

## Bioenergetic exercises in inpatient treatment of Turkish immigrants with chronic somatoform disorders: A randomized, controlled study

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### Abstract

**Objective:** The aim of this study was to examine whether bioenergetic exercises (BE) significantly influence the inpatient psychotherapeutic treatment results for Turkish immigrants with chronic somatoform disorders. **Method:** In a 6-week randomized, prospective, controlled trial, we treated a sample of 128 Turkish patients: 64 were randomly assigned to BE and 64 participated in gymnastic exercises in lieu of BE. The Symptom Checklist (SCL-90-R) and State-Trait Anger Expression Inventory (STAXI) were employed. **Results:** According to the intent-to-treat principle, the

bioenergetic analysis group achieved significantly better treatment results on most of the SCL-90-R and STAXI scales. **Conclusions:** BE appears to improve symptoms of somatization, social insecurity, depressiveness, anxiety, and hostility in the inpatient therapy of subjects with chronic somatoform disorders. Reduction of the anger level and reduction in directing anger inwards, with a simultaneous increase of spontaneous outward emotional expression, could be expected.

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### Introduction

Several studies indicate that the incidence of psychological distress and mental disorders in diverse ethnic immigrant groups has increased all over the world, not only in comparison with fellow countrymen remaining in their homeland, but also with the indigenous population in the country to which they immigrated [1,2]. Interest in the cultural characteristics of mental illnesses has been stimulated by ever increasing awareness of cultural diversity in Western

society [3]. Turkish immigrants constitute about 30% and, hence, the largest group, of all immigrants in central Europe [4]. According to Schmeling-Kludas et al. [5], most of the illnesses diagnosed in this population are some type of somatoform disorder (over 60%).

Cross-cultural stress contributes to emotional suppression. Indeed, among Turkish immigrants, expressions of distress range from open use of culturally traditional expressions to complete avoidance [6]. Both suppression and expression of anger might contribute to somatoform disorders [7,8]. Somatoform disorders can be viewed as a process through which somatic symptoms are presented in order to eclipse emotional distress and social problems [9,10]. This particular population, however, rarely views psychiatric treatment as an

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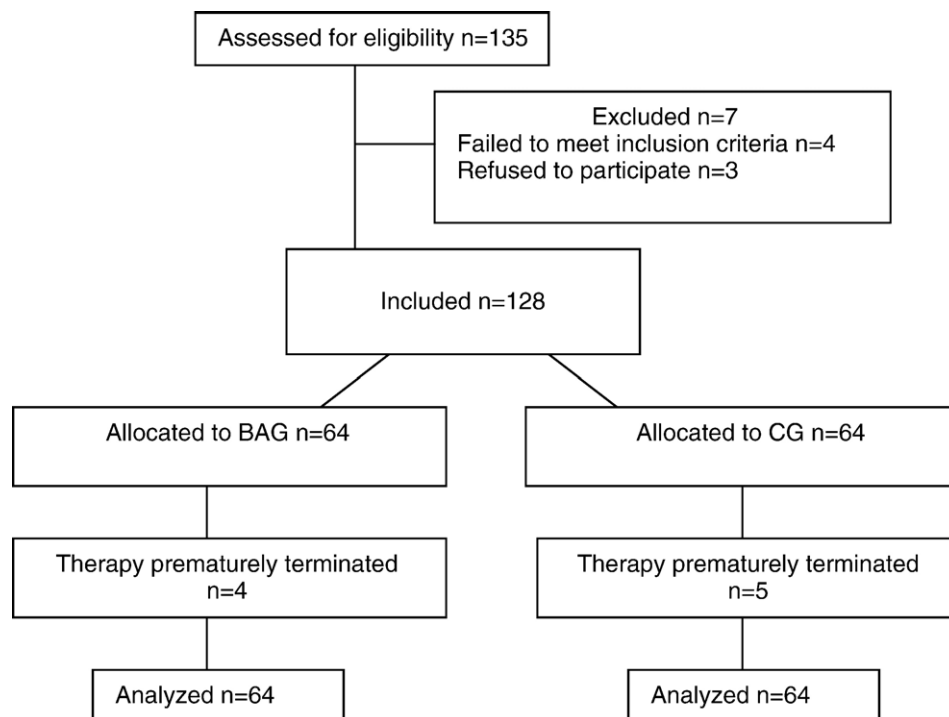


Fig. 1. Flow diagram of patients' progress through the phases of the trial.

acceptable or valuable tool for recovery or as helpful in linking bodily symptoms to emotional distress [6].

Cultural styles of attribution might contribute to both the high rate of somatization in the Turkish immigrant population, as well as its rejection of, and response to, somatic or psychosocial treatment [11,10]. The more traditional the culture, the less differentiation appears to exist between psychological disturbance and bodily symptoms [12]. For instance, although the separation between physical and emotional experience occurs most precisely in Western European languages, emotional perceptions are figuratively expressed through allegories of body sensations in the Turkish language [13,14]. Body language is thus an important facet of Turkish communication [15] and, thus, becomes an essential aid for such patients. It functions to express subject matters that the patients can verbalize only with difficulty, or perhaps even not at all, such as childhood memories, sexuality, or aggression [16]. For Turkish patients, somatization not only occurs as an alternative to expressions of psychological distress but also as an accompaniment [15] and becomes, to a large extent, the focus [13]. Somatic symptoms show culturally mediated styles of communication, and therapists should allow for a sociocultural perspective to use effective therapeutic approaches [10].

Thus, body-oriented approaches in psychotherapy pave a special therapeutic avenue on account of their nonverbal focus [17–19]. One such approach, bioenergetic analysis, uses depth psychology-based body psychotherapy, which was further developed by Alexander Lowen, based on approaches from S. Freud and W. Reich. Its effectiveness has been relatively well researched [19–22]. The central

components of this method are interventions on the physical level derived from a psychoanalytical approach [21,22]. The goal is to enable the patient to gain access to his or her own self through directed exercises connected with verbal therapy [21,22]. Bioenergetic analysis presupposes that important life experiences are retained not only in the psychic subconscious but also in the body, where they find expression in respiration, posture, and movement, as well as experience and behaviour. The theoretical concept also postulates that mental, emotional, and physical processes are closely integrated. Hence, we hypothesized that this approach might be effective in the treatment of Turkish patients.

Randomized, controlled clinical studies on psychotherapeutic treatment of Turkish immigrants are rare, but indispensable, in light of how many Turkish immigrants live in Middle and Western Europe [5]. To the best of our knowledge, there are no studies that examine the effects of body-related psychotherapy in this patient group. The goal of this study was to examine whether bioenergetic exercises (BE) significantly influence the treatment results in inpatient psychotherapy for Turkish immigrants with chronic somatoform disorders.

## Method

### Study subjects

The study was carried out in the Inntalklinik, a German hospital specializing in psychosomatics. Approximately 15% of the patients that are treated here are Turkish

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