

*Love, Sex, and
Your Heart*

Books by Alexander Lowen, M.D.

The Language of the Body (1958)

Originally published as *Physical Dynamics of Character Structure*

Love and Orgasm: A Revolutionary Guide to Sexual Fulfillment (1965)

The Betrayal of the Body (1967)

Pleasure: A Creative Approach to Life (1970)

*Bioenergetics: The Revolutionary Therapy That Uses the Language of the Body
to Heal the Problems of the Mind (1976)*

Depression and the Body: The Biological Basis of Faith and Reality (1977)

*The Way to Vibrant Health: A Manual of Bioenergetic Exercises,
co-author Leslie Lowen (1977)*

Fear of Life (1980)

Narcissism: Denial of the True Self (1984)

Love, Sex, and Your Heart (1988)

The Spirituality of the Body: Bioenergetics for Grace and Harmony (1990)

Joy: The Surrender to the Body and to Life (1995)

Honoring the Body: The Autobiography of Alexander Lowen, M.D. (2004)

The Voice of the Body: Selected Public Lectures 1962-1982 (2005)

Love, Sex, and Your Heart

Published by The Alexander Lowen Foundation

1852 Texas Hill Rd.,
Hinesburg, VT 05461 USA
Phone: 802-338-2866
www.lowenfoundation.org

Copyright © 1988 by Alexander Lowen, M.D.

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photo-copying, recording or by any information storage and retrieval system, without permission in writing from the Publisher.

Except in the United States of America, this book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form of binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent publisher.

Library of Congress Control Number 2003113274

ISBN 978-1-938485-06-0 (paperback)

ISBN 978-1-938485-07-7 (ebook)

First Edition by The Alexander Lowen Foundation, 2013

Printed in the United States of America

Contents

PREFACE	1
INTRODUCTION	3
PART ONE	THE FULFILLMENT OF LOVE
1.	<i>Love Is at the Heart of Life</i> 11
2.	<i>Sex and the Heart</i> 32
3.	<i>At Heart We Are Still Children</i> 54
4.	<i>The Loss of Love and the Loss of Hope: "I Can't Live Without You"</i> 75
5.	<i>The Fear of Love</i> 91
PART TWO	HEARTBREAK AND HEART DISEASE
6.	<i>Love, Stress, and the Heart</i> 110
7.	<i>The Heart Attack</i> 126
8.	<i>Sudden Death</i> 147
9.	<i>The Will to Live and the Wish to Die</i> 156
10.	<i>The Healthy Heart-The Loving Person</i> 177
NOTES	201

Preface

We all recognize the heart as a symbol of love. But is the relationship between the heart and love only symbolic? Or is there a real and vital connection?

Most people have experienced not only a rapid heartbeat in the presence of a loved one but also the heaviness of heart that follows a lovers' quarrel. Moreover, it is common practice in all cultures to place a hand over the heart when talking about love, as if to locate the physical sensations that accompany the emotion. If the heart is involved in every experience of love, as it seems to be, then we must assume that such expressions as a "heart filled with love" also describe a physical phenomenon.

What validity can one then give to the concept of heartbreak? Although hearts do not fall to pieces when love is rejected or a loved one is lost, clearly something breaks in such situations. Is there such a thing as a closed heart or an open heart? These questions are important to an understanding not only of our feelings but also for the health of the heart. Assuming that the connection between the heart and love is real, as I do throughout this book, it can be hypothesized that a heart without love must inevitably languish and die. My belief in this conviction stems from my experience as a doctor helping patients in their struggle to open their hearts to love and to find some joy in life. Some of their case histories will be presented in this study. What about sex? If we contend, as some people do, that love and sex are two separate functions, then we

Love, Sex, and Your Heart

must assume that the heart is no more involved in the sex act than it is in any other physical activity. In this view, the heart's function of pumping the blood through the body to provide the tissues with oxygen and nutrients and to remove waste products must be seen as purely mechanical. Here again, however, we run up against the common language, which speaks of sex as lovemaking, implying a direct connection between love and sex and, by extension, between the heart and the genital organs.

It is the purpose of this book to elucidate these connections so that the reader may see how his emotional life is tied to his physical being and how his physical health is dependent on his emotional well-being. It is my hope that understanding the causes of the fear of love will help the reader become a more loving person, thus ensuring the health of his heart. Without such knowledge, all our efforts to ensure the health of our hearts fail to go to the core of the problem.

We shall therefore start by examining the nexus between the heart and love, a relationship that has been recognized and expressed over the centuries by poets, philosophers, and religious teachers.

Introduction

As a clinical cardiologist I have seen and worked with many cases of heart disease. Over the years it became apparent to me that coronary heart disease in general is a silent, ubiquitous disease. Symptoms are usually a late manifestation, and sudden cardiac death is frequently the first symptom of coronary insufficiency. This obviously presents a dilemma for the practicing cardiologist. The preventive aspects of dealing with such a devastating illness recently have become the focus of contemporary cardiology. One's predetermined risk and habit profiles have become important variables in the relationship between life-style and cardiovascular disease. But despite all the studies linking smoking, high levels of blood cholesterol, hypertension, and adult diabetes to coronary arteriosclerosis, I was convinced that these risk factors, although highly significant, really did not completely explain the nature of this illness.

Over the years, and especially within the last decade, a considerable amount of research has been undertaken in an effort to discover the causes of atherosclerotic cardiovascular disease—a unique phenomenon of twentieth-century people. This research has been mostly of a statistical nature, demonstrating a connection between risk factor profiles and subsequent cardiac disease. Additional research studies, however, have disclosed that certain individuals are more prone to coronary heart disease than others. Such disease-prone individuals have a special pattern of behavior and unusual susceptibility to emotional stress. Emotional stress

Love, Sex, and Your Heart

seemed to me to be the most important determinate of cardiac illness, so when Friedman and Rosenman published their findings about Type A coronary-prone behavior and its predisposition to coronary artery disease, it confirmed my belief in the dominant role of stress and behavior in heart disease.

Cardiologists are particularly prone to heart disease because of the stressful nature of their work. As a clinical cardiologist I became aware of patterns of destructive behavior in my patients that labeled individuals “prone to developing coronary heart disease.” What I didn’t expect to discover, however, was that I was wearing that label myself. This awareness was horrifying. I knew that I had been competitive, an achiever, and a hard worker. I also recognized myself as a Type A individual. As a man in my late thirties, aggressive and successful, I suddenly realized that my own mortality was being revealed to me through my patients.

Traditional cardiovascular risk factors frequently were not found in victims of coronary heart disease. Typically, it was one’s behavior that became the catalyst of the disease process. Emotional factors operating on a physiological level affected the process of heart disease. It is well known that mind and body influence each other. What one thinks can elicit an emotional response to which the body responds. Thus, personality issues are key elements found in almost every illness. Unventilated emotion or affect, for instance, eventually damages the body and its physiological system. In high blood pressure, the major repressed emotions are anger, hostility, and rage. Some coronary-prone individuals, in addition to repressing anger and hostility, have also struggled with the heartbreaking experience of the loss of love and subsequent loss of a vital connection. Such feelings of heartbreak imply great sorrow, grief, and anguish, which are subsequently expressed in one’s evolving behavior, character, and body. Thus, it became clear to me that heart disease is a process that doesn’t just happen. Rather, it is frequently influenced by emotional issues, conscious and unconscious conflicts. Therefore, such behavioral analysis became the focus of my interest and energies. I was also able to view it as a challenge to find the causative factor one might identify and

modify in order to enhance and prolong the lives of my patients as well as my own. Also, this realization that I was setting myself up for coronary illness made me decide to enter therapy, with a view to investigating and changing these negative aspects of my behavior.

My search sent me back to my childhood, and a recognizable pattern developed. I was the third of four children. When I was four years old, my sister was born, and around that time I started a course of multiple childhood illnesses and accidents. Were those incidents a maladaptive way to achieve contact and love from a mother who must have had her hands full with a new baby and a growing family? Through the years I can still feel that yearning for my mother's attention and soothing. Her "unavailability" to me resulted in the experience of my first heartbreak. The traumatic sadness that followed was repressed, but somehow my body remembered the truth. The soft vulnerability of the child evolved into the rigidity of a heavily armored chest, as if to protect my heart. I know my mother loved me dearly, but at that young age I was unable to understand her needs and focused only on my own. I sought her approval and love and hoped that by being "a good boy, a good student, an athlete, and an achiever," I would gain them. *Success* would bring me love, I thought. I developed a false connection between the two that carried through to adulthood. This connection influenced the process of Type A behavior that ultimately could result in my demise.

After medical school I went through an internship in psychiatry and medicine, two years of residency in medicine, and two years of specialized training in cardiology. I became a highly trained technical invasive cardiologist and felt extremely confident in what I was doing. I became a workaholic. The passion in my life was my job, for it had given me a place in the universe.

Over a short period of time, however, in the midst of this success, I felt myself burning out. I was in an internal struggle to achieve and perform at the expense of my feelings. Although I didn't recognize it, I was a driven man. I denied my fatigue and my pain, something I had done in my adolescence to prove myself a good student and athlete. In

Love, Sex, and Your Heart

this pursuit of success and achievement, was I really seeking approval and love? Was I trying to prove myself worthy of love? I had carried this need through the years and saw it again and again in many of my patients. Many chased this need to heart disease and death.

The challenge I now gave myself was to alter the self-destructive Type A coronary behavior pattern. Actually, the awareness and recognition that I possessed this behavior was enlightening, for it was this awareness that gave me the strength to find a curative alternative.

In the mid-seventies, I was fortunate to hear lectures and seminars given by my colleagues on behavior and cardiovascular disease. One lecturer, Robert Elliot, a cardiologist and author of the book *Is It Worth Dying For?* had a tremendous impact on me. After these encounters I pursued many self-awareness seminars. In 1978, for instance, I attended an international symposium in London, England, on stress and tension. It was extremely provocative and opened me up to some of the nontraditional approaches toward healing. The West Germans, for example, were integrating biofeedback with their treatments; the Swedes were utilizing massage, the Swiss introduced Lamaze, the Asians focused on meditation, while the Americans were teaching progressive relaxation. I was able to see each of these methods as a positive way of assuaging emotion and calming the nervous system. They all had merit.

Over the next few years I was fortunate to conduct stress-and-illness workshops with an internist, Dr. Brendan Montano, and a psychotherapist, Holly Hatch. These group interactions, utilizing Gestalt therapeutic technique, were helpful in teaching susceptible individuals how to cope with life. Group awareness training had a tremendous impact on healing, particularly when individuals “saw themselves” in other people. After being involved in several workshops, I began to publish some of my own data in the medical literature. My patients became my best teachers. During this time I realized I needed to pursue specialized training in the field of psychotherapy. The more I investigated the connection between mind, emotion, and heart, the more uneasy and inadequate I became. The subject was simply vast, unexplored, and uncharted.

Introduction

I spent two years in Gestalt therapy, which helped me understand some of the background causes of my attitudes and further convinced me about the power of emotions in health and illness. In the course of this therapy I discovered the work of Alexander Lowen. Bioenergetic analysis, which he founded, is a body-oriented analytic therapy that focuses upon muscular tensions in the body that are the physical counterpart of the emotional conflicts in the personality. Just as one can tell the age of a tree by counting the internal rings on the stump, a bioenergetic therapist, like Lowen, can determine the history of a person by looking at the body. In bioenergetic analysis, the therapist can determine where tension is located and where energy is blocked. This blockage keeps people from experiencing their full potential of aliveness. By utilizing various techniques and exercises to charge and discharge the body, the bioenergetic therapist can release trapped energy, which allows for the dissipation of tension. This concept of energy and its application to individuals prone to heart disease were so intriguing and exciting, that I decided to undergo therapy with Dr. Lowen. Through his teachings it soon became apparent to me that my body was quite tense, that I was not breathing deeply, and that I was not fully experiencing or expressing my own feelings.

My therapy with Dr. Lowen focused on the rigidity of my body. Although during the first few months my body was resistant and under the control of my head, Lowen worked on my breathing, which induced feeling. He placed me over a bioenergetic stool and had me use my voice in such a way as to assuage the energy in my chest. This had a positive effect in reducing the stress and tension in my thoracic cage. He then began to focus on my diaphragm, jaw, and pelvis. Several months of such body work uncovered suppressed emotion and muscular tension. Gradually a softening in my body occurred. Crying released tension, inducing an expansive quality in my chest. Over the subsequent years I found my heart opening. I guess the feminine side of my character was evolving. The growth was tremendous. The pain of therapy eventually led to the discovery of pleasure. I began to experience more feeling. My emotional and physical well-being heightened, and my body seemed to come alive.

Love, Sex, and Your Heart

I began to experience my real self. This journey of self-discovery was exhilarating.

With these new insights I began to look at my cardiac patients from the point of view of what went on in their chests, how much tension was located in their bodies, how well they breathed, what their early life experiences were with relation to loss of love, and what their current experiences were with love. My work now evolved on a different level. I began to work with my patients on a body level utilizing the knowledge that I had gained from Lowen. Bioenergetic analysis became a tremendous tool in the total assessment of each person and his illness. Although I continued to take a history from a patient, I now began to focus on his breathing, eye contact, the quality of the patient's energy, the feeling in his handshake, the movement of his diaphragm, his tone of voice, and signs of held-in emotion in his body. Analysis of the jaw structure, for instance, gave me clues to the level of the patient's held-in anger. The look in his eyes gave me information concerning sadness and fear. Thus, by looking at body structures, I became more aware of patients' issues and illnesses. I was becoming a more effective physician and healer. With such new insights, Dr. Lowen and I founded the New England Heart Center to arrive at a bioenergetic understanding of cardiac illness and the individuals who are prone to it.

My experience with Dr. Lowen has become an exciting chapter in my life. His teachings have opened up innovative, creative dimensions in the treatment of heart disease. At age seventy-six, he is a living testimony of his work. During the summer of 1987 he took me sailing on Long Island Sound, and we discussed our research. As he hoisted the sails and navigated the boat, I viewed a vibrant, energetic man who was fluid, soft, and yielding. As I experienced the wind and the spray upon my face, Lowen talked about living and feeling. As the boat glided over the waves, I had the feeling that I was participating in a sailing experience with a master. Just as a sailor navigates with masterly skill, a psychotherapist like Lowen frequently navigates through the "uncharted waters" of a patient's memories that had long since been forgotten. As I watched Lowen sail

Introduction

his boat, I experienced a tranquillity. . . . I will always be indebted to him for that day.

STEPHEN SINATRA, M.D.