BIOENERGETIC ANALYSIS

The Clinical Journal of
the International Institute
for Bioenergetic Analysis

VOLUME 1 / NUMBER 2 / SPRING 1985

Mourning Work in Groups

Angela Klopstech

I. Introduction

Loss and Mourning

In therapy, we are often confronted with the deprivations and losses that our clients have suffered at some point in their lives. Where there was not opportunity to adequately express the feelings of helplessness, sadness and anger connected with the loss, it becomes part of our therapeutic task to allow our patients to experience this loss or deprivation and express their pain, anger and protest. Only through emotionally reliving the experience is it possible for the person to bring the loss-experience from an unknown part of himself to a known part. This way it becomes an integrated part of his life history. Then the patient will have the use of the energy that was previously invested in the futile attempt to regain today what was lost in the past. By "emotionally reliving," I am referring not only to catharsis. For example, loss occurring in childhood and re-experienced in adult life, must be "embedded" or integrated into the adult life. The same applies if the loss did not occur in childhood, but later in life: the relived experience must be embedded in the present life.

The loss of a loved one touches the depth. When I mention loss, initially I am referring to the actual irreversible physical loss through death or separation. Death evokes basic and

profound feelings. The separation from a loved one can shake our lives in a similar fashion, as is evident in married couples who separate after a long marriage.

By loss I am also referring to the emotional loss that children experience when a mother breaks physical and emotional contact with a child either in an abrupt way which becomes the new state of affairs, or where the contact is erratic and the child becomes fixated on the "goings on" of the mother.

The natural reaction to loss is mourning. "Mourning is the emotion through which we say good-bye, repair the problems of the broken relationship and, as much as possible, integrate the uniqueness of the partner and the relationship . . . giving us a new self-understanding and worldly understanding, helping us continue on living" (Kast 1982). Family rules as well as social norms can prevent the experience and expression of mourning connected with loss. Shock can also set in as a reaction to loss, preventing mourning.

The relationship to others is an integral part of the self and the repression of mourning after the loss of a loved one leads to the repression of spontaneous impulses and feelings in other life situations—in short, to an increasing lifelessness. The lifelessness is manifested in diminished self-feeling and in a reduced flow of feeling towards people and the world in general. Thus repressed feelings and unfinished mourning can culminate in depression or be a factor in the development of psychosomatic illness, such as cancer.

In this paper, I would like to demonstrate how, through the use of bioenergetic analysis, the loss of a loved one can be worked out. I will refer to this as "bioenergetic mourning work," following psychoanalytic tradition (Freud, 1975).

The initial motivation for my interest in the meaning of mourning and mourning work arose from my practical experience with female cancer patients. I first noted that intense loss and separation experiences were present in all the life histories of these patients. These experiences were, however, scarcely present in the conscious awareness of any of the patients. I had also become aware of this phenomenon through

psychological literature concerning cancer. Furthermore, I noticed a similarity with the etiology of depressive disturbances. Bioenergetic analysis has proved itself especially effective in this area (Lowen 1979). If, indeed, chronically repressed mourning is an antecedent of cancer, then bioenergetic analysis provides a vital tool, because emotional expression and psychological and physical aliveness are the core of bioenergetic analysis. It has developed both concepts and methods to enable deeply buried feelings to come to the surface for release and expression and to understanding of their meaning in the individual's life.

II. Theoretical Considerations

The Repression of Mourning.

The loss of a loved one is a personal tragedy and involves deep shock reactions, an emotional chaos. A natural loss reaction would lead to mourning. Whoever mourns expresses his sadness or rage by crying and protesting. Literally, he airs his pain. Lowen describes mourning as "an alive and energetically charged activity in which the pain of the loss is expressed and released with the full support of the ego" (Lowen 1979, 130). If this release is not possible, the feelings involved may be repressed. Repression leads to a limitation of all aspects of the personality. The emotional life of the individual is reduced in its totality. This situation leads to either depressive disturbances or psychosomatic sickness, especially cancer, depending on the particular coping-strategies allowed in overcoming the loss.

Cancer and Depression

The development of depression originates from a lack of caring and holding by the mother. This deficiency is both physical and psychological in nature and is experienced by the infant as a loss of maternal love. If the child's right of protest against this deprivation is restricted, if his tears and rage are

ignored, he withdraws from his environment, repressing the impulse to reach out and simultaneously the impulse to fight in the world. The loss of the mother's love coupled with the restriction on protesting and crying prevents the natural development of internal stability in the child and reduces its life energy. In adults, this takes the form of a lifelong avoidance of self-initiative. The basic pattern is one of resignation. Resignation is often covered over in adult life by the involvement in a relationship which idealistically promises total security against the withdrawal of love; or an idealistic self-image is created to give the impression of stability. If such individuals experience disappointment resulting in disillusionment, they find themselves thrown back to an early stage of rejection and often react with deep depression.

The constant repetitive pattern in the experience and behavior of cancer patients is the desperate effort to overcome deep despair. This despair has its roots in childhood experience and can be traced back to the futile attempts of the child trying to gain the love of his parents. As soon as this hope is given up, the despair transforms into resignation. The child conforms increasingly to the wishes of his parents, later the social and professional environment, and in this way, finds an apparent resolution in securing and preserving love. Personal needs are put aside and aggressive impulses are suppressed. These individuals have learned that image is more important than being. They tend to overtax and neglect themselves and their health, denying any fear of weakness or sickness. All these activities of "false optimism" as Lowen (1980, 15) calls it, are survival mechanisms. They are an attempt to shroud the feeling of despair. Energy used in this way to cope with despair and resignation produces a chronic stress that reduces the body's defense mechanisms. On the conscious level, however, everything is done to maintain the facade, and the distance between internal reality and facade increases. If this strenuous survival mechanism should become destabilized through the loss of professional identity or a close personal relationship, then the primary despair is once again experienced and, "Once again,

feelings of despair and meaninglessness take place, coupled with the physical collapse of the defense mechanisms. The individual falls into total resignation. He gives up" (Büntig 1982, 5).

The similarity in the development of depressive disturbances and cancer is remarkable. Both sicknesses are characterized by a state of deep despair and, if all hope is lost, by resignation too. Yet, the survival mechanisms which attempt to manage this condition are different in each case. Depressive individuals often lack the necessary energy to compensate their despair. In contrast, cancer patients invest all their energy in compensation. Resignation on the psychological level coincides with the shrinking of life energy on the physical level. This condition was described by Reich and forms the basis of his theory of cancer. Recent holistic cancer theories are generally based on his discoveries.

In cancer, resignation is denied and the shrinking of vital life energy is compensated for through an artificial life, through a facade. The energy is invested in self-control, which increasingly exhausts the organism's vital energy. Should a crisis occur in such a person's life, increasing stress, the organism reacts with cancer.

Therapeutic Approaches of the Simontons and Le Shan

Depression has met with much interest amongst therapists, and the literature on the subject is quite extensive. In contrast, the psychosomatic research on cancer and its holistic therapeutic treatment is relatively new. For this reason, I would like to review briefly some of the literature on psychosomatic cancer research. An extensive discussion of this issue may be found in articles by Büntig (1982) and Robinson (1978).

It was, above all, Le Shan (1982) and the Simontons (1982) who pioneered research in this field in the United States. Based on his work involving 500 cancer patients over a period of 30 years, Le Shan developed his so-called crisis therapy. This therapy uses elements of humanistic psychology, especially the client-centered therapy of Rogers, designed to treat the particular needs of cancer patients. The aim of this approach is "to give the cancer patient a possibility to discover at least a part of his true self before he dies" (quoted in *Psychology Today*, 9 Nov 82, 82). In their cancer research and advice center in Texas, the Simontons developed the first holistic concept in the treatment of cancer, "the mind-body model of recovery." This treatment combines therapy, diet and physical training. The essential idea contains a belief in the power of the will to live and support to influence self-help. In this light, they developed a self-help training program. The main elements of this program are relaxation coupled with active imagination to mobilize the powers of defense.

I would like to briefly describe the basic idea of the Simontons' visualization process: after relaxation exercises, the individual parts of the body are relaxed and attention is focussed on breathing. Patients are told to imagine how their strong white blood cells fight off the weak disorganized cancer cells, killing them for all times. The role of active imagination in mobilizing energy, as I use it in mourning work, is described in section IV.

Aspects of the Mourning Process

As we have seen, mourning is the process which enables us to confront and to integrate the loss of another so that we may carry on in life. Prior to this process, there is a tumultuous onset of emotions such as protest, pain, helplessness and sadness. Some authors, including Bowlby (1961) and Kast (1982), have described various phases experienced by the mourner. The following description of these phases is based on the work of Kast (1982).

- *Denial:* This phase is indicated by physical and psychological numbness. The "victim" doesn't understand himself and his world any more. In extreme cases, this loss of self is so intense that it can create a death wish in the individual.
- *Emotional breakthrough:* Sadness, longing and fear, anger and rage belong in this phase. They are directed at the lost object, often coupled with protest against destiny itself: death.
- *Searching and separation:* This phase is indicated by the

attempt to recreate the old—the way things were and the growing insight that this is no longer possible.

- *New self and world relation:* In this phase, the mourner "recognizes" the loss and accepts this knowledge. In this sense, he accepts the loss and is in a position to open contact to others.

Although Kast refers to these specific phases, I have personally never experienced a phasic development. My own clinical experience has shown that these phases overlap and that the emotions fluctuate back and forth. I believe that mourning is a total process and in this sense does not proceed in logical phases. For this reason, I would prefer to use the term "aspects" rather than "phases."

In terms of therapy, it is not important what particular aspect of the mourning process one first emphasizes. It is normally sufficient to reach any emotional expression, be it crying or rage to free the individual from his depressive state. This forms the basis for the further experience of emotions belonging to mourning.

III. Bioenergetic Mourning Work With Groups

The Therapeutic Goal

As we have observed, the therapeutic work consists of two basic approaches. First, it is necessary to mobilize the mourning process by opening, activating and supporting physical and emotional expression. Parallel to this, the therapist must build an understanding with the client concerning the "why" of his physical and emotional blocking and curtailment of life functions. Only then can the client in the consciousness of his newly found vivacity depart from the loved one, living on with a new sense of self and of the world around him.

The Mourning Sequence

On the basis of pictured images and bioenergetic expressive exercises, I have developed a type of therapeutic sequence that

contains the various emotions associated with mourning. This sequence, "the mourning sequence," enables the patient to express his feelings with his whole body using his fists, feet, voice and words. In this way, the mourning process is mobilized and the patient is enlivened. As I mentioned above, I believe mourning is an organismic process and, in this sense, I am also referring to the oneness of emotions and body. For the client to experience this oneness means to experience his "whole" self again and rediscover his lost life.

I usually use the mourning sequence in groups. One can use the sequence in single therapeutic sessions too, losing, however, the supportive energy of the group.

First, my approach is to explain the theme of the sequence: to mourn the loss of a loved one. I ask the group members to lie on their backs on mattresses; the mattresses should form a star shape on the ground, if possible. I then inform them that I will portray a series of images, images that will evoke certain feelings. I encourage them to imagine their own images that might emerge with their feelings and to experience these feelings and give them expression with voice, words and gestures. I draw attention to the fact that the feelings in the order I portray them are not geared to their own and ask them to stay with feelings and expression according to their own needs. I also tell them that I will offer bodily support during the sequence if I notice someone, for example, who is holding his breath or clenching his jaw and thereby blocking the expression of feeling.

Following this, I ask the members to close their eyes and allow their breathing to deepen. After a few minutes, I begin to speak:

> Try to recall a certain person in your life, maybe your early life, whom you loved very much, a person who you perhaps still love today and yet someone you lost. Recall his image in front of you and look at him. It could be that this person died or in some way left you. It could be that this person distanced himself from you emotionally even though still being present; e.g., he turned his back on you, and now you see his back. (Pause) Be aware of your feelings and sense how much you still love this person and how strong the pain is. If you want to cry, then let the tears come. (Pause) And now feel inside

how you refuse to accept that this person has left you. Feel how you do not want to accept that this person has left you, how you refuse to believe it and how much you long for your loved one, and how helpless you feel. And how even in this helplessness you reach out with your arms and hands to your loved one and ask him to come back. (Pause) Try to bring him back with your voice and the words, "Please come back. I need you," at first pleading and then demanding. (Pause) If you feel you have not reached him, begin to protest inwardly, first softly, then bit by bit showing more anger with the words, "No, I won't allow it!" Perhaps you can relate better to other words to express your protest—use them. And use your body to give your protest expression. Protest with your hands and feet. Clench your fists and stomp on the mattress. (Pause) Now feel how your protest, your rage and anger turn into sadness. You feel again the pain of loss in your breast and if the sadness wants to find its way out in tears, then let the tears come, crying and sobbing. (Pause) If your crying has eased, try, if possible for you, to talk to the person you lost out of your sadness. Try to say something to him here and now, something you never trusted yourself to say before face to face. (Pause) Show your anger and make accusations if you want, but also tell him how much you love him and what his loss meant to you, how much you miss him. (Pause) Feel how deep you are breathing and sense how alive your body has become and in what areas. Feel if your hands and feet are warm, if your pelvis is loose, your neck relaxed and your forehead smooth. (Pause) Now lay your hand on your heart and feel it beating. Experience the fact that you are living, even though a person who was very close to you has left. Feel how alive you become in experiencing this pain. (Pause) Now try for yourself and see if you can emotionally let this person go. (Pause) And what feelings and sensations you might now have, give in to them and feel your heart—its beating under your hand and your hand moving with each breath of life. (Pause) Now, if it's possible, imagine a person from your present life, a person to whom you would like to reach out with your arms. Imagine this person and look at him. Perhaps this person is in this room. It's not so important whether or not this person is very close to you, if you only want to reach out to him with your arms. Stretch out your arms and hands and see how you feel doing this. What are you aware of? (Pause) Do you still feel alive when you do this? Do you sense your body, your breathing, your heart? (Pause) Now I want to slowly bring you back on your feet. First, find a comfortable lying position and relax; perhaps you might want to make contact with your partner. (Pause) Now slowly open your eyes. Take your time and look at the world around you. (Pause) Arise slowly, starting with your feet and legs, then lastly your head. Place your head on top, as it were. (Pause) If you are now standing, feel your inner stance, feel the contact between your feet and the earth, feel your heart beat and face the others and the world around you.

During the sequence, I try to pay attention to how and where the individual group members are blocking their expression and give them physical support. I loosen the jaw or massage a tight neck, etc. It is my experience that deeply buried feelings break through during the course of this sequence. Velzeboer (1983) compares this process to a powerful wave that breaks through all barriers, finally leaving the person shaken, empty and tired, "lying on the mattress . . . curiously restored you open your eyes and there is more clarity, more color, more meaning."

Mourning and Groups

It is essential in this type of group work that each member have the opportunity to share his or her experiences after the mourning. I always take care to give enough time and room for personal work with individual members centering on the meaning of their loss and their own particular lives.

My personal experience is that the group mourning process is very conducive to the individual expression of mourning. Here is an example from my practice. One young woman had cried particularly hard during the sequence. She explained to us afterwards that she had been through an abortion a few months earlier and had mourned here for her unborn child. She was surprised at first as she saw the picture of her unborn child in front of her, but then she broke down in tears. Now she feels "warm" and "present in the world" for the first time since the abortion. She expressed how she had not been aware of all the feelings she had had for her child and felt numbed in the world that ran like a film in front of her.

As this woman spoke, other women in the group began to cry and talk about their own abortions and how they were affected by them. I am convinced that a person also needs the opportunity to communicate his mourning experience to others, to fully release the mourning response. Kast (1982, 20) describes

it thus: "Before mourning can be faced fully . . . people must help one another."

A mourner often not only *feels* cut off from the world, he *is* actually cut off, at least as far as mourning is concerned. Mourning doesn't go on behind closed doors away from it all. Pain is a tabu in our society, and for this reason mourning is nonexistent. Gone are the mourning rituals of ancient times that allowed painful feelings of loss to be an integral part of everyday life. In this light, one could view the group mourning sequence as a type of contemporary mourning ritual.

The Mourning Sequence in Therapeutic Work with Cancer Patients

A great deal of basic therapeutic work is necessary before this sequence can be applied in a cancer therapy group. I would like to review briefly my experience with this work.

1) The therapeutic talk concerning the life history and clinical history is important. The psychological clinical history is especially important. Cancer patients tend to portray their exact medical history and become silent concerning their feelings. In such a sequence of therapeutic sessions, they should recognize the loss and perhaps even the necessity to mourn.

2) Along with this, the Simontons' visualization-relaxation program should be administered. This mobilizes the powers of defense on one hand and especially emphasizes the idea "*I'm* doing something for *myself*" on the other. It also creates an awareness of the relationship betwen body sensations and feelings.

3) If possible, the patient should undertake an appropriate amount of physical exercise and training so that he obtains a sense of his body. This could take the form of bioenergetic exercises, running or swimming.

4) Principally, the mourning sequence should always be a part of an extensive holistic therapeutic plan for the cancer patient.

Naturally, the use of the mourning sequence in groups is only one aspect of mourning work. Individual therapeutic work is always necessary as well. Nevertheless, this type of mourning work in groups offers the opportunity to experience that, "I am mourning, yet am not alone."

References

Beyer, D.A. 1979. *Psychosomatik des Krebses.* Berlin: Sozialpolitischer Verlag.

Bowlby, J. 1961. "Childhood Mourning and its Implication for Psychiatry." *The American Journal of Psychology,* Bd. 128, Nr. 6.

———— 1980. *Loss, Sadness and Depression.* London: Hogarth Press.

Büntig, W. 1980. "Krebsheilung durch Psychotherapie?", in *Artzliche Praxis.* XXXII Jahrgang, Nr. 26.

———— 1982. "Selbsthilfe in der Krebsbehandlung durch Unterstutzung der naturlichen Heilkrafte." *Signal, Heft* 1, *Verlag fur Medizin.* Heidelberg: E. Fischer.

Freud, S. 1975. "Trauer und Melancholie," in *Psychologie des Unbewussten. Studienausgabe,* Bd. III, *Condito Humana.* Frankfurt: Fischerverlag.

Kast, V. 1982. *Trauern: Phasen und Chancen des Psychischen Prozesses.* Stuttgart: Kreuzverlag.

Kelemann, S. 1977. *Lebe dein Sterben.* Hamburg: Köselverlag.

Kubler-Ross, E. 1971. *Interviews mit Sterbenden.* Stuttgart: Kreuzverlag.

Lowen, A. 1979. *Depression.* München: Köselverlag.

———— 1980. "Stress and Illness: A Bioenergetic View." New York: Publications of the International Institute for Bioenergetic Analysis.

Mitscherlich, A. 1967. *Die Unfahigkeit zu Trauern.* München: Piperverlag.

Petzold, H. 1981. "Gestaltdrama, Totenklage and Trauerarbeit," in Petzold (Hrsg.), *Dramatische Therapie.* Stuttgart.

Reich, W. (o.J.). *Die Entdeckung des Orgon,* Bd. 2. *Der Krebs.* Fischerverlag.

Robinson, M. 1978. "Visualization, Bioenergetics and Cancer Treatment." *Energy and Character.* 9 no. 1 Abbotsbury Publications.

Le Shan, L. 1982. *Psychotherapie gegen den Krebs.* Stuttgart: Klett-Cotta.

Simonton, G.C., Matthews-Simonton, S., Creighton, J. 1982. *Wieder gesund werden.* Reinbeck: Rowohlt.

Spiegel, Y. 1981. *Der Prozess des Trauerns.* München: Kaiserverlag.

Velzeboer, J. 1983. "Es gibt mehr zwischen Haar und Sohle als dein Kopf weiss." Erscheint demnächst. In *Integrative Therapie.* Junfermanverlag.