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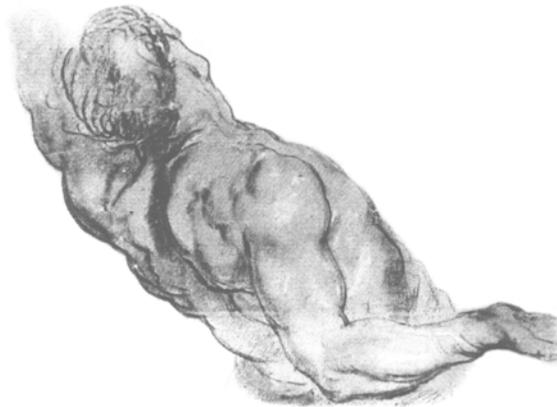


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USABP Mission Statement:

The USABP believes that integration of the body and mind is essential to effective psychotherapy, and to that end, it's 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)

THE USA BODY PSYCHOTHERAPY JOURNAL

Editorial, Vol. 1, No. 1, January 2002

It gives us enormous pleasure to introduce this inaugural issue of the USA Body Psychotherapy Journal. It feels as if we have just given birth to the Journal following a long and sometimes difficult and complicated labor. Like all new parents, we look at it with a mixture of anxiety and pride and hope others will approve of it. Just as every new parent has hopes and dreams for their child as a shaper of the future and a reflection of the parents, we hold hopes and dreams for this journal. We hope that it will fulfill the task of both shaping and reflecting the field of body psychotherapy and its relationship to other related arts and sciences.

This publication is a "work in process" which needs to be shaped by the members as well as the Board of directors of the USABP. Hopefully, many of you will want to contribute ideas and suggestions as well as articles to future collaborative efforts with the European Association for Body Psychotherapy and continuing to fulfill the task of bringing body psychotherapy into the mainstream.

The four articles chosen for this initial issue reflect a diversity of form and outlook that we hope will be continued and expanded.

The first is an elegant pilot study of "The Relative Efficacy of Various complementary Modalities in the Lives of Patients with Chronic Pain," utilizing four different body-oriented interventions: Focusing, Reiki, Zero Balancing, and Rubenfeld Synergy Method™, in addition to a control group which received didactic instruction. This study by Pamela M. Pettinati, MD, MPH, Ph.D., won the first research award of the USABP.

Our second article by Kerstin E. White, M.A., is a critical review of the literature on the clinical implications of the appropriate use of touch in psychotherapy. In conclusion, Ms. White recommends the inclusion of specific guidelines on the use of touch in the APA code of ethics and recommends increased education, training, research, and a dialogue between traditionally trained and body-oriented therapists. Following so closely on the heels of the publication of the USABP Code of Ethics, this article emphasizes and highlights the crucial role such a Code of Ethics must play in the developing field of body psychotherapy.

Diane Poole Heller, Ph.D., and Laurence S. Heller, Ph.D., have contributed a clinical example of the use of Somatic Experiencing™, developed by Peter A. Levine, M.D., in the treatment of auto accident trauma. Their article clearly delineates the principles and techniques of this intriguing method, which takes specific steps to avoid retraumatization of the patient.

Finally, Barbara Goodrich-Dunn, M.A. and Elliot Greene, M.A. have collaborated on an informative and provocative contribution to the history of body psychotherapy. Focusing on a series of interviews of the "elders" of body psychotherapy completed by Ms. Goodrich-Dunn in the 80's, she and Elliot Greene have placed body psychotherapy firmly in the tradition of developmental psychology, beginning at the end of the Nineteenth Century and culminating in the innovations of these ten pioneers in our field.

Three people have given the editor enormous support, encouragement and practical nitty-gritty help far beyond their titles listed in the masthead. Robyn Burns lent her help and enthusiasm from the initiation of this project, always asking questions that we had no idea existed in plenty of time for us to figure out, again with her help, reasonable answers to carry us on to the next stage. She is a virtuosa in the art of the possible. Mary Giuffra responded to my desperate plea for help when my energy had failed, picked up the reins out of nowhere, got us back on track, and has continued to share her enthusiasm, energy, and remarkable expertise in multiple areas. Her imprint is on every page. Jan Dragin has lent her expertise in communications and public relations to this project since its inception, and for that I am most grateful. But, in additions, she has generously counseled me on many editorial matters related to the broader field of body psychotherapy, in which we have been colleagues for many years. Having her virtually daily consultations on all aspects of the present volume has been almost as valuable as her indefatigable sense of humor.

Jacquie A. Carleton, Ph.D.
New York, January 2002

Letter from the President

Dear Fellow Members:

I am delighted, on behalf of the Board of Directors, to present to you the **premiere** issue of the *USA Body Psychotherapy Journal*. You will receive the *USABPJ* as an additional benefit of your USABP membership.

After much discussion about the form, content, and style of the *USA Body Psychotherapy Journal*, the Board decided at its October 2001 meeting that a top priority was to get the *USABPJ* launched and into members' hands as soon as possible. A key consideration in this decision was that members rated publishing a journal as one of their highest priorities in the strategic planning survey. Our sense is that members would prefer to start sharing ideas through the *BPJ* now, rather than wait many months while planning continued. Therefore, the *USABPJ* has a plain appearance, with the focus on its content.

I hope you will enjoy reading this first issue of the *USA Body Psychotherapy Journal*. Your comments are welcome as your thoughts will help the *USABPJ* continue becoming the publication you want. Please also consider submitting an article for the *USABPJ*.

Many thanks to Jacqueline Carleton and Mary Giuffra for everything they have done to make the Journal a reality and get things rolling. Your volunteer spirit is marvelous.

Elliot Greene
USABP President

The Relative Efficacy of Various Complementary Modalities in the Lives of Patients With Chronic Pain: A Pilot Study

Pamela M. Pettinati, M.D., M.P. H., Ph.D.

Abstract

The author conducted a singly-blind, randomized, clinical, controlled study of the efficacy of various complementary modalities in the lives of patients with chronic pain. The subjects (N=100) were elderly women religious who were suffering from chronic pain of more than two years' duration. The subjects were randomly divided into five test groups (N=20). Each subject received five sessions of didactic instruction (control group), of Focusing, of Reiki, of Zero Balancing, or of the Rubenfeld Synergy Method™. The subjects were evaluated before and at regular intervals after the interventions utilizing standardized research instruments and interviews with the researcher.

Since the investigator had noted the subjective efficacy of using the Rubenfeld Synergy Method™ in the treatment of patients with chronic pain, she decided to do a singly-blind, randomized clinical controlled trial to discover the patients' degree of improvement with that method and also to delineate, if possible, which component of the Rubenfeld Synergy Method™ was most closely correlated with this efficacy.

Keywords

Chronic pain - Self-efficacy

Research Design

The study was a phased study with multiple arms conducted over a period of two years. The subjects were retired Sisters of Notre Dame de Namur who live in two large retirement communities in Massachusetts. They range in age from 40 to 95 years old. They have many common characteristics in that they have lived their lives from teenage years as vowed women religious. They have never married, and all are nulliparous. They have worked in education, social service, and in caring for persons who are poor and on the margins of society. They are prayerful women in the Roman Catholic tradition, who largely define themselves and their worth in terms of fidelity to the vows of poverty, chastity, and obedience, fidelity to prayer and relationship with God, and service within the Church and the religious and civic communities.

The subjects are living in religious communities in large institutional buildings in which they receive whatever help they need to care for themselves and to continue living with quality and a sense of purpose. They are more disabled than persons from the general population, who live alone, but are more independent than those persons who reside in nursing homes. Their meals are prepared for them, and they eat together. Nurses and aides assist them with their medications and therapies, and an activities director facilitates occupational therapy and social interactions.

The investigator, who has worked with various Sisters of Notre Dame de Namur for forty years, explained the study to the Sisters at a large meeting in the institutions and asked for volunteers, who had chronic pain (i.e. continuous pain of over two years' duration), who would receive five sessions with her. There would be no remuneration to the subjects and no fee paid to the investigator. The subjects were free to drop out of the study at any time, although no one who entered the study did so. The subjects signed a consent for research on human subjects and agreed to fill out questionnaires before, and at various times after the completion of their sessions (two weeks, three months, and six months after the last treatment).

During the study, the subjects were allowed to continue their present medications and therapies. They kept regularly scheduled appointments for check ups with doctors and had routine tests such as mammography and colonoscopy. During the course of the study, none of the participants experienced any significant change in medications other than a decrease in pain medications after the completion of certain of the sessions. None of the participants had previously experienced any form of body work other than physical therapy for a short time period.

All of the participants had pain related to osteoarthritis and/or to osteoporosis. Eighty-two percent had back pain; 43% had shoulder pain; and 64% had pain in the extremities. In 30%, the pain involved the lower extremities; in 24% it involved the upper extremities excluding the shoulders; and in 10% it involved both the upper and lower extremities.

The subjects were randomized into one of five test groups using a Table of Random Numbers. There were a total of 100 subjects with 20 in each group. The subjects were blind in that they did not know the names of any of the therapies. They knew that they would remain fully clothed for all of the sessions, and that the sessions would involve talk, touch, or some combination of both talk and touch. The sessions would be conducted with the investigator seated, and they were allowed to choose whether they would be seated or lie down on a padded, low massage table. Each of the sessions was 30 minutes in length, and each participant received five sessions, once a week for five weeks. The subjects were evaluated using four standardized research instruments: the Health

Status Profile - SF-36 Ô, the McGill-Melzack Pain Questionnaire (MMPQ), the Medical Symptom Check List (MSCL), and the Body Parts Problem Assessment (BPPA). They were also evaluated in interviews with the researcher after completion of the study sessions.

The investigator is a physician and surgeon with over 30 years experience as a clinician and teacher. She is a Reiki Master in the Usui System of Natural Healing, a Certified Focusing Teacher and Trainer, a Certified Zero Balancer, and a Certified Rubenfeld Synergist. For this study, she was blind in analyzing the data, since each subject was identified only by a random number, but obviously, she was not blind in conducting the various sessions with each of the subjects. Her person, presence, competence, and ability are confounding variables to be considered in evaluation of the data.

To acknowledge the Hawthorne and placebo effects, the first Group was a Control Group which received didactic sessions with the investigator. In these sessions, the investigator presented information regarding the etiology and pathophysiology of pain, and information about various methods of responding to pain including self-help, allopathic, and complementary modalities. She answered questions, but did not make diagnoses or specific recommendations.

To parallel the energetic component of the interaction, the second group received Reiki. Reiki, from the Japanese words for universal healing energy, or universal life force, was used as a hands-on channeling of universal healing energy for the highest good of the recipient. The sessions were largely conducted in silence with the subject seated or lying down.

To parallel the verbal component of the interaction, the third group received sessions of Focusing. Eugene Gendlin, a philosopher of experiencing, conducted research on the processes and outcomes of psychotherapy. He found that neither the content of the therapy nor the orientation of the therapist distinguished successful from unsuccessful therapy. Rather, he concluded, it was those clients who spoke in therapy from their own bodily-felt experiencing processes, who were more likely to benefit from therapy than those persons who did not do so. In guiding a person with Focusing, the listener helps her to come into contact with a bodily-felt sense of the issue/problem, to welcome or greet it without judgment, and to sit with it, noting changes, until there is a bodily-felt shift which often gives new insight or perhaps even resolution to the issue/problem.

To parallel the touch component of the interaction, the fourth group received Zero Balancing. Zero Balancing, which was developed by Fritz Smith, is a modality of hands-on therapy in which energy blocks in the client's body are felt by the practitioner's hands and fulcrums applied intentionally to unblock or move the energy along pathways in the body similar to the meridians of acupuncture, as well as through the skeleton and connective tissue. There may be some dialogue during the sessions, but there was no attempt in this study to specifically use "verbal fulcrums."

The fifth group received sessions of the Rubenfeld Synergy Method™. This method, developed by Ilana Rubenfeld, combines the listening hand of the therapist with unique variations of the techniques of Alexander and Feldenkrais, along with verbal therapy derived from the work of Gestalt and other therapies. The listening hand provides contact and connection between the therapist and the client, noting the story which the body tells as well as that which the client articulates. There is an unfolding process of awareness, exploration, experimentation, and integration on all levels of body, mind, emotions, and spirit.

Results of the Study

The results of this pilot study (two weeks after the completion of the fifth session.) are summarized in Table One. The average age of the participants in the Control group was 74.3 years. They experienced a worsening of their pain with a 12.8% increase in the McGill-Melzack Pain Questionnaire, and an 11.0% increase on the Medical Symptom Check List. They noted an 8.0% increase in problems with body parts (BPPA), and their activities decreased 10.7%. Forty percent described their pain as the same as it was prior to the study, while sixty percent said that it was worse. Their attitudes about themselves and about life in general improved at a level of +2.5 which may reflect either the Hawthorne or placebo effect or simply be related to their interaction with a caring person as teacher.

The average age of the participants in the Focusing group was 73.0 years. Interestingly, they noted an increase of +1.2% on the MMPQ and a decrease of -1.8% on the BPPA indicating that their awareness of their pain was slightly increased, even while they noted a decrease(-14.6%) in symptoms on the MSCL. They increased their activities at a level of +12.3%, and their attitudes improved at a level of +5.8. Forty percent described their pain as the same after the sessions, but sixty percent said that they had improved. These disparities in findings may be attributed to the fact that the use of Focusing heightened their awareness of their pain even while it decreased their symptoms and allowed them to function more actively and fully.

Table One: The Relative Efficacy of Various Complementary Modalities in the Lives of Patients with Chronic Pain: A Pilot Study

Group	McGill/Metzack	BPPA	MSCL	Activities	Attitudes	Subjective Perception of Pain
Control N=20	+12.8%	+8.0%	+11.0%	-10.7%	+2.5	40% remain same 60% become worse
Reiki N=20	-12.8%	-5.2%	-3.8%	+8.8%	+2.9	70% remain same 30% improved
Focusing N=20	+1.2%	-1.8%	-14.6%	+12.3%	+5.8	60% remain same 40% improved
Zero Balancing N=20	-20/4%	-16.7%	-19.7%	+18.6%	+5.0	40% remain same 60% improve
Rubinfeld Synergy Method N=20	-38.8%	-38.2%	-40.2%	+26.4%	+7.9	10% remain same 90% improved

The average age of the participants in the Reiki group was 78.4 years. They experienced decreased pain as evidenced by a reduction of -12.8% on the MMPQ, -5.2% on the BPPA, and -3.8% on the MSCL. Accordingly, they increased their activities +8.8%, and their attitudes improved at a level of +2.9%. Subjectively, seventy percent described their pain as the same at the end of the sessions, while thirty percent said that the pain had improved.

The average age of the participants in the Zero Balancing group was 76.7 years. They experienced a decrease in their pain of -20.4% on the MMPQ, -16.7% on the BPPA, and -19.7% on the MSCL. Their activities increased +18.6%, and their attitudes improved at a level of +5.0. Subjectively, at the end of the sessions, forty percent rated their pain as the same, and sixty percent as improved.

The average age of the participants in the group receiving sessions of the Rubinfeld Synergy Method™ was 81.2 years. Two weeks after the last session, they reported that their pain had decreased -38.8% on the MMPQ, -38.2% on the BPPA, and -40.2% on the MSCL. Their activities increased +26.4%, and their attitudes improved at a level of +7.9. Only two individuals (10.0%) reported their pain as the same, while 90.0% reported that their pain had improved.

It is significant to note that there was less than a ten percent variation in these findings in the follow-up evaluations at three months and six months even though no participant received any additional therapy beyond the five sessions involved in the study.

The most significant improvements were seen in the participants who received either sessions of Zero Balancing or of the Rubinfeld Synergy Method™. These findings may indicate that modalities which involve touch are more efficacious than those which involve only energy or talk in the treatment of elderly women with chronic pain. The dramatic improvement noted with the Rubinfeld Synergy Method™ may be attributed to the manner in which this particular method combines the elements of contact, exploration, awareness, touch, movement, and verbal dialogue. The degree to which the person with chronic pain feels received, heard, and accepted may be a significant factor, for often as patients, they feel that their bodies have betrayed or failed them, or that they are constantly at war with the enemy body.

As a pilot study, these data obviously need to be examined critically and additional studies need to be done to see if the results can be replicated. Additional practitioners in each discipline need to be involved and a more diverse research population included in the analysis.

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Biography

Pamela Pettinati, M.D., M.P.H., Ph.D. is the former Chief of Plastic, Reconstructive, and Maxillofacial Surgery, St. Elizabeth's Medical Center of Boston. She is the former Director of the Section of Alternative Medicine and Complementary Therapies of the Department of Medicine, St. Elizabeth's Medical Center Boston. She is the former Associate Clinical Professor of medicine and Surgery, Tufts University School of Medicine. She can be reached at pettiferg@aol.com, or at 705 Cambridge Street, Brighton, MA 02135

A Study of Ethical and Clinical Implications for the Appropriate Use of Touch in Psychotherapy

Kerstin E. White

Abstract

The appropriate use of touch in psychotherapy offers new treatment opportunities. However, historical, cultural and legal influences have contributed to the taboo on touch in psychotherapy. The author reviews current research on touch and investigates its appropriate use in a clinical and ethical context. Based on the APA guidelines, the study examines the impact of touch on the client, the therapist and the therapeutic relationship. The author calls for an inclusion of specific guidelines on the use of touch in the APA Code of Ethics, and recommends increased education, training, research, and a dialogue between traditionally trained and body-oriented therapists.

Keywords

Psychotherapy - Touch - Touch therapy- Treatment

The discussion of touch in psychotherapy and its implication for ethical conduct and clinical practice were for a long time neglected in professional literature and traditional graduate training programs (Fagan, 1998; Geib, 1982; Hunter & Struve, 1998; Mandelbaum, 1998). For a long time touching patients has been considered a taboo in clinical circles. Fortunately, touch in psychotherapy has received much wider attention in recent years by researchers, such as Field (2000), Holub & Lee (1990), Horton, Clance, Sterk-Elifson & Emshoff (1995), Kertay & Reviere (1993, 1998), and Smith (1985, 1998a, 1998b). As clients are continually seeking new ways to feel whole and heal from psychological wounds, traditionally trained therapists need to stretch their horizons and seek innovative healing modalities. Yet, many clinicians refrain from using touch because of their own discomfort with this issue and the current adversarial legal and cultural environment (Fagan, 1998). At the other end of the spectrum, body-oriented therapists (Allison, 1999, Caldwell, 1997) reflect the trend to move beyond verbal therapy into the realm of including touch as a way to access feelings and thoughts held secret in the body. In this context, it is all the more important for therapists who use touch within the verbal, as well as body-centered framework, to be aware of its ethical and clinical implications (Smith, 1998b, Kertay et al., 1993, 1998).

DEFINITION OF TOUCH

Smith (1998b, pp. 38-40) proposes a “taxonomy of touch” in psychotherapy, which is useful for this discussion. He describes several types of touch considered acceptable or unacceptable depending on the circumstances. First, he mentions “inadvertent touch” like bumping into or brushing up against a person while moving about. Second, he refers to touch as “a conversational marker” designed to get someone’s attention by touching a hand, knee, or shoulder. The third type of touch in this taxonomy is “socially stereotyped touch,” a highly ritualized touch, such as a handshake or embrace when greeting or saying good-bye to a client. A fourth type of touch, which is particularly valuable here, is “touch as an expression of the therapeutic relationship.” This includes a comforting gesture like putting an arm around a client’s shoulder while he or she is grieving. The therapist might also act as a parental figure in regressive work by holding, rocking or embracing the client like a child. In the fifth category, Smith describes “touch as technique,” which is the clearly defined touch in various body-oriented therapies, designed for therapeutic purposes. In addition to these five types of touch, Smith adds hostile and aggressive touch and sexual touch as being absolutely taboo.

APA PRINCIPLES AND TOUCH

It is the erotic kind of touch that has received attention in the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992): “Psychologists do not engage in sexual intimacies with current patients or clients” (4.05). In addition, “Therapy with former sexual partners” (4.06) and “Sexual intimacies with former therapy patients” (4.07) are discussed. No guidelines exist for the use of touch as an intervention that may contribute to positive therapy outcome. Some researchers, such as Holub & Lee (1990) and Kertay et al. (1993), have pointed to general ethical principles (American Psychological Association, 1981), such as protection and welfare of the client and the community, competence, and exploitation with regard to touch. The purpose of this investigation is to take a closer look at the general ethical principles (American Psychological Association, 1992), and to focus on ethics codes 1.19 (Exploitative Relationships), 4.01 (Structuring the Relationship), 4.02 (Informed Consent to Therapy), 6.01 (Design of Education and Training Programs), and 6.05 (Assessing Student and Supervisee Performance) with regard to the client, the therapist and their therapeutic alliance. Current

writings and research on touch in therapy will be explored in the context of ethical and clinical interventions.

HISTORICAL, CULTURAL AND LEGAL CONTEXT

Ethical guidelines do not exist in a vacuum, but are shaped by forces within a societal context. Therefore, historical, cultural and legal aspects, which have influenced the use of touch in psychotherapy, need to be discussed as a backdrop to the interplay of clinical and ethical guidelines and its application to verbal and body-centered therapies. Recommendations for future research and current training programs will also be included. The underlying tenor of this investigation is to provide clinicians with adequate information for an ethical decision-making process in either using or avoiding this important intervention of touch. In order to understand the longstanding taboo against touch, we need to first look at its historical roots.

The debate whether to touch or not to touch clients can be traced back to the early psychoanalytic movement. Freud, who initially touched and massaged his patients, contributed later to the taboo against touching among psychoanalysts. When he started to focus on the dynamics of transference, which are feelings and reactions toward significant others from the clients' past that are projected on the analyst (Corey, 1996), a blank-screen approach, characterized by the therapist's neutral stance, became necessary to facilitate this process. Freud eventually changed his views on this subject and refrained from touching his clients. Touch was considered a way to gratify the patient's desires and thus would lead to a contamination of transference (Hunter et al., 1998, pp. 53-54). Ferenczi, who was one of Freud's most faithful disciples, continued to touch his clients, which led to a deep rift between the two. Ferenczi continued to experiment with different analytic techniques, including kissing patients, but eventually came to the conclusion that touching his patients was after all counter-therapeutic (Hunter et al., 1998, p. 56). Reich, another early psychoanalyst, broke completely with the psychoanalytic community by making touch his major focus of treatment. He coined the concept of character armor, which reflects the tensions in the body created by inner conflicts. He used massage, pressure and breathing techniques to release bound up emotion. He is considered the driving force behind the proliferation of current body-oriented psychotherapies (Hunter et al., 1998, p. 57). Reich later influenced Fritz Perls, the founder of Gestalt therapy (Smith, 1998). Whereas the Reichian followers used focused touch as their major modality for relating to their clients, the humanistic tradition saw touch as "a natural and spontaneous expression of genuine (nontransferential) relationship" (Smith, 1998a, p. 12). Fernald (2000) points to the similarities in Rogers' and Reich's views on the importance of the body and to Rogers' views on the therapeutic self-actualizing process as a "total, organismic, frequently non-verbal type of thing" (Rogers, 1961, p. 86). Behaviorists and later cognitive-behaviorists did not believe in the therapeutic values of transference, and hence did not discuss the value of touch in psychotherapy (Hunter et al., 1998, p. 61). This brief historical overview reveals how classical psychoanalysis and its emphasis on transference has greatly shaped our view on touch in psychotherapy and how other therapeutic approaches have moved away from this stance. Current social forces seem to mirror the psychoanalysts' taboo against touch.

Compared with many European cultures, America is very much a "hands-off" society. Affection between lovers is shown mostly in private and greeting people does not necessarily involve human contact. Hunter et al. (1998) maintain that "This general stance of touch abstinence seems to be one of the traits that characterizes the Anglo-Saxon and Puritan heritage" (p. 64). Heights (1999) conducted a multicultural study involving American and French adolescents. In studying peer interaction in a McDonald's restaurant in Paris and Miami, she concluded that American adolescents spent less time leaning against, stroking, kissing, and hugging their peers than did the French adolescents. Instead, they showed more self-touching and more aggressive verbal and physical behavior. This is an interesting finding in light of frequent incidents of teenage violence, which have ravaged American schools. Teachers are afraid to touch children for fear of litigation.

The litigious climate in American society has without doubt influenced therapists and their views on using touch with clients. Imes (1998) states that some insurance companies have included questions about touching clients in their applications for liability insurance. Mandelbaum (1998) noticed that an affirmative answer to the question whether he practiced sex therapy, body work, and hypnosis increased his liability insurance significantly. He concludes that this kind of questioning reflects the assumption that therapists who choose to touch their clients are more likely to be sued. Unfortunately, reported incidents of sexual misconduct by unethical therapists have imposed a burden on liability insurance (Cummings & Sobel, 1985) and have shed a negative light on the use of touch all together. In order to protect the profession from infractions of sexual misconduct, Gottlieb, Hampton & Sell (1995) have studied guidelines for sanctions by state-licensing boards.

BENEFITS OF TOUCH

Nurturing touch is crucial for our emotional and physical well-being and lays the foundation for a healthy personality. Our earliest experiences of touch "create a template by which subsequent interpersonal relationships will be formed" (Hunter et al., p. 21). Touch is our first means of communication and as crucial for our survival as

food and water. Harlow's study (1962) showed the importance of touch in the development of monkeys. Through touch, children learn to self-regulate and cope with life stressors. When children are deprived of touch the consequences are severe. Spitz (1945) coined the term hospitalism to describe the physical and emotional disturbances of children raised in orphanages. Bowlby (1973) explored the devastating effects of separation on child attachment behavior.

Given that touch is part of our human fabric and constitutes a basic human need, its benefits for psychotherapy can no longer be overlooked. Hunter et al. (1998) summarize the positive functions of touch by underlining that it may help the therapist to provide real or symbolic contact and nurturance, to facilitate access to, exploration of, and resolution of emotional experiences, to provide containment, and to restore significant and healthy dimensions in relationships (pp. 107-110). Some critics like McNeely (1987), and Glickauf-Hughes et al. (1998) have pointed to the importance of touch in ego development. In a multicultural context, knowledge about the role of touch in different cultures can be translated into the therapeutic relationship and provide opportunities for effective treatment (Clance & Petras, 1998).

The potential benefits of touch are specifically relevant for the treatment of trauma victims. The relationship between trauma and memory has been explored in the context of post-traumatic stress disorder (Allen, 1995, Herman, 1992, Hunter et al., 1998, van der Kolk, McFarlane & Weisaeth, 1996). It has been documented that traumatic memories are encoded in our sensorimotor system as kinesthetic sensations and vivid images. Referring to van der Kolk's work (1988), Herman (1992) reports that "in states of high sympathetic arousal, the linguistic encoding of memory is inactivated, and the central nervous system reverts to the sensory and iconic form of memory that predominate in early life (p. 39). Traumatized victims have difficulties reconstructing personal narrative of their traumatic memories, experiencing them instead on an emotional and sensory level (van der Kolk et al., 1996). Given the somatosensory nature of trauma, body-oriented therapies offer new avenues for treatment and healing (Hovdestad & Kristiansen, 1996).

Through touch, physiological patterns in the body can be changed to correct old and harmful experiences (Bar-Levav, 1998). Esthelle (1998) describes such an example in her work with the Rubinfeld Synergy method. Her middle-aged client, a well-educated, successful therapist, reported constant tension and fears and "seemingly, random, small, involuntary movements of his wrists, feet, and head" (pp. 73-74). While the synergist's healing hands rested beneath her client's back, he verbalized that his fears were related to his identification with his mother's fears as a three-year-old. He was not aware of the causes of his mother's fears, but he saw himself as a little child fighting for his mother's safety with clenched fists and tensed muscles in his whole body. The synergist guided her client through a dramatic session, in which he was able to express his pent-up anger with deep-growling cries. After this session, the client felt a deep sense of relaxation and joy, and his tics had stopped. Given the great healing potential for touch in psychotherapy, it is all the more important to turn our attention to clinical and ethical guidelines that govern its judicious use.

CLINICAL AND ETHICAL IMPLICATIONS FOR THE USE OF TOUCH

When discussing clinical and ethical guidelines, one has to be aware that they are tightly interwoven and inform each other. Kertay & Reviere (1993) point out that "theoretical justifications do not automatically comprise ethical justifications: a given theoretical position advocating touch in psychotherapy may or may not be ethically defensible" (p. 32). While their discussion applies to more traditional verbal therapies, many of the points discussed here will be also useful for therapists interested in body-oriented therapies.

Touching a hand or shoulder, holding a client who is in the throes of emotional pain, or other forms of physical contact are all clinical interventions as part of the therapeutic process. Therefore, psychotherapists need to conceptualize when it is clinically appropriate or inappropriate to physically reach out to their clients, while never losing sight of the ethical implications. Taking these considerations into account, therapists should focus on their clients' sense of empowerment and autonomy, on their own competence and integrity and finally the good of the therapeutic relationship.

Client Autonomy and Touch

Principle D: Respect for People's Rights and Dignity (American Psychological Association, 1992) states that psychologists need to "respect the rights of individuals to ... self-determination, and autonomy...." and should be "aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin..." Using touch in therapy becomes then clinically and ethically appropriate when the client first wants to touch or be touched and understands the concepts of empowerment (Hunter et al., 1998). The authors also stress that it is crucial for clinicians to find out the client's values, biases, past experiences and expectations connected to touch (p. 139). Kertay et al. (1998) and Geib (1998) agree that the use of touch has to be congruent with the client's perceived needs. Gender issues regarding touch have been raised by Hollender & Mercer (1976), who

observe that, in the psychiatric population they studied, women favor being held over holding, and men do desire being held, but their longings are not expressed with the same intensity as it is the case with women. Alyn (1988) draws attention to power dynamics where higher status individuals touch lower status individuals. Women touched by male therapists might feel devalued because of social stereotypes. In addition to gender awareness, therapists need to show cultural sensitivity. Clance & Petras (1998) interviewed therapists with regard to their decision-making process when using touch. The issue of ethnicity came up in one therapist's response:

Because I am a Latina, the issue of touch in psychotherapy for me intricately intertwined with ethnicity - mine and the client's. Two clients I have touched in therapy have both been Latinos, and the idea of not touching in therapy would have been quite foreign and would undoubtedly be perceived as cold, distant, and uncaring. (p. 101)

Geib (1998) and Horton, Clance, Sterk-Elifson & Emshoff (1995) have positively correlated patients' perception of being in control of the physical contact with patients' positive evaluation of touch in psychotherapy. Kertay et al. (1998) advise the therapist "to avoid touch that deflates rather than enhances the internal resources of the patient" (p.30). Clients who are highly dependent on their therapists for nurturance, love and support are not good candidates for the use of touch, at least not in the beginning of therapy until they have developed better self-empowered skills (Imes, 1998, p. 197). Client autonomy becomes both an ethical principle as well as a therapeutic goal. The therapeutic process presupposes that clients are considered autonomous individuals, who should be encouraged to express their preferences freely and to show active involvement in charting their treatment.

Therapist and Touch: Personal Background and Clinical Training

As much as therapists are advised to focus on the clients' needs and wishes, they should also explore their own motivations, background and training related to touch. Principle B: Integrity (American Psychological Association, 1992) states that "Psychologists strive to be aware of their own belief system, values, needs, and limitations and the effect of these on their work." Holub et al. (1990) indicate that touch should only be used when it is clearly intended for the client's benefit, and Torrance (1998) states that touch should not be used because it just feels good to the therapist. Fagan (1998) stresses that a therapist who uses touch has "to have his or her own nurturing and sexual needs met outside of therapy, and to be absolutely certain that ritual or nurturing touch is not an entrée to sexual touch" (p. 150). While discussing research on sexualized touch in psychotherapy, Kertay et al. (1998) point out that "these studies suggest that there is no relationship per se between non-erotic touch in psychotherapy and sexual acting out on the part of the therapist" (p. 21). However, one might surmise that therapists who are not aware of their own needs and issues might go down that road of sexual conduct more easily than others. Macram, Smith & Stiles (1999) report that personal therapy helps therapists establish appropriate boundaries. The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992) requires psychologists to respect their clients' welfare (Principle E), and to avoid exploitative relationships (1.19). From a clinical standpoint, clients need to feel secure and trusting, knowing that psychologists act for their therapeutic benefit.

The decision about touch in psychotherapy should also be guided by the therapist's own sense of comfort with touch (Hunter et al., 1998; Fagan, 1998; Fosshage, 2000; Smith, 1985, 1998b). Smith's observation (1985) summarizes this point.

The first ethical duty which I see is what I term the ego-syntonic imperative. By this term I mean that for one to function optimally in the therapeutic role it is essential that he or she relate to the patient only in ways that are congruent with who that therapist is. (p. 148).

Smith continues that "Another face to the ego-syntonic imperative is that the patient must work in the therapist's way, a way which allows the therapist to keep her or his own integrity" (p. 148). Smith discusses this issue in connection with body-oriented therapies, but also recognizes that it is a fundamental principle that applies to verbal therapies as well (1998b). Hunter et al. (1998) and Kertay et al. (1993), among others, have argued that physical contact which is not genuine can be perceived as insincere by clients and hamper the therapeutic relationship.

Apart from being comfortable with the use of touch, therapists also have to demonstrate a solid knowledge base concerning touch (Fagan, 1998; Hunter et al., 1998; Smith, 1998b), which raises the issue of competence (Principle A) and education and supervision (6.01) in the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992). Fagan (1998) laments that traditional training programs for therapists often don't offer adequate training and supervision and that the American Psychological Association has failed to put forward adequate guidelines and suggestions for training in the use of touch. He thinks that much confusion

exists around the issue of dependency in relation to touch and that this confusion combined with cultural values is responsible for the paucity of guidelines in training (p. 151).

Geib (1998) found that touch is often used with patients, but rarely discussed among colleagues and supervisors. The Latina therapist whose experience with touch was mentioned previously described her supervisor's reaction as being insensitive to her culturally motivated use of touch with her clients (Clance et al., 1998). In fact this study, which focuses on the decision-making processes regarding the use of touch in psychotherapy, grew out of Clance's own struggles regarding the adequate training and supervision of Ph.D. students in her program.

Malkovich (1998) found in her study that therapists who touch also "had supervisors and teachers who advocated touch as a legitimate practice" (p. 89). Therapists who don't use touch were directly influenced by their experience in training and supervision. This shows that training and supervision have a great impact on the use of touch, and raises the ethical question of withholding treatment. One therapist in Malkovich's study said, "Touch is therapeutically important. It is the most effective means with some clients. I think it is unethical in these cases to not touch the client" (p. 80). Fosshage (2000) also raises this issue in questioning the psychoanalytic stance to not use touch for fear of contaminating transference. He presents a case where an analyst refused to hold his client's hand, when she asked him to do so. She needed the reassuring touch in order to relive a traumatic experience lying on an operating table as a child and feeling her mother's hand slip away as her mother fainted. Fosshage (2000) argues that this kind of refusal can lead to replicating a traumatic event (p. 13).

Therapists who work with transference also need to be aware of their own countertransference, which refers to reactions therapists have toward their clients that may interfere with their objectivity (Corey, p. 115, 1996). For example, the therapist could develop "perpetrator countertransference," which describes therapists who might feel anger and personal hurt if clients are not recognizing their efforts, or "victim countertransference," which might emerge when therapists are undergoing a high level of personal stress and then feel victimized by their patients' demands (Hunter et al., 1998, pp. 250-251). Hunter et al. (1998) suggest that touch is ill-advised in these circumstances and urge the ethical psychotherapist to monitor these often unconscious reactions through proper supervisory relationships and personal awareness (p. 246).

The scope of this study does not allow for a detailed discussion of the different theoretical orientations and their individual use of touch. However, object relations theory can provide useful insights here because it focuses on early attachment as an imprint for future relationships. As Glickauf-Hughes et al. (1998) pointed out, children learn to attach through nonverbal communication, in particular through touch (p. 157). Geib's research on touch was influenced by the object relations theorist Winnicott (1986), who wrote about how therapists could create a holding environment during a client's regressive work. Bar-Levav (1998) is another critic who focused on his clients' preoedipal experiences. He stressed the importance of touch to help clients experience preverbal trauma. Glickauf-Hughes et al. (1998) make suggestions, based upon the personality styles of clients, which serve as a useful guide for therapists when it comes to deciding whether to use or not to use touch.

In their discussion of clients for whom touch can be useful, the authors mention unbonded clients who have not been able to form secure attachments in childhood. These clients often develop a schizoid personality disorder which Halgin & Whitbourne (1997) characterize as "an indifference to social and sexual relationships, as well as a very limited range of emotional experience and expression" (p. 189). Glickauf-Hughes et al. (1998) point out that it is sometimes difficult for the clinician to diagnose this disorder because these clients seem often quite socially adept. Therapists need to go by their own feelings and reactions, which might reveal their own disengagement from these clients as a signal to diagnose this disorder. The authors continue that "nonverbal relating that includes touch can be useful and even a necessary component of treatment" (p. 158). In illustration of this point, they discuss the case of a schizoid woman who had grown up with a very disengaged mother. The therapist was at an impasse in her treatment, yet once she suggested to her client to place her head in her therapist's lap while talking, the client experienced an emotional release and asked her therapist for a hug at the end of the session. It is important, however, not to introduce touch too early in the treatment until the client has developed sufficient ego-functioning.

Neurotic and overly cognitive clients can benefit from touch to learn spontaneity. The authors describe clients with a neurotic level of ego organization as having a clear sense of identity and a better ability to cope with relationships. However, the clients often show obsessive-compulsive features, are rigid, lack spontaneity and intellectualize emotional problems. A case in point is the example of a man in a group dealing with an obsessive behavioral style. The therapist suggested to him to allow a group member to massage his shoulder while he talked about his problems with his boss. This intervention helped the client to become more emotionally expressive and less rigid. On another occasion, the therapist threw a pillow at a client and helped him to become more playful.

For counterdependent clients, the use of touch can make dependence needs ego-syntonic. The authors describe these clients as having developed an oral and masochistic/self-defeating character style because their dependency needs were shamed by their parents. Instead, taking care of their parents was rewarded and prevented them from being in touch with their own needs. Touch can help these clients to bypass their defenses and become more aware of their own needs and feelings. The authors caution however, that masochistic clients have problems with self-soothing, since "they have failed to internalize the soothing and empathic functions of caretakers" (p. 163). With these clients the therapist should not rely overmuch on touch for soothing, but rather

use it for breaking down a barrier.

Touch should not be used with clients who have a borderline level of ego organization. These clients often have unstable interpersonal relationships, experience depression characterized by feelings of emptiness, and are confused about their own identity (Halgin et al. 1997). Glickauf-Hughes et al. (1998) describe a high-functioning borderline patient, who asked for a hug from her therapist after four months of therapy. The request was granted with the result that the borderline patient called the therapist four times the next day. Once this incident was processed, the therapist realized that touch had triggered a deep sense of longing in the client, as well as the “fear of merging with the therapist and losing her sense of self” (p. 164). Touch with these clients serves as a reminder to establish very clear boundaries.

Touch should also be avoided with clients who have engulfment issues. These clients were not allowed to develop their own needs, but had to satisfy their parents’ needs. Children with narcissistic parents often develop narcissistic tendencies themselves. Hence, “Affectionate gestures, including ones by the therapist, are consequently interpreted as efforts to ‘use’ such a client in some way and are often experienced as impingements” (p. 166).

For touch with sexual abuse survivors, Glickauf-Hughes et al. (1998) advise caution and indicate several principles: 1. Therapists should not touch if they feel any reservations; 2. Touch should not be used in the beginning of treatment; 3. Touch should be initiated by the client; 4. Touch with a borderline sexual abuse survivor might lead to strong countertransference in the therapist, who needs to process his or her reaction and set proper limits (p. 167).

Other critics also discuss this topic. Fagan et al., (1998) show in their studies that sexually abused clients are more likely to misinterpret touch. Clance et al. (1998) observe that therapists who touch are more likely to have been abused themselves and have significantly more experience with body therapies than therapists who have not been abused. From the clients’ perspective, Horton et al.’s (1995) research revealed that 87 subjects who had been abused wrote that “touch repaired self-esteem, trust, and a sense of their own power and agency” (p. 132). The weighing of the pros and cons of touch with clients representing varying levels of pathology needs to be stimulated by this type of discussion. Awareness of different theoretical orientations and their implications for touch need to be made an integral part of the training and supervision of therapists for the benefit of astute clinical interventions and ethical conduct.

Touch and the Therapeutic Alliance

Ethical and clinical considerations regarding respect for clients’ autonomy and self-determination and therapists’ self-awareness and training are all factors that help form the therapeutic alliance. In fact, Horton et al. (1995) found that the quality of the therapeutic alliance predicted patients’ positive evaluation of touch. When discussing the therapeutic relationship, we need to keep in mind the difference between touch as communication in verbal therapies, and touch as technique in body-centered psychotherapies. This distinction can have implications for short-term versus long-term treatment. Lawry (1998) cautions against using touch too early in the treatment and maintains that “the relationship needs to be developed and balanced enough to withstand the potential intensity of touch” (p. 208). This view is also reflected by Hunter et al. (1998), who recommend not to use touch until the relationship is in place. There seems to be a general consensus among more traditionally trained therapists (Lawry, 1998; Torracco, 1998; Hunter et al., 1998) that touch should preferably be used in long-term therapy, whereas specific touch techniques in body-oriented therapies can actually accelerate the therapeutic process, and aid short-term therapies (Mandelbaum, 1998). Thus, the timing of touch and the length of the therapeutic approach, as well as ethical guidelines, need to be considered as factors strengthening the therapeutic alliance.

In the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992) guidelines are established for “Structuring the Relationship” (4.01). It is advised that “Psychologists discuss with clients or patients as early as feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy...” and that “Psychologists make reasonable efforts to answer patients’ questions and to avoid misunderstandings about therapy.” Another important component is “Informed Consent to Therapy (4.02),” which requires that “Psychologists obtain appropriate informed consent to therapy or related procedures...” These ethical factors play an important role for the therapist who decides to use touch in psychotherapy, and they are also tied to clinical considerations pertaining to setting boundaries, processing touch, respecting client autonomy, and engaging in trust-building.

When clients engage in body-oriented therapies, they expect that touch is an integral part of the treatment, whereas in verbal therapy touch is generally not presumed. For this reason, therapists should discuss the issue of touch with their clients and explore their feelings and fears about it. Kertay et al. (1998) state that “The parameters of the intended touch should be discussed, including a clear statement of safety with regard to sexual boundaries” (p. 30). Giving the client the opportunity to either accept or decline touch sets the stage, right at the outset, for empowerment and allows the client to lead the therapist in the course of the treatment. Respecting

clients' physical and emotional space signals clear boundaries, which are themselves therapeutic, especially for victims of abuse (Whitehead, 1993). Furthermore, this kind of modeling allows clients to learn proper boundaries, a lesson they can apply in outside relationships. Ethically, psychologists are required to answer patients' questions as they start to structure the therapeutic relationship. For the therapeutic relationship to blossom, this dialogue needs to continue, meaning that touch needs to be processed each time it occurs. In the literature on touch, including Geib, 1998, Horton et al. (1995), and Kertay et al. (1993) this point is continually emphasized. Kertay et al. (1993) also stress that "the general issue of touch should be processed, and with each occurrence of touch it seems appropriate to ask permission or state intention to touch before making contact" (p. 38). This view is also mirrored by Smith (1998b, p. 47) with regard to body-oriented therapies. Clinically, this is vital because it helps the client and clinician relate thoughts and feelings triggered by touch to the issues discussed and treated in verbal as well as body-oriented therapies.

In addition to asking verbal permission for touch, Hunter et al. (1998) explore the possibility of including a written informed consent. However, as much as this procedure is recommended, Hunter et al. (1998) warn clinicians that informed consent is not a guarantee for avoiding malpractice suits because clients cannot relinquish their rights. They also add that a consent form might be actually used against them, because it might imply that this is a controversial technique. Yet, this voice of caution should not shroud the benefits included in valuing the clients' autonomy. Haas & Malouf (1995) state, "The obligation to inform the patient sufficiently that he or she can make a reasoned judgment about accepting or rejecting treatment is a significant one for the ethical mental health practitioner" (p. 52).

SUMMARY

This discussion has explored how the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 1992) offers general principles and guidelines concerning clients' rights, therapists' values, training, qualifications, and the structure of the therapeutic relationship, which can be applied to the use of touch in therapy. The use of touch has to be adapted to clients with different degrees of psychopathology. Ethical therapists need to be aware of their own issues and reactions when touching their clients. Some therapists use touch as communication, whereas others make it an integral part of their treatment with specific techniques. This distinction can have implications for the length of treatment and the guidelines that need to be established at the outset of therapy.

RECOMMENDATIONS

Based on the positive impact touch can have on clients' process of change, a shift in thinking needs to occur away from the mind/body dualism. By including guidelines for touch in the Ethical Principles of Psychologists and Code of Ethics, the American Psychological Association could establish standards of practice, which would sanctify the appropriate use of touch and send the message to consider its potential benefits for the healing process. This, in conjunction with further research on this topic, could appease the insurance companies in their fear of malpractice suits. Milakovich (1998) expresses this view in the following remark:

One of the ways a therapeutic practice is judged ethical or not is by comparing it against 'standards of practice.' Touch has been for the most part, a hidden practice, and standards for its use are not available. Managed care companies and health maintenance organizations demand to see data. A positive result of third-party interest in how psychotherapists do what they do could be that if the efficacy of touch techniques can be empirically proven, such techniques will be supported. (p. 75)

One way to raise consciousness about touch in therapy is to offer courses or training seminars in body-oriented therapies. The recently founded United States Association for Body Psychotherapy (Dennehy, 2000) offers detailed guidelines on the use of touch techniques. The American Psychological Association should consult these guidelines and incorporate them into their ethical framework. It seems that a crossover has already occurred in that many traditionally trained therapists and psychologists are seeking to integrate body-oriented therapies into their practice. A case in point is McNeely (1987), who combines Jungian analysis with body therapy. In order to assess this trend further, this phenomenon could provide an interesting topic for research. Given that body-oriented therapies originated within the school of psychoanalysis, it seems that we are finally coming full circle, which started with a rift between Freud and Reich with transference as the culprit. As transference continues to be reevaluated (Fosshage, 2000), further studies are needed to assess the impact of touch on transference and countertransference. Smith (1998b) concludes:

Our ethics evolve. Societal consciousness changes; the position of psychotherapists in society

changes; and research informs us of false beliefs that have been translated into ethical pronouncements. (p. 50)

Letting go of a taboo that started with Freud and raising awareness through proper guidelines, education and research on the use of touch might not only provide a wider arena for healing, but also prevent sexual misconduct by therapists. In doing so, the professional community has the opportunity to lay the groundwork for the proper use of touch, instead of letting the legal system decide (Hunter et al., 1998, p. 70).

A clear and honest discussion of touch could open a dialogue between traditionally trained therapists and body-oriented therapists. Both could benefit from each other's wisdom and knowledge by never losing sight of the importance of clinical and ethical implications.

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Biography

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Somatic Experiencing In the Treatment of Auto Accident Trauma

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Abstract

This article on the role of the body in auto accident recovery describes some of the basic elements of Somatic Experiencing™ developed by Dr. Peter A. Levine. Using a general clinical example to provide clarity, the following are some of the questions addressed in the article: What is trauma from an SE perspective? What is an Oasis of Safety and why it is essential never to work on traumatic material without first having established this Oasis. What's right with the client and how can you use that information to develop an inventory of resources? How does the therapist need to help the client shift back and forth between the calming effect of resources and the high activation of traumatic material? Why when working with trauma is slower faster and less more? How does the body instinctively mobilize to defend against threat using fight, flight, and/or freeze responses? How do trauma survivors get stuck in survival mode when survival energy gets thwarted and left undischarged? How does over-arousal in the autonomic nervous system become bound in the body in the form of trauma symptoms? Why can trauma not be resolved without biological completion?

Keywords

Peter Levine - Somatic experience - Somatic experiencing in the treatment of auto accidents

We have found that the trauma recovery model developed by Dr. Peter A. Levine called Somatic Experiencing™ (SE) is one of the most effective tools for the healing of traumatic life events. SE is a relatively short-term, somatically based approach to the healing and resolution of trauma. We use SE as the foundation for our Auto Accident Recovery Program and find it particularly helpful in the treatment of auto accident trauma because of the special difficulties presented by high speed, high impact trauma.

We will illustrate these points through a clinical example. One of our clients, who we will call Marianne, came in for treatment several months ago complaining of many unresolved symptoms. On a rainy Monday morning two years previously, she had been rear-ended while waiting at a red light. Marianne reported seeing the blue van that hit her in the mirror only seconds before impact. Ever since the accident her sleep has been seriously disturbed. She often wakes up terrified and has flashbacks of loud crash sounds and feels the jolt of impact. Often distracted, she finds herself bumping into furniture and easily misplacing things. She continues to be anxious about driving and avoids it as much as possible - especially when it is raining. Marianne panics when cars pull up behind her at intersections or tailgate her on the highway, tensing and bracing as if expecting to be hit again. She constantly checks her rear-view mirror and therefore, is less attentive to cars around her in other directions. Memory fragments of sounds and images from her accident keep resurfacing because these fragments are still too highly charged to be integrated, completed, and released.

After her accident, she was immediately taken to the emergency room. She was diagnosed with whiplash and suffered various contusions. Her treatment over the next two years consisted of medications prescribed by a psychiatrist for her anxiety and sleep difficulties. She visited a chiropractor for 6 months for the whiplash including neck shoulder and back pain as well as severe headaches. While there was some improvement, many of her chronic pain ailments persisted. In psychotherapy, she was encouraged to "talk it out and get to her feelings".

In the course of all of her treatment strategies, Marianne retold the story over and over again. She relived the experience many times and got upset every time she described the accident. Some of her symptoms worsened over time despite the efforts of well-meaning therapists. She said she felt like she was going crazy because she still felt so much fear and anxiety. She said she got angry over nothing and sometimes felt she spaced out while driving, especially on wet roads. She began to feel that her caregivers, family and friends were becoming impatient with her continuing physical complaints and obvious hyper-vigilance and nervousness in the car. She felt blamed for not healing more quickly and that she should "get on with her life".

Of course, not every scary situation results in Post-Traumatic Stress Disorder. PTSD occurs when a person confronts a perceived or real threat that leaves her feeling overwhelmed and helpless and unable to defend herself. As Freud pointed out many years ago, trauma results when there is a breach in the stimulus barrier and the excessive stimulus or over-arousal becomes unmanageable and out of control. This excess stimulus becomes bound into generally predictable symptoms in the body.

A basic principle in Somatic Experiencing™ is that trauma is in the nervous system, not in the event. The autonomic nervous system is designed to handle charge or activation or stimulus from life events and functions to help us literally digest every day experience much like our digestive systems are naturally designed to digest lunch. We don't have to think about "working" on the salad and then the soup or sandwich. Our bodies know how to take and absorb what is needed and eliminate the rest. The nervous system basically operates in the same way but more like an electrical system that gently fluctuates, keeping our energy levels within a manageable range. The sympathetic branch of the autonomic nervous system charges up and energizes us and the

parasympathetic branch helps us discharge excess energy and relax.

When confronted with the overwhelming threat, it is as if the nervous system is wired for 110 volts and is hit with 220. Tremendous defensive survival energies of fight, flight and/ or freeze are mobilized when we instinctively react to danger. The over-arousal or high activation of both branches of the autonomic nervous system can result in deregulation and often a jamming occurs that causes either flooding, or freezing/dissociation.

Part of the problem is that when these states occur, discharge of the intense energies mobilized to meet threat often becomes thwarted. Often we just don't have the time necessary to complete them. Nevertheless, the survival energy has mobilized for fight or flight, but literally has no place to go and ends up being converted into symptoms.

Think of the thermostat in your office. You may want the temperature to stabilize around 65 degrees but in actuality the temperature probably self-regulates between 63 and 68 degrees. When shock hits the autonomic nervous system it would be like the thermostat keeping a median temperature of 65 but alternating between 0 and 130 instead- certainly not comfortable. After trauma, people often experience an alternating state of either freezing/dissociation or flooding. The client's internal thermostat becomes set at "too OFF" or "too ON" which needless to say is extremely uncomfortable -much like being thrown on an internal roller-coaster without signing up for it! This imbalance or deregulation helps us understand what was happening for Marianne. Her panic, anxiety and angry outbursts were examples of sympathetic over-activation and her spaciness, disconnection and accident proneness reflect parasympathetic over-activation. Both were occurring in her nervous system fueled by leftover over-arousal from the body's incomplete attempts to discharge or inability to protect itself. It is important to understand this dynamic that we are obviously over-simplifying, because it implies treatment strategies that can help a client move through overwhelming material without becoming overwhelmed in the process.

First of all, it is essential to interrupt your client! When Marianne began to tell her story, we gently interrupted and said to her, "We eventually want to hear the story of what happened to you, but first we have a different question for you... can you remember the first time you felt safe after the accident?" Marianne, surprised by this shift in focus, reported that she first felt safe when she saw her husband, Rick, come for her in the ER. We helped her expand her awareness of how this sense of safety felt in her body. She reported feeling relief, warmth in her arms and legs, and a calming sensation. We noticed a significant shift from shallow breathing to deeper belly breathing. All of these signs show that the parasympathetic branch of the nervous system is gently beginning to facilitate discharge.

This technique is important for two reasons. First, this establishes in Marianne's awareness that there is an "after" because so often when people have been traumatized, they experience it as if the trauma were certain to happen again, as if it remains ahead of them. They are not really aware that it is, indeed, over. The second reason is to help clients perceive the body's capacity to switch to a relaxation response out of the high activation that has been taking over their life. Some clients have not felt safe since the accident. We need to help them find another resource previous to the accident that will trigger a relaxation response.

Often clients feel an urgency to tell the story as an attempt to finish the experience, but the nervous system is already overloaded and is unable to discharge. Each time Marianne retold her accident story her nervous system reacted by mobilizing for the threat again and created even more excess energy that increased her symptoms.

We see symptoms as markers for where the body has attempted to compartmentalize leftover survival energy that has not yet been able to be discharged or released. Unfortunately the system becomes increasingly closed and the threat response internalized so that eventually the activation itself, without any outside influence at all, causes and perpetuates mobilization of defense energy and exacerbates the symptoms over time.

Because the part of the brain in charge of survival basically takes a "memory snapshot" of elements considered part of the danger of the accident, associations to the original event fuel fears, hyper-reactivity or disconnection. In Marianne's case, the danger came from behind while driving, the accident occurred at a familiar intersection, it was raining at the time, and the sound of metal on metal during impact was terrifying. Understandably, triggers for her fears or dissociation occur when she is approached from behind especially while driving, when she sees wet roads, hears loud noises or is stopped at intersections. Our job is to help her extinguish these triggers.

We explained to Marianne how her symptoms were, at least in part, related to an over-activated nervous system and that we would be tracking physiological signs of over-activation as well as listening to the specific details of her accident. We explained that we would interrupt her so that her activation would not become too high for her, in order to help her stay present and integrate the material. We began by helping her discover her own resources, real or imagined, that would initiate a parasympathetic discharge or relaxation response internally. When she began to focus on the accident and began to flood or disconnect, we immediately shifted her attention to after the accident was over when she felt out of harms way or safe again.

This illustrates another key concept of Somatic Experiencing™ called "pendulation" or "looping". Looping is a technique in which the therapist helps the client move back and forth between small pieces of the traumatic material and one of the client's resources. This looping back and forth helps discharge the activation in the nervous system that emerges as the person slowly works through the traumatic event.

After establishing an initial resource, we want to continue to build an inventory of resources so that the client feels stabilized before refocusing on the traumatic material. We asked Marianne how she has gotten through difficult times in the past. She identified certain friends and family members that are a part of her support system as well as activities that help her relax such as music, biking and meditation. We also referenced other times and events in her life when she remembered feeling safe and secure.

We then had her feel what happened in her body physically when she focused her attention on these people and activities to further expand her sense of groundedness and stability much like creating an "Oasis" for her to refer to when we began to work with the chaotic, highly charged accident material. It is essential to bring the clients' awareness to the sensation experienced in their bodies and not just imagine the resources as a creative visualization. It is also necessary and much more empowering for the client to discover his or her own resources rather than to have the therapist suggest resources for them. When activation began to build for Marianne beyond a manageable level, we asked her what she might feel would be comforting and soothing in that moment rather than telling her to "surround herself with white light" or to imagine herself relaxing on a quiet beach.

With a resource inventory available and stability established, we then began to focus on the trauma. Like bookends, we first started at the end and now we begin at the beginning by asking about the very first moment she realized something was wrong, before the impact. She said she had had only a quick glimpse of the blue van in the rearview mirror before it slammed into her at 35 mph pushing her into a busy intersection. This question helps identify when the threat response was initiated and will predictably hold intense activation. In this case, like so many traumatic events, there was no time to recognize or complete any of the body's natural instinctive survival reactions.

The missing resources here were obviously a lack of time and space. To give her more of both, we asked her to "freeze frame" the blue van before it hit her and to imagine moving it back as far as her body wanted it to be so that she could feel safe. We told Marianne to freeze the image of the van there. She showed signs of immediate relief and pictured the van about three blocks back. We suggested she take all the time she needed to fully look at the van that she now knew to be a threat. This helped her locate the threat and have time and space to respond to it. It also gave her advanced warning. We asked her to feel what her body wanted to do in response to the now known threat.

First she felt the desire to accelerate through the intersection to get out of the way - an example of the flight response. We suggested she try that out and feel her foot press on the accelerator and see herself get out of the way. She felt energy release down her leg and through her foot. Once she saw herself out of harms' way, she noticed feeling generally calmer throughout her body. Unless you've seen the relief that this way of working can bring to a traumatized client, it is hard to believe how effective these techniques can be.

We returned to the blue van, still three blocks back, to see what else her body may want to do in response to it. This time, she felt angry and wanted to yell at the driver and honk the horn. We told her to feel that version of the fight response and try this survival plan. Again she felt a palpable discharge. She could see that her body could design realistic survival plans when it had enough time and began to trust her body again as well as feel the relief that comes with finding a way to complete actions and discharge pent up energy.

There are predictable biological sequences that will become evident. When something novel occurs in our environment that alerts us such a strange noise, our threat response is often activated. When alerted, we first stop what we are doing and will usually notice a slight jolt or startle response. We then orient our eyes, ears and our body position to locate the possible threat. If we determine it is, in fact, dangerous, we then instinctively move either toward it to confront it as in the fight response or away from it to avoid the difficulty as in the flight response. Sometimes in intense life-threatening situations, there is no time to initiate any action and we freeze or become immobile. Later as the freeze response literally thaws out, we tremble and shake as the nervous system releases and reorganizes. Soon impulses for fight or flight will surface as a sense of mobility returns and there is the opportunity to complete them to facilitate further discharge. Interestingly enough, it is not necessary to actually make the gross motor movements of fight or flight. Simply having Marianne feel her body organize fight and flight responses and then feeling her body prepare to move or just move slightly and in slow motion, the body finds its greatest release. In most traumatic events, and typical of auto accidents, the body has little if any time to prepare and these preparatory movements are overridden. By giving the body all the time it needs, it can then relax and shake off the excess energy left from the traumatic experience. Biological completion helps unlock the jamming in the nervous system and allows the client to integrate the experience so that they can indeed move on in life and become freer of the after-effects of trauma.

By starting from an Oasis of Safety, building resources, taking only very small pieces of the traumatic material, then using those resources to neutralize the activation, and by going slowly, directing attention to events before and after the impact and working gradually toward the center it is possible to regain a continuity of self. There is an experience of moving from fragmentation toward integration.

Clients find that they can gradually slow down and maintain an integrated awareness from start to finish throughout the accident, including impact. Then perceptually, the accident can move from seeming to be ever present, or fixated in the future back into the past where it belongs. Symptoms diminish. Triggers of fear, panic and anger are extinguished as continuity of self is re-established and the accident is experienced as truly over.

Within six months of Somatic Experiencing™ treatment, many of Marianne's phobias, as well as most of her physical and emotional symptoms, were resolved.

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Biography

Diane Poole Heller received her Ph.D. in Higher Education and Social Change from the Western Institute for Social Research in Berkeley, California. She is a Licensed Professional counselor. As a member of the faculty of the Foundation for Human Enrichment, Dr. Heller has taught courses on trauma to therapists and health care professional throughout the world.

Consulting with Oasis, a Copenhagen organization that helps refugees and the Rocky Mountain Survivors Center in Denver, she helps survivors recover from torture and violence. Diane teaches trauma intervention internationally, most recently in Copenhagen, Munich, and Jerusalem.

The videotape "Columbine: Surviving the Trauma, " features her work with Columbine survivors and was aired internationally on CNN.

Dr. Laurence Heller is a Phi Beta Kappa graduate of the University of Colorado. Dr. Heller has a Master's degree in linguistics and a Ph.D. in Psychology. Dr. Heller is on the board and the teaching faculty of the Foundation for Human Enrichment, a non-profit organization dedicated to the healing of trauma worldwide. Fluent in several languages ,he currently teaches several times a year for the Cranial Sacral Institute in Munich, Germany, the Zist Institute in Penzberg, Germany and the Oasis Institute in Copenhagen, Denmark. He also teaches in Sweden and Ireland and taught Auto Accident Trauma Recovery at Sarah Herzog Hospital in Jerusalem.

Dr. Heller is co-author with Dr. Diane Heller of *Crash Course: A Self Healing Guide to Auto Accident Trauma and Recovery* published by North Atlantic Books

Voices: A History of Body Psychotherapy

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Abstract

A history of body psychotherapy, composed with the words of major figures in its development (primarily in the United States) and placed within the context of the history of contemporary psychology. Based on interviews by Barbara Goodrich-Dunn with Alexander Lowen, John Pierrakos, Charles Kelley, Malcolm and Katherine Brown, Al Pessa, Ron Kurtz, Ilana Rubinfeld, and David Boadella, conducted in 1987-88 (Stanley Keleman also was interviewed, but the recording was damaged and unfortunately his interview could not be included). One major purpose of this article was to capture some of the history of body psychotherapy as told "in their own words" by elders who have played significant roles. One of the interviewees, John Pierrakos, has since passed away. This article has been expanded from an earlier version published by the D.C. Area Guild of Body Psychotherapists.

Keywords

David Boadella - Malcom Brown - Barbara Goodrich-Dunn - Chuck Kelley - Ron Kurtz - Alexander Lowen - Albert Pessa - John Pierrakos - Ilana Rubinfeld - Voice

The last several years have seen a dramatic increase of books and articles published on body oriented psychotherapy and subjects related to the connection of the mind and body. No longer considered the province of adventurous intellectuals, rebellious nonconformists, or crackpots, the mind-body connection has become a respectable subject. What at one time could only be found in the dusty back shelves of second hand bookstores, is now discussed in best sellers cataloged under "mind and body." No less than the National Institutes for Health now has a Congress-mandated National Center for Complementary and Alternative Medicine that acknowledges the importance of the mind-body connection in understanding health. The climate was not always so welcoming and open.

It was only 44 years ago that Wilhelm Reich, widely considered the father of much of modern Western psychotherapeutic thought on the connection between body and psyche, died a disreputable and heartbreaking death in Lewisburg Federal Penitentiary. Reich had been put on trial by the federal government for violating an injunction against the distribution of information about a device he invented, called the orgone accumulator. The Food and Drug Administration (FDA) had put it in the category of quack cures and successfully petitioned the court on an earlier date to forbid the distribution of the device and any information about it. Dr. Reich was found guilty, which resulted in a prison sentence and an ignominious downfall. The FDA also burned Reich's books and pamphlets, the only time the U.S. government has torched the publications of an individual. His radical ideas, the way he conducted his court case, and his death cast a pall of illegitimacy over body/mind issues.

Advocates of Reich's theories and methods, who saw themselves as part of a leading edge movement during his days at the New School of Social Research in the late 1940's and early 1950's, withdrew into tightly closed groups or into quiet practice. His theories, the body psychotherapy he developed, and much of the discussion of the mind-body connection went underground at that time. However, this underground time was spelled by two periods of florescence. One was in the late 1960's and early 1970's, and one is happening now.

Before the current period, a person often found Reich's theories, or a practitioner of Reichian therapy or one of several offshoots, through a winding series of accidents or serendipity. For example, one of the authors of this article discovered Reich in 1970 by meeting an artist who wanted to form a "Reichian commune" that would be run on principles drawn from Reich's ideas. Besides explaining something about Reich's ideas, he spoke of the government repression of Reich's work and explained how the commune would be well guarded. While the fellow's fear and suspicion was discomfoting, the encounter stimulated a search for Reich's writings. The fact that the books by Reich in the college library's catalog were mysteriously missing from the stacks only stimulated greater curiosity, leading to the eventual discovery of his books *Character Analysis* and *The Function of the Orgasm* in a used book store (on a dusty back shelf, no less) that was the chance terminus of a 700-mile hitchhiking ride.

Roots

Although Reich was a maverick and his ideas were radical at the time, they did not form in a vacuum. Indeed, the intellectual and cultural climate of Europe during the second half of the 19th century and early portion

of the 20th century spurred developments that had deep implications for the field of psychology. Deductive argument had been the basis for answering questions regarding the nature and function of the mind from the time of classical Greece through the debate between British empiricists (e.g., Locke, Hume, Mills) and German philosophers (e.g., Leibnitz, Kant, Herbart) during the 17th, 18th, and 19th centuries. Empirical investigation of theories of the mind date back only about 150 years, springing from the experimental and academic work of physiologists at German universities in the latter half of the 19th century (1).

A great sea change in the study of the mind was fomented in the 1840's by students of Johannes Mueller (1801-1858), the leading physiologist of the day, at the University of Berlin. They respected the esteemed professor, but in their opinion Mueller had one glaring weakness --he advocated the doctrine of vitalism.

Vitalism attempts to explain the unexplainable, assuming that individual forces within direct and guide behavior in some purposive, yet unobservable, way. Primarily a German philosophical notion, vitalism can be traced back to the philosophy of Gottfried Leibnitz (1646-1716). He believed the universe was constructed from what he called monads, therefore every human is an aggregate of these elemental monads, with a central monad being the soul. The monads are the carriers of a universal, physical-spiritual organizing -- therefore, vital -- force (Wolfe, 1959).

Mueller believed, as a vitalist, that some life giving principle could explain physiological principles. He was certain that reducing living processes to the mechanical laws of physics and chemistry would be impossible. The organism as a whole, he insisted, was greater than the sum of its physiological parts. He reasoned there must be some vital force that coordinated the physiological activity of organs to produce the harmonious, homeostatic organic behavior that typifies living beings. Such a vital force was not open to experimental investigation, and Mueller therefore concluded that a truly experimental physiology was not feasible (Turner, 1968).

Mueller's students, however, hoped physiology could make the kind of progress accomplished by the physical sciences by similarly shunning metaphysical explanations. The most prominent of Mueller's students was Herman von Helmholtz (1821_1894), perhaps the last great German polymath. He was trained as a physician, but conducted studies in an astonishing array of subjects, including physiology, physiological optics and acoustics, electricity and magnetism, thermodynamics, theoretical mechanics, hydrodynamics, meteorology, biology, and psychology. Some of his ideas about vision and hearing still stand today. Helmholtz and several other associates, particularly Ernst von Brücke, Emil duBois_Reymond and Karl Ludwig, formed a group in 1847 called the Physical Society, known later as the Helmholtz School of Medicine. They tried mightily to wrest physiology from vitalism and vowed to reduce the principles of physiology to those of the "other" natural sciences of physics and chemistry. This pledge sparked the unity of science movement (Cahan, 1994).

The unity of science movement was based on the belief that all sciences have a common core, implying that logical links allow one science to explain a second, and a second explain a third. By explaining phenomena in one field of science by reducing them to concepts in another science, the inference arose that physical, material phenomena cause or account for psychological events (Suppes, 1981).

The Helmholtz School had a tremendous impact upon psychology. It set the stage for the next logical step taken by 19th century psychologists, which was reducing psychology to physiology by explaining mental phenomena in physiological terms. Wilhelm Wundt, the father of experimental psychology, was influenced by duBois_Reymond and had worked as an assistant for Helmholtz. Ivan Pavlov, who laid the groundwork for behaviorism by explaining behavior as the product of conditioned instincts or reflexes, was a student of Ludwig. Sigmund Freud studied under Brücke and worked in his lab.

In 1873, Freud entered the University of Vienna to study medicine, where he worked with Brücke. Freud borrowed heavily from Helmholtz's principle of the conservation of energy. The conservation of energy doctrine stated that there is a constant amount of available energy. No new energy is created and none is destroyed nor disappears. Helmholtz's doctrine led to the popularization of such concepts as force, energy, power, action, impulse, impetus, and stress. All of these concepts emerged in one form or another as parts of major psychological theories, including psychoanalytic psychology. For example, Freud believed that a finite amount of energy powers unconscious conflicts. If the energy is blocked, it will somehow find a release (Jones, 1957). In this way, Freud viewed the psyche through the lens of physics and the conservation of energy.

Freud was so steeped in Helmholtzian thinking that his first attempt to formulate a theory of mental functioning was cast in the language of classical mechanics. Freud's *Project for a Scientific Psychology* states: "The intention is to furnish a psychology that shall be a natural science: that is, to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction (Freud, 1895, p. 295)." Similarly Helmholtzian, Freud reduced psychological phenomena to physical principles and one motivational drive, for example, libidinal energies emerging from an instinctual id.

However, the classical mechanics of 19th century science did not go unchallenged. Freud's psychoanalytic theory, being similarly basically reductionistic, faced the same criticism pointed at the work of the Helmholtz School: too mechanistic, too materialistic, and too facile. As D. H. Lawrence fulminated in *Fantasia of the Unconscious*, "The scientist wants to discover a cause for everything (p. 61)." The people who questioned it came from a strong philosophical tradition that contrasted with rationalism. Goethe's *Naturalphilosophie* in the

beginning of the 19th century through Henri Bergson's ideas about *elan vital* or "vital force" in the late 19th and early 20th century formed a smaller, but strongly vocal opposition. Both Goethe's and Bergson's work questioned the dominance of reason, instead emphasizing the intuitive and the experiential. According to Goethe, "Naturalphilosophie saw both man and the universe as organisms, ultimately consisting of forces, of activities, of creations, of emergings - organized in basic eternal conflicts, in polarity (Sharaf, 1994, 55)." The echoes of vitalism are heard in these words, which in the latter 20th century reverberated in the emergence of humanistic psychology.

Cultural ideas, as well as philosophy and science, were in contention. A counterculture remarkably similar to the counterculture of the 1960's and early 1970's existed in Switzerland and Germany during the turn of the century period. It emphasized free sexuality, vegetarianism, freedom, the emergence of the feminine, nonreligious spirituality, and the body. Not only were the ideas of the two movements similar, so were the dress and style of life. For example, one group, called the Wandervogel (or "wandering birds"), involved bands of young people cynical about traditional conventions, who traveled about the countryside in brightly colored dress in a similar fashion to the Hippie movement of the 1960's. A health movement interested in natural sources of healing, such as water, heat, light, and touch, also flourished at this time. Artists such as D. H. Lawrence, and Herman Hesse were strongly influenced by this movement. So was the great dancer, choreographer, and theorist, Rudolph Laban, whose work forms a cornerstone of dance therapy.

Reich's contribution

Reich began his medical training during the tail end of this ferment, and his work reflects the struggle to meld rationalist mechanism and vitalism. Before Reich, there was no body psychotherapy as it would be defined today, but the connection that Freud made between the body and the mind cannot be underestimated. Freud began his investigations into the psyche stimulated by his interest in conversion hysteria. By seeing physical symptoms such as hysterical deafness and hysterical paralysis as signs of disturbances in the psyche, rather than malingering, Freud was one of the first body psychotherapists. He understood that there was a connection between body and mind. It was Freud who stated in *The Ego and the Id*, "The ego is first and foremost a body-ego," contending that our first sense of self is as an embodied self.

However, this aspect of his work has been obscured because Freud chose to remain within the confines of the psyche to affect the body, and not the reverse, by pursuing the "talking cure." The talking cure involved the patient recalling past events, especially events that occurred when the symptom(s) first happened. Other probes into this hidden source of unconscious motivation were developed, such as recalling slips of the tongue, dreams, or any other phenomena related to this unconscious world. His method then expanded into an elaborate theory of personality involving a structure: the id, ego, and superego; and functions: repression, transference, projection and the various complexes (Jones, 1957).

Wilhelm Reich encountered the work of Freud in 1919 through a seminar in medical school. Reich's rise in the new psychoanalytic world was nothing less than meteoric. Within one year, "Freud permitted the young medical student to start seeing analytic patients and referred several cases to him," says Myron Sharaf, in his excellent biography of Reich, "Reich was not unique in starting psychoanalytic practice at so young an age (22 or 23) and without formal training, but there were not many in this category (Sharaf, 1994, 58)."

Reich plunged into psychoanalysis, regarding it as pure knowledge to be furthered. In the typical innocence of a young knight, he did not see the tangle of politics and emotional investments growing quickly in the psychoanalytic world and around Freud. Nor did he see the effects of his own extremely complicated personality on others.

By 1922, Reich suggested the formation of a technical seminar for younger analysts in which an open examination of analytic failures would be possible. Reich led this seminar from 1924 to 1930, and during this time he began to formulate his concept of character analysis. It was this work on character that would survive in the more orthodox psychoanalytic world even after his many exiles and expulsions.

It was also through Reich's work on character that he began to understand the importance of the body in psychoanalytic work. Initially, Reich was interested in resistance on the part of the patient as the reason psychoanalytic interpretation failed. His search for a way to work systematically with resistance led him to notice the importance of nonverbal, as well as verbal, intervention. Reich was convinced that for analysis to be successful, a memory had to be accompanied by an emotional release. The talking cure alone was not enough. Reich also observed that his patients used manner, posture, even dress to block affect. Progressively, through his clinical observations, Reich identified what he called character armor.

At first, Reich's work on character analysis was well received. However, Reich's simultaneous work on sexuality and his involvement in the turbulent political situation in Vienna in the late 1920's would eventually draw heavy fire from his psychoanalytic colleagues, and finally from Freud. His passion for scientific discovery and the subsequent attempts to repress his ideas by governments and private organizations became the leitmotif of

Reich's life. This theme played through to his death.

Reich began his investigations into sexuality with the intention of extending Freud's idea that a good sexual life was a foundation of psychological health. As early as 1923, Reich was developing his theories on genitality and the role of sexual energy in neurosis. In his clinical studies, Reich began to see that what the Freudians considered a healthy sex life, in actuality, was not. What Reich observed through speaking with his patients is that the capacity to have intercourse, and even the ability to have a release, did not constitute a freedom from neurosis.

Reich now was jumping in where angels feared to tread. Reich began to understand that many of his neurotic patients had intercourse with a local discharge of energy, but without fully releasing the entire body, so that a stasis of energy remained. The complete surrender of the organism into the act, accompanied by sensations of melting, was termed "orgastic potency" by Reich. Such a complete release did not leave a stasis of energy. He regarded this as the true sign of healthy sexual expression.

This was not simply another floating Freudian concept of sexuality. Reich believed that a damming of sexual energy in the body created and fueled what was then called actual neurosis, and only when that blocked energy was released could the neurosis be eliminated. He posited that only when his patients had a gratifying sex life, when they were orgastically potent and discharged energy fully, could they be symptom free. His book, *The Function of the Orgasm*, was published in 1927 and a slight chill toward Reich fell over the psychoanalytic community.

Other events in 1927, however, had an even greater effect on Reich and his fate with the Freudians. On July 15, 1927, an enormous worker's strike and demonstration took place in Vienna. Reich stopped a psychoanalytic session to join the crowds out on the street. Sometime during this violent demonstration, Reich, a man with mild leftist leanings, became radicalized. It was on that day that Reich joined the Communist party, and although later he threw his allegiance to the Social Democrats, his dealings with the Communists did not cease. Ten years after the Russian Revolution, Communism did not yet wear a totalitarian face for many people. Many intellectuals still thought that Marxism was a viable alternative, and at that time they made a distinction between Marxism and what the Leninists practiced.

Reich saw in the workers' revolt a theme that he also saw in psychoanalysis. "Just as character analysis could free the individual from inner oppression and release the flow of natural energies, so (Reich hoped) radical Socialists and Communists would rescue the masses from external oppression and release a natural social harmony, a classless society (Sharaf, 1994, 126)." Reich saw this movement from the inner world of the individual psyche to the outer world of the mass political psyche as a natural one. The other Freudians did not.

Besides his involvement in radical politics and seeing no real division between the work he was doing in the consulting room and what should be happening in the world, Reich brought sexuality into the streets and to the lower classes. He began what he called the Sex-Pol movement, taking vans into the suburbs distributing sexual information, giving talks, and placing pamphlets under doors. He also arranged the fitting of contraceptives, and lobbied for the legalization of birth control. By 1929, Reich was establishing sexual hygiene clinics through the Socialists. Reich advocated many sociopolitical ideas that reappeared in the sexual revolution of the 1960's and 70's: questioning traditional marriage and the domination of women, allowing sexual relations between adolescents, affirming sexuality in children, sex education, abortion, and birth control.

It was one thing to discuss sexuality in the darkened consulting rooms of bourgeois Vienna. It was quite another to publicly advocate it. Psychoanalysis in post-Victorian Vienna was still on the fringe, and had been under attack since its inception for its concentration on sexuality. The early Freudians were quite sensitive to their public image and were still trying to legitimize their work as a science. Reich, with his strong personality and views, must have been seen as waving a red flag, directing the forces of opposition right to their door. Reich was not only crusading about the threatening topic of sexuality, he was deeply embroiled in the swirling cauldron of Austrian and German politics.

As these countries edged toward fascism, Reich applied his studies in mass psychology even more to the political situation. In 1933, Reich published the *Mass Psychology of Fascism*, analyzing why the masses were attracted to Hitler's ideas. By then, Reich was in trouble everywhere and with everyone. The Communists rejected Reich on the grounds that he was too Freudian. The Freudians thought he was a Communist. The rising Nazis saw him as an enemy. Reich moved to Denmark, but in a matter of months was kicked out by the Danish government for fear that he might corrupt Danish youth with his ideas on sexuality. This incident began Reich's series of exiles.

By 1934, Reich's link with the Psychoanalytic Society was in great jeopardy. Besides rousing the hostility of his colleagues with his political activities, Reich's progress in psychoanalytic work had brought him into direct opposition to the Master. In the 1920's, Freud posited the death instinct as an answer to the persistence of negative psychodynamics, particularly in masochism. By 1932, Reich was ready to challenge his mentor and published a case involving masochism that questioned the death instinct.

Not only did this case fracture the schism between Freud and Reich beyond repair, it was the first published case in which Reich actively worked on a body level. Noticing some spontaneous kicking by his patient, Reich

had the choice of asking his patient to verbalize his emotions or encourage more kicking. He chose the latter, with the result that the kicking led his patient to realize how much he enjoyed provoking his parents. Reich also began physically mirroring his patient's attitudes to give him an idea of the outer expressions of his inner states. Reich noticed that his patient's desire for pain was not a desire for pain *per se*, as Freud would have interpreted. His patient had a deep fear of being alone and was so armored that he could not feel contact. Only by abrading his own skin and causing pain, could he feel any warmth. The feeling of warmth at the skin level was the goal, not the pain. Reich first noted in this case not only a psychic rigidity, but a *physical* rigidity as well, particularly in the musculature of the pelvis. The case was published in the *International Journal of Psychoanalysis*, but with a note from Freud warning readers that Reich was a Communist. By 1934, he was excluded from the rolls of the German Psychoanalytic Society at its Congress at Lucerne, Switzerland.

Although he attended the Congress, it was as a guest speaker. His paper was on "Psychic Contact and Vegetative Current." In it, he began his discussion of vegetative energy that would later lead to his orgone energy theories. The phrase "vegetative current" had already been mentioned some 7 years before by a German physician Friedrich Klaus, "to describe fluid convection processes in the body (Sharaf, 1994, 189)." Within Reich's discussion of the vegetative current and the ability or inability of patients to make emotional contact with themselves and others, we see both Helmholtz's mechanics and Bergson's vitalist ideas emerge in Reich's work.

The Lucerne Congress marked Reich's split with the psychoanalytic community, so Reich was no longer tethered to any formal organization. He moved to Oslo, where he would spend the next 5 years. While in Norway, Reich took bold steps with his therapy, increasingly incorporating the body. Reich was not completely alone in his study of body and psyche, although his ideas often appear to be unmothered, springing forth like Athena from the head of Zeus. George Groddeck (1866-1934), a physician who joined the psychoanalytic movement in 1917 and is referred to as the "father of psychosomatic medicine," preceded Reich in taking a psychophysical approach by treating isolated patterns of chronic tension as psychosomatic symptoms. Ernst Kretschmer (1888-1964), a psychiatrist, correlated body types with personality characteristics, preceding Reich's work on character structure. Reich likely knew of Kretschmer's ideas through a supervisor, Paul Schilder, who was an admirer of Kretschmer (Downing, 1980). Closer to home, the woman whom Reich was with while in Oslo, Elsa Lindenberg, was a dancer who had worked closely with Rudolph Laban. Laban (1879-1958), in addition to his work in dance notation, movement choruses, and other innovations, had developed a form of analysis called effort-shape work. This analysis included movement in time and space and looked at emotion within gesture. Lindenberg had also studied with Elsa Gindler in Germany. Gindler (1885-1961) was the teacher of Charlotte Selver, who developed Sensory Awareness. Selver's work would later blend somatic therapies and body psychotherapies in the late 1960's and early 1970's. To what extent Lindenberg might have influenced Reich's theories and work, we do not know. However, it was during this time with her, that his work with the body truly developed. Reich began to use touch with his clients to break up what he saw as the armoring in their bodies.

This touch was different from massage, very pointed, and in the words of Myron Sharaf, "affectively neutral and almost medical." The touch was directed toward emotional release and was deep and hard. Reich tended to stay away from softer touch, which he felt might be interpreted as seductive.

Reich began to notice the relationship between breathing patterns and emotions. Observing the patient's respiration became almost the "free association" of his therapy. Always looking for the underlying system, Reich began to formulate his theory of muscular segments, how chronic bands of tension in different segments of the body related to blocked affect and memory, and how the muscular segments related with each other and with behavior to form an exquisitely complex defense network.

From his experiments with natural science, Reich also began to regard the body in Helmholtzian terms of pulses and flows of energy, expansions and contractions. Reich left Oslo in 1939, leaving behind intense pro- and anti-Reich camps, and some individuals who were well trained in his therapy. These people formed a tiny nucleus of Reichian practitioners in Europe. Their work would develop to be distinctly different than would Reichian and post-Reichian work in the U.S. Ola Raknes, Od Havrevold, and Nic Waal in Oslo, Tage Philipson in Copenhagen, and Walter Hoppe in Munich would go on to develop the work and train third and fourth generation body psychotherapists.

Reich's next move was to the U.S., arranged by Theodore Wolfe, a psychiatrist at Columbia University's medical school, who also did research for a pioneering text on psychosomatic medicine authored by his then wife, H. Flanders Dunbar. This move was just in time, because Reich was a Jew, a former Communist, a psychoanalyst, and on the record against Hitler. He would have been seized eagerly anywhere in Nazi controlled territory.

Reich's interest was now less in therapy and more in his scientific experiments. Yet again, Reich trained a core of therapists who would go on to create new schools of body psychotherapy. In spite of the fact that Reich continually traveled in a cloud of dispute and disgrace, there were always those who were fiercely loyal, interested, or electrified by his ideas. Reich, in a sense, was the avant garde in psychiatry, and the New School of Social Research offered him a position.

Memories of Reich: the interviewees remember

Alexander Lowen, who developed Bioenergetics, met Wilhelm Reich at the New School at a course Reich was teaching in 1941 or 1942. Lowen had always been interested in his body, and had noticed through his own athletic experiences that there was a distinct connection between his emotional and physical states. He had been casting about to explore this connection with modalities such as Yoga and progressive relaxation. Already a lawyer, Lowen was studying to advance his education when he noticed Reich's course "Character Analysis."

"Reich was a brilliant lecturer," says Lowen, "And at first, I was skeptical about his emphasis on sexuality. I had already started to write about the body/mind relationship in terms of using your body to influence your feelings and how they affect you, just my own experience. But he went deeper. He had a better grasp of the relationship. At first, I was skeptical, but I knew the man knew what he was talking about. After a while, somewhere during the middle of the course, that skepticism turned completely around and I became convinced that he was right. I was convinced that he had 95% of the answer, and I still believe it."

The late John Pierrakos, who worked with Lowen in the creation of Bioenergetics and later developed Core Energetics, also had a primary experience of his own body that later led him to Reich. While growing up in Greece, Pierrakos explained, "I had a very strong perception of my own life energy as a boy -- in playing in the sea, in soccer, and in being very excited about sex and the women around me. So I perceived this energy as being my enjoyment, my aliveness, the most important thing in life. When I was 14, I saw this book and this book talked about a man who knew about the energy supply and a man who knew about the energy of the personality. I thought that I must meet this man who knows about the energy supplies. Then 4 years later, I came to the U.S. at the beginning of the war. 3 years after that, I became a patient of Wilhelm Reich. This was my unconscious working. My unconscious went through and found the mark."

Pierrakos was beginning medical school at the time. "Then I went to psychiatric training," he says, "There was a Reichian training group. The group was enthusiastic about changing the world. Reich was on a mission. He was continuing his research into the cancer biopathy. He was absolutely brilliant. The breadth and scope of his work was tremendous."

Brilliant is a word echoed by Charles Kelley, who developed Radix, "I saw him as the most brilliant psychologist in the world. I still think he has been the biggest man in my lifetime in psychology. A giant, a true giant, in psychology."

Lowen reports that although he was initially interested only in the theory, Reich lured him into a deeper experience of the work. Lowen recalls, "He said, or suggested, 'Lowen, if you really want to get into this work, you have to get into therapy.' And I was hesitant, but I got in. Once I got in, I was hooked. Because it began to open new feelings and experiences. It all made sense to me. I think I'd be pretty unhappy today if I hadn't gone into therapy with Reich and worked on my own problems."

Lowen was in therapy with Reich for 3 years, and although still teaching law, knew this work was for him. He was already planning to get his medical degree when he started practice as a Reichian therapist in 1945, "There were few of us that knew anything about this technique. I charged \$2 an hour, and I must honestly tell you I wasn't worth \$2 an hour. Still, it's something that somebody can talk to you and you try to help."

In 1947, Lowen went to Switzerland to medical school and later returned to an internship, "When I got back, things had changed in the Reichian movement, in a number of ways." Because Reich was protean in his work, and constantly evolving new theories that spanned physics, biology, meteorology, psychiatry, and sociology, how one viewed the Reichian movement in the U.S. depends on which camp the viewer espoused and which period the viewer was with Reich.

For Lowen, the changes were not good, "One of the things was that Reich himself came to the position where he believed that you could do therapy using the energy concepts he had. You don't even need to do analysis. He was working with what he called Orgone Therapy."

Charles Kelley, in contrast, remembers the Reichian movement in the 1950's as halcyon times. "Reich had a devoted group trying to study him. I knew many of them back in the Fifties. We would sit up all night in the flat of a friend on MacDougall Street [in New York City], Adam Marcocious, who helped found the *Village Voice*, talking about Reich's ideas."

Kelley, who was a research psychologist, had also been a meteorologist in the army. He was friendlier to Reich's theories of orgone, weather experiments, and orgone boxes, "We talked about Reich and his ideas and was there such a thing as a life force that Reich called orgone." Kelley was not learning to be a therapist at the time, "I wasn't learning Orgone Therapy. I was learning about it, I was studying it, and I was taking it. That was very important for me, that 9 years on the Reichian couch."

Lowen also felt the pulse of interest in Reichian ideas, "In 1946 and 1947, in certain sophisticated circles in the Village, people were excited and validly so. There was tremendous enthusiasm." But what troubled Lowen was not simply the changing ideas, but the organization that had grown up around Reich that ironically echoed the one which had eventually surrounded Freud, "The hierarchy. It was really very bad. Reich was God and now he

had some top medical men, psychiatrists who were now committed to his work. They were like archangels. The people in therapy were the ones who were going to be saved and the rest of the world was damned. If you weren't in Reichian therapy, you were damned. You wouldn't know what it was all about. And the trouble was that it was assumed that if you went through Reichian therapy, you were cured, became a healthy person."

Other influences

During the 1950's, Reich attracted a good deal of intellectual attention because of his connection to Freud, his notoriety, and the vast and creative scope of his work. But Reich was not the first to bring the body/mind connection to the U.S. It had already been in the U.S. in the form of somatic therapies, chiropractic, osteopathy, massage, and dance. To dismiss the 1950's as a repressed period is easy, yet individual experimentation and pioneering work of that decade would later bloom in the late 1960's. This work was independent from Reich's influence.

Before Charles Kelley had even read Reich, he came in touch with the body/mind connection through reading Aldous Huxley's book, *The Art of Seeing*. Kelley explains he was very nearsighted, "When I got out of the army in 1946, I could see the big E on the eye chart with my better eye without glasses, and it took a letter twice that large for me to be able to see with my worse eye." Huxley had mentioned the Bates Eye Method in his book as having improved his vision. Kelley sought out Huxley's teacher in Los Angeles, Margaret Corbet, and his vision improved dramatically. Kelley says, "It confirmed what I had suspected from my reading that the establishment is often wrong in what they say. They say you can't improve nearsightedness and you can improve nearsightedness. This confirmed to me that you have to think these things out for yourself.

Kelley became a Bates teacher, and at Corbet's school was exposed to other body/mind disciplines. He had Alexander Technique sessions, a somatic educational discipline developed by Australian actor F.M. Alexander at the turn of the century. He had special voice lessons with a woman named Louisa Strong. He entered psychotherapy with Tony Suddich, one of the founders of the Human Potential Movement.

Al Pesso, who founded Psychomotor work (later called Pesso_Boyden System Psychomotor) with Diane Boyden, began his interest in the body via muscle building as a teenager in the 1940's, "A friend of mine and I had developed a hand to hand balancing act, the kind you would see at Radio City Music Hall, with slow shifting of the weight. At the time I was shifting into dance without knowing it."

Pesso became interested in modern dance through a dancer who was living above the gym he frequented, "There was nothing in my background that prepared me for an interest in modern dance. I was a kid from Brooklyn." Pesso walked into a dance studio run by 2 women who had studied with Martha Graham, May O'Donnell and Gertrude Schurr. "We were males," he explained, "and they snapped us up and gave us scholarships." He took classes every day and became a model for Schurr's book, *Modern Dance Teaching and Technique*. From there, he went to Martha Graham's school, "It was from Graham that I learned dedication, clarity, intellectual honesty, symbolism, and an understanding of the unconscious. It was through dance that I had been introduced to Freud before I read Freud." Pesso was given a scholarship to Bennington, where he met Diane Boyden, who was a pupil of ballet dancer Jose Limon. He did not stay at Bennington long, "I wanted to be a dance pioneer. I had thought I was a quieter person, but looking back, I can see I was driven. I was walking from one stone to another, and only in looking back can I see that pattern of the path."

Diane and Al Pesso married at 21 and, after a brief time in New York, moved to Boston where they taught at Emerson and Wheaton Colleges and started a dance company. "All the time, we were pushing our explorations," says Pesso, "We were trying to develop exercises for choreography, to refine it. We were trying to see how movement was, how it originated. We came to see movement in categories; voluntary movement, reflexive movement, and movement coming from a felt state, emotional movement. We focused on the emotional movement, trying to see how action evolved from it."

Diane Pesso had been influenced by Barbara Metzger, Pesso adds, "Also, we were studying the work of Ruth St. Denis and Isadora Duncan. We were also reading Delsartre, Dalcroze, trying to find out about natural movement and natural dancing."

Music and movement were also paths for Ilana Rubinfeld, founder of Rubinfeld Synergy work, "My introduction to body work came as a musician when I was teaching children." She revolutionized the teaching of music to children in New York in the 1950's, "I put together a very unique program for 4 to 7 year olds of how to learn music through movement rather than sitting in a chair and clapping and tapping things out. I had them really moving around the room and jumping and being all kinds of characters, teaching them how to play their instruments through moving."

Rubinfeld was led to her body by her mother, "As a Russian Jewish immigrant, my mother was particularly concerned about culture. She took me to ballet lessons, to performances, to concerts. She really started me on the path of using my body. That was one turning point and there was one other. When I came to this country I

was 5 years old and did not speak a word of English. I understood Russian and Hebrew. During the first year of my life in the U.S. I deciphered what people were saying through their nonverbal actions. So I watched how people looked and listened to their tone of voice. I began as a little kid paying attention to body movement because that was survival.”

Rubinfeld studied music at Julliard. “Just before entering Julliard,” she says, “I was already performing on the piano and the viola. A friend of mine told me I should look into the Alexander method because my back was hurting so badly. While studying conducting at Julliard, it got worse. Nobody there ever addressed the whole issue of body work, of posture, of moving your arms. It was quite a strenuous activity.”

Rubinfeld went into Alexander work with woman named Judy Liebowitz. Rubinfeld began to understand the convergence of body and psyche and how they needed to be linked in therapy, “I lay down on Judy’s table and she would touch me very gently. I had all these feelings. She didn’t feel equipped to handle these feelings and she was right. She wasn’t. So she sent me to an analyst who felt very comfortable talking to me, but he was uncomfortable using touch. I was doing this for 3 years, running back and forth, having her touch me and change the whole concept of my body image and the energy in my body, and having him talk to me about the issues that came up. I knew I had to get those together, the gentle touch and the analysis.”

Music also led Malcolm Brown, founder of Organismic psychotherapy and co-founder of the European Association for Body psychotherapy, toward the body/mind link. He had planned to become an Episcopalian priest, when at 23, “...the Bishop of Massachusetts confronted me and told me all the beliefs I had were compatible with a pantheistic humanism and not with Christian ideology. I panicked and found I had to go on and start studying psychology instead of philosophy and religion. The one theme I pursued in graduate school was the meaning of the composite state. This state was one that I would experience when I was singing. If I was singing long enough and well enough, I would experience a transformation of my identity in a way in which I was no longer in my head. I would feel a simple, mentally imageless, mentally unharrassed state of unity in my body and psyche that so fascinated me that I pursued trying to understand what it was about through academic philosophy and academic psychology, but found no answers.”

“I had been exposed to this state through a singing teacher, Jan Burr, who had taught me to sing with my whole body and not with my will. It was the first activity in my life that was without my will, more or less. It was the beginning of discovering what later turned out to be the vegetative life flow, but I didn’t know what it was in those days.”

Brown started a doctoral thesis in London on the comparison of Sigmund Freud’s theory of the self and something in a new exciting book that had come out in 1953, Goodman, Perls and Hefferline’s *Gestalt Therapy*. Brown explained, “After working on this thesis for 3 years, I decided I could not go on because Sigmund Freud did not have a theory of growth and development. I threw the thing in the wastebasket.”

Reading *Gestalt Therapy* turned Brown’s thinking around, and, after that, reading Abraham Maslow’s, *Motivation and Personality*, “Through these two books, I saw a way of reconciling what I had experienced through the composite state in singing with the theories of the self that were presented in both books. Self actualization in healthy people was very exciting to me.” Brown returned to the U.S. and began a long period of incubation at this point.

Reich’s final years

For Wilhelm Reich, after a few peaceful years in the 1940’s, the attacks began again in 1947 with an article in the *New Republic* by Mildred Brady entitled “The Strange Case of Wilhelm Reich.” This article drew the attention of the FDA and began for Reich a struggle that would last 10 years and eventually lead to his demise. This last extremely complicated conflict is one with which this article cannot thoroughly deal. There are excellent accounts of Reich’s case in Myron Sharaf’s *Fury on Earth*, and David Boadella’s *Wilhelm Reich: An Evolution of His Work*.

This period of Reich’s life set him in popular thinking as a madman, invalidating his body psychotherapy. For years, Reich had focused his time in the U.S. looking for, in essence, the source of life. He felt he had found it in a universal energy, which he called the “orgone.” The discovery of the orgone led him to further experiments with the treatment of cancer and even weather control. The story of how Reich made rain and saved the Maine blueberry crop with his orgone “cloudbuster” in 1953 is still told in that state (Clark, 1989, 129).

The United States, in the postwar era, was gearing up for witch hunts. The political climate, Reich’s outrageous reputation, his open talk about sexuality, weather, and UFO’s, and his maverick ways with science, made Reich an excellent target for sociopolitical hysteria. In addition, Reich was still on his knight’s mission, discovery for its own sake, and was not about to muzzle himself or shave the truth on what he thought he had found. Persecution after persecution, exile after exile, Reich stood and fought.

Lowen comments, “Reich had always been attacked. There was no question about it. However, it’s one thing to be persecuted and it’s another to be paranoid about it. You play into them. And they [the Reichians] were paranoid in the sense that they expected persecutors. The moment you questioned them, they got uptight. There

are different ways of handling that kind of thing. If you yell 'persecution,' then the persecutor knows he's got you on the run and torments you more. If you say, 'well, these people are a bunch of jerks,' and go on and do your work, eventually they don't do anything to you because they don't touch you if you don't respond."

On March 19, 1954, an injunction was issued by the United States District Court in Portland, Maine, declaring that the orgone accumulator was a fraud, that orgone energy did not exist, and barred the distribution of any information about the accumulator, along with the device itself. Reich had refused to appear in court to answer the accusations made by the FDA on the basis that the court could not decide scientific matters. On July 26, 1955, contempt charges were filed against Reich, followed by criminal court proceedings. Reich, acting as his own attorney, tried to portray the case as a persecution of science. The prosecution tried to paint Reich as a quack and a charlatan. In 1956, Reich was convicted of contempt for violating an injunction against "disseminating information pertaining to the assembly, construction, or composition of the orgone energy accumulator (orgone box) devices to be employed for therapeutic or prophylactic uses by man or other animals (Sharaf, 1994, 426)." He was sentenced to 2 years in prison and the Wilhelm Reich Foundation was fined \$10,000. In 1957, Reich went to federal prison and died there of heart failure . . . some say of a broken heart.

The struggle to understand Reich's contribution

The end of Reich's life leaves us with a multitude of questions that will only perhaps be answered by history. Was Reich mad? Certainly, during the last period of his life, he saw monumental conspiracies against him everywhere, and some of his conspiracy ideas were fairly far out. However, taking into consideration that he was persistently scourged for his ideas, many of which today we take as commonplace, would it not be understandable that he could end up hypervigilant, fearful, and trying to anticipate the tactics of some very real enemies? Was Reich's psychological state the product only of his persecutions? Reich's biographies portray a brilliant, difficult, sometimes tyrannical man whose treatment of friends, relatives, and colleagues may have created much pain, as well as a man who could be kind, generous, and humorous. How do his scientific theories stand up today? While Reich's energetic theories have much in common with the new physics, it is not clear whether his theories ever have been impartially and thoroughly tested. And what about his body psychotherapy? Can the theories of a man some claim died insane (though he was found sane by a court appointed psychiatrist) be trusted? The ever increasing growth and acceptance of the body psychotherapy movement says yes to this final question.

To place Reich in a historical context, Reich's work, like Freud's, showed evidence of the Helmholtz School influence. For example, Reich's concept of energetics based on the charge-discharge model is distinctly mechanistic and reflects Helmholtz's conservation of energy doctrine. His later efforts to tie his ideas to an identifiable, quantitative energetic force that permeated the universe, called orgone energy, would be perfectly consistent with the unity of science movement by linking physics and psychology. Yet at the same time, Reich's orgone energy also smacks of vitalism by being a universal energy that animates human life, thinking, and feeling.

Something Sharaf says about Reich in the early, more open days of psychoanalysis is revealing about the dual nature of Reich's ideas, "It is not surprising that in Freud's young science Reich found a fusion of soft amorphous feeling and hard empirical fact which [Reich] was searching for so assiduously in his medical studies (Sharaf, 1994)." William James, one of the first great American psychologists, described psychology as having "tough-minded" and "tender-minded" sides. According to James, "tough_minded" psychology, being more materialistic, sensationistic, and experimentally rigorous, emphasizes scientific determinism and the importance of matter. On the other hand, James said "tender-minded" psychology, being more humanistic and person oriented, stresses free will, self determination, and the importance of mind (James, 1907). The struggle between 2 opposing points of view in explaining human behavior has been going on for centuries. Plato, for example, called scientific thought, i.e., logical thought based on premises, "understanding," and called philosophical thought, i.e., insightful and immediate apprehension, "intellectual" (Fuller, 1931). The struggle plays out as determinism versus free will, mechanism versus vitalism, materialism versus idealism, environment versus organism, and causation versus teleology (Watson, 1967). Without the "tender-minded" side to Reich's body of work, body psychotherapy may have never progressed beyond being an offshoot of psychoanalytic psychology.

The Heirs Move On

The aftermath of Reich's death split the Reichian movement. A group of physicians trained in Reich's work were the Orgonomists or Medical Orgonomists, headed by Ellsworth Baker. The Orgonomists felt that they were adhering to the direction Reich was taking in his work. Reich's treatment during the last years of his life created a fairly insular environment around Orgonomy, and only within the last 15 years has Orgonomy taken on a more public face. The Orgonomists have continued to work psychotherapeutically very much in the way Reich did, and to some extent continued his energy experiments. The training for a physician to become an Orgonomist is very

long, requiring much commitment by the trainee. At present, there are 40 Orgonomists in the U.S. representing a school of psychotherapy that is more than 40 years old.

Staying out of the Orgonomy movement, Alexander Lowen and John Pierrakos took an office in Greenwich Village and began to develop Bioenergetics. The initial form of the alliance was Lowen making himself a patient and Pierrakos working as the therapist. Through this collaboration of Lowen experiencing what needed to happen for him therapeutically and Pierrakos working with him to facilitate it, came what are now standard concepts and techniques that stretch across many body psychotherapies. For example, Reichian work had been done primarily on a couch. Lowen and Pierrakos changed that, bringing forth the idea of grounding.

Lowen says, "I realized that I had to be more solid as a person. That means down, connected to the ground. I was aware of people who had that quality who were much more relaxed than I was. I was brilliant, but brilliant and grounded are not the same things." The team started to work with standing. Lowen again, "You can't get into your legs if you are lying on a couch. That's where I started, standing and trying to settle down, hip power." They also expanded Reich's work on breathing by developing a stool that helps to open the breathing of the patient.

Using the results of their work and observation of patients, they developed more theory. In 1958, Lowen published *The Language of the Body*. He says, "I seem to have a facility to read character from the body itself. When I realized I wasn't grounded, it was through observing other people that had a more grounded quality. So I was looking at people all the time. Then I began to study it carefully."

Pierrakos says of this time, "We elaborated [on Reich's work]. I studied the energy movement of the body, the different colors, how this energy changes like the weather, how life is manifested. I observed the energy field of the body. It was a continuous parade." Pierrakos also worked with the orgone concepts coming from Reich and did scientific work on the aura. "This was all taboo, of course," says Pierrakos, "At the time, I worked on the psychiatric staff of a hospital and it was sometimes very uncomfortable to have studied with Reich."

After 8 years, Pierrakos and Lowen separated their work, with Pierrakos leaning more toward the spiritual. "Reich did not want to have anything to do with the spiritual realm," says Pierrakos, "He wanted to be a natural scientist. However, I came to believe that there was something beyond the clinical aspect. Bioenergetics was absolutely scientific and I wanted to go beyond that." Pierrakos, clearly breaking away from the materialist roots of psychoanalytic psychology, went on to found Core Energetics.

Three years after Reich's death in 1957, Charles Kelley formed an organization and began publishing a journal on Reichian ideas called the *Creative Process* to fill a gap in the continuation of Reich's work. "We were young," he says, "And it was the older generation around Reich who wasn't doing anything after Reich died." The emotional chaos and disjointedness that lingered among Reich's associates threatened to overwhelm the journal. Says Kelley, "All of Reich's associates, all the people around him, reacted with a kind of fury." The trustee of Reich's estate even threatened to sue because Kelley had published data on the replication by Kelley of weather experiments Reich had done. After five years of struggling, Kelley shut the journal down and went back to California, where he would radically change his life and begin to develop his ideas.

The 60's and the New Generation

Although body psychotherapy managed to quietly develop in the rigid, conformist, and sociopolitically fearful atmosphere of the 1950's, the 1960's allowed it to flourish. A new generation of body psychotherapists developed. One of their many influences was Gestalt. Gestalt Therapy, as propounded by Fritz Perls, was not strictly a body psychotherapy, but it did significantly include the body. In *Ego, Hunger and Aggression*, Perls used digestion and the digestive system as a central metaphor for the psyche. Perls had briefly been Reich's patient and how much Reich's work influenced Perls is unknown. Perls, however, was quite open to bringing in ideas and techniques that were congruent with the central premises of Gestalt therapy, including awareness of the body.

For Ilana Rubinfeld, meeting Perls in 1966 was seminal in bringing her work together. Perls became Rubinfeld's mentor, and she began to integrate touch with Gestalt therapy. Rubinfeld recounts, "One of the most dramatic things that he asked me to do in 1968 and 1969 happened when he would ask one of the participants to come up to the hot seat and the empty chair, and ask me to sit on the other side [next to the person]. He'd do all the talking and ask me to touch. I could see that each time I touched people, I went to places they needed and it supported experimentation. Before I met Fritz, I was experimenting with my clients. They were sitting in chairs and when they got into something very emotional, they might laugh or scream or cry, and I put my hands on them in certain places. I wouldn't stop the emotional release. In Alexander Technique that was not encouraged. "Fritz Perls attracted me because he was much more action oriented than passive," Rubinfeld explains, "That attracted me because by creating experiments and moving around more, my whole somatic system got to feel. Gestalt fit in perfectly with the body work I was doing. The touching was very much in the moment, and I saw how memories came up, how memories were locked in the body, how early memories seem to never come out through talking. They need to come out through touch."

Gestalt Therapy also brought Ron Kurtz, creator of the Hakomi Method, into body psychotherapy. Already

involved in experimental group work, Kurtz became attracted to Gestalt in San Francisco in 1966 through Stella Resnick. Already acquainted with traditions that emphasized mindfulness, such as Taoism, Kurtz immersed himself in the Human Potential Movement in California, working with Bill Schutz, Dick Miller, and Larry Heider.

Kurtz was a mathematical psychologist, but in typical 60's fashion mathematics went out the window once he was turned on. "I stopped teaching statistics," Kurtz says, "I told [my students], 'Listen, if you want to learn statistics, come to me and I'll tutor you, but in class, you're going to do this stuff.' I even asked the people who assigned rooms at San Francisco State to find me a rug. They didn't know why a statistics class would need a room with a rug, but I got it anyway. I'd lay the students down, put them in a light trance, do guided imagery, various exercises."

Kurtz had begun to give workshops. "They were really crude, the idea was to just exhaust yourself and get emotional," he recalls, "I would say that I was terrible at it. The state of the art was not so good at the time either." Then Kurtz became interested in Janov's Primal Scream work, and went for an intensive. He left after 2 weeks, "I thought it was terrible. There was a lot of expression going on that was totally phony. They were just pushing it and pushing it."

The violence of the Primal Scream work is in high contrast to the style of gentle awareness that Kurtz later developed in Hakomi. Kurtz then went to Albany, New York, and with the help of a friend started a private practice. He put the money he earned back into his own growth. "I spent my first money getting Rolfed," Kurtz says, "Then I went into Bioenergetic Therapy as a client. All the time I was working on myself and in private practice, too." Kurtz was working with Gestalt and slowly incorporating the body. He comments, "Gestalt incorporates posture and gesture in the immediate sense, in the now, to track your experience that way. Primal therapy only uses the body very crudely to deprive you of your addictions, to increase the anxiety and the pain. Rolfing was the first experience I had that was direct body work with an ultimate psychological goal. I wouldn't say the body is the only thing. It's the only thing you can get your hands on."

Gestalt was also a powerful force in the thinking of Katherine Ennis Brown, who helped Malcolm Brown develop Organismic Psychotherapy. Brown was an undergraduate student at Georgia State in the late 1950's and early 1960's when her teachers, Gestalt therapists Joan Fagan and Irma Shepherd, began to bring people such as Fritz Perls and Jim Simpkin to Atlanta. "I was really very fortunate because I was still a student, but was accepted into a lot of professional workshops for my own growth and to see what was happening," Ennis Brown says, "At the time, while I was studying, I didn't sign up for anything about body psychotherapy. It was all too much head and too much analysis for me."

Ennis Brown at the time had also been greatly influenced by Sid Girard from the University of Florida. Girard was one of the first people writing about touch at that point, training nurses and helping them understand the necessity of touch in working with their patients. Ennis Brown then went on to study extensively with Charlotte Selver and Charles Brooks in Sensory Awareness. "So much of that for me was an experience of discovering myself in terms of sense perceptions and learning to trust how it really was instead of how it should be," says Ennis Brown, "It's very quiet and subtle work and I now had a way of really understanding it. I was often at sea with what I was doing, but it was as Charles Brooks says, 'the rediscovery of experiencing' that held me to that. The work is not psychotherapy, but it's very therapeutic."

Ennis Brown was in the process of turning her life upside down. She says, "I had no doubts about doing it, although I had no real goal. It was step by step, much of it unconsciously moving, but it gave me an understanding of psychology that went much beyond analytic work." Including the body in psychotherapy was natural for Ennis Brown. She says, "I was a patient at the Atlanta Psychiatric Clinic, which was really quite an avant garde place then. They would hold patients and touch patients. They didn't do any body work, but at least that."

"The first paper I ever wrote was on body contact in psychotherapy, because it had been my first therapy," Ennis Brown recalls, "So, for me, body contact was part of the therapeutic process. I didn't even realize all the furor. It was not until I delivered that paper at the Georgia Psychological Association and sent a copy to its journal that I realized how radical it was." Ennis Brown had not yet encountered Reich or Lowen. Gestalt was a primary influence for her. She was the director of a day care center in Atlanta run on Gestalt and Sensory Awareness principles. She had experienced the work of Al Pesso and been influenced by that. But her real work in body psychotherapy would begin when she met Malcolm Brown in 1972.

Malcolm Brown had returned to London in the mid-1960's to renew writing his thesis. Brown had been electrified by some time spent with Carl Rogers, an innovator in using existential techniques in humanistic psychotherapy. His thesis topic had changed to a comparison of Carl Rogers' theory of personality to Earnest Schachtel's, a perception specialist who worked with the Rorschach, and he began practice as a Rogerian psychotherapist.

While writing his thesis, Brown discovered Wilhelm Reich's concept of muscular armoring and that helped him discover what Rogers was really talking about. However, being deeply into humanistic theory, he was put off by its "heavy link to Freudian thinking." It was during this period that he also discovered 2 other books that would change his thinking. One was *The Organism* by a Gestalt psychologist and a neurologist, Kurt Goldstein, who

presented a system of energy dynamics in the human body that was less mechanistic and more holistic than Reich's. "That grabbed me as much as Maslow's book grabbed me earlier," Brown recounts, "I reread it and reread it because it did justice in describing what was behind my experience with the composite state. So I played around with that and Reich a bit, and then I discovered a book, the *Physical Dynamics of Character Structure* [later titled *Language of the Body*] by Alexander Lowen, and that book grabbed me in my evolution. I read it many times religiously." In 1966 or 1967, Brown wrote Lowen from London, and Lowen wrote back, "Why don't you get in touch with David Boadella?"

European connections

David Boadella, an Englishman, connected to Reich and Reichian work in the 1950's. Reich had referred Boadella to Ola Raknes, one of the principal therapists he left behind in Norway. Boadella also worked with Davis Howard, a pupil of Od Havreold, who had also studied with Reich in the 1930's. Finally, he had worked with Paul Ritter, an intuitive Reichian analyst based in Nottingham, England in the 1950's. Boadella, who is the editor and publisher of *Energy and Character*, a journal dealing with body psychotherapy, has for years been highly instrumental in bringing together different threads of body psychotherapy and disseminating them again to a wider audience. In practice since 1956, Boadella calls his work Biosynthesis, which has undergone a long evolution, drawing from many sources.

In 1968 and 1969, Boadella helped Gerda Boyesen from Oslo establish herself in London. Boyesen, who had also trained with Raknes, created Biodynamic Psychology. She used forms of touch to free blocked energy, as determined by placing a stethoscope on the intestinal area to evaluate the quality of the peristalsis. Her work later spread to many European countries, Australia, and the U.S. Boadella trained with Boyesen and later led training groups on her methods.

Around the same time, Boadella, with Malcolm Brown, brought Alexander Lowen to London. Brown says of this time, "It was a very exciting experience because the majority of participants of the first training program in Europe by Alexander Lowen were from the London Jung School. There were a few Freudians, including Marion Milner, who was a very creative neo-Freudian. Lowen did 3 weeks of workshops in my bedroom. David was present and a hodge-podge of other people. This was the beginning of it."

Boadella had been influenced by Boyesen and Lowen, but also strongly by Stanley Keleman. He says, "Stanley has a broad and rich background, not only from Bioenergetic Analysis, but from the Center for Religious Studies in Germany led by Karlfried Durckheim [author of *Hara: The Vital Center of Man*], and Nina Bull, Director of Research in Motor Attitude at the College of Physicians and Surgeons at Columbia University. Keleman taught me how to read the expressive qualities of a person, the central importance of formative process, and how to understand the emotional anatomy of the body." Francis Mott, a psychoanalyst working on depth studies of womb life, originally used biosynthesis, the term Boadella uses to describe his work. Boadella says, "Mott was a patient of Nandor Fodor, who had been a patient of Otto Rank [a psychoanalyst generally known for coining the term "birth trauma"]. Mott was in discussion with Robert Assagioli, the founder of psychosynthesis, one day. Mott said that his work was a biosynthesis because it dealt with the organic roots of the life process in embryonic existence." However, in practice, Mott never worked with the body, only with dreams.

An Englishman named Frank Lake expanded Mott's work in prenatal psychology. Boadella says that Lake practiced a deep form of regressive therapy using LSD in the 1950's. Later, Lake began to use breathing techniques to achieve similar effects. Lake was associated with the British Object Relations School, incorporating the work of W. R. D. Fairbairn and Harry Guntrip. Boadella says of his own work, "I began to see that my approach to therapy involved the bringing together of 3 different traditions that had developed from Freud: one traced through Reich, Lowen, and Gerda Boyesen, focused on the libidinal energy flow; one originating with Rank, and coming down through Francis Mott, focused on prenatal experience; and one, coming through Melanie Klein, the object relations therapists, and Frank Lake, focused on the mother-infant relationship."

And meanwhile, in the United States . . .

Back in Boston, in the 1950's and 1960's, Al and Diane Pessso were developing a body psychotherapy springing from an entirely different source -- dance. Say Al Pessso, "From a neutral stance called the 'species stance,' we discovered that emotional movement could be provoked by an image, and from that movement, the individual would move into more associations. We had touched the psyche."

The Pessos followed this work deeper into the exploration of the Self and began to explore the nature of catharsis. Working with their movement categories in groups, they noticed that people would sometimes move alone and sometimes move with others into dyads and triads. They noticed that when individuals moved alone, there would often be expression, but that would be followed by depression. When the dancers came together

improvisationally to form small groups, there would be expression, but followed by confusion. Each participant would experience the other participant within a private emotional sphere of projection, but there was no meeting between the projections. Thus, one mover in a group might experience another as her mother, while the other was experiencing the first as her brother. There was no congruence.”

From this, the Pessos began to create the idea of “accommodation.” Pessos says, “We realized that the emotions needed satisfaction. Without that, there was no meaning. We came to believe in an emotional bill of rights: these emotions exist for a reason and they had a right to satisfaction, that there was a correctness to expressing them, at least at a symbolic level. When action arising from emotional energy goes out into a void, there’s meaninglessness, confusion, depression. When the action is matched, there is relief, life, completion of the emotion.”

In 1961, the Pessos began to evolve what was called “the structure.” At first, they provided negative figures for accommodation, a person who would act as the negative mother for instance. They soon noticed, however, that this was incomplete. They began to understand that anger came from deficits in early nurturing and so created the figure of an ideal parent to begin to fill those needs.

Pessos comments, “This was a radical shift, and at that point we crossed the line. We were no longer just in dance. We were dealing with a polarizing process, and not just working with negative affect. We were seeing the absence of nurturance and abuse as things that needed to be answered. The emotions were all natural, and in them, the nervous system was anticipating answers.” The innovative work of the Pessos was well received at the time, and they received grants to do work at the Boston VA and McLean hospitals, where they instituted the position of Psychomotor Therapist.

Charles Kelley, after ending the publication of *The Creative Process*, returned to California and began to take a hard look both at Reichian theory and his own life. He began to read the works of Ayn Rand. He met and began a long term friendship with Nathaniel Brandon, who was Rand’s associate at the time. Kelley says, “This was quite different from what I had been doing in Reichian work and Bates work, which was freeing up of the armor.” He was also reading the work of a 19th century psychologist, Theodule Armand Ribot, who had written a book called *The Psychology of Attention*. Ribot had drawn a contrast between spontaneous and voluntary attention. Ribot had stated that voluntary attention was always associated with changes in breathing and muscular tension. Voluntary attention was necessary for will, voluntary movement and voluntary behavior.

Kelley says, “I realized that this was exactly the muscular armoring that Reich had worked on. The armor was the agent of the will and the executor of behavior that comes not from feeling, but from thought. Only man is able to behave on the basis of thought, and at variance with his feelings. He needs an enforcer to be able to do that. The enforcer is the muscular armor. It is the armor that makes it possible to go against his feelings, impulses, to delay satisfaction, exercise self-discipline and so forth. Reich’s villain of the piece was also the hero of the piece. It’s what makes man different from the animals, and all of the best in man, as well, as all of the worst in man is tied into Reich’s muscular armoring.” Kelley began to put together all that he had learned, “I developed a practice in my head that would combine the Bates Eye Education and Reich, and then added Rand to bring the dimension of purpose into the picture. And I gradually worked toward a time when I could work out of my research job and into a new program that would become Radix Education in Feeling and Purpose. Education in Feeling is rooted in Reich. Education in Purpose is rooted in the other side of my background.”

Another strong influence on Kelley was his interaction with the early Synanon, a treatment center, which then was located near him in Santa Monica, California. He says, “I got involved with Synanon to learn what they did to help people become more purposeful, because I saw them as becoming quite successful with drug addicts, people who had a lot of trouble with the purpose dimension of their lives.”

Kelley’s work differs from other Reichian offshoots in that he does not call it a psychotherapy, although many psychotherapists have adopted its theories and techniques. Radix Education in Feeling and Purpose is just that, education. He explains, “I was trying to help people develop beyond where they were, not trying to repair damage that had been done to them by their parents when they were young, but to help them grow beyond their present stage in dealing with their feelings and with their purpose and with the relationship between them.” With the aid of his wife Erica, Kelley began to give workshops in 1968. In addition to work in Santa Monica, he taught at Esalen in California, the Institute for Bioenergetic Analysis in New York, Oasis in Chicago, and Quasitor in London.

The 1960’s were an expansive time in humanistic therapy. Ilana Rubenfeld says, “It was very, very exciting. When I came to Esalen, there was a lot of experimentation. There was a lot of paying attention to the somatic system. This was new, different.” Perls, Will Schutz [known for his work with encounter groups], and Virginia Satir, the family therapist, were all at Esalen. “I walked in,” says Rubenfeld, “And it was ‘oh my god.’ It was happening right there with those three people.”

Rubenfeld is careful to note that it was not all happening in California. “Much of the pioneering, integrative work started in New York,” she comments, “The development of the marathon, work in addictions at Phoenix House, were begun in New York. The Jungian movement also was powerful in that city in the 1960’s. Fritz

originally started his work with Laura Perls, and Charlotte Selver started Sensory Awareness, in New York City. John Pierrakos and Alexander Lowen were here. I was in a lucky place, to be here where it was happening.”

The Legacy of Humanistic, Phenomenological, and Existential Psychology

With the emergence of humanistic psychology, along with a push from the Human Potential Movement, the pendulum began to swing back to “tender-minded” psychology and away from the “tough-minded” side that had been ascendant since the mid-1800’s. The humanistic point of view is, to a degree, a continuation of the vitalism movement that was almost discarded in the 19th century. Both hold that explanations of human behavior require human concepts, not explanation by analogy from animal behavior. Vitalism relates well to the psychology of becoming, a cornerstone of humanistic psychology, through its tenet that there is within each person a vital force for growth and development. The humanistic notion that humans have an inner direction is also akin to vitalism. An example of this inner direction is the humanistic belief that human phenomena involve a life seeking and life propelling drive, and within each individual dwells a tendency to seek, to strive, to preserve that which is basically human.

Abraham Maslow coined the term “third force psychology” to refer to all those psychologies not represented by the materialistic psychologies of behaviorism and psychoanalysis (Maslow, 1954). Humanistic, phenomenological, and existential psychologies most clearly represented these new “third force” psychologies (Goble, 1970). These threads, linked to perception, are found in the work of many body psychotherapists.

The core idea of humanistic psychology is that humans are purposive beings. Many body psychotherapists espouse values and practices that stem from humanistic psychology. For example, a de-emphasis on diagnosis in the fashion of the biomedical model is drawn from the idea that abstractions are unnecessarily simplistic. Another example is that the goal of personal growth comes from the humanistic idea that each person possesses a growth potential that stimulates one to realize and to develop into whatever and whomever they are to become. A third example is that cultivating spontaneity and the use of imagination, often used in body psychotherapy techniques, are connected to the idea that people are basically spontaneous (DeCarvalho, 1991).

Phenomenological psychology emphasizes perception. Its primary premise is that reality is in the eye of the beholder, not in some external reality. One understands others by looking at their perceptions rather than their surrounding stimulus world, and looking at wholes rather than parts. The Gestaltists and the work of Carl Rogers were major vessels for phenomenology in humanistic psychology (Misiak, 1973). The broad influence of process-orientation in body psychotherapy also can be connected to the contributions of these therapies.

Existential psychology changed the role of the therapist. This has much to do with the existentialist belief that the subjective can be studied objectively. Existentialists reason that much of knowledge results from subjective experience. Therefore, truth is more quickly discovered when one is involved and subjective. One example of this is the idea that the therapist should be a “participant observer,” as suggested by H. S. Sullivan. The therapist does not sit back, observe, and make notes about the verbalizations of the client. Rather, the therapist participates in the therapeutic process and communicates his or her own feelings and attitudes about the client as a person and what the client is saying. The idea is that the more one becomes involved in the situation, the better the therapy. This places the emphasis on emerging and becoming, rather than on analysis or abstraction. Other legacies of existentialism are a de-emphasis of the historical past, avoiding interpretations of client behavior or placing the client in a theoretical mold, and placing greater importance on the verbalizations of the client, rather than those of the therapist (May, 1969, Gendlin, 1997).

Gestalt Therapy, which is distinct from the Gestalt psychology of Wertheimer, Koffka, Kohler, Lewin, and Goldstein (though to what degree is a matter of hot debate), also draws from humanistic and existential psychologies and also has bequeathed a legacy to body psychotherapy. Perhaps the idea with the most impact is that the present, the “here and now,” is more valid and valued than the past. Drawing attention to the present avoids abstractions, which are considered substitutions for reality. Another key idea is that concentration on nonverbal activities can guide the client away from abstractions, which allows the client’s perception of his or her present style to emerge. Many nonverbal mannerisms are body centered, e.g., swinging legs, tapping fingers, and gesticulating with one’s arms. Yet another is that interpretation is to be avoided. Interpretation heightens the client’s tendency to become more abstracted, less in the present moment, and thereby less solidly living in reality (Korb, 1989).

Moving into the 70’s

The Human Potential Movement embraced Bioenergetics in a big way, but Alexander Lowen did not embrace the Human Potential Movement, “The problem with the Human Potential Movement was that they never said

potential for what. It's true that people need to break out of a neurotic structure. That's really what therapy is about, to help you become free. But the way they were doing it was destroying the structure, just smashing out without any sense of where they needed to go, and basically, there was not enough understanding of the problems."

Lowen continues, "One of the things about Bioenergetics is that it is very potent. We can give people a high that's really quite great, but we don't work on that level. What we do is try to understand you, and build your energy so that you can try to deal with that problem. That's the thing you have to work with. They [Human Potential Movement proponents] didn't want to take the time to look at the problem. What they wanted to do was break out and go for it. It was very ungrounded because people didn't know what the problems were. A lot of people cracked up under those things."

Pierrakos and Lowen spent the 1960's refining the theories and techniques of Bioenergetics. They began to place less emphasis on catharsis, and more on grounding. The analysis and understanding became very important. Lowen says, "I try to see the whole person. I don't start, 'well, you need to let go.' I try to understand the characterological problem for that person. Each one is unique. You need to work subtly and slowly to have that person get in touch with themselves and begin to open up a little bit, confront their fears, be able to deal with their deep feelings like rage."

Lowen studied the relationship between the armoring, emotional release, and proper movement. "Often," he says, "A breakthrough occurs at the weak part of the structure. The stronger holding of tension in the body isn't even affected. It took me ten years of watching people let out their suppressed anger to find out why certain ways of hitting didn't really release the tension. You have to learn how to hit correctly. You have to have techniques that work with the body in such a way that you end up being free and coordinated physically. Slowly, the individual feels this. They sense this. They'll say, 'I can feel my back. I never felt that before.'"

Inspired by his work with Lowen, Malcolm Brown returned to the U.S. in 1970, intending to work in affiliation with him. Brown had also worked with Ola Raknes and Gerda Boyesen in London, and had incorporated the softer techniques coming from the European neo-Reichian tradition. Called direct touch, these involved long, supportive touches with still (non-moving) hands, allowing feelings to emerge over extended periods. Upon working briefly with Lowen, Brown became convinced that their styles of work were too profoundly different to work in association, and Brown went to Berkeley, California, to start his own institute and further investigate the use of direct touch and softer methods. In a way, Brown was seeking the "tender-side" of the neo-Reichian opus.

In 1972, Katherine Ennis Brown, who was practicing massage in Atlanta, met Malcolm at a lecture he was giving in Atlanta, and in 1973, went to Berkeley to live with him. Katherine began working adjunctively with his patients. Very slowly, she was incorporated as a second psychotherapist into the work he was doing. She was present in his groups. "But mostly," she clarifies, "I was present for extra weight to do techniques of compression on heavily armored individuals. I also did a lot of touching, but always at Malcolm's direction."

As they were working together, they discovered that the touch of the therapist was not neutral, that there were profoundly different effects, depending on whether the therapist was a man or a woman. Malcolm Brown says, "Once Katherine and I began working together, and she became more autonomous in the work, it opened up a whole new set of body therapy techniques for guiding the archetypal courses in the client through the repressed unconscious and repressed instincts. This was done in a man-woman, mother-father framework, and it became very exciting for us as we read more Jung." During this time, Malcolm Brown also began to develop a different concept of grounding than the one Lowen had established. Lowen's grounding involved standing and having one's feet on the ground, along with being able to be feeling while retaining ego control. Brown began to draw on David Smith's ideas of vertical grounding and horizontal grounding. Smith identified Lowen's grounding as vertical. However, he also identified another kind of grounding that has more to do with allowing diffuse and undirected states of feeling and awareness, which he termed horizontal grounding. Brown had begun to experience horizontal grounding in his own work and understand its importance. He posited the individual needs both, along with the ability to move between them as necessary. He also saw the individual could be vertically overgrounded, which he describes as unable to let go, rest, relax, and become non-purposeful in their awareness. In contrast, the vertically undergrounded individual has difficulty taking and holding a stand, containing emotions when needed, and becoming directed.

The Browns periodically would visit Europe to give training groups in Zurich, Oslo, and Amsterdam. In 1975, they decided to move to Europe and, after a year in Corfu, settled in a small village in Northern Italy.

The early 1970's saw interesting developments concerning body psychotherapy in Europe. While there had been a small, but growing, Reichian tradition all along, Americans with new innovations and theories came to Europe to reseed and popularize body psychotherapy. The visits of Lowen, Pierrakos, and their trainers spread Bioenergetics over much of Europe. Later, and separately, Pierrakos's Core Energetics would take a foothold. Al Pessio brought Psychomotor work to Europe, establishing a strong base in Holland. The Browns began trainings in Switzerland, Germany, Scandinavia, and Italy. Reflecting how strongly the Americans were influencing humanistic and body psychotherapy in Europe, a comic article was published in the late 1980's in a New Age magazine in Zurich entitled, "How to be a Successful Psychotherapist." The first recommendation was, "Have an

American name or something close to it.”

The early 1970's saw Ron Kurtz tucking more knowledge under his belt. He worked with John Pierrakos and Al Pesso. Also, he studied with Moishe Feldenkrais, an Israeli who had developed a unique style of body work and had written a book on the body/mind connection called *The Body and Mature Behavior*.

Kurtz says, “I was around some real master therapists -- Pierrakos, Feldenkrais, Pesso.” It was around that time that he met Hector Prester. Prester was a professional Renaissance man -- cardiologist, internist, acupuncturist, Rolfer, and Gestalt therapist. Prester became Kurtz's Rolfer and at one point Kurtz brought Prester in to do a workshop. Kurtz, having learned something about body reading from John Pierrakos, began to show Prester photographs and slides of people's bodies to read. Prester said, “You know, we could do a book.” And that was the origin of their book *The Body Reveals*.

Hakomi came together through the workshops Kurtz was doing because of *The Body Reveals*. Although he had read Reich and worked bioenergetically, Kurtz says, “I didn't have a natural bent for that. I'm too lazy. The therapy of Lowen and Pierrakos is very active, busy. They are very highly energized. It's totally against my grain. However, I did learn an enormous amount about character.”

Kurtz's own character also led him to develop differently. He was somewhat of an actor, being able to change character in midstream, “That's the kind of character I have. I could change to whatever the situation required and not even know that I was doing it, not even knowing there was another way to be. Any kind of therapy like Gestalt or Bioenergetics that was asking you to do something, like bang on the bed to get your anger out, was not really the best for me. I could do role playing, but it would not put me in contact with myself. Therapies that work for me are the ones that evoke the spontaneous. Hakomi is very much that way, a very evoking therapy.”

In the late 1970's, while teaching body reading in Europe, Kurtz found that simply teaching interpretation of body position and tension patterns was not enough. “I started developing techniques to reveal the emotion behind the position,” he explains, “I would ask the person to be mindful and quiet and go inside. I would say something and notice what their reaction was. I would know what to say from having watched and listened to them, so that sometimes what I said would have a very powerful effect. Another technique was called ‘taking over,’ where a person is doing something with their body and I take that over. I offer to take that from them so that they can relax. When you do this with people and you get a big, tall, strong guy who is standing up and bracing himself, if he is using his muscles to hold himself up and you hold him up, he will relax a little bit. He will relax and get into weakness and sadness. It can be instantaneous.”

1971 brought Ilana Rubinfeld in contact with another person who would be significant in the integration of her work, Moishe Feldenkrais. A small group experienced in doing body work that she was part of invited Feldenkrais to Esalen for the first time. Working intensively with Feldenkrais for 6 weeks, Rubinfeld says, “That was a big turning point for me in that it showed me a large group of people could learn things that I thought they could get only through touching. They could learn some of the changes in their bodies and release some of the material with gentle movements.” Rubinfeld began to see how the Alexander and Feldenkrais methods complemented each other, but Feldenkrais was less sure. He had studied with F. M. Alexander in the late 1940's and early 1950's and got into a personality clash with him. However, as Rubinfeld trained with Feldenkrais more extensively, she became convinced. She had already been working for 10 years, integrating psychotherapy and gentle body work. Rubinfeld places herself in a second generation of pioneers. Perls, Selver, Feldenkrais, Ida Rolf, and Alexander preceded her and created a field in which she and others would bring more innovation and integration.

In the middle 1970's, she began to see another influence in body work and body psychotherapy -- Asian philosophy and martial arts. Although Asian philosophy had been studied on the East and West Coasts for quite some time, the body aspect began to take hold. Rubinfeld says, “I come from a European background and am very attracted to that. People in Reichian work, Pierrakos, Lowen, and Selver were also from a European background. However, working through the body/mind work, I also began to see Tai Chi and Aikido emerging into the body work culture. Judo was already there. Feldenkrais was an expert in Judo and a great integrator of the Eastern and Western.” Perls' Gestalt Therapy had brought her the feeling of Zen Buddhism and meditation, emphasizing the approach of going inside. A great influx of Tibetans into Berkeley with Trungpa Rinpoche also brought more awareness of Asian approaches.

Jung also became important in Rubinfeld's work. “I really see the person who volunteers to come to the center of the room becomes the archetype or the universal theme that everyone in the room is feeling,” says Rubinfeld, “Their issue when I work with them and touch them brings up everything that is going on with me and the people in the room. I think the whole issue of the myths that our bodies carry are not just a few years old. I travel all over the world. And everywhere I go, the same issues repeat themselves over and over again in people and between people.”

The 80's and Beyond

The 1980's brought new focus in body psychotherapy and also some reconsiderations. For Alexander Lowen, the emphasis progressively shifted toward looking deeply at sexuality. Lowen's belief is that even though a person's hangups can have early roots, the hangups themselves interrelate with sexuality. "Sexuality is a basic release mechanism for emotion and energy," asserts Lowen, "If you can't release it in a nice way, all the work that you do in your head won't go anywhere. Releasing is always downward and if this doesn't open up, you can't really release fully."

Although Lowen's therapy has always dealt with sexuality, the opening of discussion on the sexual abuse of children highlighted this even more. Lowen observes, "Now we are realizing more and more the degree that children are sexually abused by their parents at least 33%. What you call abuse can vary. It doesn't have to be actually physical, it can be emotional." Lowen is also concerned that Oedipal issues are ignored in the therapeutic process. Lowen asks, "Can a therapist work anything out with a patient if he hasn't worked it out for himself? If you don't see the Oedipal issue in your own background, then you don't see it in your patient and you can't work it out, that's all."

For Lowen, the proliferation of somatic therapies since the 1970's created confusion concerning what therapy is about. According to Lowen, therapy is a process of self-knowledge, and self-knowledge requires analysis. What he objected to in the late Reichian movement, that solely energetic changes in the body would create healing, is what he still finds a problem in the somatic therapies. Lowen says, "The Reichians thought it would do it, and obviously if you are doing therapy that takes years, you look for shortcuts. I don't blame them for trying. But I do blame people who don't see it won't work." Lowen does not view himself as a healer, "I don't go in for healing. I think fundamentally the body heals itself. You can help the body heal itself."

John Pierrakos' work was focused on energy and consciousness. Pierrakos said, "Energy is the leading force of consciousness. Consciousness itself contains energy. It contains the elements of motility, of expression, of perception. The total manifestation of energy is pleasure, the stuff of life. We crave it and we kill it. We are afraid of it. It is taboo and so many things in our culture make it taboo." The pleasure function that Pierrakos speaks about is not the pleasures of hedonism or materialism, "It is the inner pleasure of living. Pleasure is a total vibration of life, joy, and expansion."

It is through the organism, the body, that Pierrakos saw the opening of both consciousness and life's pleasure. He continued, "The energy function and the expansion of the organism will create consciousness. It gives life to life. It is inherent to life. If there is no energy, the organism is diminished. Life becomes solely a mental process. There is no feeling. We work with energy. When you open the energy in the body, it furthers the spiritual self. I feel the greatest meaning in life is to release the energy connected to consciousness through going with the feelings and the mind."

Al and Diane Pessos' Psychomotor work has also continued to evolve. Al Pessos says, "The center of our work is the belief in biological life, the belief in evolution, the truth of the soul, that within the body is the treasure of the history of all that is liveable. Diane and I have spent our lives finding trust in life, to have the courage to leave the known to go to the unknown and to go to the unknown through living."

The Pessos were, in the late 1980's, looking at the construction of the ego, the mapping of consciousness, and the mapping of resistance. For Al Pessos, this was an essential step in the development of Psychomotor work. "We had been trying to work toward the center of truth with the client," he stated, "Before in our work, this primarily had to do with affect. Now it also has to do with ego. The work was good, but it couldn't be integrated with the ego because of insufficient tracking of the ego state." Pessos' work with clients occurs in structured scenes during which a few or more people may be used to aid the process of the client. Pessos became dissatisfied with something in this structure, however, "I was the driver of the structure because of my knowledge. The client became aware of affective states through my mind, my approval or disapproval. Originally, I was the pilot of the structure but the client needed to be the pilot. I needed to step away from my ability to do what some call magic, the ability to release the unconscious structure. Now, with the client as the pilot, the effect may not be as dramatic, but it is better that the client be able to run the ship." For Pessos, having the client be the pilot does not simply mean that the work is client directed, which it also can be. The pilot also is a conscious state which, according to Pessos, "Allows thoughts associated with affective experience come into awareness. A thought may be a residue of a past experience that has become a belief or value. In the therapeutic structure, we externalize this. We enroll people to play out these thoughts and beliefs."

Ilana Rubinfeld felt that in the 1980's her work went through a quantum leap. "My work is growing geometrically," she said, "It isn't like 1 and 1 equals 2. It's like 1 and 1 equal 10. I'm doing much less in my work, and more is happening. That's a big turning point. Another development is that I am obsessed with concern for the practitioner. I'm very concerned that self care has been one of the last issues in training. People are interested in theory and technique. They are taught technique, how to touch, how to lift, what to do where, to take care of others, but not to take care of themselves." In Rubinfeld Synergy method™ training, at least half of the training is on practitioner self care.

Synergy is the name Rubenfeld has given to her work, and she sees the synergy of her work relating to the larger synergy of the universe, "The health of our universe depends on synergy. My work has been based on bringing together diverse elements . . . When we say bodywork, it looks like we're dealing only with the body and its language. We can never do just bodywork. I really work with the whole system, which includes the feeling of the individual, their spirit, their ancestors. Every cell in their being is a microcosm of our total being and of the universe. I think bodywork lets us see how we are connected to the universe. Everything that happens to our cells and our bodies is expressed over and over again in the universe."

For Ron Kurtz, the 1980's brought both an expansion and consolidation of the Hakomi method. "Shortly after the first full Hakomi training I gave," says Kurtz, "I began to get a lot of further insights into the overall process and that hasn't stopped." For Kurtz, it is important that the knowledge that has come over years of experience become available to society in general. "My energies don't go into protecting what I know," he says, "They go into increasing it, learning more. I would give it all away. I would just touch people's heads and give it all away if I had that kind of power. I want it out there in the world. I don't need to save it for me. It's not part of me. I'm working for the universe."

Charles Kelley retired as the Director of the Radix Institute in 1986. However, he is still working with the ideas that created Education in Feeling and Purpose. For Kelley, although Radix was successful, it became imbalanced from his original conception. Radix was intended as education in both feeling and purpose, but imparting the necessity of the purpose work was difficult for him. As part of his philosophy, Kelley says he left the decision on how to balance the work to his students.

People flocked to get the Radix feeling work, but the purpose work was neglected. Kelley observes, "The people who needed to work on purpose in their lives were scared of it. They didn't like being confronted. They didn't like being required to look at themselves. It was unpleasant and went against the grain of their feelings. They would rather lie on the mat and have someone work with them and have eruptions of crying or anger or fear or pleasure. It felt better to them to yield to their spontaneous feelings, discharge, free them up, rather than sit in a group and face difficult feelings in their lives, face knowing themselves better, face the capacity to live for a long range goal, to make the hard decisions that would make their lives work over time." For Kelley, this imbalance may run through all body oriented work that focuses only on breaking down armor and the expression of feeling. Kelley says, "People who are exposed to this alone lose a lot of their abilities to function long range, to function with discipline, toughness, and clear-sightedness, to have the ability to delay satisfaction, the ability to work now for what will happen next week, next year, 20 years from now, even in a generation or two. The ability to work for the future comes from something very different than working to free your feelings and live in the here and now."

Malcolm and Katherine Brown have been refining concepts of centers of being within the body. For Malcolm Brown, "It's one of the most exciting things that I've clarified for myself theoretically. There are differences, emotionally, energetically, and spiritually in the body. The front half of the body for me provides the clue to all authentically religious experiencing and also all transpersonal authentic experiencing between people. Between myself and the cosmos."

Brown theorizes that the centers of being begin as instinctual centers in the body/mind stimulating the growth of the organism and eventually evolve into centers through which the individual mediates experiences of soul and guides self-actualization. Thus, the chest and face that begin as a center for bonding and relatedness, evolve into what the Browns call the Eros center, mediating an agape type of love for one's loved ones and the world. The belly, which begins as a barometer of safety and security, becomes the Hara center embodying all the self-wisdom and self-knowledge that the Japanese concept of Hara implies. The head and upper back start as a center for cognitively and perceptually differentiating oneself from others. From this, Logos develops, which is the ability to understand and give meaning to experience. Finally, the lower back and legs that begin as the ability to become aggressive, to take stands, and to move oneself become the center of the Spiritual Warrior, the quality of which is the ability to see something through for its own sake. When the centers are allowed to be energized and to work without interference from emotional and body armoring, their synergy creates the experience of soul.

Malcolm Brown says, "The archetypal constellations of Jung can be understood in terms of these four being centers when you work with psyche and energy directly. At some point in everyone's evolution into self actualization, one goes through periods of meeting archetypal images, and then that individual passes beyond those periods when the energy has centered itself, becoming increasingly embodied and grounded in the soul. When that happens, people no longer need archetypal imagery in order to claim the archetypal courses which are always instinctual-spiritual polarities that we have by nature."

Although body psychotherapy, or at least the concept of the body/mind, has become more respectable, the opinions on the future of body psychotherapy run from high optimism to deep pessimism. For Alexander Lowen, from his perspective in the late 1980's, the future was bleak and intricately tied to the moral character of our times, "There isn't any future. I'm not optimistic about stopping this narcissistic, dangerous trend in the world. It will get worse, not better."

Al Pesso felt that body psychotherapy must include far more than the body. "Working only with the body is a mistake," he says, "We need all the basic information of the person; not only the body but ideals, thoughts, and

values. There has to be consciousness and reality. We must also tend to relationship. This is what gives feelings and symbols meaning.”

Ilana Rubinfeld saw the future bringing integration, “I think in looking at the language of the body, the somatic system, health, immunity, and psychosomatic medicine that the body work field will be a wonderful complement to the medical world and there will be an integration with that and the spiritual world.”

Charles Kelley echoed this sentiment. Kelley says about the character of the times of the late 1980's, “There's really a revolt against purpose in the world. The thing of going with your feelings can't work out in the long run. It's related to the rise in crime, the rise in irresponsibility, and unhappiness.” Kelley does see, however, that if the de-arming of the body and releasing into feeling is accompanied by work with purpose, that at least a growthful balance can be struck.

Ron Kurtz believed, “We're still in that flux, that disturbance that was in the 1960's and 1970's. There is enormous potential and energy waiting to be shaped by the idea of holism and the paradigm shift.” Kurtz did not see body psychotherapy being integrated into the mainstream of psychology. It is too big a jump. He believed that it will continue to exist as a separate field.

Malcolm and Katherine Brown also saw a parallel existence for body psychotherapy and the mainstream. For them, “The future of the movement really hangs on the integrity of the individuals who are practicing. And the training aspects are very necessary, because the depth that people go into when body and psyche are combined really need a depth of maturity in order not to throw the patient into chaos. If the therapist doesn't know what he or she is doing and doesn't have faith in the healer within, it can only generate chaos and disillusionment in practice.”

Perhaps John Pierrakos had the most sweeping outlook on the role of body psychotherapy in the future. He believed it would accompany the inexorable evolution of consciousness. He said, “Life is now spinning at a tremendous rate. The elements that are not in truth are breaking down. This releases the dead energies of life. There is confrontation with these dead energies and a release. It is a great time of transformation. We are in a crucible. This time is bringing invisible and deep connections.”

Conclusion

In summary and returning to the historical perspective, body psychotherapy is unusual in the world of psychology in that it embraces 2 of the 3 core ideas in psychology -- perception, motivation, and learning -- while most areas encompass one. *Perception*, which is linked to body psychotherapy via humanistic psychology, which in turn is linked to phenomenological and existential psychology, and the Gestalt philosophers and psychologists, is one (2). *Motivation*, which is linked to body psychotherapy via psychoanalytic psychology, is the other (3). In the voices of body psychotherapists like Alexander Lowen, John Pierrakos, Charles Kelley, Malcolm and Katherine Brown, Ilana Rubinfeld, Ron Kurtz, Al Pesso, and David Boadella we hear echoes of earlier voices . . . Sigmund Freud, Wilhelm Reich, Carl Jung, Fritz Perls, Abraham Maslow, Carl Rogers, F. M. Alexander, Moïse Feldenkrais, Kurt Goldstein, and many others.

Learning, which was primarily associated in the first part of the 20th century with behaviorism and experimental psychology (Bormann, 1980,7) and more recently with cognitive theory, historically has not had as much affinity for body psychotherapy. For clarity's sake, the preceding statement refers to learning theory as promulgated in academia, and defined as, “a process in which behavior capabilities are changed as the result of experience, provided the change cannot be accounted for by native response tendencies, maturation, or temporary states of the organism due to fatigue, drugs, or other temporary factors” (Runyon, 1977, 196). It does not refer to education and the use of the term education or learning by various body-oriented methods that also may seek to differentiate themselves from therapy or the therapeutic process.

Considering the preceding paragraph about learning in more depth, since about 1960 learning theory has moved away from behaviorism, which suggests that responses are learned products of environmental conditions rather than innate factors, and toward cognitive psychology (Schwartz and Reiberg, 1991, 16). Cognitive theories constitute the second major approach to the study of the learning process. These theories do not view learning as the establishment of a connection between a stimulus and a response. Instead, they argue that learning is a more complex process that utilizes problem solving and insightful thinking, in addition to repeating a stimulus-response chain (Robertson, Zielinski and Ward, 1984, 199). To put this another way, cognitive theory stresses that learning occurs as a result of internal mental processes. That is, cognitive research seeks to describe the role of the person's own mental activity in learning and remembering (Schwartz and Reiberg, 1991, 2). This perspective views people as problem solvers who actively use information from the world around them to master their environment (Solomon, 1992, 105). This broader perspective regarding people opened learning theory to humanistic concepts, one of the threads of body psychotherapy ideas. Cognitive theory's influence also has made learning theory and body psychotherapy more accessible to each other by emphasizing events that take place within the learner.

The strong interest shown at USABP national conferences in the early child development research of Allan Schore, Catherine Weinberg, and Ed Tronic reflects an emerging compatibility between the ideas represented by these researchers and those central to body psychotherapy that may be one of the first girders in a bridge between body psychotherapy and the third core idea of psychology. Perhaps the story of the body psychotherapy of the 21st century will be the evolution of an integrative body psychotherapy that intertwines perception, motivation, and learning.

Postscript

The authors make no claim that this article is a definitive history of body psychotherapy. This article is titled "Voices: **A** History of Body Psychotherapy" rather than "Voices: **The** History of Body Psychotherapy" for several reasons. A comprehensive, definitive history -- assuming that were achievable -- would require a work of much greater length than would be possible for this journal to publish. For the same reason, some elements under the umbrella of body psychotherapy were not specifically included, such as Bodydynamics, Somatic Experiencing, Dance Therapy, Integrative Body Psychotherapy, Lomi, Hakomi Integrative Somatics, Body Mind Centering, and others. Similarly, the authors chose to focus primarily on body psychotherapy's historical connection with psychology, so the somatic and movement (e.g., Alexander, Feldenkrais, Sensory Awareness, Rolfing, massage/bodywork) connections were not explored as much in this article. In addition, at the time of the interviews (1987-88), the elders whose voices form the core of this article were the only major developers of body psychotherapy that the author who did the interviews knew. More recent developments are also harder to place in a historical perspective due to their relative "newness." The historical view sharpens with time. We hope this article will stimulate further discussion of body psychotherapy's history and invite others to write about whatever aspects this article may not have addressed.

Notes

(1) Besides experimental methods, Germany has been the home source of psychoanalytic, existential, phenomenological, and Gestalt, psychology -- among the major theoretical backgrounds of psychology, except behaviorism. The applied fields of psychology (testing, educational, industrial, and others), along with behaviorism, are primarily Anglo-American creations.

(2) Examples of the perception lineage are James' belief that feelings, desires, and cognitions were essentially perceptions of oneself, Dewey's belief that self awareness is a perception of one's own consciousness, and the Gestaltists' emphasis on the perceptual field of the individual. Body psychotherapy connects with this line through humanistic, phenomenological, existential, and Gestalt ideas and methods.

(3) Examples of the motivation lineage are psychoanalytic and social theorists emphasizing internal and mental impellers of action, encompassing conative or emotional factors. Body psychotherapy connects with this line through psychoanalysis, along with neo-Freudian and neo-Reichian ideas and methods.

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Interviews

Interviews by Barbara Goodrich-Dunn, 1987-88, with:

David Boadella, by correspondence;

Malcolm and Katherine Brown, Cassano Valcuvia, Italy;

Charles Kelly, by telephone;

Ron Kurtz, by telephone;

Alexander Lowen, Pudding Hill, CT;

Al Pessa, by telephone;

John Pierakkos, New York City, NY;

Ilana Rubenfeld, by telephone.

Biographies

Barbara Goodrich-Dunn, M.A. has been a body psychotherapist, with adjunctive training in massage therapy, since 1974. Her principal training has been with Dr. Malcolm Brown and Katherine Ennis Brown in Organismic Psychotherapy. Interested in how body and soul intersect, she focuses on body psychotherapy through a Jungian perspective. Her interviews with such analysts as Marion Woodman and James Hillman have appeared in books and magazines. Together with Elliot Greene, she co-directs a 4-year training program at the Washington Institute for Body Psychotherapy and teaches courses in massage and body work training programs on the psychological aspects of somatic practice. She is a co-founder of the United States Association for Body Psychotherapy and the D.C. Area Guild of Body Psychotherapists, having served on the Executive Committee and Steering Committees of the both.

Elliot Greene, M.A. has been a body psychotherapist since 1975. His principal training has been with Malcolm Brown and Katherine Ennis Brown in Organismic Psychotherapy. As part of his graduate training and interest in the interconnection of the mind and body, he also completed a training program in massage therapy in 1974. With Barbara Goodrich-Dunn, he co-directs a 4-year training program at the Washington Institute for Body Psychotherapy and is co-authoring a book on the psychological aspects of massage therapy, bodywork, and somatic practice, to be published by Lippincott, Williams, and Wilkins in late 2002. He is currently serving as president of the United States Association for Body Psychotherapy. He has also served as national president of the American Massage Therapy Association.

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