



Somatic Psychotherapy Today

Spring 2013

The USABP Magazine

This issue:

Touch in Psychotherapy

Prenatal Bonding (BA)

Organismic Psychotherapy



A PUBLICATION OF THE UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY



International Positive Psychology Association

Third World Congress on Positive Psychology

June 27-30, 2013

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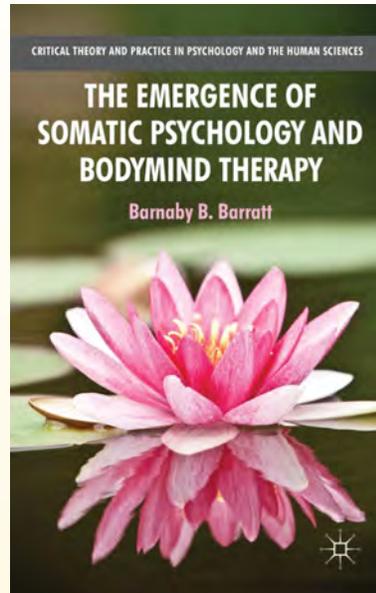
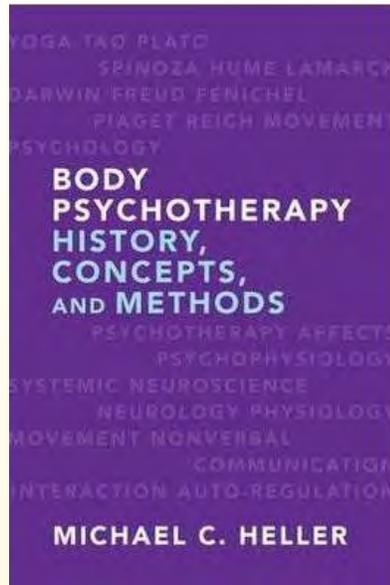


Foundations of Body Psychotherapy

Books in Review

“ . . . They have what we need to say to ourselves and others—that this is a legitimate field and our knowledge is robust.” Marcel Dubois

By Nancy Eichhorn



Marcel Dubois spoke of his experience translating Michael Heller’s book (2012) entitled, *Body Psychotherapy: History, Concepts, Methods*, during a workshop at the USABP 7th National Conference in Boulder, Colorado. He said it was a two-year journey that at times tested his ethical courage.

“**There’s always the subtle enticement** to tweak his thoughts my way, ” Marcel said. But he resisted because Michael was “brilliant beyond measure”.

During the workshop, Marcel also mentioned Barnaby B. Barratt’s (2010) text entitled, *The Emergence of Somatic Psychology and Bodymind Therapy* and offered that Barnaby’s and Michael’s texts are “**the foundation of body psychotherapy. They have what we need to say to ourselves and others—that this is a legitimate field and our knowledge is robust.**”

With that introduction, I was inspired to read both books. I knew Barnaby from my coursework at the Santa Barbara Graduate Institute (now closed) and appreciated his teaching and writing style. And then I met Michael at

the 13th International EABP Congress of Body Psychotherapy in Cambridge, England and quickly appreciated his knowledge and his ability to present.

I am grateful for Barnaby’s and Michael’s time as we discussed their writing process and their beliefs about body psychotherapy—its origins and its future directions. Reading their work and interacting with them personally offered me deeper insight into the field of somatic psychology.

I highly recommend both of these texts to anyone wanting to understand the origins of the art and science of body/somatic psychotherapy/psychology . . . as well as wanting to explore speculations regarding where the field is today and what the challenges are for tomorrow.

After each review, the authors share their thoughts on the writing process: why they wrote the book and what they hope for as possible outcomes.

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Somatic Psychotherapy Today

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We invite you to write an article or be interviewed for our upcoming issues. And/or submit your view of Somatic Expression for our art gallery. All written submissions will be edited, and all writers/interviewees have final approval before publication. We appreciate your knowledge and want to share your story. Please contact Nancy Eichhorn at writetobe@myfairpoint.net.

Upcoming Themes:

Summer: Affect-Regulation
Deadline: April 15, 2013

Fall: Attachment
July 15, 2013

Volunteer Magazine Staff

Nancy Eichhorn, MA, M.Ed, MA *Founding Editor, Layout Design*

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Ann Ladd, PhD *Copyeditor*

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We are looking for you!

Seeking Contributors: Writers, Interviewees,
Artists, and Photographers.

Look for us **FOUR** times a year, we publish the 15th of March,
June, September, and December



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From Our Founding Editor

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I was deeply ‘touched’ working with the contributors in this Spring 2013 issue. The knowledge, the skill, the willingness to share personal experiences and honest reflections was clearly immense; yet what resonated for me was the embodied presence within each article and conversation. Writing together, we touched one another’s lives; our field is alive, vibrant in its reach for human contact. Asaf’s philosophical ponderings on the formation of the self through touch—the conceptualization of I and Thou through the relational experience—reminded me of the early writings on infant development which flowed into Gerhard and Anne’s articles about Prenatal Bonding (BA) and Doulas as well as Fabio’s article on Parenting the Parents. Through this early touch—parent to fetus/child—relationships form lasting impressions of how the world will treat us and who we are in this present earthly form—generationally carried at times as Kamalamani reminds us. I noted Christine’s citation from Zur and Nordmarken (2011)—yes, we, as human beings, tend to be touch deprived and suffer the consequences. Malcolm talked about the openness within his Italian participants, their willingness to discuss their experiences being touched and touching in a safe, contained environment. I reflected on my classes at the Esalen Institute (Big Sur, California, USA) while doing my Somatic Certification, required for my doctoral coursework at the Santa Barbara Graduate Institute. The hands-on experiences were life altering, life affirming, but the discussions about the process were guarded; perhaps because it was a ‘class’ and the teachers were required to grade us? Far freer sharing occurred in the hot tubs, in the gardens, within the clusters of classmates sitting on benches overlooking the Pacific Ocean.

Touch is magnificent in its simplicity; its healing properties are well established in the literature. Michael beautifully grounds our history in touch just as Marjorie teaches her clients how to come into their bodies through supportive touch and Andrea massages clients supporting their own bodily contact—these healers are conscious and embodied. And, there’s also the reality that if one is not embodied, not comfortable within one’s own skin, then the offered touch is often tight, tense, tumultuous. Even infants sense when their mothers are not in sync with their own body and pull away. Christine writes about the need for educational support in our academic programs—students need to learn how to use touch in ethical and healing ways—Barnaby echoes her opinion and calls for the return to touch in therapy sessions including the genitals and sexuality. How can we leave out significant parts of our bodies and our human expression and call ourselves whole? Still, I have to wonder. What if our professors are not at peace in their own bodies? What energy will be transferred to their students and in turn rippled outward to their clients? I was blessed to have had mentors such as Ron Kurtz, Susan Aposhan, Christine Caldwell, Stella Resnick, Kathy Kain, and more. The ‘professors’ who guided my touch explorations at Esalen were clearly embodied and willing to share their journey so I felt guided in my own. I agree with Barnaby when he says this is a conversation we need to have—we need to talk openly about touch and sexuality, about its safe use and its healing potential. I offer the following articles as a starting point and if ‘touched’ I invite you to email our contributors and start a conversation.



Warmly,
Nancy Eichhorn MA, M.Ed., MA



From Our Cover Designer

How does someone convey touch in when working with graphics and print? It can be easy to find a bunch of pictures with hands and get predictable and repetitive. Touch is more than the act of contacting body to body. There is the relationship created, the trust built, and hopefully the healing happening. I hope you find this issue as touching (yes pun intended) as I have.

Join the Conversation

Communication is an essential part of all relationships, and the Internet affords opportunities to network with like-minded colleagues and participate in forums that challenge your thinking and ways of doing. Join the conversation and voice your thoughts on Facebook, Google, LinkedIn, ResearchGate and more.

LinkedIn Conversations are growing, gaining daily interest. Worldwide, therapists are talking and listening.



Members of **The Psychology Network** are approaching questions such as: What kind of science is psychology? For someone who is trying to get into medical psychology, are there any books or research that one may recommend to get started with? and What do we value more: actions or words? (is there any truth to the saying, actions speak louder than words?).

The Mindfulness-Based Interventions USCD Center for Mindfulness practitioners are looking at who owns mindfulness as well as the mindful engagement of death, dying or bereavement.

Mindfulness and Psychotherapy conversations range from non-duality and reflections on being with the dying to mindfulness for teens (CALM)—connecting adolescents to learning mindfulness, and the ever powerful question, Do you agree that society worships clever thinking instead of wise hearts?



Serge Prengel

Somatic Perspectives Online Conversations

The guest this month is Serge Prengel, and the host is Dr. Rae Johnson. This conversation was part of the Mystery of Embodiment Online Summit organized by Meridian University's Psychology Program last December.

See: <http://www.SomaticPerspectives.com/2013/02/prengel/>



Rae Johnson PhD

The "Somatic Perspectives" Linked In group (see www.linkedin.somaticperspectives.com), which started in 2011, now has about 1500 members. Along side spontaneously initiated by group members, there are "featured conversation" each month. The most recent discussion was suggested and moderated by Michael Heller, author of the book *Body Psychotherapy, History, Concepts and Methods* focused on, "Is coherence and harmony your main 'explicit' goal for a patient in psychotherapy? If not, what is it?" A lively and stimulating discussion ensued. One participant wrote: "one way or another, it's not just about following their conscious agenda but also following their body's agenda and maybe even something of a spiritual agenda."

They look forward to your joining the group, whether you are an active contributor to the discussion, or, like many people, simply enjoy being in touch.



Join the Conversation on *Somatic Psychotherapy Today's* Facebook page. Our goal is to stimulate interactive conversations where all can speak and be heard.



Prenatal Bonding (BA): A Universal Healing

An Interview with Gerhard Schroth M.D.

By Nancy Eichhorn

A pregnant woman settles into a comfortable position lying down on Gerhard Schroth's couch. As a medical specialist in psychiatry, psychosomatics and psychoanalysis a 'couch' is part of the office décor. His voice guides her to a relaxed state. When her body is deeply relaxed, Dr Schroth uses breathing techniques to guide the pregnant mother to move even deeper within her body. Becoming aware of her body sensations and visualizations, she gains access to the signals of her baby. Her mind is directed to get in touch with her unborn baby through imagery, thoughts, words, movements, colors and so forth. In this state of relaxation and bodily connection, she also can initiate mutual contact with the baby inside. Sometimes there's no immediate, direct access; sometimes there are only colors for a while before the baby's image appears on the inner screen, as we know it from our dreams. According to Dr Schroth, if attention, intention, and inner presence are achieved, the communication between mother and baby is very clear and through this process the mother /unborn relationship is deeply rooted in one another.

The Beginnings

In the early 1990s, Jenoe Raffai (a psychoanalyst in Budapest, Hungary) detected the importance of the prenatal relationship for a child's later development while working with teenage psychiatric in-patients. Together with his colleague György Hidas, he created a method to promote and improve the prenatal mother-child relationship by

helping mothers create and experience inner connections between themselves and their unborn babies. They called their method "Bindungs-Analyse", which was translated for the US to Prenatal Bonding (BA). The term (BA) refers to Bindungs-Analyse by Raffai.

Dr Schroth has been connected to Raffai's research since the very beginnings and supported research designs in

Mannheim, Germany. Since 2004, he and Dr Janus (former President of International Society for Prenatal and Perinatal Psychology and Medicine) invited Raffai to teach his method in Germany. In 2009, Prenatal Bonding (BA) was first presented in the US at the APPPAH Congress (The Association for Prenatal and Perinatal Psychology and Health), at Asilomar, CA by Dr Schroth. He was invited by Michael Trout from the Infant-Parent Institute in Champaign, IL to offer his teachings in the US since 2011.

The Method

Prenatal Bonding (BA) starts around the 20th week of pregnancy. A detailed, multigenerational history is obtained affording the facilitator a clear sense of the background scenery. Recalling the mother's own and her family's history over several decades greatly helps to clear away emotional wounds, which often remained unconscious, creating residual alterations in the organs especially concerning the uterus. The mother is learning how to communicate with

the unborn baby. Every baby has its way of contacting the mother whether through "word thoughts", dialogue, images, colors, sensations, feelings, emotions, or movements. As the favorite way of communication is selected by the baby, the mother learns to adapt and understand the baby's signals. The communication is much slower than in adult relations, Dr Schroth said. With Prenatal Bonding (BA), the mother constantly realizes the baby's presence, existence, and feelings. Through this process, the images become more frequent, "creating a flow of information and communication between the mother and the unborn and this creates the 'umbilical cord of both souls.'" (Schroth, 2010, p. 3). Near the end of the third trimester, the mother and unborn baby prepare for giving birth, which is a separation and a transition to life in the outside world.

After more than 40 years of research in prenatal and perinatal psychology, the unborn is clearly expected to be a sentient being in utero

as described by David Chamberlain (1994/2011 and 2003), Nancy Eichhorn (2012), William Emerson (1996), Joann O'Leary et al., (2001), Thomas Verny (1981) and many others. According to Nancy Eichhorn (2012) the awareness and acceptance of maternal-fetal reciprocity impacts the maternal-fetal relationship, the fetal development, and the foundation of the infant-maternal attachment relationship post birth.

Bearing this in mind, facilitators of Prenatal Bonding (BA) need, beside many other instructions, to have access and clearly sense their own pre- and perinatal history during the Prenatal Bonding (BA) Curriculum. This may be challenging on one hand but has a tremendous healing capacity on the other. A well-trained facilitator thus is able to hold and contain the very sensitive and vulnerable scenery of a baby interacting with her/his mother and perhaps the father.

"Mothers who report using this process as a self-use strategy say that it does allow some access to the baby



Photographer unknown. Found on Facebook.

but it is different than the actual sessions with the facilitator who holds the space for the mom and baby, creating a sense of security for both of them so they can relax and go deeper,” Dr Schroth said. “Facilitators hold back their own presence; they guide the mother to the place where she can connect with the baby. During the so called baby-sessions, the mother describes what’s happening with the baby to help the facilitator to give suggestions, according to what the baby may need. The mother acts in this situation more as medium transforming the signals of the baby to words without adding own interpretations.

What Exactly Is Prenatal Bonding (BA)?

Prenatal Bonding (BA) is not intended as psychotherapy. It is primarily a facilitating process to help pregnant women and their families to have better contact with themselves and their unborn babies. It may have a healing effect as the family's history is consciously included in the transitional development of mother, father and baby. Facilitators never offer interpretations to mothers, though they may bring up questions if the baby shows up with inconvenience or is distracting itself from contact with the mother. They may suggest the mother to ask the baby, "What are you feeling" or "What's going on?" or "What's your complaint?" The baby can acknowledge the presence of the mother and respond. Babies often "react like an adult person with astonishing wisdom and clarity. It seems the Soul contains information from preconception on."

"We get so much information from Prenatal Bonding (BA); it's like an ultrasound constantly happening at an emotional level," Dr Schroth said. "Healing can occur before birth! We once received information from a baby that there was a dark space in the uterus, and the baby did not like to go there. When we researched with

the baby what it may mean, we suspected that a twin may have died very early in the uterus. The consciousness of that lost Soul was still present. Dealing with the baby's and the mother's grief about the lost twin helps to clean the uterus and the baby can feel comfortable again. Today we more clearly see adults in psychoanalysis who are struggling with their life in unsuccessful search of something unnamable, not knowing that a

Natural giving birth can be a precisely coordinated dance of delicate body movements between mother and baby inside to use the tight space most efficiently to get born into the existence we live in.

Prenatal Bonding (BA) creates and secures the sensitive connectedness of mother and baby to realize this dance in a most efficient way by clearing away unconscious obstacles created in this life or former generations. The mother's life may include experiences of herself or her ancestors, which can get into the way of this dance in a sense of deeply emotional, mostly unconscious wounds.

twin died during pregnancy; with this process, the problem can be solved before birth! But this is only one example!"

"I have used Prenatal Bonding (BA) in some cases with hindrances of getting pregnant. One mother had a traumatic C-section and believed she would never be able to get pregnant again. We worked through this trauma and after only four sessions she came in and said, 'I'm pregnant.' Mother's who have been traumatized by the C-section experience, strongly want a natural birth for the second delivery and Prenatal Bonding (BA) can definitely re-empower them."

"We have access during every point

within the pregnancy, and if something is wrong, the baby can tell his mother about it long before medical examination can detect it by technical means. We can heal problems much earlier if the mother is supported by her medical care providers. It can sometimes be difficult to bridge the knowledge of Prenatal Bonding (BA) with the outside medical principles. You have to find an OB/Midwife that can work with this knowledge and be serious with the mother's imaginations/visualizations."

"We are now building a network of providers in Germany (midwives, doulas, OBs, Prenatal Bonding (BA) facilitators, baby friendly hospitals) so mothers can connect with adequate medical support for pregnancy and giving birth. Clinics begin to accept this information (how to contact through imagination) and when the mom arrives, the staff knows about the huge female capacity of these mothers and can support birth in complete different and mostly natural way."

"Communication between the mother and the unborn continues during the whole birthing process. It is said that the mother receives specific signals from the baby such as, 'I can't get through, can you move a little bit and change position?' And when the mom is feeling too much pain she can relate this to the baby so he can change position. It is an intimate dance between the two," Dr Schroth said. "Some moms report they did not have any pain giving birth because of the incredible cooperation—they chose the best way for the baby to get out together. They know each other intimately at birth already."

Fathers and Siblings

This is a family affair. The father becomes a container for the mother by offering emotional and physical shelter which allows the mother to go deeper inside and connect with the

baby. The father's role is to create a "social womb" by nurturing a safe place for the pregnancy and allowing the mother to encounter extensive changes in her womb and body as well as in her life. Fathers can connect via energy and imagination/visualization with their unborn baby and are supported to attend as many sessions of Prenatal Bonding (BA) as possible.

Parents often report that siblings contact the unborn spontaneously, talk and sing to the baby and cautiously touch the belly. If included and informed from the beginning, siblings tend not to show up with jealousy but with a deep and trustful bond immediately after birth. Fathers are also encouraged to connect with their unborn baby at home by singing lullabies, reading children's stories, fairy tales, poems, and touching/holding the womb every day.

According to Dr Schroth, one mother came to see him because she was quite upset about the sex of her prenat. She wanted a girl but was carrying a boy. Through Prenatal Bonding (BA) she accepted the boy, but the unborn still detected some of her rejection. "One day the mother was upset with the father and was sharing her frustration. The baby said, 'Oh keep quiet. He's really okay. He's done a lot for us.' The mother could accept the baby boy's point of view, thus the relation of the parents got balanced again.

Scientific Validation

"We have not yet proof through a natural science research design for these experiences, but we hear the dialogues of mother and baby, and there is a lot of clear evidence," Dr Schroth said. "We do not yet pretend Prenatal Bonding (BA) is preventative, but with a sample of meanwhile more than 2,000 mother/baby facilitations we can say there has not been one case of autism, and no postpartum depression. (On average 15% of mothers worldwide experience post partum depression). Cesarean sections have decreased with mothers going through Prenatal Bonding (BA) facilitation to 10% (the national average in the United States is 34%). Of 1200 pregnancies facilitated by Raffai, premature birth rates were absolutely low with less than 0.1% (average is 8%)" (Schroth, 2010, p. 6).

Anecdotally, babies born through the Prenatal Bonding (BA) process are noted as "more curious about the world, emotionally stable, and socially ma-

ture" (Schroth, 2012, p.12). They are said to have "complete access to their personal potential" (Schroth, 2012, p.12). There is an easier transition to regular sleep patterns with fewer awakenings so parents are not suffering from sleep deprivation. And these babies appear to be farther ahead in development than their counterparts. Dr Schroth said that when they come to kindergarten, their teachers are impressed by the children's interactional capacities. Their capacity far exceeds that of other children and they often become class leaders.

"More research would help to identify Prenatal Bonding (BA) as a research tool for Pre- and Perinatal Psychology as we can learn immediately about the baby's development while in utero. My personal hope as a psychiatrist and psychoanalyst is that Prenatal Bonding (BA) has the capacity in the future to heal major psychiatric diseases, for it is now, as it seems, completely healing postpartum depression."

Upcoming Trainings

Plans are underway for a second US Training Curriculum to begin November 2013 (at the earliest) in California. The Certification Program includes theoretical instruction in Prenatal Bonding (BA), prenatal self-awareness training, group-analytic processing, practical guidance in Prenatal Bonding (BA) facilitation, personal supervision and peer guidance during own practical case work. Gerhard Schroth is Raffai's representative to train in English speaking countries. The first US trainings held in Seattle/WA and Champaign/IL, will be finished in November 2013.

Gerhard Schroth M.D. is a medical specialist in psychiatry and psychosomatics, psychoanalyst, group analyst, systemic therapist and body psychotherapist. He is the founder of a psychosomatic education institute in Germany (Arbeitskreis Psychosomatik Vorderpfalz, Speyer/Germany).
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Photo shared by Martin Cauchon/Cabri Photo



Prenatal Bonding (BA) and Doula Work

By Anne Goertz-Schroth

In 2011, I facilitated a pregnant woman through the Prenatal Bonding (BA) process who was encountering a difficult life situation. The facilitation went well, and in the end she looked forward to and was optimistic about giving birth naturally. Unfortunately, the birthing process didn't progress beyond a certain point and after 29 hours of labor (in the hospital setting) the obstetrician decided to perform a C-section.

Both the mother and I myself were disappointed, and I thought, there must be a way to support women and families during pregnancy and birth. I remembered the reports from an engaged doula during our Prenatal Bonding (BA) training group in Seattle, WA, and by accident I found a brand new doula training in Germany in cooperation with DONA International (www.dona.org). I immediately committed to the doula training.

In Germany, we are pioneers, as the doula work was unknown until now. I was certified as a doula September 2012 from DiD, a German association for doulas (www.doulas-in-deutschland.de) and DONA International. My job as a doula is to provide support for the woman throughout the birth process. Not having any medical tasks to fulfill, I can devote myself fully to the emotional needs of the birthing mother. This kind of support for her body, mind, and emotions enables the mother to delve into her primal basic female capacity and empowers her to give birth naturally.

The emphasis of DiD is based in part on the work of Klaus, Kennel, and Klaus, who recognized the benefits of the presence of a doula at

birth. In their studies, dating from the 1970s through the 1990s, they have shown a remarkable reduction of C-sections, forceps deliveries, painkillers and peridural anaesthesia (Klaus, Kennel, Klaus, 1993).

As well, the respected Cochrane Collaboration (Schöne, Hermann, Doula-Wissen, 2011, p. 26) shared results from the experiences of 13,000 women birthing with the support of a doula:

- 26% less risk of Cesarean sections
- 41% less risk of vacuum or forceps delivery
- 28% less risk for the use of pain medication or obstetrical analgesia
- 33% less risk of the mother's dissatisfaction with the birthing experience

Changes in Germany

For several years now, the birthing situation in Germany has markedly changed. More and more birthing centers are offering elaborate technical equipment to attract pregnant families. An increasing number of deliveries are practically conducted by machines than by midwives; these machines cannot provide the same personal presence needed to facilitate an emotionally supportive delivery. These machines are not going to go away; therefore, this gap in personal and emotional support needs to be filled by doulas. The work of the doula is often limited, however, to the time just prior to birth. Seldom does the support start during the early stage of the pregnancy.

Prenatal Bonding (BA)

For the first time in Germany there is now a chance for mothers to receive support through Prenatal Bonding (BA) facilitation process, and, as well, support through the trustful relationship with the Prenatal Bonding (BA) facilitator who is now also a doula. The sometimes technically overwhelming scenery of the hospital can be balanced by this dual support.

Prenatal Bonding (BA) starts much earlier than the relationship with a doula, usually around the 20th week. This scheduling allows time for the facilitator to know the family well including a thorough medical history. It allows for a gentle and continuous process of making contact with the baby. The new family can grow, and the birth can be prepared for in-depth. The mother, baby, and father become a team, and they are able to go well-prepared into the birth process. This also strengthens the father's relationship when he is present during birth.

Most mothers wish to give birth to

their children in a sheltered, secure and warm atmosphere. At the same time, they want maximum medical safety for themselves and their babies. The emphasis on the second consideration is why more than 96% of the families in Germany choose to give birth in a hospital. The conditions in hospitals though, are often in stark contrast to the ideals of a sheltered and comfortable birthing place. In addition, introducing a change in location during labor reduces or stops the labor process. In consequence, medical interventions are utilized, which also interrupt the natural flow with its subtle interaction between mother and baby, thus necessitating even more interventions.

In my experience, many women who have successfully gone through Prenatal Bonding (BA) can easily access their own female power and make intensive contact with their babies during birth. They are able to deliver their babies with self-determination, naturally, even in the surrounding hospital atmosphere.

However, some women become

uncertain due to the unfamiliar surroundings and hospital routine, and they lose the inner connection to their babies. It is critical for these women to have access to a trusted person who can provide support and protection, in order for them to get back to their own rhythm.

The Prenatal Bonding (BA) facilitator cannot offer this kind of support because the process's scope is limited to the time of the pregnancy. The combination of Prenatal Bonding (BA) during the pregnancy and doula support during birth takes care of this deficit. These two methods complement and enrich each other in a wonderful way. With access to both, pregnant women have the opportunity of continuous support—the doula starts where Prenatal Bonding (BA) ends.

Furthermore, during the time leading up to the birth, I discuss with the parents their wishes and expectations for the birthing process. In addition, I offer to be available for meetings post-birth for any further processing of the experience and to explore options for consultation and support during the postpartum period.

I feel honored being involved in bringing Prenatal Bonding (BA) from Germany to the US and to be one of the Pioneers of the doula training in Germany, which is coming from the US to Germany. These methods enrich and expand the horizon of the facilitators and complete the possibilities of support for the families. Now I'm very excited to meet my first families who want to combine facilitation by Prenatal Bonding (BA) and get supported by doula work.

Anne Goertz-Schroth is the mother of two wonderful daughters. She is certified: as a bioenergetic healer by the famous Krohne-Schule in Frankfurt, Germany (2005), as a facilitator in Prenatal Bonding (BA) in Heidelberg, Germany (2007), and as a birth doula by

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Picture from do-while.com

Across the Pond



Jill van der Aa
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen
EABP President

It's January, the start of a new year, and we, in the EABP, would like to wish you all – wherever you are – a very happy and prosperous 2013 – from across the pond. May the wonderful cooperation we have established continue to bear fruit.

2012 ended very well for the European Association for Body Psychotherapy. Our congress in Cambridge was a great success in terms of content, interpersonal contact, atmosphere and (thankfully) finances. Above all, we feel satisfied that we were able to make body psychotherapy a bit more visible to the world. Our congresses provide wonderful opportunities for body psychotherapists to get together and exchange thoughts, feelings, methods, techniques and visions. It also gives us a platform to communicate to other health professionals exactly what we mean by working with the body, what it is we do, and how we do it.

Visibility and clarity are our current challenges. For those who we may call the 'general public', it is not so clear what the difference is between a psychiatrist, a psychologist, a counselor, a psychotherapist – not to mention a body psychotherapist or, as you would call it in the US, a somatic psychotherapist. We are all hovering around the same area of mental health trying to claim our patch. Psychiatrists and psychologists have a longer

history and have claimed the professional field as their own, while psychotherapists and counselors continue to mushroom out of the ground and lay claim to at least part of the field.

It would be fair to say that 'psychotherapy' has considerable name recognition, but we haven't really been able to differentiate ourselves. We present an enormous range of names and methods, and potential clients are as confused as we ourselves are. We need to offer more clarity and cohesion.

While we are attempting to define body (somatic) psychotherapy, the field rumbles underneath our feet – it is changing, developing, exploding with insights and new approaches, new trainings, new Training Institutes, new University studies, new combinations of approaches. Just read through this Magazine and you see so many different offerings – perhaps a fraction of what exists – we are multiplying at an enormous rate.

In 2005, there were 66 different body (somatic) psychotherapy 'modalities' listed in the USABP Journal. The EABP currently has 72 organizational members – mostly involved in training. In the 'links' section of the website, we acknowledge twelve University trainings with one in Cambridge, UK (Ruskin) awaiting final approval. Who knows what else is on offer?

Jacqueline Carleton, Editor of the **International Body Psychotherapy Journal**, a combined USABP/EABP effort, has initiated a small project: two of her university interns, Michael Thomas and Rachel Paige Vitale, are creating a database by identifying organizations working in our field. It is of crucial importance to our two Associations to know what these organizations do. Are they offering workshops to clients and/or are they training future body psychotherapists?

The EABP currently accredits body psychotherapists according to strict membership criteria. New applicants need to have trained in Institutes that we recognize and have been accredited according to the EABP Training standards. All of these criteria are clearly defined on our website.

Whilst we attempt to clarify who works in our field, others are writing, talking and trying to define what body psychotherapy is. Serge Prengel with his *Somatic Perspectives* does wonderful interviews with prominent psychotherapists, recently one with Michael C. Heller, available both in English and French. Michael Heller's recent book *Body Psychotherapy: History, Concepts & Methods* (2012) has been translated by Marcel Duclos of USABP. In his review of this book, George Downing comments: *How often does a book like this land in our midst? Michael Heller's opus draws*

together more information than one even knew was out there to be found. Provocative and far-reaching, it proposes a look at body psychotherapy which transcends schools and methods. (IBPJ Journal 11(2) winter/fall 2012)

This book is 700 pages long – perhaps that alone indicates how difficult it is to give a definition of body psychotherapy to enlighten the general public!

Others are approaching from another perspective. We have spoken before about the Professional Competencies of a European Psychotherapist Project set up by Courtenay Young through the European Association of Psychotherapy (EAP). (Courtenay Young was the originator of this column and a former President of the EABP). This is an attempt to look at our whole profession of psychotherapy through competencies – what is it that we expect a trained body (somatic) psychotherapist to be able to do? In the first stage of the project, a large number of European psychotherapeutic institutes and individuals have answered a detailed questionnaire about these general competencies in psychotherapy in general and the answers have now been analyzed.

In the second stage, the different psychotherapeutic modalities are filling in questionnaires about their specific competencies. What does a body or somatic psychotherapist do that is over and above the ‘core competencies’ of a psychotherapist and (incidentally) different from a Gestalt or Family systems psychotherapist? Now we really have to start thinking!

The next International Body Psychotherapy Congress,

which will take place in Lisbon, Portugal 11-14 September 2014, is entitled The

Body in Relationship, Body-Self-Other. Gill Westland, director of the



Cambridge Body Psychotherapy Center in the UK, has already established some Body Psychotherapy competencies with a couple of colleagues, will lead a session on this theme.

There is a third ‘spin-off’ to this project and this is where it becomes even more interesting. How do all the different individual body psychotherapeutic modalities differ from each other – or (better said) – what are their specific competencies, the areas they concentrate more on and/or do in a different way? How do Bioenergetics, Biosynthesis, Biodynamic, Bodydynamic, and Breath Psychotherapy (we have got as far as B) differ from each other? I am tempted to ask, “Are all these names really necessary?” However, we may be amazed by the variety. Some do extra work with trauma; others add more mindfulness. Some approach the work specifically from massage and others from breathing or physical exercises.

In discovering what the differences are we will get to understand better some of the intricacies and complexities of body (somatic) psychotherapy.

It feels like doing a jigsaw puzzle in your dreams where the pieces keep changing and growing as you do it. Will we ever be able to get all the pieces and then to fit them together?

A further perspective is being offered by the work of our Science and Research committee. Their research symposium that took place right after our congress in Cambridge was a wonderful first initiative with contributions from both USABP and EABP.

Last year, the resource pages on the EABP website also were updated by a member of the committee, Professor Frank Röhrich MD MRCPsych, who is both a researcher, and psychiatrist, trained also in body psychotherapy. These pages include several recently published journal articles on body psychotherapy research projects. In the coming year, the committee will look

more deeply at possible further research projects in order to ‘prove’ the scientific validity (effectiveness and efficacy) of body psychotherapy. This kind of proof is now seen as essential to show that what we are doing definitely works. This kind of proof is now seen as essential in the ‘outside world’ to show that what we are doing definitely works. This should not only help deliver us more kudos in the health community and enhance our visibility but also provide a much more solid ‘ground’ on which to stand.

It is a little daunting! So, we have a lot to do! But slowly, slowly catchy monkey - if we are cautious and patient we will reach our goals!

So, that’s all the “top-down” stuff, and now what about all the fascinating “bottom-up” work that you are doing ‘out there’? We would be very interested to hear from you, the readers of this wonderful *Somatic Psychotherapy Today* magazine. Are you working in body psychotherapy? Do we know what you are doing? We are particularly interested in hearing from training institutes and professional organizations.

Just yesterday, I received on my desk the summary of Agnè Matulaitė’s doctoral thesis from the University of Vilnius in Lithuania, “Your body just goes bananas”: Embodied experience of pregnancy. She says in her introduction: “There is a paucity of psychosocial research into women’s body experience in pregnancy and in the first year post-partum”.

It is fascinating. Have you written a doctoral thesis which contributes to our understanding of the embodied experience? And if you are a fan of interviews (as I am) here is "The Mystery of Embodiment: An interview between Siegmund Gerken Ph.D. and Melissa Schwartz Ph.D. as part of a summit hosted by Meridian University.

Please contact us at jill.vanderaa@eabp.org

Body Wise

By Kamalamani

Touched By The Past



“Our history is encoded in our body just as the rings of a tree encode the life story of that tree, including its genetic inheritance and the atmospheric conditions that were present from year to year” (Stromsted in Johnson & Grand 1998: 157)

War and peace are on my mind. In particular, the effects of war and peace on our embodiment and our intergenerational connections. We have not long returned from Norway, paying respects to my grandfather who is buried there. I wanted to visit to touch the earth and breathe the air at the final resting place of his remains. He was an airman in Bomber Command in the Pathfinder division of the UK's Royal Air Force, killed at the end of the second world war. He and his friends were shot down whilst bombing a u-boat base on the Oslo fjord. He's been dead for 68 years, yet his missing presence has loomed large in the life of my family. Like a heavy cloud with no rain.

Since making this voyage, the clouds have parted. I am changed by the experiences of being in Norway - an earth-touching experience indeed - and I am reminded afresh of the extreme futility of war. Meditating early this evening I find that feelings of loving kindness flow spontaneously for the German soldiers who shot down the plane of my grandfather. Crouching in walled defences as they man their guns. May they be well and happy. They are focused and shouting instructions to one another urgently, breathlessly, in German. May they have survived and lived long and happy lives. They shoot the plane,

which starts its long, slow, spiralling, firey descent to earth. The soldiers are jubilant, congratulating one another momentarily before regaining concentration. May they be alive now, in peaceful retirement. The plane explodes in a ball of fire.

My grandfather had a 'safe' job in Bristol; he worked in what was known as a 'reserved occupation', so consequently wasn't sent to war. My grandfather's father-in-law, my great-grandfather, was killed by a stray bullet whilst he was out for an afternoon stroll in north Bristol. A freak moment in a day raid during the Battle of Britain and bombing of the Bristol Aeroplane Company. Upset by and indignant about his father-in-law's death, my grandfather joined up.

I picture him hunched in his turret as a rear gunner. I dare not see what he saw or feel the fear he felt. I dare not know the suffering he caused. By all accounts a quiet and sensitive man in temperament (bar the odd bout of indignation) I am ashamed to admit that I am relieved he never came home. How could eyes that witnessed the blanket bombing of Dresden and hands that helped to create that towering inferno ever rest easy at night? Operations reports written by his pilot on the first night of the Dresden bombing say it all: "*after the first 5*

minutes he (the controller) said bombing was getting a bit wild...and ordered no more flares". How would a sensitive-hearted man returned to everyday life, way before the support given nowadays to those suffering from post-traumatic stress disorder?

I remember my Nana, Grandfather's wife, with love and a great fondness. How she remembered her lost love. I remember how her slightly brittle exterior was softened by the presence of children, animals, and the mention of her lost love. Her eyes then twinkled like a young girl again, perhaps from an age of greater innocence and ease? As I leave the cemetery in Tonsberg, Norway I feel the eruption of her grief and loss in *my* heart. Grief which has been frozen reaches shocking boiling point in a matter of seconds.

I imagine how it would be to lose my own love, in the present day. I sense the ghastly shock in reading the words 'missing, presumed dead' and 'killed in action' scribbled hastily in grey pencil. Words urgent to communicate themselves housed in a scruffy little envelope which has journeyed furiously from the east to west coast of England.

I picture those words, and feel the waiting, longing, and hope shattering to despair, echoing a thousand-fold in

the suffering of friends, family, neighbours all around: nearly everyone losing somebody. I sense the moment when the truth reveals itself: he's dead, he's gone. A line from a war poem from Rupert Brooke edges its way into my consciousness and suddenly makes perfect sense: "there's some corner of a foreign field that is for ever England" (Brooke, 2010). This cemetery in this small Norwegian town is one of those corners. I realise I've made the trip that my Nana could never make. My body tells me that a task is somehow complete.

I feel huge gratitude. To Jan, the kindly Norwegian who told me the story of his war. How he climbed onto the roof of his house with his friends to wave at the "armada" of aeroplanes that night, journeying up the Oslo fjord: 73 Lancaster bombers and 12 Mosquito planes. How the town of Horten, his hometown, home of the u-boat base, was lit up by the pathfinder bombers - my grandfather's 'plane amongst those - which made the city "like daylight" in Jan's words. The excitement of war through a child's eyes.

To the Norwegian journalist, his or her name unknown, who took the secret photos of the airmen's burial and crash. He was determined to send photos to the relatives of the airmen, to show that they had had a proper ending and to share the story of the end of their lives. His courage in risking his life in capturing those secret images, camera tucked under his coat. To Pastor Knutzen who buried the airmen, insisting they had prayers in their own language, and years later offering friendship to my Dad in the midst of his grief.

I am grateful to friends from Germany. How I can now hear their voices and feel their presence without feeling childhood fear. Fear bred from frozen grief and archaic war films and myths about war heroes, winners and losers, and, in Pablo

Neruda's words 'victories without survivors' (Neruda, 1999).

Since feeling the eruption of grief and loss in my heart - is this my grief? My loss? My Nana's grief? Or tapping into the universally experience of loss? - I have been aware of a thawing process within. I realise that I thought Tonsberg would be a place frozen in time. Time stopped on that icy, moon-lit February night in 1945. What a relief to walk along the waterfront, laugh with locals, wander about and see that Tonsberg is alive and well and that it's the year 2012!

My heart has been softened and strengthened by my funereal, liberating trip up the Oslo fjord. I feel more alive and strangely more relaxed than I've allowed myself to feel. I've fallen a little bit more in love with life, despite its design faults, or perhaps my human design faults. I feel more acutely the times when my heart clamps shut. Why does that heart-closing hurt so much? I ask myself with a new voice, puzzled. In that moment I realise that *I* am missing, presumed dead.

I am reminded afresh of the importance of inviting our clients to recognise when they are being touched by their ancestral legacy (see Ancelin Schützenberger, 1998). Honoring the 'tying up' of loose ends of work which are ancestors were unable or disinclined to complete as we each continue to weave the tapestry of our own lives, and its interweaving with those around us; friends and foe. Having been so recently touched by the past in this way myself, I am humbled by the power of the human body to heal itself, if we will just listen to its murmuring and prompts ('for heaven's sake, *buy that ferry ticket to Norway!*') I am aware too of the power of transformation that comes in and through the releasing, dissolving, thawing, discharging - or the particular phenomenon associated with that person's letting go of trauma - and how care-full we need to be in

holding that release in our work as therapists.

Most of all the words from Naomi Shihab Nye's 'Kindness' poem roam around in my mind:

". . . Before you know kindness as the deepest thing inside,
you must know sorrow as the other deepest thing.

You must wake up with sorrow.
You must speak to it till your voice catches the thread of all sorrows
and you see the size of the cloth. . ."

May all beings be well. May all beings be happy. May all beings be free of suffering.

Kamalamani is an Embodied-Relational therapist, supervisor, facilitator and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost - and found - in nature. Her first book 'Meditating with Character', published in 2012, explores engaging with meditation through the lens of post-Reichian character positions. She is a steering group member of the UK-based Psychotherapists and Counsellors for Social Responsibility (PCSR) and editor of its in-house journal, 'Transformations'. She co-facilitates Wild Therapy workshops with Nick Totton and meditation workshops based on her book. www.kamalamani.co.uk

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Getting In Touch . . . Or Not?

By Marjorie L. Rand

One of the advantages of being an “elder” is that you get to observe the field as a whole over time, although not necessarily being aware of it while you are in it. In the late 60’s and early 70’s I was trained as a Reichian (albeit neo-Reichian) psychotherapist. I have seen body psychotherapy evolve since then to what it is still becoming today, currently known as “Somatic Psychotherapy”.

I was taught the Reichian segments (Ocular, Oral, Cervical, Thoracic, Diaphragmatic, Abdominal and Pelvic) and how to release each segment from muscular armouring (fixed muscular patterns which Reich called frozen emotion), which blocked energy (orgone) from freely flowing in the body (Reich, 1942). The goal was to “charge” the body with energy using sympathetic breathing until the body released into an orgasmic reflex, which Reich considered the cure for neurosis (and everything else) (Reich, The Function Of The Orgasm). There was a specific order in which the segments were to be released (head down) and specific ways to release the chronically held muscles.

In those days, when a segment was blocked, we were taught to open the defenses (sometimes referred to as “dynamiting” the defenses) using deep tissue massage techniques. The ensuing cathartic release then came from manipulating the muscles to reveal the repressed emotions held within. These “touch” techniques often meant using the hands but

could also refer to other body parts (elbows, fists, legs, knees, feet) as well as props such as pillows, battagas, towels, belts, etc. for pulling, kicking, hitting, tying.

Catharsis versus Containment

I now think the emotional releases elicited by these techniques may have been caused by the pain of the physical release techniques themselves rather than the underlying emotions. I go so far as to say that these release techniques may often have repeated the original injury itself and thereby re-traumatized the person.

I’d like to narrow my focus to the shift from a cathartic model to a containment model. I think of defenses as rigidified and based on obsolete responses to the past. Although they most certainly originated as survival techniques, they cease to do so over time, and actually contribute to states of dysregulation, imbalance and disease. Rather than trying to remove defenses, I replace them

with boundaries, which are flexible in nature and present centered. Containment requires flexible boundaries. Boundaries have many aspects, spatial, verbal, behavioral and energetic. As the ability to set appropriate boundaries is strengthened, the need for defenses lessens and they can be given up, rather than taken away.

A flexible body can expand and contain energy without the need to discharge in emotional release. Pour water into a glass vase and it will overflow when it is full. Pour water into a balloon and it will stretch and hold more water. I analogize catharsis to a volcano and containment to lava flow. With containment comes clarity and the ability to choose what and how to express.

How, When and Why To Touch (or not)

We all know the Chinese proverb about teaching a man to fish rather than giving him a fish. I am all for teaching a person to contain

and regulate his own energy states, rather than doing it for him (or to him). When an emotion arises in an open and boundaried body, it will flow into expression. There is no need to DO anything. No need to make it more or to make it less. If there are blocks to expression (such as swallowing, etc.) the therapist can point this out and bring it to awareness. There are many ways to support opening of the block which do not involve touch.

I use many self-release techniques that people can do themselves in order to keep their bodies open so energy can flow. One big category of self release technique is movement. Primarily I use supported Yoga poses with breath-work to build and contain energy. So, for example, the therapist may suggest “Lions Breath” (opening the back of the throat by sticking out the tongue on inhalation) as a self release technique for a holding pattern in the throat.

I tend to teach movement patterns that are relaxing rather than contractive. It is difficult to maintain openness when you are using muscle (to hit for example). An alternative would be to gently lift the arms over the head on inhalation and lower

them down on exhalation. The upper back, chest and shoulders will be mobilized.

I do use touch (with permission) for a number of different reasons. Similar to Ilana Rubinfeld’s method of “The Listening Hand” (Rubinfeld, 2001), I often touch for diagnostic reasons. I may want to assess the level of tone of a certain muscle, so I may place my hand on it and allow it to speak to me. This hand may also “speak” to the muscle to help it remember how it is supposed to move with breath. For example a gentle “Tragering” (vis a vis Milton Trager) rocking of the rib cage on exhalation (retrieved from www.trager.com/approach.html).

My most frequent use of touch is using pressure points to move energy through a block, without having to release the block. Once I teach the pressure points they need to use to move energy the clients can generally use the pressure points themselves. Most commonly I use acupressure points on the head, face, hands, and feet (the “end points” of the body), but also chest, back and abdomen as well. By proceeding in this manner, I



respect the client’s boundaries, avoid invading them and empower them to regulate their own states of energy.

To read more erudite opinions than mine, please refer to the December 2012 discussion on the LinkedIn Somatic Perspectives Psychotherapy group, which I moderated “When To Release...When Not To Release”.

Marjorie Rand PhD a pioneer in somatic psychotherapy, has been in private practice for 36 years. Her specialties include: somatic psychotherapy; pre and perinatal psychology; supported yoga therapy; and teaching mindfulness meditation. She has authored/coauthored three books and hundreds of articles, and is a founding member of USABP, having served on numerous committees since 1996. She can be reached at 310-937-0053, Marjorie.rand@gmail.com, and www.drRANDbodymindtherapy.com

Resources

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Photo taken by Ruth Miller from *Yoga and the Wisdom of Menopause* by Suza Francina. For more information see www.suzafrancina.com. Thank you Suza for use of this picture.



Body Psychotherapy: History, Concepts, And Methods

Written by Michael C. Heller PhD

Reviewed by Nancy Eichhorn

"Unquestionably the bible of body-oriented psychotherapy."

Peter Levine's quote captures the essence of Michael's latest text—this is indeed the gospel for early somatic life, the antecedents of our theoretical heritage and our evolving practice according to history, philosophy, science, religion, spirituality and more. As body psychotherapists readying to speak up and influence the larger world of psychotherapy, we can't afford to be provincial in anyway. Michael takes the plunge and brings our work into the limelight in all its complexity and being. The depth of detail including nuanced layers of his personal knowledge and belief are combined in a writing style that is both exacting and entertaining.

To be accurate, this is not a textbook about doing psychotherapy. This is a book about the complete intellectual history that informs psychotherapy practices—it is a well written critique with respect to all modalities housed under the term body psychotherapy. The contents can be accessed from any point within the text as enough information is provided to support understanding. Beyond the introduction, which might be easier to read as the epilogue, there are seven sections (23 chapters) along with detailed appendices, notes with more data to encourage exploration,

a glossary, and references and bibliography that one could spend a lifetime reading through and still not read it all. Each section covers an immense reach exploring the building blocks of our field fortified with such expansive detail presented in its minutia yet written with a relaxed knowing tone—just a note, the headings are worth reading as they offer a clear guide regarding the content of each paragraph or section (respectively speaking). The reading is atypical textbook prose. There's a sense of familiarity; a communal "We" is used throughout such that we are embodying this material together in this moment and from this place of knowing we will move the field forward to our next interchange.

Michael writes from a clear place of knowing and knowledge. His background experience as a therapist and thinker, researcher and writer radiates outward as he explores in depth the traditions pioneers forged such as Plato, Descartes, Spinoza, Hume, Darwin, Freud, and beyond. He discusses how these thinkers influenced and were influenced by the context of their life. He offers windows into personal backgrounds of many founders in the field of body psychotherapy, placed contextually within a frame of what occurred in their surround that

impacted the decisions they made, the directions they took.

Starting with the foundation of yoga and breath, Taoism and spirituality, Heller offers a conclusive look at the role Soul and Spirit play in the body, and at the need to view the organism as a systemic process in its entirety and not within the linear formats of many methodologies that followed. He also includes challenges to status quo thinking and acceptance based on the lack of substantive data/research and offers differing viewpoints that make sense physiologically and psychologically. Knowing what others have done and what they have said brings clarity to conversations being held today.

The discussion on the ancient sources/definitions of the Soul, from Plato and Aristotle to Descartes, from then to when science and inquiry dominated the field and the existence of the Soul became dogma, intrigued me. Understanding Idealism, the deeply phenomenological approaches/teachings that transformed into Relativism as Descartes and Galileo and the developing sciences erupted into wars over beliefs. Their scientific approach put into question all dogmas as they sought the truth

“Body psychotherapy is not a psychotherapy to which an approach to the body is attached. It is a development of psychotherapy that intervenes in the way the psyche inserts itself into its organism.”

together, and not accept what is being handed down by prior authority. These bricks are glued together by observations that can be explicitly perceived by all.

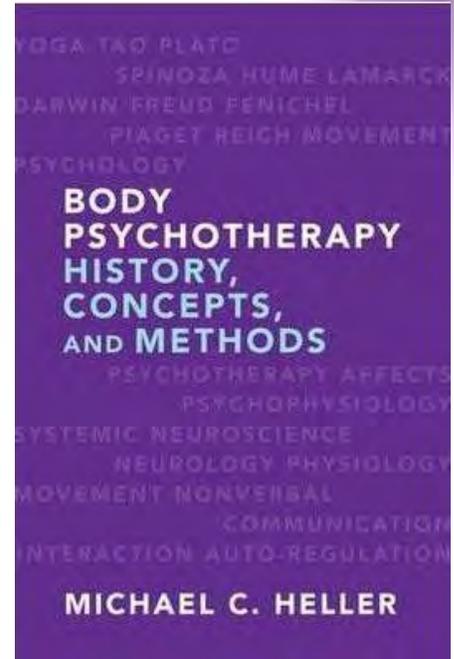
Reading the original writings as well, Michael brings to point that translators often change the original intention. For example, Freud never used the term consciousness—there is no direct equivalent word in German. English and French yes, German, no. Freud, like Descartes and Lamarck, used the same terminology: when talking about what we call consciousness, they conversed about “that which we know of” (*bewusst*) and “that which we do not know of” (*unbewusst*). Another term that Michael clarified is Reich’s use of the word *vegetative*: what the English cultures call the autonomic nervous system is referred to in German (and sometimes in French) as the vegetative nervous system. Having studied in Vienna, Reich used the term *vegetative* to designate all the phenomena regulated by the nervous and hormonal vegetative systems. Small points, perhaps, but knowing that

many translators skewed the original meanings via their translations left a streak of doubt for me—I want to know what the author actually said and how the original intention might have influenced what happened in the moment and what has yet to come.

Michael has much to say and takes the time to say it well all the while giving readers breathing space to absorb the material. I was taken by the writing on mother infant dyadic communication, the inclusion of nonverbal communication supported via infant studies (Beebe, Stern, Tronick, to name but a few). I have heard terms such as contingency and affect attunement and had a sense of their meaning and impact on the relationship; Michael’s clarity, however, brought both terms home as he defined contingency via an action—when a person achieves direct coordination of his gestures with what happens around him. He quotes Daniel Stern to describe a particular form of interpersonal coordination: “affect attunement reflects the mother’s attempt to share the infant’s subjective experience, not his actions . . .

She wants a matching of internal states” (Stern, 2012, p. 41, as cited in Heller, 2012, p. 611).

The ensuing conversation on therapists’ misunderstanding contingent responses and attunement as concrete behaviors, matching



patients’ movements, gestures, and tones that can in fact quite upset a client supported my wonderings. It’s about knowing your impact on the world as well as matching internal states—feeling into the other person as well as into yourself and finding the resonance, meeting in this consciousness that is not known. Yes, Michael has written a textbook that teaches as well as guides readers through a past so immense that our future needs its present day practitioners to know all of this in order to be present as well as envision a future.

To say I loved this book is an understatement. I was enthralled with the history and read the first 300 pages straight through. It is immense so it's not something you will finish in a day or even a week. But the time spent delving into this book is time well spent.





Reflections on Writing a Book Which Helps Body Psychotherapists Present Their Findings in a More Efficient Way and That Shows, to Others, What They Can Learn From Body Psychotherapy

By Michael C. Heller

Introduction: Clarifying the Ethics of Knowledge of the Field of Body Psychotherapy

In 2006, my friend and colleague, Claire Colliard, came to see me at my Swiss farm in Assens. She had just suggested to the Belgium academic editor De Boeck that they ask me to publish a book on body psychotherapy as part of their collection on the crossroads of psychotherapy. Recovering from a severe illness, I was writing a sort of testament of what I called “simple ideas” that had often been useful in my psychotherapy sessions. I thought I could use some of that material for such a project, and I had some other ideas of what I would like to write. Therefore, I immediately accepted their proposal.

Having worked several years as chair of the scientific and ethical committees of the European Association for Body psychotherapy (EABP), I knew I was particularly well placed to answer two critiques often made about the literature on body psychotherapy: it is insufficiently referenced and it has no explicit theory. Most of the books on body psychotherapy describe an approach, a way of working in the context of a school, and theoretical positions that trainers like to believe in.

In October 2012, in Lausanne, Switzerland, the psychoanalyst René Roussillon discussed the status of theoretical associations that occur during a psychotherapy session with an assembly of Swiss colleagues. Psychoanalysts are trained to be particularly aware of how they associate with their patients. These theoretical bits and pieces may repeat themselves from session to session if they are useful and correspond to the therapist’s intellectual comfort. My initial project on “simple ideas” was to write on such ideas. These mental modules can address general issues as well as more specific ones. However, it would be wrong to hope that assembling these ideas into a more or less coherent puzzle is enough to create a robust theory that other intellectuals can take seriously.

In his talk, Roussillon gave the example of French psychoanalysts who like to differentiate perceptions from representations. Although such a nuance can be useful in certain situations, the academic world has already defined perceptions as a form of mental representation derived from the sensory data computed by the brain: visual perception “creates far more information than the modest amount the brain receives from the

eyes” (Kandel 2012, p. 233).

Thinking that we can ignore the reasons why most researchers define perception as a certain type of representation is a form of mental laziness, or a demonstration that even psychotherapists need to learn a form of general culture that is often neglected by psychotherapy schools that focus on particular practical issues. This does not prevent psychotherapists from explaining why they would need to differentiate perception from other forms of representation, or write an article on why clinicians need to situate perceptions outside of the realms of representations. But a psychotherapist who differentiates perception from representations as if it were an obvious truth and then pass on to another subject, will not be taken seriously. Regrettably, this is also a frequent procedure in the literature written by body psychotherapists, mostly among preeminent teachers of past generations.

To summarize my aim, I wanted to write a book on body psychotherapy that shows that our work is based on a realm of references that have not been transmitted to body

The book was also meant to help people from other disciplines than ours, with the hope that it could help them enter into the beautiful intricacies of the knowledge that is currently being used in body psychotherapy and into our most interesting controversies using a language they can understand and appreciate.

psychotherapy students, and that we still need to transform our implicit theoretical stances in a robust body of explicit theoretical formulations. To my knowledge there exists no book that addresses these issues for the field of body psychotherapy independently from the local theories of psychotherapy schools. Such a book would support the necessity for students to acquire the capacity to remain constructively critical of what they learn in their training. This capacity is often acquired in academia; but I have many colleagues I admire that have not had an academic training and that find it difficult to frame their critical thoughts creatively. I also wanted to write a book that makes explicit the richness of notions that are being refined by the practitioners in our field in a way that can show to other modalities and disciplines what they can learn from us.

Having been on the editorial teams of several body psychotherapy journals (e.g., *Adire*, *Energy & Character* and *Body Movement & Dance in Psychotherapy*), I was aware that most of my colleagues needed to learn how to present their work not only to their pupils and patients but also to other approaches that do not know the immense variety of school specific terms and notions

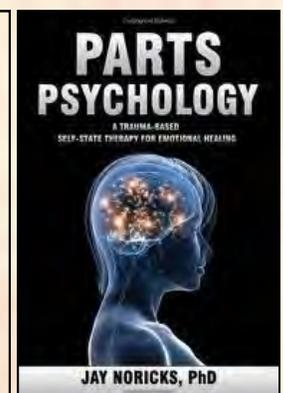
used in most articles published in our journals. In other words, my impression was that body psychotherapy is an association of small groups that does tremendous work, but is too insecure to dare to make clear claims in a way that others can take seriously. Having worked many years as a researcher in psychology and psychiatry, I had often noticed how quickly academic researchers stopped scanning the articles on body psychotherapy I recommended. I loved what was being said in them, but not how they were written. The language was some times even beautiful, but the articles were often poorly edited and referenced, and sometimes made false claims. Some preeminent authors of our field seemed proud to claim that they had discovered phenomena on which there exists a wide variety of publications that were never referred to, and used scientific notions in a manifestly uninformed manner. For example, authors used the notions of sympathetic and parasympathetic systems as if they were metaphors that could be recalibrated by our clinical experience in psychotherapy.

These terms are often used to appear scientific when one wants to differentiate relaxation from active states, or between introvert and extrovert organismic dynamics. We

have the expertise to use such terms, and to detail our observations on these polarized states. Using such a language would allow us to present our clinical expertise in a convincing way. However we are all trapped by the fact that our terminology on such matters changes from school to school. So some of us use these well known scientific terms to describe what we have observed on relaxed patients. When this is done, a scientific term is used as a metaphor for relevant clinical knowledge, while ignoring what thousands of neurologists had painstakingly taken a century to study. What would be more creative is to make clear clinical observations using terms proposed by psychotherapists, and then see in what way these observations correlate with specific mechanisms observed by neurologists.

The book was also meant to help people from other disciplines than ours, with the hope that it could help them enter into the beautiful intricacies of the knowledge that is currently being used in body psychotherapy and into our most interesting controversies using a language they can understand and appreciate. My basic hunch is that our clinical experience has allowed us to develop a unique form of clinical expertise on how body and mind

Parts Psychology by Jay Noricks, PhD, describes a model for therapy through direct work with the parts (self-states) of each client. The book shares many conceptual features of Ego State and IFS therapy. The core of the book contains the healing narratives for 12 patients who, except for the problems that brought them to therapy, lead relatively normal lives. Several chapters describe the treatment process for such problems of emotional intimacy as lost love, low sexual desire, jealousy, and sexual swinging. Others describe issues of compulsion such as binge eating, porn addiction, and bulimia. Several chapters detail success stories in the treatment of anger and rage, depression, grief, and anxiety. Child abuse appears in the history of a number of patients. Each case narrative begins with the first meeting with the therapists and concludes when the patient graduates from therapy. Order from Amazon.com or see more at newuniversitypress.com/parts-psychology/



interact that is of general interest. Describing this knowledge by contrasting it with formulations developed in other disciplines was how I defined my initial project.

To Organize my Material I used a Historical Developmental Description of the Main Notions and Issues Used by Our Field.

At first I thought I could simply put together the many notes and articles I had already written. I also began to do some re-reading. In those days I had no definite theory to defend. Most of my theoretical presentations aimed at raising questions based on how a variety of approaches (science, philosophy, other clinical movements, knowledge developed in other cultures, etc.) understood the relation between mind and body. My hope was to participate in the attempts of body psychotherapists to refine their knowledge of a realm that was still largely unknown to rest of humanity. Our attempt to explore with our patients how body and mind blend to create the complex spontaneous dynamics of affects is a new form of research that produces so much interesting material that we are often drowned by the immense amount of phenomena we have to deal with in our sessions. Simplification is therefore a temptation that we cannot always avoid in the short term, but which needs to be addressed if we consider long term aims.

As my father was a historian, I had acquired some knowledge on how a historical approach can help persons to understand what is being developed today. Furthermore, I was initially trained in a form developmental psychology initiated by Jean Piaget, which taught me that what is observed today is the result of complex ongoing dynamics. Using such a perspective helped me describe the main issues of our field. This format allowed me to avoid using an endless number of formulations such as, “Reich’s orgone

theory is similar to the pantheisms of Taoism, Spinoza, Rousseau and Bergson”. Such sentences are only useful if the reader already knows all of these references well. As this type of erudition is rare among practitioners, I thought colleagues could appreciate a text which shows how many of the notions they use on a daily basis have been constructed and have influenced those who trained them. As my culture is smaller than the sum total of knowledge that is handled in body psychotherapy associations, I restricted myself to authors and movements I had read and on which I had something to say, trusting that others will expand the strategy I am defending in this book. For example others have written on authors I have not yet read in an extensive way such as Pierre Janet, who is sometimes mentioned in body psychotherapy publications. I hope this book can be used to find information on theoretical and clinical issues that are often referred to in our literature and congresses.

Another restriction is that I have always lived in Western Europe and am therefore less familiar with what was developed in the Americas. As the book was originally written for French speaking countries that was not a real handicap, except for French Canadians; but this limitation may become more obvious now that it has been translated in English by Marcel Duclos, and published in New York by W.W. Norton.

Many colleagues have approached me with reproach in their eyes, asking me why I had not spoken of their school, their favorite neurologist (e.g. Siegel and Shore), or movements like trance. My answer has always been to encourage them to write on the subjects that interest them. It is not only my knowledge that is limited. My publishers did not want me to produce a volume that was larger than 600 pages of text. My original French manuscript had 800 pages, so I had to – sometimes with a feeling of frustration – to restrict myself to themes that seemed to me essential.

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After the French book came out, Ulf Geuter and Judyth Weaver asked me why I had not written more extensively on Elsa Gindler. I told them that I did not know more on the subject than what George Downing had briefly told me, but that we could write an article together on the subject. We published this article, which became an additional chapter in the English version of my book.

Our history has not received much scholarly attention, so it is poorly documented. For example, I do not know how Reich found so much money every time he moved somewhere, what really happened between Reich and Otto Fenichel, what Elsa Lindenberg developed in her dance therapy school, or if Alexander Lowen really received a medical degree in Geneva, etc.

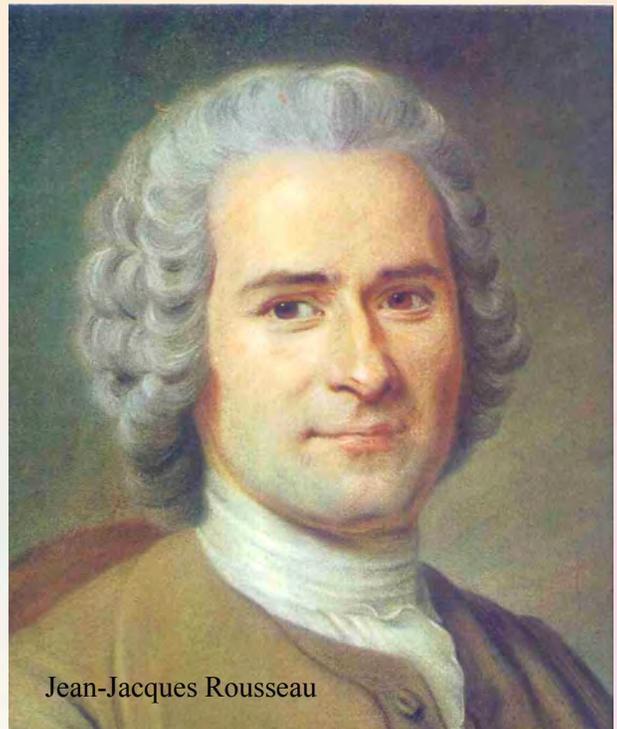
Our history is mostly constructed on rumors and little knowledge. I am happy to join others for such an endeavor, like George Downing, Ulf Geuter, Pat Ogden, Courtenay Young, and mostly David Boadella who has been attempting to clean up

our history for forty years at least. The historical dimension of my book is mostly used to organize ideas in a developmental frame. Given the state of our knowledge, it cannot be used as a reference for an exact history of our field.

Dealing with Wilhelm Reich

One of the issues I found difficult to tackle was to find a creative way of speaking of Wilhelm Reich. Although I notice that the new generation has not necessarily read his books, Reich is still today a central figure for body psychotherapists. In the 1970s I was deeply impressed by Reich's work and claims. Having been an official Reichian for a while, I learned to face the rejection of academia for that aspect of my intellectual development. It certainly hindered my career. For academics, the orgone theory was a quackery produced by a delusional mind. For Reichians of the 1970s, all those who criticized the orgone theory had necessarily caught an emotional plague. However, as my experience grew, I realized that Reich was not always right and academics not always wrong. A part of Reich wanted to be taken seriously as a scientist, which means that he hoped that academics would discuss his theories with an open mind. However this implied they should be able to replicate his results using methods that do not necessarily depend on his theories.

I also discovered disagreeable similarities between Jean-Jacques Rousseau and Reich: both were highly obnoxious personalities who seduced others with beautiful theories on how to be human and good; and in both-cases, the gap between what is



Jean-Jacques Rousseau

preached and reality was too big for my intellectual and moral digestive system. For example, Reich claimed that his enemies falsely accused him of having regular sexual contact with his female patients. It is true that regularly is too strong a word, and that having a sexual intercourse with patients is prohibited by the official ethical and technical stance of vegetotherapists and orgonomists. But, as in all other branches of therapy, some professionals do seduce their patients more or less often, and Reich was obviously one of these professionals. So Reich is indeed a problematic person: a great humanist for most, but also intrusive and unreliable for those who knew him.

If I had just written what I have just said, my Reichian friends would have been angry with me, but the academic would have agreed and continued to think that any form of body psychotherapy influenced by Reich was "unscientific". That stance did not satisfy me. In the 1970s I had experienced the impact of the Reichian techniques as they had been developed by the "London" group of neo-Reichian therapists (e.g. David



Wilhelm Reich from halfvoices.wordpress.com

Boadella, Gerda Boyesen, Malcolm Brown, Nadine Scott, and Jay Stattman)*. Following a training program with Gerda Boyesen's team while I was studying developmental psychology with Jean Piaget's team had been an incredibly rich experience. There is obviously much to defend in Reich's heritage.

It so happens that the philosopher I have the longest familiarity with is Plato. I have been reading him since I was thirteen, loving some of his visions and realizing, as with Rousseau and Reich, how dangerous some of his positions were. Being familiar with both authors I quickly perceived strong similarities between the trials of Socrates and Reich. I also found strong similarities with the positive and negative aspects of Plato's idealism and neo-Reichian movements. These positions are stimulating but problematic. Many are willing to accept that Reich is mad, but most believe that those who condemned Socrates were wrong. So what I did was to show why Socrates was also problematic. This requires more audacity than criticizing Reich. Once this point had been made, I did not need to go into a discussion of Reich's madness anymore. Psychopathology is not a criteria that allows one to decide whether an idea is relevant or not. However raising the issue that Reichians are often idealists, and that idealism leads to problematic formulations, opens a constructive and healthy intellectual debate on the theoretical stance of neo-reichian movements. To my knowledge idealism is neither wrong nor correct, but problematic. It is neither scientific nor unscientific. Many scientists are idealists (e.g., Descartes and Newton), while others opt for different philosophies (e.g., Hume and Darwin). It is a possible theoretical stance that can be contrasted with equally problematic

theoretical stances. At heart I am not an idealist, but that does not mean I feel at home in another structured position.

As I reread Reich I discovered that when he had been evicted from the International Association of Psychoanalysis he explicitly tried to go beyond psychotherapy, by working on global organismic systems. He wanted to cure those dynamics that activate affective and mental dynamics. Thus, Vegetotherapy and Orgone psychiatry never claimed to be a psychotherapy. It is Reich's pupils and followers (e.g., Lowen, Kelley and Boadella) who created a link between Reich's organismic therapy and psychotherapeutic aims. Many misunderstandings on the discussions for recognition of body psychotherapy in the EABP and USABP have originated from the refusal of neo-Reichian body psychotherapist to accept that Reich had turned his back on psychotherapy.

Experimental and Clinical Research

Because of double training as a psychotherapist and an experimental researcher, there is quite a lot in my book on how these two forms of knowledge can be combined in a complementary way. Experimental research needs to simplify what it observes so that it can zoom in on specific variables, while clinicians look for ways of dealing as comfortably as possible with highly complex situations, which may lead them to create simplistic models that can be managed by their consciousness when urgent decisions are needed. These two forms of scientific research often generate complementary approaches of a similar reality.

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idealism is
neither wrong
nor correct,
but
problematic.
It is neither
scientific nor
unscientific.

*Although they all met in London during the 1970s, only Boadella actually came from London.

By the time I had finished the first draft of the book I discovered that I was actually defending a new theory of body psychotherapy, which I summarized in what I now call the System of Organismic Dimensions (SOD).

For example, I show how the Oslo school of Trygve Braatøy observed that being surprised by how adults interact with each other may generate repeated fears in children and become a fear of the unexpected that chronically activates their startle reflex (e.g., Braatøy 1954, p. 261). Recently, Beatrice Beebe and her team (2012) tackled a similar phenomenon with experimental procedures that use tools such as detailed video analysis and attachment scales to study interaction with 4-month mother–infant face-to-face interactions. They zoomed on the notion of over-intense or lack of interpersonal contingency that can generate long lasting fear responses and fragile attachment patterns. It is then not only its intensity but also its predictability by the infant that can influence his affective development and his trust in his environment. I believe that was what both teams observed, but the concepts and methods used were different. This does not prevent both therapeutic proposals from being relevant for the patients of tomorrow that suffer from unpredictable environments. Beebe's team does not know the techniques developed in Oslo in the 1950s, and the pupils of Braatøy and Bülw Hansen in Oslo do not know of the research that was done at Columbia University. So I sent the article of Beebe and her team to my Oslo colleagues with the hope that body psychotherapists could learn to combine these complementary approaches.

Writing this Book Transformed a Multitude of Questions into a New Theory for Body Psychotherapy

Although I did not have a theory when I began to write this text, I rapidly noticed that certain themes repeatedly emerged as I was writing on a great variety of thinkers and movements. By the time I had finished the first draft of the book I discovered that I was actually defending a new theory of body psychotherapy, which I summarized in what I now call the System of Organismic Dimensions (SOD). Whereas Reichian approaches stress a deep need for harmony and coherence, I found myself defending the need to integrate the notion that our world is complex, multiple, and necessarily heterogeneous. In such a context, harmony and coherence is one of the many states that regularly emerge in our lives. Accepting that an individual can never be coherent all the time has now become a corner stone of my theoretical stance, which I spell out in my book. I specified and referenced the reasons for which I defended certain positions, as well as the reasons I attacked other positions. For example, I showed why I do not believe that there exists direct links between specific bodily dynamics and specific mental dynamics. For me, a bodily event can have a multitude of associations with a multitude of mental events, and an observed association between a bodily event and a mental experience is not necessarily *symmetric*.

Consider the following example:

1. At a given moment, with a certain person, relaxing certain muscles relaxes certain thoughts.
2. At a given moment, with the same person, relaxing similar thoughts may relax the same muscles.

There is no necessary symmetry between these events: (A) because thoughts do not function like muscles; and (B) because the impact of thoughts on muscles uses different procedures than those used by muscle tone when it influences thoughts.

Conclusion

In the end, I had the impression that I achieved my aims by presenting a well documented vision of our field, with a clear theoretical position. I hope it will encourage others to present competing visions of body psychotherapy that can open the field to in-depth theoretical and practical discussions. It can therefore be used as a training manual by students who want to contextualize and reference notions developed in body psychotherapy or in other approaches which study how body and mind associate.

Friends and colleagues who can read French and English told me that the English version is clearer than the French. There are two reasons for that. The first is that having more

Continued on page 28

time to think, I was able to improve the original formulations and complete them when needed. The second is that Marcel Duclos, who translated the French version, is probably a better writer than I. We had a wonderful time communicating via e-mail to produce the clearest formulations possible. Without his help, kindness, intelligence, tact, and enthusiasm, I would never have been able to produce a volume which is so close to what I had dreamed.

Managing to publish this book with such a prestigious editor as W.W. Norton & Company was a feat that only became possible thanks to colleagues and friends to whom I also owe a lot of gratitude. The whole process was supported by incredibly good luck in terms of the support I got from colleagues and body psychotherapists associations (EABP

and USABP). Ed Tronick supported my contact with Norton, and the EABP and its Swiss section sponsored part of the translation costs and are now enthusiastically supporting the English translation. It is a pity that the European association did not provide the same support for the French version. The translator, Marcel Duclos, is also a preeminent member of the USABP. He was, at times, helped by Jacqueline Carleton, editor of the *International Body Psychotherapy Journal*, when we needed to make important conceptual and linguistic decisions. Every step of this endeavor, which began thanks to the improvised visit of Claire Colliard, gave me the impression that I am part of an immensely supportive field, that compensates its limited financial resources by a boundless store of intelligence, love and solidarity.

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Goertz-Schroth Continued from page 13

Melanie Schöne, Germany and Debra Pascali Bonaro, USA (2012). For 30 years Anne worked as a trainer of social workers and teachers for nursery schools. For 20 years she did self-awareness and trainings in: Transpersonal Psychology and Initiation Therapy by Karl Graf Dürkheim; in Psychoanalysis; and Pre- and perinatal Psychology by Dr. William Emerson and Karlton Terry. Starting in 2011, she has been assisting in the first Prenatal Bonding (BA) training group in Champaign, IL and Seattle, WA, USA.



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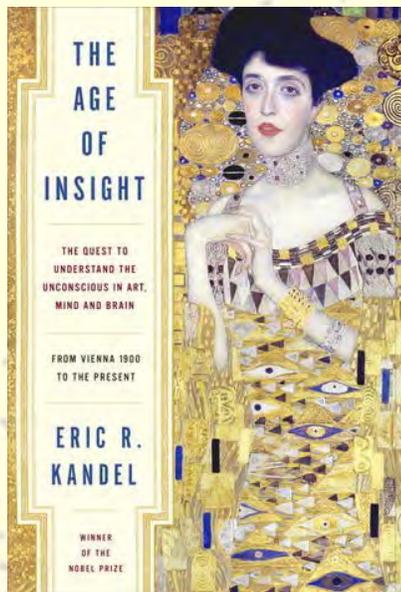


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Resources

Jacqueline A. Carleton, PhD and the USABP Interns



The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain, from Vienna 1900 to the Present

By Eric Kandel (2012)

New York, NY: Random House Publishing Group. SBN: 978-1-4000-6871-5

Reviewed by: Tabashshum Islam, Stony Brook University.

Nobel laureate Eric Kandel's expertise lies not only in the numerous fields of psychology but in the history and development of art as well. In his latest book, *The Age of Insight*, Kandel makes important inquiries regarding the relationships amidst the mind, brain, and art. In doing so, he is able to identify the crux of the problem as he notes that "a brain scan may reveal the neural signs of depression, but a Beethoven symphony reveals what that depression feels like. Both perspectives are necessary if we are to

fully grasp the nature of the mind, yet they are rarely brought together." Recognizing this disconnect, Kandel investigates art of all forms, most of which primarily rise from Vienna's various schools of art during the Viennese Modernist period. He reveals and reconstructs the insights that occurred during this pivotal period in time in which the fields of psychology and literature were blooming parallel to the fields of art and music.

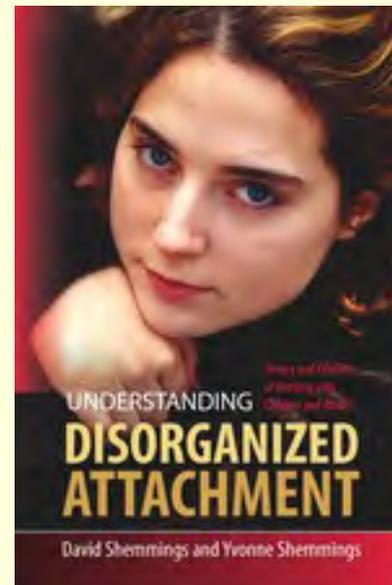
Kandel's seamless integration of the brain, mind, and art is flawlessly accomplished and is likely to be responsible for the onset of many new ideas in the fields of psychology and biology. His analyses of Viennese art through the lens of various psychological paradigms allow intriguing commentary on the perspectives and insights of the subconscious human mind. Art pieces, which serve to be representatives of both the human mind and brain, are deconstructed as

Kandel takes care to study the mind and brain both separately and as a unit. This unexpected book has allowed readers to understand the various dimensions of the human mind as they factor in the processing of unconscious and conscious emotional information, visual information and responses, brain perception and much more.

Understanding Disorganized Attachment: Theory and Practice for Working with Children and Adults

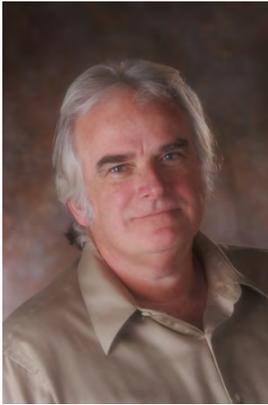
By David Shemmings and Yvonne Shemmings (2011)

Philadelphia, PA: Jessica Kingsley Publishers. ISBN 978 1 84905 044 9



Reviewed by: Amber Samee, New York University

This book is focused on extreme forms of insecure attachment, which occur when the role of a protector is actually a danger in a child's life. The long lasting and damaging effects of this specific fear, which seems to come with no solution for children, is discussed. In Part One the theoretical research is overviewed, and a definition, as well as causes, are explained. Part Two focuses on intervening factors that lead to disorganized attachment and ways to minimize or prevent the occurrence of disorganized attachment in children for adults and families. Part Three puts the theory and research behind this subject into practice, which will be most interesting to practitioners and academics in social care, psychology, counseling, and health professions, as well as undergraduate and post graduate students.



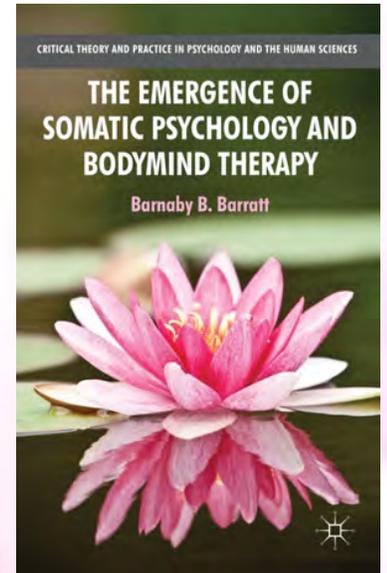
The Emergence of Somatic Psychology and Bodymind Therapy

Written by Barnaby B. Barratt PhD, DHS

Reviewed by Nancy Eichhorn

“Within my body are all the sacred places of the world, and the most profound pilgrimage I can ever make is within my own body.”

Saraha, a Trantic adept and Hindi poet, who lived in 8th Century Common Era



Listening to the Voice of our Embodied Experience

I first met Barnaby Barratt in class at Santa Barbara Graduate Institute. He commanded a presence simply by his being. I appreciated his teaching style, his interactional/relational approach, his writing, and his support of my developing processes (and writing). I sensed energy in his demeanor that infused the class, well me, with curiosity and a desire to know more. He challenged me to consider new ways of thinking, to see what was there beyond the boundaries (self and other imposed, conscious and not). I learned much from him then.

So, it came as no surprise that he offers this book as a new way to think about psychology. His work addresses the present status of somatic psychology and its future within psychotherapy and other healing practices. Structurally speaking, the text is divided into three sections: introducing a new discipline; ancient and contemporary sources; and current challenges, possible futures. This is a read-from-start-to-finish book—to skip around the sections

undermines the power of Barratt’s scholarly crafted argument that challenges the status quo while also explaining how it came to be and offering a way out.

According to Barratt, somatic psychology is not yet a “cohesive”, “well integrated discipline” and his intention is to “bring together diverse themes and threads to blend them into the warp and woof of new fabric” (p. 71). Toward this end, he offers two new terms with precise definitions—somatic psychology and bodymind therapy—to distinguish between the discipline (somatic psychology) and the healing practices or applied aspects of somatic psychology (bodymind therapy). His working definitions are:

“*Somatic Psychology* is the psychology of the body, the discipline focuses on our living experience of embodiment as human beings and that recognizes this experience as the foundation and origination of all our experiential potential” (p. 21).

“*Bodymind Therapy* is healing practice that is grounded on the wisdom of the body and guided by the knowledge and the vision of somatic psychology” (p. 21).

This text, both by way of organization and the writing itself, ignites readers to join a revolution, to partake in the front lines of an epistemic shift that is said to result in a new appreciation for the human condition, to support genuine healing versus social adaptation, to offer a prepositional revision from practices that are about the body or directed at the body to the intention of the body—“this discipline is a psychology of our experience of embodiment . . .” (p.27), and to stimulate a shift from what Barratt calls the “masterdiscourse of domination”, which has ruled for 400 plus years, to different discourses that “approach the wisdom of our embodiment in an entirely different manner” (p. 36).

Readers will experience the historical/philosophical underpinnings of

multiple, currently held, beliefs, assumptions, and assertions as Barratt positions himself like a lawyer reaching for the crescendo of a well supported argument. There's a look at medieval psychology and its primary concern with issues of the Soul until Watson came along in the 1930s and "damned introspective methods, condemned any preoccupation with consciousness and restricted psychology to the objective study of observable and thus measureable behaviors" the experience of "bodily experience was declared irrelevant" (p. 11). Historical

connectivity (p. 47). He builds his assertions on previous writings (citations are abundant), as he advocates shifting from psychologies that assert self-determination and individual responsibility combined with will power were key to healing (once again denying the wisdom of the body) to the need for a distinctive discipline called somatic psychology. He credits Eugene Gendlin (Focusing), Peter Levine (Somatic Experiencing), Ron Kurtz (Hakomi) and Arnold Mindell (Process Oriented Psychology aka process work) as offering some of the currently most influential approaches

greatly needed conversation on just how do we validate the field of somatic psychology and the healing practices of bodymind therapy while honoring the truth of the work and the theory of the discipline?

The final section of the book offers a collection of essays with themes addressing what Barratt considers the major challenges faced by somatic psychology today and which must be met if the destiny of somatic psychology is to be secure (p. 129). This section offers what I consider the most controversial content. Barratt calls on readers to set aside

Healing is the mobilization of the life force which underlies the three essential features of bodymind therapy: a holistic discourse, energy mobilization and appreciative connectivity.

accounts between figures such as Wilhelm Reich and Albert Einstein debating the validity of Reich's orgone energy experiments and Freud allegedly "flirting" with the "proposition that some people might not have to comply with the incest taboo in his unpublished correspondence with Princess Marie Bonaparte . . ." add to the intrigue of this field's heritage and a lingering sense of *what if* . . . while Barratt motions for a "(re)turn to the experience of embodiment as the essential starting point and the necessary center of any scientific study of the human psyche" (p. 88).

Barratt addresses changes in our collective knowing (based on science and thought) including interconnectedness, temporalities, and ethicality, and how this new awareness must in fact result in an epistemic shift. Healing, Barratt writes, is the mobilization of the life force which underlies the three essential features of bodymind therapy: a holistic discourse, energy mobilization and appreciative

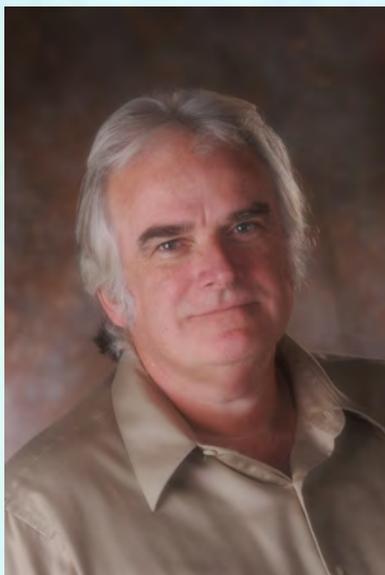
to the field.

"The human 'I' is foremost a bodily I" (Freud, 1923, as quoted by Barratt, p. 78).

I was intrigued by Barratt's challenge to evidence-based treatments and the current push for evidence-based research to validate the field. The concept that the evidence being assessed is that of treatment efficacy in respect to participants adapting or adjusting to the prevailing social order of what is and what is not acceptable behavior caught me as I read Barratt's words and felt a clutch in my throat—"the truthfulness of our embodiment is not equivalent to the adaptation of our behaviors to prevailing social, economic, cultural and political conditions" (p. 129). He continued to write, "Effective treatments perpetuate the dominant social order. Their impact on the truthfulness of the individual's potential for self-realization is at best undermined, at worst maligned" (p. 129). This stance opens the door for what I consider a

the culturally, socially, politically, and religiously propagated taboos of touch in therapy (including the genitals), nudity during a therapy session, and sexual enactment (sexual surrogate or sacred prostitute). He bases this shift on a lengthy discussion of the incest taboo. He supports his stance offering that sexuality must be respected and safeguarded and that "sexuality is to be understood as the holistic momentum of the bodymind's energy" . . . and healing must address these energies holistically. . . "All healing of the bodymind is a sexual process . . ." (p. 156).

In summary: I highly recommend this book for anyone interested in the field of body psychotherapy/somatic psychology/bodymind therapy. It's not an academic textbook as much as a passionate argument guiding readers in their understanding our historical nuances while stimulating a muchly needed shift toward a cohesive, integrated, embodied whole.



The Emergence of Somatic Psychology and Bodymind Therapy

An interview with Barnaby B. Barratt PhD, DHS

By Nancy Eichhorn

It takes a lifetime of intimate, almost sacred personal and professional knowing to simply sit down and “quickly” write a comprehensive textbook that supports foundational structures of Body Psychotherapy, offers new terminology and controversial challenges for advancement in our field, and engages readers at an embodied level in less than 200 pages. Barnaby B. Barratt PhD, DHS, has achieved all this and more.

Based on his 35-year career as a healer contributing to psychodynamic philosophy, theory and practice, as well as on his work as a sexuality educator, sex therapist, psychoanalyst, somatic psychologist, and as a practitioner of Tantric meditation, Barratt knew enough to sit back and let his muse guide his writings. She had plenty of materials to draw from thanks to Barratt’s extensive background beginning with doctoral degrees in psychology and social relations from Harvard and in clinical and educational sexology from the Institute for Advanced Study of Human Sexuality, as well as his time teaching at Harvard University, the University of

Michigan, Santa Barbara Graduate Institute, and Wayne State University. He completed postdoctoral research at the University of Michigan’s Neuropsychiatric Institute, held the position of Professor of Family Medicine, Psychiatry and Behavioral Neurosciences for several years, and was elected to the Presidency of the American Association of Sexuality Educators, Counselors and Therapists. Barratt has also authored eight books and over seventy scientific and professional articles and reviews.

The breadth and depth of his knowing comes across when he speaks—a prevailing presence of gracious appreciation for what is and a curiosity infused with a touch of rebellious drive to see what will become embodied the conversation. His humility is apparent when he notes that he “almost accidentally stumbled into his career” when chosen to Chair the doctoral and masters programs in somatic and clinical psychology at the Santa Barbara Graduate Institute where he helped create the first North American program in the field—he

called it a “sheer blessing.”

“I wrote the book quite quickly,” Barratt said during a SKYPE interview from his home in South Africa. “It was written on the basis of what I know.”

“Looking at instructional materials from the point of view beginning students,” he continued, “I felt there was nothing out there. I did not know Michael Heller was writing his textbook (*Body Psychotherapy: History, Concepts, and Methods*), and I don’t want to say anything disrespectful of those who have written about Body Psychotherapy, but when I started to write my book, there was nothing out there that I knew that introduced students to the field of Body Psychotherapy. I wanted to write a textbook to stimulate, integrate, and motivate students to go out and learn more and discover facets within Body Psychotherapy to integrate the whole.”

According to Barratt, many students enter the field from specific traditions (or methodological orientations). For example, they have studied Hakomi and thus believe that

Hakomi is Body Psychotherapy. Or coming from the yoga healing movement, which is big internationally, they don't realize the connection yoga has to Body Psychotherapy.

“Body Psychotherapy felt like this discipline of enormous richness that lacked organization and was quite fragmented. We need people in the University to teach it rather than allow it to be relegated to training programs for specific methodologies. I attempted to offer students a view of an integrated discipline with a strong future in the healing arts,” Barratt said.

Historically, Body Psychotherapy has drawn from several fields and from all sorts of traditions, including and considered by some the most exciting, neuroscience. The last 20 years, strides have been made affirming that the mind and body are integrated. It's easy to overestimate the importance of these advances; and yet, there's no question that we shouldn't underestimate their import as well, Barratt said. Current neuroscience research has vindicated what Body Psychotherapists knew all along—“the body and mind are one and that healing is an integrated process using the body in healing mental production,” Barratt said.

Committed to body oriented practices and healing arts since his involvement in yoga during late adolescence, Barratt said that he started his personal healing process with psychoanalytic practices. He gained a strong understanding of the unconscious and the body's manifest expression of things repressed in the mind. In psychoanalysis, he learned how the conscious mind could lead him astray, and his understanding of the unconscious motives and fantasies opened a new vista for him. However, while psychoanalysis offered him deep and valuable work, it left him dissatisfied in the way the body was excluded. “Psychoanalysts

We are inclined to think that touch is out of the question, but there's a tremendous amount of healing power in touch.

all too often remain in the head, at an intellectual level, whereas my personal odyssey was very eclectic,” he said.

The body, as the human foundational experience, has always touched Barratt. His involvement deepened through his practice in Tantric Buddhism (also known by its indigenous name Vajrayana). Barratt explained that this form of meditation is intimately tied into the body including both physical and spiritual knowing and sensation. He hesitated to use the word Tantric saying it is often misunderstood in the Western world—it is often associated with sexual rites and rituals, which are one small part of the overall Tantric practice. “The Dali Lama (a tantric practitioner) never had sex in his life,” Barratt said.

The challenge in writing this book as well as in advancing the field of Body Psychotherapy rests in the discipline of the future—we need close ties to psychoanalysis and neuroscience and the spiritual traditions, Barratt said. So, just as he supports patients and students to understand with conscious awareness the challenges they face allowing more freedom and more empowered energy to address their personal issues, Barratt engages readers in an odyssey to confront current issues facing the field today that he believes need attention.

“It's not in my nature not to write what I think,” Barratt said, offering his reasoning for writing about two controversial topics—touch and sexuality.

“Touch: we have to debate its use in healing more honestly,” he continued. “We live in a culture with an enormous amount of abuse. Parents abusing children, caretakers

abusing those in their care, educators, priests, therapists abusing their patients. We are inclined to think that touch is out of the question, but there's a tremendous amount of healing power in touch. How you approach it, engage touch is a major challenge in our field. It is complicated and I do not believe I have the answers, but we can't simply leave it out; it is a betrayal to our field and all who came before.”

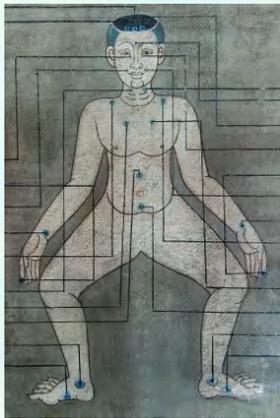
“I hope to bring to the fore more discussions about touch and sexuality. We can't behave as if sexuality is not part of the human experience. It is a valuable part of healing, and if we ignore it, deny it, repress it, suppress it, we create more problems and it works against healing. What is the place of sexuality in Body Psychotherapy? At one point, it was strong in the works of Alexander Lowen and Reich; they came to it with a strong foundation (as opposed to Masters and Johnsons who created a mechanistic approach). Today, (in our current schooling and professional practice), there is little or no discussion of the pelvis or genitals or how we express who we are through our sexual nature. We are healers, and we must adhere to the spiritual and ethical principles of our time and culture. We must be concerned about abuse, but we can't constrict our work to the social mores of our time. We can't let culture dictate healing,” he said.

“We live in a very screwed up culture in terms of touch and sexuality and our spiritual values. We have to be brave about this. We can't go along with the prevailing mores; we have to hold the ethics of what it means to be healer—we can't simply dismiss topics because we are afraid of being criticized. We have to hold onto our healing ethics. We cannot

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say ‘no touch’ because it’s what society wants. Healers have to hold their values. We live in a horribly abusive world. We need to work these issues out; we can’t pretend that they are not there,” Barratt added.

Barratt offered an anecdote based on his training in Thailand to highlight his position. While training in Thai Massage and Energetic Healing, Barratt noticed that the



energetic flow through the body were quite detailed in terms of the upper body (from the head down to the navel) and up from the feet through the calves and thighs. But there the depiction stopped, as if there is no energy flow between the naval and the thigh.

“I said to the instructor, ‘The energetic channels don’t disappear at the pelvis, how come the charts are like that?’”

“She said, ‘We can’t talk about that.’”

“What does that mean?” Barratt said emphasizing the importance of silence, the impact of gaps in our training programs.

“**I think the story** is a good analogy to what Body Psychotherapy training programs are doing. The genitals are the root of our central energies, the first and second chakras are located there; and yet, they are not discussed. How we hold our sexuality reflects how we hold our life. How are we training students to be healers? We can’t leave out our realities as sexual beings. We are short changing ourselves as healers. It is challenging, and it needs to be addressed.”

Barratt then posed a potent question based on his own years of study and practice: What in life are we most frightened of?

The answer?

“**Sexuality, death** (the abyss that faces us), **and madness** (some sort of disconnect socially thus falling into another sort of abyss). Every Body Psychotherapy session deals with these three topics in some fashion Barratt said, adding that issues in these areas are how we, as people, get

screwed up. “We need a clear vision in terms of approach because the cause of our suffering lies in these

areas,” he said.

Barratt’s vision for the book is that it will resolve some of the fragmentation in the field reducing the very real parochialism and fractures he sees in his teachings and in discourse with colleagues. He noted that it was sad that different methodological orientations appear to lack intimate knowledge of other processes. There is just too much fragmentation, and it’s time to create a unified, diverse whole, he said.

Barnaby B. Barratt PhD, DHS is currently practicing in South Africa. He is a Senior Research Fellow at the University of Cape Town, and a visiting professor at the University of Witwatersrand. Most recently, Barratt was Provost (Chief Academic Officer) and Professor of Psychology at Northcentral University. He is past President of the American Association of Sexuality Educators, Counselors and Therapists; a Fellow of the American Psychological Association, and a diplomat of the American Board of Professional Psychology. He is an active member of several national committees of professional organizations and has served on the Editorial Boards of a dozen national and international, scientific and professional journals. Barratt has authored eight books: most recently *What is Psychoanalysis? 100 Years after Freud’s ‘Secret Committee* (2013). He is currently working on a book about the nature of freedom.

Schroth continued from page 11

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Drawn to Touch

By Andrea Caplan

I've been a touch and psychotherapy devotee for 18 years as a massage therapist in private practice, in personal process work, and in training to become a body psychotherapist. Those of us who have embarked on personal healing and/or self-discovery journeys have usually ventured down many a path and tried on lots of different clothing to see what really suits us. My favorites consistently focused on touch and movement, the psyche and the emotions. Nothing has been more powerful than a theory and practice that encompasses all four. Aside from horses—my childhood passion—no other field of study has captured my heart, my mind, and my soul as has body psychotherapy.

I felt my first urge to put my hands on people in a healing way in the late 1980s while teaching horseback riding to adults. Most of my riders were pretty stuck in their habitual ways being in and moving their bodies. I knew that the trick to riding well was to learn how to isolate the various parts of your body so you use them independently to influence the horse. This takes years of practice and is easier for the more athletically inclined - they often have this skill down, whether or not they learned it consciously or through the sheer practice, or better still, got the gift naturally without training.

So, in the early 1990s, after several years of teaching, I found myself

wanting to do more than just order my riders around the ring in circles. I wanted to put my hands on them and change their postures. When I discovered massage school in 1994, I thought I'd found the answer to my dilemma with my riders. For a couple of years, as part of a one-day workshop, I used video of my riders on their horses, followed by individual massage sessions, and ended with more videoing to illustrate how feeling looser and more relaxed in one's body could help improve their riding.

My riders appreciated the difference therapeutic touch made in not only how they felt but also in how they moved and communicated with their horses. In the end, what I really found

was a whole new world of self-discovery and healing and a new career path in massage and bodywork. By 1996, professionally speaking, I gave up horses for people.

Few endeavors have excited and fulfilled me as much as going through massage school. I used to stand at the front of the crowd (my first class had about 20 students in it) watching with 100% absorption as the instructor demonstrated strokes. Being only 5'1", my placement there was necessary in order just to see, but fascination and enthusiasm played as much a part of my positioning as my size. This went on for months until one day we got to the gluteals (think

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buttocks) class. I knew it was coming from the week before, but I had no conscious idea why I needed to stand at the back behind my classmates that day. I did, and, peering under and around arms, tears ran down my face. This was my first personal experience learning 'the issues are in the tissues'. I knew I needed to talk to someone about my strange and unexpected feelings and that person needed to be more than a friend or a massage therapy instructor.

While I had spent some time in a psychologist's office during my childhood and as a young adult, I had never known that emotional issues could be somatized in the way I had just experienced. So, shortly after massage school, I went on a search for the right psychotherapist, one who could link my emotional issues with what I felt in my body. I had no name for this kind of therapist yet.

I started out with a psychiatrist who was smart and well-meaning but too inexperienced in general as she was just out of school and particularly unaware about the mind-body connection. So I moved on to a social worker who was much older and presented as a motherly, caring person. She was really kind-hearted and clearly believed she could help me, but I recall my increasing frustration over several sessions because I needed to scream and she said she could not accommodate me in that office space. Finally, she pulled out a pillow, still in plastic wrap, from her closet, pulled a small hole in the

wrapping and gave it to me to hold to my face so my sounds would be muffled. It served only to increase my frustration and my need to scream. I was back on the search for another psychotherapist.

The case of the muffled scream led me to do some research on the internet where I was introduced to the concept of body psychotherapy. I was intrigued, and I felt sure this was the right direction for me to take. I found my first body psychotherapist, oddly enough, in the same building as my social worker, and we worked together for several months. He introduced me to Bioenergetic movement and exercises to get my energy up and flowing and my emotions up and out through sound and physical expression. This was exactly what I was looking for, and I appreciated the new approach that seemed far more holistic, authentic, and helpful.

Unfortunately, he and I didn't click on the talk side of the equation. I can't remember most of what didn't gel on that score now, but I do recall why I ended therapy, and it wasn't because of the touch and movement work. I was deep in expressing my anger over several sessions, in particular towards some men in my life, when he commented that he thought I was adorable when I was angry. I was having a hard time taking myself seriously, and his remark came across as a dismissal of my power as an angry woman. I quit therapy at that point; although, looking back on it now, I imagine he probably

meant to say that I was still loveable even when I was angry but that's not how it came out, and I took it as I heard it. I found myself on the hunt for yet another psychotherapist.

I finally found the right person, a body psychotherapist with whom I forged a long-term (over a dozen years) therapeutic and mentoring relationship in Barbara Goodrich-Dunn. I had received a mailing calling for applicants for spaces opening in an ongoing 2-hour, weekly support group for female massage therapists. The group was designed to help each of us in our professional lives using body psychotherapy. We spent many an hour using talk, art, music, movement, hands-on non-massage contact, and all manner of other techniques to explore our histories through our bodies and psyches as well as our present day relationships outside and inside the group. When I look back on the six years spent in deep process with those women, I recall that most of the sessions were about our individual personal lives and not much at all about being massage therapists! But in the end no one seemed to care. It worked for us.

Not long after I started with the women's group, I began individual sessions with Barbara. Also in 1997, I began my four-year training with her and Elliot Greene at the Washington Institute for Body Psychotherapy (WIBP). I was beyond fascinated; I was captivated—a convert to a new religion. I couldn't get enough in either theory or in practice. The next



The Center of Bioenergetics and Bioenergetic Analysis

me in terms of learning, experiencing, and believing in a field of study. Somatic psychology and body psychotherapy felt more like a way of life. They became the lenses through which I was seeing the world, and in large part still do. The concurrent building of my massage therapy practice informed and reflected much of what I was learning through touching different body types and psyches month after month, year after year. Touch and talk held equal valence. They still do for me—as long as they're the right kind of talk, the right kind of touch.

One particular incident during my training at the WIBP stood out for me in terms of what I learned about body armoring and how energy runs through our bodies along the pathways of our emotional anatomies. I was sitting in a circle with the rest of the group watching the trainers work with one of my colleagues who was upright and in a Bioenergetic stress position called the Bow. The student was standing, back to me and emitting sound in what felt like a sort of unconnected, non-committal kind of way. I looked up at Barbara and told her that my colleague's hands, pressing into the low back in the form of fists, were in the wrong place, and her hands needed to be lower on the sacrum. Barbara replied that the placement didn't matter, but I knew it did—the geometry wasn't right and the energy wasn't able to pass the blockage there because of the angle of the pelvis. I insisted that the change was necessary. When she instructed my colleague to make it, the student instantly let out a yell that was chock-a-bloc full of emotion and connection.



What this event told me was several things. The first is that when I feel these urges that I get so often to orchestrate how people hold and use their bodies, I'm usually onto something. The second is that how we touch ourselves is crucial, particularly when we are working with the interconnection of body/character structure with energy and emotional anatomy.

It has been over a decade since WIBP training, and while I have not formally become a practicing body psychotherapist, I use the principles of the theory and work we did during that time in my bodywork practice. Coupled with the later training I did in life coaching, I have combined my skills to create a somatic coaching approach to working with clients. I continue to believe that touch is central to getting

to hidden information and feelings, the conscious and the unconscious, held deep in the body and psyche that are otherwise difficult if not impossible to reach.

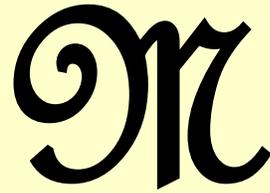
It is my fervent hope that I will see the field of body psychotherapy gain a much wider audience and a more prominent place in the world of psychology as well as the public at large. I feel strongly that touch is essential for thriving not just surviving, and yet it is still so misunderstood, neglected and worse still, misused. I'm so grateful for all the years of professional and personal experience I've had in applying emotionally and physically corrective touch. I hope to continue not only in learning and practicing capacities, but even more so in teaching.

Andrea Claire Caplan has been a licensed massage therapist and body worker and a massage instructor since 1994. She has been immersed in the field of somatic psychology for over a decade as a student at the Washington Institute of Body Psychotherapy and as a client on the individual, group and workshop levels. She has trained in life coaching and is pursuing further professional work as a somatic coach. In her previous career, she taught horseback riding and trained horses for 8 years on the East and West coasts of the U.S., and has been an athlete in various disciplines since her youth. She keeps her love for animals alive through her rescue dog, Cooper, and her horse, Mia. Andrea lives in Silver Spring, Maryland, with her husband and stepson.

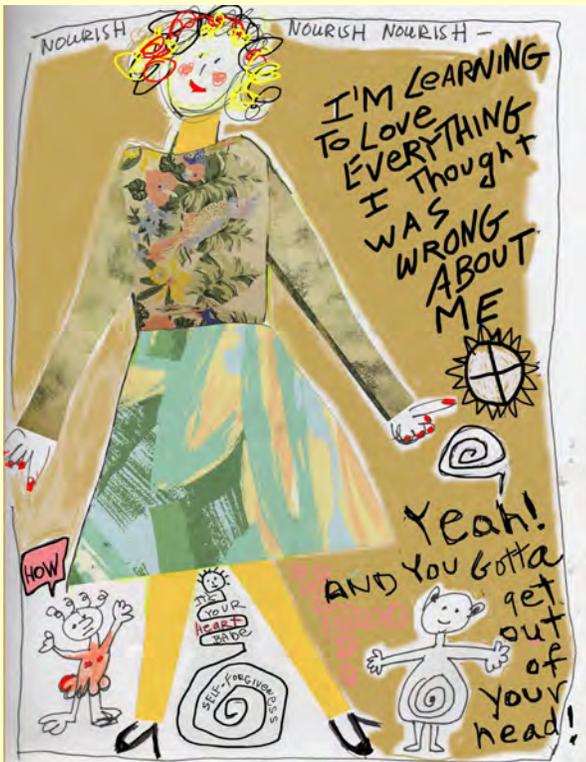


Somatic Expressions

By Jane E. Latimer M.A.



My art, which began as scribbles in my personal journal, has developed into a sacred playful process for communicating complex ideas in whimsical ways. In these drawings, my imaginary Divine Magical Child, Marvelous Maggie likes to normalize feelings by giving voice to them in a playful way. She also likes to share and celebrate her growth and new awarenesses. I use them in my eNewsletter to introduce ideas and concepts that might help other women struggling with similar issues. My art is available for sale and by commission and I am presently working on a new book entitled *"Maggie Takes a Stand for You: Creativity Concepts to Catapult Your Life into High Gear"*. For more information, contact janel@aliveness.net or sign up for articles, tips and drawings from "Maggie." She loves to play!



"I am learning to love everything that I thought was wrong about me."

"Yeah! And you gotta get out of your head!"

Addresses the pain of self-judgment. It introduces the idea that we must "learn" to love ourselves and that the way out is not a mental process.



"This is just too much to handle!"

"Oh no, not again."

Expresses the plight of overwhelm and fragmentation that underlies addiction and eating disordered behavior."

"Let's liberate the creative force!"

Why?

"Because my vagina says we think too much!"

Reminds women to listen to their body. Our vaginas may be saying more than we think!





International Connections

By Asaf Rolef Ben-Shahar

A cup, grasping my fingers

A cup can be grasped only if our arm is long enough to reach it, and only if our fingers are strong enough to lift it.” Yann Coello and Yvonne Delevoeye-Turrell (2007, p.667)

1. My Fingers, grasping a cup

My fingers are clicking on the keyboard. I particularly like the letters F and J, since they have a little bump on them to assist in blind-typing finger positioning. There are many ways to type, some better than others. I'm an okay typist, not great, but okay. We can talk of the many ways to type on a keyboard; there are plenty of disciplines and not one discipline fits all. A keyboard has no meaning without typing. It becomes a keyboard in our making it a keyboard—in my typing on it I help it become a keyboard.

Typing is like holding a cup. The grasping of the cup (the comprehending of its physical meaning) depends on the physical activity of reaching it and letting our fingers grasp it. The object Cup – the cup that is in front of me, in the here-and-now cannot be grasped by mere intellectual gymnastics, it will be the idea or concept of the cup (the ‘cupness’) that I will understand, not the cup itself.

Since we are embodied beings, since relationships are not merely soul-to-soul relationships but also body-to-body, we might argue that in order to grasp another human being we need to touch them, that to be a human being means to have a body, and bodies can only be realized in a relationship. We can understand the idea (concept) of someone else, but to grasp them, to truly know another, I will need to reach out and touch. Should you accept my reasoning, this may present a clear and compelling argument for the power of touch in body-psychotherapy.

I'd like to think about this for a moment with you in three stages: the first, we *become* in relationships (Buber, 1958); the second, our bodies *become* in relationships (Orbach, 2003); and the third, we need touch to be bodies and be known as embodied beings.

- (a) Martin Buber (1958) phrased this argument poetically: "The person becomes conscious of himself as sharing in being, as co-existing, and thus as being" (p.63). Buber, therefore conceptualized our being (or rather, our becoming) as dependent on the interrelationship with another – with the subjective thou. It is in the action of acknowledging the other that the other becomes thou (a subject).
- (b) Relational psychoanalyst Susie Orbach brought the body into this relational-Buberian equation. She wrote (2003): "to paraphrase Winnicott's famous and oft-repeated phrase, *there is no such thing as a baby*, there is also, I suggest, *no such thing as a body, there is only a body in relationship with another body*" (p.11). To reiterate her position, a body is not a thing (object), it is a person; therefore, our 'self' cannot be grasped outside an embodied relationship, and our bodies are dependent on other bodies interacting with them.
- (c) But how can bodies be grasped if not physically? Can true grasping (not theoretical understanding, but unmediated knowing) of another person take place without physical contact? Although this is not fashionable to say, particularly in our transference-laden era where we are continuously cautioned against touch in psychotherapy (even body-psychotherapists), I personally don't believe that we can. *I believe that in order to know another person I need to touch them.*

This, of course, is a relational argument. If the individual -separated 'self' is first and foremost for and by itself, then my argument is refuted altogether. But I understand the 'self' to be not only (albeit also) separated—a 'self' for itself but also dependent on relationship. I understand

the 'self' to be a dance between two (or more) part-selves that only become selves in their connection. I am both a separate body and a part-body that becomes in connection with another part-body. From this point of view, embodiment and relationality condition one another—we need other bodies and other people to become bodies and to become people. To grasp a cup, my hand needs to reach it. (See notation below)

Now comes the interesting bit because cups don't grasp the hands that grasp them.

2. Cups don't grasp me

Cups, unlike people, don't return the favour. Cups don't grasp the hands that grasp them – people do. We are not only affirming the other when we acknowledge them and touch them, it is not only thou that is created in the act of relating. We are also created in this dance, or in Buber's (1958) words: "I become through my relation to the Thou; as I become I, I say Thou" (p.11).

The idea that our clients may hold the power to create us, to help us in

becoming (and so, on the soul level, that there is a true equality of relationship) is both exciting and scary for me, perhaps equally so. Consider the following example: An attending woman at a seminar told Carol Gilligan (2004) how she "was sitting in the living room one day when her four-year-old son came up to her and asked: 'Mommy, why are you sad?' Wanting to be a good mother, she thought she should not burden her son with her sadness. 'No, I'm not sad,' she said. 'Mommy,' he said, 'I know you. I was inside you'" (p.113).

If we consider this when talking about touch, then, when we touch a person (and in this context, a client), they get to know us too, and deeply so. True, this knowing is also tainted by transference dynamics, by cultural conditioning and positioning, and so forth. But also, and at the same time, we serve ourselves to be known by the other, to be created by the other as a subjectivity, and in return, they allow us to create them and know them.

Just like the boy who knows his mother from inside, when we touch we allow our clients to feel us from inside and know us whether we want it

or not

–

imperfect as we are, sexual and vulnerable, power-seeking and faulty, shamed and scared, loving and hating, lusting and joyous, bored and jealous. I deeply believe that all touching therefore involve a relational event and ignoring the relational aspect of it is a counter-therapeutic (and naïve) act. That for true knowledge of a fellow human being, which would allow him or her to become, we need to touch, and when we touch, we grant the other a similar opportunity (even if they lack the conceptual tools we might have) to know us, to facilitate us in our becoming.

If what I propose rings true to you, then it makes the practice of touch in psychotherapy a stance rather than a technique—a declaration of connection. It is not just something we do, it is a way for us to become. I would like to demonstrate my meaning with a short clinical vignette:

Eliot* sits with me shrunk and contracted. He is a young-looking twenty-year-old, who sought therapy because his amorphous gender identity (and gender-amorphous appearance) has attracted much violence since his childhood.

It is our fourth session, and Eliot is unable to make eye contact.

"Your room is far too scary and too bright," he says in an almost whisper. "Please don't come near me, and don't look at me."

I reach out and extend my hand to him. "You are welcome to take my hand or refrain from taking it. If you take my hand you can stay for a moment or for a long while, and you can refuse my hand altogether. I'm here.

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*Thank you to Will Davis for the invigorating dialogue regarding the nature of self, which inspired me to write this piece in general, and this conceptualizing of self in particular.

*Eliot is an amalgamation of clients, and personal details have been changed. A previous version of this vignette was published in Hebrew in my book, *A Therapeutic Anatomy* (2013).

Despite his lack of eye contact, I notice Eliot is rolling his eyeballs. "You must be joking. You'll hurt me, and once you feel me you'll be disgusted by me. Touch is always painful."

In my countertransference, I feel so old; tired, weary and old. "I'm closing my eyes now, Eliot, and want to invite you to imagine that you reach out to touch my hand and that you can feel it." I close my eyes, and think, what a relief, then imagine the way Eliot is testing me now to see if I'm cheating. To my surprise, I feel his hand, tender and tentative as a wild animal approaching the hand of a man, touching me.

"Hello hand," I say.

Eliot replies with utter seriousness. "Hello."

I offer Eliot the possibility to withdraw his touch and come back as many times as he likes and to choose whether he prefers to continue with or without touch.

Many minutes pass in silence during which Eliot comes and goes – touching and leaving. I delight in getting to know him and also in the times I get to be on my own; there is a gentle satisfaction noting the developing trust between us and Eliot's pro-activity in securing such trust. After a few moments his hand finally lands inside my own hand. "You can open your eyes now; I don't think I am afraid of you anymore." We look at each other and burst out laughing.

"How did you reach this diagnosis?" I ask.

"Dunno. You feel safe," he replies.

I have to admit that I hate being known by my clients almost as much as I crave it. When training to become a therapist, I was comfortable being out of the central

stage, having the attention directed to my clients. I believe this feeling is shared by many people who choose to give their lives to others. With time, I realized that I also deeply wanted, more so – I needed, to be acknowledged as a person, not just an extension of the client or a function in their development (part object or object), but also as me. The tension between those needs (to serve as an object for the other, and to be a subjectivity for them) is, I believe, at the heart of our profession. Furthermore, it became clearer to me that in order to help another become a subject and appreciate themselves as a subject, I needed to do the same, that while many aspects of psychotherapy may remain asymmetrical, the human acknowledgement of another is not one of these.

Liking myself doesn't come easy. And I have learnt from Eliot, later in therapy, that through our touch he noticed many aspects of me that I was trying to conceal: some aspects of myself that I am not proud of, and others that I was trying to protect him from. This visibility is at times intolerable, but it is also a de-shaming act as Eliot must have decided that I was still a decent enough human being to trust and so he allowed me to make him safe. And in that act he did much more: he made me (although he wasn't the first, I was also made by others) a decent enough man, a trustworthy human being. He was a cup that reached out to hold the fingers that grasped it.

I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can



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Reflections

By Christine Gindi

The social ramifications of lack of touch in American child rearing are huge . . .

Many psychotherapists are not being trained how to use touch as a safe and effective therapeutic intervention; instead, educational institutions focus on the negative legal, ethical, and clinical aspects despite research that supports its therapeutic benefits for the “development and maintenance of physiological and psychological regulation in infants, children, and adults” (Zur & Nordmarken, 2011, p. 2). Ofer Zur (2007a) points out that risk management policies are taking over the practice of psychotherapy by encouraging fear induced defensive behaviors and the systematic avoidance of many behaviors such as touch. While it is important for therapists to be fully informed of risk management policies and when touch is contra-indicated, it is also of great importance for them to learn how to use touch appropriately through the education of their training institutions.

I wonder if the debate around touch in psychotherapy would be radically different if its use was highly implemented in teaching curriculums. Psychology programs that integrate touch as an important therapeutic modality would make a valuable contribution to the field by normalizing what has historically been considered taboo. Educators have the power to make touch in psychotherapy and all the clinical, ethical, and

legal issues surrounding it an open, normalized, and safe conversation. When therapists feel that their application of touch is unsafe to disclose for fear of their boundaries being scrutinized, they lose the valuable support necessary to safeguard and validate their practice. In other words, they cut themselves off from their professional community and potentially harm their clients. We must lift the taboo and openly discuss this important skill otherwise we create an environment of isolation and secrecy that reinforces the taboo of touch in therapy and negatively impacts ourselves and ultimately our clients.

Perhaps one of the largely unexamined reasons why psychotherapists may prefer withholding touch stems from the Western culture at large; a touch deprived culture naturally affects our perception of social norms in a therapeutic setting. Dr. Sharon Heller (1997) offers an illuminating developmental perspective on the social origins of the touch taboo in American society in her book *The Vital Touch*. She discusses how touch deprivation in American child development shapes Western attitudes about touch in general. Sadly, there is ample research that American babies and children are among the least touched on earth (Zur & Nordmarken, 2011). The social ramifications of lack of touch in Ameri-

can child rearing are huge; withholding touch as a culture may be the prevailing attitude because that’s how many of us have been raised.

Margaret Mead (1955) also points out that “developmental and evolutionary psychology helps us to understand how social pressure and excessive valuing of early independence and self-sufficiency has resulted in American parents distancing themselves physically from their children” (Zur & Nordmarken, 2011, p. 11). We cannot underestimate how withholding touch from American babies and children, as well as the physical distancing of the American parents, affects our own perspectives on the art of psychotherapy. There may be a collective developmental deficit at play here that compels us to examine our own social conditioning around touch.

Many therapists have sought out training in somatically based certificate programs and expanded their scope of competence and practice by learning to integrate touch as a clinical intervention. In these specialized programs, I too learned firsthand how to use touch in a variety of therapeutic ways that were radically different from my training as a craniosacral and polarity therapist. I was tracking the physiology of my clients from a paradigm that was

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PARENTING THE PARENTS

By Fabio Carbonari

Once upon a time, pregnancy and birth were social and natural facts. The mother was surrounded and supported by other women; in some cultures a doula assisted the new mother during birth and the first moments after the birth. Mother and father knew well their roles and their competences because they were handed down from generations before. It was a time of great peace and tranquility, well it wasn't perfect but families remained intact and infant's needs were substantially met.

Enter the Twenty-First Century where pregnancy and birth are far from nature. Caesarean sections are on the rise with statistics showing an all time high (34% in the United States,) in 2009 (retrieved from <http://today.msnbc.msn.com>), more over 60% in South Italy (from Italian NHS last data). Diabetes, obesity, multiple births and age are cited as factors along with convenience—obstetricians and mothers time the infant's birth to fit their busy schedules. Parental roles are more confusing than ever with nuclear families split geographically, traditional roles in flux, and dual incomes a necessity for financial stability. Parents are often left alone to manage the deep impact of a new birth.

Becoming a parent can turn out to be a stressful event, rather than a joyful one. In fact, postpartum depressions currently range from 14% to 23% of women giving birth in the U.S. each year, according to a joint report published in September by the American College of Obstetricians and Gynecologists (ACOG) and the American Psychiatric Association (Naravan, 2010); furthermore, clinical evidence shows a rise in separations and divorces after birth. (In Italy we are seeing an increase of separation and divorces on the first two years after birth. We know it from

NHS family planning clinics reports on congresses and conferences reports). A new phenomenon has appeared as well: paternal post partum depression.

“The emerging literature on paternal depression suggests that, like their maternal counterparts, fathers are at increased risk of depression in the postpartum and gestational periods. Moreover, several studies have documented negative child outcomes associated with paternal prenatal and postpartum depression. Prenatal and postpartum depression was evident in about 10% of men in the reviewed studies and was relatively higher in the 3 to 6 month post-partum period. Paternal depression also showed a moderate positive correlation with maternal depression” (Paulson& Bazemore, 2010).

On the newborn side, parental stress can be considered a real trauma and can generate an interruption in the infant's way to the construction of the Self. Parents' unresolved traumas can generate multiple and inconsistent attachment styles in infants often characterized by fear, distress, hostility, and psychosomatic expressions such as sleep disorders, colic, and uninterrupted crying. In response to these dysfunctions, body psychotherapists have developed

a series of tools to help new parents. The Istituto Reich has developed an approach called Parenting the Parents.

Parenting the Parents

The framework inside of which the therapists at the Istituto Reich move is represented by the first moments of our life: the prenatal life, birth, and breast feeding up to the end of the first year. This is a critical time featured by the strong interaction between two bio-energetic fields: mother and baby. Mainly we use Eva Reich's Gentle Bioenergetic theory, which was born inside the Reichian model but is specially geared to prevention and baby body psychotherapy. Eva Reich calls the first moments of our life the "sensitive period" (Reich & Zornansky, 2006).

We integrated this basic model with other post-Reichian tools such as the Energetic Functionalism Psychotherapy, as we learned it from Francesco Dragotto, the Gentle Bioenergetic Baby Massage learned from Silja Wendelstadt, and the Thomas Harms' Emotional First Aid (Istituto Reich funders have had a long training with that teachers). Because we work with human bio-energetic field, we found strong relations between Reichian organomic research and new scientific studies including Chaos Theory, Catastrophes Theory, and Morphogenetic Fields. Other references involve Prigogine theories and Preparata's water memory works (*The role of Quantum Electro Dynamics in medicine- Proceedings Meeting 14/12/1999- Institute of Pharmacology University of Rome "La Sapienza" published on Rivista di Biologia/Biology Forum 93/ Rome 2000*).

We also acknowledge that the relational interactions involve the father and the entire family. This developmental period, our first moments, is one of the most important of our life. During this time we build

our body-mind unity, and we learn our first kind of relationship: the baby - mother- father relationship. The type of relationship that we experience becomes a matrix on which we model our future relationships (Bowlby, 1989).

To support parents during this delicate period, psychotherapists at the Istituto Reich use an integrated paradigm based on the Reichian theory of body-mind Functional Identity. They also pay attention to the



energy flow and the concept of the construction of the body and the character armouring. We pay special attention to the relationship between the members of the family, particularly the relationship with the father, and to the relationship with and between the therapists inside the therapeutic setting.

Functional Identity

Functional Identity is the main innovation in Reich's model— between body and mind there isn't a split between them or a cause-effect relationship, but they are two different parts of the same energetic pulsating process. Body and mind always work together. We can see Functional Identity at work looking at other functions and processes too. For example, sympathetic nervous system and parasympathetic nervous system are the two aspects of the autonomic nervous system working together, as systole and diastole in the heartbeat as well. But also, day and night are the two different aspects of the same astronomical day. So, we also think of

motherhood and fatherhood as two different, necessary, aspects of parenthood. Infant research generally focuses more on the mother's function rather than on the father's.

We have learned about the important function of the father during our long training with Francesco Dragotto. He underlines the existence of a "functional" presence of the father as a key factor from the very moment the sperm and the egg cell meet. Father and mother generate a new energetic field. The paternal presence informs the baby that he/she is not the exclusive property of the mother or a part of her.

Within the Istituto Reich model, "mother and father functions" work together to create a Functional Identity. During the growth of the child, there is the prevalence of one or the other function; it depends on the different periods and ages of the child, but the parents always work together. For example, during pregnancy and the first period after birth, the mother is the prevalent field, but the father is anyway present. He is like a lighthouse that shows the way out of symbiosis.

During breast feeding, the baby and the mother are, at the same time, attracted to their own core and to the core of the other. They create between them an energetic bridge that allows the primal confidence and a deep relationship. Both mother and baby are centered on themselves and on their inner rhythms; they feel their own sensations and are satisfied and radiate energy, pleasure, and warmth. Wendelstadt (1997) calls it "affectionate bonding". It is an energetic bonding that, as a bridge, can join baby and mother. Feelings and emotions pass across the bridge as well as the moods of both mother and baby; this flow creates a kind of emotional grammar, a specific and intimate code that co-builds the primal

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relationship. During this phase, the father is in the background and he can enjoy the sweet and lovely atmosphere. Sometimes it may happen that some troubles, stress, or disorders disturb the bonding process, and the familial system tries “replacemental ways” to restore contact and harmony, even though these ways might be dysfunctional. *(In an armoured situation the replacemental way is a bioenergetic method to keep the contact with oneself and with the others. This is a superficial and unfulfilling contact, but it's the only one possible).* During the child's adolescence, the father is prevalent and the mother looks like a secure base; in the background father, mother, and child co-create the familiar intersubjective bio-energetic field—a unique and characteristic field with its own memory, history, and its own specific ways to relating within the self and with others outside of it.

In Practice

Stress or traumatic events, or post traumatic stress disorders, anxiety, panic, even if on a minor scale, may happen in a familial system after a birth, especially with the first baby. If the baby experiences any difficulty during feeding or sleeping, he/she cries and gets upset. The baby's reaction is an effective organic way to discharge the overcharge of energy. But, if parents can't understand how functional this behavior is for the baby's self-regulation process because of their own anxiety or unresolved past traumas, they miss the fact that the baby's behavior contains information for them as well. At this point the parents seem to be unable to stop the baby's cry because the baby can't get rid of the excessive load of energy.

The family enters into a loop of dysfunctional behavior and feelings that strengthen that behavior; we see parents spend all night carrying and rocking the newborn, a behavior that further upsets the baby, or the parents

quarrel and blame each other for the baby's cry, or, as the last solution, they use medicine to induce sleep.

During our experiences, and based on the demonstrated theoretical model and research, we have seen how we can work with the familial field to resolve the baby problems, considering also that the baby problems are often the mirror of couple problems. For this reason, it's important to restore a basic confidence in the couples resources. In our intervention model we generally work with the couple and through the couple to resolve what appears to be a problem of the baby.

Parenting the Parents involves a therapeutic practice that uses a particular kind of deep breathing and a gentle touch. Usually we need a few weekly sessions, five or sometimes less, into which we lead the couple to become more conscious of their own body-mind processes, emotions, feelings, behaviors, actions and reactions.

During these sessions there are a couple of therapists that welcome the family. The therapists operate like a mirror for the couple so they learn to find a secure base onto oneself and onto the couple. This resource can allow the newborn to find a secure base as well. Another task is to create a nourishing field for the family. In our “tool box” we use: empathetic contact, parental resourcing, and pain thresholds (identifying and working below them). We also rely on a particular kind of breathing, a soft fractioned breathing that helps centering. By “fractioned breathing” I mean a way of breathing in which both inhalation and exhalation are divided in three or more parts. This allows parents to better perceive the diaphragm, the spine, and the flow of energy along the spine which occurs during breathing. This flow of energy is what osteopathy calls “primal



breathing movement”.

After birth, in the beginning of terrestrial life, and after nine months floating in warm water, the newborn experiences a sensorial revolution, and the skin is the front line of this revolution. From embryology, we know that the skin is generated from the same embryological sheet of nervous system; when we touch the skin we are touching the nervous system.

A gentle touch on the skin creates a corresponding gentle wave from the periphery to the centre, to the core, of the body-mind system. At the same time, the feelings of the core can arrive on the skin and sometimes we can see red areas on the skin, as from a feeling of shame or another strong emotion, or we can see some white areas that are the signs of a loss of energy. Sometimes we can see red spots, as a sign of a little emotional eruption.

The Skin is the Mirror of the Core.

Another important task of the skin is to create an edge, a border between inner and outer world. During the prenatal life the construction of these boundaries are made in aquatic environment; during birth, however, the skin receives a powerful massage; just afterwards, it experiences the air and the force of gravity.

For the baby, the next step is to wish a warm maternal embrace and to search a contact with the breast. This embrace defines and reassures the newborn. Connected with it there is the breathing function. This change of feelings on the skin is experienced by the newborn together with his/her first breath.

Breath

Many neurophysiological studies demonstrate that the relationship between breath and emotion is bidirectional. "Emotional states affect the rate, depth and pattern of respiration. Conversely, the voluntary manipulation of breath patterns can account for as much as 40% of the variance of feeling states including anger, fear, joy, and sadness (Philippot, Gaetane, Blairy, 2002). Anxiety, depression, and post traumatic stress disorders are associated with over activity of the sympathetic nervous system and under activity of the parasympathetic nervous system (Liss & Boadella, 1986).

The breathing is controlled by the diaphragm. This muscle is the only one that is innervated by both a voluntary and an involuntary nervous system. This is an important aspect because on one hand we can voluntarily modify the air volume and the frequency of the breathing (in a certain range), and on the other hand the emotions, one's physical state and the task we are involved in at that moment, all influence the modalities of breathing.

It's easy to imagine breathing like a bridge between voluntary and involuntary actions; the rational and emotional world. In a word, between conscious and unconscious. This fact is well known for all relaxation techniques, yoga breathing, all kind of meditations and, of course, in body psychotherapy.

From neurophysiological research on the Peripheral Model of Emotions, we know how this system is activated by the feedback from interoceptors (Craig, 2003) via afferent autonomic and somatomotor ways of the perception of feelings, like pain, temperature, gentle touch, muscular and visceral perceptions, air hunger. The airways and the lungs contain a lot of receptors (Yu, 2005) that fire in response to the lungs breathing rate, sending information to the multiple nodal points on the way to vagal afferents providing information to the homeostatic system as described by Damasio (1995). All the families can now find inside themselves a nourishing field and a secure and faithful base to come back to during stressful moments.



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Research in Brief

The Neurobiology of Touch: Enhancing Connection

By Dawn Bhat

By integrating brief reviews of research relevant to somatic psychotherapy today, my objective of this column is to keep world wide readers aware of current scientific investigations into a variety of subjects advancing our field.

Mindfulness in Pregnancy and Post-partum Outcomes: Touching on Connection

Dunn, C., Hanieh, E., Roberts, R., & Powrie, R. (2012). Mindful pregnancy and childbirth: effects of a mindfulness-based intervention on women's psychological distress and well-being in the perinatal period. *Archives of Women's Mental Health*, 1–5.

In this pilot study, researchers examined the effects of mindfulness on pregnant women's mental health. After an eight week mindfulness-based therapy group, participants reported declines in stress, depression, anxiety, and improvements in well-being. Mindfulness was positively related to self-compassion. The effectiveness outcomes continued into the postnatal period. The authors suggest that childbirth preparation classes may be enhanced by incorporating training in mindfulness. Paradoxically, the study did not aim to reduce symptoms but to increase psychological flexibility. Psychological flexibility was defined as the capacity to make choices in accordance with their authentic values, despite symptoms.

Oxytocin Correlated with Couples Interactive Reciprocity, Including Affectionate Touch

Schneiderman, I., Zagoory-Sharon, O., Leckman, J. F., & Feldman, R. (2012). Oxytocin during the initial stages of romantic attachment: relations to couples' interactive reciprocity. *Psychoneuroendocrinology*, 37(8), 1277–1285. doi:10.1016/j.psyneuen.2011.12.021

While oxytocin is often associated with parent-infant bonding, the present study (Schneiderman, Zagoory-Sharon, Leckman, & Feldman, 2012) examined oxytocin levels in 163 young adults (120 new lovers and 43 singles) and 25 of the 36 couples who stayed together at six months. Couples were observed in dyadic interactions and interviewed about their relationships. Oxytocin levels were much higher in new lovers than the singles and were stable at six months. Based on the observations, oxytocin levels correlated with couples interactive reciprocity, including social focus, positive affect, affectional touch, and synchronicity in dyadic states and also with anxieties and worries about their partner and the relationship. High levels of oxytocin differentiated couples who stayed together at six months. These findings on pair-bond formation are parallel to that of parent and infant bonding.

The Role of Oxytocin in the Attachment System and Stress System

Pierrehumbert, B., Torrissi, R., Ansermet, F., Borghini, A., & Halfon, O. (2012). Adult attachment representations predict cortisol and oxytocin responses to stress. *Attachment & Human Development, 14*(5), 453–476.

In the present study, Pierrehumbert, Torrissi, Ansermet, Borghini, & Halfon (2012) evaluated 28 adults and 46 subjects sensitive to stress due to a past history of trauma. The study participants received the Adult Attachment Interview to classify attachment style and the Trier Social Stress Test, which involved a psychosocial challenge. Blood levels of cortisol and levels of oxytocin and acetylcholine (ACTH) from saliva were collected at three intervals (before, during, after the stress test). The data revealed stress patterns associated with attachment style. Autonomous or secure attachments were associated with low subjective stress, a moderate response of the hypothalamic-adrenal pituitary axis (measured by ACTH and cortisol), and higher levels of oxytocin. Low levels of oxytocin were associated with the preoccupied or anxiously attached as were a moderate stress response and subjective reports of stress. Dismissive or avoidant attachments were associated with moderate levels of oxytocin and subjective stress but an elevated stress response. Unresolved or disorganized attachments were associated with high subjective stress, a suppressed HPA response and moderate levels of oxytocin. This study supports the role of oxytocin in the coupling between a healthy stress response and healthy attachment relationships.

Quality of maternal touch in infant self-regulation

Jean, A. D. L., & Stack, D. M. (2012). Full-term and very-low-birth-weight preterm infants' self-regulating behaviors during a Still-Face interaction: Influences of maternal touch. *Infant Behavior and Development, 35*(4), 779–791. doi:10.1016/j.infbeh.2012.07.023

Jean and Stack (2012) provided empirical evidence for the influence of maternal touch on self regulation in infants. In particular, the quality of maternal touch (i.e., nurturing, playful) were associated with great infant self-comfort regulatory behaviors. Forty full-term and low birth weight infant/mother dyads participated in the study where the dyad was separated by a “still-face” period with an experimenter and observed before and after. Full-term infants displayed greater self-regulatory behaviors during the reunion period with more maternal nurturing and playful touch. Both sets of infants were able to emotionally self-regulate with the quality of maternal touch. On a side note, this research also lends support to the early work of Eva Reich that explored gentle, nurturing infant touch in preventing armoring and expanding energy while promoting attachment and regulation.

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Research in Review: A Reflection on Touch in Psychotherapy

By Dawn Bhat

Research from the fields of contemporary medicine and mental health is increasingly validating the mind-body continuum, the heart of somatic studies. Drawing from clinical and basic science, phenomenological and case studies, and literature reviews, this column is dedicated to sharing research from multiple perspectives that may potentially impact the field of body psychotherapy.

After recently completing an internship on a psychiatric inpatient unit that focused on women's issues, I was primed to recall events from my clinical rotation regarding 'touch'. What came to my mind was not necessarily the application of therapeutic touch. What I had, yet, to process, was that there was a handful of patients upon discharge who reached towards me, put their arms around me, and some even patted my back or held me in a moment of embrace.

At that time, as a student, I was ambivalent about this exchange and was flooded with questions. My initial reaction was: Do I refuse to allow a hospital patient to touch me? And, if so, should I have talked with them about it? Did I allow it because they were women? How would I have handled this if a male patient wanted to hug me? Or, does this have something to do with my training in counseling (Burkholder, Toth, Feisthamel, & Britton, 2010) and psychology where touching was generally a non-issue only because it was not really integrated into the curriculum?

I hypothesized about what it may have meant for these women to want to 'touch' me. Perhaps, for most of these patients, the embrace was a moment of closure, a sense of finality, especially because our paths were unlikely to cross again in the future. It

also seemed, to me, that simply saying, "thank you" was not enough for my female patients. In many cases, as a clinical mental health counseling intern in a medical setting, I connected with my patients, talked with them, gave them space to feel, cry, vent, and be heard and feel felt. I helped them tolerate the distress of acute psychiatric hospitalization and empowered these women to move forward in life with no strings attached.

For other patients, if I resisted the embrace, would I have not encouraged an affective behavior that may serve them well starting anew? Maybe the touching, the hug, for them, healed past emotional experiences. Maybe I needed to categorize the whole process as "transference". As such, did I allow patients to reorganize internal structures associated

with insecure attachments and become more safe and secure in relationship? Powerful.

As I reviewed the literature, common themes emerged that were similar to what I experienced. There were gender differences such that women were, in general, okay with touch with a female therapist. My experience was validated by studies on training on nonerotic touch (Burkholder, Toth, Feisthamel, & Britton, 2010). Present research (Jones & Glover, 2012) showed that subjects who were touched perceived that touch signaled caring and nurturing, something my female patients sometimes were deprived of, yet, craved. Lastly, theoretical discussions (Medine & Montgomery, 2012) suggest that touch, as a non-verbal communication necessary in healthy development, could potentially be as

transformative as, if not more powerful when combined with, talk therapy.

Although the Alexander Technique (AT) may not be considered a modality of somatic psychotherapy, the following findings on the psychological process of touch using AT may be generalized and extended to understanding the complex phenomenon of touch in psychotherapy. AT works with the body and the mind with psychophysical techniques that reeducate the body use.

In the present study, researchers in the United Kingdom (Jones & Glover, 2012) used a mixed-methods research design employing qualitative and quantitative measures. Six individuals were interviewed and 111 receivers of this modality completed surveys. Based on the interview data, there were four themes that emerged.

Touch and the spoken word were incompatible. Touch was such a powerful experience that the interviewees could not put their experience into words and that words were not good enough to describe touch anyway.

Touch as a nurturing process that was maternal in nature. The interviewees described a sense of physical and emotional release in addition to feeling looked after, safe and assured, which seemed to develop into feeling able to explore and expand, independently.

Touch as a relational experience within the therapeutic relationship and with one's relationship to the self. In the later, there was a two-way feed back and communication process such that there was a give and take, a receiving and a sense of respect and

gratitude. In the former, interviewees felt they learned about themselves and became more self aware. An interviewee noticed a discrepancy between her initial thinking that she was relaxed until she felt experience of touch. Interviewees described that touch improved communication with and their view of the self and the body. An interviewee thought the body gained more respect through touch while another explained that it's okay to find space for the self without feeling guilty.

Exceptions to the positivity of the experience of touch, including concern for others who may not be as comfortable and reservations about the gender of the therapist. While some interviewees preferred therapists of the same gender, a male felt he would not like a male therapist and a female thought her husband would prefer a male therapist.

In the quantitative study (Jones & Glover, 2012), about 90% of the responders were female and 10% were male and indicated an overall positive experience with touch. Responders were comfortable with touch and felt it improved psychological well-being and helped relaxation. Touch helped the responders feel more connected with their bodies. These findings echoed the qualitative data. In sum, touch was perceived on a non-verbal level that seemed superior to words.

On the other hand, the Rubenfeld Synergy Method (RSM) combines gentle touch and talk therapy. After several sessions of the Alexander Technique, Ilana Rubenfeld developed her method after she found herself bursting into tears and was flooded with memories that AT, primarily a somatic method did not address (Medina & Montgomery, 2012). Rubenfeld sought help from a psychoanalyst to deal with the psychological manifestations of the touch. She synthesized Gestalt

psychotherapy with Feldenkrais's work (Young, 2007). Rubenfeld believed "emotions and feelings arise hand in hand within the brain and the body. To grasp them, the patient needs touch and talk" (Medina & Montgomery, 2012, p. 74).

During the application of therapeutic touch, the patient will feel something happening in his/her body and is invited to express the experience verbally. This combination of talk and touch during the session aids the practitioner in attending to the patient more wholly. (Medine & Montgomery, 2012, p. 75)

Young (2007) discusses the power of touch and the realities, such as ethical and legal considerations, suggesting that there is no particular reason to not use touch when clinically appropriate. Integration of touch and talk therapy into the present moment during a session may release tension from the body, bring the person to a state of relaxation, and achieve body-mind connection – goals aligned with that of many somatic psychotherapists working with the psychesoma.

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Malcolm Brown and Berta Dejung

Organismic Psychotherapy: Our Recent Italian Workshop

By Malcolm Brown

T

om, a thirty-five-year-old schizoid man with an extremely thin, skeleton-of-a-body who was clearly the most wounded participant at the workshop stood, spontaneously, and remarked, “Thank you for the most gloriously fulfilling whole day with you two together as our leaders. I have rarely been so happy.” A robust applause followed as the group of 16 Italian participants concluded an eight-hour experiential in organismic psychotherapy in Milano, Italy with trainer Malcom Brown PhD, the theoretical and clinical initiator of Organismic Psychotherapy and author of “Il Contatto Terapeutico”(Brown, 2007) and Berta Dejung PhD, a psychotherapist specializing in organismic psychtherapy for 35 years in Luzern, Switzerland.

Organismic Psychotherapy is distinct in its belief and in its clinical focus upon affirming and believing in the superior unity of beingness that results from satisfying the higher growth needs. These higher needs take a lifetime to develop and evolve, and they are to be distinguished from the deficiency survival needs of primary childhood, the neurotic needs of the defended false self, and the armored, psychopathological needs of safety and calculated thinking. The goal of Organismic Psychotherapy is to discover one’s true self and how to eliminate the false self. The false self is the

armored and defended ego that must deceive others as well as oneself, since armoring is always a blanket-like-covering that hides the true self located deep in the center of one's embodied beingness where the endodermal layer of the metabolism resides. The other two layers of the body, the muscular mesodermal layer and the surface sensory ectodermal layer, are where the informed ego resided. Whereas the ego responds and adapts to the immediate outer sensory motor world by choosing to take the right actions, the true self remains true to and guided by the satisfying of the four higher growth needs of self-actualization that I call Eros, Hara, Logos, and the Spiritual Warrior.

Organismic Psychotherapy, also known as Humanistic Body Psychotherapy, as originally developed by myself and my deceased wife Katherine Ennis Brown, divides the human anatomy into four dynamic Being Centers of the embodied soul: (1) the Agape-Eros Being Center which consists of the upper frontal portion of the body and is said to mediate feelings of openness toward others; (2) the Hara Being Center which entails the abdominal region of the body and is said to permit self-love; (3) the Logos Being Center which consists of the dorsal portion of the body and is said to have unfathomable intuitive faculties; and (4) the Phallic-Spiritual Warrior Being which consists of the lower back and the limbs which is said to enable resoluteness (perseverance) (retrieved from http://www.experiencefestival.com/organismic_pschotherapy).

The ten female and six male participants, at the workshop, average age 40, were all professional counselors previously trained to use body work as part of their expertise, including that of Organismic Psychotherapy, since the leader of Milan's principal school of body psychotherapy had received a lengthy

training and treatment by myself and Katherine. The primary goal of the workshop was to experience directed, structured touch as both a giver and a receiver and provide a rich, subjective taste of the healing potential of nurturing, direct touch methods as they are regularly applied in Organismic Psychotherapy.

Participants self-selected a partner to work with during the experientials. They were asked to choose a member of the opposite sex in whose presence they felt an intuitive sympathetic reaction after a brief go around during which everyone spoke about their personal identity and motivation for being present for the workshop. They were expected to speak honestly to their givers of touch about how they had truly responded internally to each separate touch at both body and psychic levels, whether it was positive or negative.

The first touch consisted of the giver sitting behind the head of the receiver who laid out on a large mattress on the floor. The giver placed both hands on the two sides of the face of the receiver so that the cheeks and chin were completely covered. The touch was administered for a total of ten to twelve continuous minutes. The second touch consisted of each giver, while sitting beside the torso of the receiver, placing one hand underneath the neck and then two minutes later the other hand over the umbilicus at the center of the belly in a s o f t , n u r t u r i n g mode. This second touch lasted for t w e l v e m i n u t e s . After both touches had been received and shared verbally by

the receivers with the dyad partner about what had happened internally, the whole group then formed a large circle and sat on their thick mattresses. All of the receivers were asked to share again with the whole group what had happened while being touched. It always seemed to come out differently in words when addressing the whole group compared with addressing only one's partner. It was more detached, more guarded, and less emotionally rendered if the participants had strong enough egos. Since all the members of this particular group were actively working in the professional world of psychological counseling, they had no serious inhibitions about sharing with the whole group their inner private experiences.

Italians are uniquely open about disclosing their private worlds in an appropriately receptive atmosphere, being members of a very extrovertive culture. And the fullness of exchange was centered around an uninhibited and open revelation by each receiver of touch in regards to what had happened inside them while they were being touched. They were allowed twelve minutes to disclose themselves. Everyone in the group spoke with a certain animation and excitement and were still talking and had usually to be interrupted by the leaders at the end of the twelve

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minutes suggesting a distinct fullness of interaction and no serious signs of distrust or withdrawal towards one's stranger partner.

Some of the participants described in detail what had happened to them while being touched. Some did not understand at all what had happened—it seemed so new and strange. A woman who we shall call Simonetta, was in her middle thirties and was very attractive. She had many different changes of sensations when being touched on the cheeks and the belly that caused her considerable confusion. She felt at first very hot in her face after being touched by her male partner, then it switched over to feeling very cold and detached, and when her belly was touched at first it caused her much excruciating pain, but the longer

whatsoever. The fact that she had no understanding whatsoever of the significance of her changing body sensations confirmed for me that she lived mostly in her head and far less in her body without realizing this to be the case.

In the afternoon, the receivers laid on their bellies and this time two different nurturing touches to the back were made. No pressure was allowed. The first touch was to place two hands between the shoulder blades while remaining seated above the head of the receiver for ten minutes. The second position was to place one hand on the back of the lower neck and then the other hand afterwards on the lower lumbar region of the spinal column for ten minutes. After sharing verbally with the giver, the participants worked with

two touches. Many people regressed and went into archetypal imagery without understanding what was happening to them. Berta and I did not take the time as we would have liked to explore further with the client the meaning of the perplexing but boundary-breaking imagery. We reluctantly had to let it go by without exploring it further, although I did offer some observations to the whole group as a stimulus forcing them to make some sense out of two of the participants who had heavy and largely indecipherable imagery.

There was definitely a cumulative effect going on from the whole sequence of previous nurturing touches to have produced so many archetypal levels of imagery while being touched on the back. We have found this to be true again and again in our Italian training programs in Florence and Bologna. It demonstrates how soft nurturing touch has an enormous potential for opening up the creative repressed unconscious.



the soft touch persisted the more the pain changed over to partly pleasureable sensations of deep relief and mysterious movements. Berta and I had seen this woman the previous day for an individual session, and I had made a tentative diagnosis that she might possibly be a moderately rigid hysteric. This was a diagnosis for myself alone, and I never told her. We usually make a firm commitment not to reveal our diagnoses to clients until we are sure about them, and we prefer usually to make no diagnoses

second touch of the afternoon, which consisted of having the receivers roll over on their backs and then be touched on the soles of the feet with the fingers pointing downwards towards the mattress for twelve minutes.

This was the first time I had ever structured these two positions during a group dedicated to soft direct touch methods. I was truly amazed to discover how creatively disorganizing and regression-inducing the responses of the majority of the group were to the

Malcolm Brown PhD is 85 years old and has been a practicing psychotherapy for the past 50 years. He is the co-founder of Organismic Psychotherapy (with his deceased wife Katherine Ennis Brown), which was inspired by the thinking and practice of Wilhelm Reich, Alexander Lowen, and Carl Rogers. He is also one of the founders of the European Association for Body Psychotherapy (1987).

Berta Dejung PhD has been practicing Organismic Psychotherapy for 35 years in Luzern, Switzerland. She studied with Malcolm and Katherine Ennis Brown for 15 years (starting in 1977), attended several international supervision training groups, and experienced private psychotherapy sessions. She and Malcolm married in 2007. They live in Luzern Switzerland.

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centered on nervous system regulation and that was informing my decision making about interventions.

I learned how to apply touch in cases where solely verbal therapy wouldn't have been as effective for supporting the client's regulation. For example, touch was often essential for supporting the completion of sensorimotor programs. Words alone did not compare with the resistance I offered clients who connected more fully with the strength and completion of their push against my hands. Touch opened the door to visceral conversations that assisted a client's sense of their own containment, boundaries, and shifting experiences of themselves and their environment based on feeling more empowerment and safety. Using touch to strengthen the body ego and support nervous system regulation was more effective than trying to peel the onion of dysfunction through catharsis and breaking character defenses through the body.

When my psychotherapist used a containing touch with me I felt a newfound strength and increased capacity in myself. I was extremely upset, and she asked permission to come closer and place her foot next to mine. It was incredible how much more grounded I experienced myself in the midst of what felt like overwhelming emotion. It was as if my body landed into the chair and connected more fully with gravity; the strong, overwhelming experience of affect started to dissipate and settle down. It was also important to me that another human being was supporting me through eye contact, a compassionate, caring face, and a reassurance of presence. My self-perception started to change as I realized I had more capacity and resiliency than I previously thought. With the right support, my old patterns of defending against an

overwhelming emotion shifted, and I began to trust my therapist more.

Naturally, “the potency of touch holds the potential for harm as well as for healing, and because of this touch in psychotherapy has long been regarded as dangerous and taboo, or at the very least legally risky or a threat to the integrity of the therapeutic process” (Zur & Nordmarken, 2011, p. 7). I recently spoke with a friend who's a psychiatrist; he views touch in psychotherapy as implicitly negative because it interferes with the transference that the client needs to work through. He also felt that it was extremely risky in a legal sense and that the therapist would most likely be sued. He practically begged me to write this column as a stern warning to psychotherapists to never use touch with their clients.

What was eye opening about our heated conversation was just how obvious our training and scope of practice and competence differed. Throughout my training in somatic certificate programs, as well as my Masters program in Somatic Psychology, I would try to explain to him what I was learning. Our conversations about working with clients centered on his knowledge of psychopharmacology assessment and my anecdotes about case studies that illustrate psychobiological regulation. You could not put two dear friends who came from totally different clinical paradigms together.

My friend was taught never to touch his patients for a myriad of clinical, ethical, and legal reasons in medical school. For me, the paradigm of somatic psychology holds the key for modeling how to incorporate touch into psychotherapy since so many of its pioneers such as Reich and Lowen heavily relied on its use for therapeutic applications. While touch is mainly prohibited in mainstream psychotherapy today, the clinical orientation of body psychotherapists

such as Reichian or Bioenergetics use touch as their primary tool in psychotherapy. They see the value of touch and endorse it as a therapeutic tool whole-heartedly (Zur & Nordmarken, 2011, p.37). As somatic psychotherapists, whether we use touch or not, we must encourage our teaching programs to integrate touch in the curriculum and teach a hands on approach. We have a valuable opportunity here and now to teach touch skills from a unique perspective, an embodied perspective.

Christine Gindi, MDiv, MA, SEP is a Feminist Womyn of Color. She has professionally trained in body-based therapies which include Somatic Experiencing, Sensorimotor Psychotherapy, Craniosacral and Polarity therapies, and Yoga instruction. She has presented on healing from the trauma of social oppression at JFK University and the Center of Study of World Religions at Harvard University. She is currently training to become a diversity facilitator and licensed somatic psychotherapist. She holds a B.A. in the Study of Religion from UCLA, a MA in Somatic Psychology from JFK University, and a MA of Divinity degree from Harvard University.

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