

Heart, Heart Feelings and Heart Symptoms

by Courtenay Young

I would like to deliberately leave aside in this chapter the heart qualities of the therapist (such as natural compassion) because I take this to be an almost given, understood, and universally accepted necessary prerequisite. There is considerable evidence to show that it is the quality of the therapist that is more efficacious than the quality of the therapy¹ and that the quality of the therapeutic relationship is highly significant.² Outcome research has also consistently demonstrated that clinician and patient-therapist reciprocal effects are primary moderators of therapy outcome.³ Other research findings also show that belief systems, Faith, are important for many people in therapy (though a therapist's behaviour is considered more important than his belief system⁴) and that also people with a reasonable expectation of the efficacy of therapy, Hope, do better. So we are back to the three great fundamentals: Faith, Hope, and Compassion – and the greatest of these is Compassion, or Love. And Love is traditionally located, by nearly every culture, in the human heart; as well as being seen as one of the most powerful and fundamental of human feelings. Therapy is connected with love, and the need for therapy is connected with lack of love.⁵ So what is the role that love, or the heart, plays in therapy, and how can we help people with their heart feelings?

In Character-Analytic work, started by Reich and followed by many others, the heart is seen as being in the fourth 'armoured' segment of the body containing the heart, the lungs (breathing) and the arms. Neo-Reichians, like Lowen, see the heart as being "... boxed in between the tensions in the roof of the chest, at the neck, and the tensions in the floor of the chest, at the diaphragm,"⁶ and these two rings of tension are primary in blocking off one's feelings from one's perception. To a divided person, as described, any spirituality or finer feelings take one away from sexuality and the body, just as sexual expression pulls one away back 'down' away from spirit into the flesh. However both these polarities lack 'heart' and body-psychotherapy is more interested in helping restore a dynamic flow of energy and feelings from the head to the heart and to the rest of the body, and back again.

As far as research goes, there is a growing sense of awareness that body-psychotherapy, autogenic technique, and relaxation techniques are useful in helping people with heart attacks or heart conditions. However the proof does not seem conclusive at present.⁷

¹ Wampold (2002)

² Hubble et al. (1999)

³ Alimohamed et al (2001)

⁴ Grunebaum (1975)

⁵ Pierrakos (1974)

⁶ Boadella (1987) p. 67

⁷ Guimón (1997) p. 198

One of Boadella's psychotherapeutic principles in Biosynthesis is to try to integrate the head, the seat of intellect, the heart, the seat of emotion, and the *hara*, the seat of identity. New Age therapists often tend to follow the Eastern concept of the chakras, and the heart chakra, and energetic connections can be made with the thymus gland and the cardiac plexus. Shiatsu and the acupuncture meridians are also very connected with the heart and the body's four-fold circulation flow that moves in and out of the heart centre. Thus the heart is not just a static thing to work with and fix, if broken, like a transmission unit, but the centre, source and receptacle of powerful emotions and a sense of life and well-being.

When we look at a person's breathing, the heart centre is related to thoracic breathing, and "In thoracic breathing the chest is pumped up and held in an inflated position. Feelings are held back, creating a sense of over-containment. There is a fear to breathe out fully; letting go would feel like dying (expire + expire), like dissolving the boundary and falling into more self-expression. Paradoxically, this sense of thoracic pressure actually creates a risk of dying, since the over-inflated inspiratory breathing pattern is frequently associated with Type A (rigid) personalities who are prone to high blood pressure and heart-attacks."⁸

There are three essential ways we can generally use the word "heart". The first is the psycho-physiological way where the heart relates to the pump, circulating blood, fluid, energy, nutrition and oxygen – the essentials, to every part of the body. Stanley Keleman writes:

"Blood is an electrified fluid that is given tidal thrust by the heart and its vessels. Blood circulation is a generalized function with a specialized local organ, the heart. Blood and gas exchange takes place all over the body, yet the heart is the central pump. The heart and its main branch, the aorta, send energized fluids through the body. The aorta, accompanied by the oesophagus and the vagus nerve, pierces the diaphragm. Here the intimate relationship between the heart and the dome of the diaphragm is established; breathing and the heartbeat communicate directly. The location of the vagus nerve also makes clear that breathing and heartbeat give rise to sensations that flood the whole organism."⁹

We should also not forget that the blood (and everything else in the body) is carried in tubes, and the formation of these tubes – their elasticity, or rigidity; their pressure and the strength or weakness of their walls, is crucial to the healthy physiological functioning of that person, so the heart is a central part of a very complex system. Keleman again:

⁸ Boadella (1987) p. 78

⁹ Keleman (1985) p. 42

“The internal tubes and organs are affected by overbound or underbound muscle states. Inside of cardiac and smooth muscle tubes are holes, channels or lumina through which food, air, and blood pass. ... With rigidity, these holes narrow in spasm. ... In swollen structures the muscle tube cannot create resistance ... The lumina inside the various tubes lose shape and differentiation. In collapse or atrophy, the body wall implodes, crumbles, loses form.”¹⁰

His central theory, in *Emotional Anatomy*, is that it is our life experiences and our emotions that give our bodies their shape and form. “The shapes seen throughout this book are consequences of human attempts to love and be loved.”¹¹ In Body-Psychotherapy we take the person’s aetiology and these associations and juxta-positions very seriously. We see the body as an interconnected whole and, whilst a different function may be happening in one organ alongside another, there may also be a distinct relationship between the two. Here, we see clearly that the heart and the breathing are very related: the bloodstream carries the energy of the breath to every part of the body. And the emotions are also intimately connected, with the heart and with the breathing.

This leads us in to the second understanding of the heart, and Boadella writes:

“Secondly there is the heart centre in the body, the centre of feeling. ... The heart in the second sense begins to be contacted in any therapy that works with ‘opening the feelings’. You can work down towards the feelings by loosening the cramps in a person’s mind, or you can work up towards the feelings by improving his contact with the ground and the body.”¹²

And since the word “heart” is so central in our language, we must consider also the language of the body that Alexander Lowen writes about:

“The richness of expression involving the word heart shows how important its extra-mechanical aspects are to people. Here are some of them. In the expression “go to the heart of the matter” we equate the heart with the concept of essence. It also connotes the centre or core as in the expression “You have reached my heart,” which we assume means a person’s deepest, most central aspect. “With all one’s heart: indicates total commitment. Since it involves the deepest part of a person. Everyone knows we associate the feeling of love with the heart. “To lose your heart” is to fall in love; “to open your heart” is to take in the love of another person. “To

¹⁰ Keleman (1985) p. 85

¹¹ Keleman (1985) p. 149

¹² Boadella (1987) p. 162-3

wear your heart on your sleeve” is to look for love. So far it is used largely symbolically. But the heart is not just associated with feeling; it is, according to our language, a feeling organ. When we say, “My heart shrank within me,” it conveys a proprioceptive sensation which another person can sense within himself as donating an extreme of anxiety and disappointment. The heart also expands with joy, and this is a literal statement, not just a figurative one. If that is the case, does the expression “You have broken my heart” donate a real and physical trauma? I tend to believe it does but also that broken hearts often mend themselves. The word “break” does not necessarily mean “break into two or more pieces.” It could mean a break in the sense of the connection between the heart and the body’s periphery. The feeling of love no longer flows freely from the heart to the world.”¹³

Working with people’s bodies and bodily manifestations in Body-Psychotherapy is a richly rewarding experience, and more so when we touch their hearts or our hearts are touched by their work on themselves. One of the more graphic case histories illustrating this, and the complexities of Body-Psychotherapy work, can be found in Barbara Holifield’s account of working with Delores, “*Against the Wall: Her Beating Heart: Working with the Somatic Aspects of Transference, Countertransference, and Dissociation*”.¹⁴ Holifield writes: “Similar to dreams, the body expresses a raw, elegant poetics. At times this wordless language is harsh and primitive, like the disturbing occurrence of heart problems, or the deeply upsetting quality of a recurring, gruesome and murderous dream.” In another article in the same book, there is this marvellous account of some bodily integrative work, initiated by some dance and movement work in psychotherapy, with Tina Stromsted:

“Slowly she eased the muscles in her neck, bringing her head into alignment with the rest of her body. Her lips and chest began to tremble and her breath dropped into her belly. I encouraged her to place one hand on her heart and the other on her belly. When she did, her lips gave way and a great howl emerged, followed by a long period of sobbing. A dam had broken. Her earlier cat nightmares came spontaneously to mind, and we talked about how they seemed profoundly connected to the twisting-off movements in her neck and the sense of her feminine nature which had been so wounded.”¹⁵

When we consider working with these feelings in therapy, we must consider the means of expression of the feelings of the heart. In Lowen’s form of Body-Psychotherapy, Bioenergetics, it is felt that the primary channel of expression for heart feelings is through the throat and mouth. If these are

¹³ Lowen (1975) p. 85

¹⁴ Johnson & Grand (1998) p. 59-84

¹⁵ Johnson & Grand (1998) p. 154

'blocked', no really effective work is possible and thus work on these areas is a pre-requisite to working with the heart feelings. As therapists we can help the client to become more conscious of how they block themselves in this area and what the obstacles to that sort of expression may be. The second main channel of expression for our heart feelings is through the arms and hands as they reach out to touch and as they receive other peoples' touch. For love to flow, the channels of that flow must be 'open' and often we find difficulties in 'reaching out' from our heart to express compassion to others. Tensions in the shoulders, extensor muscles and wrists and hands can all block these expressive heart feelings in many subtle ways, turning a reaching into a grappling, or a caress into a possessive stroke, or creating a rigidity that is off-putting to the other's embrace.

The third way of expression of the heart feelings, in Bioenergetics, is downwards into the pelvis and genital area. Sex is an act of love, when one's heart is involved. When this fully happens, "the sexual experience has an intensity and reaches a level of excitement that makes climax or orgasm an ecstatic event."¹⁶ In a woman, the heart also has a direct connection with the breasts, which not only respond erotically or glandularly to the impulses flowing from the heart as the functions of the breast become involved in either sexual expression or nursing one's child – a clear expression of maternal love.

Boadella goes into further complexities. He relates the four basic qualities of the heart found in Tibetan Buddhism: love, joy, compassion, and balance or equanimity; to a bi-polar deviation (one often an opposite and one a slight distortion) of each of these qualities and then uses the resulting eight-fold schemata to help direct a person's therapy. Thus love (non-possessive, goodwill) deviates into either possessive love (the opposite) or oral-compensated love or co-dependency (the distortion). Joy & happiness deviates into either helpless misery or frivolous excitement. Balance deviates to either over-emotionality or to indifference & apathy. And compassion deviates to the misuse of power or sentimentality. He teaches that centering in the heart quality will help neutralise its opposite, and thus we have a direction for the therapy of heart feelings. But where the person is caught up in the distortion, it is better to centre on a different heart quality, so love is used to counteract apathy; joy to counteract sentimentality; balance to counteract frivolity, and compassion to counteract symbiotic dependency. He further relates these eight emotional states coming from the four heart qualities to the developmental time in life when the distortion of the heart quality manifested and these he connects to the four main character patterns: the schizoid-hysteric (in first six months) upsetting inner balance; the manic-depressive (in second six months) upsetting the sense of joy; the narcissistic-borderline polarity manifesting in the second year; upsetting the sense of love to others; and the compulsive dominant/submissive polarity coming from distortions in the third year of growth destroying the sense of compassion and empathy with others.¹⁷

¹⁶ Lowen (1975) p. 87

¹⁷ Boadella (1995) p. 5-20

However all this theory is used, finally one comes to the inner sense of the heart, in the ability to feel one's inner essence and the connection with things much greater than the self. John Conger writes: "Loving is not feeling or gushing or romance, but an awareness that gives meaning, which may be as cool as a glass of water on a summer day. Like water, love fills the shape of what is needed. When the mind is not braced against the heart, we have vision in our words."¹⁸ He also advocates a growing sense of loving and feeling coming through the integration of the head, the heart and the rest of the body, for it is not just a mind-body duality that has to be worked against, but the unfeeling and hardness that comes with the cut-off heart. I shall leave the last word to Lowen, who writes:

"People come to therapy with various complaints: depression, anxiety, a feeling of inadequacy, a sense of failure, etc. But behind each complaint is a lack of joy and satisfaction in living. It is popular today to talk of self-realization and the human potential, but such terms are meaningless unless one asks – potential for what? If one wants to live more fully and more richly, it is possible only if one opens his heart to life and to love. Without love – for one's self, for one's fellowman, for nature and for the universe, a person is cold, detached and inhuman. From our hearts flows the warmth uniting us to the world we live in. That warmth is the feeling of love. **The goal of all therapy is to help a person increase his capacity to give and receive love – to expand his heart, not just his mind.**"¹⁹

¹⁸ Conger (1994) p. 224

¹⁹ Lowen (1975) p. 89

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