



## Transformative Moments: Short Stories from the Biodynamic Psychotherapy Room

By Dr. Elya Steinberg

**Biodynamic massage (Southwell, 1982) is an integral part of biodynamic psychotherapy (Boyesen 1980, 1981, 2001; Heller 2012; Lewin & Gablier, 2013; Southwell, Selles, Tanguay, & Steinberg, 2014; Southwell, 1998), which allows psychotherapeutic work within the framework of the body. The name 'biodynamic massage' encompasses fourteen different methods of touch. Almost all the touch methods can be performed at different levels of the body - the level of bones, the periosteum, the deep and superficial muscles, the fascia, which contain the muscles, the subcutaneous tissues, and the different levels of energy.**

**A biodynamic psychotherapist is often guided by a stethoscope (either electronic or ordinary) whilst carrying out biodynamic massage (Southwell, unpublished; Stauffer, 2005, unpublished, 2010; van Heel, 2014); the stethoscope is utilized for listening to the digestive system's sounds (also known in this context as the psycho-peristalsis) (Boyesen, M-L. & Boyesen, G. 1978). This makes it possible to obtain immediate feedback from the body about the level of accuracy, quality, and attunement of the touch applied. The experience of touch must be modulated by context and internal state (Ellingsen et al., 2016).**



The digestive system is more active when there is stronger activity of the parasympathetic nervous system, a branch of the autonomic nervous system (Guyton & Hall 2011). This subsequently creates greater activity of the vagus nerve - the tenth cranial nerve of the parasympathetic nervous system - meaning that stimulation that increases psycho-peristalsis results in non-invasive vagal nerve stimulation. "The parasympathetic innervation of the gut by the vagus nerve provides sensory information to the brain, enabling gut activity to influence emotions" (Gómez-Pinilla 2008, Mayer 2011). Invasive vagal nerve stimulation (VNS) has an influence on cognition and emotion and has become a routinely approved procedure for the treatment of refractory partial onset seizures and chronic (i.e. not acute) resistant depression (Gómez-Pinilla 2008). Another method for carrying out non-invasive vagus nerve stimulation is transcutaneous vagal nerve stimulation (tVNS), which in healthy humans reduces the activity of the sympathetic nervous system. In this way the treatment ameliorates many conditions which present with higher activity of the sympathetic nervous system such as stress, heart failure, tinnitus, obesity, and Alzheimer's disease (Clancy et al, 2014). These findings demonstrate some of the hidden potential of Biodynamic Massage as part of Biodynamic Psychotherapy, since it can non-invasively cause stimulate of the vagus nerve. This stimulation plays a big part in the

movement towards health (salutogenesis), developing independent wellbeing and an organic self-regulation process (Boyesen & Freudl 2015).

The biodynamic therapist also receives feedback from the client's body through objective observations (Bunkan et al 2004, Friis et al 2002) of the body's posture (Bunkan et al 1998, 2010, Heller 2012 chapter 13), breathing (Bunkan et al 1991, 1999, Friis et al 2012), solidity of muscles (hypertonic, hypotense, and isotonic) (Johnsen 1973), the muscles' capacity for mobility (Bunkan et al 2001, Kva et al 2011), and the skin (for example, skin colour, temperature and sweating). In addition, the biodynamic therapist obtains information from objective observations of the sensations, feelings and emotions that arise and subside in their own body.

So the biodynamic therapist is guided in real-time not only through technique, but also via feedback from the client's autonomous nervous system, objective feedback from the client's body, as well as what the client volunteers about his/her body and intuition. Here, I define intuition as an impulse arising from within the self to perform one action or another. We need to differentiate between intuition and the actions of psychological defense mechanisms like projective identification and re-enactment.

Over time, the biodynamic therapist learns to integrate all that information with the entire history known to him about the client, including events of trauma and adverse events that occurred during the client's life. That is how adjustment occurs between the intention and the client's neurodevelopmental process.

Every patient is an entire book (Rako & Mazer, 1980), a distinctive and pulsing new fabric. All theoretical knowledge is solely theoretical when the therapist starts working with a client: it must be discarded in favour of the direct experience of processes unfolding here and now. The therapist has to respond in an attuned fashion to the living phenomena of this particular client, in this particular relationship, in this moment of now, without any agenda or predisposition. The only constant in living phenomena is change (Inspired by Vipassana meditation course), and the therapist must be attuned to a change taking place in themselves and in the client at every

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moment, and in the relationship to the levels of awareness and arousal in the framework of the client's body and the therapist's body. The delicate fabric woven in the field of relations is formed of countless items, including the therapeutic relations. Dynamic items change constantly; therefore, biodynamic assessment systems are grounded on evaluating the changes occurring (Southwell, 2014), not only on a static snapshot of the client's condition. What defines the quality of the work are our bodies, our awareness to our body – that of the client and of the therapist – in addition to mental processes, intention and attention.

In the living phenomena called human, the landscapes of the mind and the landscapes of the body are one concurrent phenomenon. In the reality of a human, it is impossible to separate between them, only for the therapeutic discourse, which ensues after action. As Wilhelm Reich stressed, "the point that the unconscious does not exist in a psychological space that is independent of one's bodily reality, but is intimately connected to a somatic or energetic substratum" (Boyesen & Freudl, 2015, p. 582).

And so, to understand biodynamic therapy as a whole, and biodynamic massage particularly, we have to understand and investigate the human as a living phenomenon, as it is happening now, in real-time. As biodynamic psychotherapists, our job is not to save or rescue. Our job is to promote and support changes in the person as pulsating living phenomena, as our client wishes. The client can be viewed as a system that has the capacity for self-organization and self-leadership. Psychotherapy is a healing profession and the healer is the client. A good biodynamic psychotherapist will support the client in healing themselves (Tanguay, 2014).

### **Lily: A Clinical Case Study**

This article was written following a review weekend with students of biodynamic psychotherapy, concluding their first year of studies. During that weekend, they worked under their own observation and that of three trainers.

Lily and Roy are both students (not their real names). I'm unfamiliar with Lily's life-story in detail. To conceal Lily's identity and to fine-tune certain points, I have used her story with those of other clients to create a single figure who demonstrates what needs to be demonstrated.

### **Therapy**

Roy worked with Lily using a mixture of touch methods in different parts of Lily's body, applying the ethical rules customary in the method. He chose to begin working with Lily's shoulders because they were so painful; he devoted over



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half an hour to her shoulders. He used elements of 'basic touch massage' mainly at the muscle level, and combined it with elements deriving from 'lifting and stretching biorelease massage'. Once he felt he had finished, he worked with 'energy distribution massage' on her legs. Lily said she was satisfied that he reached the soles of her feet, and that the therapy had been beneficial for her and that she felt she had received what she needed from it.

In biodynamic psychology we work according to an important principle stating that what the client feels is always correct, and we do not undermine the client's sensations and emotions. "The basic therapeutic attitude is this: the method can betray the client, but the client can never betray the method" (Boyesen & Freudl, 2015, p. 584). We follow the client and trust the process because the client is a self-organized system possessing the capacity to reorganize itself with self-leadership. Otherwise, the client would not have come to us in the first place, and every other following session.

### **Post-therapy feedback**

In the discussion that developed afterward, the question came up whether it's worth combining different touch methods in the same therapy session. The usual recommendation is in principle to use a single technique with a particular sequence in one session. The discussion created an excellent option for taking an in-depth look at one reason why biodynamic massage constitutes non-verbal psychotherapy.

Roy remarked that he works differently in each part of the body, in terms of the type of touch he uses and how much time he devotes to each place, but he gives the same quality of touch everywhere. He asked if it can be beneficial working in the same way with identical kinds of touch, time, and quality even if the different places in the body feel completely different – both to the client and the therapist.



Lily shared with us during her morning check-in that many of her pains in the digestive system and bladder had disappeared, she had also suffered all her life from anxiety, she now felt more empowered and her anxiety had decreased significantly.

Before I discuss this important question and suggest another major perspective, I'll note again that in Lily's case she felt fine with the mix and match, and the client is always right regarding her feelings. As I mentioned before "The basic therapeutic attitude is this: the method can betray the client, but the client can never betray the method" (*Boyesen & Freudl, 2015, p. 584*). In addition, the context of this treatment was a single massage session, a one-off session during a review weekend. So an analysis of the options that I list below isn't necessarily relevant to this context. Rather, my intention is to discuss psychotherapeutic possibilities and considerations that can be offered from another perspective, and to weigh the advantages of this therapy with the same kind of touch, over the whole body, taking more or less the same time.

### **Theoretical discussion**

Had Lily come to me for therapy, I would have asked myself several questions. Her shoulders were painful – I wondered whether they were bearing the load that other parts of her body were not sharing.

Though Lily's build seems thin and fragile, her shoulders look broad and strong. They have been painful for a long time, a matter of weeks perhaps: they are warm to the touch, and have marked muscle tension (hypertonus). The soles of her feet are cold and her leg muscles are flaccid (hypotonus) relative to them.

Lily also retains tension within her body, in her internal organs. Lately, her digestive system released large amounts of tension, expressed in diarrhea and stomach ache: that tension had been retained in her body for many years. Recently Lily suffered strong bladder pain. She suffered the pain in her bladder for a few months and despite different kinds of medical investigation no medical reason was found explaining her pain. She twice received empiric antibiotic treatment, which seemed to have little effect. The pain in her bladder was so intense that she had to stay home and missed two days of study, even though she really wanted to attend the class.

The previous weekend, Lily had also suffered a severe migraine that again prevented her from attending a class session. During several previous sessions, Lily had said that her back was painful.

The day before Roy gave her therapy, she shared with us during her morning check-in that many of her pains in the digestive system and bladder had disappeared, she had also suffered all her life from anxiety, she now felt more empowered and her anxiety had decreased significantly. She shared with us, with a somewhat frozen expression, that she had come for training because it was a question of either coming to learn or get older; the felt sense of her statement seemed to some group members like 'to learn or to die'.

It is noteworthy that Lily is an intelligent, sociable and sensitive woman. She has academic training and has lived with her partner for many years. She has a stable and supportive relation with him, and they have children together.

### **Assumption: The Conflict is Retained within the Body and Mind**

Lily's body appears to represent a significant conflict, possibly more than one conflict. If we look at the global picture, we can assume that the various pains retained within Lily's body represent different parts of Lily, parts that do not communicate with each other.

Her shoulders want to come to therapy because they are painful, but her bladder and sometimes also her head want to stay home. The shoulders are bearing a heroic burden while her hips and legs—physiologically constructed to assume heavy burdens together—do not participate, and don't help her to carry the burden.

In physiological terms we see that Lily's implicit procedural memory is actively commanding her shoulder muscles to clench; even though conscious explicit parts of Lily feel intolerable pain and want to release her shoulders because the pain is unbearable.

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Her mind must find a way into the labyrinth of the complex human brain towards the non-implicit unconscious procedural memory, render its content conscious and explicit, and find a way to change something within the procedure before storing the procedure once more.

### **What is Lily's procedural memory?**

Lily's memory, like every human's memory construct from different parts. Memory is now understood to be a collection of mental abilities that depend on several systems within the brain. ... A memory system is a way for the brain to process information that will be available for use at a later time. Different memory systems depend on different neuroanatomical structures. Some systems are associated with conscious awareness (explicit) and can be consciously recalled (declarative), whereas others are expressed by a change in behavior (implicit) and are typically unconscious (nondeclarative)" (*Budson & Price, 2005, p. 692*).

Procedural memory refers to the ability to learn things such as behaviour (*Budson & Price, 2005*) - in this case: to clench her shoulder muscles on the unconscious level. She has no insight into why she has been doing it for such a long period of time. She can not explain it as her procedural memory is non-declarative and the reason for the original behavior can't be consciously recall.

### **Does it mean she has a "short" muscles in her shoulders?**

It is important to acknowledge that people usually don't really have "short" muscles, they have tense over-contracted hypertonic muscles and under-contracted hypotonic muscles. Most of the people who come to us, if they should (god forbid) die, the muscles will relax and their posture will change and improve (my apologies for the rough description). Most people, usually have no structural abnormalities, no bony or muscular deformation. This means that in order to keep a "short" muscle short, the brain actively and unconsciously has to repeatedly send messages to the muscle to contract. It does this for 24 hours a day, 7 days a week, for years on end. Furthermore, when the brain gets the information from the muscles via interoreceptors - called proprioceptors (which are called alpha [α] spindles) - that this is the level of contraction of these particular muscles, it still translates this as good essential contraction, despite the fact that some other interoreceptors send the brain messages of pain and will 'scream' at the conscious part of the person "this is a terribly

painful contraction". The brain's un-coordinated and un-integrated activity happens because of the person's implicit procedural memory. It is a fundamentally automatic learned skill and it is a real concrete reality, not an imaginative process. This presents us with a question: why does the brain keep this mismatched and un-coordinated painful activity of the brain-mind-body? It always has very good reasons to do so.

We know that the total human system functions energetically as an economic system. It will do (or not do) something only if it is somehow "cheaper" economically. This means that somehow, there is an advantage to the system at that particular moment to choose to carry out an action like over-contraction of a muscle even though it is painful. Most of the time, this advantage is not logical to the conscious SELF because the conscious SELF does not have access to most of the information available to the total system that we are.

### **Lily**

Returning to my previous assumption that different parts of Lily want her to do completely different things, it's perhaps unsurprising that ultimately she gets a migraine and her head 'explodes'. Perhaps it's because her head can't decide which of her parts is right. Which part should she listen to and act according to? Each part of her body retains a different aspect of Lily's desires, and each part represents a different aspect of the conflict she's experiencing. But we don't know what the conflict is because she experiences it unconsciously and is unaware of it.

When I give each part of Lily's body a specific, different therapy, I'm using the reparative model of the therapeutic relationship (*Clarkson & Wilson, 2003*) regarding each part of her body separately. But at the same time, I don't relate to a split or conflict/retained within her. Even if it helped Lily to receive a different type of therapy for each body part, any outcome benefits would only be temporary because I didn't relate to Lily as a single system, as one organism unable to work together and solve the conflict. I had to support the reorganizing of her entire body as an organism that can heal itself because it has self-leadership.

In that simple physiological reality of Lily's body, only one person can release Lily's painful, tense muscles - Lily herself. Her mind must find a way into the labyrinth of the complex human brain towards the non-implicit unconscious procedural memory, render its content conscious and explicit, and find a way to change something within the procedure before storing the procedure once more. I can only suggest possibilities.

It goes without saying that in this kind of therapy I also didn't address two very important emotions that Lily shared with us. The first, the conscious one, is the anxiety she has suffered for years. She says that now she suffers less - but it did not disappear. The second feeling - less explicitly articulated and crucially important—is trapped in her sentence and the frozen expression that accompanied it when she said why she came for training. For her, as she said, it was "coming to learn or growing older" a sentence that some people picked up as "dying". Is despair also trapped in there? Or another emotion? It's a dramatic sentence that requires attuned attention. And we are obligated to remember that the emotions trapped there are the reason why she is here now, on Roy's treatment table, because this emotion brought her to training.

The fact is we don't know anything that Lily herself has said about how those emotions exist within her. Any emotion is a collection of phenomena taking place in Lily's body. Emotions do not occur in the human brain as a phenomenon that's detached from the body but are experienced as a physical phenomenon of sensations in certain places in Lily's human body. There are questions we must ask Lily herself. How does she know that what she's experiencing is anxiety? What does she feel it in her body? Butterflies in her stomach? Is her heart racing? Does she have a sense of pressure in her chest, and difficulty breathing? Does she feel as if she's choking, and the words won't leave her throat? Perhaps she has a general sensation of weakness in her limbs? Maybe she feels frozen, immobilized? And perhaps she's experiencing anxiety in another way that I haven't listed. These are the critical questions we must ask Lily, and a no less critical question is - which emotions are trapped in that sentence "coming to learn or growing older". We need to examine with Lily how those emotions emerged in her body, how she identified what she was sensing and feeling.

Even if Lily was satisfied with the treatment she received, which is indisputable, it's important that we realize consciously that we have collaborated with the split, the lack of communication, and the lack of integration. And furthermore, that we didn't necessarily relate to all Lily's emotions during the treatment.

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## Negative transference and positive transference

We have to be aware that when we work with different parts of the body and use various approaches, there is a risk that a more negative transference might develop. Sometimes, chiefly when there is a split, we observe that the different parts of the body can develop a sort of 'envy' towards the other parts that are being treated. We try to avoid that sort of negative transference because it's hard for the client to receive such a powerful and intimate touch from someone towards whom they has negative transference.

And so, particularly because of the strong degree of intimacy that this relationship calls for – a relationship that permits touch - we are interested in fostering positive transference. It allows us to work beyond the defense mechanisms, to enable a secure attachment, and to support the construction of important mental structures. Later on, I discuss the importance of developing a secure attachment.

## Equanimity as a way for integration

What then could happen differently if, during therapy I suggest a treatment that's identical in terms of the type and quality of touch, and the time needed, for every part of Lily's body? Identical treatment throughout her body could suggest to Lily - in a non-verbal way - a novel idea. A novel idea in which all the different parts of her body are my 'clients', and each one is important to exactly the same extent. Even in parts that are 'screaming' with pain, like Lily's shoulders, even those that won't let her shoulders rest, even those immobilized by cold, like the soles of her feet, and even those that still haven't learnt to communicate, and those whose existence Lily may still be unaware of.

Every part of our body has sensation. Where there is sensation, there is life. And where there is life, there is change. In fact, change is the only phenomenon that is permanent, not only in all living phenomena. The clearest evidence of this is seen in the sensations we feel in our bodies, which always arise and subside. Our ability as an organism to develop inner integration and inner communication between the different parts plays a critical role in developing awareness to the various sensations, to change, and to the life pulsating within us.

Separated parts that do not communicate cannot help an organism to function effectively as a system. Their beauty is that they are part of an overall array. A simple example: what is beautiful hair? Hair is beautiful only when it's part of the organism. But if you find a single

hair on your dinner plate, you wouldn't find it beautiful. A hair isn't part of the organism when it's out of context, it is not beautiful, it has disintegrated and lost its beauty.

So, if I suggest to Lily in a non-verbal way, through touch, that all parts of her have the same degree of importance, like a mother loves all her children equally even if they're all very different from each other, I'm proposing something new. That all of the parts can, metaphorically, sit side-by-side at a round table like King Arthur's table. They can have a conversation and perhaps this can encourage them to hold an inner discourse that leads to collaboration. That was the breakthrough idea that King Arthur suggested: though he was King and had supreme power, his knights, whose task was to fight and govern the country together with him, could all talk equally around the table, and influence how the country was run.



There's a possibility that if this sort of discourse happens, and the mode of operation becomes absolute, Lily's head wouldn't have to explode with pain in order to decide what to do.

This approach is also backed mathematically by findings of game theory. The mathematics of game theory demonstrates clearly that collaborating is the most effective method for all participants in the game to move ahead. In the long run everyone gets more, and enjoys the results: even if there's a risk that they may have to compromise, in the long-run the compromise pays off. This is one of the deeper significances of integration. In this kind of integration, every part is important and communication between them is vital.



Integration is like a fruit salad in which we can still recognise each fruit - the strawberry, apple, and banana. All of them combined create a fruit salad, unlike a smoothie. All of the parts and systems that form the finished organism, are a single system functioning together. Together, it can attain the most effective results. More cooperation and collaboration create greater coherence. It is a gestalt in which the whole is more than the sum of its parts.

The change isn't effected by me as a therapist, but by Lily herself. My role is to invite all the parts of her body to a roundtable discussion – it's an invitation to function more coherently as a single organism, as a communicating whole.

Not everyone responds similarly, of course, but if we don't suggest it, we'll never know what new places could develop when we propose identical therapy for all parts of the body.

### **Back to Lily**

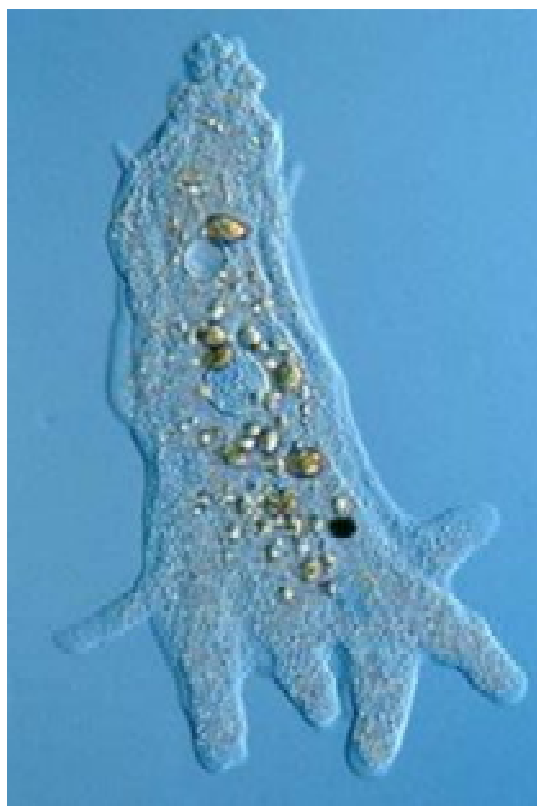
We know from the literature that, in general, people who suffer prolonged anxiety underwent past traumatic psychological incidents or adverse events. The implication is that we need to examine this possibility with Lily. It's almost certain that the split that her body presents and her continuing anxiety need to be viewed against that backdrop. Although Lily at this stage, she hasn't yet shared her past with me, which is common at the start of therapy, it's important that I assume that something happened in her past that brought her to the current situation. Like other clients, Lily didn't come to us out of nowhere but from the reality and experiences that formed and shaped her, and brought her to where she is, the way she is, today.

My assumption is that Lily experienced something in childhood, something probably frightening that she only survived and remained sane by clenching her shoulders and fixing her body in its present condition. It was a normal reaction to an abnormal situation. If she underwent those experiences frequently, her body was no longer able to relax its muscles; it simply stayed that way, like in the story of Reich's experiment.

### **Wilhelm Reich's experiment with an amoeba**

Wilhelm Reich, the father of Western physical psychotherapy, was a physician and scientist in his approach—he performed many experiments. The story says that one of his experiments was on an amoeba, an organism consisting of a single cell and a membrane. It moves by extending its pseudopods, which resemble arms, to make basic swimming movements, engulf food particles and bring them into the organism. This organism is constantly in movement of some

kind, and as long as it moves, it is alive. As I said previously, change (expressed here in movement) is the only phenomenon that is permanent and distinctive, particularly in living organisms. Reich observed the amoeba under a microscope and decided to perform an experiment on it: he pricked the amoeba once without damaging its membrane and observed its reaction. He saw that it seemed to contract, freeze momentarily and stop moving. After a while, the amoeba recovered. Its behavior showed nothing to indicate it had been pricked. But, when it was pricked several times, although the membrane wasn't damaged, it remained clenched and didn't resume moving. Finally, because it no longer moved, it could not engulf food and died.



### **A similar process in the body**

Similarly, that is what happens to muscles: after they contract many times into a specific position, they often stay contracted and are not released. The contraction and the inner split become fixed, because of a recurring action which became a procedure, and automatic process control by implicit automatic procedural memory. This is the disregulated way in which Lily survived her childhood. This is how she temporarily solved the insoluble problems that she had to deal with. It was the best way she could use at that time,

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**When I perform touch correctly, it helps by activating the hormonal systems to create oxytocin, and the parasympathetic nervous system is activated via vagal nerve stimulation. When they are jointly activated, this in turn activates the social engagement system. It's an opportunity to examine the option that perhaps now this moment is safe.**

when her needs were not met properly and the terrifying experiences recurred constantly. And regrettably - despite the frightening incidents that happened to her, and even though they no longer happen and there are good prospects she will never have to confront the reality which she did in the past, she doesn't have to clench her muscles today - she still cannot release her muscles and reconnect the parts that have split away. All of this, because the reason and the process are reinforced in her memory as an unconscious process.

### **Safety and Secure Attachment**

Now, during therapy, I can propose something new. As well as equanimity, I can propose another novel idea - that it's safe now. I suggest it both verbally and nonverbally, particularly through touch. When I perform touch correctly, it helps by activating the hormonal systems to create oxytocin, and the parasympathetic nervous system is activated via vagal nerve stimulation. When they are jointly activated, this in turn activates the social engagement system. It's an opportunity to examine the option that perhaps now, this moment is safe. Perhaps now she can release her muscles, let the tension go. It's an invitation to negotiate, to re-examine conditions and options, to let something new happen.

Another way of widening the sphere of confidence is by identical treatment over the entire body. Like this, the contact is systematic and identical, and it allows prediction; when a client anticipates touch, it helps her or him to be more relaxed.

A basic condition for negotiating is Lily's ability to develop the capacity to observe the sensations in her body as if it's one unit. Sometimes this is only possible by presenting Lily to equanimity, as an organism aspiring to function harmoniously and integratively. In the following stage, she has to make sense of the various processes unfolding within her. During the process, it's vital that she's in a safe, non-judgmental setting, and then we can negotiate and check new options at the 'round table'.

By addressing all parts of the body equally, equanimity can be a good method, enabling physical and mental integration.

### **Summary**

As yet, I do not know Lily well enough. I don't know what in her history taught her shoulders and back to be tensed to the point of pain, to be so fearful.

But what I do know is that it's Lily alone who can find the winding, convoluted path in her brain towards the procedural memory that guides her motor region to continue clenching her shoulder and back muscles, despite the intense pain.

Only Lily can extract that procedure, bring it to consciousness in her brain's frontal area, and re-examine if there's something else that she, as a whole organism, can do for herself to diminish her pain and live her life.

And so we have to open the door to negotiations and integration, verbal and non-verbal alike and this is the therapist's role.

From that respective, equanimity is likely to be the path worth taking.

**Dr. Elya Steinberg, MD**, is Co-Director of the Centre for Biodynamic Psychotherapy (London School of Biodynamic Psychotherapy). She is a medical doctor and biodynamic psychotherapist who integrates body-psychotherapy, Gerda Boyesen methods and bioenergy with psychological trauma work, martial arts, conventional allopathic medicine and complementary medicine. She interweaves alternative and conventional approaches to allow a person to grow as a holistic complex and improve their well-being. In partnership with Gerhard Payrhuber she facilitates the group 'Attending to the Silence' for second and third generation Shoah survivors, perpetrators and bystanders. [✉elya.steinberg@virgin.net](mailto:elya.steinberg@virgin.net); [www.biodynamic-bodypsychotherapy.co.uk](http://www.biodynamic-bodypsychotherapy.co.uk)

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