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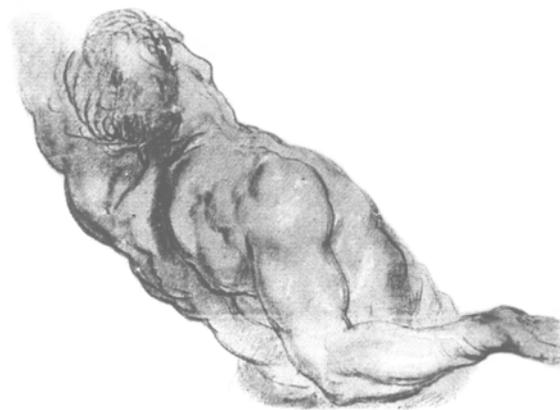
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USABP Mission Statement

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

Body Psychotherapy Under the Rashomon Gate

John May, Ph.D.

Abstract

In *Rashomon*, a movie by Akira Kurosawa, the characters present four contradictory stories about one event. None of the stories are believable. The truth is never discovered, leaving the characters in a state of confused agitation, the so-called "Rashomon Effect." Reading the body psychotherapy literature can be a similar experience: widely different versions of similar events leave the reader confused and agitated, able to believe none of versions. The author explores the Rashomon Effect, how it occurs in the body psychotherapy literature, and what can be done to prevent it.

Case histories and vignettes are of course always in a sense fictional. So much needs changing for reasons of confidentiality, or simplifying for reasons of comprehensibility, that they can never fully describe the reality of what takes place. (Nick Totton, 2003, p. 3)

Human beings are unable to be honest with themselves about themselves. They cannot talk about themselves without embellishing. This script (*Rashomon*) portrays such human beings - the kind who cannot survive without lies to make them feel they are better people than they really are. It even shows this sinful need for flattering falsehood going beyond the grave - even the character who dies cannot give up his lies when he speaks to the living through a medium. Egoism is a sin the human being carries with him from birth; it is the most difficult to redeem. (Akira Kurosawa, 1983, p. 183)

Introduction

In Akira Kurosawa's famous movie *Rashomon* (Kurosawa, 1950), set in 11th century Japan, a woodcutter, a priest, and a commoner sit under the Rashomon Gate on the outskirts of Kyoto and discuss an encounter in the forest between a bandit, a samurai, and the samurai's wife. The priest and woodcutter were present at an inquest into the events in the forest, and heard the events described three times, in testimony by each participant. The participants' versions of the story agreed on several essential details. Each was vastly different, however, leading to different conclusions about what happened and about the characters involved. In addition, the viewer eventually discovers that the woodcutter not only heard about the events in the forest, but witnessed them. He presents a fourth version. The bulk of the film consists of flashbacks, each person's version of the story. Each version is emotionally compelling, and each is plausible up to a point. But the priest, woodcutter (and viewer) recognize that none of the stories are reliable, leaving the priest and woodcutter (and perhaps the viewer) in a state of confusion, agitation, and despair.

What is the meaning of such a state of affairs? Some have said it is about "the inability of any one man to know the truth, no matter how clearly he thinks he sees things. Perspective distorts reality and makes the absolute truth unknowable." (Berardinelli, 2004) Some see it as a statement of moral relativity. Or is it "about the kinds of lies people will tell to protect their self-image, the most important possession?" (Solomon, 2004) One of the epigraphs at the beginning of this paper was the director's explanation of the movie to his assistants as they began shooting. (Kurosawa, 1983, p. 183.) This explanation asserts that "Human beings are unable to be honest with themselves about themselves" because they need to "feel they are better people than they really are." (Kurosawa, 1983, p. 183).

In the movie, the approach to reality is made almost completely through personal testimony (unsupported individual assertion). Very little evidence is made available. The movie depends on this absence of evidence, for evidence could be used to support or discredit the stories relative to each other. Indeed, there is one piece of evidence given in the movie, the wife's jeweled dagger. It demonstrates this point: it leads directly to the discovery that the woodcutter's initial story - that he discovered the dead body well after the murder - is a lie. He is forced to acknowledge that he witnessed the events and tell the fourth version. It is only unsupported individual assertion that is sufficiently unreliable to create the Rashomon effect.

Reading accounts of body psychotherapy is often like sitting with the priest and woodcutter under the Rashomon Gate. "Events" took place "in the forest," and the therapist was a participant-observer. Published reports are the "testimony" presented at the official "inquest." Like the stories told in *Rashomon*, stories told in the body psychotherapy literature may agree on a few basic facts. However, they differ widely on many other important facts, leading to different conclusions about what happened, why, and who played what role. Such a situation is confusing, upsetting, and disappointing, much as it is in the film. When working with a client, one must choose one's interventions, and one must do it from theories (generalized abstract stories about body psychotherapy) that vary widely and call for responses that can be diametrically opposed. Indeed, the confused agitation I sometimes feel in reading the conflicting claims of the body psychotherapy literature, often wildly asserted, is the original motive for writing this paper. I have wanted for years to explore these issues in body psychotherapy. It was not until I recently discovered *Rashomon*, however, that I found a

language to do so. As in the movie, it is not just the conflicting claims in the body psychotherapy literature that are the problem. It is the wild and unsupported way they are asserted. It is the lack of evidence that makes the Rashomon effect possible.

Body psychotherapy is not unique in fitting the Rashomon effect. However, too much of the body psychotherapy literature, though couched as theory or case presentation, reduces to unsupported individual assertion. The body psychotherapy literature fits the Rashomon effect quite well, as I will show. A traditional sentiment holds that "It is better to know nothing than to know what ain't so." (Billings, 1874) Not only does incorrect knowledge misdirect our clinical efforts, it misdirects the development of theory. Further, and this is the effect upon which this paper will focus, it undermines the confidence the reading public can have in us as therapists, as theorists, and as professionals.

Critical discussions of *Rashomon* often analyze the cinematic techniques used to convey each version of the story persuasively, with sufficient commonality yet sufficient contrast to represent something that is at once a single story and four separate stories. Instead, I will explore the factors within and between the various stories that make them unreliable. While reality may be fundamentally subjective, it does not follow that all versions must be equally valid. I will use *Rashomon* as a jumping-off point for a similar analysis of factors that undercut the confidence one can place in the stories told in the body psychotherapy literature. Understanding the problems of belief in the movie *Rashomon* may be helpful in understanding the problems of belief in the body psychotherapy literature.

The Stories of Rashomon

In *Rashomon*, a priest and a woodcutter sit under a huge roofed gate seeking shelter from torrential rain. They are confused, distraught and agitated. A commoner joins them and cajoles them into telling what has upset them so. The woodcutter says that he entered the forest recently, discovering some women's clothing strewn about, then a man's cap, then some ropes that had been cut, and finally the body of a samurai, killed by a stab wound. At an inquest, it was discovered that the events in the forest involved a bandit, a samurai, and the samurai's wife. One after another, each of the participants told their story in flashback form from his or her own perspective.

In the version told by the bandit, he tricked the samurai, tied him to a tree, and raped his wife in front of him. She resisted valiantly, drawing a jeweled dagger, but the bandit disarmed her. In fact, he was so virile that she submitted to him willingly. Afterwards, she insisted that one of the two men must die in order to salvage her honor. The bandit released the samurai, and they fought a noble, skillful duel, ending with the bandit killing the samurai. Meanwhile, the woman escaped. The authorities questioned the bandit about the dagger, because they had not recovered it. The bandit said that he forgot it, which was foolish, for it was inlaid with pearl and quite valuable.

In the version told by the wife, the bandit raped her completely against her will, then ran off into the forest, laughing maniacally. She sought solace from her husband, and cut him free from his bonds. The samurai responded with a contemptuous stare. Unable to bear his scorn, she became hysterical with shame, offered him the dagger, and implored him to kill her. Though now freed from his bonds, the samurai stood as if frozen and continued to hold her in his contemptuous gaze. The woman moved toward him holding the dagger, as if commanded to by his eyes. Then she fainted, and when she awoke, she found him dead with the dagger in his chest. She ran off.

The samurai gave his version from beyond the grave, through a medium. (The viewer is meant to take this as a valid version of the samurai's story. It may be as untrue as the others, but not because of the medium.) After the rape, the bandit proposed that the wife run off with him. She agreed, but demanded that he kill the samurai first. Both men were stunned by her sudden betrayal. The bandit offered to kill her for it, if the samurai wanted. The samurai refused to have anything further to do with her. Sensing her peril, the woman ran off, chased by the bandit. He returned hours later, unable to catch her, and without explanation cut the bonds of the samurai, then walked off into the forest. Alone and dishonored, the samurai stabbed himself with the jeweled dagger, which had been lying on the ground. Through the medium, he reported that as he died he could feel someone remove the dagger from his heart, but he could not see who.

In this way, each participant described what was clearly one event, but which was also three vastly different events, depending on who told the story. They all told stories that maximized their own nobility. The bandit portrayed himself as possessing irresistible potency and masculinity, and the other two as helpless to resist him. The woman portrayed herself as the victim of unbearable pathos, and the two men as depraved and cruel. The samurai portrayed himself as a man of great honor, the woman as a traitor, and the bandit as initially depraved, but ultimately a man of honor also. Each also made himself/herself the killer, the most important role, though objectively it was foolish and unnecessary to do so.

Because of the differences between the stories, it is impossible to rely on any of them. They undercut each other. In addition, each is undermined by several internal factors. For instance, the bandit laughed maniacally, both in the forest and during his testimony at the inquest, where he kicked and stomped his feet like an overexcited child. It makes no sense for this sort of man to have fought a fair duel with a samurai in order to salvage the honor of a woman he had just raped. Thus, the viewer doubts his story. The woman, on the other hand, claimed to have killed the samurai with the dagger as she fainted. But the authorities did not find it in his chest where she said she left it. In addition, it is difficult to believe that a samurai, a trained fighter who had presumably witnessed many savage events, would stand like a statue while a hysterical person staggered towards him and killed him with a dagger. Thus, the viewer doubts her story. The samurai's version also required the missing dagger to be found in his heart. In addition, why did the bandit inexplicably

return to set him free, as the samurai claims? Thus, the viewer doubts his story as well. One can see signs of distortion in each version, distortion designed to put the teller in a light that, even if it portrays him/her as a killer, flatters his/her self-importance.

The woodcutter and priest witnessed the telling of these stories, but they (and we, the viewers) have no basis for choosing among them. The film returns to the three men sheltering at Rashomon Gate. It is not clear how the commoner reaches his conclusion, but he accuses the woodcutter of lying. He asserts that the woodcutter must have witnessed the whole thing, and that he is the one who took the missing knife. The woodcutter acts and looks very guilty, suggesting he has done something he doesn't want others to know about. He never acknowledges taking the knife. He does admit witnessing the events, however, and proceeds to tell the story in a fourth version.

After the rape, the bandit pleaded with the wife to marry him, as in the samurai's story. The woman cut the samurai's bonds, saying that the two men must fight for her, as in the bandit's story. The samurai backed off, not wanting to put his life in jeopardy. He called the wife a whore and suggested that she kill herself, as in the wife's story. He then offered to give her to the bandit. After some consideration, however, the bandit decided he didn't want her either, as in the samurai's story. The wife responded by taunting the two men for their cowardice, a new element. She succeeded. They drew swords, and a sword fight ensued, as in the bandit's story. It was hardly the skillful, heroic fight depicted there, however. It was a bumbling, fearful, desperate encounter. Eventually the exhausted and shaken bandit was able to kill the whimpering samurai. The wife escaped into the forest, the bandit too shaken and tired to follow.

In a movie, the final version of events is often presented as the "right" version, even if it is right only on an emotional level, not a factual level. For instance, in *Run, Lola, Run*, (Arndt & Tkwyer, 1998) the final presentation of the story is emotionally more satisfying than the others, and one relates to the two previous versions almost as practice runs. Thus, there is a temptation to take the woodcutter's story as the "true" version of reality. However, some critics emphasize that the viewer cannot easily do so. First, his story, as noted above, seems mostly constructed from the stories of the others. Is it real, or a patchwork fabrication? (Richie, 2001) Second, the viewer already knows him to be a liar - and a very guilty-looking one at that. His original story of discovering the body in the forest is the only part of the story about which the viewer can be sure, and it is false. Third, the problem of the missing dagger can only be resolved if the woodcutter took it. Thus, he must also be a thief. But how did he take it? Did he take it from the ground where it had fallen after the bandit ran off forgetting it? Did he pull it from the samurai's heart after the suicide? Or here's an intriguing possibility: did he pick it up from where it had fallen when the wife fainted, and use it to kill the samurai? Like each of the others, his story assigns the least ignoble position to himself. He is the only one who does not depict himself as the killer, however. What of that? It is impossible to know. The only thing one knows for sure is that the missing dagger has proved his first story about discovering the body untrue.

Kurosawa presents a resolution to the dilemma. Suddenly a baby cries out, and the men discover an infant has been abandoned at the gate by its parents, with a kimono as payment to whoever takes the child in. The commoner, inspired by the woodcutter's theft of the dagger, takes the kimono and leaves with no qualms. The woodcutter, however, takes the child home to raise as his own, causing the priest to exclaim that he has restored his faith in humanity. What happened in the forest suddenly becomes immaterial; what matters is this basic act of human decency. It even stops raining, and the sun comes out! But even here there are problems, as the critics note (Richie, 2001). The men have been at the gate for some time. They have ripped wood to build a fire from a wall less than five feet from where the baby is found. They have walked around and spoken with each other at length. Why have they not seen the child before, as it was lying close by? Why has it not cried before? Why is it crying only now that a resolution to the dilemma is needed? Kurosawa constructed the rest of the film very carefully. Did he suddenly get lazy? Unlikely. In other words, the thoughtful viewer finds himself/herself mistrustful of the resolution, much in the same way that he/she mistrusts the stories of the four characters. In the epigraph, which is taken from Kurosawa's autobiography, he wrote that ego attachment leading to self-aggrandizement is the most difficult to redeem of all human sins. (Kurosawa, 1983, p. 183.) Is Kurosawa saying that any resolution of the problems posed by the movie must be facile, a bit phony? Perhaps.

Four Kinds of Stories in Body Psychotherapy

Stories are also important for psychotherapists of all types, including body psychotherapists. The relation between psychotherapy and story telling, however, has been discussed more fully in the general psychological literature and in the psychoanalytic literature than in the body psychotherapy literature. I will discuss four types of therapeutic story.

The first type of story can be called the clinical story. In session, clients sometimes narrate stories.. These stories can be recent or past events, or they can be about other material such as dreams, fantasies, books they read, art that affected them, etc. Such story telling in session can be differentiated from other kinds of verbal communication, such as analyzing and thinking. Wilma Bucci (1997) found that when clients tell stories, their language changes, indicating a different kind of underlying cognition. Her research suggests that clinical story-telling is particularly important for producing the kind of nonverbal processing that is essential for therapeutic change. (Bucci, 1997) Body psychotherapists tend to believe that clinical stories get told not only through verbal telling, but also through somatic experiencing and physical movement, which may add richness and emotional impact to the narration. Whether one can rely on clinical stories to be "truth" has been an important controversy. (Loftus, 1993) It is not, however, the focus of this paper.

Another way psychotherapists use stories is to help clients understand themselves and their lives (the life story). Clients and psychotherapists use the clinical stories that are narrated in session to construct an overall understanding of the client's life. The individual stories are woven together to form a life historical narrative. "The continual creation and revision of a life story is an ongoing process in which we all engage. It is a basic function of the mind which serves to maintain identity and the coherence of the self." (Aron, 1989) That this type of story is important in body psychotherapy is demonstrated by the results of a study by West (1992, 1994). He asked 45 former body psychotherapy clients how important and how frequently used a number of therapeutic factors were in their therapy. Ninety-one percent said that "Help you gain insight into yourself," was used in their body psychotherapy "sometimes, frequently, or every session." Its use was rated helpful or very helpful by 87% of them. The results were similar for "Help you understand yourself and the world around you" (88% and 82%, respectively). These two factors both tap what I am calling the life story. The frequency of their use and their helpfulness ratings were higher than those of body-oriented factors, such as "Drawing your attention to or otherwise encourage your breathing (81% and 71%), "Making you aware of energy in your body, (75% and 66%), and "Use of massage and/or physical contact," (66% and 71%). Thus, this study confirms that creating a life story is an important factor in body psychotherapy.

Third, client and psychotherapist create a story of how events unfolded over time in the therapy (the therapeutic story). These stories get published as case histories and case vignettes. Historically, case histories have been important in the development of psychotherapy. Some have attributed the success of psychoanalysis to the emotionally engaging, dramatic, and literary qualities of Freud's case histories. "'Freud's case-histories are a new form of literature' – and great literature at that...[When we read one] 'we know that we are in a novel—probably by Proust.'" (Marcus, 1984, quoted with comments in Badcock, 1984, p. 499) Body psychotherapy often involves many hours of interaction between client and therapist. For instance, in her study of Bioenergetics, Ventling (2002) found that half of the clients contacted were in therapy for longer than 75 sessions, and 25% for longer than 150 sessions. Similarly, in West's survey of Energy Stream clients, the median length of treatment was between 18 and 24 months. (West, 1992, 1994). Heller and Haynal (1997) have estimated that a million transactions occur between client and therapist in a clinical hour, just considering facial expression. If one extrapolates from that to the whole body plus the various verbal realms, and then extends it over many months of treatment, it becomes obvious that in constructing a therapeutic story, client and therapist condense a staggering number of interactions and events. If they didn't, the complexity would be overwhelming.

The story that client and therapist construct cannot possibly account for every interaction, and there may be many specific interactions that seem inconsistent or even counter to the main thrust of the story. Client and therapist are selective in deciding which events to exclude, include, and emphasize in creating the therapeutic story. These facts underscore the extent to which the epigraph above by Totton (2003) is true: therapeutic stories are fiction. However, the story must be sufficiently true to the therapeutic process, or it will be of little (or perhaps even negative) value. The therapist "makes sense out of what has happened by using a narrative frame of reference to see how the fragments he observes go together... But that does not mean he can tell or piece together any old story he wants." (Edelson, 1992).

A fourth kind of story that psychotherapists create is theory. Theory is often described as a map or as a language, both very apt metaphors. It is also a story, however, a generalized, abstract narrative of what happens in life, in the mind, in the body, and in the consulting room. To understand how a map translates into a story, consider a map of the central United States. That map shows New Orleans below St. Louis on the Mississippi River. New Orleans is not, of course, below St. Louis, it is south. That is what the map is meant to indicate. But this can also be translated into a story, something like this: "I had a compass. I started at St. Louis and paddled my boat south, following the river. It took a long time, but I eventually got to New Orleans." In this way, the map and the story are translations of each other. In the consulting room with a client, this story-like quality is a very important aspect of theory. Theory specifies how one should understand where one is with a client and the actions one should take in order to achieve the therapeutic goals.

The last three types of stories are particularly germane to the focus of this paper, but all four are closely related, and they determine each other in a circular manner. Theory tells the story of the consulting room in abstract form. It also, however, determines what stories emerge in the consulting room, and it determines how client and therapist will weave the events of the consulting room into a therapeutic story and a life story. Theory guides the therapist in establishing the therapeutic context, guides the kinds of inquiries and interventions that are made, guides what is attended to and what is ignored, and guides the kinds of explanations that are given. "It is often the case that one's theories have a crucially important influence on one's practice...One's theory determines one's understanding of a patient's...functioning, and it is on the basis of one's understanding...that one decides what to say to a patient and when and how to say it." (Brenner, 2000, p. 626)

Circular Stories

In determining the clinical, therapeutic, and life story, theory often elicits and selects only those events that are examples of the theory. In this way, a circular causation, perhaps even a tautology, can be established. These problems of circularity have been well discussed in the psychoanalytic literature. Indeed, they were at the core of the criticisms that the self-psychologists (followers of Kohut) made of the object relations psychologists (followers of Kernberg). The self-psychologists accused the object relations psychologists of having a theory that said one had to powerfully confront the pathological aggression of borderline clients. These confrontations, however, were powerful attacks to which anybody

would react with hostility. The self-psychologists felt that the hostile reactions of the clients were provoked by the technique, but were then taken as evidence of pathological aggression belonging to the client. Thus, the self-psychologists felt that a circular self-reinforcing theory and therapeutic story were created. (e.g. Brandchaft & Stolorow, 1984)

One can see the way in which theory determines clinical findings, only to have those re-determine theory, in body psychotherapy as well. Consider the classical Reichian model. Reich developed his theory of the muscular armor out of experiences he had with a number of clients during the late 1920s and 1930s. Some of these cases are described in *Character Analysis*, (Reich, 1949), and the overall development is described in *The Function of the Orgasm*. (Reich, 1942/1973). As these sources make clear, by this time Reich was experimenting with rather powerful, often confrontational, interventions. Once one accepts Reichian theory, it tends to direct one toward a style of working that is similar to his: it is typical to have the client breathe and make expressive movements or sounds. Meanwhile the therapist makes various manipulations to help release the muscular armor. It is often a challenging and invasive process. Bean (2000) gives a description of this process from the client's perspective that is charming and respectful, but which nevertheless captures its invasive quality. In the first session, without explaining or taking time to build a relationship, Bean's therapist directs him to remove his clothes, except for under-shorts and socks, and lie on the bed.

"Yes, sure," said Willie the Robot, and did so. "Just breathe naturally," he said, pulling a chair over to the bed and sitting down next to me...I thought: "What if I get an erection, or shit on his bed or vomit." The doctor was feeling the muscles around my jaw and neck. He found a tight cord in my neck, pressed it hard and kept on pressing it. It hurt like hell but Little Lord Jesus no crying he makes. "Did that hurt?" asked Dr. Baker.

"Well, a little," I said, not wanting to be any trouble.

"Only a little?" he said.

"Well, it hurt a lot," I said. "It hurt like hell."

"Why didn't you cry?"

"I'm a grown-up."

He began pinching the muscles in the soft part of my shoulders. I wanted to smash his sadistic face, put my clothes on, and get out of there. (Bean, 1971/2000, p. 17-18)

The point here is not to criticize technique, nor is it to scandalize. Many body psychotherapists have experienced somewhat similar encounters with their therapists, and believe that such experiences can potentially lead in productive directions. Bean documents the many positive effects of his therapy in his book. The point here is the circular dynamic by which theory determines the events in the consulting room, which then determine the theory. Reichian theory states that resistant muscular armor needs to be broken down using such vigorous methods. It is difficult to see, however, how anything other than resistant muscular armor could emerge under conditions such as those described by Bean. It is provoked and elicited by the therapeutic technique. These reactions then become evidence incorporated into the theory, bolstering the concept of the muscular armor. A circular story is created.

Such circular effects are not unique to Reichian approaches. For instance, the Sensorimotor Psychotherapy approach developed by Ogden is quite different from traditional Reichian work. In a pre-conference institute at the 2002 USABP conference in Baltimore, Ogden (2002) presented video vignettes of two clients in Sensorimotor Psychotherapy. In those cases, Ogden heavily emphasized the technique of tracking (See Kurtz, 1990, for a description of this technique). Ogden tracked her clients' experiences intently, using an almost constant stream of verbal comments to tell them what she was seeing. My notes from the seminar indicate that her comments were softly voiced and respectful, often consisting of little more than a repetition of what the client had just said. But they came quickly and almost constantly, creating a rather intense cumulative pressure on the clients. Both had negative reactions that suggested that they experienced the interventions as too intense, forcing, or intrusive. In one session, the client froze and could not unfreeze until the therapist moved almost completely across the room. In the other session, the client reacted with anger. Following the videos, Ogden fielded more than one question from the audience about whether the reactions of the clients were provoked by her interventions. In her opinion the possibility was irrelevant. She felt that in each case, the client's organizing structure was now on the table. In other words, she saw their reactions as validation of her theory. Thus, circular stories were created. ¹

As before, the issue here is not the skill of a particular therapist - which of us has not provoked negative reactions from a client? Nor is it the validity of a particular therapeutic technique. Rather, the issue is the way that theory determines therapeutic events, and then those events determine theory. These circular effects are not precisely circular reasoning, but they are something close. They undermine the confidence one can place in the conclusions described by the theory. The analysis presented above suggests that the problem of circular stories may be inherent to the process of deriving theory from case histories. Such an opinion is not new in the psychological or psychoanalytic literature. For instance, in an extensive review of the advantages and weaknesses of case histories, Spence acknowledges

¹ It is somewhat ironic that I am using case material by Ogden to illustrate this point. She seems generally to be more concerned than most body psychotherapists that her ideas be carefully grounded on solid evidence. On the other hand, if one finds this effect even here, then perhaps one can have confidence that it is ubiquitous in body psychotherapy. Ogden deserves many thanks and much respect for the courage and integrity to show videos of her work in this fashion. I generally respect her work, and feel reluctant to criticize it. There is also very little disagreement, questioning, and criticism in the body psychotherapy literature. However, publicly shared work is the principle clinical data available. If I need to illustrate a problem, and I do not use the clinical material that illustrates it, what will I use?

"The clinical reality is ambiguous and multiply determined; yet the facts in the usual clinical account are considered signposts or barometer readings which lead us unerringly to the solution. We are gradually coming to learn that many of these "facts" are created by us; that they never exist until we choose to see or hear the clinical encounter in a particular way; and that without the perspective of the treating therapist, they can easily be interpreted differently, or might even disappear." (Spence, 1993, p. 38)

Thus, the problem may be ubiquitous in the psychotherapy literature. The fact that it may be ubiquitous should not act, however, as license for body psychotherapists to ignore the need to ground one's theories on solid evidence. Rather it should act as a call to pay particular attention to that need.

Wild Assertion

Three other characteristics of the body psychotherapy literature tend to undercut the confidence one may place in the stories told there. They are wild assertions, unconvincing evidence, and many stories.

"Wild assertion" derives from the analytic term "wild analysis" (Freud, 1910). Baudry extends this concept to literary analysis in reviewing a book about the poet Keats by Pederson-Krag. Baudry refers to claims made by Pederson-Krag that "are only plausible rather than supported by convincing evidence," leaving the reader in a position of having to accept the author's constructions on faith. Baudry sees this process as a sort of "literary wild analysis." (Baudry, 1986, p. 542))

A similar process can occur in theoretical literature. Some authors seem to operate on the assumption that if they think something, then it must be so. It winds up in print. Huge assertions, sometimes ones that contradict established traditions of thought, are tossed off like suggestions for tonight's dinner menu. Sometimes it seems that the bigger the assertion, the more wildly it is made, and the less support it gets. There seems to be no systematic checking to test the validity of the idea.

The writing of one of the most fertile minds in body psychotherapy, Stanley Keleman, can serve as an example. Each of the following statements by Keleman is given without support, evidence, or justification. Each is stated as if it is obvious, or as if the fact that he says so is all the justification anybody would ever need²

Shock and trauma and the response of stiffening occur intraspinally, that is, in the spinal and cranial passages and fluids. (Keleman, 1989, p. 9)

...dissociation, splitting, denial, projection, and depression...are cellular states with psychological implications. (Keleman, 1989, p. 11)

A graceful person is a healthy person. (Keleman, 1975, p. 28)

Contracted breathing...inhibits oxygenation, there is a buildup of CO₂, an acid state which gives rise to delusions... (Keleman, 1975, p.80-81)

These are large assertions that may or may not ultimately be proven correct. On their face they seem contradictory to current traditions of thought. A minimum of careful consideration often suggests that wild assertions are problematic. For instance, if graceful persons are healthy persons, then dancers must be healthy. But studies of dancers find that many of them are not; they experience rates of serious eating disorders far beyond those found in the general population (e.g. Garner, Garfinkel, Rockert, & Olmstead, 1987).³ Or alternatively, many people have contracted breathing but do not suffer from delusions.

Keleman is not, of course, unique in his use of wild assertion. A few examples will give an idea; each is offered by its respective author without justification:

(With regard to couples interaction) We've found that any truth that isn't communicated within a few minutes turns into withholds and projections, creating the trickle of distance that gradually erodes relationships in the bedroom and the boardroom. (Hendricks, 1997, p.39, italics added)

Life requires us to be constantly and unconditionally creative, or we become less fit and cannot succeed in life. (Caldwell, 1997, p. 108-109, italics added. Although in this quote and the one above the italics are added, the paragraphs from which each quote is taken make it clear that the italics draw attention to a sentiment that is intended by the author.)

The condition of impaired pulsation of the ANS is closely linked to impaired capability of sexual sensation. (Buhl, 1999, p. 46)

² Many wild assertions are stated by their authors in forms that are too long to import into a paper such as this. Indeed, using Baudry's criteria of claims that are only plausible rather than supported by evidence, whole body psychotherapy books could almost be seen as consisting chiefly of wild assertion. For purposes of quotation, I have tried to use briefer statements. They exemplify the nature of wild assertions, though they do not necessarily catch the rather extreme nature of some of the body psychotherapy literature.

³ Some might assert that the meaning of "graceful" as used by Keleman may not have anything to do with the gracefulness of dancers. If so, then the meaning has been expanded so dramatically as to have no meaning whatsoever.

(In regard to working with the in-stroke) As a result of this emphasis on self-reference, there is less transference, acting out of emotions, projection, dependency and blaming...a clearer sense of security develops within. (Davis, 1999, p. 87)

Breathing is always as the person is. It is the clearest index of what is happening in the person - unless it is made up. (Selver, 2004) (In other words, breathing is a clear index except when it isn't - the author recognizes that her assertion is so wild that she takes it back.)

(Speaking of people who come into body psychotherapy) They want to learn how to embody their deepest values. (Stromstead, 1998, p. 149)

The body tells the truth. (Rubinfeld, 2000, p. 19)

This list of wild assertions from the body psychotherapy literature could go on and on. The above is sufficient, however, to illustrate the depth and breadth of the problem. Each of the above statements is attractive. If given no thought, each might even seem plausible or likely. However, if the reader stops and reads the statement carefully, then each is revealed to be a startling assertion that runs counter to either common sense or a tradition of current knowledge. For instance, common sense would indicate that to be literally constantly and unconditionally creative would be unsustainable - a terrible burden; it would not be the prerequisite of success. Alternatively, the reader can probably think of numerous acquaintances who have failed to communicate any and every truth within a couple of minutes, but who don't seem to have destroyed their relationships. In a similar way, it seems likely that many clients come into body psychotherapy without a desire to embody their values - in fact, they may not have any idea of what that would mean. And finally, if one accepts that the body tells the truth, then what should one make of conversion reactions, where the body appears to be blind, paralyzed, or pregnant, when in actuality it isn't?

The reader may object that in some of the wild assertions above the problem is that the author's statement has become too extreme. There is a less extreme truth hidden behind what has actually been said, and the author should be credited with that sentiment. For instance, with regard to distancing in relationships, it is a common couples therapy hypothesis that both secrets and the inability to express one's feelings can introduce distance into relationships. Perhaps that is what Hendricks really meant? There are reasons to reject this perspective towards wild assertion, however. First, the tendency towards extremes can itself be a problem. In the movie *Rashomon*, the bandit's behavior goes to extreme, seeming maniacal. He laughs maniacally and kicks and stamps his feet. This quality is a primary factor that causes us to mistrust what he says. Similarly, when an author makes an extreme, wild assertion, it undermines our trust irrespective of what is really meant. The second reason to reject this view is that it posits that the author meant something other than what was actually said. The above quotations are taken from chapters in books and from articles in professional journals. Presumably the authors have thought carefully about what they are saying. If not, why are they publishing in the first place? Presumably, the chapters and articles have also been subject to an editing process. Thus, it may not be proper to simply credit the author with careless or sloppy wording. Most likely, the author believes in the sentiment. In some cases, it is precisely the excessiveness that turns an otherwise unobjectionable sentiment into an unsupported wild assertion. In *Rashomon*, it is not the obligation of the viewer to prove any of the stories false. If the viewer is to believe the bandit's story, then the bandit has the burden of proof; it is his task to provide support for what he claims. The same would apply to the wife, the samurai, and the woodcutter. Similarly, in the body psychotherapy literature, it is not the obligation of the reader to prove an author's claims false. Rather, the author has the burden of proof; it is his or her task to demonstrate that the claims are correct. In the study of reasoning, when one asserts a claim, one has the responsibility to present evidence in support of the claim. When necessary, the author should also present arguments as to why the evidence should be taken as sufficient to support the truth of the claim. These arguments are called "warrants." (Zarefsky, 2001) The general notion has been that the farther one's claims get from the generally accepted view, or the bigger and more important the claims, then the stronger their support must be. (Kuhn, 1996) But many authors in the body psychotherapy literature seem to do just the opposite.

Thus, when the bandit asserts that he set the samurai free from his bonds so the two of them could fight a duel to salvage the honor of the woman he has just raped, the viewer doesn't believe him. It seems absurd, and the viewer's confidence in the whole story is diminished. In the body psychotherapy literature, wild assertions that fly in the face of established traditions of thought, and which come without sufficient support, undercut the reader's confidence in the whole of the author's story.

Unconvincing Evidence

A recent body psychotherapy book by Ruella Frank describes her theory of body psychotherapy and uses case vignettes throughout to illustrate the concepts discussed. This is a time-honored method that dates back at least to the origins of psychoanalysis (Breuer & Freud, 1893-95) and body psychotherapy (Reich, 1949). The book ends with the words "This is the theory. This is the therapy." (Frank, 2001, p. 214, bold face and italics in the original) These words express Frank's conviction that the theory she has presented is a faithful depiction of her type of therapy: the theory is an abstract telling of the therapeutic story and life story. Frank apparently fails to notice, however, that the case material often does not seem to exemplify the theory that it is intended to illustrate. The reader gets left in a confused and agitated state, much like the priest and woodcutter in *Rashomon*.

In most of the chapters, Frank describes a bit of her theory, then uses a clinical vignette to illustrate the concepts. For instance, in Chapter 2, Frank gives a generalized description of the biomechanical and structural implications of toddling patterns. In Chapter 3, Frank discusses the issues of primary orientation in gravity - the developmental implications of weight and weight-bearing.

The cases she describes, however, seem only marginally related to the topics of the chapters. In Chapter 2, she describes a client she calls "Karla." Frank describes Karla sitting on an exerball. She describes the intervention of pressing down on Karla's head to compress the spine. As the work develops, Karla collapses her own posture, which Frank mimics. Karla recognizes that she feels small, and is angry over it. Interesting work, no doubt, but what does it have to do with the biomechanics and structure of toddling? The case is offered as an illustration of those principles, but it is hard to see how it relates. Similarly, in Chapter 3 Frank describes the case of "Sharon." Frank has Sharon lie on her side and surrounds her with rolled-up blankets. As the work proceeds, Frank places a hand on Sharon's abdomen, then places it other places on Sharon's body according to Sharon's instructions. Sharon begins weeping. Again, this is interesting work. But the case is offered as an illustration of issues related to gravity, weight and weight-bearing. It is difficult to see the connection, and the reader is left confused and agitated, much like the woodcutter and priest under the Rashomon gate.

The final chapter of Frank's book is devoted to a more extensive case history, the case of "Annie." The case reports how, as therapy began, Annie was given to extreme emotionality and to experiencing herself as brutally criticized. Frank reports that Annie experienced the body interventions "like another terrible breach of faith." (Frank, 2001, p. 191) Frank documents the large amount of work required to help Annie feel safe in session, basically creating a holding relationship of the type described by Winnicott (1965). Yet in the midst of describing how the body interventions were damaging and the relational interventions facilitative, Frank concludes that the body interventions "had a profound impact on Annie and were crucial to healing." (Frank, 2001, p. 191) Might not the reader be justifiably skeptical of such a conclusion? Might not the reader wonder if the body interventions hindered the treatment, rather than facilitating it? Would a different story be a better description of the healing qualities of this therapy, a story that saw the holding quality of the therapeutic relationship as the primary therapeutic factor?

Again, the point here is not to criticize technique. At least with regard to the case of Annie, Frank carries the case forward sufficiently to demonstrate that Annie improved greatly in many areas of her life. Rather, the point is that the evidence Frank produces does not seem to support Frank's theory. It seems unrelated. I noted above that authors are sometimes expected to provide warrants, arguments that their evidence should be taken as proof of their thesis. Frank provides no such warrants. In this way, Frank's theory is undermined.

Is this not like *Rashomon*? The samurai said that he killed himself, but the evidence suggested otherwise. If he killed himself, the dagger should have been found in his chest. But it wasn't, it was missing. Thus, his story was undermined. Frank says the body interventions effected the cure, but the evidence she produces seems to suggest otherwise. Her theory is undermined.

Other psychotherapy approaches also have this difficulty, not just body psychotherapy. This was plainly revealed recently at the conference of the International Association for Relational Psychoanalysis and Psychotherapy. Adrienne Harris presented a case history. Then Jeanne Wolff Bernstein discussed it from a Lacanian perspective, and Andrew Samuels discussed it from a Jungian perspective. Then Harris herself commented from a relational perspective. (Dimen, Harris, Bernstein & Samuels, 2004) Harris described one of her client's dreams as part of the case presentation. Bernstein felt that the dream was central to understanding the case material, and its meaning was that the client had defeated the analyst. Samuels also felt that the dream was important, and that it represented the client moving to the higher aspects of her personality. Harris, on the other hand, felt that the dream was not particularly central to understanding the material, and that it had to do with the establishment of a therapeutic relationship that could contain the client's material. The three discussants all explored and developed their interpretations of the meaning of the dream, but none of them addressed the issue of how one should decide if one interpretation was more apt than the others. Thus, the panel presentation was, itself, a mini-experience of sitting under the Rashomon gate.

What makes all of this possible, as noted above in the discussion of the movie *Rashomon*, are inattention to evidence and evidence that is unconvincing. I have picked on a single book to illustrate the issue of unconvincing evidence primarily because it cannot be done briefly enough to allow more. This problem is not unique to Frank's book, however. Compare the approach to evidence in Pierrakos (1987), and Rubinfeld (2000), where the evidence in support of the claims seems fairly unconvincing, to the approach in Totten (1999), Downing (1996) Beebe (2004), or even May, (in press), where the evidence seems more substantial and is approached more carefully.

Many Stories

In *Rashomon*, four quite different versions of the same events are told. In watching the movie, it is the competition between these views that provides the first and most powerful assault on the confidence one can place in any of them. If one saw only one of the versions, one might be inclined to accept it, glossing over the inconsistencies that have been discussed above. But because there are four versions, and because the versions disagree so fundamentally, one's attention is drawn to the other reasons for being skeptical, and one's confidence is undermined.

Some of the stories body psychotherapists have developed also differ from each other quite fundamentally. It may be useful to briefly illustrate some of these differences. Movies are often described in brief summaries a couple of sentences long. Such reviews fail to capture the rich complexity and detail of the films they describe, but are useful for getting a very rough sense of the story. The stories of body psychotherapy can be briefly summarized, with similar results. The summary fails to capture the rich complexity and detail, but gives a rough sense of the story. The following summaries are not intended to be comprehensive, nor are they intended to match specific schools of body psychotherapy. Rather, they illustrate some of the contrasting stories told in the literature.

Breaking Away (the Armor). A client comes to therapy imprisoned by muscular tension and rigid characterological attitudes. The therapist activates and attacks the armor vigorously. Released from this prison, the client's functioning improves. This story has been very influential throughout body psychotherapy. It is most purely represented in Reichian and Neo-Reichian schools, but its influence can be seen throughout the field.

The Razor's Edge (of ANS arousal). Activation triggers traumatized clients into autonomic nervous system over-arousal, but without activation they sink into deadened under-arousal. The therapist tracks arousal very closely to desensitize these trigger reactions. This story is well represented in the work of Ogden (2002), Levine (1997), and Rothschild (2000).

Your Chi-ting Heart. Clients come to therapy with energy blocks. Therapists read and manipulate these energy fields. When the energy flows properly, the client's problems are resolved. This story is also influential in many forms of body psychotherapy, but may have received its fullest statement in the work of Pierrakos (1987).

Body to Body, Heart to Heart. The problems clients bring to therapy are embodied and expressed through sensation and movement. Understanding biology and working with movement and sensation helps resolve these problems. This story is ubiquitous in body psychotherapy, but descriptions by Pessó (1997) Cornell (2002) and by May (in press) are examples of analyses that are principally biopsychological.

Touch Me in the Morning. Clients come into therapy hungry for touch, a basic human need. The therapist touches the client as the best way to contact and change the client's process. This story is represented in any approach that involves palpation of the client. Examples might include the classical Reichian approach, the neo-Reichian approaches, and the approach of Rubinfeld (2000), to name a few.

A Touch of Evil. Some clients don't respond well to touch in therapy. They misinterpret it, become retraumatized, feel taken advantage of, or develop unresolvable transference. This story is evident in the ethical guidelines issued by United States Association for Body Psychotherapy (2001), in publications by Rothschild (2000), May (2002) and Phillips (2002).

The Good Earth. Feeling an energetic contact with the ground beneath one's feet is the primary avenue of reality contact and an essential support for effective living. Helping clients ground themselves is one of the first things a therapist should do. This story is particularly emphasized in approaches that derive from the work of Lowen (1975).

Eyes Wide Shut. The eyes are the primary organs of reality contact. Most clients come into therapy blocking in their eyes. The first therapeutic task is to remove the ocular block. This story is best represented in the work of Kelley (1978) and in the classical Reichian approach (Baker, 1967).

These stories contradict each other in fundamental ways. *Breaking Away* claims that one must activate the client to provoke the armor in order to release it. *The Razor's Edge* claims the opposite: activating the client leads to traumatic acceleration, dissociation, freezing, and retraumatization. *Touch Me in the Morning* sees touch as an essential part of the therapeutic process, *A Touch of Evil* sees it as potentially problematic. *The Good Earth* claims that working with the feet and legs for grounding is the first order of therapeutic business, while *Eyes Wide Shut* claims that working with the eyes is. These approaches are almost the precise inverse of each other. *Your Chi-ting Heart* is a vitalistic, energetic, even metaphysical viewpoint, while *Body to Body* is primarily a biopsychological viewpoint.

The effect of all these contradictory stories, especially when their claims are presented as wild assertions or with unconvincing evidence, is to undercut each other. Alone, each of them has a certain attraction, and perhaps one might overlook the wild assertions and unconvincing evidence. But given the proliferation of contradictory claims, one's confidence in any is reduced, and one's awareness of the various shortcomings is magnified. One finds oneself sitting under the *Rashomon* gate hearing stories, one after another, in which one cannot place confidence. In *Rashomon* the commoner listens to the various stories with gusto, steals the baby's kimono, and leaves undisturbed by the various contradictions. In fact, he seems to have had a good time. But the priest and woodcutter are confused and deeply agitated. Their faith in mankind is shaken. I'm with them. I find reading these contradictory stories, especially when asserted wildly or without convincing evidence, maddening.

Summary and Recommendations

As quoted above, reviewers of *Rashomon* have differed on its meaning. The casual opinion seems to be that the movie demonstrates a relativist position towards reality: truth cannot be known because it inherently depends on perspective. (for instance, Berardinelli, 2004) That is an interesting question in its own right, and the application of this idea to psychotherapy has been much discussed in the relational school of psychoanalysis. There, hermeneutic and constructionist accounts of reality are common.

That is not, however, the meaning that Kurosawa, the director, gave to *Rashomon*. As noted in the epigraph, he said it was about the inability to tell the truth because of the need to assign to ourselves positions of inflated importance. Indeed, as I discussed the various stories told by the bandit, wife, samurai, and woodcutter, I noted how each assigned to themselves the most noble and important positions. What would be the parallel in the body psychotherapy literature? Would not the parallel be that when body psychotherapists create stories about the therapeutic process, they are inevitably subject to distortions deriving from a need to elevate the importance and nobility of themselves and of their theories? In *Rashomon* the bandit asserted that he was so virile, so potent, that the woman could not resist, in the end submitting to his rape willingly. When an author loads on the wild assertions, do we see a similar notion - the ideas are so potent that the reader will submit to them willingly without the need for evidence?

As noted above, at the end of *Rashomon* Kurosawa did not produce a satisfactory resolution. Suddenly he introduced an abandoned infant. The woodcutter took it home to raise as his child. His simple act of human goodness served to resolve the problems presented by the movie. Indeed, the rain stopped and the sun appeared! But as noted above, the resolution was artificial and unconvincing. If I now introduce a resolution to the problems I have identified, will it be as artificial and unconvincing as were Kurosawa's? In the epigraph, Kurosawa said that ego inflation is very difficult to eradicate, the most difficult of all personal flaws. Can a few quick recommendations in a paper like this solve the problems I have been discussing in the body psychotherapy literature? No. Rather, it seems to me that the best one can do is bring attention to the problem and reiterate fundamental principles of scientific knowing.

In a presentation at the 1998 USABP conference in Boulder, I used the simile that knowledge about body psychotherapy was like a three-legged stool. One leg represented knowledge gained by thinking about oneself and one's own process, doing one's own introspective work. A second leg represented knowledge gained by observing one's clients carefully and thoughtfully. And the third leg represented knowledge gained through systematic, objective studies, such as experiments. I illustrated such a stool using three wood dowels four feet long by 1/4 inch in diameter, tied together with string one foot from the end. Even this flimsy three-legged dowel stool could hold quite a heavy load of theory. I put a copy of the Proceedings of the conference atop the three dowels. They flexed, but held it easily. Take away even one of the legs, however, and the stool will support nothing. When I broke one of the legs, the stool and Proceedings came crashing down.

I have no resolution to offer beyond that. The stories of body psychotherapy need to be supported by all three legs of that stool, or they will not stand. One cannot seize the secrets of life by the throat, one must build up knowledge slowly. Each piece of knowledge is like a brick. It must be fitted with hundreds, perhaps thousands of other pieces, before something useful is created. There is no trick or recommendation to make, except to challenge oneself to be sure that one's stories are well supported, not just collections of wildly asserted claims, circular reasoning, and unconvincing evidence. If we do that, then perhaps we will spend less time sitting in confused agitation under the Rashomon gate.

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Biography

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PURPOSE

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Title, full authorship, **abstract of about 100 words and 3-5 key words precede the text.**

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