

Bioenergetics and Energy Healing in Groups

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Why Combine Bioenergetics and Energy Healing in Groups?

Based on the emerging neuroscience of the last two decades, it has become evident that group psychotherapy can offer a powerful approach to psychological healing particularly when it is combined with body-based work, a ‘felt sense of self’, experiences of grounded self-regulation, and spirituality.

“Because we know relationships are capable of building and rebuilding neural structures, psychotherapy can now be understood as a neurobiological intervention.”¹ And research supports interventions that encourage the inclusion of the whole person within the context of a supportive social framework.

The brain’s capacity to change is heightened in environments that provide moderate emotional arousal, attuned and therefore regulating interpersonal relationships, support for coming into contact with experiential awareness of memories, and the provision of new experiences that disconfirm earlier implicit learnings.²

“Learning and change are recognized as occurring through the relationship and intersubjective moments (“moments of meeting”) between or among the participants that create new neurobiological organisations, thus altering procedural knowledge and the implicit unspoken rules of being with others.”³ Facilitated groups can provide an optimal environment for this type of healing, particularly if other existing frameworks which have proven successful for one-on-one therapy are incorporated effectively.

No one existing modality currently offers all the elements that can now be understood to make for optimal therapeutic intervention. However, bioenergetics (which offers body based therapy) combined with energy healing (which includes spirituality) in the context of groups could provide a way forward.

Why Groups?

“The interpersonal frame is the most appropriate model within which therapists can meaningfully synthesize cognitive, behavioral, and psychodynamic approaches - it is the most comprehensive of the integrative psychotherapies.”⁴ - D. J. Kiesler

“There is convincing data from the study of nonhuman primates, primitive human cultures and contemporary society that human beings have always lived in groups that have been characterized by intense and persistent relationships among member and that the need to belong is a powerful, fundamental, and pervasive motivation.”⁵

Human brains are fundamentally social. From the perspective of interpersonal neurobiology, groups provide a rich ground for accessing procedural memories — long term, largely unconscious memories that underlie psychological issues — and changing them. “The human being needs groups, and not only dyadic relationships, to secure a psychological identity, to organize and ground thinking, and to grow emotionally.”⁶

The group can provide an optimal state of neurophysiological arousal that allows for modulation of affective states as well as safe space for self-observation and relaxation of maladaptive defensive operations.⁷ It’s now understood that ‘neurons that fire together, wire together’ meaning when clients can experience feelings in a safe, secure and supported way, subjective changes can take place and neural integration can proceed.

“The rich interpersonal environment of group therapy offers unique opportunities for patients to touch one another’s inner worlds and provide support for each other, all within the rich holding environment provided by the therapist, initially, and one another eventually.”⁸

Optimizing neurobiological interventions

Psychological change (brain plasticity) is best promoted in enriched environments, that encourage emotional arousal and optimal levels of stress (excitement). Experience is more effective than explanation, with implicit learning favoured, because emotional learning takes place in the limbic brain (where memory, and emotionally charged information is stored and encoded) and the limbic brain resonates with others' (limbic resonance) without words or even cognition.⁹

Strong attachment bonds prime the brain for change, so priming the “care-giving, care-seeking, mutuality and reciprocity” leverages the genetically programmed brain’s need for attachment — when care-seeking behaviour is met with effective care-giving behaviour (attunement, empathy) as well as the opportunity to repair ruptures, healing takes place.

Activating the Social Engagement System

Stephen W. Porges in his research into the neurophysiological foundations of emotions, attachment, communication and self-regulation, discovered a key process in the functioning of the social brain, which he calls the Polyvagal Theory.¹⁰

He proposes that “a hierarchical regulatory stress-response system emerged in mammals that not only relies on the well-known sympathetic-adrenal activating system and the parasympathetic inhibitory vagal system, but that these systems are modified by myelinate vagus and cranial nerves that regulate facial expression which constitute the social engagement system.”¹¹ In other words, this third part of the vagus nerve activates the voice, middle ear, and facial muscles, and has gained the moniker, “tend and befriend”.¹² 97 Judith charge in the body

Simply put, Porges identified a third (more recently developed) branch of the vagus nerve which when activated can override the two other (older) stress-response systems (the first being

faint, the second being fight-flight-active freeze). “According to Porges, this evolutionary development allows social interactions to stabilize physiological arousal by means of facial expressions, speech and prosody. When the environment is appraised as being safe, the defensive limbic structures are inhibited.”¹³

This has enormous, potentially positive, repercussions for understanding the origins and treating a wide variety of mental health syndromes. “Under optimal conditions, person-to-person interactions can be innate triggers within the human nervous system for adaptive biobehavioral systems that support health and healing. Both the giving and receiving of caregiving or love has the capacity to protect, heal and restore.”¹⁴ And, while this kind of healing occurs within the bounds of a one-to-one therapeutic relationship, there is more opportunity for clients to love and to experience the role of both care-seeker *and* caregiver within the context of a group.

Ending isolation

“The appeal of group therapy for trauma survivors is due to a large extent to the therapeutic aspect of joining others in therapeutic work when coping with the consequences of trauma marked by isolation, alienation, and diminished feelings. Group treatment has been particularly helpful for populations such as combat veterans or sexual assault survivors, who often feel ostracized by the larger society and even judged and blamed for their predicament.”¹⁵

Working through transferences

The concept of transference originated with Freud, was refined through the work of Jung, has a rich history of theory¹⁶ and practice over the last century and is now understood in neurobiological terms as the reactivating of implicit (unconscious) memories.¹⁷ In transference a person responds to someone in his or her current life, based on earlier experiences, making

unconscious assumptions (frequently founded on the primary relationships with parents and early care-givers).

Experiencing transference, making conscious the earlier template, along with the person's co-existing relational pattern, results in not only in neurobiological change but also richer behavioral and relational choices for the person. This is true in an ongoing way for both clients and therapists.

Groups offer more diverse opportunities to work through transferences than one-to-one therapy simply by providing more personalities to interact with and more roles to play amongst the participants. As well, the "group therapy situation can reduce intense and crippling transference distortions."¹⁸

This is particularly true if the transference is focused on one of the group leaders (which is very common, as therapists tend to have more power and can be seen by clients as being in a parental role). Typically, there is a co-leader from whom the client will still be able to accept support. And, at all times there are other members of the group who can offer a regulating effect. "It is also possible for a client to rest temporarily, to withdraw, or to participate in a less intensified fashion in the therapy group."¹⁹ "Such respites from intensity are rarely possible in the one-to-one format."²⁰

Criteria for Exclusion from Group Work

While group can be very effective for most clients, some are less able to participate. There is considerable clinical consensus that brain damaged, hypochondriacal, actively addicted, acutely psychotic or sociopathic clients are unlikely to benefit from heterogeneous group therapy. Although in some of these cases, for example addicts and sociopathic clients, there are clear benefits to homogeneous group therapy within an institutional context.

As a rule of thumb, “*Clients will fail in group therapy if they are unable to participate in the primary task of the group, be it for logistical, intellectual, psychological or interpersonal reasons.*”²¹ To participate in a dynamic interactional group process clients must have the capacity and willingness to examine their interpersonal behaviours, self-disclose, and give and receive feedback.

Bioenergetics

“It (bioenergetic analysis) integrates work with the body, with the patient's interpersonal relationships, and with his mental processes; each of which is correlated and interpreted in terms of the others... Bioenergetic Analysis starts with the reality of the body and its basic functions of motility and expression.” – Alexander Lowen²²

Lowen’s work provides the foundation on which most modern somatic (body-based) psychotherapy has developed. While the understanding of the body has grown enormously over the last 70 years, much of what Lowen came to understand about working with the body in the context of psychotherapy has survived the test of time.

“Originated by Alexander Lowen and John Pierrakos, rooted in the work of Wilhelm Reich²³ (techniques and theory), bioenergetic psychotherapy combines bodily (somatic), analytic and relational therapeutic work, based upon an energetic understanding.”²⁴

Lowen was training and working at a time when theory regarding somatic psychotherapy was developing rapidly and was profoundly influenced not just by his therapist Wilhelm Reich but also by his contemporaries.²⁵ Together with John Pierrakos (another student of Reich’s) and Dr. William Walling²⁶, Lowen co-founded the Institute of Bioenergetic Analysis in New York in 1956.²⁷

A form of psychodynamic psychotherapy,²⁸ “Bioenergetic Analysis helps to release chronic muscular tensions, manage affects, expand the capacity for intimacy, heal sexual difficulties and learn new, more fulfilling ways of relating to others. Tenderness, aggression, assertion – and their confluence in sexuality – are seen as core lifesaving forces.”²⁹

From neuroscience perspective working with the body is an effective basis for psychotherapies aimed at healing trauma responses because implicit memory is understood to be stored in the body.³⁰ Bioenergetics offers a strong framework for doing this type of work because it’s aim is to address character structures formed as the result of misattunement, neglect or trauma in early (preverbal) development.³¹

In Lowen’s own words, “Bioenergetics is a therapeutic technique to help a person get back together with his body and to help him enjoy to the fullest degree possible the life of the body.”³² “A fundamental thesis of bioenergetics is that body and mind are functionally identical: that is, what goes on in the mind reflects what is happening in the body and vice versa.”³³

Energy in Bioenergetics

At its heart bioenergetics “is a way of understanding personality in terms of the body and its energetic processes.”³⁴ Lowen developed what he called, “The Energy Concept” to describe “charge, discharge, flow and movement of the body.”³⁵ Lowen felt that the experience of breathing was key to working with a client’s energy, building charge in the body,³⁶ that in turn could facilitate the release of muscular holding and discharge of excess held energy, resulting in flow, promoting more ease of movement and emotional expression.³⁷

Lowen drew on theories about energy ranging from the science of the 1950s to ancient Chinese philosophy, incorporating concepts that appealed to him from both Western and Eastern traditions³⁸ but wrote, “I do not think it is important for this study to determine what the energy

of life actually is.”³⁹ He went on to say, “We can however, accept the fundamental proposition that energy is involved in all the processes of life—in moving, feeling and thinking—and that these processes would come to a stop if the supply of energy to the organism were seriously interrupted.”⁴⁰

While Lowen was open to interpretations of the concept of energy, and considered spirituality an important aspect of the healing process,⁴¹ in his therapeutic practice with clients he focused primarily on the physical aspects of energy flow. “Thus the emphasis is always on breathing, feeling and movement, coupled with the attempt to relate the present-day energetic functioning of the individual to his life history.”⁴²

Lowen noted that at birth humans have the most alive, fluid energy flow, and that as people mature they develop “chronic muscular tensions resulting from unresolved emotional conflicts.”⁴³ “Such chronic muscular tensions disturb emotional health by decreasing an individual’s energy, restricting his motility (the natural spontaneous play and movement of the musculature), and limiting his self-expression.”⁴⁴

Characterology

Lowen identified five basic types of holding patterns in the body, which he termed “character structures”. These structures were based on Reich’s work and named after what were in the 1950s, known, accepted definitions of personality disorders—schizoid, oral, psychopathic, masochistic and rigid.⁴⁵ As Lowen saw it, “These tension patterns reflect the traumas they experienced in growing up—rejection, deprivation, seduction, suppression and frustration.”⁴⁶ In Lowen’s framework each character structure corresponded to experiences of what would now be called “developmental trauma” resulting in related physical symptoms and psychological issues apparent in the adult.

Releasing Holding Patterns

Lowen developed a way of working with clients to release chronic holding patterns that included exercises as well as hands on work, manipulating the musculature. “The manipulative procedures consist of massage, controlled pressure, and gentle touching to relax contracted muscles.”⁴⁷ Lowen’s therapeutic process was “designed to help a person get in touch with his tensions and release them through appropriate movement.”⁴⁸

Lowen’s standard exercises are intended to help clients to become more aware of their bodies and relax tensions. Lowen created a sequence that he felt was most effective, that starts with grounding, breathing, building a charge and the progresses to opening the body with gentle movement, all the while encouraging bodily vibration.⁴⁹

Lowen noted that most of his clients had difficulty accessing and expressing emotion. As he put it, “To suppress a feeling, one has to dampen or restrict the aliveness or motility of the body.”⁵⁰ So he devised ways of getting in touch with suppressed feelings through body movements like reaching out, twisting a towel, kicking, banging the arms, hitting a mattress with fists or using a racket to hit the mattress.⁵¹

Lowen also used these same movements with clients to help them to go more deeply into held feelings as they arose from the physical work and in doing so to discharge strong emotion. To Lowen, “The goal of therapy is an alive body, one fully capable of experiencing the pleasures and pains, the joys and sorrows of life.”⁵²

“Reich’s and Lowen’s unique contribution was to recongize that defences were held not only in the mind but also in the body’s nervous system, musculature, and organs.”⁵³ “This

significant breakthrough was ahead of its time and anticipated many current developments in the neurological and biological sciences.”⁵⁴

Somatic Psychotherapy

Since Lowen introduced Bioenergetic Analysis in 60 years ago, body-based psychotherapies have continued to evolve. John Pierrakos left the Institute of Bioenergetic Analysis and went on to develop Core Energetics which “combines Body Psychotherapy with Spiritual Development”⁵⁵. Pierrakos includes the chakra system as part of his framework, laying the ground work for integrating somatic therapy with energy healing,⁵⁶ perhaps most notably in the work of his student and protege, Barbara Brennan.⁵⁷

Also influenced by Riech, and following in Lowen’s wake, both Stanley Keleman (Formative Therapy)⁵⁸, David Boadella (Biosynthesis)⁵⁹ developed psychodynamic practices that included variations on the character structures. Stephen M. Johnson added to the discussion writing about the integration psychoanalytic developmental psychology, (which included object relations and self psychology) with characterological theories, delving more deeply into the correlations between developmental stages of the child and character structures of the body.⁶⁰

Johnson developed his own set of character structures that don’t all neatly fit with Lowen’s; Schizoid, Oral, Symbiotic, Narcissistic, Masochistic, Hysterical and Obsessive-Compulsive and delineated therapeutic objectives for each⁶¹, Johnson focused on the specific experiences of the child (hated, abandoned, owned, used, defeated, exploited and disciplined)⁶² that create particular body-based patterns furthering the exploration of developmental impacts on the psyche and body.

The Evolution of Body-based Psychotherapy

In the 25 years since Johnson wrote his books, the fields of neuroscience and interpersonal neurobiology have come to the fore shedding new light on the processes underlying psychopathology and also healing — particularly in the areas of neuroplasticity, the effects of developmental trauma, as well as the diagnosis and treatment of PTSD.

Major contributors to the field who developed their own body-based (somatic) psychotherapies following Lowen, both informing the work of neurobiologists and founded on this evolving science of the body, include Peter Levine (Somatic Experiencing),⁶³ Laurence Heller (NeuroAffective Relational Model- NARM),⁶⁴ Pat Odgen (Sensorimotor Psychotherapy),⁶⁵ Ron Kurtz (Hakomi),⁶⁶ Eugene Gendlin (Focusing)⁶⁷, Bonnie Bainbridge Cohen (Body-Mind Centering),⁶⁸ Susan Aposhyan (Body-mind Psychotherapy),⁶⁹ and Ann Bradney (Radical Aliveness).⁷⁰

These practitioners refined Lowen's work, added their own perceptions and interventions based on their clinical experience with clients. Through this process they discovered, along with neuroscientists working concurrently that “intensely cathartic affective interventions can have the unintended effect of causing increased fragmentation and re-traumatization. Focusing on the pain, emptiness, or rage caused by loss, neglect, or trauma does not in itself lead to healing.”⁷¹

At the same time studies in neuroplasticity showed that the brain was capable of re-wiring itself under the right conditions⁷². And that body work, particularly “allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage or collapse that result from trauma”⁷³ can be a very effective part of treatment. “In particular the right hemisphere of the brain, rather than the more cognitive and verbal left hemisphere, is primary for emotional and

body-processing and unconscious affect regulation and thus represents an unconscious, implicit self-system.”⁷⁴

Like Lowen, all of these practitioners continued to see the efficacy of working with energy in the body, releasing ‘blocks’ at a physical level. Most of them, particularly Levine (renegotiation),⁷⁵ Ogden (oscillation)⁷⁶ and Kurtz (procedural memory)⁷⁷ emphasize slow careful movements, moving in and out of painful sensation (body-memory), working with procedural memory, and finishing unfinished business in the body with a conscious connection to the here and now.

These practitioners also, for the most part, stress the importance of the client having the necessary resources (psycho-emotional support) to integrate the body work with cognitive understanding (abreaction on its own is insufficient). Many were influenced by Gendlin’s concept of focusing on the “felt sense of the body”.⁷⁸ This refinement of Lowen’s concept of awareness of bodily sensation deepens the intent and the effectiveness of body work.

Levine describes “the shifting of body sensations or emotions between those of expansion and contraction. This ebb and flow allows the polarities to gradually be integrated. It is the holding together of these polarities that facilitates deep integration and often an “alchemical” transformation.”⁷⁹

Generally this next wave of body-based psychotherapists moved away from Reich and Lowen’s encouragement of regression, abreaction and catharsis.⁸⁰ “Rather than being discharged through catharsis, powerful emotional and energetic states are contained so that they can be integrated and transformed into increased capacity for connection. Mindfully staying present to and containing intense affect increases nervous system resiliency and supports the development of emotional depth.”⁸¹

The Evolution of Character Structure Theory

It's worth noting that while all of the western body-based modalities that have emerged since Lowen are built on the foundation of bioenergetics, many do not include characterology in their work, and those that do have developed their own frameworks and terminologies for character structures. In part that may be due to Lowen's characterology not having a direct connection to the terminology or concepts used in the field of interpersonal neurobiology or reflecting the current language describing mental health diagnoses.

While the first editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I) published in 1952 and DSM-II in 1968 were strongly influenced by the psychodynamic approach by DSM-III in 1980 the psychodynamic view was abandoned and the medical model became the primary approach.⁸² By DSM-5 which was published in 2013, only schizoid personality disorder remained in the manual, despite being dropped in the proposals due to lack of supporting medical research. It's continued inclusion is seen by psychiatrists as more of a nod to tradition than to science.⁸³

Given that the names Lowen assigned the character structures no longer connect directly to clinical diagnostics, and can be seen as unduly pathologizing as applied to clients who do not have a personality disorder diagnoses, practitioners who are interested in continuing to work with character structures might well consider re-naming the structures.

Anodea Judith, who has written extensively on integrating body-based therapy with energy healing suggests; Creative (schizoid), Lover (oral), Endurer (masochist), Achiever (rigid/hysteric) and Challenger-Defender (psychopathic).⁸⁴

It's not that the concept of characterology should be completely disregarded. "Lowen's five character structures clearly⁸⁵ tapped into a fundamental understanding of human nature and

have influenced many subsequent body-based psychotherapies.” Rather, the concepts need to be refined and tuned to reflect our more nuanced understanding of developmental and interpersonal neurobiology.

Laurence Heller updated the ideas behind characterology by looking at the characteristics of survival styles which he called Connection, Attunement, Trust, Autonomy and Love-Sexuality.⁸⁶ Each of these survival styles to some degree with Lowen’s character structures particularly the first two survival styles, Connection (schizoid), Attunement (oral), and to some degree similarities can be seen with Trust (psychopathic), Autonomy (masochistic) and Love-Sexuality (rigid).

Kurtz also integrated character structures into his framework, including a character map in the Hakomi theory that closely (but not completely) follows from Lowen’s — Being and Belonging: The Sensitive/Withdrawn Pattern (Schizoid), Getting Support: The Dependant/Endearing Pattern (Oral), Independence: The Self-Reliant Pattern (Oral), Interdependence and Intimacy: Tough/Generous and Charming/Seductive Patterns (Psychopath), Freedom: The Burdened/Enduring Pattern (Masochist), Acceptance and Equality: The Industrious/Overfocused and Expressive/Clinging Patterns (Rigid).⁸⁷

While character structures and their associated nomenclature are no longer part of the current diagnostic process for personality disorders, (with some careful attention paid to terminology) they do fit well into the burgeoning field of developmental trauma.⁸⁸ And Reich’s concept of releasing character armor “formed as the result of misattunement, neglect, or trauma at the hands of caretakers”⁸⁹ (which provided the basis of Lowen’s work as well), can now be seen in the context of neurobiology as a form of neural integration.⁹⁰

As Johnson wrote, “when a characterological-developmental perspective can remain open to the evolution of knowledge and culture, it provides a view that integrates the effects of the developing human potential with the effects of environmental conditions, and it documents how potentials affect learning and how either can be derailed from an optimal course.”⁹¹

Energy Healing

At its basic, energy healing posits “the existence of a universal life force or vital energy flowing through and available to all beings”⁹² as well as “the existence of a subtle energy system or biofield that interpenetrates the physical anatomy of the human body and extends outward beyond it.”⁹³ From this perspective “in ill health, the human energetic field is out of balance or congested, free flow is blocked, which diminishes the normal self-healing capacity” and a practitioner can work with these energy fields to help restore the capacity for self-healing.”⁹⁴

Common terms used in the field of energy healing include energy healing, energy medicine, subtle energy medicine, energy therapies, laying on of hands, and spiritual healing. While there is a great deal of cross pollination within and across traditions, a useful categorization of the spectrum of energy healing includes:

- “• East Asian traditions, which include systems such as Reiki and qigong;
- Western professional traditions, such as TT (therapeutic touch) and healing touch, often practiced by nurses;
- bioenergy traditions, a family of healing theories and methods originating primarily in Eastern Europe; and

- contemporary metaphysical traditions that include spiritual healers and are exemplified by well-known North American healers such as Barbara Brennan, PhD, DTh; Rosalyn Bruyere, DD; and Donna Eden,⁹⁵ who all have eclectic back-grounds in other established traditions.”⁹⁶

Also the term biofield (coined during the US National Institutes of Health Conference in 1992) has been applied to “noninvasive therapies in which the practitioner explicitly works with a client’s biofield (interacting fields of energy and information that surround living systems) to stimulate healing responses in patients.”⁹⁷

“Fundamentally, subtle energy medicine involves the study and application of the body’s relationship to electric, magnetic, and electromagnetic fields, as well as light, sound, and other forms of energy.”⁹⁸

All of these traditions acknowledge, at least some part of, the Ancient Indian spiritual system, which is over 5,000 years old, and describes a universal energy called *prana*.⁹⁹ This energy has also been called chi (ki) energy.¹⁰⁰ It has also, in research studies, been referred to as biofield.¹⁰¹ Barbara Brennan called this vital energy the Universal Energy Field (UEF).¹⁰²

Brennan also labeled the human biofield as the Human Energy Field (HEF), noting that “many esoteric teachings—the ancient Hindu Vedic texts, the Theosophists, the Rosicrucians, the Native American Medicine People, the Tibetan and Indian Buddhists, the Japanese Zen Buddhists, Madame Blavatsky and Rudolph Steiner, to name a few—describe the Human Energy Field in detail.”¹⁰³

At its core, energy healing posits that, “In order to understand a human being, we have to examine the flow of energy through the system. We can think of this energy as excitement, charge, attention, awareness or simply the life force.”¹⁰⁴ And that, “Our understanding of the

chakras comes from a pattern analysis of energy flowing through a person's body, behavior, and environment."¹⁰⁵

According to Brennan the Human Energy Field is made up of the aura and the chakras, with the human aura having seven layers (etheric, emotional, mental, physical, astral, etheric template, celestial and ketheric template)¹⁰⁶ and the chakras comprising the corresponding seven main energy centers in the body (base, sacral, solar plexus, heart, throat, forehead, crown).¹⁰⁷

Chakra is a Sanskrit word that translates as "wheels of light"¹⁰⁸ or more literally "disk".¹⁰⁹ Chakras are energy wheels in the human energy field located along the spine and opening front and back.¹¹⁰ "Each of the seven traditional chakras has a physical, an emotional, a creative and a celestial component."¹¹¹ Each chakra is also associated with an endocrine gland and major nerve plexus.¹¹²

Most contemporary North American energy healers use a similar variation of the Hindu chakra system as the basis for their frameworks (Bruyere, Dale,¹¹³ Eden, Gerber, K. Smith). Some use words to describe prana like 'subtle body energies' (Bruyere, Eden), 'vibrational medicine' (Richard Gerber),¹¹⁴ 'charge' (Anodea Judith), 'life force' or 'spiritual energy'. Chakras are seen as connection points between the human body's energy fields and the energy of the universe.

According to Donna Eden, "Conventional medicine, at its foundation, focuses on the biochemistry of cells, tissue, and organs. Energy Medicine, at its foundation, focuses on the energy fields of the body that organize and control the growth and repair of cells, tissue, and organs. Changing impaired energy patterns may be the most efficient, least invasive way to improve the vitality of organs, cells, and psyche."¹¹⁵

As Rosalyn Bruyere puts it, “If we view the body as energy and consider everything that affects the body according to an energy model, we begin to understand the relationship between chemicals and the body, food and the body, light and the body, sound and the body , and the relationship between ourselves and others.”¹¹⁶

Energy healers work from the premise that “chakra patterns are programmed deep in the core of the mind-body interface and have a strong relationship with our physical functioning. Just as the emotions can and do affect our breathing, heart rate, and metabolism, the activities of the chakras influence our glandular processes, body shape, chronic physical ailments, thoughts, and behaviour.”¹¹⁷

Brennan goes one step further and connects deficiencies and excesses in the chakras energy patterns as connected with developmental trauma¹¹⁸, basing her framework on the characterology developed by Lowen and Pierrakos (which was originally based on Riech’s work).

Characterology in Energy Healing

Although some contemporary energy healers have included bioenergetic characterology in their theoretical framework, they do not tend to use the physical practices set out by Lowen, favouring working with the chakras over working with musculature. On this level bioenergetics and energy healing can be seen as complimentary modalities rather than an integrated system, although some interesting hybrids have evolved, starting with Pierrakos’ Core Energetics.

Having trained in Bioenergetic Therapy and studied extensively with Pierrakos¹¹⁹, Brennan attempted to fully integrate Lowen’s body-based psychotherapy with energy healing, and to make use of the character structures in the context of Pierrakos’s more spiritually focused system— from etiology¹²⁰ to working with defence systems.¹²¹

In some ways the two systems make for an uneasy alliance, the chakra system doesn't neatly mirror the physical (somatic) system as laid out by Lowen and Pierrakos. Though Brennan did map the chakra imbalances and energy structures to the characterologies¹²². And she shows clear correlations between the first five (body-related) chakras, and developmental issues related to the five character structures.

In the mid 90s, Anodea Judith put together a comprehensive primer on the seven-chakra system and included Lowen's characterology as part of the framework. Building on Brennan, Pierrakos and Lowen's work (amongst others) Judith assigned each of the character structures to a corresponding chakra (chakras one through five corresponding to the body based character structures), and for each noted deficiencies and excesses.¹²³ Judith updated her framework in the last decade to incorporate more current neurobiology (and the influence of Stephen Levine's trauma work) including bioenergetic exercises and breathing techniques for the first five chakras.¹²⁴

There are useful aspects to this cross-pollination, particularly in exploring how the energy systems of the body related to the corporeal self. It should be noted though, that practitioners (particularly energy healers, perhaps in an attempt to ensure legitimacy) have been prone to adopting older frameworks and adapting their work to fit existing systems, even when those systems may not fit their findings and/or no longer have credibility.

For example, Brennan bases her seven stages of healing¹²⁵ on the now thoroughly discredited¹²⁶ seven stages of grief outlined by Kubler-Ross.¹²⁷ "No study has ever established that stages of grief actually exist, and what are defined as such can't be called stages. Grief is the normal and natural emotional response to loss. No matter how much people want to create

simple, bullet-point guidelines for the human emotions of grief, there are no stages of grief that fit any two people or relationships.”¹²⁸ The same can be said of most human experiences.

While models, stages and frameworks are useful to a point, there needs to be flexibility and a willingness to jettison outdated forms as new research and understanding becomes available. For practitioners of any of these modalities it’s important to cultivate an ‘awake’ approach to what is being perceived whether it matches what predecessors have believed and taught or not. As Judith writes (quoting Alfred Korzybski), “the map is not the territory.”¹²⁹

Scientific Support for the Efficacy of Energy Healing

While energy healing methods, the basis for biofield modalities, have been in practice for at least 5,000 years, there has been very little modern western scientific research done that sufficiently supports its efficacy. In order to use energy healing effectively a better understanding of how it works and what best practices are needs to be developed.

In 2003, *Alternative Therapies in Health and Medicine*¹³⁰ published a review of the quality of both clinical and laboratory peer-reviewed research formed between 1955 and 2001. They concluded that “the main deficiencies in the field were the lack of independent replication, inadequate blinding, reliability of outcome measures, and an inadequate use of power estimations and confidence intervals.”¹³¹

In that same issue 38 specific recommendations were published “regarding experimental protocols for studying biofield healing, addressing issues of proper randomization, sensory shielding, blinding, and fraud prevention. The authors suggest that standardized experimental protocols accompanied by systematic variations of selected parameters would increase chances of replication along with increased possibility of developing useful theoretical models.”¹³²

Several recent reviews (since 2010) have examined existing clinical research based on the biofield modality (energy medicine). “Overall, these reviews point to the same general conclusions: there is promising but limited evidence based on relatively few studies with insufficient sample sizes as well as methodological issues that could be improved to better understand the effects of biofield therapies in a clinical context.”¹³³

Therapeutic touch (TT), in part due to its use in nursing, has had multiple medical model research studies¹³⁴ with the moderate rates of success shown in these studies resulting in TT being used in hospital settings. One thing the TT research shows definitively is “healing relationships can provide energy for future change and new approaches to relationships with self and others. In practice, healing, as a central focus or purpose, emerges through a compassionate relationship with self or another, and occurs as a change in perception or emancipation from a particular moment, pattern, or experience.”¹³⁵

“Perhaps the most fundamental challenge facing biofield researchers is the uncharacterized nature of the biofield itself, which makes determining experimental conditions difficult. Without definitive knowledge on the nature of the human biofield, determination of the length and frequency of biofield therapies for particular preclinical models can be complicated.”¹³⁶

Unlike somatic therapies which we now have a reasonable understanding of the supporting neurobiology, energy healing is still waiting for science to catch up, to understand the basic building blocks of energy and energy transference in the body. As that happens the frameworks can be update and practices can be refined.

Spirituality

While spirituality is more strongly associated with energy healing, it is an integral part of healing in both biofield healing and bioenergetics. And in order to heal the whole person spirituality should be explored both as a potential place of wounding and also a key resource for each individual and for the group.

As Donna Eden writes, “Entering the world of your body's subtle energies is a bridge into the domain of your deepest spiritual callings and your eternal essence. While no particular belief system, allegiance, or religious affiliation is associated with Energy Medicine, many people find that energy work touches into the realms of soul and spirit.”¹³⁷

According to Lowen, “Deeply moving experiences occur in situations that have no direct connection with religion or the concept of God. The most common of these deeply moving experiences, which has no religious connotation for most people, is falling in love.”¹³⁸ Lowen suggests that to a smaller degree, dancing is an activity like sex that is a spiritual and thus “moving experience”¹³⁹ and in fact bodily movement at its core has spiritual origins. Lowen goes on to say, “Spirituality is not a way of acting or thinking; it is the life of the spirit which is expressed in the spontaneous and involuntary movements of the body in actions which are not ego-directed or controlled.”¹⁴⁰

Incorporating Spirituality in Psychotherapy

Bringing spiritual practice into group work can be challenging. “Knowing the difference between spiritual content and spiritual process is important for learning to facilitate spiritual growth in counseling. *Spiritual content* refers to symbolized material with meaning idiosyncratic to each client, such as God, Allah, Mother Earth, Kundalini, and past life. In contrast, spiritual

process involves paying attention to a wholistic, bodily feeling (a felt sense) in a special way that allows the unfolding of greater easing and life energy.”¹⁴¹

“Because words have special meanings or connotations for each person, the counselor needs to be careful to use the same words as the client when working with spiritual issues.”¹⁴² “It is not necessary for the group facilitator to share the participants’ spiritual beliefs or even to fully understand their spiritual content. The group leader simply needs to stay present in the moment, respond respectfully, and stay with spiritual process.”¹⁴³

The participants can then use their own felt sense to connect to the content that is arising for them, and with support from the group can then make connections to their current here and now lived life.¹⁴⁴ “Grounding is experienced when clients become more aware of bodily feelings, and integration of spiritual content occurs as extraordinary material is connected to current life issues.”¹⁴⁵

The importance of spirituality has also demonstrated in the current study of neurobiology. In particular the insula (the part of the brain the processes our awareness of our bodies and emotions, and how they interact to create our perception of the present moment) has increasingly become the focus of attention for its role in body representation and subjective emotional experience. The left side of the insula is related to positive feelings and the right to negative ones. The insula receives input from interoceptive (internal body) sensors and “various spiritual traditions have developed breathing, movement, and meditative techniques to evoke these types of spiritual states while also providing sensation-based states”¹⁴⁶ so that the experience of spiritual ecstasy is safely grounded in the awareness of the physical.

Like these older spiritual traditions, when energy medicine and bioenergetics are combined they can provide an effective bridge between the front and back of insula and this can

create the ground for profound healing. “The insula is divided into posterior (back) and anterior (front) sections. It appears that the posterior part registers raw (“objective”) sensations, both internally and externally generated.

In contrast, the anterior part (which associated with aMCC) seems to process more refined, nuanced, and subjective feeling-based sensations and emotions.”¹⁴⁷ The aMCC (anterior midcingulate cortex) is associated with the will to persevere and meet challenges.¹⁴⁸ The anterior insula is largely responsible for how we feel *about* our bodies and ourselves.” When connected these two streams of perception underpin spiritual experience.

Integrating bioenergetics and energy healing creates an optimal way of bringing online the whole of the insula, creating coherence, and actually generating what Levine calls “the spiritual side of transforming trauma”.¹⁴⁹

At its core, “one’s spiritual beliefs, practices, doubts, and victories are often woven together with the most impactful events of one’s life.”¹⁵⁰ Ensuring that spirituality is included as an integral part of the combined use of energy healing and bioenergetics provides an optimal process by which people can access both their deepest wounds and their most powerful resources.

Facilitation

First and foremost therapists who lead groups incorporating somatic work and energy healing must be well trained in any of the practices they use. Along with Bioenergetics, any of the modern frameworks for body-based therapy can be integrated into group work by someone well versed in the theory and practice of the particular modality. The same is true for Energy

Healing. But to use these modalities without adequate training and supervision is at best unethical and at worst can be harmful to both clients and therapists.

Co-leading group is also recommended. When emotions run high, as they do during this kind of work, one leader can focus on the client(s) who are expressing their feelings while the other leader can focus more on the group dynamics. Co-leaders can also provide much needed peer supervision, bring awareness when their co-leader has a blind-spot or may be triggered and support each other during experiences of transference and counter transference.¹⁵¹

The practice of facilitating a group using bioenergetics and energy healing requires leaders to be as fully present with their whole selves as possible. Thus, safe, effective use of self is the foundation of the practice of leading the group. “The basic posture of the therapist to a client must be one of concern, acceptance, genuineness, empathy. *Nothing, no technical consideration, takes precedence over this attitude.*”¹⁵² “Not only is it therapeutic to our clients that we let them matter to us, we can also use our own reactions as valuable data about our clients - provided we know ourselves well enough.”¹⁵³

Knowing one’s areas of strength and difficulty will makes for a better facilitator. Regular supervision is key to dealing with one’s own transferences and counter transferences. And being aware of one’s impact as part of the group is essential. “When therapists are self-disclosing in the group, not only do they model behavior, but they perform an act that has considerable significance in many other ways for the therapeutic process. Many clients develop conflicted and distorted feelings toward the therapist; transparency of the therapist facilitates members working through their transferences.” “Interacting as a group member requires, among other things, that group therapists accept and admit their personal fallibility.”¹⁵⁴

“Going beyond the therapist’s scope of professional competency” particularly when “engaging in spiritual practices with clients can cloud clients’ understanding of therapists’ professional role.” So it’s important to be self-disclosing, to avoid appearing superior, and ensure clients understand one’s humanness and shortcomings. “Therapists who use spiritual practices may also be at risk for causing clients to perceive therapists as being more spiritual, causing the client to be inhibited or to become dependent on the therapist for spiritual direction.”¹⁵⁵

“To effectively integrate spirituality into treatment, therapists must first be aware of spirituality within themselves and their clients. That is, they must take the time to examine their own beliefs and feelings regarding the role that spirituality plays in their own lives, in the lives of their clients and in the therapeutic process.”¹⁵⁶

The same is true of somatic work. Lowen was quick to point out that “Reading the language of the body requires that one be in touch with his [or her] own body and sensitive to it’s expression.”¹⁵⁷ And recommended therapists go through “their own course of treatment designed to get them in touch with their own bodies.”¹⁵⁸

It’s also important to develop body-based self-awareness particularly relating to safe touch. “Learn about and listen to your own body signals. Don’t push past your own boundaries to accommodate a client’s need. Clients could be hurt by your not attending to your own signals and limits. Educate your clients on your rights regarding boundaries and touch. Be able to speak to any conflict of needs between client and therapist.”¹⁵⁹

“The ethical fears, prohibitions, and even taboos that surround the therapeutic use of touch reveal an overall lack of knowledge about its use as an important *implicit healing language*.”¹⁶⁰ Physical touch can communicate in ways that words cannot. But therapists who already have a grounding in somatic work still need to educate themselves about the use of safe

touch and be comfortable both with touch and in their own bodies in order to practice safely and effectively.

Carl Rogers (who developed Client Centered psychotherapy) asserts that key to working as a psychotherapist was his realization, “*I can trust my experience.*” He writes, “One of the basic things which I was a long time in realizing, and which I am still learning, is that when an experience *feels* as though it is valuable or worth doing, it *is* worth doing. Put another way, I have learned that my total organismic sensing of a situation is more trustworthy than my intellect.”¹⁶¹

“*The more I am open to the realities in me and in the other person, the less do I find myself wishing to rush in to ‘fix things’.* As I try to listen to myself and the experiencing going on in me, and the more I try to extend that same listening attitude to another person, the more respect I feel for the complex processes of life. So I become less and less inclined to hurry in to fix things, to set goals, to mould people, to manipulate and push them in the way that I would like them to go.”¹⁶²

“Yet the paradoxical aspect of my experience is that the more I am simply willing to be myself, in all the complexity of life and the more I am willing to understand and accept the realities in myself and the other person, the more change seems to be stirred up.”¹⁶³

Mirror Neurons at Work in Group

Another way to look at this style of facilitation is in the context of the neurobiology of mirror neurons, “brain cells that fire in response to perceiving another’s action in ways similar to when one is rehearsing or performing the action oneself”.¹⁶⁴ Mirror neurons are most commonly noted in the attunement of caregiver and infant but are also at work at any time individuals recognize each other’s subjective states (intersubjectivity).¹⁶⁵

“In general and very importantly, mirror neurons link organisms of the same or similar species to one another at a precognitive level that antecedes language and logical reasoning.”

“Mirror neurons suggest that, like it or not, the therapist is non-consciously resonating with the group, cannot avoid doing that, and might better work from the ‘inside’, utilising his or her ‘natural’ responses to influence the group.”¹⁶⁶

“Mirror neurons, by virtue of their non-conscious recognition of enacted similarities, suggest that the therapist especially attend to non-verbal, gestural expressions of bonding and mutuality that emerge in the group.”¹⁶⁷ “Mirror neurons suggest that the affective tone of each session will begin to emerge early in the process well before focal themes are articulated and the group therapist should be alert to expressions of how the mirroring process is going and what it may lead to later.”¹⁶⁸

Arnold Mindell, who combines a Jungian perspective with shamanism and body-centred psychotherapy, calls this process of deep body-mind-spirit awareness “second attention” and sees it as the foundation of work as a healer:

“One of the important feelings or beliefs behind sustaining an unusual process is the sense that once the process comes up, it will carry you into the adventure of becoming whole. If you have questions, the process will be its own answer. If you are troubled by something, it will solve itself without your plans. Jung said that a dream is its own best interpretation. Similarly, Wilhelm Reich’s theory was that the body will correct itself. Pantanjali, one of the earliest Yoga teachers and writers said, ‘Yoga teaches Yoga’. Once you begin with your second attention, the processes that you experience become your instructors.”¹⁶⁹

As Levine writes, “There is a wonderful word in the Danish language that is particularly relevant to this process: *Gennemleve*, which translates roughly as, “to live something through to

its completion, to remain aware of it and in contact with the process, and then, finally, to come to peace with it.”¹⁷⁰

In the end, “it is not so much the specific techniques or approach of the group leader that influence successful treatment outcome, as it is the creation of the proper therapeutic climate that allows for the conditions that optimise brain plasticity and neurogenesis.”¹⁷¹

Group Norms

One of the most essential aspects of running a successful group is the setting of group norms. Veteran group leader Irvin Yalom stresses the importance of structuring a group based on the norms of support and confrontation, self-disclosure, self-monitoring, interaction, spontaneity, the importance of the group members as the agents of help. He also sees respectful treatment and confidentiality as essential. “Other desirable norms include active involvement in the group, nonjudgmental acceptance of others, extensive self-disclosure, desire for self-understanding, and an eagerness to change current modes of behavior. Norms may be a *prescription for* as well as a *proscription against* certain types of behavior.”¹⁷²

Every interpersonal problem and/or group dynamic issue that arises during a session is an opportunity for awareness and personal growth for every person in the room, including the facilitators. When resistance to participation arises it typically “stems from distrust, fear, anxiety and dislike of groups”¹⁷³ - all excellent fodder for work if met with acceptance.

“The group is secure when members can protest, disagree, and challenge each other and the group leader without fear of abandonment or violence.”¹⁷⁴ With group norms established to embrace the learning that comes from uncomfortable feelings, sensations and awarenesses, group facilitators can make good use of these difficulties arising at the group level.

In a group that combines energy healing and bioenergetics, these modalities need to be incorporated in the group norms. Setting out the equipment of bioenergetics (tackle dummy, fear mat, tennis racket) and introducing the emotional release process in initial sessions (usually through structured exercises) is key to establishing this type of work in the group.

The same is true of energy healing. Starting the group with appropriate spiritual practices (prayers, meditation, altar building), as well as energy medicine exercises (grounding and chakra opening), including ritual, guided visualizations, and artistic expression (writing, drawing, painting, sculpting, drama)¹⁷⁵ within the group process and closing the group with a ritual action or prayer, will help to set the norm of incorporating these modalities as part of the group work.

Issues of safe touch and boundaries need to be addressed in an ongoing fashion. Again structured exercises can start the process and whatever arises in the group can be a source of continued reinforcement of safe touch over time.

The culture building continues moment to moment in the group. For example, one way to intervene effectively when a client in group experiences disconnection or dissociation is to “encourage the client to observe his or her body. Often the client may not experience affect but will be aware of the affective autonomic equivalents: tightness in the stomach, sweating, throat constriction, flushing, and so on.”¹⁷⁶

The leader could then encourage the client (with support of group members chosen by the client) to enter more deeply into the experience and/or release the energy in an appropriate manner using bioenergetic techniques (for example an anger release hitting a mattress or tackle dummy or a fear release on the mat). Or depending on the client’s preference, the therapist with chosen group members could work with the client energetically (using sounding, energy medicine, movement, chakra balancing and/or grounding).

As the group becomes fluent in the various techniques and modalities, the therapist can also combine somatic work and energy work and encourage group members to trust their own spontaneity in supporting each other.

Following the body work and/or energy work the client should be guided to make eye contact with each group member to connect and stay present. If the piece of work is particularly difficult, the rest of the group can be encouraged to each share something from their own lives that has some similarity to and/or resonance with what the individual has just experienced.

This process can help the individual become more deeply aware of her or his own body, come in contact with the underlying emotions, while connecting more deeply with the group. Often when one group member ‘warms up’ to a piece of work, there will be other members who co-resonate with their own emotional work. As the therapist encourages group members to care-seek and provide care-taking for each other and addresses each piece of work, turn taking and mutual support become group norms.

As the group progresses, the therapists can rely on the group more, encouraging them to read a member’s emotions from postural or behavioural cues. Co-group members can support each other to relate to themselves in a similar way and join in the investigation, commenting, for example, “My heart is beating fast, so I must be frightened,” or “My fist is clenched, so I must be mad.”¹⁷⁷ In this way the group begins the process of noting and noticing for each other and mirroring felt states.

Also “mirror neurons can register shared intentions, goals, and emotions. This may impact the ongoing cohesion, norms, and goals of a particular group or session.”¹⁷⁸ While the interventions of the therapists are key to the health of an ongoing group, in the end, “It is the group that is the agent of change.”¹⁷⁹

*To summarize: every group evolves a set of unwritten rules or norms that determine the procedure of the group. The ideal therapy group has norms that permit the therapeutic factors to operate with maximum effectiveness. Norms are shaped both by the expectations of the group members and by the behavior of the therapist. The therapist is enormously influential in norm setting - in fact, it is a function that the leader cannot avoid. Norms constructed early in the group have considerable perseverance. The therapist is thus well advised to go about this important function in an informed, deliberate manner.*¹⁸⁰

Structuring Group Process

Like the telling of a good story, or the progression of yoga asana practice, the group process has a coherent structure both within each session and over the duration of the group.

In an individual session time is spent building a container (creating a safe space in which to do work), warming up the body, warming up the group, identifying resources (for individuals and the group as a whole), group building, group work, individual work, sharing, processing and closure.

The long-term structure of a group depends on its client base, duration, goals and setting - ranging from brief groups in clinical settings to ongoing open ended process groups.

Building a Container

The first step in any group work involves creating a space that feels safe to the participants and in which they can connect and deepen awareness. Depending on the modalities the therapist is trained in, this could include opening prayers, music, group space clearing, alter-building, trust exercises, breath work and check-ins (sharing of how each participant is feeling in the moment and/or what they need to leave behind to feel present). Whatever the activity,

working with the body and soul is important, with the focus on fostering calm, awareness and inclusion within the group.

Initially for some just being in a group can be beyond their edge of tolerance. “However, group members quickly develop neural pathways to modulate their own and each other’s arousal following the therapist’s example and/or resonating with the embodied experience of the therapist.”¹⁸¹ The therapist can be seen as an ‘interactive psychobiological regulator’ for members dysregulated nervous systems.

Safe Touch

Safe touch is the foundation of this type of integrated work, so making it explicit is extremely important. Client’s should always have control over whether they are touched, who touches them, how they are touched, where they are touched and for how long. So discussing and exploring clients’ right regarding touch, their cultural norms, their levels of comfort with touch (self-touch, touch by others), and their physical experiences of non-touch and touch are critical. Setting up norms for communicating ‘yes’ and ‘no’ to touch both verbally and non-verbally is also important.¹⁸² As with all types of physical work, touch needs to be appropriate to the context in which the group is being held.

Warm Ups

The purpose of the warm up is to warm the participants up to themselves, the group and the content the group will be exploring during group. Each person is unique in their needs for warm up and may have different needs on different days. And each group will need a balance of individual warm ups and warm ups that bring the group together.

It's important to spend adequate time on the warm up (depending on the length of the group and the depth to which the group may want to go). Warm ups are the foundation of the process.

Physical warm ups are important to bring the participants into connection with themselves and their bodies. Most body-based methods have a series of warm-ups that open the body and bring relaxation and awareness of the breath. Yoga can also be an excellent form of warm-up for some types of groups and has been shown to be particularly effective for complex trauma survivors.¹⁸³ Obviously, like any body-based modality, the co-leaders need to have been thoroughly trained. So, yoga should only be used when at least one of the co-leaders is an accredited instructor with experience in trauma-sensitive yoga.

Energy healing modalities can also be used as part of the warm-up process. For example, Donna Eden developed a five-minute daily energy routine “designed to systematically strengthen and harmonize the various energy systems within the body”,¹⁸⁴ that can be used as a warm up as well as for homework for an ongoing group.

Lowen's book, *The Way to Vibrant Health*, offers 100 exercises, a good resource for designing the physical warm up. Bio warm ups focus first on opening the body and then on building a charge.

Building a Charge

Building a charge refers to bringing energy into the body, increasing excitation and allowing for vibration in the body. Building a charge standing up brings participants to the here and now, building a charge lying down tend to encourage regression, bringing up material from the past. Anodea Judith's book *Charge and the Body* provides an excellent resource for using

‘charge’ for individuals and for groups. Depending on the focus of the group session different charge building exercises may be more appropriate.

Design for the Whole Group

In a first (or only) session with a new group, special attention needs to be paid to ensure that the chosen exercises are appropriate for the people working with the most limitation in their bodies. Don’t assume everyone walking through the door is fully able-bodied. Each person including group leaders, will have blockages and challenges.

Even in an ongoing group there can be dramatic changes for clients in their experiences of their bodies over time. So as a leader checking in and becoming aware of the ebb and flow of participants’ body-sense and supporting clients to deepen their awareness of these changes is useful.

When working with a diverse group, where some people have serious limitations to their movement and some people are quite athletic, it’s most inclusive to gear the exercises to the people with the most limitation, ensuring that they can participate fully. Additional challenge can be added to some of the exercises through instructions for those ‘who might want a bit more of a challenge’.

Group Work

There exists a rich history of what have been termed ‘process groups’, a form of psychodynamic talk therapy that focuses on the ‘here and now’ of the group dynamic, the participant’s experience of each other, making connections to their historical ways of interacting with others and with their current daily lives.

As Lowen’s bioenergetics can be seen to underlie most somatic therapies, process group theory underlies most psychotherapeutic group work from brief groups in hospital settings and

art therapy groups in residential treatment centers, to bereavement groups and long term trauma survivor groups.

Depending on the goals of the group, bioenergetics can easily be incorporated at a variety of levels, from somatic awareness which is already a keystone of process group methodology, to full expression of emotion using the tackle dummy and fear mat. Energy healing and spirituality can also be integrated in process groups as warm up, group activities, and through closure. Both bioenergetics and energy healing can also be introduced and explored through structured exercises.

Structured Exercises

There is already a wealth of material available for the basis of structured exercises for groups — from the early work John Pierrakos' Core Energetics¹⁸⁵ (as he adapted it for groups) to Anodea Judith's recent work with building and releasing charge.¹⁸⁶ Exercises can be used for purposes ranging from opening the body and building trust to creating deeper awareness of self, other and relationship to the group. Obviously care should be taken in choosing structured exercises and in combining them, so that one flows naturally into the next and makes physical, emotional and spiritual sense to participants.

While structured exercises are a vital component of group process they should be used with discretion. Forerunners in the field of group therapy, Lieberman, Yalom, and Miles conducted a study to ascertain how structured exercises contributed to group outcomes. They found that too much structure and too little structure were both negatively correlated with successful groups. Too much structure created leader-centred dependent groups and too little structure resulted in "plodding, unenergetic, high attrition groups."¹⁸⁷

Individual Work

Within the context of group work, there needs to be adequate time for individual work. Often a member is a lightning rod for the group, expressing a feeling-experience that is resonant for the rest of the group. This individual work can happen in the context of the whole group as one co-leader focuses on the member and the other on the group dynamics.

For example a group participant in the process of doing a structured body-opening exercise recalls being shamed as a child. The participant is encouraged to feel how this shame is experienced physically and to express the anger, sadness or fear that is underlying. Within the group the participant is accepted (not shamed) and supported by other group members who may offer physical comfort (hugging and/or holding) or energy healing (sounding, therapeutic touch) as well as share their own experiences of being shamed. The participant's implicit learning about shame is challenged and changed, with resulting changes within the brain.

Awareness of Client Competency

In the context of group therapy recognition of clients' strengths is an important part of the process of challenging existing implicit sense of self. "Taking a back seat in group to watch group members step out of their pathology means watching for exception behaviors at the moment and at every moment!"¹⁸⁸ Sharing these observations of clients' shifts in behaviour and developing competencies, with the group at appropriate times, can be transformative, a powerful counter-balance to the sharing of wounding and commiseration that is also an important part of group work.

A therapist can also call on the group to be aware of the changes they are experiencing in themselves and in their co-group members asking questions like "What is different for you today

than last week?” Or, “Are you noticing any changes in each other?” These questions can focus on any aspect of the client’s experience from body awareness to daily life.

Sharing and Processing

As the final stage of the group session arrives both sharing and processing are useful to ground members and the group as a whole. Sharing should be restricted to experiences that each member has that are resonant to the piece of work one of their co-group members experienced. Advice giving and extensive (or dis-embodied) re-telling of stories should be gently discouraged.

For example, after a group member expresses fear of self-disclosing other group members are encouraged to share with that group member a time in their life when they felt similarly. This can be a verbal sharing or can be physicalized by each member in turn taking up the posture of how they felt in their body at a time when they felt afraid of expressing themselves.

Physicalizing sharing can be very effective as becoming aware of how the body carries and assimilates each person’s history provides an essential inroad to the reorganization of experience so that more adaptive action becomes possible.¹⁸⁹

Processing brings in a more cognitive approach and is typically verbal. Processing helps group member explore their problems more fully, leading to a transformation or change in cognitive, emotional or physical patterns.”¹⁹⁰ Processing can range from a discussion about how an exercise or group session was experienced to an analysis of cause and effect of a particular behaviour seen during the session in members’ daily lives.

Co-leader Relationship

Regular meetings between co-leaders outside of group is an extremely important part of designing the group process, reflecting on the effectiveness of the process, discussing the dynamics that are evolving and examining how the leaders' behaviour has affected the group.¹⁹¹

Closure

Whether it's the end of a session, a day-long workshop or long term process group, special attention needs to be paid to closure of the group.

Consciously or unconsciously participants may draw on their past spiritual experiences when faced with the ending of a group, or group closure at the end of a workshop. "For example, most spiritual traditions offer rituals or experiences to help people find closure, from a corporate prayer being said at the end of a spiritual meeting to a benediction at a funeral being offered by a spiritual leader."¹⁹²

People tend to respond to endings in group in the same way they habitually respond to endings in their lives, and therapists need to be aware of this. "The therapist must call attention to maladaptive modes of dealing with impending termination."¹⁹³ And opportunities for new ways of responding to loss and change can be modelled and explored. In this way, even to the last moment of group clients are encouraged to become aware of their experiences and changes to their, often unconscious, ways of reacting to life occur along with resulting neurobiological changes.

A primary focus of the final stages of a group is the consolidation of learning and developing strategies for transferring that learning into daily life.¹⁹⁴ Adequate time needs to be

set aside for evaluating and integrating the group experience, depending how long the group has run and what type of group it is.

“Termination is an opportunity to bring closure to a significant emotional and interpersonal experience for clients. Termination also provides an opportunity for enhanced meaning making among many clients as they see the end of the therapeutic relationship approaching.”¹⁹⁵

“Therapists should engage in self-reflection when approaching termination to reflect on their previous experiences with spirituality and endings, both professionally (e.g. termination sessions with clients) and personally (e.g. loss of a close friend...). For a number of different reasons, many therapists report they feel uncomfortable with the termination process. This may occur because termination is a form of loss for both clients and therapists, which tends to recapitulate unresolved or painful issues from previous losses from the clients’ and therapists’ lives.”¹⁹⁶

Seasoned group therapist Irvin Yalom writes, “Keep in mind the therapist, too, experiences the discomfort of termination. Throughout the final group stage, we must join the discussion. We will facilitate the group work by disclosing our own feelings.”¹⁹⁷ This openness can make it easier for the group members to make their good-byes more complete. “For us, too, the group has been a place of anguish, conflict, fear and also great beauty: some of life’s truest and most poignant moments occur in the small and yet limitless microcosm of the therapy group.”¹⁹⁸

The Future of Group Work

“From a psychobiological standpoint, group psychotherapy can be thought of as a delicate establishment of regulatory attachment relationships aimed at stabilising physiology and emotions, and revising the emotional memory of attachment patterns.”¹⁹⁹ As a way to heal what has been termed ‘the social brain’, group work offers a rich ground for working with developmental trauma, implicit memory and attachment, re-wiring the brain through the fostering of a felt sense of self within the holding container of supportive relationships.

“It is not so much the specific techniques or approach of the group leader that influence successful treatment outcome, as it is the creation of the proper therapeutic climate that allows for the conditions that optimise brain plasticity and neurogenesis.”²⁰⁰

Current research shows that addressing the whole person in a supportive social framework provides the ideal conditions for neuroplasticity; moderate emotional arousal, attuned regulating interpersonal relationships, support for awareness of implicit memories and the provision of new experiences to replace earlier learnings.²⁰¹

There is already ample scientific data to back body-based psychotherapies as effective interventions for a wide variety of psychological issues. Addressing spirituality has also been found to be a key component of successful therapeutic outcomes (particularly in groups).

Studies of Therapeutic Touch found that the ‘intent to heal’ has profound impacts on clients’ recovery and that the healer-client relationship provides attunement and autonomic system regulation.²⁰² And there is data to support the efficacy of breathing, movement, and meditative techniques as practiced within energy healing.

Yet to come is the scientific research necessary to better understand how the ancient practices of energy medicine work at a cellular level (including electric, magnetic, and

electromagnetic fields) and the resulting the clinical research to verify what aspects of biofield modalities are most likely to create optimal conditions for healing.

Combining body-based work and energy healing within group work is a challenging modality, requiring group leaders to have more training, competencies and nuanced awareness of self and others than most practices. However, the resulting method of addressing the needs of the whole person in ways that result in positive change have been clearly demonstrated.

By building on the somatic, psychotherapeutic and energy modalities that have already been developed, focusing on ways of working that have been shown to be effective, integrating the findings in the developing fields of interpersonal neurobiology and neuroscience, a path towards a more powerful, holistic psychotherapeutic model will continue to unfold.

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“Renegotiation is not about simply reliving a traumatic experience. It is, rather, the gradual and titrated revisiting of various sensory-motor elements comprising a particular trauma engram. Renegotiation occurs primarily by accessing procedural memories associated with the two dysregulated states of the autonomic nervous system (ANS)—hyperarousal/overwhelm or hypoarousal/shutdown and helplessness—and then restoring and completing the associated active responses.”[□] During this process the client moves through dysregulation toward relaxed alertness, reversing the sequence of biological action in response to threat. Then the renegotiated procedural memories are reintegrated into the client’s current framework.

76. Ogden, Minton, and Pain, *Trauma and the Body*, 217.

“Oscillation techniques involve directing the client to repeatedly and mindfully orient back and forth between calm or “resourced” body areas, experiences, or sensations and areas or experiences that are painful or uncomfortable.”

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