

Biodynamic Massage: The Interface with Psychotherapy

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Introduction

I would like to start by saying something about how I came to be working in this field. Originally I worked as an occupational therapist (OT) and my first job was at the Maudsley Hospital in London, which is a psychiatric post-graduate teaching hospital. As a newly qualified OT, it fell to me to run relaxation groups for in-patients on the acute admissions wards. Conscientiously I taught recognised relaxation methods, but was concerned that some patients didn't seem to feel any better; indeed some reported feeling much worse, although they felt that I meant well. I asked my supervisor for advice and she told me to practice technique at home. I did this, but slicker technique didn't seem to be the answer. I continued to run the groups and as I grew more confident I began to listen more to

patients and their own experiences and to ask them what they thought was useful. Out of this together we began to work out a programme which seemed to help. But I had little idea of why it did help, and why what was useful to one, was not to another.

Then I met an OT at a conference who was training in Biodynamic Psychotherapy, which is a form of Body Psychotherapy and she seemed to have some answers to my unresolved questions about relaxation methods. In due course I began training to be a psychotherapist and have been working as a body psychotherapist for the past twenty years.

Biodynamic Massage

Today I want to focus on Biodynamic Massage and how it relates to body psychotherapy.

Biodynamic Massage was developed by Gerda Boyesen in Norway, and then in London from 1968 onwards. Boyesen drew inspiration from various sources. One of these was her training with the head physiotherapist, Adel Bulow-Hansen. Bulow-Hansen's work is now called Psychomotoric Technique and is researched at Oslo University. Boyesen also studied psychology and was analysed by Dr Ola Raknes. Raknes was a leading psychiatrist and analyst who was part of Wilhelm Reich's circle in the 1930's. Reich resided in Scand-

navia before moving to the USA, where he died in 1957. He is generally regarded as the main force behind the development of current day body psychotherapies.

Gerda Boyesen worked in Norwegian psychiatric hospitals and privately. Much of her work has evolved empirically out of her exceptional observational abilities. Her theories are consistent with those of Reich, but her clinical work is very different. In England she established a training institute which taught biodynamic psychotherapy and ran clinics for the general public. Biodynamic psychotherapy is practised throughout Europe, Australia, New Zealand, South America and in some parts of the USA. Nevertheless, there is comparatively little in print about it and so it is perhaps less known than some other therapies.

Biodynamic massage has evolved out of physiotherapy methods used in Norwegian psychiatric hospitals, which sit relatively easily with the medical model and mainstream science. However, in its development it has moved into the realms of complementary therapy.

Biodynamic massage as a complementary therapy is a form of psycho-physiological massage concerned with the integration of all levels of human experience. It addresses physical, emotional, mental and spiritual dimensions of existence. It emphasises and directly addresses the energetic and emotional meaning of physical posture and bodily symptoms.

A key concept which is different from conventional medicine is the view that there is a fundamental



connection between all beings. Reich saw this connection as a universal life force. This life force is the glue which connects all of us in this room, with the rest of humanity, and with the whole environment. So when we hurt another, we are also hurting ourselves. This understanding opened the way for some forms of body psychotherapy to embrace aspects of Eastern philosophies and psychology in the 1960's and 1970's.

The term 'biodynamic' was used because 'bio' means life and 'dynamic' means movements or forces. Biodynamic massage is interested principally in the movements of life or the life force in the individual and the establishment of natural rhythms and movements in the body.

Biodynamic Massage and Biodynamic Psychotherapy

Biodynamic massage is both a body therapy and a method used in body psychotherapy. It spans the territory of body therapy and body psychotherapy, and interfaces with both complementary therapies and psychotherapy. So, whilst existing in its own right as a body therapy, biodynamic massage has the weight of body psychotherapy behind it. This has influenced the way that biodynamic massage is practised.

The common ground – the philosophy

Any therapy has philosophical underpinnings and views on what humans beings are, how they get sick and how healing occurs. These considerations will shape what happens and influence the outcome of therapy. Weber has written on the philosophy of touch and provided us with a three part model. She identifies the domains of: the physical-sensory; the psychological-humanistic; and the field. Each

domain is valid and useful at different times. The field domain can embrace the other two. Each domain has views on what human beings are and this underscores what is included and excluded and the discussion in each domain. Biodynamic massage is closest to the field model.

Central to the field model is the idea of universal, interpenetrating fields of vibrating energy, which connect all organisms at subtle levels of matter. Humans are localised expressions of these fields, where the energy is relatively slower and thicker. Humans function both as themselves and as an aspect of the field.

The intention and presence of the therapist in this model are significant. The particular therapist working with this particular client makes a difference. When the therapist touches a client, the client is reached at a level deeper than the visible and behavioural. The actual physical touch confirms and marks the intention of the therapist, but the client may feel as if they have been touched before the actual physical touch. This is the potency of touch with intent.

In daily life we can see something like this when watching parents who are attuned to their babies or when couples like and know each other well. There is a synchrony of rhythm, touch, vocalisation, intensity and autonomic nervous system activity, which is like a dance in the interactions between them.

Different ways of holding the session/presence

So what I want to emphasise is that how the therapist thinks about the process has an impact on what happens. Moreover, the psychotherapy training and the level of personal journeying and exploration that the psychotherapist has undertaken has a bearing on how the therapeutic relationship unfolds.

Presence

The body psychotherapy journey is about becoming increasingly whole and a fuller human being. This arises from 'seeing' more clearly how things are. This means that after a time there will be less energetic restriction and more available inner space to meet and be with another. This relatively more embodied presence of the body psychotherapist invites more of the client to be available to themselves and to the relationship with the therapist. There is the expectation of the body psychotherapist that they will have the capacity to invite more of the client into being alive than the biodynamic massage therapist coming simply out of the therapeutic journey they have each made.

Biodynamic massage and body psychotherapy work at different levels

Biodynamic massage and body psychotherapy operate at different levels of a spectrum of consciousness. Wilber has looked at levels of consciousness and identified five bands in a spectrum of consciousness. Each band creates a boundary of what belongs inside it and what is outside it. This in turn creates the territory for potential conflicts. As individuals, we become identified with some bands of consciousness more than others and in doing so separate ourselves from different levels of reality.

For example, we create a separation between mind and body; thinking and feeling. We disregard bodies and identify with the rational and intellectual. We can say that 'we *have* a body'. Or we can say that 'we *do bodywork*'. In this thinking there is a subtlety, which perpetuates a separation of mind and body, but it also reveals thinking about ourselves as separate from others. It shows that there is the belief that there is an 'I' to 'have a body', or an 'I' to do 'bodywork'. The person making

these sorts of statements shows an identification with what is called the ego-mind. The ego-mind is being seen as 'I'. From the perspective of eastern psychology there is ultimately no 'I'. It feels very different to talk of '*being with a client*'; '*relating through touch with the client*'; '*contacting and receiving the client through touch*' compared with the earlier statements which are more about 'doing to' the client.

Wilber postulates that different sorts of therapies operate in different bands of consciousness. He is aware that he is oversimplifying, but offers a useful map. From this viewpoint all therapies have their relevance, but function within different bands of the spectrum of consciousness.

Each of the 'lower levels' encapsulates and can work at the levels above, but practitioners do not have the capacity to work below the level of consciousness that they are trained in. However, since this is a model about human beings the possibility of working at all of the levels is potentially available to us, but would require further training. I also think that different people have an affinity for particular levels and therapies.

The levels run from the ego level, where conceptualisation dominates to the level of unity consciousness, which is central to all religions.

I would like to suggest that biodynamic massage is relatively closer to the ego level, what Wilber calls the Centaur level. A psycho-

spiritually based body psychotherapy such as the one we practise in Cambridge is more towards the level of unity consciousness.

Biodynamic Massage in Theory and Practice

Theory

Boyesen has uniquely described *tissue armouring* within the body psychotherapy field. She recognised that ill health seemed to be consistent with lack of fluid movement and stagnation in the body, and health with fluid movement. She observed that 'dry' tissues (i.e. skin, connective tissue, muscle) seemed to lack fluid. She also noticed that sometimes parts of the body have swollen, warmer, red tissues. This is in the absence of any infection. It is as if there is an excess of fluid and the fluid creates internal pressure. Individuals with this symptomology often describe themselves as feeling under pressure and jittery. This situation is known as distension pressure.

Sometimes tissues can be swollen, but the skin colour ranges from brown to grey or white and it is cold to the touch. This is called transudation pressure and is tissue armouring. It is a more chronic patterning. People with depressive illness, for example have a preponderance of transudation pressure.

Reich saw that fluid draws energy; and energy draws fluid. If there is stagnant fluid there is impeded flow of energy and conversely, if energy flows, so does fluid. Boyesen recognised that the 'solution' was to invite the emptying off of excess fluids and to draw fluid into drier areas of the body. The fluids are central to self regulation and are fundamentally involved with the inherent wisdom to heal and connect with essential health.



Apart from tissue armouring, Gerda Boyesen's other unique contribution is the theory of psychoperistalsis

She noticed that when clients had tummy rumblings during sessions that there seemed to be therapeutic benefits. She began to work with an extended stethoscope to listen more intently to the sounds and gradually developed her theory that the guts not only digest food, but also regulate affect. Again she speculated that excessive fluid in the intestinal walls, the distention pressure, stimulated the peristaltic activity. So biodynamic massage therapists often work with an electronic stethoscope. This gives the therapist feedback and guides the therapeutic process.

sessions on the same day and at the same time each week. Sessions are accumulative and refer back to previous ones, so that there is a continuity. When a client wishes to stop sessions there is a negotiated process and a period of completion. This enables the organic unfolding of 'process' to wind down gradually and honours the relationship between the two individuals. All of this is supported in a broader framework of ongoing supervision, usually with a body psycho-therapist.

Touch

Since we are at a touch conference I would like to talk about the touch in biodynamic massage. Biodynamic massage has more than sixteen massage forms within it. Each form

out of each unique meeting of client and therapist, and the relationship between them.

The therapist hopes to be in *contactful touch* with the client. When this happens both client and therapist connect with the universal life force. There is a meeting at an essential level. Ideally there is a congruence between the therapist's touch, the language communications used and the presence of the therapist.

Styles of relationship through touch

a) There is touching

Sometimes a session can be wordless and the client may have little sense of the differentiated touch that the therapist is using. The client may be only vaguely aware that someone is touching them. We can describe this as 'there is touching'. In this sort of touch relationship, the techniques being used become a distant background. The focus is on the intrapersonal and universal.

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Autonomic nervous system observations

In a biodynamic massage session autonomic nervous system reactions such as breathing, skin reddening, shuddering, shivering, sweating and so on are observed and used to assist the pacing of a session. This ensures that the client is less likely to be overwhelmed by any reactions to the process.

Practice

I will now go on to make some specific points about biodynamic massage. Much of what I say will be true for biodynamic massage irrespective of whether it is being practised as body psychotherapy or as a complementary therapy.

The therapeutic structure

Biodynamic massage is set in a therapeutic structure of weekly

has specific touch related to the form. These forms range from non physical-touch, auric work; to light skin-touch energy work; to work with connective tissues and fluids; and deep muscular work. The methods of biodynamic massage are like the words and sentences of a language, but the way these are put together, combined with the relational presence of the therapist, form the conversation. The 'conversation' can be fast or slow or still; there can be gentle pressure or firmer pressure; the finger tips might be used or the whole hand; sometimes the fore-arms, the elbows and the front of the body can also be used. It can be done with the client clothed or unclothed. So there can be more or less direct skin contact.

Each session is different, and methods and style of working come

b) I am touching you

At other times there may be contactful touch occurring, and in the foreground there is an awareness by both therapist and client that 'I am touching you'. It is then possible to ask questions about the touch, and the relationship between the therapist and client. Such a question might be "How is it for me to be using this amount of pressure on your back?" or "How is it for you that I am touching your foot?"

A session can slip in and out of these modes and also include other levels of interaction.

c) Connecting words with body experience

For example, a client may be talking about concerns, whilst being massaged. The therapist may then verbally invite a coherence

between what is being talked about and how that is being experienced in the client's body in the immediacy of the current moment. The question might be "As you talk about your holiday, how does *it* feel in your body?"

Differences between Biodynamic Massage and Biodynamic Psychotherapy

I would now like to turn more directly to the question of when biodynamic massage becomes body psychotherapy.

In theory

The range of interventions

In biodynamic massage, there will be less variety of interventions. Generally there will be talking, massage and sometimes exercises to ground the client. In body psychotherapy, biodynamic massage is just one of a range of possible ways of working.

Levels of interaction

Biodynamic massage thinks in terms of energetic/emotional levels of interaction. These levels have different energetic vibrations and intentionally create relational atmospheres to invite different sorts of exploration. The levels range from the 'matter of fact' to the 'deep emotional'. The body psychotherapist is expected to be able to move up and down these levels according to the demand of the therapy and particularly in the service of affect regulation. In doing this the client is drawn to new ways of knowing themselves and away from the habitual. The capacity to pace sessions and enable an organic unfolding of the client's process is more developed in the body psychotherapist. This is particularly relevant in work with those who have current or

developmental trauma in their lives, where there may need to be a lot of work on slowing down autonomic nervous system responses if the client is not to be emotionally overwhelmed. In contrast, the biodynamic massage therapist is expected to hold the client's process more at the 'matter of fact' level and is not trained in the range of levels of the body psychotherapist.

In practice

The training

There are considerable training differences. The training to work as a biodynamic massage therapist spans one to two years and involves a minimum of 150 hours face to face study. On qualifying, the work is supervised by a body psychotherapist. There is no requirement for personal therapy.

The training to be a body psychotherapist includes the biodynamic massage training, takes about six years and involves a minimum of 900 hours of study. Additionally, the student has individual psychotherapy for the duration of training and comes to have considerable self awareness.

The duration of therapy

The duration of therapy is different. Biodynamic massage therapy is a minimum of six weekly sessions, but can extend for up to about two years depending on the background of the client and any additional training that the therapist has done.

Body psychotherapy is usually over a longer period of time – perhaps two to five years and sometimes longer.

The contract

The contract between client and therapist obviously has a central bearing on whether biodynamic massage or body psychotherapy is occurring. If a client seeks biodynamic massage from a biodynamic massage therapist, then



sessions will be at the massage level. Equally when a client has biodynamic massage from a body psychotherapist, body psychotherapy will be occurring. Where matters can become blurred are circumstances where the biodynamic massage contract is extended over time. Or where a client seeks 'biodynamic massage' from a body psychotherapist, which can entail a narrowing of her repertoire to only biodynamic massage. This blurring is a function of the duration of sessions, but more significantly the body psychotherapist will be thinking as a psychotherapist, and the biodynamic massage therapist as a massage therapist. This will affect what happens in sessions. Interestingly, outwardly the biodynamic massage therapist and the body psychotherapist massaging a client can look the same.

Case Studies

I would like to conclude by giving you *two examples of clients*. One client is a biodynamic massage one, and the other is a body psychotherapy one. Both clients had cancer and received biodynamic massage. I will read both summaries and see if you can tell the difference.

Case 1

Cancer and biodynamic massage

Kay sought help because she was stressed at work, and had a lifetime of feeling below par, but had had no need for formal help before. She often felt tired and worried, but could not put her finger on why. The reorganisation of her job, teenage children going off to university and a reappraisal of herself in midlife all seemed to be relevant to why she was seeking help.

During the early sessions, the therapist hoped to make it feel safe and welcoming to encourage the opening up the psychoperistaltic process ... sessions involved moderate muscular touch, emptying and energy distribution. As she settled into the routine of sessions, she reported feeling less anxious ... she was sleeping better and had less indigestion.

She welcomed the idea of biodynamic massage and had received aromatherapy in the past at a health club. During the early sessions, the therapist hoped to encourage the opening up the psychoperistaltic process. Kay's system seemed somewhat 'frozen'. She was a person of few words, polite and willing to be helpful with information, but private about herself.

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She gradually became more spontaneously forthcoming about herself, but remained somewhat emotionally distant. Her body became more substantial as her range of breathing increased and there was a sense that she was more energetically embodied in her back and legs.

A sign of this manifesting as a change in daily life was the surprise announcement that she was renegotiating her work. She had decided to try to go part-time and to only do the work she most enjoyed. She achieved this and began working three days a week. After a further period of time she went on to do a foundation art course at the local university. She spoke enthusiastically and with obvious pleasure as she explained how she had had to give up art at school because it was not academic enough, although it had been her favourite subject. She seemed to be taking charge of her life as she quite literally gained the backbone to do so.

All seemed to be going well, but then she developed abdominal pains. She did not mention these in her sessions, but later said that she had ignored them and did not think that they were anything to be concerned about.

After she had been having regular sessions for about a year, one day she arrived looking strained and pale. She had just had the results of hospital investigations. She had an ovarian tumour. It was treatable, but the prognosis was not good. The session gathered up the facts and her options. She was shocked – not quite believing the veracity of what she had been

told. She was also self recriminating – “How could I have ignored things for so long?”. But she couldn't clearly recall when symptoms first came. The massage part of the session revealed a shut down system with no peristalsis. This is characteristic in emotional shock.

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Over the next eighteen months Kay continued to come for sessions, but could not always attend with weekly regularity because of hospital appointments or weakness. The thrust of the sessions moved towards the relief of various symptoms and discussion of the immediacy of her current situation. She was tense, sometimes in pain and at times had breathing difficulties. The therapist massaged and left it to Kay to talk if she wanted to. The therapist also let the topic of conversation emerge organically – not forcing anything to be addressed, but not shying away from the expression of immense suffering. This enabled a self regulation of what Kay could bear to be with at any time.

So sessions involved talking of outings, visits to the theatre, medical interventions and very 'matter of fact' exchange. Amidst this there would sometimes be tears, and anger, but most frequently there was deep fear, terror and anxiety.

Chemotherapy and surgery left her exhausted, but she was very clear and sharp in her grasp of the process. She used the internet and was well informed about what was going on medically.

Over the next months she talked of living as usual or as much as possible in her daily life, but her future was less certain. She was faced with not knowing how to plan. She had come to enjoy her job immensely, but had not worked since her diagnosis. Should she plan to go back, or take early retirement? She did not know how her health would be and what criteria to use to decide.

She had a period of what turned into a remission of three months, decided to take early retirement and planned how best to use her remaining possible five years. Then she had more tests and discovered that there were more tumours. She was told that she had months to live.

She continued to do what she liked to do for leisure, but needed to get gardening, cleaning and shopping help. She reported that her husband helped where he could, but was very distressed and worn out with months of uncertainty and worry. She was living with the starkness of simultaneously living and dying. In the sessions she talked frankly and was focussed on the immediacy of her feelings and concerns.

Massage was done with her clothed to conserve her energy. She found a whole massage too much, but enjoyed work on her feet, back and chest ... She often reported feeling calmer and more relaxed ... She seemed to appreciate the chance to talk with someone who had got to know her over time and who was not part of her daily life.

She did not want to die, was afraid of the process of death, and sometimes thought it would be better if death came sooner. She felt unwell, but was mostly pain free. She seemed depressed and grieving what she once was. Her life was becoming more and more narrow.

Her future had gone in any recognisable way. She talked of the past and contacted the man she didn't marry. She hadn't seen him in years and after his visit she seemed calmer. She realised that she had made the right decision all those years ago.

Practically, she put her affairs in order. She described her thoughts on what happens after death and planned the basic structure of her funeral. Amidst all of this, she discovered meditation and found some peace in it. Over the months she seemed to be pared down to something more essential; she was less guarded and more obviously kind and loving. Her body became more unrecognisable, but her essence was more visible.

She was brought by her husband for massage sessions when she felt up to it. Massage was done with her clothed to conserve her energy. She found a whole massage too much, but enjoyed work on her feet, back and chest. She needed to either sit up padded with pillows or to lie on her side, but no position stayed comfortable for long and, whilst not complaining, it seemed too tiring to keep reorganising her. Massage might last for up to 30 minutes, but was often about 20 minutes. She often reported feeling calmer and more relaxed. She enjoyed firm emptying touch on her feet; gentle, more muscular touch on her back; and energy distribution on her chest. She seemed to appreciate the chance to talk with someone who had got to know her over time and who was not part of her daily life.

One day, her husband phoned to say that she was too ill to come for her session and three weeks later he phoned again to say that she had died peacefully at home. He also expressed his appreciation for the support biodynamic massage had given his wife.

Case 2

Cancer and biodynamic massage 2

Ellie requested biodynamic massage therapy on the recommendation of the local Cardiac Rehabilitation Service following her husband's heart attack. She hoped to come to terms with this catastrophic event and to find ways of dealing with stress. She described herself as a 'coper' who bottled up her tension. Over the months of biodynamic massage, she became more aware of the process of relaxing. She also reported beneficial effects on her blood pressure, arthritic aches and pains and discomfort from her sinuses.

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It looked like her therapy was coming to an end, but about a year after the first consultation she found a breast lump that on biopsy proved to be malignant and invasive. During the two sessions prior to the biopsy, most of the session was taken up with talking about her feelings, fears and plans for the future. Biodynamic massage followed these discussions and consisted of light basic touch, energy distribution over her limbs; holding over her chest, abdomen, and lower back and gentle emptying of neck and head.

Two weeks after the biopsy Ellie had a total mastectomy, removal of lymph nodes and breast reconstruction. Her biodynamic massage therapist maintained contact by phone. After ten weeks and just prior to her second course of chemotherapy, Ellie recommenced biodynamic massage therapy. She

was positive, dressed colourfully and appeared cheerful, saying that she was at least now managing to get time for herself. The changes to Ellie's body were colossal. It seemed to her therapist that her whole torso had been rearranged, with a left breast fashioned from abdominal muscle; an abdominal scar that stretched from one side to the other with a corner which persistently wept for weeks. The left leg was unable to straighten as it pulled on the scar, but this resolved and the scarring on the new breast healed well. The right side of Ellie's upper to mid-back ached with the effort of holding herself upright and felt spongy to touch. Ellie's hair began to fall out and she decided that having no hair suited her and so she stopped wearing hats and head-scarves. Ellie had biodynamic massage each week prior to chemotherapy as a preparation for it. Biodynamic massage consisted of very gentle packing, holding, and auric work over the scar sites. Ellie found the auric work particularly helpful as it relieved the heavy ache in her new breast. Work over the back was given with Ellie lying on her left side with her abdomen and breast supported with pillows. When lying on her back a pillow was placed under her right leg to prevent pull on the abdominal scar. There was some oedema of the left arm and hand from the removal of the lymph nodes and Ellie experienced surface neurasthenia of the upper arm.

During chemotherapy, Ellie was given steroids which caused

peripheral oedema and made her feel congested all over. The depth of biodynamic massage was slightly increased over the periphery (i.e. hands, feet and head) and Ellie found this gave a pleasurable sense of lightness at the end of the session. Ellie's diaphragm and rib cage were stiff and holding these areas whilst drawing attention to her breathing gave her a sense that they were coming 'back to life'.

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Ellie looked forward to her sessions and said that she relaxed more than she could by herself at home. As Ellie became stronger, biodynamic massage became slightly more robust and deeper, but holding and packing continued in times of energy depletion. Over the next two years, Ellie's sessions gradually became more spaced out – coming weekly, then fortnightly, three weekly and monthly, until she finished sessions.

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