

Broadening Horizons in Medical Theory and Practice: Alternative, Complementary, or Integrative? The Example of Somatic Psychotherapy

TIBBİ TEORİ VE UYGULAMADA UFUKLARI GENİŞLETME: ALTERNATİF, TAMAMLAYICI YA DA BÜTÜNLEŞTİRİCİ? SOMATİK PSİKOTERAPİ ÖRNEĞİ

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Abstract

In this paper, brief summary of body and energy psychotherapy is given. The meaning of complementary or alternative medicine and theory and technique of body psychotherapy are defined. Also, benefits and ethical principles of touch in psychotherapy are stressed.

Key Words: Somatic psychotherapy, Alternative medicine, Complementary medicine, Ethics

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Özet

Bu makalede, vücut ve enerji psikoterapisinin tarihi özet olarak verilmektedir. Tamamlayıcı ya da alternatif tıbbın anlamı ve vücut psikoterapisinin teori ve tekniği tanımlanmaktadır. Ayrıca, psikoterapiye dokunmanın yararları ve etik ilkeleri vurgulanmaktadır.

Anahtar Kelimeler: Somatik psikoterapi, Alternatif tıp, Tamamlayıcı tıp, Etik

Enormous challenges surround and impel what has been called "complementary" or "alternative" medicine. As was pointed out by Dr. Rashid Bhikra in his excellent introduction to this topic at the ISHM Conference in Istanbul in 2002, for the vast majority of the population of this planet, it is our standard, allopathic medicine that is "alternative" and many of the practices we consider "complementary" or "alternative" are the only medicine they have ever known.

But, what exactly are the practices that have been characterized as "complementary" or "alternative"? Different treatments of the subject recognize different categorizations¹⁻⁷ but perhaps the simplest definition is that quoted by Marc S Micozzi in his medical textbook entitled Fundamentals of Complementary And Alternative Medicine.⁸

"Workers at Harvard Medical School have provided a basis for a functional definition of the term: Alternative medicine refers to those practices explicitly used for the purpose of medical intervention, health promotion or dis-

ease prevention which are not routinely taught at US medical schools nor routinely underwritten by third-party payers within the existing US health care system."

In October 1998, the National Center of Complementary and Alternative Medicine (NCCAM) was established, by Congressional mandate, with a budget of \$19.5 million USD as part of the National Institute of Health in recognition of widespread use by the public of various forms of CAM. The Center's predecessor, the Office of Alternative Medicine, was established just 6 years earlier in 1992 with a budget of \$2 million USD. NCCAM's mission, backed by funding that has grown to \$104 million USD over 4 years, was to evaluate and promote scientific evidence of the efficacy of these practices in order to provide a base for education of consumers and health care practitioners.

But, what kind of scientific evidence is relevant to complementary and alternative medicine?

Shortly after the scientific revolution (1543) Francis Bacon defined the mission of modern science as the control and domination of nature. First, he posited scientists must acquire knowledge of what "controls" at organism's structure and function (behavior). Principles of Newtonian physics defined the experimental approach to this quest: the universe is a physical mechanism comprised of parts (matter); therefore, all that matters is matter. The way to understand how this mechanism works is to disassemble it

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and analyze all component parts. Through an analysis of the parts and how they interact, defective parts in a malfunctioning organism can be identified and either repaired or replaced (using drugs, engineered genes, prosthetic devices, etc.). Knowledge of the body's mechanism would enable scientists to determine how an organism works and how to control the organism by altering its parts. This is what Larry Dossey would characterize as Era I medicine.

Mike Denney, MD, writing in the *Ions Noetic Sciences Review*, June-August 2002, summarizes this point of view.

"In *Reinventing Medicine*, Larry Dossey MD speaks of three eras in the history of healing. Era I is characterized by our conventional, causal, deterministic approach of statistical, empirical science as it has been applied to healing methods since the seventeenth century. Era II involves the inclusion of mind-body phenomena such as found in psychosomatic and various alternative medical techniques. This era postulates that the mind has causal powers of healing within individual human beings.... They try to explain mind-body healing in terms of body physiology, through such causal chains as psychoneuroimmunology, skin galvanometer readings, or endorphins and other proteins circulating in the bloodstream, then they subject psychosomatic healing to techniques of standard, double-blind, statistical, clinical studies. In other words, although acknowledgment of mind-body phenomena is an advance in the care of the sick, it does not constitute a true shift or either consciousness or paradigm.

Era III medicine attempts to include the strange discontinuities of quantum physics within healing methods. Proponents of Era III medicine focus upon the nonlocal, action-at-a-distance qualities of quantum particles as providing a rationale with which to support the theory that healing can occur between individuals at-a-distance, for example, by prayer."

Denney goes on to suggest that NCCAM's stated goal is that nonconventional healing practices become evidence-based, but what should constitute that evidence?

"Is it time for us to begin "walking the talk" of quantum healing, to include the ideas of space-time discontinuities, quantum leaps, and nonlocal influences in our science, in method as well as theory? Is it time for a true shift in consciousness and paradigm in the healing arts?....some physicists postulate a nonlocal or noncontiguous causation involving some kind of unknown faster-than-light "energy." Yet, we may wonder whether physicists are using the right word when they say that one quantum particle INFLUENCES a correlated twin particle. We may conclude, rather, that all we can know is that the two parallel spin changes of separate particles are mysteriously simultaneous.... We may wonder, furthermore, whether the idea

that praying for someone at a distance can cause healing that conforms to the nature of quantum nonlocality....As laudable as the current research might be, we begin to entertain the possibility that perhaps we cannot prove nonlinear, quantum questions by seeking cause-and-effect answers to linear, human-made questions."

And, Denney concludes that...

"in the subjective experience of human beings, mind-body medicine becomes soul-body medicine. And soul-body medicine does not speak in the language of linear, deterministic science. It speaks in images and poetry. It often expresses itself in metaphor and is perceived by intuition.

Healing occurs within the body and soul of a human being. Thus, by acknowledging another twentieth century development—depth psychology – we note that soul-body healing occurs as an unconscious function of the human psyche, and is expressed not in cognitive, problem-solving arguments but in irrational, imaginative, and poetic images that, like quantum particles, can be in more than one place at the same time, do not exist until they are observed, can be in one place and simultaneously emerge at another without traversing the intervening space, and can affect one another acausally, nonlocally, and at-a-distance. These quantum leaps are expressed also in the healing relationships of one human to another through a process of transference and intersubjectivity, those interpersonal, sometimes at-a-distance, contiguous human energies which also function in quantum weirdness. That is the poetic nature of the so-called placebo response. And it is the bizarre nature of quantum healing.

...Nowhere is the quantum nature of reality more applicable than in the healing arts. Sick human beings...stand at the uneasy interface of science and spirituality.

In December of 1999, the Head of NCCAM asked, along with other NIH Heads, to foresee the future, prognosticated that "by 2020, these interventions will have been incorporated into conventional medical education and practice, and the term "complementary and alternative medicine" will be superseded by the concept of "integrative medicine"."

The following year, in March of 2000, the White House Commission on Complementary and Alternative Medicine was established to evaluate progress and make recommendations for health care reform in the US. Among its Guiding Principles were the following:

1. A wholeness orientation in health care delivery. Health involves all aspects of life – mind, body, spirit, environment – and high-quality health care must support care of the whole person.

2. Evidence of safety and efficacy.

3. The healing capacity of the person. The person has a remarkable capacity for recovery and self-healing, and a major focus of health care is to support and promote this capacity.

4. Respect for individuality. Every person is unique and has the right to health care that is appropriately responsive to him or her, respecting preferences and preserving dignity.

5. The right to choose treatment.

6. An emphasis on health promotion and self-care.

7. Partnerships as essential for integrated health care.

8. Education as a fundamental health care service.

And, the year after that, in January of 2001, at a Meeting in London sponsored jointly by NCCAM and the Royal College of Surgeons, Adrian Furnham of the University College, London, presented hypotheses he has developed on how CAM consultations differ from conventional consultations:

CAM Consultations:

Take more time

Involve more touch

Take Affective and holistic history

Use language such as: healing, holistic, subjective, personal history, wellness

See the Patient's role as consumer

Use shared decision making

Cultivate a charismatic, empathetic bedside manner

Conventional Medical Consultations:

Take less time

Involve less touch

History is specific and behavioral

Language: cure, dualistic, objective, case history, illness

Patient's role is sick person

Decision making is by doctor in paternalistic role

Bedside manner is cool and professional

(NCCAM Meetings report, p.3)

And, who are users of CAM health care? In a study published in 1998, John A. Astin, Ph.D., an assistant professor at the University of Maryland School of Medicine in Baltimore, identified the following patterns among 1035 users of CAM.

“They tended to:

Be highly educated, with at least some college background

Have a holistic orientation, or a belief in the importance body,mind and spirit in health;

Have had a transformational life experience that causes them to see the world differently;

and

Be members of a “values subgroup” that he calls “cultural creatives”...who are committed to environmentalism, feminism, personal and psychological growth, and who are interested in esoteric spirituality and the foreign and exotic (24%of US population; 55%of those use CAM) (NCCAM 2001 Meetings report, pp.2-3).

In conclusion, I would like to propose that the challenge of complementary or alternative medical practices may be a part of a larger paradigm shift in the evolution of science. I quote Ervin Laszlo (MACROSHIFT, 2001, adapted in IONS Review, March-May2002, p.15):

“The remarkable fact is that science is evolving a holistic way of thinking about the world.... The basic sources for our worldview – the popular ideas of Newton, Darwin, and Freud – have been overtaken by new discoveries in physics, evolutionary biology, and systems science. In light of the emerging insights, the universe is no longer seen as a lifeless, soulless aggregate of inert chunks of matter; it resembles a living organism for than it does a dead rock. Life is not a random accident, and the basic drives of the human psyche include far more than the drive for ...self gratification.

In the emerging vision of science, matter, life, and mind are consistent elements within an overall process of great complexity, yet of coherent and harmonious design. Space and time are united as the dynamic background of the observable universe; matter is vanishing as a fundamental feature of reality, and is retreating before energy; and continuous fields are replacing discrete particles as the basic elements of an energy-bathed universe. Nothing is independent of any other thing. Our bodies are part of the biosphere and they resonate with the web of life on this planet. Our mind is part of our body, and it is in touch with other minds as well as with the biosphere.”

Body, Self And Soul: The Evolution of a Wholistic Psychotherapy

Body and energy psychotherapy may be seen as an example of an “alternative” treatment within the larger “alternative treatment” of psychoanalysis or psychotherapy. In a developmental trajectory that may be seen as homologous to that of alternative or complementary medicine, body and energy psychotherapy began when one of Freud's followers, Wilhelm Reich, proposed psychological theories too radical for the already challenging young psychoanalytic movement and was ejected from its midst.

This ejection left him, and even more, his followers, to move further into a rejection of the psychoanalytic "parent" with the result that until roughly the 1980's, many schools of body and energy therapy rejected much of psychology and failed to take account of each other as well.^{9,10}

However, more recently, especially since the founding of the European and American Associations for Body Psychotherapy, communication among schools and with the larger psychoanalytic community has improved. More and more clinicians are recognizing and experiencing training in both areas, scientific validation is beginning and academic journals are appearing.

This is clearly in tandem with increased interest in the mind-body connection by the larger medical community.

Somatic psychotherapy is far from new. Forms exist in virtually all indigenous cultures. Whether they are called shamans, healers, curanderos, medicine men, priests or doctors, their function is similar: to heal the body and soul of disease.¹¹⁻¹⁴ This paper will focus on its more recent roots in the rationalism of the enlightenment and the positivism of 19th century science and philosophy from which psychoanalysis was birthed by Sigmund Freud. It will trace the trajectory from a chemical, physiological model of the mind utilized by Freud through developments in the wider field of psychology to the evolution of body and energy psychotherapy as it is now practiced. As an example, I shall offer a description of Core Energetics, one form of body and energy psychotherapy which incorporates a spiritual dimension in its practice. And in conclusion, I will focus on the ethical issues relevant to one of the key areas differentiating somatic psychotherapy from traditional psychoanalysis: touch.

Definition of Body Psychotherapy

(European Association for Body Psychotherapy Website)

Body Psychotherapy is a distinct branch of Psychotherapy, which has a long history, and a large body of literature and knowledge based upon a sound theoretical position.

It involves an explicit theory of mind-body functioning which takes into account the complexity of the inter-sections and interactions between the body and the mind. The common underlying assumption is that the body is the whole person and there is a functional unity between mind and body. The body does not merely mean the "soma" separate from the mind, the "psyche". Body-Psychotherapy considers this functional unity fundamental.¹⁵

It involves a developmental model; a theory of personality; hypotheses as to the origins of disturbances and alterations, as well as a rich variety of diagnostic and

therapeutic techniques used within the framework of the therapeutic relationship. There are many different and sometimes quite separate approaches within Body-Psychotherapy, as indeed there are in the other branches of Psychotherapy.

Body-Psychotherapy is also a science, having developed over the last seventy years from the results of research in biology, anthropology, ethology, neurophysiology, developmental psychology, neonatology, perinatal studies and many more disciplines.

A wide variety of techniques are used within Body-Psychotherapy such as touch, movement and breathing. There is therefore a link with some Body Therapies, Somatic techniques, and some complementary medical disciplines.

Directly or indirectly the body-psychotherapist works with the person as an essential embodiment of mental, emotional, social and spiritual life. He/she encourages both internal self-regulative processes and the accurate perception of external reality. Through his/her work, the body-psychotherapist makes it possible for alienated aspects of the person to become conscious, acknowledged and integrated parts of the self.

The History of Body Psychotherapy

(Adapted from Barbara Goodrich-Dunn and Elliot Greene).¹⁶

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

"It was only forty-four years ago that Wilhelm Reich, widely considered the father of much of modern Western psychotherapeutic thought on the connection between body and psyche, died a disreputable and heartbreaking death in Lewisburg Federal Penitentiary. Advocates of Reich's theories, who saw themselves as part of a leading edge in the late 1940's and early 1950's, withdrew into tightly closed groups or into quiet practice. His theories, the body psychotherapy he developed, and much of the discussion of the mind-body connection went underground at that time.

However, this underground time was spelled by two periods of florescence. One was in the late 1960's and early 1970's and one is happening now. Before the current period, a person often found Reich's theories or a practitioner of Reichian therapy or one of several offshoots through a winding series of accidents or serendipity. Although Reich was a maverick and his ideas were radical at the time, they did not form in a vacuum. Indeed, the intellectual and cultural climate of Europe during the second half of the nineteenth century and early portion of the twentieth century spurred developments that had deep implications for the field of psychology."

Freud

"In 1873, Freud entered the University of Vienna to study medicine. Freud borrowed heavily from Helmholtz's principle of the conservation of energy. The conservation of energy doctrine stated that there is a constant amount of available energy. No new energy is created and none is destroyed nor disappears. Helmholtz's doctrine led to the popularization of such concepts as force, energy, power, action, impulse, impetus, and stress. All of these concepts emerged in one form or another as parts of major psychological theories, including psychoanalytic psychology. For example, Freud believed that a finite amount of energy powers unconscious conflicts. If the energy is blocked, it will somehow find a release. In this way, Freud viewed the psyche through the lens of physics and the conservation of energy."^{17,18}

"Freud was so steeped in Helmholtzian thinking that his first attempt to formulate a theory of mental functioning was cast in the language of classical mechanics. Freud's *Project for a Scientific Psychology* states: "The intention is to furnish a psychology that shall be a natural science: that is, to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction."¹⁹ Similarly Helmholtzian, Freud reduced psychological phenomena to physical principles and one motivational drive, for example, libidinal energies emerging from an instinctual id."

"However, the classical mechanics of nineteenth century science did not go unchallenged. Freud's psychoanalytic theory, being similarly basically reductionistic, faced the same criticism pointed at the work of the Helmholtz School as being too mechanistic, too materialistic, and too base. As D.H. Lawrence fulminated in *Fantasia of the Unconscious*, "The scientist wants to discover a cause for everything."²⁰ The people who questioned it came from a strong philosophical tradition that contrasted with rationalism. Goethe's *Naturalphilosophie* in the beginning of the nineteenth century through Henri Bergson's ideas about

"vital force" or *elan vital* in the late nineteenth and early twentieth century formed a smaller, but strongly vocal opposition. Both Goethe's and Bergson's work questioned the dominance of reason, instead emphasizing the intuitive and the experiential. According to Goethe, "Naturalphilosophie saw both man and the universe as organisms, ultimately consisting of forces, of activities, of creations, of emergings – organized in basic eternal conflicts, in polarity."²¹ The echoes of vitalism are heard in these words, which in the latter twentieth century reverberated in the emergence of humanistic psychology."

A health movement interested in natural sources of healing, such as water, heat, light, and touch, also flourished during the turn of the century. Artists such as D.H. Lawrence, and Herman Hesse were in contact and strongly influenced by this movement. So was the great dancer, choreographer, and theorist, Rudolph Laban, whose work forms a cornerstone of dance therapy. Reich began his medical training during the tail end of this ferment, and his work reflects the struggle to meld rationalist mechanism and vitalism. Before Reich, there was no body psychotherapy as it would be defined today, but the connection that Freud made between the body and the mind cannot be underestimated."

"Freud began his investigations into the psyche stimulated by his interest in conversion hysteria. By seeing physical symptoms such as hysterical deafness and hysterical paralysis as signs of disturbances in the psyche, rather than malingering, Freud was in a way one of the first body psychotherapists. He understood that there was a connection between body and mind. It was Freud who stated in *The Ego and the Id*, "The ego is first and foremost a body-ego," contending that our first sense of self is as an embodied self."²²

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

Reich

"Wilhelm Reich encountered the work of Freud in 1919 through a seminar in medical school. Reich's rise in the new psychoanalytic world was nothing less than meteoric. Within one year, "Freud permitted the young medical

student to start seeing analytic patients and referred several cases to him.”²¹

“Reich plunged into psychoanalysis, regarding it as pure knowledge to be furthered. In the typical innocence of a young knight, he did not see the tangle of politics and emotional investments growing quickly in the psychoanalytic world and around Freud. Nor did he see the effects on others of his own extremely complicated personality. By 1922, Reich suggested the formation of a technical seminar for younger analysts in which an open examination of analytic failures would be possible. Reich led this seminar from 1924 to 1930, and during this time he began to formulate his concept of character analysis. It was this work on character that would survive in the more orthodox psychoanalytic world even after his many exiles and expulsions. It was also through Reich’s work on character that he began to understand the importance of the body in psychoanalytic work. Initially, Reich was interested in resistance on the part of the patient as the reason psychoanalytic interpretation failed. His search for a way to systematically work with resistance led him to notice the importance of nonverbal, as well as verbal, work. Reich was convinced that for analysis to be successful, memory had to be accompanied by an emotional release. The talking cure alone was not enough. Reich observed that his patients used manner, posture, even dress to block affect. Progressively, through his clinical work, Reich observed what he called “character armor -- the automaton quality of patients, their lack of spontaneous feeling.”²³

“Initially, Reich’s work on character analysis was well received with few criticisms. However, Reich’s simultaneous work on sexuality and his involvement in the turbulent political situation in Vienna in the late 1920’s would eventually draw heavy fire from his psychoanalytic colleagues and finally Freud himself. His search for scientific discovery and subsequent attempts at repression of his ideas by organizations and governments became the leitmotif of Reich’s life. This theme played through to his death.”

“Reich began his investigations into sexuality with the intention of extending Freud’s idea that a good sexual life was a foundation of psychological health. As early as 1923, Reich was developing his theories on genitality and the role of sexual energy in neurosis.”

“By 1929, Reich was establishing sexual hygiene clinics through the Socialists. Reich advocated many issues that reappeared in the sexual revolution of the 1960’s and 70’s: questioning traditional marriage and the domination of women, allowing sexual relations between adolescents, affirming sexuality in children, sex education, abortion and birth control. Psychoanalysis in post-Victorian Vienna was still on the fringe and had been under attack since its incep-

tion for its concentration on sexuality. The early Freudians were quite sensitive to their public image and were still trying to legitimize their work as a science. Reich, with his strong personality and views, must have been seen as waving a red flag, directing the forces of opposition right to their door.”²⁴

“By 1933, Reich was in trouble everywhere and with everyone. The Communists rejected Reich on the grounds that he was too Freudian. The Freudians thought he was a Communist. The rising Nazis saw him as an enemy. This began Reich’s series of exiles.”

“By 1934, Reich’s link with the Psychoanalytic Association was in great jeopardy. Besides rousing the hostility of his colleagues with his political activities, Reich’s progress in psychoanalytic work had brought him into direct opposition to the Master. In the 1920’s, Freud posited the death instinct as an answer to the persistence of negative psychodynamics, particularly in masochism. By 1932, Reich was ready to challenge his mentor and published a case dealing with masochism that questioned the death instinct. Not only did this case fracture the schism between Freud and Reich beyond repair, it was the first published case in which Reich actively worked at a body level. Noticing some spontaneous kicking by his patient, Reich had the choice of asking his patient to verbalize his emotions or encourage more kicking. He chose the latter, with the result that the kicking led his patient to discover joy in provoking his parents. Reich also began physically mirroring his patient’s attitudes to give him an idea of the outer expressions of his inner states. Reich noticed that his patient’s desire for pain was not a desire for pain *per se*, as Freud would have interpreted. His patient had a deep fear of being alone and was so armored that he could not feel contact. Only by abrasion of his skin and pain could he feel any warmth. The pain itself was not the goal, but the feeling of warmth at the skin level.”

“Involving the body specifically, Reich first noted in this case not only a psychic rigidity, but a *physical* rigidity as well, particularly in the musculature of the pelvis. The case was published in the *International Journal of Psychoanalysis*, but with a note from Freud warning readers that Reich was a Communist. By 1934, he was excluded from the rolls of the German Psychoanalytic Society at its Congress at Lucerne, Switzerland. Although he attended the Congress, it was as a guest speaker. His paper was on “Psychic Contact and Vegetative Current.” In it, he began his discussion of vegetative energy that would lead to his orgone theories later. With Reich’s discussion of the vegetative current and the ability or inability of patients to make emotional contact with themselves and others, we see both Helmholtz’s mechanics and Bergson’s vitalist ideas emerge in Reich’s work.”

“Reich’s ideas often appear to be unmothered, springing forth like Athena from the head of Zeus. However, Reich was not completely alone in his study of body and psyche. George Groddeck (1866-1934), who joined the psychoanalytic movement in 1917 and is referred to as the “father of psychosomatic medicine,” preceded Reich in taking a psychophysical approach when he treated isolated patterns of chronic tension as psychosomatic symptoms.²⁵ Ernst Kretschmer (1888-1964), a psychiatrist, correlated body types with personality characteristics, preceding Reich’s work on character structure.²⁶ Reich likely knew of Kretschmer’s ideas through a supervisor, Paul Schilder, who was an admirer of Kretschmer.²⁷ Closer to home, the woman whom Reich was with during his time in Oslo, Elsa Lindenberg, was a dancer. She had worked closely with Rudolph Laban. Laban (1879-1958), in addition to his work in dance notation, movement choruses, and other innovations, had developed a form of analysis called effort-shape work. This analysis included movement in time and space and looked at emotion within gesture. Lindenberg had also studied with Elsa Gindler in Germany. Gindler (1885-1961) was the teacher of Charlotte Selver, who developed Sensory Awareness. Selver’s work would later blend somatic therapies and body psychotherapies in the late 1960’s and early 1970’s. To what extent Lindenberg might have influenced Reich’s theories and work, we do not know. However, it was during this time with her, that his work with the body truly developed. Reich had begun to use touch with his clients to break up what he saw as the armoring in their bodies.”

“This touch was different from massage, very pointed, affectively neutral and almost medical.” The touch was directed toward emotional release and was deep and hard. Reich tended to stay away from softer touch, which he felt might be interpreted as seductive. He began to observe the role of respiration with regard to emotion, the observation of the patient’s respiration becoming almost the “free association” of his therapy. Always looking for the underlying system, Reich began to formulate his theory of muscular segments, how chronic bands of tension in different segments with the body related to blocked affect and memory and how the muscular segments interrelated to each other and with behavior to form an exquisitely complex defense network. From his experiments with natural science, Reich also began to regard the body in Helmholtzian terms of pulses and flows of energy, expansions and contractions.”

“To place Reich in a historical context, Reich’s work, like Freud’s, showed evidence of the Helmholtz School influence. For example, Reich’s concept of energetics based on the charge-discharge model is distinctly mechanistic and reflects Helmholtz’s conservation of energy doctrine. His later efforts to tie his ideas to an identifiable,

quantitative energetic force that permeated the universe called orgone energy would be perfectly at home with the unity of science movement by linking physics and psychology. Yet at the same time, Reich’s orgone energy also smacks of vitalism by being a universal energy that animates human life, thinking, and feeling. William James, one of the first great American psychologists, referred to that which emphasizes scientific determinism and the importance of matter as “tough-minded,” being more materialistic, sensationistic, and experimentally rigorous. On the other hand, James said “tender-minded” psychology, being more humanistic and person oriented, stresses free will, self determination, and the importance of mind.²⁸ The struggle between two opposing points of view in explaining human behavior has been going on for centuries. Plato, for example, called scientific thought, i.e., logical thought based on premises, “understanding,” and called philosophical thought, i.e., insightful and immediate apprehension, “intellectual”.²⁹ The struggle plays out as determinism versus free will, mechanism versus vitalism, materialism versus idealism, environment versus organism, and causation versus teleology.³⁰ Without the “tender-minded” side to Reich’s body of work, body psychotherapy may have never progressed beyond being an offshoot of psychoanalytic psychology.”

After Reich

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

“The kernel idea of humanistic psychology is that humans are purposive organisms. Many body psychotherapists espouse values that stem from humanistic psychology. For example, a de-emphasis on diagnosis in the fashion of the biomedical model is drawn from the idea that abstractions are unnecessary. The goal of growth comes from the idea that each person possesses a growth potential that stimulates one to realize and to develop into whatever

and whomever they are to become. Cultivating spontaneity and the use of imagination derives from the idea that people are basically spontaneous.”³¹

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

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

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

“*Learning*, which was primarily associated in the first part of the twentieth century with behaviorism and experimental psychology³² and more recently with cognitive theory, until recently has not had as much affinity for body psychotherapy.”

“Cognitive theory stresses learning occurs as a result of internal mental processes. That is, cognitive research seeks to describe the role of the person's own mental activity in learning and remembering.³³ This perspective views people as problem solvers who actively use information from the world around them to master their environment.³⁴ This broader perspective regarding people opened learning theory to humanistic concepts, one of the threads of body psychotherapy ideas. Cognitive theory's influence also has made learning theory and body psychotherapy more accessible to each other by emphasizing events that take place inside the learner.”

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

Core Energetics as an Example of a Psychotherapy Embodying Mind, and Spirit

THE ART AND SCIENCE OF BODY PSYCHOTHERAPY: A PERSONAL PERSPECTIVE

Body psychotherapy, in a historical perspective, has been accomplished through ritual, religion, drama, and storytelling since the earliest times of which we have any knowledge. Psychotherapy, viewed as the journey of a soul, is simply a continuation of a mythic, dramaturgical. This is the journey of the author of the ODYSSEY, Cervantes in DON QUIXOTE, Dante in THE DIVINE COMEDY, Milton in PARADISE LOST, to name only a few of the best known. By daring to eat of the fruit of the tree of knowledge of good and evil, Adam and Eve were expelled from Paradise and began the human journey. We are HOMOSAPIENS.

Core Energetics is a deep, powerful therapeutic process seeking to integrate the mind, body, emotions, will and spirit in the service of the love and pleasure that are the essence of life. When fear, anger, hatred, etc., is stored in the body's tissues, physical and mental health may be threatened. Work with the body facilitates the release of emotional blocks, defensive postures, and destructive belief systems, so that the energies of the body can flow more freely, creating greater life fulfillment for the individual. Persons can be helped to transform these obstacles which block contact with the core, the source of all healing, wisdom, joy and creativity. The therapist provides a supportive environment in which the client can access deep inner

processes, reach catharsis or containment, and release blocked energy in the body. Although aware of the client's character defenses and destructive life patterns, the therapist focuses on the core of the person: his/her spiritual capacity, ability to love, and life task.

The therapeutic work of this process is based on the principle elucidated by Wilhelm Reich: that we are a psychosomatic unity which has within it the capacity to love and heal, and that we have an inner impetus toward creative evolution. In order to evolve, we must deeply transform the negative aspects of our personality, releasing their energy into growth and creativity. The physical body is the vehicle through which we express our emotions, thoughts and spiritual selves. By working with the body to help confront the defensive reactions of our emotions, we open up the way to healing and evolution.

We can envision ourselves as made up of layers of energy. At our center is the pulsating, moving energy of life. This is our life force which, following the laws of physics (and of biological development) seeks to expand and grow. Our core is our connection to our spiritual nature and to the universe. The next layer (called simply the secondary layer by Reich) is the lower self, which contains our wounds and the dark or shadow side of our nature. Our life force is blocked when we are not allowed to express who we really are, especially our emotional pain or negative emotions. This energy, stagnating, produces a layer of defenses which become the physical and characterological armoring. On top of this we position a social mask, designed to protect ourselves and others from our lower self. Both the armoring and social mask are roughly equivalent to Winnicott's "false self." But, this mask or false self unfortunately also dampens the vibrancy and buoyancy of the life center, the core.

Technique

Character defenses (coping mechanisms from childhood that are overused or inappropriate in adulthood) are treated by charging segments of the body where energy is absent or discharging segments of the body where energy is blocked. Repressed emotions, memories and belief systems are retrieved by freeing muscular and organ contractions. The therapist may place the client in stress positions, initiate grounding exercises, introduce deep breathing, or work with the body on the couch or roller. The therapist may use her hands to assist this process by working on the client's physical/energetic blocks. When touch is involved in the session, it may be hard or soft depending on the type of resistance in the musculature and the character defense of the client. Touch must be approached with caution and respect for the meaning it holds for the client. For many people defenses must be built and structures erected. Emotions need to be contained and channeled rather than expressed.

In addition, the therapist works with destructive aspects of the personality by helping the person penetrate the ego-mask, the idealized self-image or the false self in order to meet and release the frozen negativity hidden beneath it. By bringing this suppressed material to consciousness, energy is released, and the client connects with a full and vibrant life force.

Theory

Energy and consciousness are the two dimensions of the life force which operate at all levels of the personal reality. Consciousness shapes and directs our energy. It is limitless, especially when expressed through our spiritual aspect, through love. The deep physical work expands the energy field and thereby the consciousness. Just as energy and matter are interchangeable, or perhaps the same thing, so energy and consciousness form a unity.

When negative or painful experiences occur, we create energy blocks in order to survive. But, these safety maneuvers block the movement of energy from the core of our being into creative expression in the world. The more pain a child experiences, the more extreme are the measures to protect the integrity of the self and to diminish or block the pain. The modes of protecting ourselves become patterns of holding the physical energy. This creates blocks in the physical body. For example unconscious fear can be kept at bay by held breath and raised shoulders. If this happens enough times, a person develops permanent holding patterns which are present in the body and can be seen and worked with by the therapist. These blocks tell the therapist where and how to proceed.

The model of energy and consciousness which is the foundation for this therapy stresses the relationship between the five levels of existence: the physical body, the feelings and emotions, the mind and thoughts, the will and the spirit or soul. Unification and integration of the whole entity is the goal.

The therapeutic work is based on three principles:

1. The person is a psychosomatic-spiritual unity;
2. The source of healing and the capacity to love is within the self.
3. All of existence forms a unity that moves toward a creative evolution. In the human entity, this evolution consists of the deep transformation of negative aspects of the personality into a creative whole.

Energy is a living force that emanates from each level of consciousness. It is characterized by pulsation, motility, rhythm, abundance, flexibility and malleability. Human consciousness uses energy to sculpt the shape of the body and determine the basic form of existence. The physical body is the laboratory of life and the vehicle through which emotions, thoughts, and the spiritual self are expressed.

Conclusion

I have endeavored in this brief summary of the history of body and energy psychotherapy to illustrate the emergence first of psychoanalysis and then of body and energy psychotherapy as a subset of trends in the larger medical and scientific community. Freud's startling models of the psyche, based on Newtonian physics and his training in neurophysiology, evolved and stimulated the work of Wilhelm Reich, one of his most brilliant students to carry his work into areas he originated but subsequently disavowed. Out of this grew body and energy psychotherapy, which rejected its progenitors for a generation until it had established an identity sufficiently cohesive to allow its students to delve back into psychoanalysis, especially as it has developed in the schools of object relations theory. Some schools of body and energy psychotherapy, such as Core Energetics, again paralleling developments in medicine, also incorporate a spiritual dimension.

The Ethics of Touch in Psychotherapy

Long known as the "talking cure", psychotherapy has had, at best, an ambivalent relationship with touch. Two facets of this ambivalence come immediately to mind. One is an aversion to touch said to be characteristic of certain cultures, perhaps especially Northern European and American. The other is a more generalized separation of body from both mind and spirit, which I discussed last September at the International Society of the History of Medicine Conference in Istanbul.^{35,36} The development in the last fifty years of body and energy psychotherapy has thrown into relief and challenged many of the assumptions encoded in these ambivalences.

Some of issues are discussed at length by Kerstin White, in her article entitled "A Study of the Ethical and Clinical Implication for the Appropriate Use of Touch in Psychotherapy",³⁷ from which I quote at length below.

Definition of Touch

Smith³⁸ proposes a "taxonomy of touch" in psychotherapy, which is useful for this discussion. He describes several types of touch considered acceptable or unacceptable depending on the circumstances. First, he mentions "inadvertent touch" like bumping into or brushing up against a person while moving about. Second, he refers to touch as "a conversational marker" designed to get someone's attention by touching a hand, knee, or shoulder. The third type of touch in this taxonomy is "socially stereotyped touch," a highly ritualized touch, such as a handshake or embrace when greeting or saying good-bye to a client. A fourth type of touch, which is particularly valuable here, is "touch as an expression of the therapeutic relationship." This includes a comforting gesture like putting an arm around a client's shoulder while he or she is grieving. The therapist might also

act as a parental figure in regressive work by holding, rocking or embracing the client like a child. In the fifth category, Smith describes "touch as technique," which is the clearly defined touch in various body-oriented therapies, designed for therapeutic purposes. In addition to these five types of touch, Smith adds hostile and aggressive touch and sexual touch as being absolutely taboo.

Historical, Cultural and Legal Context

Ethical guidelines do not exist in a vacuum, but are shaped by forces within a societal context.... In order to understand the longstanding taboo against touch, we need to first look at its historical roots.

The debate whether to touch or not to touch clients can be traced back to the early psychoanalytic movement. Freud, who initially touched and massaged his patients, contributed later to the taboo against touching among psychoanalysts. When he started to focus on the dynamics of transference, which are feelings and reactions toward significant others from the clients' past that are projected on the analyst,³⁹ a *blank-screen* approach, characterized by the therapist's neutral stance, became necessary to facilitate this process. Freud eventually changed his views on this subject and refrained from touching his clients. Touch was considered a way to gratify the patient's desires and thus would lead to a contamination of transference.⁴⁰ Ferenczi, who was one of Freud's most faithful disciples, continued to touch his clients, which led to a deep rift between the two. Ferenczi continued to experiment with different analytic techniques, including kissing patients, but eventually came to the conclusion that touching his patients was after all counter-therapeutic.⁴⁰ Reich, another early psychoanalyst, broke completely with the psychoanalytic community by making touch his major focus of treatment. He coined the concept of *character armor*, which reflects the tensions in the body created by inner conflicts. He used massage, pressure and breathing techniques to release *bound up emotion*. He is considered the driving force behind the proliferation of current body-oriented psychotherapies.⁴⁰ Reich later influenced Fritz Perls, the founder of Gestalt therapy.⁴¹ Whereas the Reichian followers used focused touch as their major modality for relating to their clients, the humanistic tradition saw touch as "a natural and spontaneous expression of genuine (nontransference) relationship".⁴² Fernald⁴³ points to the similarities in Rogers' and Reich's views on the importance of the body and to Rogers' views on the therapeutic self-actualizing process as a "total, organismic, frequently non-verbal type of thing".⁴⁴ Behaviorists and later cognitive-behaviorists did not believe in the therapeutic values of transference, and hence did not discuss the value of touch in psychotherapy.⁴⁰ This brief historical overview reveals how classical psychoanalysis and its emphasis on transference has greatly shaped our view on touch in psychotherapy and

how other therapeutic approaches have moved away from this stance. Current social forces seem to mirror the psychoanalysts' taboo against touch.

Compared with many European cultures, America is very much a "hands-off" society. Affection between lovers is shown mostly in private and greeting people does not necessarily involve human contact. Hunter et al. (1998) maintain that "This general stance of touch abstinence seems to be one of the traits that characterize the Anglo-Saxon and Puritan heritage".⁴⁰ Heights (1999) conducted a multicultural study involving American and French adolescents. In studying peer interaction in a McDonald's restaurant in Paris and Miami, she concluded that American adolescents spent less time leaning against, stroking, kissing, and hugging their peers than did the French adolescents. Instead, they showed more self-touching and more aggressive verbal and physical behavior. This is an interesting finding in light of frequent incidents of teenage violence, which have ravaged American schools. Teachers are afraid to touch children for fear of litigation.⁴⁵

Benefits of Touch

Nurturing touch is crucial for our emotional and physical well-being and lays the foundation for a healthy personality. Our earliest experiences of touch "create a template by which subsequent interpersonal relationships will be formed".⁴⁰ Touch is our first means of communication and as crucial for our survival as food and water. Harlow's study (1962) showed the importance of touch in the development of monkeys. Through touch, children learn to self-regulate and cope with life stressors. When children are deprived of touch the consequences are severe.⁴⁶ Spitz (1945) coined the term *hospitalism* to describe the physical and emotional disturbances of children raised in orphanages.⁴⁷ Bowlby (1973) explored the devastating effects of separation on child attachment behavior.⁴⁸

Given that touch is part of our human fabric and constitutes a basic human need, its benefits for psychotherapy can no longer be overlooked. Hunter et al. (1998) summarize the positive functions of touch by underlining that it may help the therapist to provide real or symbolic contact and nurturance, to facilitate access to, exploration of, and resolution of emotional experiences, to provide containment, and to restore significant and healthy dimensions in relationships.⁴⁰ Some critics like McNeely,⁴⁹ and Glickauf-Hughes et al.⁵⁰ have pointed to the importance of touch in ego development. In a multicultural context, knowledge about the role of touch in different cultures can be translated into the therapeutic relationship and provide opportunities for effective treatment.⁵¹

The potential benefits of touch are specifically relevant for the treatment of trauma victims. The relationship between trauma and memory has been explored in the

context of post-traumatic stress disorder.^{40,52-54} It has been documented that traumatic memories are encoded in our sensorimotor system as kinesthetic sensations and vivid images. Referring to van der Kolk's work,⁵⁵ Herman (1992) reports that "in states of high sympathetic arousal, the linguistic encoding of memory is inactivated, and the central nervous system reverts to the sensory and iconic form of memory that predominate in early life."⁵³ Traumatized victims have difficulties reconstructing personal narrative of their traumatic memories, experiencing them instead on an emotional and sensory level.⁵⁴ Given the somatosensory nature of trauma, body-oriented therapies offer new avenues for treatment and healing.⁵⁶

Through touch, physiological patterns in the body can be changed to correct old and harmful experiences.⁵⁷ Esthelle (1998) describes such an example in her work with the Rubenfeld Synergy method. Her middle-aged client, a well-educated, successful therapist, reported constant tension and fears and "seemingly, random, small, involuntary movements of his wrists, feet, and head".⁵⁸ While the synergist's healing hands rested beneath her client's back, he verbalized that his fears were related to his identification with his mother's fears as a three-year-old. He was not aware of the causes of his mother's fears, but he saw himself as a little child fighting for his mother's safety with clenched fists and tensed muscles in his whole body. The synergist guided her client through a dramatic session, in which he was able to express his pent-up anger with deep-growling cries. After this session, the client felt a deep sense of relaxation and joy, and his tics had stopped. Given the great healing potential for touch in psychotherapy, it is all the more important to turn our attention to clinical and ethical guidelines that govern its judicial use.

When discussing clinical and ethical guidelines, one has to be aware that they are tightly interwoven and inform each other. Kertay & Reviere (1993) point out that "theoretical justifications do not automatically comprise ethical justifications: a given theoretical position advocating touch in psychotherapy may or may not be ethically defensible".⁵⁹ While their discussion applies to more traditional verbal therapies, many of the points discussed here will be also useful for therapists interested in body-oriented therapies.

Touching a hand or shoulder, holding a client who is in the throes of emotional pain, or other forms of physical contact are all clinical interventions as part of the therapeutic process. Therefore, psychotherapists need to conceptualize when it is clinically appropriate or inappropriate to physically reach out to their clients, while never losing sight of the ethical implications.³⁷

Ethical Guidelines

In answer to this need, The United States Association for Body Psychotherapy, in October of 2001, after lengthy

consultation with the ethical guidelines of the American Psychological Association, approved a set of ETHICAL GUIDELINES which include the ethical use of touch:

The use of touch has a legitimate and valuable role as a body-oriented mode of intervention when used skillfully and with clear boundaries, sensitive application and good clinical judgment. Because use of touch may make clients especially vulnerable, body-oriented therapists pay particular attention to the potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these states. Genital or other sexually touching by a therapist or client is always inappropriate.

1. Body psychotherapists evaluate the appropriateness of the use of touch for each client. They consider a number of factors such as the capacity of the client for genuine informed consent; the client's developmental capacity and diagnosis; the transferential potential of the client's personal history in relation to touch; the client's ability to usefully integrate touch experiences; and the interaction of the practitioner's particular style of touch work with the client. They record their evaluations and consultation in the client's record.

2. Body psychotherapists obtain informed consent prior to using touch-related techniques in the therapeutic relationship. They make every attempt to ensure that consent for the use of touch is genuine and that the client adequately understands the nature and purposes of its use. As in all informed consent, written documentation of the consent is strongly recommended.

3. Body psychotherapists recognize that the client's conscious verbal and even written consent for touch, while apparently genuine, may not accurately reflect objections or problems with touch of which the client is currently unaware. Knowing this, body psychotherapists strive to be sensitive to the client's spoken and unspoken cues regarding touch, taking into account the particular client's capacity for authentic and full consent.

4. Body psychotherapists continue to monitor for ongoing informed consent to ensure the continued appropriateness of touch-based interventions. They maintain periodic written records of ongoing consent and consultation regarding any questions they or a client may have.

5. Body psychotherapists recognize and respect the right of the client to refuse or terminate any touch on the part of the therapist at any point, and they inform the client of this right.

6. Body psychotherapists recognize that, as with all aspects of the therapy, touch is only used when it can be reasonably be predicted and/or determined to benefit the client. Touch may never be utilized to gratify the personal needs of the therapist, nor because it is seen as required by

the therapist's theoretical viewpoint in disregard of the client's needs or wishes.

7. The application of touch techniques requires a high degree of internal clarity and integration on the part of the therapist. Body psychotherapists prepare themselves for the use of therapeutic touch through thorough training and supervision in the use of touch, receiving therapy that includes touch, and appropriate supervision or consultation should any issues arise in the course of treatment.

8. Body psychotherapists do not engage in genital or other sexual touching nor do they knowingly use touch to sexually stimulate a client. Therapists are responsible to maintain clear sexual boundaries in terms of their own behavior and to set limits on the client's behavior towards them which prohibits any sexual touching. Information about the therapeutic value of clear sexual boundaries in the use of touch is conveyed to the client prior to and during the use of touch in a manner that is not shaming or derogatory.⁶⁰

In addition, several books and articles have recently been published, thus opening a professional discussion of this important issue.^{37,40,61-68}

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