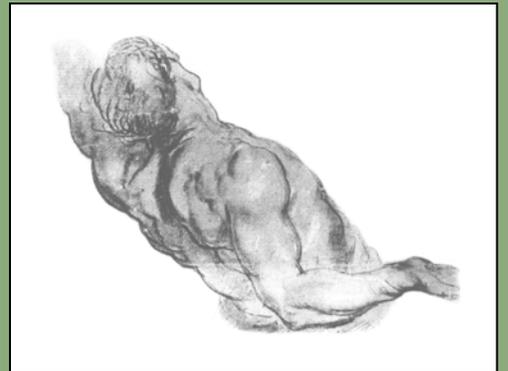


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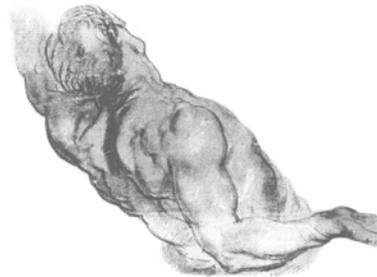


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USABP Mission Statement

The USABP believes that integration of the body and mind is essential to effective psychotherapy, and to that end, its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity. (revised October 1999).

Body Psychotherapy Research: An Introduction

Alice Ladas, Ed.D.
Research Chair, USABP

I have a dream....that every physician, nurse, psychologist, social worker, and other healthcare practitioners, get some training in how to deal with muscle tension, breathing, touch (when appropriate and agreed upon), and learn to be focused or centered with their patients or clients. What do we need for this to happen? We need research! Shortly before the conference I had dinner with two renowned physicists. Although seniors, they acted like excited kids when talking about the latest research. They said several things relevant to our work. From the study of emergent behavior in physics and biology, no matter how thoroughly you study the properties of individual water molecules, you cannot predict the different qualities which will lead them to becoming a solid, liquid or gas. You can only find out the answers by observation. But Heisenberg told us that when an observer observes a molecule, the mere act of observation changes it. My dinner companions also said that if you know in advance what you are going to find, the research is not worth doing. And they added that when you work with human subjects, research problems intensify exponentially.

Taking all these factors into consideration, it is easy to understand why we received fewer submissions this year than we did in 2002. Research in our field is not only supremely difficult and unfounded; it is time consuming, expensive, tedious, demanding, and when you get all through, you may not have anything worthwhile to show for the effort.

Problems in psychological research are by no means confined to body psychotherapy. From an article in the December 2004 Psychotherapy Networker: "...the debate over what constitutes evidence has vast implications for the future of psychotherapy." Ronald Levant, current president of APA, was quoted in the New York Times, saying: "this entire approach - to develop manuals and require practicing psychologists to use them - is fundamentally insane." His statement came as a rebuke to those who are pushing for tightly controlled trials that rely on highly standardized therapy methods, also known as evidence based research. In deciding which studies merited our prizes this year, we faced similar kinds of problems. Do case studies qualify as valid research? Did the therapists participating in the prize-winning study actually use the methods advocated by their groups? Should we give the prize to a study that is still in process?

The 7 criteria by which we reached our decisions are:

1. Does the study add to the knowledge base about body psychotherapy?
2. Are the objectives of the study clearly stated?
3. Are the protocols and procedures used to test the objectives clearly described?
4. Can the study be replicated using the same or different body psychotherapy modalities?
5. Does the treatment of subjects conform to ethical guidelines?
6. Are the results presented in a clear well organized fashion?
7. Are the conclusions clearly stated and justified by the data?

The winner of the \$500 Research Award, a study which met these criteria is: "Preliminary Results Concerning The Effectiveness Of Body-Psychotherapies In Outpatient Settings- A Multi-Center Study In Germany and Switzerland." The chief investigator is Dr. Margit Koemeda-Lutz, one of the editors of Bioenergetic Analysis: The Clinical Journal of The International Association for Bioenergetic Analysis, along with fellow authors: Martin Kaschke, Dirk Revenstorf, Thomas Scherrmann, Halko Weiss and Ulrich Soeder. As one committee member said: "This is an ambitious study with a worthy aim. It examines the practice of body psychotherapy in the real world, involving multiple therapists and multiple treatment modalities". It is a prospective rather than a retrospective study. The introduction and background information outlines the need for such a study in light of the political and economic problems we face in bringing the value of body psychotherapy to the wider community. This is the seventh year the researchers have been collaborating on this study. Hopefully, their work will stimulate some group or groups in the United States to organize a comparable project. We are in dire need of positive research studies. As Bioenergetic trainer Virginia Wink wrote in a recent letter to me: "I think the lack of research in the Institute over the years is a tragedy. Had we had it, we would be in such a different place today to have a significant voice in the field...."

An article about psychological science in the most recent American Psychological Association Journal, states: "most research in the social sciences is produced by one or two people who share the same background and...methods....the rewards of running a large collaboration balance out the time demands....big interdisciplinary science will attract big money." The Koemeda-Lutz study is right in line with the push for collaborative work. As for attracting big money....well...I don't think \$500 qualifies. At the Conference, we were fortunate enough to be able to

invite one of the study collaborators, Gustl Marlock from Unitive Psychology in Germany, to receive the award on behalf of himself and his colleagues and to say a few words to our very receptive audience.

Our Student Award of \$100 was presented to Amelia Kaplan, Psy.M, and her mentor Laurie Schwartz, LMT, MS, for "Listening To The Body: Pragmatic Case Studies Of Body-Centered Psychotherapy," both of whom were invited up to receive the award and say a few words. Committee member Cynthia Price, winner of an NIH Grant for her study which received an honorable mention from us three years ago, had these words to say about this current study: "The study incorporates theory and process. There is a nice blend of quantitative and qualitative data which makes a good model for future case study format. This is the kind of clinically-based literature that informs theory and practice and helps to stimulate further research questions, important for building science in the field." Cynthia is one careful researcher and critical evaluator of new research. My thanks to all my active committee members: Dr. Erica Goodstone, Dr. John May, Anita Ribiero, and Dr. Michael Bridges.

June, 2005

(reprinted from a speech given at the Awards Ceremony: Fourth National Conference, The Body of Life: Body Psychotherapy in the Real World, Tucson, AZ.)

Women and Bioenergetic Analysis

Alice Kahn Ladas, Ed.D.
Harold S. Ladas, Ph.D.

Abstract

A questionnaire was mailed to 198 women, the total female membership in 1977 of The Institute for Bioenergetic Analysis, a neo-Freudian body-oriented psychotherapy training organization. Sixty-eight percent (134) returned valid replies. The areas covered by the questionnaire included the effects on themselves and patients of the therapy, an assessment of their views of Bioenergetic theory, and their sexual beliefs, experiences, and practices. This paper focuses primarily on heterosexual experiences and beliefs.

As predicted, 81 percent of the respondents reported improvement in their sexual life following therapy. Unexpectedly, up to 87 percent of the respondents disagreed with one or more of the theories of Alexander Lowen, M.D., founder of Bioenergetic Analysis, as they apply to female sexuality. Although 73 percent of the respondents reported experiencing vaginal orgasm, 87 percent felt, nonetheless, that the clitoris is important and should not be ignored.

Reasons for the Study

The main impetus for the study was the meetings held by women at the International Conferences of The Institute for Bioenergetic Analysis, first in Aspen in 1975, then in Waterville Valley in 1977, and then locally in many places around the United States. Women Bioenergetic analysts in New York held nine meetings. No conclusions were reached, but many questions were raised and most of the items in the questionnaire came directly from those meetings.

A second reason was the need for research in Bioenergetic Analysis (hereafter B.A.)¹ On the cover of Lowen's recent monograph *Stress and Illness*, he quotes the Nobel-Prize winning bio-chemist, Szent-Gyorgyi, "Research is to see what everyone sees, but to think what no one has thought."²

William James declared, "We must draw a fine line between believing too much and believing too little."³ In the well-tended garden of science, there must be a balance between broadcasting new seeds and weeding. If B.A. is to attain full status as a creative scientific endeavor, there is a need for greater emphasis on weeding. Clinical findings must have the confirmation of epidemiological data. This study is a small step in that direction.

A third reason for the study was to see whether we could bring to the surface differences between B.A. theory (1977) and the actual beliefs, practices and experiences of women in B.A.. One of the women in answering the questionnaire said:

I don't believe that anyone knows what truly constitutes normalcy or self-actualization for a woman. I believe the current theories are wish and fear fulfillment fantasies of men and are not grounded in the physical and mental reality of women. Certainly Bioenergetic Analysis is particularly suited to looking into menstruation, menopause, childbearing, and I will be very angry personally if these aspects of life are not dealt with in my training.

A mail questionnaire was used because it was less expensive than individual interviews and because it was confidential. The questions were formulated directly from the minutes of the meetings in Waterville Valley and the New York group. Harold Ladas helped with research design and statistics and obtained the use of the computer and library facilities at Hunter College. The questionnaire was examined by experts on the Hunter faculty in women's issues, questionnaire design, and statistical analysis. The project passed Hunter's stringent rules concerning the ethical treatment of human subjects.

Confidentiality was insured by separating the background data from the body of the questionnaire even though this means losing valuable data. Nevertheless, one respondent wrote

Since you know precisely who I am, I would not call this a confidential type of questionnaire. I resent the mis-representation and refuse to answer further questions. I don't care that you know I answered the questions, but I object strenuously to your methods.

¹ The original Trust Agreement (1956) said that the purposes of the Institute are: "To promote research and education in the fields of emotional and physical health. The focus of interest is on the biological energy processes involved in health and illness. Therapeutic techniques are being developed which combine the fundamental principles of psychoanalysis with direct work on the somatic level, a bioanalytical approach to the treatment of illness." Bioenergetic Analysts have done a lot of education, developed many important therapeutic techniques and taught them to many people. But there's no published research apart from clinical observation.

² Lowen, Alexander, *Stress and Illness*, International Institute for Bioenergetic Analysis, New York, 1980.

³ James, William, *The Varieties of Religious Experience*, Modern Library, 1929, 1936, p. 51.

It was a confidential questionnaire but we can understand why some people may not have thought so. We sent out a follow up memo about three months after the first mailing to women who had not yet answered the questionnaire (See Appendix C). We never knew who those people were, but Alice did sign the letter which was then addressed and mailed by the independent secretarial service.

It was a long questionnaire (See Appendix A) and we are gratified that so many women answered all of it. To supplement the written data, individual interviews were conducted in New York, Connecticut, and Oklahoma.

Since all the respondents were still involved with B.A. and had invested much time, money, and energy in it, we assumed that the answers would favor B.A.. Any uniform pattern of affirmative answers could thus be questioned. The questionnaire could tell us nothing about the experiences of women who had left B.A.. We presume that any pattern of disagreement or negative answers would, therefore, be additionally significant.

This particular sample of women, although small, is unique and important because the women have all studied the theories of Freud, Reich, and Lowen, experienced individual therapy, and most of them have given therapy to individuals and groups. Although by no means typical of women generally, they have both objective and subjective experience with the matters being investigated.

Characteristics of the Population Studied

The respondents are highly educated. Eighty percent have graduate degrees. They are native born as were most of their parents. They are not traditionally religious. Three-quarters are not economically dependent on a man, and three-quarters live with sexual partners. Sixty percent were wanted children but close to 60 percent were not as highly valued as men in their families of origin. More than 50 percent were breastfed (a surprisingly high percentage although we do not know for how long). Over half were involved in B.A. for more than four years and three-quarters believed that there are special "women's issues." Most were between 30 and 50. There is little data about their children because many of the respondents who had children bore them before becoming involved in B.A. and some hadn't had any yet. Personal needs were the primary reason why women became involved in B.A., but 50 percent also had professional reasons. Most of the reasons were not related to their gender, but women's issues surfaced after they became involved in B.A.. A major theme was the need for more women Bioenergetic therapists because they felt that women need to work with women.

Results

Based on responses to the questionnaire, women's issues fell roughly into these categories: biological, social and cultural, organizational, sexual and therapeutic. Some of the biological issues named were: a woman's first love relationship is with a woman and she must transfer this to a man; menstruation, childbirth, breastfeeding, menopause, and energy issues. One woman said, "If the idea that woman is energetically receptive because of her biology and anatomy is valid, then there have to be special women's issues." Women also referred to the experience of losing their sexual organs, a type of loss which few men must face. Social issues mentioned included: B.A. theory is primarily formulated by men, there are cultural and family messages about being a woman, assumptions about mothering and childrearing. Under organizational and therapeutic, the following were mentioned: the Institute is dominated by men and male thinking, there are incorrect sexual assumptions, and therapeutic techniques are overly influenced by the male viewpoint.

Most of the issues, while affecting B.A., are not limited to B.A., but apply also to the culture in which it functions. Here are a few of the comments women made about these issues:

- Men, in lovemaking, can return to the breast but women in heterosexual relationships can't. Sucking a penis is not the same.
- I don't like the emphasis on motherhood as the most fulfilling thing a woman can do.
- I don't like the emphasis on where the orgasm should be felt.
- The state of the art now is, there are two kinds of humans - people and women. When a woman tries to be a person, she's accused of acting like a man.
- The relationship of oppression to depression is an issue.
- Bioenergetic Analysis was originally dominated by psychiatrists. There are very few women psychiatrists and they didn't actively seek or allow women in leadership positions.
- Much about women's sexuality is written by men and a lot of these men lack the understanding of women. I think maybe in Bioenergetic Analysis, some of that has been carried along. There are the same attitudes about women and some of the people, particularly the men in Bioenergetic Analysis, need to change their attitudes and maybe bring some of their ideas up to the 20th century.
- Understanding their own sexual experience and role is important, not to let men tell them how they feel and function but to find out for themselves. Only women can solve their own problems.

- A man, no matter how learned or sensitive, is still a man and can never feel what a woman feels. Why has it taken so long to realize this?
- Most of the literature is written from a male perspective and most of the training is done from a male perspective.
- I fell very paranoid about male therapists, even when their conduct is proper. I feel them and experience them in group work as pushing an unnatural view of normal womanhood on me.
- How is the suppression of women seen in our bodies?
- We need to study the difference in the energy flow between males and females generally and each of the character types specifically.
- I feel that the dominance of male trainers is a detriment to the movement. This is inherent in using any professionally-based organizational model, but I feel nothing is being done to even try to counteract this. Most women are afraid to say this for fear of being kicked out.
- There are no female leaders in our area. A lot of the male trainers are blind to their own unresolved issues and often dump a lot of sexist baggage on women in the program.
- I strongly disagree with the idea that there is a vaginal versus a clitoral orgasm. Masters and Johnson have shown otherwise. It's impossible to have intercourse without getting some clitoral stimulation by pulling and stretching skin and muscles. See *The Nature of Female Sexuality* by Mary Jane Sherfey.
- It's more difficult to work with men to whom I'm sexually attracted and vice versa.
- I feel reluctant to touch men who are attracted to me. Most of my male clients are.

TABLE 1
Effect of Bioenergetic Analysis on Women in the Study (N=134)

Outcome	Relative Percent Finding It Helpful	Adjusted Percent Finding it Helpful ^b
Self Assertion	89	94
Breathing	89	94
Self Esteem	86	93
Capacity to Experience Pleasure	86	92
Capacity to Love	83	89
Physical Health	79	74
Ability to Cope with Depression	79	84
Diminished Chronic Muscle Tension	77	83
Energy Level	77	83
Unification of Sexual and Tender feelings in relationship	68	73
Involuntary Movement in Orgasm	63	67
Finding a Partner	45	49
Sleep Problems	33	38
Menopause ^a	17	18
Menstruation	16	17
Interaction with Infants ^a	7	7
Coping with Unwanted Habits e.g.		
Overeating	23	30
Smoking	12	17
Enjoyment in Breastfeeding ^a	5	6
Chosen Manner of Infant feeding ^a	5	6

Notes: - Most subjects responded "Not Applicable" b - Adjusted by subtracting Ss who did not answer.

Many respondents checked items marked "a" not applicable for the reasons listed below. Open-ended comments indicated that B.A. was very useful to a few women in these areas. Since most women in the study were between 30 and 50, many had not yet experienced menopause. Also many had not breastfed since becoming involved with B.A., so they said it didn't influence their enjoyment of breastfeeding or their chosen manner of infant feeding.

One thing about Table 1 is important. Even though the respondents were all women who had remained in B.A., this is not a case of true believers who check everything as improved. For example, B.A. helped with self-assertion but didn't help as much with modifying habits. Here are a few statements women made about how B.A. affected them generally:

- I'm more fully alive and healthier than I ever believed possible.
- I can stand on my own, back up what I do, and feel OK about myself.
- I'm focused now on contact and sexuality in the here and now.
- Through ups and downs, my body is continuing to feel more alive and vibrant.
- I've become more creative, emotionally and physically expressive and more loving.
- I used to be plagued by constipation and now I never give my bowels a second thought.

- My allergies simply vanished.
- I always had low blood pressure, usually 100 over 60 and my metabolism was on the very low side too. Now both are normal.
- When I met my Bioenergetic Analyst, I was sick in my body with severe arthritis. That disease is a kind of cry for special caring and understanding that I knew nothing about as a result of the verbal therapies that I participated in. But when I got my clothes off and stood on my feet, I got a whole lot of data that I had not even considered during the many years of giving and receiving traditional therapies. It is like a rebirth, getting a second chance at life, getting my body back again.
- Not only did I get rid of colitis and severe headaches, but I also suddenly began a whole new career. It was no effort. It just flowed out of me.

TABLE 2
Effect of Bioenergetic Analysis on Sexual Responses

Outcome	Before B.A.		After B.A.		Percent Change
	Yes	No	Yes	No	
Has your experience of sexual climax changed since B.A.?			81	19	81
If yes, how					
More generalized body experience			59		
Breathe more deeply			62		
Pelvis moves more freely			54		
Pelvis moves more involuntarily			43		
Fantasize less			23		
Experience more sweet feelings			45		
Feeling centered more deeply in the Vagina			41		
Have you experience orgasm (as contrasted to sexual climax)?	51	49	80	20	29
Have you experienced turning in of energy along walls and deep in your vagina?	44	56	66	34	22
Have you experienced streamings?	36	64	76	24	40

Note: Percent adjusted by eliminating missing cases on a given item.

From this table it is clear that a change in sexual functioning took place as a result of B.A. therapy according to the reports of the women in this study. Eighty-one percent reported changes in their experience of sexual climax and the specific kinds of changes they report are all in the direction predicted by Lowen for people having this kind of therapy.⁴ For example, the experience of climax involved more of the body, the women breathed more deeply, fantasized less, the pelvis moved more freely, and involuntarily, feelings were centered more deeply in the vagina and they were sweeter. After B.A., 80 percent believed they had experienced orgasm as contrasted with sexual climax⁵ an increase of nearly 30 percent from before B.A. therapy. Twenty-two percent more, experienced the inward flow of energy deep in the vagina and 40 percent more experienced "streamings", a concept introduced by Wilhelm Reich, describing the pleasurable sensation of energy moving through the body.⁶

There are a few more facts about sexuality not included in Table 2. After B.A., women tended to be more monogamous in their relationships. Eight percent more experienced multiple climaxes, making a total of 72 percent of the women in this study that experienced multiple climaxes. Of these, three-quarters believed the experiences were orgasmic and 42 percent believed that B.A. favorably changed the way they experienced multiple climax.

Here is a sample of the statements by women about their sexual experiences:

- Climax, orgasm, and release of sexual energy are possible now. They never were before.
- I have less need to tense my legs or other muscles.
- I'm more aware of orgasm moving up and down my body. I no longer try to stop that from happening.
- I feel free to climax several times and to insist on cooperation from my partner.
- There's more connection between my heart and genitals.
- It's a more intense total body experience without interference from my mind.
- When I began to work, I could hardly hang onto a horse with my legs. Four years later, with no riding in between, it was easy for me to stay on using my legs.

⁴ Lowen, Alexander, *Betrayal of the Body*, MacMillan Company, New York, 1967.

⁵ According to Bioenergetic theory, an orgasm is different from a climax because of the involvement of the whole body in clonic contractions, because of the presence of streamings and involvement of the heart. By contrast, a climax is a localized genital release. This concept is derived from Wilhelm Reich. Reich, Wilhelm, *The Function of the Orgasm*. Orgone Institute Press, New York, 1942.

⁶ Ibid.

- I have a deep desire to take in and to contact.
 - I can keep my eyes open more in the sexual act.
 - I feel streamings.
 - I'm able to experience, reach orgasm more easily with my husband. It's a global experience.
 - After three and half years of work, my orgasm got deeper and my husband became jealous. It was nourishing to work with a woman and she provided a role model for me with regard to sexuality.
 - Sexually, Bioenergetics was really important to me. From having no orgasms I became orgasmic with clitoral stimulation. Then I began to have vaginal orgasms in intercourse with clitoral stimulations, but there was not much movement involved. At this point there's no clitoral stimulation required. When I let go with the man I love, there's a melting in my vagina. It is a physical sensation, a feeling I love you and it is vaginal. There is not tensing of muscles and the feeling is not the same as letting the sensation build.
 - I now find multiple climaxes much less deep and satisfying.
- Bioenergetic Analysis affected my general sexual experience, not just multiple climaxes.
- I think I had more sexual pleasure before B.A. because I was more disassociated from that part of my body. As I connected with it in therapy, I feel more fear, more tension, and periods of frigidity.
 - I count on having more than one climax now.
 - I do not pretend to have climaxed when I haven't.
 - The need to strain for multiple orgasms decreased.
 - I've had only one multiple climax because I pushed myself to find out what everyone was talking about. I prefer one big orgasm and then I want no more.
 - Through my deeper breathing and less contracted pelvis, I have the ability to have multiple climaxes.

The contradictory comments above about multiple climax or orgasm merit further investigation.

TABLE 3
Women Consider the Role of the Clitoris

Outcome	Before B.A.		After B.A.		Percent Change
	Yes	No	Yes	No	
Have you experienced a sexual climax through intercourse without any special clitoral stimulation?	60	40	73	27	13
Through intercourse with clitoral stimulation by partner?	78	22	81	19	8
Through intercourse with clitoral stimulation by yourself?	42	58	51	49	9
Through clitoral stimulation, no intercourse?	83	17	87	13	4

Note: Percent adjusted by eliminating missing cases on a given item.

Looking at Table 3, it appears that 13 percent more women were able to enjoy a sexual climax through intercourse without any special clitoral stimulation after B.A., making a total of 73 percent of the women in the study. This is a change in the direction predicted by Lowen for women having this type of therapy. Because fewer women answered "after B.A." than "before B.A.," perhaps because they were still in B.A., the percentage may be somewhat misleading. There is also some evidence that more women learned to respond to clitoral stimulation without intercourse (four percent more) through intercourse with clitoral stimulation by themselves (nine percent more and several commented, "I wish I had dared to") and a few more (three percent) during intercourse with clitoral stimulation by the partner. From the high percentage (81 percent) who reached a climax through intercourse with clitoral stimulation by the partner, and 87 percent who reached a climax through clitoral stimulation without intercourse, one can say that the clitoris is of major importance to this group of women.

TABLE 4
Agreement with Bioenergetic Analytic Theory

Theoretical Statement	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Total
"Man is woman's bridge to the outside world" ⁷	82	24	4.5	3.0	1.5	86 ^B
Stimulation of the clitoris (directly or indirectly) in intercourse is not important for the mature woman ⁸	51	36	2.4	10.3	5.3	87 ^B
"The clitoral orgasm is felt on the surface of the vagina like a trickle of sweet pleasure. There is no satisfying release." ⁹	43	35	5	10	1.5	78 ^B
"Tactile stimulation in itself is not a causative factor in erotic arousal." ¹⁰	17	53	4	17	2.	70 ^B
It is often helpful if a man can postpone his climax until a woman approaches hers. ¹¹	6	5	10	58	19	77 ^B
Many women require direct or indirect clitoral stimulation in order to reach a sexual climax ¹²	2	1	3	62	26	88 ^B
For the well being of both, men would do well to help their women get direct or indirect clitoral stimulation when desired. ¹³	-	2	4	56	30	86 ^B

Notes: Percent adjusted by eliminating missing cases on a given item

a - As formulated by Alexander Lowen in *Love and Orgasm*.

b - Total of strongly disagree plus disagree

c - Total of strongly agree plus agree

To inquire about theoretical issues, quotes from Lowen's *Love and Orgasm*, were randomly interspersed, without identification, with other statements, which pertain to the literature of Bioenergetic Analysis.

There were two chief areas of theoretical difference with Lowen's writings. One has to do with the general relationship between men and women. "Man," wrote Lowen, "is woman's bridge to the outside world."¹⁴ Eighty-six percent of the respondents disagreed with that statement. The other area had to do with the importance of the clitoris. "Stimulation of the clitoris directly or indirectly in intercourse is not important for the mature woman."¹⁵ Eighty-seven percent of the women disagreed with that statement. There is disagreement with many other statements about the clitoris and these disagreements are significant, particularly in view of the change in sexual

⁷ Lowen, Alexander, *Love and Orgasm*, MacMillan Company, New York, 1965, p 159.

⁸ Questionnaire, Women and Bioenergetic Analysis, Appendix A p. 3

⁹ Lowen, Alexander, *Love and Orgasm*, p. 217.

¹⁰ Ibid, p. 218.

¹¹ Questionnaire, Women and Bioenergetic Analysis, Appendix A, p. 3

¹² ibid

¹³ ibid

¹⁴ Lowen, Alexander, *Love and Orgasm*, p. 159

¹⁵ Questionnaire, Women and Bioenergetic Analysis, Appendix A, P. 3

functioning that women experienced as a result of B.A. in *Love and Orgasm* Lowen quotes a patient, "The clitoral orgasm is felt on the surface of the vagina like a trickle of sweet pleasure. There's no satisfying release."¹⁶ Seventy percent of the women found this an incorrect statement. "Many women require direct or indirect clitoral stimulation in order to reach sexual climax."¹⁷ Eighty-eight percent of the women agreed with that statement. "For the well being of both, men would do well to help their women get direct or indirect clitoral stimulation when desired."¹⁸ Eighty-six percent agreed with that statement. And, 77 percent agreed: "it's often helpful if a man can postpone his climax until the woman approaches hers."¹⁹ There were open-ended comments indicating this was not true for everyone. One woman commented that if a man would really let go and move the way he wanted to, she could come on top of his orgasm.

Another area of disagreement is with Lowen's statement that, "Tactile stimulation in itself is not causative factor in erotic arousal."²⁰ Seventy percent of the women disagreed with that statement while at the same time agreeing with Lowen (72 percent) that vaginal orgasm is felt deep within and extends to all parts of the body.

Although only two percent of the women had had homosexual relationships, 40 percent did not agree with Lowen's statement that homosexuality is a sign of arrested development.

Here are some statements women made about their sexual functioning:

Before Bioenergetics, I had had intense sexual pleasure and orgasmic experience, but it was all clitorally oriented. After four years of B.A., I began to have vaginal orgasm. There was not any longer the need for manual clitoral stimulation though there might have been clitoral stimulation in the process of intercourse. The orgasm was completely fulfilling and I do not feel I missed out on anything. Now I wouldn't want to be told that I couldn't have clitoral stimulation because there are times when it's very pleasure giving and I want it. But, what is true now is that it isn't necessary for me to have clitoral stimulation in order to have orgasm.

One of the things I discovered quite by myself was that there is a cul-de-sac at the end of the vagina that for me at least is a sweet kind of thrilling keen pleasure place. As I began to be able to ask for more, and as I got into contact with that place and the pleasure it gave me, I was able to say, stop, don't go so fast, pause at the end of the thrust, that kind of thing, the kinds of things I wouldn't have done earlier in my life. I began to explore the sensation and that was the seat of the orgasmic experience for me.

Before B.A., I had just been dead. I really clamped down on those feelings I'd always been constipated and found out how tight and tense I am in that whole area, or was, and how much anxiety I've experienced. I began to feel feelings that I never had and I got scared to death because there was no one to tell me that's what happens when you begin to unfreeze and to have all those marvelous feelings. I began to have a sex life and have orgasms and it was just fantastic.

(This woman lived in a place where there weren't always B.A. therapists available. She would go through some of these experiences as a result of groups and then have to handle them herself.)

Another woman said that her friends were prejudiced against B.A. because of Lowen's writings and because we don't have any women in B.A. who are writing from a woman's viewpoint.

The majority of women did not know how to assert themselves and could not assert themselves in their lives because they were so tense in their pelvic area. They could not move and weren't aware that they would find out how much it actually hurt to do it and how guilty they felt when they did it. Then they would bring up the whole issue what you were told about your body and the issue of what you were told about your body and sex. That would bring up the whole relationship with their fathers. Besides teaching them to move their pelvises or to stamp their feet and say, "No, I won't." and just stand there in an assertive way. I also taught them how to let their tummies hang out because all women were told to hold their tummies in. I would have them stand like that, like they were taught to, the way they usually do, and then to stand the other way so they could feel the difference and find out how rigid they were and how much they were holding in that area. I began to have reports that their sex lives were improving, that they were having more frequent orgasms, that they were more relaxed, particularly in man/woman situations.

¹⁶ Lowen, Alexander, *Love and Orgasm*, p. 217

¹⁷ Questionnaire, Women and Bioenergetic Analysis, Appendix A, P. 3

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ Lowen, Alexander, *Love and Orgasm*, p. 218

Women are socialized differently than men. It is OK for a little boy to take out his penis, wee wee on the grass, or show it. It is not for the woman. She's told to keep her legs crossed and the men out of her pants and to sit on her sexual feelings, hold them in, and that's what she does. I think a male therapist would be reluctant to get into that and it would take a long time. A woman can get into that issue right away because she shares a similar experience.

How can we explain these seemingly contradictory statements? Here is a group of women, many who experienced personally, what it means to have a "vaginal" orgasm - an experience centered in the vagina, involving a generalized body feeling and contractions, freedom of pelvic movement, and the experience of sweetness and streamings. Yet this same group insists that the clitoris is important, that stimulation of it in intercourse is important, and that men should help their partners get this when it is desired, and that the clitoral orgasm provides a satisfying release. In *The Human Ground*, Stanley Keleman says:

I differentiate between four orgasmic states: two for men, and two women. From a woman's point of view, there is a clitoral orgasm and a uterine orgasm. From the man's there's the tip of the penis experience which is homologue of the clitoral experience and there's the more global experience which he feels starting from high up in the region of the solar plexus.²¹

That is a better beginning than many men have made in comparing the sexual experience of men and women. In our culture, despite differences in conditioning, men as well as women have difficulty surrendering in the sexual act. No one would suggest, however, that because a man is not able to surrender fully, he should receive no stimulation on the tip of his penis. Many women, for one reason or another, find the clitoris is ignored. Eighty-six percent of the women in this study think that is not good for men or women. While Keleman's statement is one of the better, written by men, it's not a complete description. According to women in this study, there are not two climatic states, but an infinite number. There is a continuum of experience ranging from a climax that is on the surface and specifically clitorally triggered to orgasm that arises deep inside where clitoral stimulation may or may not be present. Depending on the intensity of the relationship, the time of the month, the particular partner, the shape and size of his penis, the range of his and her movement, the state of the women, and other factors, the clitoris may or may not be important.

An excellent summary of the history of the controversy about clitoral versus vaginal orgasm is in *An Analysis of Human Sexual Response* by Ruth and Ed Brecher.²² In a chapter entitled, "Three Sexual Myths Exploded," myth number two is that women can have two kinds of orgasm, one clitoral and the other vaginal. This either/or view, which is also espoused by Keleman, is contradicted by the findings of the present study. More than 70 years ago, Freud wrote that little girls discover their clitoris, but after marriage they must transfer their sexual responses to the vagina. Women who fail to make this transition are "frigid." Lowen is much kinder to women. He said in *Love and Orgasm*, that if a male is not considered impotent if he has an erection, then a woman who lubricates should not be considered frigid.²³ Since Freud's time, there has been a lot of writing on the subject, most, but not by any means all of it, by men. Marie Bonaparte considered that, "The displacement of the masculine libido of the clitoris to the purely feminine channels of the vagina is a most remarkable biological feat."²⁴ But still she says that women who experience both clitoral and vaginal stimulation have the advantage over those who only have vaginal stimulation, since preliminaries can lead to end pleasure. However, Deutsch,²⁵ Robinson,²⁶ and Bychowski,²⁷ go along with the more orthodox Freudian view. Bergler goes so far as to consider that every woman who does not have a vaginal orgasm is frigid.²⁸ A number of analysts have taken exception to the Freudian position. They include Horney²⁹, Thompson³⁰, Marmor³¹, and Rado³². Said Rado, "By suppressing her clitoral sensations, the female cannot possibly augment her vaginal responses, she can only reduce her capacity for sexual performance, her health, and her happiness."³³

²¹ Keleman, Stanley, *The Human Ground*, Science and Behavior Books, Palo Alto, CA, 1975, p. 34.

²² Brecher, Ed and Ruth, *An Analysis of Human and Sexual Response*, Signet Books, New American Library.

²³ Lowen, Alexander, *Love and Orgasm*, p. 170.

²⁴ Bonaparte, Marie, *Female Sexuality*, International Universities Press, New York, 1953, p. 59.

²⁵ Deutsch, Helena, *The Psychology of Women*, Vol. I & II, Grune and Stratton, New York, 1945.

²⁶ Robinson, Marie, *The Power of Sexual Surrender*, Doubleday, Garden City, New York, 1959.

²⁷ Bychowski, G., "Some Aspect of Psychosexuality in Psychoanalytic Experience," P.H. Hoc and J. Zubin, Eds., *Psychosexual Development in Health and Disease*, Grune and Stratton, New York, 1949.

²⁸ Bergler, Edmund, "The Problem of Frigidity," *Psychiatric Quarterly*, Vol. 18, 1944, pp. 374-390.

²⁹ Horney, Karen, "the Denial of the Vagina," *International Journal of Psychoanalysis* Vol. 14, 1933, pp. 47-70.

³⁰ Thompson, Clara, *Psychoanalysis: Evolution and Development*, Hermitage, New York, 1950.

³¹ Marmor, Judd, "Some Considerations Concerning Orgasm in the Female," *Psychosomatic Medicine*, Vol. 16, 1954, pp. 240-245.

³² Rado, Sandor, "Sexual Anesthesia in Female," *Quarterly Review of Surgery, Obstetrics and Gynecology*, Vol. 16, 1959, p. 251.

³³ Brecher, Ed and Ruth, *An Analysis of Human Sexual Response*, pp. 143-144.

In this regard, the work of Kegel is significant.³⁴ He treated thousands of women for urinary incontinence. He taught them to contract the pubococcygeal muscle as a non-surgical means of controlling incontinence and discovered, serendipitously, that the exercise also improved the sexual responses of his patients. Many women experienced orgasm for the first time. Kegel came to the conclusion that the physiological basis of vaginal orgasm involves highly specialized nerve endings in that muscle (often called the Kegel muscle) which is stimulated by the penis during intercourse. Women who have weak or atrophic Kegel muscles cannot gain satisfaction through intercourse. Kegel found that a third of women have serious weakness and another third have some weakness in that muscle. Therefore, he began to treat pre-orgasmic women through daily exercise of the Kegel muscle. Six out of ten women that he treated responded favorably.

Another group of sex researchers emphasized the central role of the clitoris. Their argument is based on the fact that this organ is richly endowed with sexual receptor cells which they claim the vagina lacks. Together they (Ellis, Kelly and Kinsey)³⁵ talked about "the myth of the vaginal orgasm." Our research subjects testify to the fact that the vaginal orgasm is no myth. But one of the findings of Masters and Johnson may be relevant, namely that thrusting of the penis and the movement of women's hips cause indirect stimulation to the clitoris during intercourse.³⁶ Helping women (and men) in B.A. learn to move the pelvis probably facilitates indirect stimulation of the clitoris. It also may help contact that "sweet spot" in the vagina which some women in our study found so special.

Conclusion

Women in B.A. are clearly not true believers, which gives additional credence to the positive findings of the study. Respondents certainly believe that they and their clients have benefited from B.A. therapy although they disagree with some items of theory. Despite this, and in spite of the fact that one of the main benefits women report from B.A., is the increased capacity to assert themselves (89 percent) they did not find it easy to express these disagreements either verbally at meetings or in writing. Perhaps this is partially a political problem. Women's comments on the questionnaire indicate they are afraid to disagree openly for fear of being thrown out, for fear of loss of referrals and for fear of not being allowed to become trainers.

Fundamentally, the problems which occur in the Institute for B.A. and its local societies are a reflection of the kind of difficulties which women encounter in our society generally. This is a period when all of us are rethinking our sexual roles. Our thinking is heavily influenced by the ideas with which we live and also our actions and our perceptions are influenced by these ideas. It will take time before we begin to change them and, as a result, to perceive and act differently. One way to start that process is to speak with each other, listen to each other, and begin a dialogue. Perhaps this study will facilitate that process.

New York City
1980

Biography

Dr. Alice Kahn Ladas, Ed.D. CBT helped to found the Institute for Bioenergetic Analysis. A licensed psychologist in New York and New Mexico, she is coauthor of the NY Times best seller, "The G Spot and Other Discoveries About Human Sexuality". Published in 18 languages and 28 countries, it was recently reissued after 22 years. Alice practices in Santa Fe and New York and is on the staff of the Pastoral Counseling Center in Santa Fe. She is the Board member of USABP in charge of research. Alice is also a Humanist Celebrant. She can be reached at 917-863-8303, 505-471-6791 and 212-873-10671 or Aladas@aol.com

Harold S. Ladas, PhD, was a much beloved Professor at Hunter College in New York. His speciality was teaching teachers what is relevant from psychology for the classroom. An award is given each year in his name by the Department of Educational Foundations for excellence in teaching. He was a meticulous researcher without whose expertise Women and Bioenergetic Analysis would never have happened. Bioenergetic therapists know him best for the enormous Sheephead he spear fished at the First International Conference in Isla Mujeres.

Apendixes

The following pages are reprints of the original surveys used in this study.

³⁴ Ellis, Albert, "Is the Vaginal Orgasm a Myth?" A. P. Pillay and Albert Ellis, Eds, Sex, Society, and the Individual, Bombay, India, International Journal of Sexology, Publ. 1953. Kelly, G.L., Sex Manual Eight Edition, Southern Medical Supply Company, Augusta, GA 1959.

³⁵Thompson, Clara, Psychoanalysis: *Evolution and Development*, Hermitage, New York, 1950.

³⁶ Masters, W.H. and Johnson, Virginia, "anatomy of the Female Orgasm," Albert Ellis and Albert Abarbanel, Eds., *The Encyclopedia of Sexual Behavior*, Hawthorne, New York, 1961.

SECTION 3018
Please complete this part of your questionnaire.)

Use _____

Your age: 1. under 11 2. 11-18 3. 19-24 4. 25-34 5. 35-44 6. 45-54 7. 55-64 8. over 64

Your current marital status: (CHECK ONE) 1. married 2. single 3. divorced 4. widowed 5. separated 6. remarried after divorce 7. remarried after widowed

Your present living arrangement: (CHECK ONE) 1. living alone with 2. partner with 3. family of origin with 4. living with 5. other (specify) 6. living with 7. other (specify) 8. living with parents (not marital partner) 9. other (specify) 10. institutionalized

Your country of birth: 1. U.S.A. - state _____ 2. other (specify) _____

Your country of birth: 1. U.S.A. - state _____ 2. other (specify) _____

Your country of birth: 1. U.S.A. - state _____ 2. other (specify) _____

Your religious affiliation: (CHECK ONE) 1. no formal religion 2. Catholic 3. Protestant 4. Jewish 5. Muslim 6. Hindu 7. Buddhist 8. Sikh 9. other (specify) _____

Are you an active member of any religious group today? (CHECK ONE) 1. yes 2. no

When do you live: (CHECK ONE) 1. city under 1 million 2. city over 1 million 3. suburb town 4. metropolitan town 5. rural

When do you work: (CHECK ONE) 1. city over 1 million 2. city under 1 million 3. suburb town 4. metropolitan town 5. rural

Self background: 1. American 2. African-American 3. other (specify) _____ 4. American Indian 5. Hispanic 6. other (specify) _____

Education background: (CHECK ONE) 1. high school 2. some college 3. college 4. M.A. or Ph.D. 5. other (specify) _____

Are you working as a Biometric Analyst? (CHECK ONE) 1. yes 2. no (if no, use 21)

If yes, are you also another occupation? 1. yes (specify) _____ 2. no

Are you affiliated with a state or hospital? 1. yes (specify) _____ 2. no

1-2

Do you do any free work or give work? 1. yes 2. no

What is your free policy? 1. no standard fee 2. range of fees depending on income 3. sliding scale depending upon income

What is your average fee per acquisition? 1. \$10 or under 2. \$11-20 3. \$21-30 4. \$31-40 5. \$41-50 6. \$51-60 7. \$61-70 8. \$71-80 9. \$81-90 10. \$91-100 or over

What is your yearly income? 1. under \$5,000 2. \$5,001-\$9,999 3. \$10,000-\$14,999 4. \$15,000-\$19,999 5. \$20,000-\$24,999 6. \$25,000-\$29,999 7. \$30,000-\$34,999 8. \$35,000-\$39,999 9. \$40,000-\$44,999 10. \$45,000-\$49,999 11. \$50,000-\$54,999 12. \$55,000-\$59,999 13. \$60,000-\$64,999 14. \$65,000-\$69,999 15. \$70,000 or over

Are you financially independent (not financially dependent on a spouse)? 1. yes 2. no

Do you earn your own living? 1. yes 2. no

If no, do you believe you are now capable of working your own living? 1. yes 2. no

Were you as highly trained as you are in your family of origin? 1. yes 2. no 3. don't know

Were you a student child? 1. yes 2. no 3. don't know

Were you married? 1. yes 2. no 3. don't know

If yes, how long? 1. a few days or weeks 2. less than 6 months 3. 6 months to 1 year 4. more than 1 year 5. don't know

How did you obtain your training? 1. a relative 2. a friend 3. a stranger 4. other - how? _____ 5. no answer

Were you of your religion or heritage before? (Answer no if you were an only child) 1. yes 2. no 3. don't know

Do you have a small business you do not live with full time? 1. yes 2. no

Is that person a: 1. male 2. female

How long have you been involved with Biometric Analysts? 1. less than one year 2. 1-3 years 3. 3-5 years 4. more than 5 years

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3. In a class 4. alone 5. both

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9. Yes 10. No 11. partially

12. Yes 13. No 14. partially

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18. Yes 19. No 20. partially

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24. Yes 25. No 26. partially

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LADAS

1. Do you regard female greater in low leadership? 1. yes 2. no 3. don't know 40

2. Do you regard female greater in team work? 1. yes 2. no 3. don't know 41

3000. SENSITIVE TO BIOENERGETIC ANALYSIS AS A SUBJECT

42. Do you feel you have responded professionally with B.E.A. ? (CHECK ONE THAT APPLIES)
 43. Yes 1. No 2. I am not sure
 44. I am not sure of my response
 45. I am not sure of my response
 46. I am not sure of my response
 47. I am not sure of my response
 48. I am not sure of my response
 49. I am not sure of my response
 50. I am not sure of my response

43. How many female clients do you have at present? (CHECK ONE)
 51. 1-3 2. 4-10 3. 11-20 4. 21-30 5. more than 30

52. How many female clients do you have at present? (CHECK ONE)
 53. 1-3 2. 4-10 3. 11-20 4. 21-30 5. more than 30

54. Do you work with: (CHECK ALL THAT APPLY) 1. individuals 2. groups
 55. couples 3. couples and their children 4. couples and their children and their children

56. Do you give sensitive classes? 1. yes 2. no

57. Do you prefer working with: (CHECK ONE) 1. men 2. women 3. both

58. (CHECK ONE) 1. children 2. adults 3. teenagers

59. Are there special problems for you working in B.E.A. because of your gender?
 60. 1. yes 2. no 3. don't know

61. If yes, please discuss.

62. Are there particular advantages of working in B.E.A. as a woman?
 63. 1. yes 2. no 3. don't know

64. If yes, please discuss.

65. Are your experiences as a member of the Institute for Bioenergetic Analysis been:
 66. (CHECK ONE) 1. excellent 2. good 3. fair 4. poor
 67. Please comment.

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LADAS

68. Do you believe there is a basic energetic difference between men and women?
 69. 1. yes 2. no 3. I am not sure (please discuss)

70. Do you feel you have responded differently due to your own gender?
 71. 1. yes 2. no (please discuss)

72. Do you believe a male therapist can perform a woman's function? 1. yes 2. no
 (please discuss)

73. Do you believe a female therapist can perform a man's function? 1. yes 2. no
 (please discuss)

74. How do you feel as a part of a woman's bioenergetic field?
 75. 1. yes 2. no

76. If yes, has this been useful to you? 1. yes 2. no

77. How do you feel about working with men? 1. yes 2. no
 78. (If response, please comment on your experience)

79. How do you feel about working with women? 1. yes 2. no
 80. (If response, please comment on your experience)

81. Please enter any additional comments you would like to about how B.E.A. has affected your life.

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ALICE K. LADAS, Ed.D.
42 WASHINGTON, BLVD. - AMONG, N.Y. 10024 - 914-933-8348

February 24, 1979

Appendix B

Dear Colleagues:

Enclosed is the questionnaire about scores and Biometric Analysis which came at you several weeks ago. I am sure that you will find it interesting and useful. The literature on Biometric Analysis has been meeting in groups several times in the country to discuss the theory and practice of Biometric Analysis. The purpose of this questionnaire is to discover the extent to which women who are professionally active in the field of Biometric Analysis agree with these statements. Whether to be involved in Biometric Analysis and a third is to discover something about what time women who are engaged in it personally and professionally. Please consider that a questionnaire can only consider a given population. I am sure that it cannot determine what is true.

This is a preliminary study. If the percentage of returns is high, the committee should send out more copies about what is possible. It is possible that your feedback concerning aspects of Biometric Analysis may help me to improve it. It has been proposed to report the findings at the Conference in Vancouver, British Columbia in July.

Please return your answered questionnaire in the enclosed, stamped, addressed envelope by March 31 or sooner. DO NOT sign it. Your responses are to be anonymous. That is why the questionnaire are to be returned not to me, but to a secretarial service. There is no background data on your name and too will be separated from the rest of your answers so there will be no possibility of identifying anyone by age, marital status, location, etc. The envelopes will be typed and the original answers placed out so that they will never be seen by anyone who might recognize your handwriting.

Please ignore the small numbers. They are to assist the computer center where the answers will be processed. Please do not fill in the numbers unless they may not reflect your views correctly. Options are indicated by facilities provided. Check the closest approximation and use the open ended sections to be more precise.

The research design has been altered since the original proposal because many women's groups do longer exist. Therefore, most of you are receiving your questionnaire personally instead of through a group. The basic aim is still the same: to make a start at research in Biometric Analysis and to get some data about women who are not active in meetings because of its private nature.

I hope you will answer promptly. The format has been designed to take as little of your time as possible while still getting some relevant data.

Best wishes and my thanks to you,
Alice K. Ladas
Alice K. Ladas, Ed.D.

Appendix C

ALICE K. LADAS, Ed.D.
42 WASHINGTON, BLVD. - AMONG, N.Y. 10024 - 914-933-8348

April 27, 1979

Dear Colleagues:

In early March I sent a questionnaire to you. The secretarial service that is handling the questionnaires has told me that yours has not been returned. Perhaps it never reached you, perhaps you misplaced it, maybe you had no time to fill it out, perhaps it got lost in the mail on the way back.

I am asking the secretarial service to send you a second questionnaire together with an addressed prepaid envelope. This will be handled in the same confidential manner as outlined in my first letter which is why the questionnaire is not being mailed back to me but to a secretarial service. Please fill out and return it, or if you do not wish to do that, would you write a sentence to that effect on the top and put it in the envelope unopened. That will take only a few minutes of your time. If you wish to state why you do not want to answer it, I would be very interested. Maybe you haven't time, perhaps you don't believe in studies of this sort, etc.

As of last week about 55% of the questionnaires had been returned and more are still arriving. The higher the percentage of the returns the more valid our information will be. On behalf of myself and the Biometric Women's Group that are meeting around the country I hope you will decide to fill out the questionnaire and return it this time around.

Sincerely,
Alice K. Ladas
Alice K. Ladas, Ed.D.

USA BODY PSYCHOTHERAPY JOURNAL

The Official Publication of
United States Association for Body Psychotherapy
Jacqueline A. Carleton, Ph.D., Editor (jacarletonphd@gmail.com)

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Jacqueline A. Carleton, Ph.D.

Editor

USA Body Psychotherapy Journal

115 East 92nd. Street #2A

New York, NY 10128

212.987.4969

jacarletonphd@gmail.com