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# On the Possibilities of Integration and Bio-Energetic Therapy

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Sophrology is a psychomatic therapy derived from hypnosis and autogenous training, with some insights taken from yoga, mahajana Buddhism and Zen. Basically it is a relaxation, concentration and meditation approach to health.

One of the main tools of this approach is psychodynamic relaxation. This is a series of exercises to teach the patient (or client) a way to reach contemplation.

Contemplation in sophrology is defined as the awareness of peristaltic movements, and is reached during the third stage of the training by using methods derived from Zen meditation, as adapted to Western life style and including a koan exercise.

Since our contacts with bioenergetic therapy, we have been working from a more Reichian orientated standpoint. We are taking the position that this final stage in sophrology therapy and Reich's orgasm reflex have much in common.

We have found that this therapy has somewhat the same usefulness and limitations as Gestalt. His of limited value for psychotic and prepsychotic states, but can be successful in psychosomatic disease as well as in existential neurosis.

The psychodynamic relaxation can be used both in group and in individual therapy; it consists of three degrees or stages, each stage taking about one to two months training of one session a week. During this time the patient is expected to do the exercises on his own at least three times a week.

After each stage the client himself can choose the exercises, which he finds most useful. This means that the patient is developing his own treatment in dialogue with his therapist.

The first stage is based on raja yoga exercises; the second on Buddhist techniques and the third on certain Zen exercises. It must be stressed that these exercises are learned during sophronic state.

This sophronic state is the stage just before falling asleep. It can be induced by the therapist.

Personally we use this induction with the patient in an upright position which has the advantage of preventing the patient really falling asleep.

We insist on the fact that this sophronic induction is not a form of hypnosis, though the sophronic state is trance-like. However, the subject stays completely aware of what is going on, and of what he is doing.

The difference between the hypnotic and the sophronic induction is important: in hypnosis the subject is brought into trance by the action of the therapist.

In Sophronic induction though terpnos logos is used this is alternated with normal speech and induces a directed awareness to the patient, who stays master of his own process.

The first stage includes seven series of exercises to relax the eyes, nose, mouth area, the neck, shoulders, torso and arms, diaphragm and abdominal area, and the legs. In this stage we also include a few exercises to open the pelvis.

After each two exercises there is a resting time which is at least as important as the exercises. This resting time is used to stay in the sophronic state and to deepen it.

In the first stage we use no concentration or meditation technique, apart the staying in the sophronic state we emphasize the control and relaxation of the muscles and the deepening of respiration, principally expiration. All these exercises are done slowly, the patient having to hold and deepen his sophronic state while doing them.

After this first stage we introduce dreamwork or directed daydream. It can be that the patient is sent to a chiropractor to open up his body more.

The dreamwork—as used in Gestalt—generally helps to prevent the drifting away during the sophronic state in the next two stages.

During this first stage the aim is to improve the general muscular tonus and the opening up of the body (in bio-energetic terms, heightening the body's energy level and removing blocks.)

The second stage consists of two parts. In the first part the subject concentrates on an object and then transfers his attention to his own body. In this state awareness is directed to the posture, breathing, the flow of the blood stream and somatic vibrations. In the second part body movements are introduced. Each series of

movements is followed by a resting period. In this second part awareness is directed to the five senses and a further deepening of the sophronic state.

In the final, third stage, the subject learns Zen meditation with use of a here-and-now koan.

The main differences between our sophrology approach and Gestalt and bioenergetic therapy is that we do not provoke the patient into acting out his feelings by screaming or the like. We try not to bring the body into stress. What we are missing so far are the interpersonal interaction aspects which Gestalt and bioenergetic therapy do have. Up to now we have made up for this by directing our patients to personal growth, Gestalt or bioenergetic workshops in addition. This is not completely satisfactory. It is not an integrated approach and the contrast between our quiet approach and the sometimes bewildering action in those workshops can be worrying.

We are for the moment experimenting with introducing more interpersonal oriented exercises. By explaining our approach here we hope others will be led to integrate some aspects of our approach in their work. We would like to hear from anyone who may have tried a similar approach, or who would like to know more about our own work.

Suggestions, questions etc. are always welcome at our address: Richard van Egdome, e/o E.F.M.G. Kempenlaan 25, B-2300 Turnhout, Belgium.

#### **Suggested Reading:**

*A. Cayecedo: Dictionnaire abrégé de sophrologie et de relaxation dynamique, éd. Enrege, Barcelone 1972.*

*J. Courchet: La Respiration Dynamique, Relaxante, Maloine éd., Paris 1974.*

*G. R. Rager: Hypnose, Sophrologie et Médecine, Fayard 1973.*

*R. van Egdome: Meditatie en Social Gedrag in Facultatief 9, E.F.M.G., ed., 1974.*

#### **Appendix: A Case of Existential Neuroses Treated by Sophrology.**

*Erik O. is a 36 years old businessman. He got my address through a friend of his wife who did some workshops with me. He has increasing fears about death. This has happened three times in his life: when he was 14, when he was 22 and now. He had been coping up to a point by talking with a priest and reactivating his religious life. His symptoms now are: need to drink large amounts of alcohol before being able to sleep; failing this his fear keeps him awake for hours; while driving or working he has episodes of severe trembling which he cannot repress: he is very concerned about his health and therefore forces himself to undertake sporting activities. This client is seen once every two weeks for sessions lasting one to two hours.*

- 1st Session: learned how to reach sophronic trance in upright position and some talk about his and the therapist's view on life and death.
- 2nd Session: Erik reports how the sophronic basic exercise enables him to relax. He has done the exercise almost every day except three times when he has been disturbed. He is asked to continue the exercise looking for situations where he cannot be disturbed. During the session he is taught how to deepen the trance.
- 3rd Session: Erik reports that he did not need to drink for two nights and had been feeling quite relaxed for the first time for about six months. During the session he is taught 10 exercises while not in trance and told how to use them to deepen the trance as well as to implement the awareness of his body. This is then practised during the session.
- 4th Session: Erik reports he has had trembling attacks which he could not master not even by doing the exercise. By using the Gestalt approach this trembling is brought into the here-and-now while in sophronic trance and he is then taught how to use this symptom to get more relaxed and to use it as an additional tool in body awareness.
- 5th Session: As Erik has a cold we work with symbol drama on a guided imagery with symbols for life, friendship, love and death. He seems to have troubles with friendship. He is then told how to work out symbol drama himself in the Gestalt way and we suggest he should do this while in trance.
- 6th Session: Further work on the difficulties with the imagery work and how to use it before falling asleep.
- 7th Session: Erik reports being more relaxed and not needing to drink. However he has problems about refusing to drink when he is with friends. This problem is dealt with in a Gestalt therapy way.
- 8th Session: Centering techniques are now learned while in trance and after having done the whole previous series of the first stage of psychodynamic relaxation. This is the second stage.
- 9th Session: Everything is OK. The first and second stage of psychodynamic relaxation are repeated under direction of the therapist.
- 10th Session: Eric feels fine, has no main problems to report, he feels relaxed and centered. A here-and-now koan is given after doing the previous stages and while in trance. Eric has a peak experience. As a final commitment we agree to see each other during a workshop within six months as a formalized follow up and for him to give me a phone call if he should need help. The amount of work he does is left entirely to him.

This example of sophrology therapy is typical, though unusually short. The deal with my clients is normally that the problem they come for will be cured within a year. This only applies to ambulant patients.