



Evidence Gap Map of Clinical Effectiveness of Bioenergetic Analysis

EXECUTIVE REPORT



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Introduction

Evidence map - Clinical Effectiveness of Bioenergetic Analysis

The “Evidence Map – Clinical Effectiveness of Bioenergetic Analysis” presents an overview of the evidence of clinical effectiveness of Bioenergetic Analysis and derived interventions for different health outcomes, i.e., Mental Disorders and Indicators, Well-being and Quality of Life, Organic Diseases and Metabolic and Physiological Indicators. From a broad bibliographic search (PUBMED, EMBASE, AMED, CINAHL, PsycInfo, Web of Science, VHL, Google Scholar) 56 studies using different methodologies were selected and included: Systematic Review with Meta-Analysis (1), Meta-Analysis (1), Clinical Trials (20) - 8 Randomized Clinical Trials, 3 Controlled and 9 Uncontrolled Clinical Trial -, Retrospective Observational Study (2), Cross-sectional Observational Study with longitudinal elements (1), Cohort Study (1), Case Series (3), Case Study (10), Narrative Review (10), Experience report (3), Intervention research (2), Qualitative research with content or thematic analysis (2).

Two tools were used to assess the quality of the studies, i.e., the Mixed Methods Appraisal Tool (MMAT), which was applied to studies involving primary data, and the Measurement Tool to Assess Systematic Reviews (AMSTAR 2), which was used to evaluate systematic reviews. All studies were evaluated, characterized, and categorized by a group of researchers in the field of Bioenergetic Analysis, researchers and librarians.

Bioenergetic Analysis in the world

Bioenergetic Analysis is a specific form of body and relational psychotherapy based on the integral view of body-mind, rooted in the work of Wilhelm Reich, and founded by Alexander Lowen. Its body of somatic and relational knowledge has a history of approximately 70 years. Bioenergetic Analysis has been established at the forefront of modern psychology and follows the advancement of the field of neurobiology and social theories (1).

Its international community is made up of certified health professionals with extensive activity in the Americas, Europe, Asia, and Oceania.

Bioenergetic Analysis belongs to a field of body psychotherapies that have many theories, concepts, and practical approaches in common. It also has similarities with integrative health, as it understands health conditions and carries out clinical interventions based on a broader perspective of patient-centered care, guided by a multidimensional vision (2). Due to these aspects, some studies present complex interventions that involve related fields.



Method

The study was based on the application of the methodology developed by the International Impact Evaluation (3iE) for mapping evidence and its gaps, which consists of mapping and graphically representing the characteristics and findings of the evidence analyzed from primary clinical studies and systematic reviews, associating the effect of specific interventions in the area with the clinical outcomes analyzed, in addition to linking other information such the quality of the study (level of confidence), the population, and the focus country.

On the map, associations are represented on the Tableau Platform through geometric shapes and different colours representing the effect (positive, potentially positive, inconclusive) and the level of confidence (high, moderate, low, or critically low) of the reported evidence. All geometric shapes lead to the list of study titles with a link to the full text.

Eligible for inclusion in the Evidence Map were the following: studies that presented clinical interventions aimed at delimited clinical outcomes, studies that reported Bioenergetic Analysis interventions (individual and/or group), body psychotherapy studies (individual and/or group) that included references from Bioenergetic Analysis or were based on the field, exercise studies derived from bioenergetic analysis (Trauma Release Exercises (TRE), grounding and movement groups), and device-mediated grounding studies, considering these last ones as derivations of the classical concept of grounding, which is a central element of Bioenergetic Analysis.

Therefore, we considered literature reviews and systematic reviews, controlled clinical trials, uncontrolled clinical trials, cohort studies, prospective and retrospective observational studies, case series, case studies, and experience reports. These studies were available in English, Spanish, Portuguese, and German, and were published in peer-reviewed scientific media.





To assess the quality of studies, two tools were used: the *Mixed Methods Appraisal Tool* (MMAT), which was applied to studies involving primary data and the *Measurement Tool to Assess Systematic Reviews* (AMSTAR 2), which was used to evaluate systematic reviews. The MMAT offers a comprehensive method for evaluating the quality of studies that employ qualitative, quantitative, and mixed methods, addressing different aspects of the research, including design, data collection, and analysis. The AMSTAR 2 provides a rigorous framework for the critical assessment of systematic reviews, considering the selection, methodological assessment, and synthesis of the included studies.

All the studies could answer in some way the following research question: how effective is Bioenergetic Analysis for health outcomes? All studies were evaluated, characterized, and categorized by a group of researchers in the field of Bioenergetic Analysis and had the support of experts in the Evidence Map methodology.





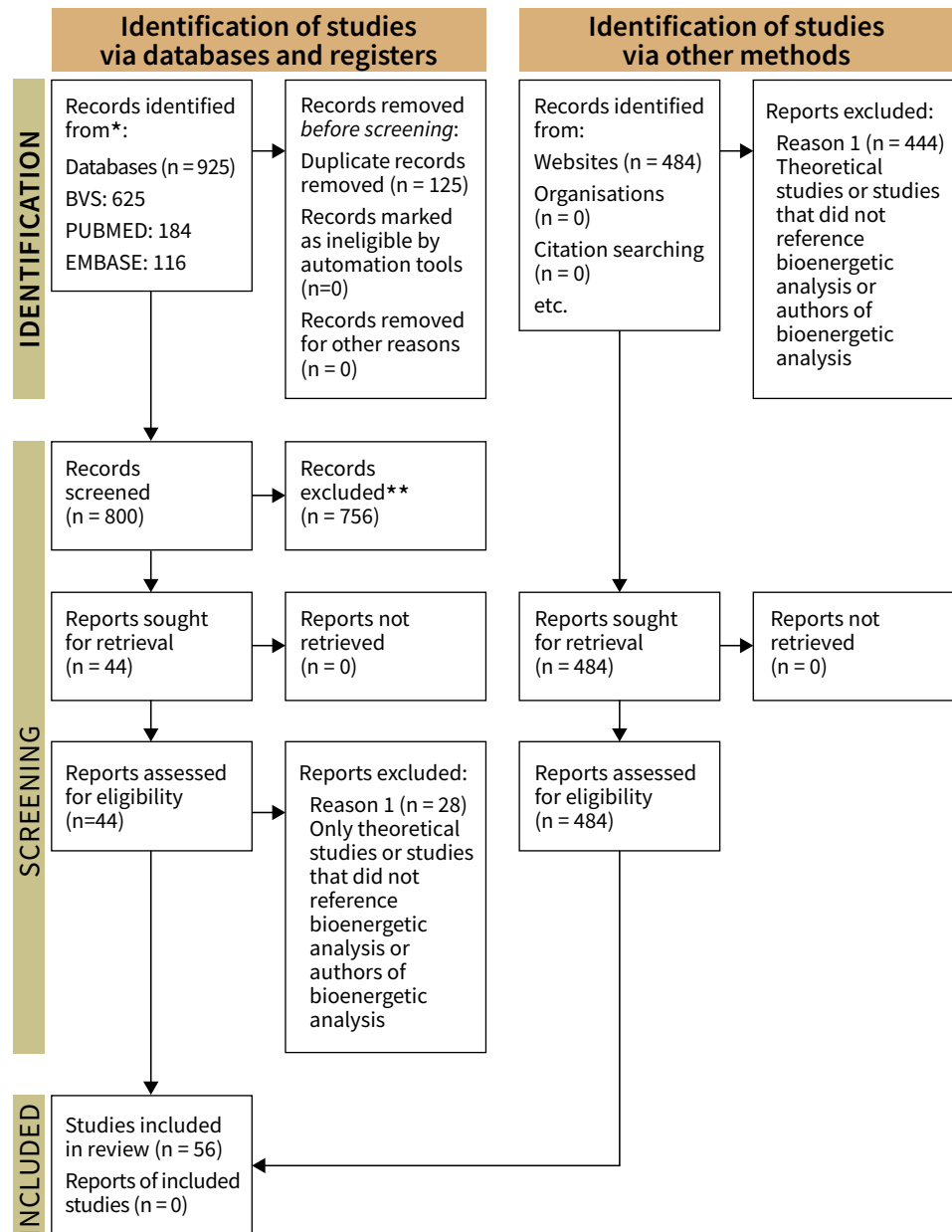
Results

This study was based on a broad bibliographic search carried out in PUBMED, EMBASE, AMED, CINAHL, PsycInfo, Web of Science, VHL, and Google Scholar, and articles were obtained by manual search in the main journals in the field of Bioenergetic Analysis, Body Psychotherapies and on the Semantic Scholar platform.

From a total of 800 studies identified in databases, after removal 125 duplicated records, and 484 studies identified from websites, 16 studies were selected in pairs from databases and 40 from websites, and 56 studies were included. Figure 1 presents the study selection process.

Figure 1

Flow diagram for studies which included searches from databases, registers and other sources.



* Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

** If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Focus Countries of the Studies

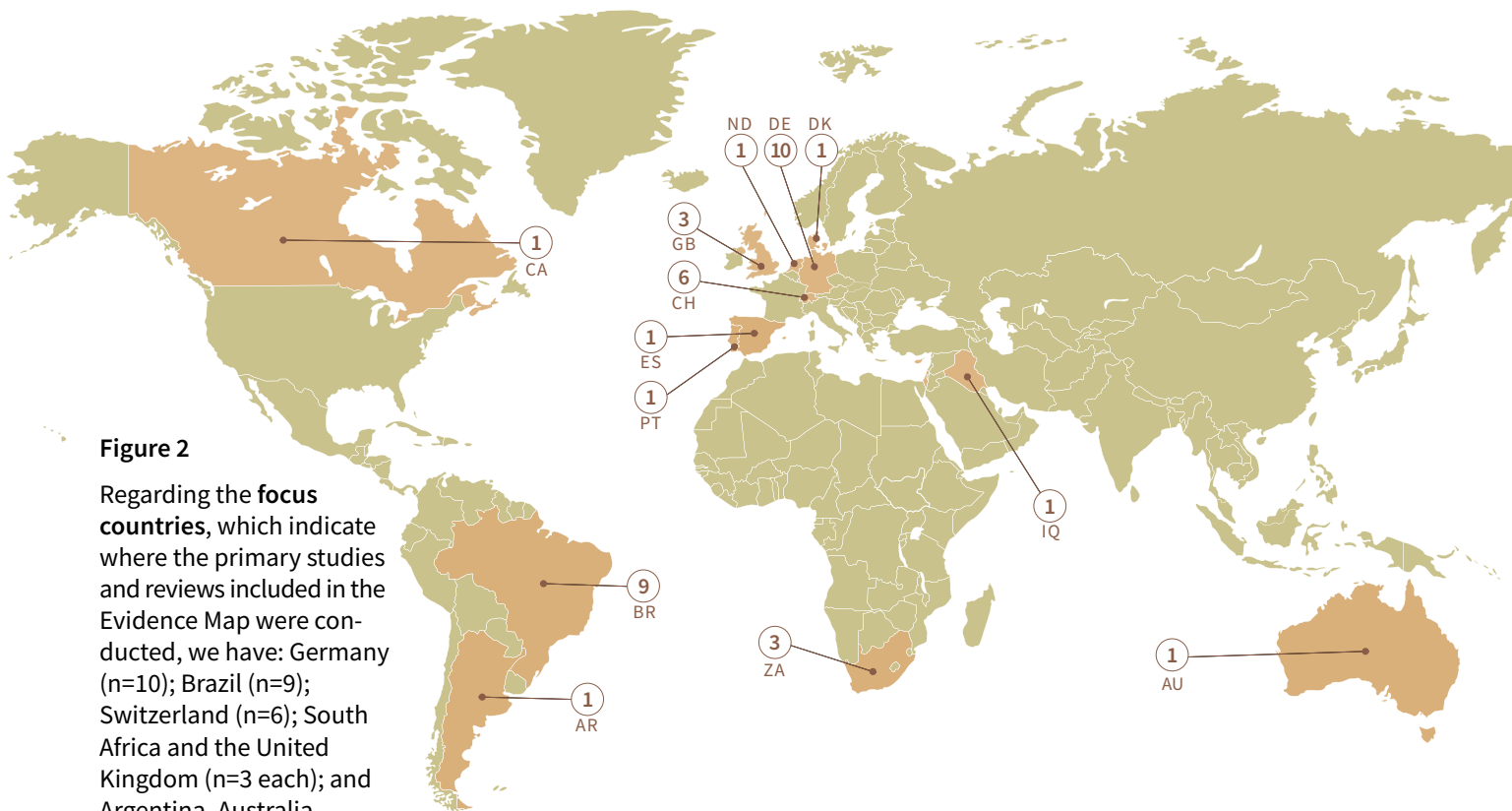


Figure 2

Regarding the **focus countries**, which indicate where the primary studies and reviews included in the Evidence Map were conducted, we have: Germany (n=10); Brazil (n=9); Switzerland (n=6); South Africa and the United Kingdom (n=3 each); and Argentina, Australia, Canada, Denmark, Spain, Netherlands, Iraq, USA and Portugal (n=1 each).

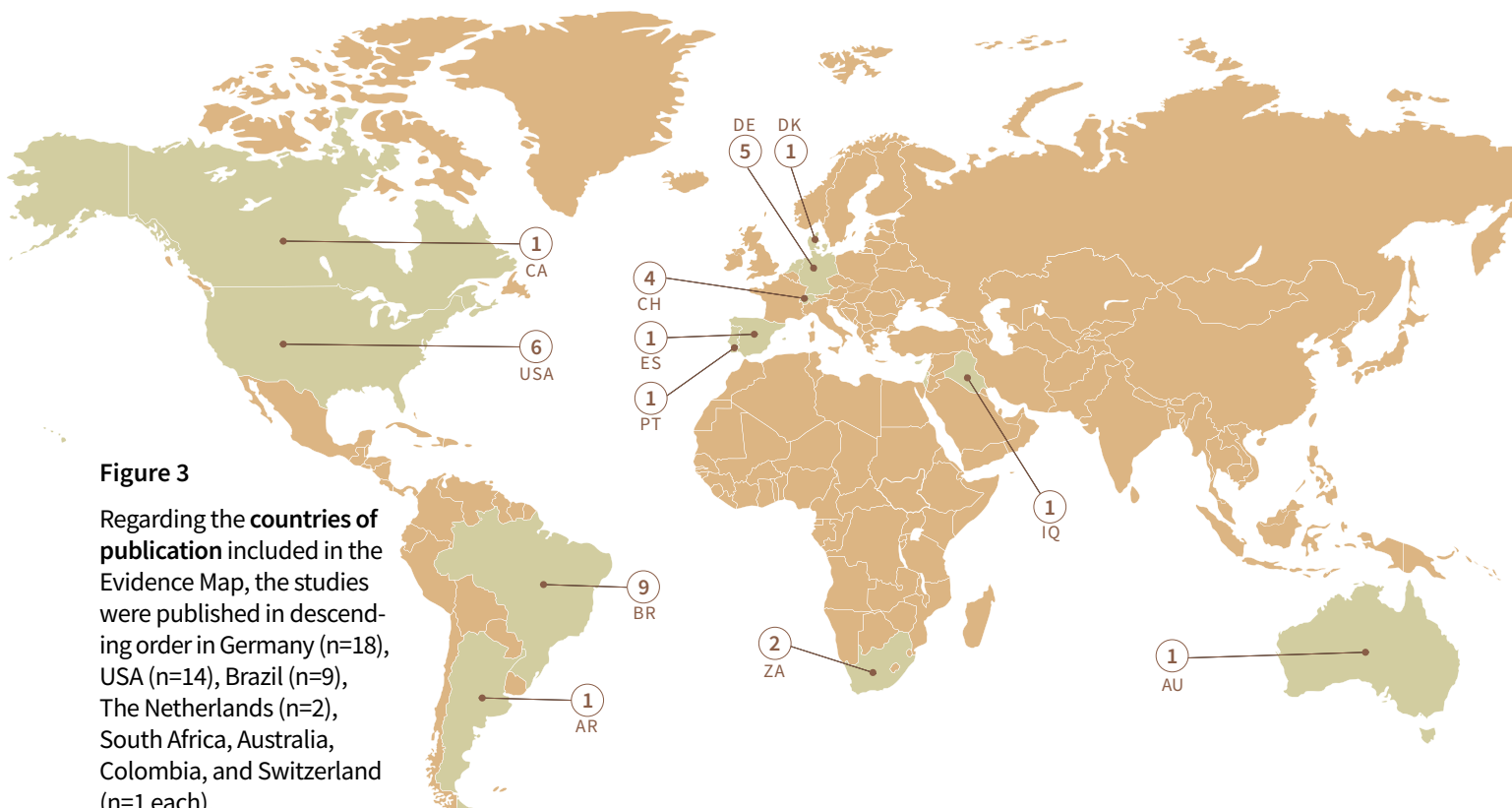


Figure 3

Regarding the **countries of publication** included in the Evidence Map, the studies were published in descending order in Germany (n=18), USA (n=14), Brazil (n=9), The Netherlands (n=2), South Africa, Australia, Colombia, and Switzerland (n=1 each).



Types of studies

We found fifty-six studies from different methodologies. The clinical trials represent 36% of the studies (n=20), followed by 18% of narrative review and case reports (n=10 each), 5% of Case series and Experience Report (n=3 each). In smaller numbers we found Retrospective Observational Study (n=2), Intervention Research (n=2), Qualitative Research with Content or Thematic Analysis (n=2), Systematic Review with Meta-Analysis (n=1), Meta-Analysis (n=1), Cross-sectional Observational Study (n=1) and Cohort Study (n=1).

Considering the types of study, we have 12 reviews, 20 clinical trials, 2 cohorts and Cross-sectional observational study and other 22 studies with descriptive design.

Table 1
Types of studies

Clinical Trials	20
No randomized controlled clinical trial	3
No controlled clinical trial	9
Randomized Clinical Trial	8
Narrative Review	10
Case Report	10
Case Series	3
Experience Report	3
Intervention based research	2
Qualitative research with thematic analysis	2
Retrospective observational study	2
Systematic Review with Meta-Analysis	1
Meta-Analysis	1
Cross-sectional observational study	1
Cohort study	1



Quality Assessment

Using the Mixed Methods Appraisal Tool - MMAT tool, 53 primary studies were classified from the 56 studies according to their methodological quality between critically low quality (score 0), low quality (score 1 and 2), moderate quality (score 3) and high quality (scores 4 and 5). We found 43 (81%) studies classified as having a high level of methodological quality, 4 (7,5%) studies considered to be of moderate quality, 1 (1,9%) study of low quality and 5 (9,4%) studies of critically low quality.

Types of Interventions

Some of the studies were not limited exclusively to specific Bioenergetic Analysis interventions, but also included other techniques and therapeutic resources with concepts derived from or related to Bioenergetic Analysis. For this reason, the 56 studies included in the Map evaluated the effect of 8 different groups of Interventions listed below:

1. Individual Bioenergetic Analysis (multimodal psychotherapy): studies that exclusively used bioenergetic analysis interventions in the context of individual psychotherapy and that adopted various techniques from the specific field (n=20)
2. Group Bioenergetic Analysis (group multimodal): studies that exclusively adopted bioenergetic analysis techniques in conducting and managing groups of bioenergetic exercises. (n=4)
3. Exercises in Bioenergetic Analysis (TRE – Isolated technique): studies involving exclusive TRE interventions (*Trauma Release Exercises*) (n=5)
4. Mixed Individual Body Psychotherapies: studies involving bioenergetic analysis interventions and other interventions in the field of individual body psychotherapies.
5. Mixed Group Body Psychotherapies: studies involving group psychocorporal intervention that adopted resources from the broad field of body psychotherapies of which Bioenergetic Analysis is included. (n=13)
6. Exercises in Bioenergetic Analysis (Mixed technique): studies based on interventions with TRE (*Trauma Release Exercises*) associated with some other techniques, whether bioenergetic analysis exercises, or meditation techniques such as mindfulness. (n=1)



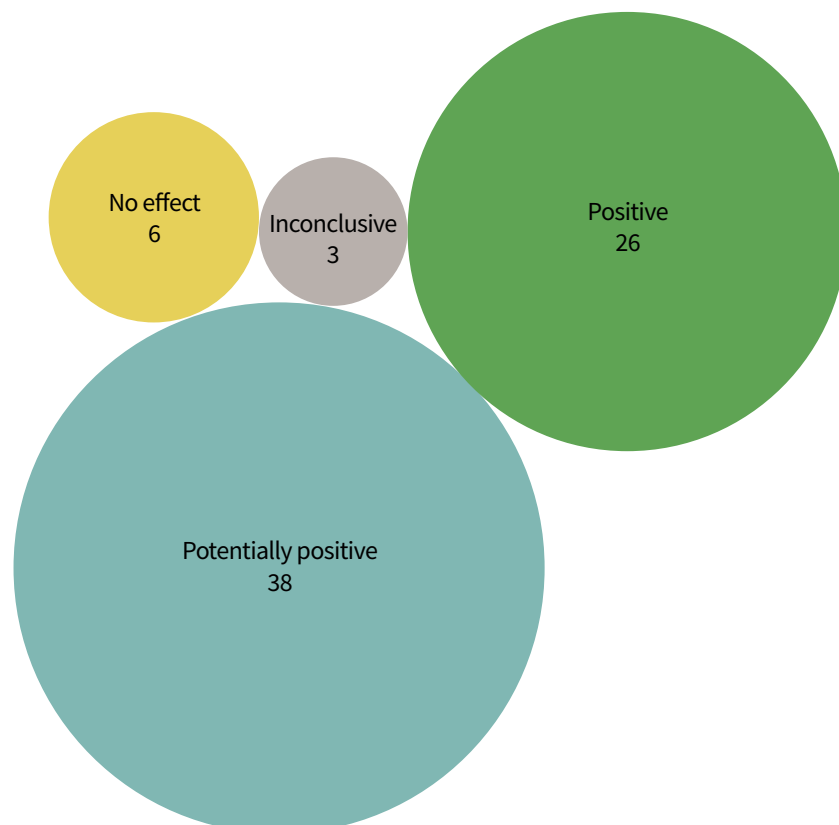
7. Body Psychotherapies: studies involving bioenergetic analysis interventions or other interventions in the field of body psychotherapies that included both individual and group intervention modalities (n=2)
8. Grounding - derived studies: studies that specifically evaluated the physiological and emotional effect of grounding and earthing sometimes using resources different from those originating from bioenergetic analysis. (n=6)

The most analyzed intervention groups were Individual Bioenergetic Analysis (n=20) representing 36% and Body Psychotherapies in Mixed Group (n=13) representing 23% of the total. In the descending sequence of intervention groups, we have 11% with Grounding (n=6), 11% with TRE Bioenergetic Analysis Exercises (mixed, n= 1 and isolated, n= 5), 9% with Body Psychotherapy mixed technique (n=5), 7% from Bioenergetic Analysis Group (n=4) and 3.6% from Body Psychotherapy (n=2).

Effects and outcomes

The studies showed different effects of their interventions:

Figure 4
Effect of Interventions.





The studies reported a **potentially positive effect** (n=38 outcomes), followed by **positive** (n=26 outcomes), no effect (n=6 outcomes), and inconclusive (n=3 outcomes) for the interventions/outcomes that were analyzed. Then **87%** of studies presented positive (46,4%) and potentially positive (68%) outcomes.

The 56 studies included in the Map evaluated the effect for three health thematic groups (with subdivisions):

The 8 intervention groups were associated with 69 health outcomes and were distributed into 3 health thematic groups:

1. Mental Disorders and Indicators;
2. Well-Being and Quality of Life, and
3. Organic Diseases and Metabolic and Physiological Indicators.

Considering the specific clinical outcomes within the Outcome Groups, we highlight:

Group 1 - Mental disorders and indicators (n=26):

This group is made up of the following outcomes: Depression, Anxiety, Somatoform Mental Disorder, Post-Traumatic Stress Disorders, Neurotic, Stress, and Somatoform Disorders, Psychogenic Nonepileptic Seizures, Psychological Trauma, Substance Use Related Disorders, Personality and Behavior Disorders, Eating Disorders, Body Dysmorphic Disorder, Schizoid Personality Disorder, Borderline Personality Disorder, Panic Disorder, Seasonal Affective Disorder, Burnout Syndrome, Schizophrenia, Suicidal Ideation, Alexithymia, Aggressiveness, Grief, Fear, Hallucination, Emotional Regulation, Relaxation, mental clarity, connection, acceptance, meaning, emotional bond.

There were a total of 26 studies with 36 outcomes in this group, which received 93 associations. Worth highlighting was the intervention field of Bioenergetic Analysis (isolated technique), adopted in 7 studies, and the Mixed Group Body Psychotherapies (Group Psycho-corporal Interventions with mixed technique), present in 6 studies. Also worth highlighting is the field of intervention of Body psychotherapy (mixed technique), present in 4 studies.

According to the methodological quality assessment tool MMAT, 23 studies had a high level of quality (14 on level 5 and 9 on level 4), 6 had a moderate level of quality (level 3), 3 had a low level of quality, and, according to Amstar 2, two studies had a critically low level of quality.

Of the 93 associations, 16 reported a positive effect (17%) and 20 reported a potentially positive effect (21,5%).



The main outcomes in this category were: depression (13 associations), emotional regulation (9 associations), anxiety (7 associations), and mental disorders in general (10 associations).

Table 2
General Map -
Mental Disorders
and Indicators

The main clinical evidence data present in studies of high methodological quality and meta-analysis of this thematic group are:

Intervention	Type of Study	Aggressiveness	Social adjustment	Anxiety	Burnout	Connection	Psychogenic Nonepileptic seizures	Depression	Somatiform mental disorder	Emotional control	Social control	Positive emotions	Schizophrenia	Psychological stress	Mood	Emotional regulation	Relaxation	Seasonal affective disorder	Food disorders	Personality and Behavior disorders	Neurotic, stress, and somatiform disorders	Emotional bonding
Individual Bioenergetic Analysis (multimodal)	Retrospective Observational Study		▲															▲		▲	▲	
Exercise in Bioenergetic Analysis - TRE - isolated technique	Controlled Clinical Trial				▲	▲						▲		▲			▲					▲
Grounding - derived study	Randomized Clinical Trials														▲							
Bioenergetic Analysis interventions in group	Action Research or Intervention Research									▲						▲						
	Uncontrolled Clinical Trial								▲	▲												
Psycho-corporal Interventions in group (mixed)	Randomized Clinical Trials	▲		▲			▲	▲	▲													
	Uncontrolled Clinical Trial		▲				▲						▲									
	Action Research or Intervention Research																▲					▲
Individual Body Psychotherapy (mixed)	Cross-sectional Observational Study with longitudinal elements			▲				▲														
	Cohort Study			▲				▲														
	Qualitative research with content or thematic analysis																		▲			
Body Psychotherapy	Meta-Analysis						▲															

Effect ▲ Positive

Quality Assessment

- ▲ MMAT = 0
- ▲ MMAT = 1
- ▲ MMAT = 3
- ▲ MMAT = 4
- ▲ MMAT = 5
- ▲ AMSTAR 2

▲ 1
▲ 2

C.L. : Critically Low



In Individual Bioenergetic Analysis interventions (multimodal psychotherapy) there were positive effects in the treatment of social adjustment, seasonal affective disorder, personality and behavior disorders, neurotic, stress, and somatoform disorders.

Exercise interventions in Bioenergetic Analysis (TRE - isolated technique) highlighted positive effects in the treatment of psychological stress and burnout syndrome.

Studies derived from grounding suggested positive effects on mood.

Bioenergetic Analysis interventions in group (multimodal in group) had positive effects on emotional regulation, emotional control, and social control.

Mixed Group Body Psychotherapies interventions in groups had positive effects on aggressiveness, anxiety, somatoform mental disorder, schizophrenia, relaxation, and emotional bonding.

Body psychotherapy (mixed) had positive effects on anxiety, depression, and eating disorder outcomes.

Finally, body psychotherapy showed a positive effect on depression.

Group 2 - Well-being and Quality of Life:

This group gathered the following outcomes: self-care, self-esteem, physical well-being, mental well-being, psychological well-being, functional capacity, body awareness, mobility, quality of life, sleep quality, resilience, feeling of well-being, and vitality.

The most common interventions in this group were: Mixed Group Body Psychotherapies and Individual Bioenergetic Analysis (multimodal).

There were 23 studies that evaluated 44 associations with the Well-Being and Quality of Life outcomes described above.

The evaluation of the 23 primary studies using the MMAT tool followed the general trend in which the majority was classified with a high level of methodological quality (MMAT score 5) in 13 studies and (MMAT score 4) in 6 studies. The only study that was evaluated by the AMSTAR 2 tool had a Critically Low quality.

The most recurrent outcomes in this group were: Quality of Life (n=9), Body Awareness (n=7), Vitality (n= 7), and Sleep Quality (n=4).



Of the 44 associations carried out in the studies for different clinical outcomes, 12 had a positive outcome, 13 were potentially positive and 2 had no effect.

The main clinical evidence data present in studies of good methodological quality (MMAT scores 4 and 5) in this thematic group are described in the table below:

Individual (multimodal) Bioenergetic Analysis interventions demonstrated a positive effect on psychological well-being.

Group Bioenergetic Analysis interventions (multimodal) had positive effects on psychological well-being, functional capacity, body awareness, mobility, quality of life, and vitality.

TRE - Isolated Technique exercises had a positive effect on body awareness. Studies derived from grounding suggested positive effects on quality of life, sleep quality, and vitality.

Finally, mixed psycho-corporal group interventions had positive effects on self-care, body awareness, quality of life, sleep quality, and vitality.

Table 3
General Map - Well-being, Vitality, and Quality of Life

Effect ▲

Positive

Quality Assessment

▲ MMAT = 1

▲ MMAT = 4

▲ MMAT = 5

▲ 1

Intervention	Type of Study	Self-care	Psychological Well-being	Functional Capacity	Body Awareness	Mobility	Quality of Life	Sleep Quality	Vitality
Exercise in Bioenergetic Analysis - TRE -isolated technique	Action Research or Intervention Research		▲						
	Controlled Clinical Trial				▲				
	Controlled Clinical Trial				▲				
Grounding - derived study	Randomized Clinical Trials						▲	▲	▲
	Uncontrolled Clinical Trial							▲	
Bioenergetic Analysis interventions in group	Qualitative research with content or thematic analysis		▲		▲				▲
	Uncontrolled Clinical Trial			▲			▲		▲
	Action Research or Intervention Research					▲			▲
Psycho-corporal Interventions in group (mixed)	Action Research or Intervention Research	▲						▲	
	Randomized Clinical Trials								▲
	Uncontrolled Clinical Trial						▲		
	Controlled Clinical Trial				▲				



Group 3 - Organic diseases and metabolic and physiological indicators:

Fifteen studies evaluated organic disease outcomes and metabolic and physiological indicators. Among them the following were studied: pain, fatigue, blood pressure, fibromyalgia, hiccups, symptoms of covid19, inflammation, plantar fasciitis, multiple sclerosis, pregnancy related disorders and discomforts, physical function, cortisol, colitis, cicatrization, headache, rheumatoid arthritis, gastrointestinal disorder.

The most common interventions in this group were: Grounding - derived studies (n=6) and Group Bioenergetic Analysis Interventions – multimodal in group (n=3).

Fifteen studies evaluated 34 associations with organic disease outcomes and metabolic and physiological indicators.

The evaluation of t 15 primary studies using the MMAT tool followed the general trend in which the majority was classified with a high quality (87%), NMAT score 5 in 9 studies and MMA score 4 in 4 studies. The only study that was evaluated by the AMSTAR 2 tool had a Critically Low quality.

The most recurrent outcomes in this group were: Pain (n=10), Fatigue (n=5), Fibromyalgia (n= 2), and Blood Pressure (n=2).

Of the 34 associations carried out in the studies for different clinical outcomes, 25 were potentially positive, 7 had a positive outcome, and 02 were inconclusive.

The main clinical outcomes in studies of high quality in this thematic group are described in the table below:

Table 4

General Map - Organic diseases and metabolic and physiological indicators:

Effect ▲
Positive

Quality ▲ MMAT = 4
Assessment ▲ MMAT = 5

▲ 1

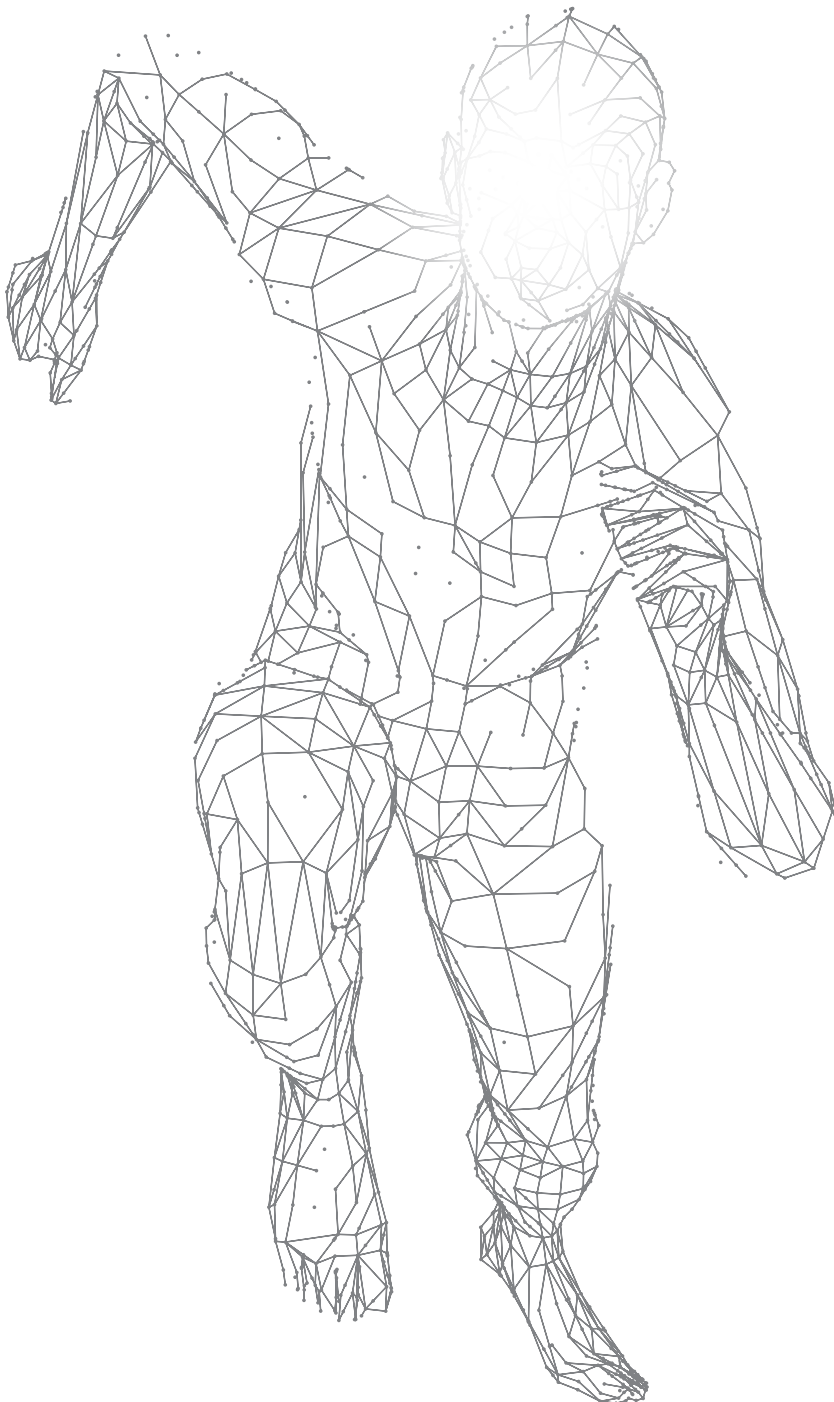
Intervention	Type of Study	Cortisol	Pregnancy Discomforts	Pain	Physical Function	Blood Viscosity
Intervention	Uncontrolled Clinical Trial	▲		▲		▲
	Grounding - derived study				▲	
Bioenergetic Analysis interventions in group	Action Research or Intervention Research			▲		
Psycho-corporal Interventions in group (mixed)	Action Research or Intervention Research		▲	▲		



Group Bioenergetic Analysis interventions (multimodal in group) had positive effects on pain.

Mixed Group Body Psychotherapies had positive effects on pregnancy discomfort and pain.

Finally, studies derived from grounding suggested positive effects for cortisol, pain, physical function, and blood viscosity.



Implications for practice

Main findings

- » The studies evaluated the effect for three thematic health groups, i.e. Mental Disorders and Indicators; Well-Being and Quality of Life; and Organic Diseases and Metabolic and Physiological Indicators.
- » The interventions were grouped into 8 groups: Individual Bioenergetic Analysis; Group Bioenergetic Analysis; Exercises in Bioenergetic Analysis (Trauma Release Exercises, Isolated TRE technique); Exercises in Bioenergetic Analysis (Mixed TRE technique); Mixed Individual Body Psychotherapies; Mixed Group Body Psychotherapies; Body Psychotherapies and Grounding, associated with 69 health outcomes.
- » The most analyzed intervention groups were Individual Bioenergetic Analysis (n=20) representing 36% and Body Psychotherapies in Mixed Group (n=13) representing 23% of the total. In the descending sequence of intervention groups, we have 11% with Grounding (n=6), 11% with TRE Bioenergetic Analysis Exercises (mixed, n= 1 and isolated, n= 5), 9% with Body Psychotherapy mixed technique (n=5), 7% from Bioenergetic Analysis Group (n=4) and 3.6% from Body Psychotherapy (n=2).
- » The studies reported a positive (n=26 outcomes) and potential positive effect (n=38 outcomes), followed by no effect (n=6 outcomes), and inconclusive (n=3 outcomes) for the interventions/outcomes that were analyzed, means that 87% of studies presented potentially positive or positive outcomes.



It is worth highlighting the positive effects for important health outcomes or issues from good methodological studies evaluated by MMAT that favor integral care for people and groups. Primary studies with good methodology according to MMAT and/or systematic reviews evaluated by AMSTAR 2 highlighted the positive effect of several bioenergetic analysis interventions for:

Mental Disorders and Indicators

Aggressiveness, Social adjustment, Anxiety, Depression, Somatoform mental disorder, Emotional control; Social control, Schizophrenia, Psychological stress, Mood, Emotional regulation, Relaxation, Burnout syndrome, Seasonal affective disorder, Eating disorder, Personality and behavior disorders, Neurotic stress and somatoform disorders, emotional bonding.

Well-Being and Quality of Life

Self-care, Psychological well-being, Functional capacity, Body awareness, Mobility, Sleep quality, Quality of life, and Vitality.

Organic diseases and metabolic and physiological indicators

Cortisol, Pregnancy discomforts, Pain, Physical function, and Blood viscosity.



Implications for research

Considering the implications for research in this area, many primary Bioenergetic Analysis studies were not included in this map because they were not published in peer-reviewed journals. Some of these studies refer to the scientific production of training schools at specialization and post-graduate levels, but are characterized as gray literature that could not be included.

There were great difficulties in searching for publications, since the main means of technical and scientific communication in the area are not yet indexed in large databases and their main descriptors do not yet have consensus in the scientific community. Therefore, manual research conducted by experts consumed a lot of research time and was fundamental in the inclusion of most studies.

Our methodological option was to prioritize studies involving primary data that showed the wide diversity of possible modalities and approaches.

Considering the broad spectrum of interventions related to Bioenergetic Analysis, we define different intervention modalities based on distinctions in the form of practical application, whether individual or in a group, whether isolated or mixed with other techniques in the multimodal model, but also in the interface with areas related and techniques derived from the standard model. Through this distinction, we seek to reduce doubts, mixes and confusion when evaluating the effect between specific interventions and outcomes among professionals, users and managers.

We adopt a meta-theoretical concept of plant biology applied to psychology that allows us to understand this correlation between Bioenergetic Analysis and Body Psychotherapies. In the broad field of body psychotherapies, we find in the ecosystem an “epiphytic” relationship of Bioenergetic Analysis that establishes exchange, synergy within this complex field of body psychotherapies.

Therefore, professionals and researchers have often adopted approaches to fields related to body psychotherapies that preserve the principle of functional unity at their base, giving life to Bioenergetic Analysis in its expression and dialogue.

The term “studies derived from grounding” was included referring to a wide spectrum of grounding studies whose theoretical references did not make direct reference to Bioenergetic Analysis, nor to the concept coined by Alexander Lowen adopted in scientific literature. These studies converge on the theoretical basis that Bioenergetic Analysis has also relied on



modern neuroscience to understand in a contemporary way the effects of its bodily interventions, even with important reservations regarding the different ways of practicing grounding.

It is important to recognize that there are a small number of studies that use evidence-based medicine methodologies. It should be noted that the scientific tradition of knowledge production in Bioenergetic Analysis has developed in theoretical studies and qualitative clinical studies that address the subjective complexity of cases accompanied by a wide range of symptoms and different interventions. This way of constructing knowledge comes from the style developed by Freud in psychoanalysis, followed by Reich and Alexander Lowen himself.

Most studies present theoretical and conceptual reflections associated with the illustration of clinical cases and experience reports, while the construction of scientific evidence has prioritized research that uses methodologies of randomized controlled clinical studies and systematic reviews.

Thus, this study demonstrated the state of the art of scientific production and the positive effect of Bioenergetic Analysis on various clinical outcomes, and at the same time demonstrated gaps in the development of scientific research that can expand the use of appropriate methodologies within the scope of health sciences, thus strengthening the exchange of knowledge and collaboration between different health fields for implementation in public health and for a collaborative international research agenda in the coming years.



Implications for management

These results can provide greater security to health managers in rationally guiding the use of Bioenergetic Analysis for different health problems, mainly mental disorders, well-being and pain.

It is important to highlight that the principle of functional unity (mind-body unity), present from the foundations of Reichian thought, allows us to understand why Bioenergetic Analysis can be adopted for different health problems, since its care is integral and the understanding of work in a mind-body unity help us to obtain answers to both psychological and physical symptoms or complaints.

One must be aware of the different intervention modalities and their specific complexities. This study can also assist in health education actions.

The Evidence Map points to positive clinical results of Bioenergetic Analysis in three large health groups: Mental Disorders and Indicators; Well-Being and Quality of Life, and Organic Diseases and Metabolic and Physiological Indicators. These results reveal a promising field for studies, since the interventions analyzed in relation to the outcomes studied demonstrated that only six studies had no effects and three were inconclusive, while thirty-eight (87%) had potentially positive or positive effects.





About this Evidence Map

Evidence Map on Clinical Effectiveness of Bioenergetic Analysis

This map is part of a series of Evidence Maps on the clinical application of Traditional, Complementary and Integrative Medicine (TCIM), which are included in the Brazilian National Policy on Integrative and Complementary Practices (PNPIC/MS).

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Coordination

Ricardo Ghelman, general

Alexandre Franca Barreto, thematic

Mariana Cabral Schweitzer, methodological

Caio Fábio Schlechta Portella, technical

Expert reviewers

Alexandre Franca Barreto

Ana Cláudia Moraes Barros Leite Mor

Clarissa Resende Batistela

Eliana Maria Cunha de Castro

Maria Verônica Araújo de Santa Cruz Oliveira

Collaboration

Verônica Abdala - Methodological support

Maristela Takeda - Bibliographic search

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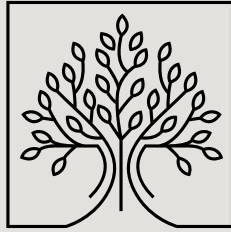
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Clinical Effectiveness Evidence Map of Bioenergetic Analysis

