds."

What do the therapists make of their own peristalsis; can it be used as a self-help tool or self-diagnosis?

"Some therapists spoke to me about how they listened to their own peristalsis as part of their self-care, as it brings them into a greater awareness of when they are relaxing, or when they might be digesting something emotional. Other people I spoke to would tune in to what was happening in their guts while they were working with clients, and reflect on what in that moment moved them in that way."

How can the wider therapeutic community use peristalsis in their work?

"I think anyone working in a therapy that pays attention to the autonomic nervous system should be keeping an ear out for the sounds of peristalsis. Whether you decide that the concept of 'psycho-peristalsis' is for you or not, I would say that peristalsis is an accessible indicator of the parasympathetic nervous system's activation which, if we are working towards relaxation or healing, is a good thing.

I would encourage you to read my article and see what resonates with your experience as a therapist, and if you are curious about peristalsis, to track down a stethoscope, put it on a willing client and see what happens."

Thanks so much Theo, it's been fantastic to understand more about what Biodynamic therapists get up to!

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Hearing Peristalsis: theory, interpretation and practice in biodynamic psychotherapy

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Revisiting Gerda Boyesen's Theory of Psychoperistalsis

By Carlien van Heel

PARTS 3 AND 4

Continuing the article based on my presentation at the second Biodynamic Conference in London on 16 November 2014, entitled: 'Revisiting Gerda Boyesen's Theory of Psychoperistalsis'. My understanding of Boyesen's theory of psychoperistalsis has since deepened. I have added information on current research on the gut and on the significance of psychoperistalsis in psychotherapy. The emphasis and layout of the material that was presented at the conference (parts 3 and 4) have also changed considerably.

Gerda Boyesen (1922–2005) was a Norwegian psychologist and physiotherapist and the founder of Biodynamic psychotherapy and Biodynamic massage. Boyesen discovered, through observing her own and her patients' processes, that the alimentary canal (the tubular passage of the digestive system) is involved in every emotion and in every stress experience. She found that, by listening to the sounds of the intestinal peristaltic movements, she could influence and stimulate the processing of these emotions, not only on a mental level, but also deep down in the tissues of the body. Boyesen felt that she had discovered the missing link between psyche and soma. Her daughter, Mona Lisa Boyesen, coined the word '**psychoperistalsis**' in 1970, to describe the role intestinal peristaltic movement plays in emotional processing.

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Boyesen's physiological and neurological understanding of psychoperistalsis

Gerda Boyesen presented her work and theories in articles, but was reluctant to share her understanding of the physiology of her theories in much detail, as her findings had not been taken seriously in Norway. Her daughter, Mona Lisa Boyesen, took it upon herself to present Boyesen's physiological theories in a series of articles entitled 'Psycho-peristalsis: Parts I – VIII', and in a later series of articles 'Foundation for Biodynamic Psychology: Parts I – II'. These articles were first published in the 1970s in *Energy and Character: the Journal for Bioenergetic research*, edited by David Boadella and in the *Collected papers of Biodynamic Psychology*, Volumes 1 and 2 (1978/1980). These publications were distributed internally among the Biodynamic community.

When Gerda and Mona Lisa Boyesen presented their physiological theories on psychoperistalsis, little was known about the enteric nervous system in the intestinal walls, the vast network of connective tissue and the important role of connective tissue in metabolic processing and encapsulating the emotionally charged fluid. Since the 1970s and 1980s, huge advances have been made in neuroscience, particularly in affective neuroscience, *(20)* which looks at the neurology of emotions and at the impact of emotional trauma on brain and neural functioning.

In part 1, I have explained that current research on the gut microbiota indicates that gut bacteria play a role in emotional wellbeing and that stimulation of the vagus nerve can influence our emotions. However, Gerda Boyesen's discovery of the link between peristaltic movements (the 'migrating motor complex') and the release of emotional repression is, as yet, unproven.

I will attempt to explain Boyesen's physiological understanding and have chosen seven principles that underpin her concept of psychoperistalsis. I will link these principles to current theories that, in my opinion, support Boyesen's explanation of the role of psychoperistalsis in emotional processing.

20: Affective neuroscience - the neural understanding of emotions Panksepp, 1998

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The seven principles are:

- The intestines are involved in emotional processes.
- Peristaltic movement in the intestines is not only triggered by the presence of food (migrating motor complex).
- Emotions move in the walls of the intestines.
- Blocked emotions create muscle and respiratory tension, a thickening of connective tissue and stasis in the intestinal walls.
- We can track or guide emotional processing through following psychoperistaltic sounds.
- Peristaltic movement can release internal pressure and help release a whole repression pattern in body and mind; this allows a cleansing of body tissues.
- When body tissues are cleared we can feel fluid streamings, which contributes to a sense of well-being and vitalisation.

3.1. THE INTESTINES ARE INVOLVED IN EMOTIONAL PROCESSES

Our digestive system, the ability to take in nutrients and expel waste products, is one of the most fundamental systems of the body. The digestive tube (endoderm layer) together with the neural tube (ectoderm layer) is the earliest of the embryonic organ developments, starting just three weeks after conception (Blechschmidt, 2004).

3.1.1. THE INTESTINES HAVE A HUGE NERVE SUPPLY

The intestines, more than any other organ, have a huge nerve supply, similar to the brain. The intestines are connected to the rest of the body through three nerve-supply systems:

- The vagus nerve: a hugely important cranial nerve connecting the intestines directly to the brain stem.
- A range of peripheral nerves that come out from the spine.
- The enteric nervous system: a complete nervous system that can function independently from the brain, which is embedded in the lining of the intestines.

When Boyesen wrote about her theories, information about the enteric nervous system was not yet published. Michael D. Gershon, MD, author of *The Second Brain: – Your gut has a mind of its own* (1998), was one of the first people to write about the enteric nervous system as the gut's own independent nervous system.

Gershon states:

> *We have more nerve cells in our gut than in the entire remainder of our peripheral nervous system. The enteric nervous system is also a vast chemical warehouse within which is represented every one of the classes of neurotransmitter found in the brain. Neurotransmitters are the words nerve cells use for communicating with one another and with the cells under their control. The multiplicity of neurotransmitters in the bowel suggests that the language spoken by the cells of the enteric nervous system is rich and brain-like in its complexity. Neuroscientists, whose horizon ends at the holes in the skull, are continually amazed to find that the structure and component cells of the enteric nervous system are more akin to those of the brain than to those of any other peripheral organ.*
> (Gershon, 1998, p. Xiii)

Gershon refers here to the enteric nervous system and its vast chemical warehouse. The gut is also connected to the brain and other areas of the body through the vagus nerve and the peripheral spinal nerves. Consequently, the gut's connection to whatever is going on in our body or brain is vast.

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3.1.2. THE INTESTINES ARE OUR BODY'S LARGEST SENSORY ORGAN

In *Gut: the inside story of our body's most under-rated organ*, Giulia Enders writes:

> *The gut has not only a remarkable system of nerves to gather this information, but also a huge surface area. That makes it the body's largest sensory organ. Our eyes, ears, nose, or skin pale by comparison. The information they gather is received by the conscious mind, and used to formulate a response to our environment. They can be seen as life's parking sensors. The gut, by contrast, is a huge matrix, sensing our inner life and working on the subconscious mind.* (Enders, 2015, p.121)
>
> *In total, the surface area of our digestive system is about one hundred times greater than the area of the skin.* (Enders, 2015, p.36)

Neuroscientists like Antonio Damasio (2000, 2004) have shown that emotions are, in essence, neural and hormonal communications to the brain (see 3.3.).

The huge surface area, the vast amount of neural connections and neurotransmitters in the intestines, as well as the nerves to and from the intestines, make it highly likely that the intestines are involved in everything that is going on, including emotional processes.

I will describe the vast interconnecting network of connective tissue that also connects the intestines to every part of the body in 3.6.

3.2. PERISTALTIC MOVEMENT IN THE INTESTINES IS NOT ONLY TRIGGERED BY THE PRESENCE OF FOOD (MIGRATING MOTOR COMPLEX)

There is evidence that there is a peristaltic movement in the intestines that is not related to the breaking up of food or its movement along the lumen (the inside) of the gut. Scientists call it the '**migrating motor complex**' (Enders, 2015).

3.2.1. WHAT CREATES MOVEMENT IN THE INTESTINES?

The peristaltic movements are created by the smooth muscles (longitudinal and circular muscles) in the intestinal walls. These smooth muscles are controlled by the enteric nervous system and are also coordinated by direct cell-to-cell communication between the smooth muscle cells themselves (Stauffer, 2010, p.123). The enteric nervous system consists of sensory nerves, interneurons and motoric nerves.

There is an ongoing basic pulsation of charge and discharge in the smooth musculature of the guts ('Slow waves') that is independent of nerve stimulated muscular contraction. The rhythmical pulsation of charge and discharge is activated by the interstitial cells of Cajal (ICC) that serve as pace makers. (Gershon, 1988, p.230)

Intestinal motion is therefore created by slow wave movements, digestive peristaltic movements, inter-digestive peristaltic movements (MMC) and, in an emergency, power propulsions like diarrhoea or vomiting.

There is also a continuous movement of fluid inside the small and large intestines. The breaking down of food happens in the small intestine. The blood then picks up the nutrients through the walls of the small intestine and transports them throughout the body. In the large intestine the residual fluid is extracted in order to compact the non-digestible matter (faeces). This process is chemically mediated; no peristaltic movement is necessary.

In terms of peristaltic motion there is the digestive peristaltic movement that makes food move down along the lumen. Different segments contract and fluid squirts in both directions. This is what we can hear. And then there is a peristaltic movement that does not need to be stimulated by the presence of food, which happens typically every 80 – 120 minutes. The alimentary canal has its own pulse. (Stauffer, 2005, 2010; Gershon 1998; Cannon, 1911, Enders, 2015).

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This inter-digestive motion, what scientists call 'the migrating motor complex', seems likely to be the movement involved in Gerda Boyesen's concept of psychoperistalsis.

Enders writes:

> *An hour after the small intestine has digested a food item, it begins the cleaning-up process. The scientific name for this process is 'migrating motor complex'. When it kicks in, the stomach doorman is kind enough to open the gates again to allow these leftovers to be herded into the small intestine. It then moves them along with a wave powerful enough to sweep everything along with it. When observed with a camera, this looks so cute that even sober-minded scientists can't help but nickname the migrating motor complex the little 'housekeeper'.*
>
> *Everyone has heard their little housekeeper at work. It is the rumbling tummy, which, contrary to popular belief, does not come mainly from the stomach, but from the small intestine. Our tummies don't rumble when we're hungry, but when there is a long enough break between meals to finally get some cleaning done.* (Enders, 2015, p.83)

3.2.2. WHAT CAN STIMULATE PERISTALTIC WAVES APART FROM FOOD?

In Enders' quote above (3.2.1.) scientists confirm Boyesen's theory that there are peristaltic movements that are not based on moving food along the lumen, i.e. the 'migrating motor complex'. They are, however, not fully clear about what stimulates these peristaltic waves, apart from describing it as a cleaning movement. Scientists have not (yet) made any connection between the migrating motor complex and emotional processing, in the way Gerda Boyesen did.

There are some scientists whose description of what stimulates peristaltic waves might support Boyesen's understanding.

Michael Gershon, for example, describes how the neurotransmitter serotonin stimulates peristaltic movement. The vast majority of serotonin is created in the intestines.

> *All the agreement about how serotonin starts peristaltic reflexes has been very gratifying.... Recently, moreover, serotonin's ability to initiate peristaltic reflexes has been a model that investigators are finding is applicable to other reflexes as well. (Gershon, 1998, p. 215)*

Unfortunately, as described in footnote 3, the serotonin that is made in the guts seems to have different functions to the serotonin in the brain, where serotonin is linked to the stimulation of feelings of well-being. The gut serotonin won't reach the brain. (Gershon, 2003; Mercola.com interview Rhonda Patrick PhD, 2016) In an earlier version of this artilcle, I speculated whether the pleasant sensations associated with massage could stimulate serotonin release in the gut (which in the brain would be a well-being chemical) which in turn would stimulate peristaltic movements. We know, for example, that attuned touch can stimulate the release of oxytocin, another chemical that contributes to wellbeing (Moberg, 2011). However, this suggestion unfortunately doesn't hold firm anymore. There is no apparent link between touch and serotonin release in the guts. Nonetheless, there are still many unknown factors about gut serotonin.

> *At the moment, there are more serotonin receptors in the gut than there are known functions of serotonin. Clearly, we still have no idea of what most of the enteric receptors for serotonin are doing.* (Gershon, 1998, p.209)

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Boyesen found support for her discovery of the link between peristaltic movements and emotional processes when she came across an article, published in *Tidskrift Norske Laegeforen* (1964), by Professor Johannes Setekleiv, a Norwegian scientist and researcher. Setekleiv discovered that fluid distension pressure in the lining of the walls of the guts could set off peristaltic movement. Setekleiv talked about smooth-muscle cells in the lining of the gut needing to be within what he called a certain 'zone of firing' in order to produce peristaltic movements. Overextension due to too much fluid pressure would render the smooth musculature hypotonic. The hypotonia in the smooth muscles prevents the intestines from bursting under too much pressure, a very useful way of neutralising an excess of inner (emotional) pressure. (22) The smooth muscles go slack and peristaltic contractions are no longer possible.

Seitekleiv's theory of fluid pressure in the walls of the intestines fitted beautifully with Boyesen's theory of energetic fluid, fluid stasis and visceral armouring in the alimentary canal that are all part of emotional arousal and repression, as described in Part 2, 2.3. I will explain the role of connective tissue in this process in 3.6.

3.2.3. WHAT CAN BLOCK PERISTALTIC MOVEMENTS?

Boyesen discovered, by observing her own emotional states in relation to the peristaltic sounds, that emotional or psychic disturbances inhibited the peristaltic movements (see part 4).

Walter B. Cannon, Professor of Physiology at Harvard University, confirms this. Cannon was one of the first scientists to study the peristaltic movements early in the twentieth century. He used Rontgen rays to study the movements of the intestines in animals. In *The mechanical factors of digestion* (1911) he describes how emotional disturbances in the animals he researched would stop the intestinal movements:

> *Even slight psychic disturbances were accompanied by stoppage of peristalsis.* (Cannon, 1911, p.218)

Cannon's observations support, in my opinion, Boyesen's discovery that peristaltic movements are influenced by emotional states.

3.3. EMOTIONS MOVE IN THE WALLS OF THE INTESTINES

I have explained in 3.1. that the intestines are likely to be involved with everything that is going on elsewhere in the body and the brain, due to their huge nerve supply and the fact that the enteric nervous system is embedded in the walls of the intestines.

In *Looking for Spinoza* and *The Feeling of What Happens* neuroscientist Antonio Damasio describes what emotions are and where our sense of self comes from. According to Damasio, emotions are neural and hormonal communications to the brain and are part of homeostatic regulation. This is how life is organised, from simple single-cell organisms to complex organisms with brains, including humans. All forms of life are geared towards survival.

Damasio suggests that there are several levels of homeostatic regulation and each higher level incorporates the lower levels. The first level is a single-cell organism. It consumes food, creates energy for movement and growth and disposes of waste products. 'Emotions' are messages to the brain at a higher and more complex level and 'feelings' are on an even more complex level. Feelings create context around an emotion. Feelings require processing by the brain, creating a particular mapping in the cerebral cortex. This mapping and context gives us the chance to choose how to react to our initial emotional responses.

Damasio portrays the different levels of homeostatic regulation like an interconnecting '**tree**'.

22 Although the concept of hypotonia of the smooth musculature fits well with Boyesen's theory of muscle armouring and muscle collapse, the smooth muscles function very differently from striated skeletal muscles. Therefore the concept of muscle armouring and muscle collapse (hypotonia) might not apply to the smooth musculature. The fabric of the gut is very tough, for example the strings of a violin used to be made from sheep's intestines, so the risk of rupture due to distension pressure is maybe not that likely.

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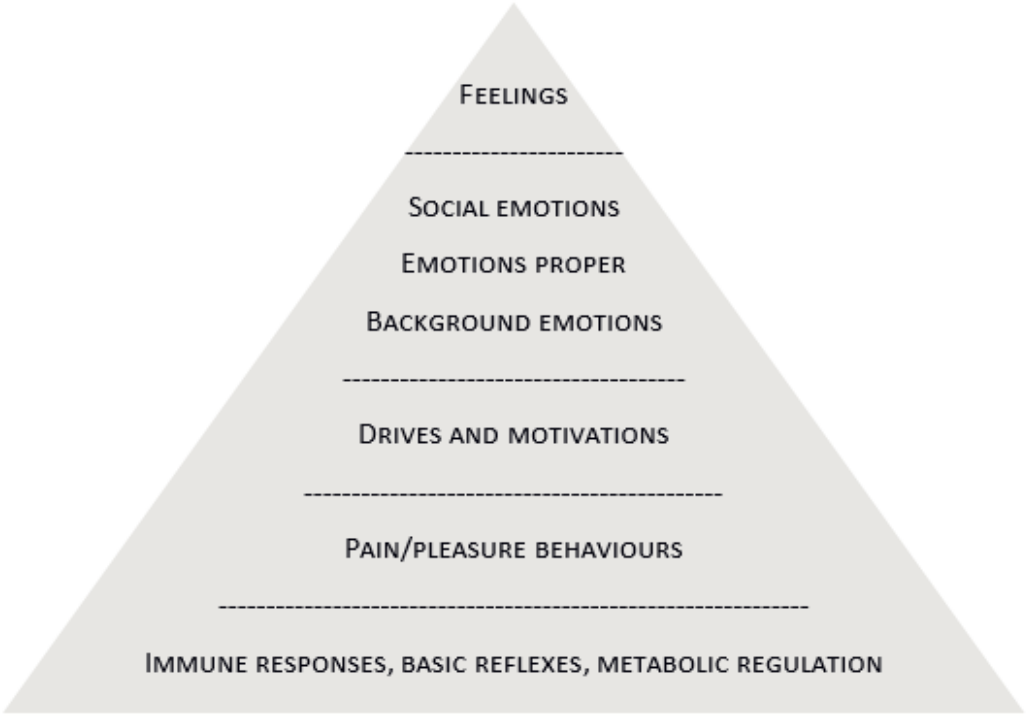
3.3.1. DAMASIO'S 'TREE' – LEVELS OF AUTOMATED HOMEOSTATIC REGULATION



LEVEL 5	**Feelings** – ability to create context around emotions	LEVEL 3	**Drives and motivations** – hunger, thirst, curiosity, exploration, play and sex (the libido drive is part of this level)
LEVEL 4	**Social emotions** – sympathy, embarrassment, shame, guilt, pride, jealousy, envy, gratitude, admiration, indignation, contempt **Emotions proper** – fear, anger, disgust, surprise, sadness, happiness **Background emotions** – feeling good, bad, somewhere in between	LEVEL 2	**Pain/pleasure behaviours** – withdrawing, contraction (pain); reaching towards and expansion (pleasure)
		LEVEL 1	Every organism is geared towards survival, consuming food, creating energy for movement and growth and disposal of waste products

(Damasio, 2003, pp.32, 37, 45)

Damasio sees these neural and hormonal messages as coming from the depths of the body. He is not specific about emotions moving in the walls of the intestines, but as mentioned above (3.1.2., Enders, 2015), the intestines are our largest sensory organ, informing the brain of our subconscious inner life. As the walls of the intestines contain their own vast, independent enteric nervous system, Boyesen's idea that emotions travel up the walls of the intestines, as part of a whole emotional pattern ('vegetative tree'), seems to me very feasible.

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3.4. BLOCKED EMOTIONS CREATE MUSCLE AND RESPIRATORY TENSION, A THICKENING OF CONNECTIVE TISSUE, AND PRESSURE IN THE INTESTINAL WALLS

3.4.1. MUSCLE ARMOURING

In *Anatomy and physiology for psychotherapists* (2010), Kathrin Stauffer gives a good description of how emotions get locked in by the muscles, in case of conflict:

> *The simplest way of thinking about muscles tension is to see it as embodying a conflict. Part of me wants to make a particular movement; another part of me wants to stop that movement. The muscles that would make the movement tense in the attempt, and the muscles that prevent the movement tense as well: the result is immobility in the corresponding part of the body. The great Wilhelm Reich (1933/1972) saw this as a basic mechanism of neurosis formation, because it fulfils all the requirements of a defence: It embodies the original desire as well as the inhibition, creates a layer of inactivated tissue around the tensed-up muscles, and at the same time binds large amounts of physical energy (required to hold all the tension in the muscles), which in turn decreases the anxiety provoked by the conflict.* (Stauffer, 2010, p. 92)

Muscles and connective tissue are important in the process of repression. They hold back the emotional impulse. Chronic muscle tension can become muscle armouring, which can lead to postural changes in the body.

In addition, there will be a restriction in breathing (contraction of diaphragm, intercostal muscles and other muscles involved in breathing) in order to hold down the emotional impulse and expression. Shock will create a startle reflex pattern where the in-breath is held and the smooth muscles in the walls of the intestines can also harden due to conflict or stress.

3.4.2. TISSUE ARMOURING: HOW DOES CONNECTIVE TISSUE GET BLOCKED?

When there is an emotional updrift or stress, the nerves sending signals to certain muscles to get ready for action are activated and the blood supply increases. The sympathetic nervous charge and hormones, like adrenaline, stimulate the heart rate and force of contraction which increases the blood pressure to the areas that need to be prepared for action. The extra blood supply fills the tissues around those particular muscles. If there is a conflict, expression or action will be blocked. The muscle tension can't be released (see Stauffer, above) and the hormonal fluid that has swamped the area now gets stuck too. As well as an increase in fluid pressure (energetic fluid), there are associated uncomfortable emotions that are difficult to bear. Our body therefore tries to deaden the area, so that we won't remain aware of these feelings. This blocking and deadening creates stagnation. Without pulsation or movement, the lymph vessels and veins cannot clear the area and the fluid and hormonal and chemical remnants stay stuck in the connective tissue. The connective tissue initially becomes swollen with fluid, but eventually will become more fibrous in order to bind the charge and fluid. This further hampers the cleansing action of the lymph vessels and veins (Juhan, 1987; Lee, 1985). I will describe connective tissue's ability to become fluid or fibrous in 3.6.3.

3.4.3. VISCERAL ARMOURING: FLUID STASIS IN THE INTESTINAL WALLS

The walls of the intestines have four layers:

- The peritoneum is a layer of connective tissue that surrounds the outside of the guts.
- The second layer consists of two layers of smooth muscles: the longitudinal muscles and the round muscles. Movement of these muscles is involuntary and influenced by the autonomic nervous system. They create the peristaltic movement.

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- The submucosa is another layer of connective tissue in which all the arteries, the nerves of the enteric nervous systems, veins and lymph vessels are embedded.
- The fourth layer is the lining of the guts (lumen). This is where nutrients are taken up by the blood. (Stauffer, 2010)

The surface of the lumen has lots of folds, packing an incredible amount of surface area into a relatively small space. *(23)*

> *The surface of the small intestine is huge. Its area is magnified by a structure in which the surface folds, folds again, and then folds once more.* (Gershon, 1998, p.140)

I find it interesting that the arteries, veins, lymph vessels and enteric nerves are all embedded in the submucosa layer, which is a layer of connective tissue. *(24)* I have described above (3.4.2.) how a blocked emotion will cause (energetic) fluid stasis in the connective tissue. The area becomes stagnant and the lymph vessels and veins' cleaning job will be impeded. Connective tissue will start to encapsulate the energetic fluid so that it can contain the fluid and numb the emotional charge, which inhibits movement and pulsation even further. I imagine, therefore, that the submucosa layer in the walls of the intestines is also likely to go fibrous, encapsulating the hormonal, emotionally charged fluid.
The second layer of smooth muscles will, very likely, also be responding to emotional conflict by hardening or going slack. (see also footnote 23)

3.5. WE CAN TRACK AND GUIDE EMOTIONAL PROCESSING THROUGH FOLLOWING PSYCHOPERISTALTIC SOUNDS

3.5.1. TRACKING EMOTIONAL PROCESSING IN PSYCHOTHERAPY

In psychotherapy, we try to help clients process and assimilate emotional experiences that they previously couldn't integrate. Thanks to neuroscience, we now know that psychotherapy helps build new neural pathways and maps in the cerebral cortex (Damasio, 2000, 2004; Schore, 2003; Siegel, 2011). The re-wiring and re-mapping in the brain (neuroplasticity) helps to create a different context around feelings. The next time a painful or scary feeling gets triggered, it may not be quite so entrenched and we may have tools to handle it better. This inner change is reflected by new neural pathways and maps in one's brain, and this can be seen in brain scans. (Schore, 2003; Cozolino, 2010; Siegel, 2011)

In Biodynamic psychotherapy we don't only focus on the brain; we focus equally on changes in the body. As everything is integrated, a different mapping in the brain will influence the physiology of the body, just as changes in the body physiology will influence the brain.

3.5.2. PSYCHOPERISTALSIS AS A TRACKING DEVICE

Boyesen saw the muscles as subject to our conscious control, as they are controlled by our voluntary nervous system. We can consciously decide to move or to block a movement. The vegetative processes are controlled by our autonomic nervous system and are therefore outside our conscious control. Hence, these vegetative processes are linked to unconscious processes. Chemicals and fluids are our basic internal make up, the undercurrent that influences everything. Changes to these fluid movements, neural patterns or chemical releases will change how we feel.

Kathrin Stauffer argues in her article 'On Peristalsis':

> *If we want to communicate with a person's unconscious mind, one way of doing it is to communicate with their autonomic, or spontaneous, physical processes. If, as a result of such communication, the way the fluids and chemicals move around my body changes, be it ever so slightly, I will have a profoundly different felt sense of myself and of the way I respond to a situation.* (Stauffer, 2005, p1.)

23 The Scandinavian journal of gastro-enterology (2014, Jun) published research by Helander HF and Fandricks L, stating that the surface of the gut is not as large as previously thought. The total area of the human adult gut mucosa is not in the order of a tennis lawn, rather it is that of half a badminton Court. ***24*** *Arteries, veins, lymph vessels and enteric nerves are embedded in the submucosa layer in the guts in the plexus of Meissner, but not in the plexus of Auerbach which lies between the circular and longitudinale muscles in the intestines.*

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She continues:

> *So if we want to work with these deeper unconscious layers of our souls, it makes sense to devise ways of following autonomic processes in the body. We like to speak of 'tracking' a process – that is, following one or several autonomic variables (say, skin colour or temperature, intestinal activity, or heartbeat) as a means of following what is happening in the soul of the person.* (Stauffer, 2005, p2.)

Stauffer describes psychoperistalsis as a useful tool for tracking our autonomic responses, i.e. our deeper unconscious layers. Psychoperistalsis is only active when it is safe, when there is no need for a flight-or-fight response. It is an indicator of parasympathetic activity.

Boyesen became aware of how peristaltic movements respond to thoughts, moods and emotions (see part 4). Peristaltic waves that help release emotional fluid stasis in the intestinal walls are therefore not just involuntary automatic processes; they are also influenced by emotional states. Boyesen discovered that she could guide a therapeutic process by following the peristaltic sounds.

Gerda Boyesen's concept of the 'vegetative tree' suggests that a change in the peristaltic movement, as an indicator of physiological changes, can potentially change other areas of the body that are related to a particular stress experience or emotional repression.

3.6. PERISTALTIC MOVEMENT CAN RELEASE INTERNAL PRESSURE AND HELP RELEASE A WHOLE REPRESSION PATTERN IN BODY AND MIND

Gerda Boyesen discovered, through observing her own and her patients' processes, that by changing the fluid pressure in the walls of the intestines, through psychoperistalsis, she could unlock and unravel an emotional process. Peristaltic movement releases fluid stasis in the connective tissue of the walls of the intestines. If this fluid stasis is linked to the repression of an emotional process (vegetative tree) then releasing the stasis in the walls of the intestines can potentially release the emotional repression elsewhere. I will show below how the vegetative pattern of emotional repression (the vegetative tree) is reflected in the network of connective tissue throughout the body.

3.6.1. THE VARIOUS FORMS OF CONNECTIVE TISSUE

Connective tissue can vary from fluid to strong fibres. The connective tissue fluid is produced in specialised cells called **fibroblasts**. Fibroblasts also produce the long white fibres of collagen. These tough strands give all the organs and other tissues their shape, resilience and strength. The fibres can be arranged in any kind of way. The fibres themselves are not living and have no nucleus. The fibroblasts cells can travel quickly through the whole body and play a key element in wound healing (Juhan, 1987).

In his book *Job's Body* (1987), Dean Juhan gives an excellent description of the different qualities of connective tissue.

> *A transparent fluid ground substance is found to one degree or another in all of the body's connective tissues, and it may be thought of as the basis for the production of all their other forms. This viscous liquid, much like raw egg whites in appearance and consistency, surrounds all the cells in the body, and is part of the internal ocean.* (Juhan, 1987, p. 64)

Connective tissue however exists not just in fluid form. It can have different consistencies. Connective tissue is everywhere in the body. Until recently, when scientists dissected a body, they would cut out all the connective tissue and what would be left to investigate would be muscles and bones. Now with 3D imaging, we can appreciate how huge the connective tissue network is; it connects everything. When Boyesen wrote her theories, the extent of the connective tissue

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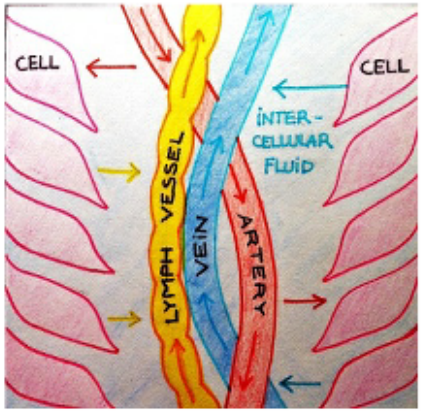
network and its ability to change texture had not yet been fully understood.

> *Just beneath the skin it forms an envelope that wraps the body as a whole. Beneath its outer layer it organizes the muscles into functional groups, wraps each individual muscle, and also honeycombs the interior of the muscle belly with supporting septa. It gathers the ends of the muscles into tendons, and tendons blend into the fibrous sheath that covers the bones, the periosteum; the periosteum is continuous with the ligaments, and even with the inner coating of the hollow bones, the endosteum.* (Juhan, 1987, p.75)
>
> *Connective tissue binds other specific tissues into their organ shapes and supplies them with vessels and ducts. It ties these organs together, and suspends them in their proper relationships in the body cavities. It forms the walls of the blood and lymph vessels, it surrounds these vessels and it anchors them into place among the muscles, bones and organs. It anchors the nerves in the same fashion.* (Juhan, 1987, p.75)
>
> *In short, connective tissue constitutes the immediate environment of every cell in the body, wrapping and uniting all structures with its moist, fibrous cohering sheets and strands.* (Juhan, 1987, p.76)

3.6.2. THE ROLE OF INTERCELLULAR OR INTERSTITIAL FLUID IN THE DIFFUSION PROCESS

As described above, there is a fluid form of connective tissue that surrounds all cells, known as interstitial or intercellular fluid. It links each cell with the blood supply. Arteries branch out into smaller capillaries, but not all of the capillaries can reach all of the cells. The exchange of oxygen and nutrients and clearing of waste products therefore happens in this intercellular tissue space (see image).



Drawing of the role of inter-cellular fluid in the diffusion process.Nutrients and oxygen from the arteries are transported into the cells; waste products are expelled by the cells into the intercellular fluid and picked up by the veins and lymphatic vessels.

This process is called diffusion – nutrients from the blood pass through the walls of the capillaries into the intercellular fluid and these nutrients and oxygen are then absorbed through the cell membranes into the cell. In the same way, waste products are expelled by the cells into this intercellular fluid and are then taken up by lymph vessels and veins. Lymph vessels and veins need movement or pulsation to be able to do their job. If the area is deadened or restricted due to stress or emotional blocking, this whole exchange is hampered.

I have shown in point 3.4.2. how a blocked emotion causes (energetic) fluid stasis in the connective tissue. This energetic fluid stasis is full of hormonal and chemical substances that now cannot get taken up by lymph vessels and veins. The lymph vessels and veins should constantly be clearing the basic metabolic waste products, expelled by cells, regardless of emotional charge, but when the whole area becomes stagnant, all this cleansing is restricted. Connective tissue will start to encapsulate the energetic fluid so that it can contain the fluid and numb the emotional charge, which inhibits movement and pulsation even further. Changes in connective tissue will be mediated by further chemical processes. When we massage or exercise we bring movement into the area again, which will bring it back to life and can re-stimulate the energetic charge. Unless the conflict is still active, the connective tissue will return to fluid and now the cleansing process can restart. Old fluid and hormonal waste products are absorbed through the lymph vessels and the veins and cell pulsation is re-established. The tissue can get cleansed and basic cell pulsation can resume.

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3.6.3. CONNECTIVE TISSUE AND THIXOTROPY

Connective tissue can change consistency and can take on varying degrees of fluidity. The process of change from viscosity to fluidity is called thixotropy. Thick, tough fibres can soften and become more porous (Juhan, 1987). The opposite effect can also happen, whereby connective tissue becomes more and more glued together, by collagen fibres linking together in hydrogen bonds. It is these ever-tighter hydrogen bonds that create stiffness. This is also how connective tissue encapsulates emotional charge. *(25)*

Due to the thixotropic nature of connective tissue, movement and touch can have a big impact on the quality, permeability and fluidity of connective tissue. Connective tissue can also be influenced by energy fields.

> *This thixotropic effect provides one of the cornerstones for effective bodywork. Since connective tissue is largely non-living, it is the mechanical motion and friction caused by muscular activity which provides much of the energy and warmth that maintains its fluid qualities. When a part of the body loses some degree of movement and vitality through trauma or disuse, it will not be as inviting, as comfortable, perhaps not even as possible to move that part with the vigor it requires to keep the connective tissue warm, moist, and resilient.* (Juhan, 1987, *Job's body,* p.69)

The network of connective tissue all through our body supports Boyesen's concept of the 'vegetative tree' and the ability to change consistency, the 'thixotropic effect', explains why therapeutic attention, body work and massage can stimulate fluidity and help unlock an emotional process. The change from tough fibres to fluidity will increase the nourishment of cells and the cleansing process in that area. It is very likely to influence a shift in the consistency of connective tissue elsewhere too. Once the cleansing can resume, our whole body chemistry will work better, which will result in an overall feeling of well-being and lightness.

Emotional stasis in the intestinal walls is, I imagine, held by the connective tissue layer (submucosa) and possibly by the smooth muscles. It makes sense to me to think that peristaltic movement will soften the connective tissue layer and this new fluidity will stimulate the cleansing of the submucosa layer. This will influence both the nerves in the enteric nervous system, as well as bringing movement to other areas of connective tissue elsewhere in the body. Connective tissue is like a spider web throughout the body. If you pull one corner it will affect the other areas.

Not only are the intestines connected to everywhere and everything through the huge nerve supply, they are also connected to everywhere in the body through the connective tissue network.

3.7. WHEN BODY TISSUES ARE CLEARED WE CAN FEEL FLUID STREAMINGS, WHICH CONTRIBUTE TO A SENSE OF WELL-BEING AND VITALISATION

Boyesen found, through her personal experience and through work with her patients, that as bodies became more fluid and cleansed, people would experience pleasure sensations throughout their body. She felt that these 'streamings' were connected to the movement of libido, the inner life force. She realised that these 'libido streamings' were part of our basic human condition. Most adults have lost touch with their libido force. Boyesen linked losing touch with the libido force to the development of neurosis, which deadens and blocks our body tissues and therefore inhibits cell pulsation and fluidity. Her therapeutic aim was to re-establish this inner connection to the life force. She discovered that the libido streamings not only gave an inner sense of pleasure and harmony, but would also stimulate creativity, vitality, love and a deeper sense of meaning and connection to all of life. She called this being in touch with one's 'Primary Personality'.

25 There is also an opposite to thixotropy, called rheopexy. Here a fluid undergoing strong force will show an increase in viscosity (get tougher). E.g., when we catch a cricket ball, the synovial fluid in the joints of our hand temporarily solidifies.

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> *By the Primary Personality, I mean a person who does not withdraw or encapsulate their Life Energy and its associated "streamings" – the little rippling, tingling sensations within the body that tell us we are alive; a process that usually happens during childhood. It is a person who is in touch with his or her "libido" circulation; the pleasure that is derived from being in one's environment and obtained from participation in any situation; and who will not betray this in themselves or deny it for themselves or others. There is a natural joy in life, a euphoria that is also practical and pragmatic. It is grounded.* (Boyesen, G. 1982, p4)

I imagine the experience of 'streamings' to be linked to a free flow of fluids through the cells and tissues. This means that the interstitial connective tissue between the cells is fluid and pulsating. I see it as a cleansing process that can be stimulated by the movement of psychoperistalsis.

Movement therapists like Emily Conrad (Continuum Concept) and Bonnie Bainbridge Cohen (Body- Mind Centering) discovered the same principles through their movement practice (Conrad, 2007; Bainbridge Cohen, 2008). They followed the same organic, vegetative movements in the body as Boyesen did by following psychoperistalsis. Yoga practice and energetic movements like tai chi and qigong follow very similar principles. The deeper we follow the life pulsation movements and the autonomic, vegetative processes, the closer we will get to optimal metabolic processing, cleansed pulsating tissues and pleasure streamings.

Boyesen put these vegetative streamings into the context of psychotherapy, linking body and mind in its fullest sense.

PART 4

GERDA BOYESEN'S PROFESSIONAL JOURNEY AND HOW SHE DISCOVERED PSYCHOPERISTALSIS

4.1. BOYESEN'S PROFESSIONAL DEVELOPMENT

Gerda Boyesen (1922–2005) lived in Norway until 1969. She was married and had three children, all of whom have become body psychotherapists. *(26)* Boyesen studied psychology and worked as a psychologist in a psychiatric hospital in Oslo. She was in Reichian training analysis with Ola Raknes, a student of Wilhelm Reich. Boyesen also trained as a physiotherapist and treated psychiatric patients with specialised neuro-muscular techniques, at the Aadel Bülow-Hansen clinic. The Aadel Bülow-Hansen clinic was linked to the psychiatric practice of Dr Trygve Braatoy, who was also a student of Wilhelm Reich and of Otto Fenichel. Reich had lived in Norway between 1934 and 1939 and his Norwegian students influenced Boyesen's professional development. Boyesen combined psychotherapy and massage in her own private practice.

Gerda Boyesen came to London in 1969 and was welcomed into the thriving therapy community as a neo-Reichian therapist. She met John Pierrakos, David Boadella and Jay Stattman, and included some of their techniques in her therapeutic approach. Boyesen's clinical work expanded into teaching and she established her own form of body psychotherapy, which she called '**Biodynamic psychotherapy**'. She opened, together with her three children, a training centre in West London and people from all over the world came to train with her. She taught Biodynamic psychotherapy all over Europe and continued to teach until her death in 2005.

26 Ebba Boyesen, Mona Lisa Boyesen and Paul Boyesen were Gerda Boyesen's colleagues and are all accomplished body psychotherapists and international trainers. They helped Gerda Boyesen set up her training school in London in the early 1970s and established the early training centres in Holland and France. Ebba and Mona Lisa Boyesen are currently directors of ESBPE – Europaische Schule für Biodynamicsche Psychologie in Germany. Paul Boyesen is the founder of Psycho-Organic Analysis in France.

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4.2. BOYESEN'S DISCOVERY OF THE CONCEPT OF PSYCHOPERISTALSIS

The neuro-muscular treatments at the Aadel Bülow-Hansen clinic had a strong effect on the patients. Boyesen became aware that patients who had vegetative discharges after the massages, like diarrhoea or vomiting or strong emotional reactions like screaming or sobbing, recovered quicker from emotional distress. Release at both ends of the alimentary canal, through the mouth or anus, seemed to aid the therapeutic process. Boyesen thought of talking therapy as a gentler form of release via the mouth, and wondered whether there could be a gentler form of release at the other end of the alimentary canal. This was the first link she made between emotions and the intestinal tract.

She wrote:

> *I knew that emotional material could be discharged at two levels: from above, in an ascending motion through the oral system, and from below, descending through the anal system. Since there were also two forms of discharge from the oral system – the strong, tearful form, and the gentle, verbal form – it seemed to me that the anal system must work in the same way. I was familiar with the strong form of descending, anal discharge – diarrhoea – but now I began to wonder what the corresponding gentle form of downward discharge might be.* (Boyesen, G., 1985, p.67)

Boyesen received the same neuro-muscular massages herself from Aadel Bülow-Hansen and these massages provoked emotional processes in her too. She felt a strong internal pressure coming up the alimentary canal that was pushing for expression. For almost a year she felt the need to scream, but was not able to find the opportunity to do so. Then, one day, she felt an inner switch, thanks to a tummy rumbling, and the strong internal pressure suddenly turned into a pleasurable sensation. She understood that this inner switch was potentially an amazing therapeutic tool. The intestinal movement had released the internal emotional pressure.

In *Between Psyche and Soma* Boyesen writes:

> *First of all, this energy rose up through the emotional channel with an urge to find expression; when I was unable to express it, it went back down again, rippling down my body like a mild, warm breeze. While it was thrusting its way upwards, it could provoke screams and emotional discharges; but it could also reverse its direction into a harmonising, descending movement that dissolved the tension completely. This is how I discovered what I call the 'fountain' or the 'melting principle'.* (Boyesen, G., 1985, p. 69)

Boyesen then became aware, in her own and her patients' body, that once the muscles started to soften, fluid would accumulate in the connective tissue around the muscles. Boyesen's once beautifully shaped legs had swollen and no amount of Bülow-Hansen massage could make the fluid stasis disappear. She decided to see Dr John Olesen, a medical doctor in Copenhagen, who worked with fluid retention. Dr Olesen emphasised the importance of the cleansing function of the veins and the lymphatic system. His hypothesis was that most somatic disorders were caused by a malfunction of the venous blood circulation, due to inadequacy of the vein pump. Veins and lymph vessels need movement to help facilitate the uptake of waste products. Dr Olesen made the fluid stasis in Boyesen's legs disappear through working on the connective tissue, which stimulated the lymph and venous uptake of waste products. His work greatly influenced Boyesen's later theories of tissue armour, visceral armour and the Emotional Vasomotoric Cycle.

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Boyesen was now aware that as well as muscle armouring, there could also be fluid blocks in the body (tissue armouring) holding emotional charge. She developed massages that worked on connective tissue, like the membrane that envelops the muscle fibres. This is how she discovered psychoperistalsis.

> *I now began working on the surface of the muscle membrane only. As I did so I noticed an intriguing phenomenon: quite loud gurgling noises – the sounds of peristalsis – could be heard from my patients' abdomens. Each time that I worked in this way, I now heard the same story: my patients told me how they clearly felt the inner pressure from which they were suffering diminishing during the massage, and, little by little, they felt their anxiety slipping away. Their psychosomatic ailments and muscular pain also disappeared, and they began to discover and delight in a new sensation: their bodies were filled with delicious feelings of pleasure and sweetness that seemed to flow through every single cell.* (Boyesen, G., 1985, pp.65, 66)

There was a clear link between the release of fluid stasis and intestinal peristaltic movements.

Boyesen became more and more intrigued and discovered that she could listen to peristaltic sounds with the use of a stethoscope. From then on she didn't stop exploring what influenced the sounds. She discovered that emotions and states of mind would influence the peristaltic movements.

> *Though the peristaltic waves were sensitive to interference, they only reacted to disturbances in my emotions. Demands, anticipation, insecurity, ambivalence – these all broke the flow of the waves, whereas neutral disturbances such as traffic noise, the radio, unfamiliar voices and so on did not.* (Boyesen, G., 1985, p.77)

As the sounds were clearly influenced by emotional states, Boyesen called these peristaltic movements '**psychoperistalsis**'.

Boyesen realised that by listening to the peristaltic sounds she could monitor whether the massage was getting too provocative for her patients and, if so, she could adjust her technique and work for harmonisation rather than provocation. The psychoperistalsis would provide her with feedback and made her very accomplished at fine-tuning her treatments.

> *This discovery made my work with my patients much easier; now I could regulate my massage to produce a more dynamic or more gentle effect. My technique became extremely precise, as I learned how I could lead my patients' awareness into deeper layers, or simply dissolve the layers that were "ripe" and closest to the ego. Working in this way, guided by the peristaltic sounds (to which I later gave the name of "psycho-peristalsis"), I could also treat cases of depression and hysteria which we were not allowed to treat with Aadel Bülow-Hansen's methods. But with my new massage method I could simply choose how deep I wanted the effects of my work to go.* (Boyesen, G., 1985, p.70)

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CONCLUSION

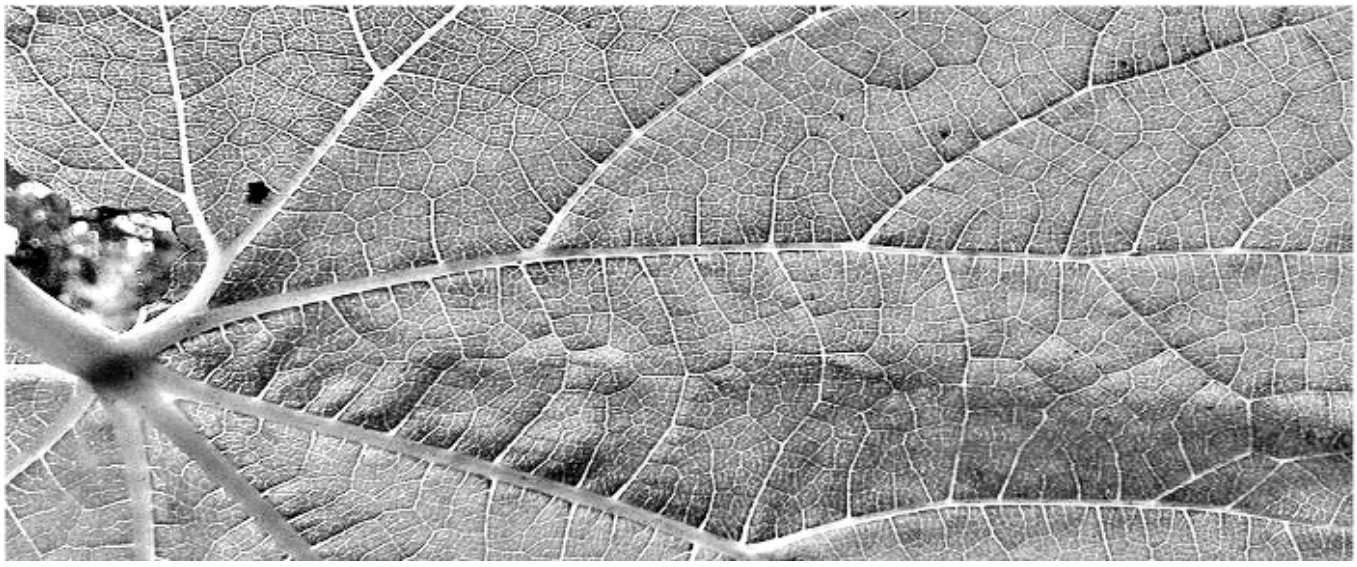
Gerda Boyesen devised a therapeutic modality, (Biodynamic Psychotherapy and Biodynamic Massage) that is closely aligned to and supportive of organic life processes in the body and psyche. In this article, I have attempted to establish a link between these organic life processes, mainly between the psychic and physiological/neurological processes involved in psychoperistalsis. My colleague Albert van Eeghen suggested that one could also describe psychoperistalsis as a form of discharge, a form of autonomic regulation. Autonomic regulation is the smooth and undisturbed operation of the autonomic nervous system in terms of charge (sympathetic) and discharge (parasympathetic). This cycle of tension-charge-discharge-relaxation is similar to Reich's orgasm formula. Maybe one can think of psychoperistalsis as similar to Reich's orgasm formula; a mechanism of autonomic regulation, with the charge and discharge, now located in the gut.

There are different lenses with which one can look at psychoperistalsis and there are different dimensions to our organic life processes, for example, mental, emotional, physical, energetic. I am conscious that by attempting to make these different levels of being (mental, physical, energetic) fit neatly with each other, I have run the risk of diminishing the sense of the incredible complexity of what it is to be human. The sum of who we are is so much more than all our different parts. Diminishing this wondrous complexity has not been my intent.

I hope that this article has managed to convey the therapeutic value of psychoperistalsIs. Gerda Boyesen discovered in psychoperistalsis a very useful therapeutic tool. A tool that, as far as I am aware, has not yet been discovered in other therapeutic circles. I believe that the new discoveries in neuroscience and physiology offer valuable explanations as to why psychoperistalsis can be an important tool in psychotherapy and healing. I hope that this paper will contribute to a greater appreciation of Gerda Boyesen's work and teachings.

I would like to thank Clover Southwell, Mona Lisa Boyesen, Kathrin Stauffer, Elya Steinberg and Albert van Eeghen for their valuable input and feedback on the content of the article and Clover Southwell and Daphne Tagg for their editing help.

Carlien van Heel London, June 2016



Reflections on Continued Personal Development

By Barbara Hussong

Barbara Hussong reflects on her CPD activities and how they might influence and assist in her personal practice.

My heart sank when I received the email notifying me that I was chosen for this year's CPD audit. We know we need to do our hours of CPD activities and although most or all of them are inspiring, informative and enjoyable, writing a reflective summary about them seems unnecessary extra work. But in fact I found that it is very useful to pause, at least once a year, and to look back on what was learnt and developed and which area perhaps needs to be nurtured and explored more. So I sat down with my collection of all the activities throughout the year, put them into a table according to the categories as requested by ABMT and reflected on the learning of them. I am a biodynamic psychotherapist and mindfulness teacher in private practice and use biodynamic massage with clients on its own and within the psychotherapy context.

Personal Development:

Most of my CPD activities have reminded me of the breadth of biodynamic psychotherapy and in particular how important it is to work with the body to reach the whole person. E.g. after a client had extensively worked with the emotional impact of a trauma caused by a driving accident, I concentrated on massaging the affected area in the body, particularly shoulders and arms. This has made a deep impact on the client's confidence in driving on motorways again.

Receiving two biodynamic massages in the last year made me appreciate again the power that aura work has and I felt encouraged again to use it with one particular client, with good results. From the other massage I received, I gained a lot of grounding in the whole body – more than I can do for myself with the various forms of self-treatment and exercises. So, appreciating again the huge impact a hands-on treatment can have. This is something that my clients report to me when they receive, but having had the experience myself made it just much more potent.

Reading:

Reading the book 'GUT' by Giulia Enders I found helpful for ways of explaining to clients in easy terms the important connection between the gut (and psychoperistalsis) and the brain, amongst other very useful information, e.g. the connection between gut bacteria and mood. Being aware of how delicate it can be for clients to talk about their 'innards' or even the sounds they might hear coming from them, it was refreshing for me to be guided by Enders' clear and light hearted language.

When I read Carlien van Heel's article 'Revisiting Gerda Boyesen's Theory of Psychoperistalsis' it felt like a welcoming refresher of the theory that was not so readily and succinctly available when I trained. It is so useful to have a clear theoretical frame work, even when working intuitively to a large extent. Particularly with one of my massage clients who responds very sensitively to the biodynamic massages, I encourage a lot of psychoperistalsis and then follow and hold the physical and emotional releases.

Conference and workshop:

Attending the Biodynamic Body-Psychotherapy conference in London, organised by LSBP, has given me the sense that I belong to the biodynamic community and it's good to know that there is a rich body of expertise and experience and also support available if need be. I was particularly inspired by the case studies and felt stimulated by the refresher of Biodynamic theory and the healing contexts.

The workshop given by Hartmut Wuebbeler on 'Energetic Self-Care' inspired me in ways I am able to take care of myself, which will have an impact on my work with my clients.

Book Review

Verbal and Non-Verbal Communication in Psychotherapy, author: Gill Westland

Review by Ursula Deniflee: *Ursula is a practising Integrative Psychotherapist and Biodynamic Massage Therapist who studied with Gerda Boyesen in London in the 1980's.*

Gill Westland brings together a contemporary blend of theoretical frameworks that are useful for body psychotherapists to get to know and to reflect on. Additionally she introduces practical exercises so that we can explore some of the concepts she presents. She also shares several clinical vignettes using her unique 'putting the inside out' style, focusing on her physical sensations and strategies in the contact with the client.

The first chapter sketches infant development and related research starting in 1985 with Daniel Stern's work. He was a post-Freudian psychoanalyst and researcher. His work has led to many psychotherapeutic/analytic schools redefining their understanding of babies' capacities for relating. We find a broad chapter on *Attachment Theory*, conceptualised first by John Bowlby (a psychologist and psychoanalyst) and elaborated by the research of others; it is an excellent and useful overview for readers who are new to the subject. The chapter on neurological research was very helpful to me as I find myself overwhelmed by the massive amount of papers and books that are published on this subject and so find it difficult to keep on track.

In 'Being with self and with the client' Westland describes the importance of a calm and unchanging therapy room, and the physical exercises and mindfulness preparations she goes through as a therapist (movement, positioning and meditative stances) to be able to be fully present to herself and to the client on arrival.

I found this an interesting chapter and food for thought; definitions are clarified and distinguished, such as the difference between somatic resonance and empathy. We find for instance a definition of 'reflecting' versus 'mentalising': reflecting is defined as an "embodied-affective attitude" and mentalising is described as a "verbal-reflective stance of self-experience". It reminded e how difficult it can be to communicate with practitioners of other schools of psychotherapy because we use the same word but it has a completely different meaning.

My sense is that the author considers that the most important step in the therapeutic encounter is the 'recreation' of the relationship with the mother and the non-verbal baby, the place where new attachment patterns can be formed and defensive patterns can be let go of. The focus for the therapist in the therapy room is experiencing and containing physical sensations, feelings, thoughts and imaginings (Westland creates her own term here for all categories: 'embodied reflecting') in a field of resonance.

From her clinical vignettes I gather that Westland does often not think in words, or speak in words, in order to make contact with the client, but that she adjusts her physical sensations to create an appropriate and contact-full environment. The contact, the coming together, needs to be a good fit and so is experienced by the client as healing, thus feeling understood on a core level.

It made me think of how important it is for babies to learn to regulate feeling states, and that basic security includes having learned to regulate one's feelings with mother's help. We, as Body Psychotherapists and Biodynamic Massage therapists do a good job when we help clients to be more secure in the world - physically and energetically - and more able to regulate their feelings without falling apart or contracting.

I enjoyed when Westland introduced the activity of play as metaphor for life and therapy, where we can find and explore moments of the unknown together with our clients. I agree that when the client has found basic security, as a baby or in therapy, we can play together, be curious and find the unexpected.

'Verbal and Non-Verbal Communication in Psychotherapy' is a precisely structured book, with an introduction and conclusion for every chapter, and with excellent references which are useful and encourage further reading. There is much more to this book than I can discuss here; I think it could be a very useful read for students and could be used as a text that could lead to discussions between different schools of psychotherapy.