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AUTONOMIC NERVOUS SYSTEM AND ENERGETIC MEDICINE

Bioenergetic and Psychosomatic Causes for Health and Illness

Translation by Christine Genrich

1. INTRODUCTION

This talk evolved from another one I held in January of 1991. Back then, I was wondering what special contribution towards body therapy I had to make, based on my daily work as a medical doctor with Reich's method . Case studies, emotional discharge techniques, theoretical concepts of the work - it all seemed right, just not *my* subject. Thus, I tried to recall how I had "come to Reich".

I was in the middle of medical school and for years had been learning all sorts of illnesses and symptoms by heart. But the question of how illness actually develops was never raised in my studies. We only dealt with the "damage" and how best to repair it - almost like with a broken car, which won't run any more because the individual parts were just not built very well. With many diseases, I came across remarks like "etiology unknown" or "auto immune disease". The big questions - what exactly is the meaning behind the term "auto immune disease", where does cancer originate, how does cardiovascular disease develop - remained unanswered. And at first glance, alternative medicine did not seem too convincing either - instead of pills they used the acupuncture needle, the homeopathic drugs or healing herbs, all too often administered within a doctor's general practice without sufficient knowledge of the system of thought behind it. Once again they were just puttering with the symptoms (with somewhat less dangerous means) instead of searching for the cause. Psychosomatic medicine became excluded as some sort of marginal science, and referred everything only to the psyche, without offering a holistic concept for body AND mind.

That I only found when studying Wilhelm Reich's writings. He spoke of unobstructed pulsation, the meaning of sexuality, functional identity of body and mind. I became "hooked on Reich"; on a concept which saw a person within his social context, and which offered a radical psycho-somatic model without reducing body to psyche or vice versa.

Therefore, I do not want to speak too much about body therapy itself, but rather about Reich's concept of health and illness, with health meaning not merely the absence of physical symptoms, but also mental well-being. I'd like to explain what orthodox medical concepts Reich's model is based on, and especially elaborate on the function of the autonomic nervous system. I will then elucidate Reich's understanding of health as unobstructed pulsation, as well as the term "biopathy". With regard to individual diseases, I will then describe impairments of the autonomic nervous system, and illustrate which

techniques we use in body therapy to exert influence upon the autonomic nervous system, the morphological basis of pulsation, in order to stimulate and support the healthy functioning of the whole human organism.

2. AUTONOMIC NERVOUS SYSTEM

2.1. Definition of the Autonomic Nervous System (ANS)

In context with his works on sex-economy in 1934 through 1938, Wilhelm Reich researched the biological basis for sexuality and anxiety. Doing so, he recognized the ANS' central importance as an interface for bodily and emotional processes: on the one hand, it is closely connected to the functions of internal organs; on the other hand, it serves as a messenger for emotional perception via blood and plasma streams, and is linked to the cerebral areas which represent emotion through connections in the central nervous system. According to Reich, body therapy involves working with the somatic and the psychological systems simultaneously. The emotional energies are released from the character and muscular „armor“, as he called it.

Due to the ANS' great importance, I would like to elaborate a little further now upon what it actually is, how it works, and its relevance regarding health and disease.

The autonomic nervous system is part of the human central nervous system (CNS). The CNS is basically made up of three sections, the functions of which closely interact. One part manages voluntary movement, the muscle system's response to various stimuli from the environment; this part is called motor nervous system. Another part processes information from the sense-organs, such as eye, nose, or sense of touch, into conscious perception; it is called sensory nervous system.

The central nervous system's third section - the ANS - coordinates the internal organs' functions. It originates from the brainstem and the spinal cord and includes the nerves which innervate the smooth muscles of the internal organs, heart and glands. The regulative cycles of the autonomic nervous system are tightly entwined with those of the other two sections, causing numerous interdependencies between the individual systems.

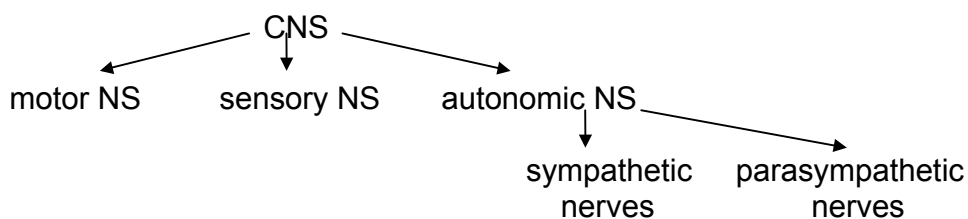


fig. 1: structure of the nervous system

There are two substructures within the autonomic nervous system, the sympathetic and the parasympathetic which originate from different areas in the brainstem and spinal cord, and also respond to different biochemical transmitter substances. They both regulate the internal organs by stimulating or inhibiting their activity in a co-ordinated fashion.

The autonomic nervous system can virtually not be controlled consciously; hence the name. We cannot consciously manipulate our internal organs, such as altering the heartrate intentionally.

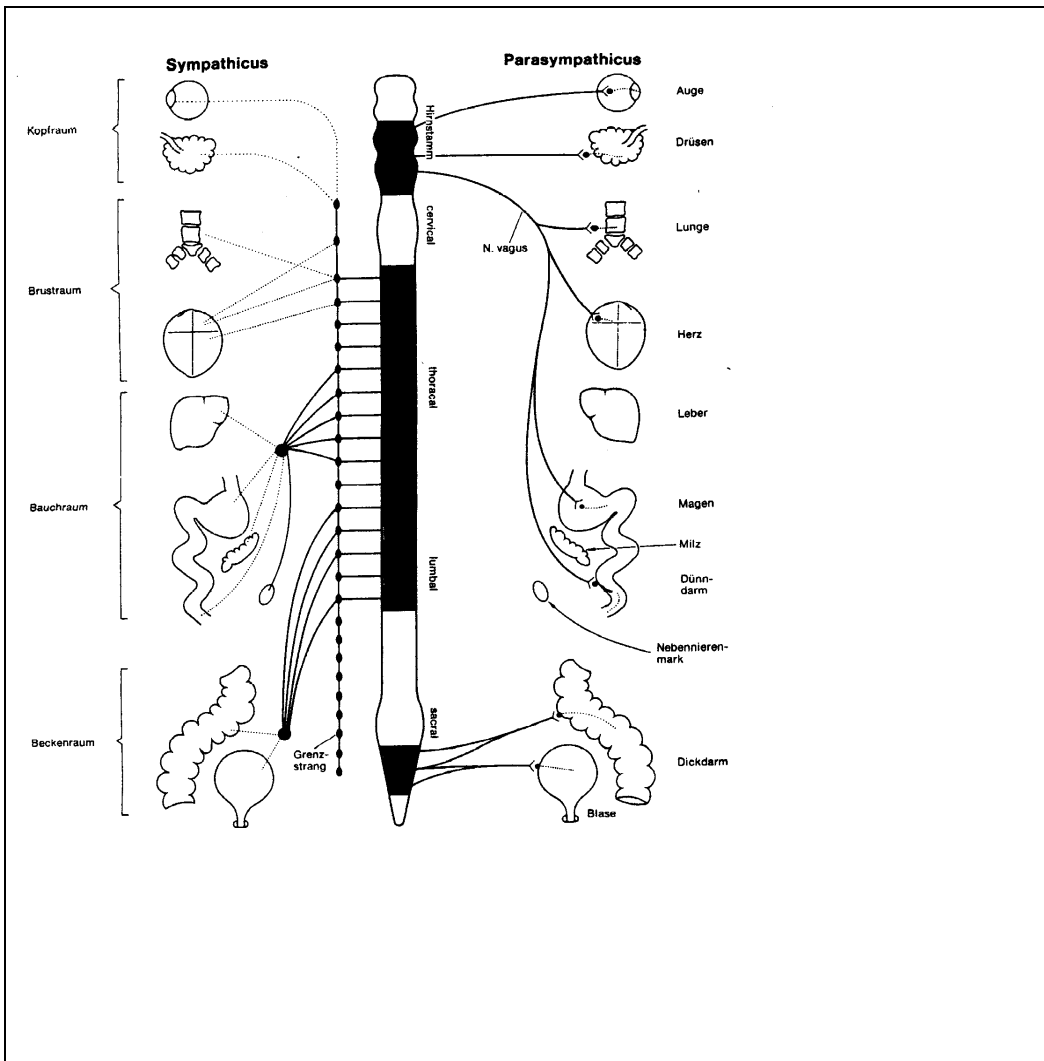


fig. 2: origins and distribution of peripheral autonomic nerves¹

¹ Schmidt-Thews P. 115

2.2. Function of the ANS

Most internal organs receive innervation from sympathetic as well as from parasympathetic nerves. Both portions of the ANS are active at the same time, but to a different extent. Their combined influence upon an organ is of opposing, but balancing antagonistic nature, meaning that the predominance of one system can inhibit a certain function, whereas that of the other system would stimulate the same function. Increased activity in one of the two autonomic systems inevitably causes an activity decrease in the other, but without ever completely disabling it. It is therefore impossible for an organ to be under maximal sympathetic and maximal parasympathetic influence at the same time, one can only dominate at the expense of the other. This is the equivalent of the interdependency of the organs' so-called Yin- and Yang-states in Chinese medicine.

Let us have a closer look at autonomic nervous activity with regard to the smooth muscles of some internal organs: sympathetic innervation of the heart, for instance, results in an increase in frequency, whereas predominantly parasympathetic stimulation decreases it. This example clearly shows that the heart cannot be equally stimulated by sympathetic and parasympathetic impulses, because that would mean it had to beat fast and slow at the same time. But the options are not just "heart racing" or "cardiac arrest" either. The frequency increases or decreases according to the prevalence of one or the other influence: the inputs of both systems are balanced with each other.

With the intestines, parasympathetic innervation causes the intestinal muscles to move more, sympathetic innervation slows down their activity. The bronchial muscles contract with parasympathetic stimulation and relax with sympathetic stimulation. In the eye, sympathetic activity results in the pupil's dilation by sending impulses to the respective intrinsic eye muscles, and parasympathetic innervation causes the pupil to constrict.

Thus the functional condition of an organ that is innervated both sympathetically and parasympathetically always depends on the balance of activity between both. The determining factor, however, is the predominance of the stimulating or the inhibiting aspect of the autonomic nervous system with regard to that particular organ.

	<i>Sympath. Nerve</i>	<i>Parasymp. Nerve</i>
Heart / smooth muscle	+	-
Blood Vessels		
Vasoconstriction	+	∅
Vasodilatation	-	∅
Intestines		
longitudinal Musculature	-	+
Sphincters	+	-
Urinary Bladder		

Detrusor vesicae	-	+
Sphincter internus	+	-
Bronchial Muscles	-	+
Internal Genitals	+/-	Ø
Eye		
M. radialis (Dilatation of Pupil)	+	Ø
(Constriction of Pupil)	-?	+
M. ciliaris (Lense)	-	+
M. taris (Upper Lid)	+	Ø
Glands		
Sweat Glands	+	Ø
Salivary Glands	+	+
Lacrimary Glands	?	+
Digestive Glands	-?	+
Bronchial Glands	-?	+
Fat Cells	+	Ø

+ Activation; - Inhibition; Ø no effect

tab. 1: effects of sympathetic and parasympathetic activation²

2.3. Effect of the ANS on the Organism in General

So far, we have dealt with the ANS' effects on individual organs. But we can also characterize an entire organism in terms of sympathetic or parasympathetic disposition. Here, the organs are not examined individually, but in their entirety. Depending on the organism's needs, they are activated to achieve a certain task together, they all cooperate in order to fulfil that demand.

Exposed to outside stress, for instance, the body shifts into a "defense mode", maximally activating its sympathetic system. Respiration increases, the pupils become dilated, and in animals bristling of the hair on the nape of their necks can be observed as well. Blood pressure, circulation in the muscles, and heartrate increase, while intestinal circulation and motility as well as skin circulation are reduced. Everything is focused *outwards* here. Triggered by that outward stimulus, the whole organism shifts into a mode of gathering all energies *inside* in order to prepare for attack or flight (therefore also called "fight or flight reaction"). It contracts and is in an overall state of tension. W.

² Schmidt -Thews P.117

Cannon calls this "emergency reaction". It can happen, for instance, when you are having an argument with your boss: in situations like that, your sympathetic system is maximally activated.

In contrast to defense behavior, there is feeding behavior. After the ingestion of food - as we all know from experience with ample meals -, parasympathetic impulses prevail. Attention is withdrawn from the surroundings, we become sleepy, intestinal activity increases, the abdomen with its digestive organs receives more blood. Circulation in the skeletal muscles decreases, as do blood pressure and heartrate, the pupils constrict. Here, the organism does not contract, but expands energetically *outwards* and is in a state of relaxation. On the other hand, attention is directed *inwards*.

Reich's definition of health is based on a creature's ability for rhythmical oscillation between those two modes, its contact with the environment and the focusing on the inner state of being. Reich calls this basic function "Pulsation of the Living". Thus, he does not define health as the absence of symptoms, disease or impairments, but rather as a function of the correlation between inner and outer world, an organism's ever-changing, pulsing confrontation with itself and its surrounding world.³

The oscillation between the two modes of the autonomic nervous system also exerts a crucial influence upon the body's hormonal and emotional wellbeing. Via constriction and dilation of blood vessels, sympathetic and parasympathetic activity has great influence on the movements of fluids and plasma within the body, which to Reich are the basis for emotional perception. The flow of liquids can either be from the center to the outside (expansion), or from the periphery towards the inside (contraction). The feeling of pleasure is functionally identical with unobstructed pulsation, the feeling of anxiety with impaired pulsation of the autonomic nervous system.

The ANS is also tightly interwoven with the "muscular armoring". Chronic muscular tension impedes the stream of body fluids, and impaired pulsation of the ANS manifests itself in chronically tense muscles.

The two constantly interacting systems of sympathetic and parasympathetic activity cannot be functionally separated, only their cooperation renders possible a harmonic functioning of the whole organism⁴. "The life process takes place in a constant alternation of expansion and contraction"⁵, i.e. pulsation.

"If this biological state is disturbed in one or the other direction, that is, if either the function of expansion or that of contraction predominates, than a disturbance of the biological equilibrium in general is inevitable. Long continuation in a state of expansion is synonymous with general parasympathicotonia; conversely, long continuation in a state

³ Lassek ZDN Paragr. 3

⁴ Forssmann/ Heym S.189

⁵ Reich Function of the Orgasm P.257

of anxious contraction is synonymous with sympatheticotonia."⁶ W. Cannon calls the equilibrium between both conditions "homeostasis".

3. BIOPATHIES

In traditional medicine, we often regard illness as if the symptom develops out of the blue in an otherwise healthy body. The doctor becomes a biotechnician who repairs the damage. Reich's understanding is that illness develops when the whole organism's natural pulsation is disturbed. But, in our understanding, it is the whole person who is ill, not only one of his parts.

This does not imply orthodox medicine is worthless, but its value depends upon certain conditions. With many diseases, orthodox medicine today cannot offer a valid explanation as to why and where they originated. This is reflected in the fact that terms like "essential", "ideopathic", "endogenous", "genuine", or "etiologically unknown" are attributed to those diseases.

In Reich's understanding disease develops whenever the whole organism's natural pulsation is disturbed. Reich calls such a process affecting the autonomic vital structures a BIOPATHY. Thus, biopathy is a fundamental dysfunction of the autonomic nervous system. At first, it is a purely functional defect which concerns the entire body. Once in progress, however, it later on may manifest morphologically in various syndromes. Far advanced processes can cause "shrinking biopathy", and subsequently cancer.

"The biopathy can result in a carcinoma, but also in angina pectoris, asthma, cardiovascular hypertension, epilepsy, catatony, paranoid schizophrenia, anxiety neurosis, multiple sclerosis, Huntington's disease, chronic alcoholism and so on."⁷

Accidents and typical infectious diseases are therefore not associated with a state of biopathy, since they are not based on irregularities in the autonomic vital structures, are limited and impair biological pulsation only secondarily. In the case of a disturbance of pulsation, the biopathy can "take the form of an emotional disorder of the psychological apparatus, i. e. neurosis or psychosis. But it can also directly affect the functioning of the organs and result in somatic illness."⁸ The functional disturbance of pulsation precedes the organic manifestation here. Thus, strong abdominal cramps may exist without detectible organic cause at first, but over time lead to morphological changes in the organ. Only then "illness" in the traditional sense becomes detectable.

The condition of impaired pulsation of the ANS is closely linked to impaired capability of sexual sensation. Obstacles in the process of biosexual stimulation cause disturbances in biological functioning. The organism's ability to energetically charge and discharge is

⁶ Reich Function of the Orgasm P.264

⁷ Reich Der Krebs S. 167

⁸ Reich Der Krebs S.169

a basic function of living, which can primarily be observed in sexuality and the opportunity of discharge through orgasm. The quality of sexual pleasure is functionally identical with full autonomic responsiveness. If that ability is restricted, for instance by repressive sexual education during childhood, it can lead to impaired pulsation through a diminished possibility of the organism to charge and discharge. In sexual context, this means less arousal and limited orgasm capability. With regard to the whole organism, it results in impaired pulsation as a foundation for a biopathy.

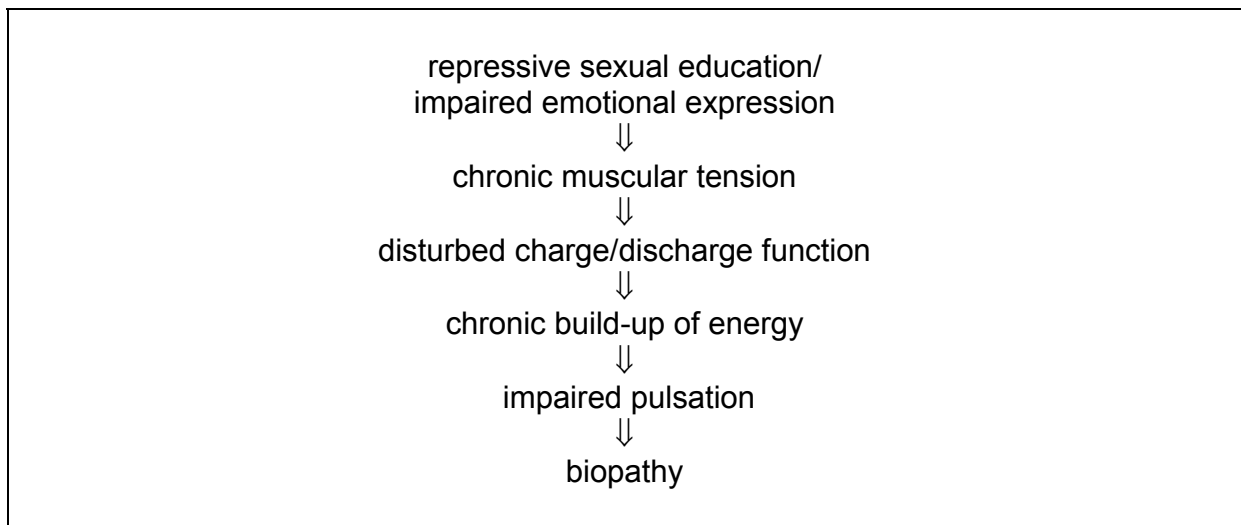


fig. 3: causes for impaired pulsation

According to Reich, biopathy always starts with a chronic prevalence of contraction and inhibition of extension of the autonomic nervous system. In his clinical studies, he discovered that an organism's chronic persistence in a sympathetically dominated mode, where per definition no more pulsation can take place, is perceived subjectively as unpleasant, as anxiety. This condition according to Reich equals a retreat from the world, as in fright. As described with "defense behavior" above, the skin grows pale and cold, the heartrate increases, as does blood pressure, the pupils dilate, the skeletal muscles are paralyzed or extremely tense.

Parasympathetic disposition, on the other hand, according to Reich emphasizes life's pleasant sides, the "flowing towards the world". With parasympathetic activity, the skin is warm and rosy, the heartbeat slow and strong, blood pressure reduced, the pupils small and the muscles relaxed, digestive activity stimulated, as described above with "feeding behavior".

In my opinion, this definition of biopathy, as first described by Reich in "The Bioelectrical Investigation of Sexuality and Anxiety", is insufficient. The parasympathetic state appears as "good", the sympathetic as "bad". Anybody who ever suffered an asthma attack or migraine, both characterized by extremely parasympatheticotonic

predominance, will hardly agree: they would have experienced those conditions as unpleasant, as being trapped inside themselves and filled with anxiety, not at all a pleasurable flowing towards the world.

This apparent contradiction in Reich's findings can be dissolved by distinguishing the state of natural pulsation, with the organism fluctuating between parasympathetic/sympathetic activity according to time of day or outer necessities, from the state of being *chronically* stuck in either of the extremes. There are outer circumstances which make strong sympathetic activity by all means desirable: a cat catching mice, for instance, will surely have its attention focused on the outside, not at all relaxed, but not really unpleasantly contracted either. The same will be true of a racing driver during a race, or of a scientist doing exciting research. As soon as the external conditions change, the autonomic system will automatically shift into parasympathetic mode: the cat sleeps after its successful hunt, the racing driver and the scientist recover after having done their jobs and relax. We distinguish that kind of natural pulsation from *chronic* persistence in either mode.

A *chronic* sympatheticotonus leads to the unpleasant subjective sensations as described by Reich: the body goes into some kind of inner "readiness for fight", triggered by external or also internal stress or anxiety. But since there is neither fight nor giving the all-clear, the organism is trapped in this state, pulsation as described above cannot take place any more.

The *chronic* persistence of parasympathetic activity, however, does not necessarily feel any better: the organism is in a state of extreme relaxation, resulting in heavy fatigue, floppiness, and lack of energy. Digestive activity is high, causing diarrhea or stomach cramps. The bronchial muscles become spastic, leading to the sensation of not getting enough air, which in the extreme can result in a fatal asthma attack. So here, instead of readiness for fight, we have resignation and regression, internal surrender.

Accordingly, pulsation can be stuck at any place. More important than in which phase (sympathetic or parasympathetic) the pulsation has stalled is the fact *that* it has.

At their core, sympathetic and parasympathetic activity are functionally identical: the foundation for both is autonomic excitability. Reich also refers to this towards the end of his book "Sexuality and Anxiety":

"The vegetative" (autonomic) „nervous system has the ability to contract and expand. From the middle position of vegetative" (autonomic) „equilibrium, it is able to move in the direction toward the world, (i.e., to stretch), or to retreat into itself, (i.e., to contract). It can also swing from one direction to the other or remain fixed in either of the extreme states. Putting it in somewhat simplified terms, the state of vegetative equilibrium" (autonomic balance) „is one where neither expansion positions nor contraction positions have become established."⁹

⁹ Reich Sexuality and Anxiety P. 125

There is another remarkable particularity about the ANS: not only can it fluctuate rhythmically between sympathetic and parasympathetic disposition, but the respective extremes can also blend into one another. An extreme and chronic sympatheticotonus can turn into an extreme and chronic parasympatheticotonus and vice versa. This is the reason why in situations of extreme sympathetic activity, like agitation before an exam, stress-induced diarrhea can occur (which actually indicates strong parasympathetic stimulation). Accordingly, one could say that permanent readiness for fight can turn into resignation, but also regression can turn into readiness for fight under increasing stress. This mechanism explains why an illness can be induced not only by persistence of one chronic state, but also by an irregular, uncoordinated "furious back and forth" between sympatheticotonic and parasympatheticotonic conditions.

In my opinion, a "healthy tension" is crucial for physical and psychological well-being. A state of balance is necessary within which the oscillation between the sympathetic and parasympathetic mode can go on unobstructedly from a centered position of the autonomic equilibrium. Unfortunately, due to stress and sex-economy-related reasons, we find rather a shifting from the neutral state towards the sympathetic, so that the relaxing function of parasympathetic energy cannot sufficiently come to fruition.

The American physician Robert A. Dew points out the fact that the biopathies can lead to non-locatable changes in the organism as a whole, such as hypertension, atherosclerosis or diabetes, but can also show up as clearly defined organic manifestations, such as gall stones or peptic ulcers. Dew developed a classification of biopathies in terms of increasing severity, based on the organism's decreasing autonomic responsiveness¹⁰:

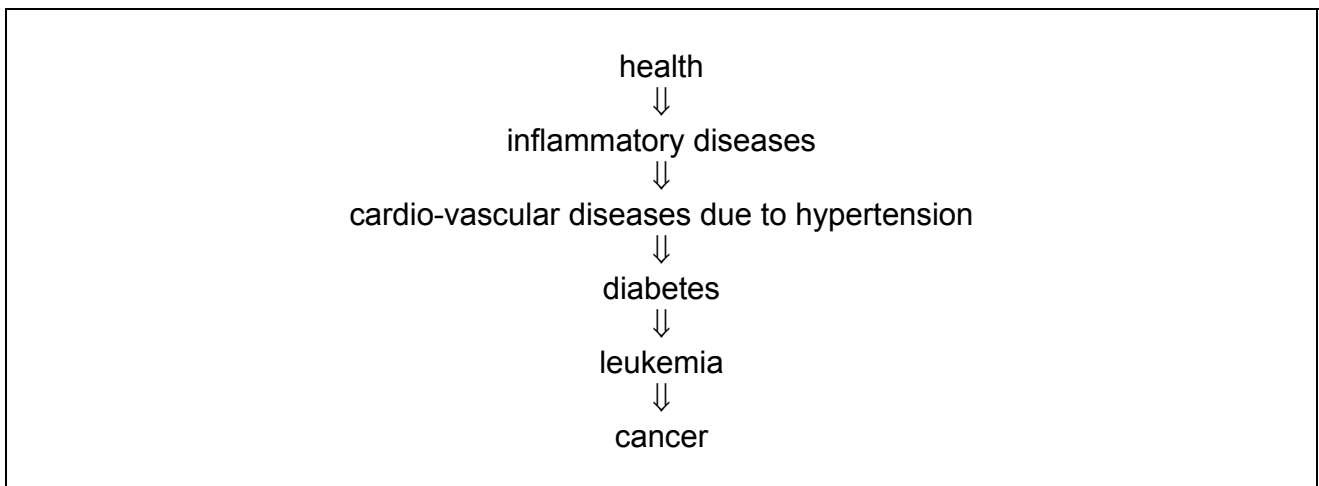


fig. 4: classification of biopathies

¹⁰ Dew J. of Org. 2, No. 2, S.166

Following Reich, Dew views all diseases as primarily sympathetically induced (sympatheticotonia could almost be called a characteristic of our civilization). To Dew, parasympathetic symptoms are the autonomic system's struggle to free itself from stagnation. If energy cannot be freely discharged through pulsation, it can cause different kinds of "break-throughs" (phases of exacerbation of illness) in the organism. If even these break-throughs cannot happen any longer, the organism responds with resignation or shrinking. Considering this, the exacerbation of illnesses can represent a sub-optimal attempt of the body to maintain at least some kind of pulsation of the ANS. It is the best possible try under the present circumstances.

Later on, we will go into more detail regarding the impact of chronically impaired pulsation on individual organs. Here, I would just like to point out once more that disease is created the moment pulsation is impeded or interrupted.

4. INFLUENCING PULSATION

4.1. Technique

Over the years, lots of different schools with different priorities and techniques have developed from Reich's initial work. I will mention just a few techniques here which are of relevance for my work.

The most basic technique in body therapy as developed by Reich is the stimulation of respiration. When breathing deeply and consciously, the body's energetic charge is enhanced, overtensed muscles become more palpable and can thus be brought to awareness and worked upon. Depth of respiration also bears directly stimulating effects on the ANS' centers. Under stress, breathing is shallow and restrained, in relaxation deep and full.

In order to stimulate pulsation, we use immediate activation of the chronically contracted muscles. On the physical level, we act upon the autonomic oscillation through the activation of muscles. On the psychological level we analogically make withheld emotions conscious.

First, the patient must learn to feel his tension. Then it can be dissolved through various techniques. In order to achieve this, the muscular tension can be intentionally increased - for instance by exaggerating the respective facial expression, or by taking up stress positions developed by Alexander Lowen in Bioenergetics. By doing this, the sympathetic activity in that area is increased even more. The voluntary contraction of the muscles is to be maintained as long as possible, since the muscles' slackening results in a switch in autonomic activity. When the muscles in that area do relax, the blood runs warmly through them, and a sensation of relaxation sets in that can be accompanied by a feeling of inner flowing or unintentional muscle twitching.

Another possibility for stimulating pulsation is the immediate treatment of muscles and connective tissue by the therapist, as for instance in the Points and Positions Technique developed by Will Davis. Here, the dissolution of tension takes place by means of light pressure applied to the muscle insertions, tendons, fascia and the connective tissue, dissolving the status quo in favor of enhanced or deepened pulsation by influencing the connective tissue's substance („Points technique“). Tension is also released by „going *with* the contraction of the muscle“, holding the muscle in order to soften it rather than stretching it („Positioning“)¹¹.

Muscles may also be activated by means of movement. The shoulder muscles, for instance, can be well loosened by beating movements, the chin muscles by biting movements, the pelvic muscles by kicking. The patient can also be encouraged to "feel into the tension" himself, and find out what motor impulse is held back in there.

4.2. Expression and Emotion

The mere mechanical stimulation of muscular activity can only be successful in the long run if pulsation on the autonomic level is also maximally stimulated once more. This is related to increased blood flow on the one hand (increased circulation in muscle and skin) and to the dissolution of emotional blocks on the other hand.

Through their tension, muscles impair the blood's and body fluid's flow. Upon dissolution of muscular armoring, one of the three biological basic excitations, as described by Reich, occur: anxiety, anger, or pleasure. Anxiety here arises from the withdrawal of energy into the body's interior, anger from the disturbance of the energy's pleasant streaming towards the outside, and pleasure from unobstructed flowing of the fluids, unobstructed pulsation. Therefore, by liberating the energy tied up in the muscles, cathartic experiences can occur with childhood memories and a renewed experiencing of early childhood emotions. During therapy, the unpleasant emotions will surface first, such as anxiety, anger and pain. But after living through these feelings, the capacity for pleasant sensations like joy, pleasure and surrender will improve.

5. EXAMPLES OF IMPAIRED PULSATION

I would now like to introduce five syndromes on behalf of many other somatic diseases. I will point out the respective underlying *autonomic* disorder which leads to that particular symptom. Following, I will explain the *psychological* characteristics displayed by patients suffering from that disorder, what kind of expressive movement can hide behind the symptom, and have a look at clues as offered by *popular use of language*. Finally, I will deal with *therapy*.

When the biopathy finds manifestation in localized organic disease, the question of the selection criteria that led to that specific symptom comes up. The reason for this is

¹¹ Davis, Energie und Charakter 4/1991, P.97 ff.
Davis, Ströme-Rundbrief 2/1988, P.16 ff.

definitely a combination of various trigger factors. Genetic elements, intra-uterine development, the basic level of energetic charge, and character structure all figure into it. Character structure corresponds to a certain pattern of muscular armoring and emotional suppression.

The correlation between illness, autonomic disturbance, and a psychological component are known in orthodox medicine as well. There however, therapy usually means the prescription of medication which either only battles the symptom, or which influences the autonomic nervous system artificially and, unfortunately, only temporarily without *restoring* natural pulsation.

5.1. Hypertension

5.1.1. Causes

Hypertension is among the most frequent diseases in humans, and particularly widespread in industrialized countries. Its percentage growing with increasing age, it usually manifests at the age of 30 - 60 and accounts for 25% of all deaths after age 40. In the USA, hypertension and its consequences are the number one cause of death. A person's life expectancy clearly decreases with the rise of his average blood pressure.

Hypertension is defined by blood pressure rates above 165 mm hg syst. and 95 mm hg diast. (measuring the arterial blood vessels' tension during the heart's contraction/relaxation). It usually does not cause any subjective complaints and is often detected only accidentally upon visiting the doctor's office. It is, however, considered *the* risk factor for cardiovascular disease, coronary heart disease, congestive heart failure, heart attack, stroke, cerebral haemorrhage, and atherosclerosis, and may result in blindness and kidney failure.

The increasing pressure is primarily caused by the blood vessels' higher resistance against which the heart must pump, or by an increase in blood volume.

We distinguish between *primary* or essential and *secondary* hypertension: the origin for secondary hypertension is some underlying organic disease - for instance of the kidneys. Primary hypertension, however, is defined by way of the *exclusion* of secondary hypertension, so there is no individual, so-called "positive" definition of it.

More than 80% of hypertension patients suffer from the essential variety. Here we distinguish between *unstable* hypertension with varying readings and *fixed* or permanent hypertension.

Since orthodox medicine does *not* know how hypertension actually comes about, there has been a lot of research about the causes. It is generally agreed that there is a complex process as the determinant for hypertension. Below, I will give a short synopsis of the pertinent results:

Genetic factors. Hypertension tends to run in families, but genetic factors are not solely responsible. In identical twins, for instance, hypertension in both occurs in only 50% of the cases.

Environment. Environmental factors do have an effect on hypertension, evident for example in the distribution among spouses. This is called "psychological transmission".

Diet. There is a definite correlation between hypertension and overweight. With overweight on the rise due to improving living conditions, the number of people suffering from hypertension has shown a steady increase in Germany following the hungry years of 1944/45. Sodium chloride as a diet related risk factor is of secondary importance.

Social. The percentage of hypertension patients among the population increases with increasing age. For a long time, higher blood pressure was regarded "normal" in old age. But investigation results suggest that it primarily depends on social factors. Hypertension is a kind of "adaptation disease", meaning that increasing blood pressure in old age only occurs if the external living conditions change and the aging person feels that he cannot live up to those changes, thus losing their "ecological niche".

Stress. In 80% of the healthy population, stress does not lead to lasting hypertension. In hypertension patients, however, stress causes an increase in blood pressure both higher and longer lasting than in healthy persons. Therefore, it is assumed that the causes above - as well as emotional factors, see below - form a *basis* for the occurrence of hypertension, which is then triggered by additional stress.

In animals, the epidemiological occurrence of hypertension does not exist, except in experiments involving immobilization stress, electric shocks, or in cats which had been exposed to the barking of dogs in a cage for months. Those animal experiments prove the stress hypothesis.

Another population showing a low susceptibility to hypertension are blacks in their native countries (low-stress lifestyle?), while blacks in the Northern USA display extremely high blood pressure readings (high stress environment?).

5.1.2. Pulsation of the ANS

We need to distinguish between chronic sympatheticotonia or *biopathy* as the precursor of a disease and the symptom's occurrence itself. Hypertension is a very good example of this. On the ANS' level, stress means sympathetic excitation, with the body preparing for fight or flight. Besides chronic muscular tension, the failure of the anticipated activity to occur also causes a chronic increase of the arteriolic vessels' resistance. In accordance with Reich, this amounts to a biopathy: we have a "preparedness" that, in connection with situative stress, can lead to the changes in blood pressure which are stronger than in healthy persons, as mentioned above. The biopathy as the basis for illness is also the reason for the wide variety of blood pressure fluctuations: chronic hypertension, unstable hypertension, or hypertensive crises.

Beneath the surface - the "muscular armoring" according to Reich -, hypertension patients are emotionally still very alive. At its core, the organism keeps producing energy, it does not shut down as in cancer. Again, the hypertensive crisis can be

viewed as the organism's struggle to escape stagnation, a sort of discharge towards the inside instead of living emotions or sexuality in the outside world.

Besides neuronal factors, hormones like renine/angiotensine and aldosterone also play a role in the increase of blood pressure.

In orthodox medicine, hypertension is mainly treated with medication. Beta-blockers, centrally effective sympatholytic agents (blocking sympathetic activity), saluretics (decreasing blood volume and sodium load), and vasodilators (dilating the blood vessels) are employed. The patient's compliance with this pharmaceutical therapy is often unsatisfactory, since there are no subjective symptoms. Pharmaceutical therapy may be also difficult because of the pressure's variability. Ideally, the medication should take effect when the blood pressure rises, but not further decrease normal pressure.

Stress reduction, physical activity, special diet (especially in overweight patients) as well as abstinence from cigarettes, alcohol, coffee, and tea are prescribed besides medication. Relaxation techniques and psychotherapeutical approaches are on the rise. Newer studies, however, showed that relaxation techniques alone were insufficient for lowering blood pressure: after one year, a group of hypertensive patients who had been instructed in various relaxation techniques displayed no lower readings than a control group which had only been advised by a physician.¹²

5.1.3. Psychological Component

Hypertension is found in a variety of personality structures. They all have one common characteristic, however: the incapability of freely expressing aggressive feelings. Rebellion against the parents during childhood was chronically suppressed, and a strong sense of obedience developed. Of central importance in this case are feelings of guilt for the aggressive impulses and the problem of being accepted despite aggressive desires. The inhibited anger can vent in explosive break-throughs. Externally, people suffering from hypertension are often "super-normal", apparently well-adjusted, contained, active, conscientious, hard-working, reliable, friendly, and honest. Behind that, they are sensitive, vulnerable, dependent, and unstable. Externally the "peacemaking" type, they are hiding their readiness for fight. They often show and even feel no fear. This is called a "facade structure".

Hypertensive patients display an extraordinary strife for achievement, with an unrealistically high level of demand, they "aim high" and are under "heavy pressure". Performance is often perceived as a duty or as a mean to gain appreciation. Hypertension also often originates from "territorial conflicts".

Hypertension is triggered only to a lesser degree by occasional heavy distress. Usually it is by daily, recurring demands, worries, afflictions, anxieties, and conflicts.

¹² van Montfrans, G.A., et al.: Brit. Med. J. 1990, 300, 1368.

5.1.4. Therapy

As a consequence of the psychosexual energy's block, hypertensive patients generally display a shifting of energy into the upper body segments. We find muscular armoring in the chest in the form of a locked inspiratory position and shallow breathing, the chest being hypomobile. This serves the suppression of "roaring rage, wholehearted weeping, sobbing, heart-rending yearning"¹³. Instead of these emotions, the patient often feels hardness and inaccessability. During therapy, the chest segment is mobilized through deeper breathing and direct treatment of the intercostal muscles.

Because of tension in the neck area, emotions cannot be "voiced", they are "swallowed". The neck's tightness prevents the head from getting flooded with energy. Voice exercises, massage, and careful triggering of the gag reflex aid in the loosening of this area.

Blocks in the abdomen, diaphragm, and pelvis represent a protection against sexual feelings, as well as feelings of surrender, which turn into anger in the patient's subjective perception.

In therapy, we work from the tension in the chin and throat towards the essential blocks in the chest. Blocked feelings of anger, pain and longing are felt once again. Next, we work on the pelvis, bringing up fear of surrender in the process.

5.2. Glaucoma

5.2.1. Pulsation of the ANS

Glaucoma is the generic term for various diseases, which all have in common an increase in intraocular pressure. Because of a continuous cycle of the intraocular fluid's replenishment and drainage, this pressure is normally constant. The drainage capacity is determined by the pupil's width: with a dilated pupil, drainage is obstructed, the liquid may become dammed up, internal eye pressure rises and may result in impaired vision, with painful glaucoma attacks carrying the risk of blindness. A constricted pupil, however, means a wider passageway for the water and a decrease in pressure.

In orthodox medicine, glaucoma is treated by medication mimicking parasympathetic stimulation of the eye, thus constricting the pupils. This is a merely symptomatic therapy. Medication must be applied several times a day and cannot always prevent the disease's progression.

I mention this disease here - even though it is not very common - because it represents so clearly a case of pure autonomic sympatheticotonic dysfunction as its cause. As explained above, the pupils' width is regulated by the autonomic nervous system:

¹³ Reich Charakteranalyse S. 378

dominant parasympatheticotonus causes their constriction, sympatheticotonus their dilation. So here we have a syndrome which is set off by pure sympatheticotonic hyperfunction.

5.2.2. Psychological Component

Navarro, neuro-psychiatrist and Reichian therapist, describes patients with increased intraocular pressure as "people who are hiding aggression which is combined with deep depression...These persons feel compelled to keep their eyes wide open in order to keep track of reality, and block their emotions at this level."¹⁴

In various psychosomatic studies, glaucoma patients' tendency to rigidity in their attitude towards life, irreconcilability and vulnerability, as well as a propensity to compulsiveness have been pointed out. Frustrating and distressing living situations trigger the disease. Psychological strain leads directly to an increase in intraocular pressure: a patient who ran over a cat on his way to the ophthalmologist showed an immediate distinct increase in pressure in his eye-pressure profile for that day.¹⁵

My own experience with glaucoma patients in my practice is consistent with the concept of biopathy: the illness is expressed only as a clinical symptom in the eye. The origin, however, is a sympatheticotonic disturbance of the whole organism. Accordingly, those patients do not only have high intraocular pressure, this is so-to-speak just the tip of the iceberg. With such patients, we rather find their whole nature to be "under pressure", and their diminished ability for relaxation and rest. They are focused outwardly and mostly "re-act" to their environment.

5.2.3. Therapy

The therapeutical goal is to lift the basic sympatheticotonia from the eye. As shown above, glaucoma immediately originates from insufficient flexibility regarding the pupil width, which we can stimulate directly, for instance by moving a light or a pencil up and down in front of the eyes in varying distances. While focusing near and far, the pupil has to open and close a little. Also direct light stimuli to the eye by a flashlight causes the pupil to constrict.

In body therapy, however, we do not stop at dealing directly with the symptom, but activate the whole eye segment, since „the vegetative“ (autonomic) „function does not know the anatomical demarcations“¹⁶. The dissolution of the "ocular armoring" can be achieved by activating eye movements - such as rolling of the eyes -, instructing the patient to open his eyes wide while inhaling, as in fright, or moving forehead and

¹⁴ Navarro S.43

¹⁵ Hollwich S. 164

¹⁶ Reich Function of the Orgasm P. 269

eyebrows. The overall expression of the eye region and later the whole face is given special attention and dealt with - for example, the patient might be instructed to look right and left "suspiciously". Working the eye segment also includes the treatment of muscular tension at the transition from the skull into the neck (occipital rim), which is always present in eye blocks.

Concerning the eye segment, a lot of techniques have been developed which find application in the treatment of near- and farsightedness¹⁷. Details on this can be found in the respective books on "Eye exercises".

Naturally, besides the intensive treatment of the eye segment, dealing with the whole organism's chronic sympatheticotonia will be part of therapy as well. This implies learning to reduce inner pressure and complementing the tendency of "keeping one's eyes open" with an "inwardly view". The patients learn to find themselves, to live and feel "from within" instead of having their actions led from outside.

According to what clinical studies found out about the character structure of glaucoma patients, we will expect a resurfacing of suppressed feelings during therapy. Examples of this are anxiety about the environment's reaction, need for control, suppressed anger in case of frustrating experiences or extreme distress, and pain about hurt sustained earlier in life.

5.3. Neck, Shoulder, and Back Pain

5.3.1. Pulsation of the ANS

On the level of the individual body segments according to Reich, increased sympatheticotonus can become manifest in chronically increased tension of the skeletal muscles. Man is basically just as segmentally structured as an earthworm. Reich, too, spoke of the body's segmental structure, and divided it into seven segments. In the following, however, we will refer to the segments of the nervous system, which are not identical with the ones described by Reich.

"The rigidity of the musculature is the somatic side of the process of repression, and the basis for its continued existence. It is never a matter of individual muscles that become spastic, but of muscle groups forming a functional unit from a vegetative (autonomic) „point of view."¹⁸

Healthy muscles display good tone, being neither floppy nor tense. The skin covering those muscles is warm and rosy, the joints mobile, movement smooth and fluid. But in most of us, permanent tension is present especially in the shoulder-neck-region. The muscles are hard, the skin cold, the joints crack with movement, and sometimes the muscles contain hard little lumps, called myogeloses. Furthermore, the back muscles

¹⁷ Kelley, New Techniques in Vision Improvement

¹⁸ Reich Function of the Orgasm P. 269

are often tense, especially in the lumbar region. The subjective sensations can span from a feeling of stiffness in that region to painful contraction all the way to incapacitating backache.

In orthodox medicine, the genesis of muscular tension has not yet been fully understood, it is rather taken for granted. Orthopedic surgeons often presume mechanical injury to the spinal column. In contrast, x-rays of the spinal column often do not match the intensity of the pain. The pain is also subject to fluctuation, whereas the changes in the spinal column remain constant. All this suggests that psycho-autonomic processes play a role in the intensity of the pain.¹⁹

It is well-known that relaxation, heat, and massage partly dissolve the tension and alleviate the symptoms temporarily, though unfortunately not permanently. So the treatment is not a causal one. Only a deeper retuning of the basic autonomic disposition can dissolve the chronic muscular block.

Based on the concept of chronic sympatheticotonus, we can see how the body is sent into the preparedness for fight or flight by external stress. This also involves the preparatory increase of muscular tension. If the anticipated activity -fighting or running away - then fails to materialize, but external stress persists, the muscles will *chronically* remain in that tension. Another example for this is tension created in childhood: if the child's temper tantrums are chronically suppressed by being beaten by the parents, the initial impulse to lash out travels into the shoulder muscles, which become tense. But simultaneously a counter-impulse ("too dangerous") stops the movement so that impulse and counter-impulse "get stuck" in the muscle, sometimes for a lifetime.

Depending on the strain's intensity, the tension can cause strong radiating pain by exerting pressure upon a nerve. In my practice, I have always found great tension in the neck region in patients suffering from headaches. Shoulder-arm-syndrome, cervical, or lumbar syndromes are possible effects as well. These may be triggered or aggravated by mechanical strain on the muscles (typewriting, knitting, playing the piano, lifting heavy items).

5.3.2. Psychological Component

Let us now have a look at the psychological components which can be expressed through tense neck, shoulder, and back muscles.

In German vernacular, "having a stiff neck" and "being stubborn" are expressed by one and the same word ("hartnäckig"). The neck becomes a symbol of strong will and striving for power. Anger and defiance are held back in the muscles at the back and sides of the neck as well. Another aspect is fear, which can proverbially be breathing down one's neck. The block of the neck furthermore intercepts the flow of energy and thus the connection between head and body, between intellect and emotions. People

¹⁹ Lassek ZDN, Paragr. 6.1

with very tense neck muscles are therefore often very rationally oriented with general difficulties to show their feelings.

Tenseness in the shoulders can imply different emotional components. Elevated shoulders rather point to an anxious expression, depressed ones to general suppression of emotions. Hunched shoulders hide the body's vulnerable front and, in women, the breast. Beating movements are often held back in the shoulder muscles. Tension in the area between the shoulderblades often originates from restrained crying, presumably in connection with the desire of longingly reaching out for something or somebody.

The expression "holding back" demonstrates the correlation between a muscular "holding of the back" and the restraint on the emotional level. An immobile spinal column can be a sign for mental immobility and lack of flexibility. It mirrors an inner state of mind which requires "backbone". Aggressions, especially kicking impulses, are frequently suppressed in the lower back. Moreover, the back stands for support in life: a lack of necessary "backing" results in back pain. Fear of softness and surrender lead to tension in the lumbar region: the hollow back lessens the pelvis' mobility, and with it the experiencing of sexual pleasure.

5.3.3. Therapy

The muscles in the neck region are readily accessible to massage. Using the Points and Positions Technique is easily possible.

Also, voluntary contraction, pressing the head backwards into the mattress, or intensifying the tension with the expression of defiance are possible. The expression of the head's position can be exaggerated such as "being grabbed by the neck" (fear breathing down one's neck), or the so-called "martyr position", with the neck being hyperextended. Moving the neck as in saying "no" or stretching the neck are further techniques of mobilization.

Again, the patient should consciously feel the tense muscles and suppressed impulses, and learn to permit the restrained expression of emotion and motion. Anxiety, defiance, stubbornness, anger, and crying can occur.

The procedure in the shoulder-arm-region is similar. In addition to passive techniques, mobilization of the shoulder muscles can for instance be achieved through beating with the arms, grasping with the hands, or reaching out with the arms. Doing so might involuntarily set off the emotional expression of anger or longing.

In the lower back region, active contraction/relaxation-exercises are performed besides massage and pressing of the muscle insertions. The muscles in this area can also be easily activated by powerfully kicking into the mattress with the feet. Feelings of anger, but also softness and pleasure can occur here. Again, in the process chronic tension is resolved and is replaced by a sensation of streaming in the pelvis and legs.

Through all the mobilization techniques for the neck, shoulders and back mentioned above, pulsation of the ANS is stimulated once again through the muscles' activation: the muscles relax, become painfree and warmly supplied with blood, flowing sensations occur, pleasurable feelings are perceived more intensely. In addition, a completely different perception of arms and legs may occur, causing long-lasting trouble with cold fingers and toes to give way to a sensation of warm hands and feet.

5.4. Bronchial Asthma

5.4.1. Pulsation of the ANS

Asthma is defined as a fit of difficulty in breathing with labored exhalation, often accompanied by whistling breathing, coughing, and sputum. Asthma attacks are caused by a combination of multiple factors. They are mostly triggered by an overreaction to allergenic matter, but can also happen without such. Often, but not always, the attack is accompanied by an alteration and swelling of the bronchial lining, and increased secretion of mucus in the airways, the crucial aspect being chronic constriction of the smallest bronchi, caused by the contraction of their smooth muscles. As seen earlier, sympathetic stimulation during inhalation causes the airways to widen due to the relaxation of the smooth bronchial muscles, whereas the parasympathetic nerves cause the muscles' constriction during exhalation. Under healthy conditions, this supports exhalation. In case of an autonomic dysregulation, however, the underlying chronic parasympatheticotonus results chronically in great tension of the bronchial muscles.

Recent clinical studies prove that chronic inflammation of the bronchial mucous membranes acts as the breeding-ground for the development of asthma. Therefore, therapy increasingly includes the use of anti-inflammatory drugs.

Robert A. Dew puts asthma down to the primary presence of muscular armoring in the chest, a contraction in the sense of chronic sympatheticotonus, caused by external or internal stress. Further increase in stress leads to its *turning over* into chronic parasympatheticotonus in this organ, thus triggering an asthma attack. He interprets this turnaround as the organism's attempt to breaking free from the chronic contraction. In his opinion, the retention of emotions through muscular armoring in the chest results in this parasympathetic "eruption".

Supporting this assumption is the fact that asthma often builds up only in the relaxation phase (parasympathetic) *after* external stress, such as after physical activity (sympathetic). Nurses also report that an asthma attack ceases when the patient is calmed down (parasympathetic). So here, the whole organism's increased sympatheticotonus beyond the imaginary "turning point" causes a turnaround of the ANS' way of influencing the airways into its opposite, chronic parasympatheticotonus.

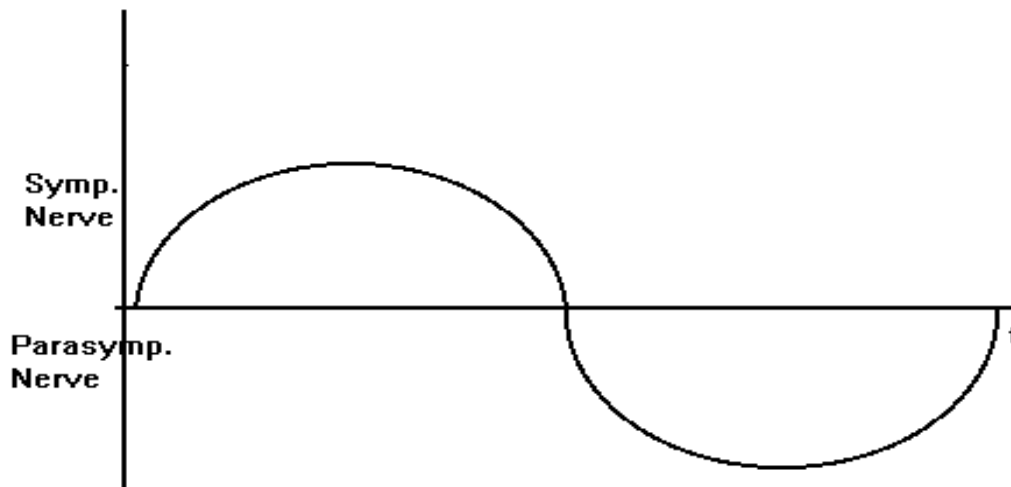


fig. 5: oscillation between sympathetic and parasympathetic nerve

Clinically, it cannot be determined for sure at this time whether an asthma attack represents a primarily sympathetic and only secondarily parasympathetic process, as explained above, or a primarily chronic parasympatheticotonic condition. But we can definitely say that asthma is a function of the organism's restricted pulsation, manifest primarily in the chest region in the form of chronic parasympatheticotonic symptoms.²⁰

The traditional treatment emphasizes mainly the choice and application of medication. Additionally, anti-inflammatory drugs (corticosteroids) are recommended as a prophylactic against the development of asthma attacks. In case of an acute attack, medication imitating sympathetic effects in the lungs is used, thus resolving the parasympatheticotonia. Again, the treatment does not go beyond a merely symptomatic therapy.

5.4.2. Psychological Component

The relevance of psychological elements in the genesis of asthma is assessed variably in literature, but is presumably high. Even job-related asthma often manifests only when combined with other psychologically straining elements. In this context, investigations concerning the experimental triggering of asthma attacks are interesting: 16 out of 18 subjects were able to learn to "produce" an asthma attack in very little time²¹. According to this, asthma would constitute a purely functional breathing disorder.

²⁰ Schmidt-Thews P.115

²¹ Dekker und Groen

The asthmatic's character structure includes a particular sensitivity for smells, as well as a reduced tolerance for his surroundings' dirt and uncleanness, but also for people's dirty and unclean behavior. The protest against this „incorrect“ environment finds expression through the asthma attack. Asthmatics are longing for love and being cared for, but have a hard time letting themselves fall. Aggressions are experienced intensely, but are difficult to express: they cannot "vent" their anger. The ambivalence between longing for closeness on the one hand and aggression on the other has been interpreted as "a scream for the mother"²², but also "a scream against the mother"²³. The desire for reuniting with the motherly object is countered by the fear of losing one's own individuality in the process. Asthma patients have difficulty keeping the balance between closeness and distance.

Dew and Baker describe the asthmatic's character structure in terms of external calmness, superficial anxiety, with underlying anger, and eventually deep fear. In Dew's view, besides the suppression of those feelings, the "chest armoring" also serves to retain excitation in the body's upper half, lest it should travel into the pelvis and genitals and arouse sexual feelings there²⁴.

Looking at the vernacular gives the impression of the asthmatic's increased demand for dominance, reflected in being "puffed-up", as well as the suppressed aggression - to "gasp for breath with anger".

5.4.3. Therapy

The increased inspiratory position of the ribcage becomes transfixed by chronically tense muscles, especially intercostal, back, deltoid, and diaphragm muscles. The energetic flow through the body is interrupted, the energy captured in the ribcage. This is enforced by muscular tension in the neighboring segments: much tension is often present in the throat, chin, and neck area on the one hand, and the diaphragmatic region on the other hand. Arms and hands are often rather under-charged energetically and cannot adequately perform their "natural tasks of grasping, giving and taking"²⁵.

In order to remedy the asthmatic's basic breathing disorder, we can start by dissolving the muscular blocks in the chest segment, and remobilize it by means of the Points and Positions Technique, contraction/relaxation technique as well as supporting exhalation. If the tension around the chest is disregarded, however, this can lead to increased anxiety and trigger an attack. Therefore it is of utmost importance to include the surrounding tension in the work, especially in the neck and diaphragmatic areas.

²² Alexander

²³ Mitscherlich

²⁴ Dew JoOrg6, Nr. 2, P. 189; Baker P. 103

²⁵ Pierrakos P.174

In the following, I will just briefly go into a few possible techniques which can be employed in order to further dissolve the muscular tension asthma is based upon. In doing so, the impression might arise that we are dealing with some genuinely "mechanical" job. However, the structural work on the individual body segments is never the goal as such, but serves the restimulation of the whole organism's energy flow - pulsation of the ANS. This is often linked to the experiencing and expressing of deep emotions by the patient, which formerly he could hold back through muscular tension. Structural work on the individual segments' muscular tension and functional work in the sense of supporting the re-enactment of previously suppressed feelings are therefore inextricably linked. Both have their common ground in working on the pulsation of the ANS, and are covered separately only for reasons of clarity.

On the emotional side, superficial anxiety and the fear of anger, especially in the form of guilt feelings, are apparent when starting therapy. Those feelings are also reflected in the facial expression. They can be addressed by instructing the patient to exaggerate a particular facial expression, especially by opening his eyes and mouth wide as in fright. In the area of chin and neck, "gritting the teeth" and a "stubborn", hard neck aid the patient's effort to suppress unpleasant feelings. In order to loosen the chin's tension mechanically, the therapist, besides direct treatment of the chewing muscles, may encourage the patient to perform biting exercises (for instance, using a biting ring or a towel). For the neck, we can once again employ immediate treatment of the muscles, contraction/relaxation techniques and head-rolling as in saying "no". Dissolution of the tension in neck and chin often generate spontaneous feelings of rage and anger. The patient learns to improve his "bite" in a figurative sense, or becomes more "biting" with other people for a certain time. Voice exercises are performed with the patient to help open the throat. Tension in the shoulder-arm region is released by beating or grasping exercises, massage, and contraction/relaxation techniques. Increased pulsation in the area of mouth and neck becomes noticeable for the patient by an improved ability to "vent" feelings, including anger. After working the chest segment, as explained above, the diaphragm can be relaxed through direct massage of its insertions on the ribs, triggering of the gag reflex, and breathing techniques. This enables the energy to flow increasingly from the upper body into the pelvic region.

If deepened exhalation is combined with the patient using his voice while having chin and eyes open, and beating with the arms or grasping, after some time the so-far suppressed "scream for the mother" or "scream against the mother", respectively, will find spontaneous expression while experiencing either rage or deep longing. When, given some time, this works without feelings of guilt, the patient feels very relieved. Because the chest segment's pulsation of the ANS has been stimulated so much by the procedures mentioned above that chronic sympathetic over-stimulation turning into chronic parasympatheticotonus cannot happen any longer, the frequency of asthma attacks will have largely decreased by that time.

Through the work on the diaphragm and the increased flow of energy into the pelvic region, the patient is confronted with his difficulties of experiencing sexual pleasure. The surfacing feelings activate the patient's deep anxiety of surrender, and may again trigger

asthma attacks. This is another sign of the asthmatic's ambivalence between looking for "symbiotic fusion" on the one hand, but fearing to lose individuality in the fusion on the other. The goal is to reach balance between closeness and distance, dependency and freedom, and to take charge of shaping one's own life.

Reich described that mechanism with the case study of a female client with heavy bronchial asthma. "The asthma disappeared with each progress in vaginal excitation and returned with each shift of excitation from the genital to the respiratory organs."²⁶ With the admission of pleasant excitation in the pelvic region, the perception of the "body's center of gravity" shifts during therapy. The energy is not retained in the form of an over-charge in the body's upper half any longer, where it causes a pulsation disturbance, but rather gathers in the body's actual "center" below the navel. This is accompanied by a subjective sensation of greater calmness and balance, increased joy of life, and sexual sensitivity as well as the occurrence of the orgasm reflex as described by Reich, indicative of unobstructed pulsation of the whole organism on the level of the autonomic nervous system.

5.5. Peptic Ulcer

5.5.1. Pulsation of the ANS

We will now turn to another complex of somatic disorders, which can well be traced back to a disorder of the ANS' way of functioning. We are talking about diseases of the stomach and duodenum, specifically the complex of ulcers occurring there. As with back pain, with ulcers we encounter the phenomenon of a frequent discrepancy between physical findings and subjective perception. Especially in older patients, the ulcer need not cause any pain, whereas typical ulcer pain may occur in patients without one.²⁷

Peptic ulcers are a defect of the mucous membrane, which is accompanied by the formation of scar tissue, and which besides pain can lead to bleeding and perforation of the stomach's or intestines' walls. The formation of ulcers is closely associated with the production or overproduction of gastric acid and other digestive enzymes, as well as a deficiency in gastro-intestinal motility and circulation in their lining. The lining protects the stomach from self-digestion by gastric juices. In the cases of either excessive production of gastric acid or insufficient blood supply in the mucous membranes, this protection is no longer sufficient.

There has been a lot of talk lately about peptic ulcers being caused by a bacterium, *Helicobacter pylori*. However, ulcers without bacterial settlement can be found. Moreover 80% of Ireland's population is carrying this bacterium with most of them not suffering from ulcers, there is an indication of a rather multi-determinant genesis of the disease: bacteria may be involved, but are definitely not the sole reason.

²⁶ Reich Function of the Orgasm P. 135

²⁷ Siegenthaler P. 788

As to the ANS, increased production of gastric acid is activated by the parasympathetic nerves, just as it activates the gastro-intestinal tract's motility on the whole. Reduced blood supply to the stomach, however, is based on higher sympathetic activity. According to clinical studies, active stress ulcers develop on the basis of sympathetic hyperactivity with reduced blood supply in the gastric lining. With chronic peptic ulcer and duodenal ulcer, increased acid production caused by increased parasympathetic activity is predominant.²⁸

Ulcers can develop as literal "stress ulcers" through damage in the autonomic nervous system. In tests with rats which were exposed to external stress without any possibility to escape it ("immobilization stress"), peptic ulcers could be caused in a high percentage of animals.²⁹ In studies of a patient with a stomach fistula, tense, ambivalent situations with persistent trouble resulted in parasympathetic effects on the gastric lining (increase in blood circulation, motility and secretion). Anxiety, fear and depressivity, however, set off an opposite sympathetic reaction.³⁰

Clinical neurologists assume that formation of ulcers cannot be viewed so much as an *either* sympathetic or parasympathetic process, but that disturbances in the "autonomic coordination" with damage of the gastric lining through insufficient blood circulation on the one hand and increased acid production on the other hand lead to the formation of ulcers.³¹

Accordingly, the origin of ulcers would be not so much a chronic persistence of either of the autonomic extremes, but a back and forth between the extremes, but not in the sense of a healthy, coordinated pulsation and oscillation, but in the sense of sudden change "from one extreme to another", without coordination of sympathetic and parasympathetic activity, more in the sense of the body's inability to "decide" on either direction.

Generally, it can be said that disturbances in the "autoregulation of the balance between defensive (or protective) and aggressive (or damaging) mechanisms can result in the formation of ulcers."³²

The orthodox therapy basically consists of symptomatic measures, such as stopping the haemorrhaging, application of acid blockers and antibiotics, as well as dietary recommendations. A causal therapy does not take place.

5.5.2. Psychological Component

²⁸ Schiffter P. 65

²⁹ Ader

³⁰ Wolf und Wolf

³¹ Schiffter P. 65

³² Uexküll P.630

Psycho-somatic researchers found out about the "typical" ulcer patient's longing for a conflict-free childhood, motherly care, infantile dependency, and being loved. Critical for the dependency tendency might be experiences of separation during childhood, which can often be substantiated biographically.³³

As a compensation for family security, ulcer patients often give high priority to the affiliation with a social group. The longing for care is often compensated by great ambition and striving for success. Between the usually unconscious desire for being dependent and cared for (parasympatheticotonic process) and striving for independence (sympathetically supported), a contradiction arises. Depending on how far the patient gives in to his dependency tendencies, he appears "openly dependent" or, if covering up this behavior, "pseudo-independent".

The ulcer patient's longing for the conflict-free childhood is closely connected with the often lacking capability of dealing adequately with anger and aggression. Aggressive tendencies can either be strongly inhibited, or - in the other extreme - are displayed in an exaggerated manner. The ability for conflicts and the healthy confrontation of challenges is generally reduced. External stimuli can often be "digested" poorly, inner digestion in the form of "tearing oneself apart" taking place instead. In the vernacular, we find expressions like "this upsets my stomach", or "swallow one's anger" for stomach trouble. The increased acid production with an ulcer finds its equivalent in the expression "looking sour". All this proverbial wisdom hints towards the ulcer as an expression of suppressed feelings, especially aggressions.

The manifestation of an ulcer is presumably typical for a situation in which the person is torn between two opposing tendencies. If that person does not know whether to fight or flee, attack or surrender, he is in a dilemma similar to the stressed-out, immobilized rat's mentioned above.³⁴ The patient longs for the conflict-free existence, does not want to fight, but then feels threatened by deep helplessness in the face of attacks from outside. As a compensation, he wants to fend these attacks off. They either "plunge headlong into the battle" and deny their passive side (pseudo-independent type), or get stuck due to aggressive inhibition, swallowing their anger and denying their aggressive side (openly dependent type). In both cases, the conflict between longing for care and the aggressive approach of life's tasks is not fundamentally resolved. There is no "as well as", but only "either/or". On the autonomic level, uncoordinated back and forth between sympatheticotonus - in the sense of attack mode - and parasympatheticotonus - in the sense of resignation mode - takes place, forming the morphological foundation for the ulcer process.

5.5.3. Therapy

³³ Uexküll P629

³⁴ Schiffter P. 66

On the segmental level, peptic ulcer goes along with a hardening of the muscles in the diaphragmatic and abdominal region. This tension has a direct impact on the activity of the solar plexus, the large autonomic nerve node located immediately below the diaphragm. On the muscular level, therefore, techniques which activate the diaphragmatic and abdominal muscles, establishing "healthy tone", prevail.

There are various ways to work on the diaphragm. One possibility is via various breathing techniques, for instance practicing extreme diaphragmatic breathing. The diaphragm's insertions on the ribs as well as the posterior ligament attachments are also accessible to direct stimulation by Points and Positions work. The strongest stimulus to the diaphragm is the triggering of the gag reflex without interrupting the exhalation. By this, the parasympathetic nerve is activated, and autonomic oscillation stimulated again, the diaphragmatic block is resolved, and the diaphragm is once again free to oscillate with breathing in and out.

Practicing the gag reflex can be accompanied by nauseous feelings going as far as vomiting. It constitutes a strong manipulation of the patient's autonomic system. Gagging is actually a movement opposite to swallowing (as well of food as of emotions!). In a non-armored organism, gagging and vomiting can happen very easily. It is observable in infants as well as in the animal kingdom with dolphins, cats and dogs. The "normal" adult's agonizing about gagging is due only to acquired muscular tension. Through the practice of triggering the gag reflex during therapy (and also artificially induced vomiting), it can gradually be loosened, while at the same time the emotion captured in it becomes perceivable and expressible to the patient.

Resolution of the diaphragmatic block, being the muscular block located between upper and lower body, goes along with twitching and waves of excitement towards the head and the genitals, and is accompanied by feelings of giving way and surrender.

The abdominal segment, the free mobility of which is mainly impeded by tension of the straight and transversally running abdominal muscles, some back muscles, and muscles inside the abdominal cavity along the spinal column, can also be influenced by breathing techniques and manual treatment (Points and Positions).

Once again, I would like to emphasize here explicitly that body therapeutical work does not consist solely of the mechanical relief of individual muscular tension. Especially the triggering of the retching reflex must not be carried out isolatedly, since it represents a very invasive autonomic intervention. The "dis-armoring" of all segments above the diaphragm is an indispensable prerequisite. The „overall view“ is important. As an example, let me point out here that the capability of gagging or vomiting largely involves the activity of throat and ribcage. If these were not mobile, the energy which is set free through the treatment of the diaphragmatic segment and which wants to flow towards the head would be obstructed by muscular blocks further above. It would "get caught" in that block, i. e. aggravate it even more. This could cause pain and new somatic symptoms in that area.

The treatment of the diaphragmatic and abdominal area moreover leads to an increased flow of energy into the pelvic region, which can activate strong anxiety. Therefore, it should be followed by further body-therapeutical work on the pelvic area. The resolution of the diaphragmatic block is to be viewed as only one part of the body-therapy that is of particular importance for the ulcer patient's recovery.

During the resolution of the blocks mentioned above, the patient is of course once again confronted with previously repressed emotions. He becomes at first more aware of passive aggression and oral need. Anxiety surfaces before the patient learns to deal actively aggressive with the environment. The diaphragmatic segment is especially capable of hosting "murderous rage", which is allowed to be expressed in a protected therapeutic atmosphere. Feelings of giving way and surrender once again can only be admitted after dealing with the deep fear of pleasurable energetic flow through the body.

By the end of therapy, the ulcer patient should have acquired the ability to "take care of himself" instead of oral regressive dependency, as well as expressing aggression in an adequate manner.

6. SUMMARY AND CONCLUSION

The present account of structure and function of the autonomic nervous system, definition of disease and health according to Reich, and the exemplary presentation of individual syndromes has been an attempt to bring body therapy's "medical side" somewhat more to the fore. The autonomic nervous system is a complex subject. I consider it very important not to let the Reichian findings vanish in the mist of mysticism, especially when so-called "neo-Reichian therapies" are popping up like mushrooms. Reich was a physician and a scientist, always busy further elaborating the scientific foundation of his theoretical concepts further. There are still a lot of exciting discoveries waiting to be made in this area, and I hope to have aroused some curiosity for them in you.

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