

## THE HISTORY AND SCOPE OF BODY PSYCHOTHERAPY<sup>1</sup>.



Ulfried Geuter<sup>2</sup>

Body Psychotherapy has its origins in psychoanalysis and the reform movements in gymnastics and dance at the beginning of the twentieth century (Geuter, 2000a, 2000b). In the beginning, Freud massaged his patients or placed his hand on their forehead in order to stimulate associations (Breuer and Freud, 1895). Later, he attempted to direct all motoric impulses toward the psychological realm (Freud, 1914) and restricted his therapeutic communication to listening. The abstinence from physical contact made sense for patients who had suffered from the (so-called) transference neuroses, and for whom the goal of the treatment was to raise their repressed undesired ideas into consciousness: these, in many cases, had a sexual nature.

On the other hand, at this time, the German physician Georg Groddeck (from whom Freud adopted the concept of the id [1990]) treated patients who probably tended to suffer more from functional and psychosomatic complaints by combining a type of deep connective-tissue massage with the therapeutic conversation. Groddeck communicated with words, and with his hands, wanting to relax the tensions and expand the breathing (Downing, 1996, pp. 346ff.). He also treated Freud's Hungarian student Sándor Ferenczi, with whom he was close in the 1920s (Will, 1987, p. 66).

Ferenczi, who frequently worked with patients who had been traumatized at an early age, had experimented since the 1920s with an "active technique" in which he used facial expressions and gestures as the language of the unconscious. He later offered patients a form of bodily contact, in ways such as holding them (especially in cases of affective shocks), during the therapy hour (Polenz, 1994). Ferenczi also searched for a psychoanalytic treatment for borderline patients and psychotics, reaching beyond the taboo of touch. Together with Otto Rank, in the 1920s, he already emphasized the healing effect of activating the experience in contrast to the "working-through" that Freud favored. However, under pressure from the associational politics of Freudian psychoanalysis, he recanted his experience-oriented, body-oriented, and relationship oriented approaches for a period of time (Nagler, 2003). After his death, Ferenczi's ideas were thoroughly suppressed by psychoanalysts, so that they were not able to develop in any significant way.

However, the greatest influence on the development of Body Psychotherapy was exerted by Wilhelm Reich, who was also originally a student of Freud (see Chapter 5, "The Work of Wilhelm Reich, Part 1: Reich, Freud, and Character" by Wolf Büntig). Reich was the first psychoanalyst to deal extensively with the borderline disorder, which he called the "instinctual character" (Reich, 1975). He searched for a new treatment technique to help patients who did not have a stable ego structure and were therefore not capable of the predominant verbal-associative work. Similar to later Ego Psychology, he assumed that there were basic "instinct-defense" configurations in the therapeutic work and he therefore granted a very central and important role to the analysis of character defense (Geuter and Schrauth, 1997). From his early clinical work, he was also very interested in the psychological and physiological effects of sexual repression (Reich, 1927/1986).

In contrast to the immediate interpretation of unconscious conflicts, customary at that time, Reich gave priority to the analysis of the patient's resistance. According to his observations, the consequences of "chronic" (long-term) defense processes are character patterns or attitudes, which are often accompanied by characteristic bodily postures. He believed that the reason for this is that the emotional processes of repression are connected with physical processes of repression: the muscular prevention of impulses toward actions and drives. These repressions therefore become associated with muscle tensions that can lead to

the development of chronic defense structures (Reich, 1933). This is why he also began working with the physical defense in therapy, such as with the tensed muscles, or the restrained breathing pattern: the resultant physical expression of the patients' repressed emotions should help to raise awareness of their unconscious into consciousness. Whereas Freud wanted to push ahead with the memory to the original affect, Reich took the opposite path by relaxing the physical defenses to the affect and, therefore, as a result, to the memory. To describe his method, Reich created the term "*Vegetotherapy*" in the mid-1930s. Reich had moved from Vienna to Berlin in 1930. Here, he received additional impulses that assisted his change from psychoanalysis toward what would later become Body Psychotherapy. This is also where he met his second life-companion, Elsa Lindenberg, who worked as a dancer at the Berlin State Opera under Rudolf Laban and who had attended courses taught by the body awareness educator Elsa Gindler (Geuter, Heller, and Weaver, 2010).

## **THE REFORM OF GYMNASTICS AND BODY CULTURE AND THE EXPERIENCE OF THE BODY-SELF.**

In that 1920-1930s era in Europe, Laban was the most important theoretician of expressionist dance, which was free from any fixed steps and forms, and in which the dancers could express their inner movement or, as Laban formulated it, should "open the floodgates of inner motion" (Laban, 1926, p. 132). Isadora Duncan and Mary Wigman had created this style of dance at the beginning of the twentieth century in Berlin.

The reformation of dance was part of a number of various contemporary reforms of the "Victorian" lifestyle, such as the new youth movement, body-culture movement, the Life Reform Movement, and a reformation in gymnastics, which also had one of its centers in Berlin, where Elsa Gindler's "Seminar for Harmonizing Body Formation" was located. This "school" was the one most closely connected with the beginnings of Body Psychotherapy, although Gindler represented a somato-educational approach without any psychotherapeutic claims. Through experiencing their own bodies, people were more able to find idiosyncratic movements within themselves that made it possible for them to let changes occur from within their body, so that it could better execute its natural functions (see Ludwig, 2002). Gindler did not develop any particular theory, although Heinrich Jacoby (1983), a musician who worked together with her, recorded some of her teachings that allow us to recognize a concept of learning about one's biologically suitable behavior patterns. However, Gindler's work had profound emotional effects, despite its intentions. Charlotte Selver writes that "the degree to which the individual becomes more capable of feeling and learns to make friends with what is gradually uncovered" opens the path to more extensive experience and deeper relationship (Selver, 1988, p. 61).

In addition to Elsa Lindenberg, the participants in Gindler's courses included Laura Perls (the wife of Fritz Perls), as well as Charlotte Selver, Lily Ehrenfried, Clare Fenichel, and Gertrud Heller. The latter were movement teachers who later passed their knowledge on to psychotherapists, such as Ehrenfried to Hilarion Petzold, and Selver to Erich Fromm. The principle of awareness in Perls's Gestalt Therapy can also be traced back to Selver, who called her method of bodywork "Sensory Awareness" in the United States. Ruth Cohn studied Gindler's work and possibly adopted from it the principle of the movable equilibrium for her theme-centered interactions (Cohn, 1975). Clare Fenichel, the wife of the famous psychoanalyst Otto Fenichel, worked to a ripe old age in the United States as a Gindler teacher. George Downing (1996) studied with Magda Proskauer, a student of Heinrich Jacoby. Impulses from Gindler's work have also gone into movement therapy with children who are disabled or have developmental disorders (i.e., the work of Emmi Pikler, Elfriede Hengstenberg, and Miriam Goldberg). Via Carola Speads, and her pupil Berta Bobath, Gindler's approach also passed to Bonnie Bainbridge Cohen (1993), founder of Body-Mind Centering (see Aposhyan, 2004).

Some of the Body Psychotherapeutic approaches that focus on the experience of the body-self have thus been strongly influenced by the work of Elsa Gindler. One of the far-reaching developments for the German-language region was the development of "Concentrative Movement Therapy" by psychoanalyst Helmuth Stolze (1984). He had learned about Gindler's work through Gertrud Heller, a dancer and movement therapist who worked at a psychiatric hospital in Scotland as a relaxation teacher.

Stolze was additionally influenced by the psychotherapist Gustav Heyer. In a lecture on “The Treatment of the Psyche Starting from the Body” in 1931, at the Sixth Congress of the General Medical Society for Psychotherapy in Dresden, Heyer had argued that analytical work must be supplemented by a “physiological theory and therapy” (Heyer, 1931). Furthermore, the body must be included in the treatment of neurosis through gymnastics, massage, or breathwork. In the 1940s, Heyer offered courses in breathing therapy within the scope of the psychotherapeutic training at the German Institute for Psychological Research and Psychotherapy in Berlin. He also spoke of the Gestalt symbolism of physical movement, a thought that was found in the Gestalt circle theory by Viktor von Weizsäcker. This concept entered into the Concentrative Movement Therapy method, which has become widespread in Austria and Germany. It utilizes offerings of conscious personal experience, and makes use of equipment like balls, ropes, or sticks. What is experienced in the movement or action is then worked through on the basis of the person’s psychodynamic background. However, it can also develop its own effects without verbal clarification. This method has the goal of equally making possible experience and learning, as well as uncovering the unconscious material (Pokorny et al., 1996).

Marianne Fuchs founded “Functional Relaxation,” which is another specialty within the German-language region. Fuchs was influenced by the Life Reform Movement and had studied at the Günther School for Gymnastics, Music, and Dance in Munich with the musician Carl Orff, among others. She continued her studies in breathwork and later worked at Ernst Kretschmer’s psychiatric clinic at the University of Marburg teaching rhythmic body formation to the patients.

When she treated her ailing one-year-old son, who suffered from spastic bronchitis, with a fine touching of the rib cage and with tones that followed his hampered breathing rhythm, she was able to influence his breathing rhythm and intercept the asthmatic attacks (Arnim, 1993, 1994). On the basis of her experiences, Fuchs developed a method that attempts to achieve a relaxation of the organism by releasing muscular tensions through exhaling (Fuchs, 1989). As in the Gindler work, Functional Relaxation involves training the person’s “proprioceptive” sense, which means promoting the perception of one’s own body with the goal of letting the autonomous body processes achieve equilibrium. The method has subsequently proved to be especially effective for the treatment of asthma, but is also used clinically for many functional diseases, pain disorders, and somatizing disorders (Loew et al., 1996).

By exploring these subsequent developments, it is easy to show that the evolution of Body Psychotherapy came from within a widely based interest in body awareness, movement, and expression that flowered (particularly in Germany before the Nazi era, but that also had strong effects overseas). In the United States, Body Psychotherapy -to a large extent- followed Selver’s experience-based concepts (see Chapter 11, “The Primacy of Experiential Practices in Body Psychotherapy” by Don Johnson).

## **LIBIDO, CONFLICT, AND LIBERATION: THE AFTERMATH OF WILHELM REICH**

The focus of the previously mentioned approaches can be described as organismic relaxation and the self-regulation of psycho-physical functions. In contrast, the Body Psychotherapy approaches, based on Reich, focused on loosening the character defenses and uncovering the resisted, conflict-laden, mental contents, impulses, or instinctual needs, and these approaches later became widespread. Reich adhered to Freud’s earlier view, which was that suppressed sexual energy is the energetic source of neurosis. He was concerned with releasing the drive from the repression, leading to self-regulation; others in the field considered it to be the result of an organismic self-perception (see Geuter, 2000a, pp. 68–70).

This means that there were two different ideological positions in the beginnings of Body Psychotherapy. The body-educational work had its background in the conservative cultural criticism of the modern world. This contrasted the “nature” of the “body” with the “decadence” of “civilization,” and the organic “rhythm” of the body with the “beat” of the machine. In contrast, Reich was both a Freudian and a Marxist who had assumed the causes of the plight of humanity were socially generated. His understanding was that society shaped people’s character structures (Reich, 1933). He wanted to liberate what had been suppressed, so he became heavily involved with Marxist oriented sexual politics.

However, Reich -like others who thought in terms of the organism- in his later work, assumed the

primacy of biology and thus subordinated psychological work to working with “bio-energy.” Thus, both starting positions in Body Psychotherapy had something in common, which could be called the rebellion of the subjective nature against objectification.

Reich had to leave Germany in 1933 and eventually settled in Oslo, Norway, living there from 1934 to 1939. This was the “Golden Age” of Body Psychotherapy in Norway (see Chapter 6, “The Norwegian Tradition of Body Psychotherapy: A Golden Age in Oslo” by Nicholas Bassal and Michael Coster Heller [also Heller, 2007]). After he had emigrated to the United States in 1939, and after the ravages of the Second World War, Oslo became a center for the development of Body Psychotherapy that continued working with the character-analytical vegetotherapeutic approach, mainly through Reich’s student Ola Raknes (1970). Various Neo-Reichians, like Gerda Boyesen, David Boadella, Federico Navarro, and Malcolm Brown, all studied with Raknes in the post-war years.

In Scandinavia, Vegetotherapy developed in close connection to physiotherapy. In addition to working with Raknes, Gerda Boyesen studied with the renowned physiotherapist Aadel Bülow-Hansen, who had worked with the psychiatrist Trygve Braatøy. Boyesen learned the techniques of deep-tissue massage from her, developing the concept that the energy of repressed affects can become congested not only in the muscles, thus forming “character armor,” but also in the person’s connective tissue and their intestines (see Chapter 56, “The Unfolding of Libidinous Forces in Body Psychotherapy” by Ebba Boyesen and Peter Freudl).

Boyesen (1987), as the founder of Biodynamic Psychology, became known for one particular form of massage in which the patient’s bowel sounds are listened to with the stethoscope, giving a form of biofeedback that indicates the changing-over from the sympathetic to the parasympathetic nervous function. In her concept of the “vasomotoric” circle, there are similarities with the theory of the functional circles in Functional Relaxation (see Geuter, 2000a, as well as Chapter 53, “The Role of the Body in Emotional Defense Processes: Body Psychotherapy and Emotional Theory” by Ulfried Geuter and Norbert Schrauth). In the 1970s and 1980s, Boyesen, with help from David Boadella and others, turned the London Center for Biodynamic Psychology into a leading center for Body Psychotherapy in Europe.

Boadella (1987) later founded his own school of Biosynthesis, in Switzerland, which, following the embryological model’s example of three germ layers (endoderm, mesoderm, and ectoderm), teaches special techniques for working with the vegetative level (centering), the muscular level (grounding), and the cognitive level (looking).

Federico Navarro (1986) continued to elaborate on Reich’s theory of segmental armoring. He initially spread Vegetotherapy into Italy, and then later into Brazil. Another student of Raknes, Malcolm Brown (1985), in his Organismic Psychotherapy, introduced the differentiation between catalytic and nourishing touch. Whereas catalytic touch serves the liberation of repressed affects, nourishing touch -similar to the “safe holding environment” of Winnicott- assists in bringing the body into a state from which an inner reorganization can take place according to the inherent wisdom.

Body Psychotherapy is strong in Norway, Sweden, and Denmark to this day. In Oslo, Norway, Nic Waal developed a test for measuring muscle tension, and Lillemor Johnsen studied the relationships between childhood history, breathing, and muscle tone (Boadella, 1990, p. 20). From the 1950s onward, psychomotor physiotherapy was developed in Norwegian psychiatry (Ekerholt, 2010; Thornquist and Bunkan, 1991). More recently, Kirsti Monsen (1989) connected self-psychological and affect-theoretical concepts with Body Psychotherapy and, together with Jon Monsen (Monsen and Monsen, 2000), proved the effectiveness of psychodynamic Body Psychotherapy in the treatment of pain. In Sweden, several people combined Reichian Body-Oriented Psychotherapy and Eastern body awareness traditions into psychiatric physiotherapy (Mattson, 1998). And, in Denmark, Lisbeth Marcher has founded Bodydynamics, in which she closely connects physical and psychological development in the emergence of psychomotor patterns. She tries to ascertain how and when specific muscles become activated in human development, and each muscle is related to a certain psychological meaning (Macnaughton, 2004).

Reich also left his mark during his American exile. His later concept was that psychotherapeutic work was possible to a large extent without any psychodynamic work and solely by dissolving blockages of the basic life “orgone” energy -the existence of which he assumed. Orgone therapists, like Elsworth Baker (1967), continue in this work, primarily in America.

Another American student of Reich, Charles Kelley (1970), in his *Radix Emotional Work*, developed techniques for dissolving tension patterns that block certain feelings and became known for the development of special eye exercises. However, he understood his work to be more educative, rather than as a form of psychotherapy.

The greatest development of Reich's work was found in Bioenergetic Analysis, which his students Alexander Lowen and John Pierrakos developed in the 1950s. Pierrakos (1987) later went his own way and developed Core Energetics, as he wanted to focus less on the consequences of earlier injuries and more on the essential core of a human being's natural vital energy, which is their fundamental potential filled with love. Lowen became well known for some confrontational work on the consequences of earlier deficits and conflicts. He further elaborated on Reich's theory of character structures and added the "oral character" (Lowen, 1958) to those Reich had already described. According to Lowen, character structures are reaction patterns that live in the present, but were created in childhood as an early set of responses to the refusal to meet a child's needs. Lowen was also the first to introduce Body Psychotherapeutic work when the client is standing. This paved the way out of the more regressive (supine, lying-down) work into the more here-and-now reality where a person is standing and becoming more "grounded" (see Chapter 67, "Vertical Grounding: The Body in the World and the Self in the Body" by Lily Anagnostopoulou).

In Bioenergetics, many exercises have been developed in which the chronically tensed muscles are placed under stress until they release the tension that they hold (Lowen and Lowen, 1977). Their goal was to help the inhibited affects express themselves in a physical way. Whereas Reich saw the liberation of sexuality as central, Lowen speaks of freeing an inhibited life energy or vitality. The goal of the treatment is not orgasmic potency, but to increase the general joy in life.

Jack Lee Rosenberg, Marjorie Rand, and Diana Asay (1985) also represent the energetic model. However, in the arena of self-psychology, they see the development of the sense of self as the central goal of psychotherapy. In this understanding, discharging blocked energy is a technique that helps their clients to examine the origin of their blockages and comprehend their function on the basis of their life story. According to this approach, the trapped self can appear when these blockages are successfully cleared away.

The cathartic approach in psychotherapy, which can be traced back to Breuer, Freud, and Reich, has spread to other therapeutic methods since the 1970s. For example, in Primal Therapy, Arthur Janov (1970) emphasized the importance of physical mobilization in order to reestablish access to the "primal" early childhood experiences that have been split off from the body and feelings. Another body-oriented therapy (but not a psychotherapy), Rebirthing (Orr and Ray, 1983), attempts to produce cathartic release by means of altered states brought about by hyperventilation. Both methods have been subjected to criticism as patients quickly fell into distressed body-emotion states. In Bonding Therapy, which was called the New Identity Group Process in earlier times, developed by Daniel Casriel (1969), the inadequate early attachment experiences were addressed through strong physical interactive experiences in therapeutic groups, and the feelings that had been suppressed or split off at an earlier time were then able to be released. The early Encounter Group movement provided some of the background experiences of this and other cathartic group approaches.

Catharsis has suffered a bad reputation in psychotherapy for a long time. However, Harald Traue (1998) points out that -from the perspective of empirical health research- catharsis contributes to dissolving emotional repression where patients do not subjectively experience emotions, which can be established in the form of physiological reactions and behavior. But, according to the empirical studies, it seems important that the expressed feelings are conflict-charged or unconscious for a therapeutically fruitful catharsis to occur. Moreover, these feelings should be cognitively linked and the patient should become more emotionally expressive (Traue, 1998, p. 376; see also Traue and Pennebaker, 1993).

As a result of Freud's taboo on touching the patient, touch in psychotherapy has been quite controversial for a long while. The conflict about physical touch within psychoanalysis, as it took place in the beginning, particularly between Freud and Ferenczi, came to a standstill in the 1930s for various reasons (Mintz, 1969). One of the major reasons was that Ferenczi was ostracized by the official psychoanalysts, and was even declared mentally ill by Freud's biographer, Ernest Jones. In Britain, the psychoanalysts Michael

Balint (1952), a student of Ferenczi, and Donald Winnicott (1965), however, considered physical touch to be helpful in states of deep regression. Winnicott offered patients his hand in order to give them support. Recently, in the United States, and partly in England, there has emerged a broader discussion about the value of touch in the treatment of physical illnesses and in the promotion of healthy development in general (Field, 2001; Barnard and Brazelton, 1990) and its benefits for psychotherapy in particular (Field, 1998; Fosshage, 1994; Horton et al., 1995; Hunter and Struve, 1998; Smith et al., 1998; Tune, 2005). This has been conducted possibly as an attempt to overcome the social “phobia” about touch in psychotherapy, especially in America. In this process, touch in psychotherapy is considered partially as a means for imparting empathy and support, partially to strengthen the therapeutic bond, and as a restorative agent for touch “deficits” in the patient’s process. However, catalytic touch is barely considered.

The current debate is far less characterized by the rigid psychoanalytic rules of abstinence from touch and the fear of psychotherapists’ abuse, and more by an open search for helpful psychotherapeutic contact, in contrast to debates within European psychoanalysis (for example, Holder, 2000). Also, modern Anglo-American Body Psychotherapy has now begun to explicitly address the issue of touch in psychotherapy (Young, 2005, 2009; Zur, 2007) (see also Chapter 48, “Touch in Body Psychotherapy” by Gill Westland).

## **EXPRESSION AND MOVEMENT**

### **The Beginnings of Dance Therapy in the United States**

Starting as early as the 1940s, dance, or dance-movement, therapy developed into another branch of Body Psychotherapy in the United States. Dance therapy uses the expressive movement as an essential medium of the treatment. The founders of this direction were dancers who brought the elements of expressionist dance into their psychotherapeutic work. Above all, this occurred in the psychiatric clinics (Chaiklin, 1975; McNeely, 1987). One of these women was Marian Chace, who began to dance with psychiatric patients for whom there was no medication at that time at a hospital in Washington, DC, at the beginning of the 1940s (Chace et al., 1993). Chace had learned Psychodrama, which uses the body techniques of the theater, from Jacob Moreno (1964). In the clinic she worked together with the neo-psychoanalysts Frieda Fromm-Reichmann and Harry S. Sullivan. She understood physical postural, tension, or breathing patterns and coordination difficulties as an expression of inner conflicts (Duggan, 1983; Siegel et al., 1999, pp. 11ff.).

One of the other pioneers of dance therapy was Trudi Schoop (1981), a Swiss expressionist dancer who worked in a psychiatric clinic in California after the Second World War. Liljan Espenak (1972, 1981) was an Adlerian psychotherapist and a student of Mary Wigman, the expressionist dancer, and made use of the conscious coordination of body parts and rhythmic improvisations in her method called Psychomotor Espenak. Mary Whitehouse (1979), who was also a student of Wigman and in analysis with C. G. Jung, applied Jung’s method of active imagination to dancing; the patients should express images, ideas, and sensations in movement.

In 1965, the above-mentioned dancers founded the American Dance Therapy Association. Dance therapy not only was able to establish itself in American psychiatric clinics, but also became an academic subject of study at several American universities over the course of the next few decades (see also Chapter 86, “Dance Therapy” by Sabine Trautmann-Voigt).

## **EXPERIENCE, RELATIONSHIP, MINDFULNESS: THE HUMANISTIC PARADIGM**

A new major impulse for the development of Body Psychotherapy came from the social movements of the 1960s, which championed the causes of sexual liberation, creativity, new life-forms, and the emancipation of the individual. These impulses also included the encounter groups, the Human Potential Movement, and the growth of humanistic psychotherapy. Reich’s books (having been burned in 1933 in Germany, and in America in the 1950s) were being read once again, especially in the student movements. His thinking seemed to fit with the idea of freeing people from their inner authoritarian conditioning in order to be able to change their outer circumstances more effectively. A multitude of new psychotherapeutic directions blossomed, which had as a center the Esalen Institute in California.

These new psychotherapies were characterized by the humanistic paradigm of self-actualizing the potentials inherent to the human being and put a new focus on waking up a person's resources. They also included several of the Neo-Reichian schools of therapy, and these approaches also brought psychotherapy together with creative arts and with Asian body and martial arts techniques. One of the leading representatives of humanistic psychology, Charlotte Bühler, wrote the preface to one of the first anthologies on the new methods of movement and body therapy in 1973 (Petzold, 1974). At that time, these methods were based upon the understanding of offering alternatives to the established or "ruling" paradigms of traditional psychotherapy and psychiatry. This meant that they flourished initially at the fringes of these institutional disciplines. At the same time, their theories reflected new social demands for more individual flexibility, creativity, and personal responsibility.

With them came a renaissance of the experience concept (Gendlin, 1961; see also Chapter 23, "The Bodily 'Felt Sense' as a Ground for Body Psychotherapies" by Eugene Gendlin and Marion Hendricks-Gendlin), which had imprinted the beginnings of the Body Psychotherapeutic approaches that dated back to Gindler's tradition (Geuter, 2004). At that time, many people became involved in personal-growth, therapy, and encounter groups as a way to expand their inner possibilities and to seek an identity that they believed they had lost. The body became a very significant reference point in this search for the self.

Humanistic psychotherapy has had a very strong influence on the understanding of the psychotherapist's role in the new Body Psychotherapies. Whereas Reich espoused the traditional analytical model of a "one-person psychology" (Kirman, 1998), even if he was one of the first psychoanalysts to demonstrate approaches toward a twoperson psychology, and whereas Lowen mainly followed a traditional image of the therapist as the knowing physician (Heisterkamp, 1993, pp. 28ff.), most Body Psychotherapists since the 1970s have followed Carl Rogers's idea that the psychotherapist should be available as a helpful person in an interaction where "there are just two people in the room." The idea of the human, "I-Thou" encounter by the philosopher Martin Buber (1979) also became influential. Therapy came to be understood as an existential encounter between two human beings in which the therapist is present as authentically as possible -which was represented by Gestalt Therapy in particular. As a result, the therapeutic attitudes within Body Psychotherapy became less reserved and, as with Rogers, more empathetic, supportive, and loving. Rogers's approach, of supportively working with the person's resources, was explicitly combined with work on muscular armoring by Malcolm Brown (1985).

Today, within Body Psychotherapy, elaborated psychoanalytical approaches are being integrated into an interactional work with the transference (Moser, 2001; Heisterkamp, 2002; Soth, 2009). Geissler and Heisterkamp (2007) see the psychotherapist as co-moving to the life movement of the patient. Stanley Keleman (1987) has presented a body-related concept of transference and countertransference processes that understands this as a pattern of a psychological and somatic pulsatoric bond. In this understanding, the patient also connects with the therapist through resonating muscular reaction patterns, which trigger somatic reactions in the countertransference: this is now known as "somatic resonance" or "somatic attunement" and, as a concept, has extended far beyond Body Psychotherapy. Fritz Perls, who had completed a part of his analysis with Reich in Berlin in the early 1930s, included thoughts and techniques from Body Psychotherapy in Gestalt Therapy and also from the "body staging" of Psychodrama (Paul Goodman, the theoretician of Gestalt Therapy, was also in analysis with Reich) (Perls, Hefferline, and Goodman, 1973). What both directions have in common is the concept of clearing away blocks that limit the person's emotional experience (Revenstorf, 2000, p. 208). Perls -like Reich in his resistance analysis- gave priority in therapy to observations of the process and the analysis of the "how" of a message over its content. And similar to how Reich had written about the analysis of the "instinctual character" that the transference must be discussed "daily" (compare with Geuter and Schrauth, 1997), Perls emphasized the work in the here and now. Both approaches also have the mutual aspect of confronting the person's defense (Bock, 2000). These three ways of thinking were later integrated within psychoanalysis, especially in Otto Kernberg's (1989) concept on the treatment of borderline disorders.

However, Perls was critical of Reich's attempts at physically confronting resistance. In contrast to the Body Psychotherapists, Perls never really worked with direct interventions on the body, but with the awareness of processes in the body and their affective meanings, especially when he worked in conjunction with Ilana

Rubinfeld (2001). Various other Gestalt therapists have come to form a closer connection between Gestalt Therapy and bodywork (above all, see Kepner, 1987; Ginger, 2007).

Also characteristic of that time, as for all of Humanistic Psychotherapy, was the process of integrating the thoughts of C. G. Jung and existentialism, as well as the connection with the ideas and practices of various spiritual traditions. Most of the Body Psychotherapeutic schools tend toward Jung's understanding of seeing general life energy within the libido, instead of the Freudian instinctual theory of drives. They tended to adopt Jung's concept of both subject and object interpretation of the dream, or his work with imagination. Furthermore, Malcolm Brown (1985) has also taken up the theory of the archetypes.

Like Jung, Jay Stattman (1989; Stattman et al., 1989, 1991), the founder of Unitive Psychology, emphasized, with his active imagination, work with inner images during the state of waking consciousness in a "creative trance." Like many others, he took up the statements by the existential philosophers Gabriel Marcel (1935) and Maurice Merleau-Ponty (1945) that the human being does not have a body but is his body (Marlock, 1993, p. 10).

The concept of the subjective, experienced body (which in German is referred to as "Leib" instead of "Körper," both to be translated as body) is also central for Hilarion Petzold (2003), who has founded Integrative Body and Movement Therapy as one psychotherapeutic method within a broader integrative theory of psychotherapy in general. This method has been decisively influenced by the French existential philosophers and has combined elements of Reichian Body Psychotherapy, Gestalt Therapy, Psychomotor Movement Therapy, and Ferenczian psychoanalysis into a synthesizing approach that has been broadly substantiated through scientific and clinical research. Petzold, as well as Yvonne Maurer (1999), represents a bio-psychosocial model of disease and treatment, whereby Maurer with Uexküll and colleagues (1994) combines systemic theoretic concepts with body-related approaches.

Psychiatrists Christian Scharfetter and Wolfgang Blankenburg also adopted the body-philosophical tradition of Marcel, Merleau-Ponty, and others to describe the disturbed physical nature of psychotic patients. According to Scharfetter, the body assumes a central importance in the "therapeutic reconstruction of the ego" (1998, p. 26). The experience of being "my body" is understood, within the phenomenological concept of the body, as essential for a cognitive-affective consciousness and identity.

The idea of attaining a psychotherapeutic effect through inner mindfulness, which is foremost directed at the body, was also stimulated through the reception of Eastern meditation and mindfulness techniques. Ron Kurtz, the founder of Hakomi Therapy, describes Buddhism and Taoism as sources of his thinking. In terms of theory, Hakomi is based upon the Neo-Reichian character structure model and on system-theoretical concepts (Kurtz, 1983, 1990). However, unlike the Neo-Reichians, the treatment philosophy has a radically noninvasive approach as its foreground. The patient can be guided into a state of "inner mindfulness". Once in this state, she should observe how she habitually organizes herself and how she initially perceives the world and relates to it from unconscious outlooks. As in all the therapeutic methods based on self-experience in Humanistic and Body-Oriented Psychotherapy, Hakomi assumes that only what has been deeply experienced can really cause change.

The practice of spiritual traditions to produce healing in changed states of consciousness, such as shamanistic trances, became a possible means of psychotherapeutic work for Stanislav Grof (1985, 1987). However, Grof came to this conclusion on the basis of his scientific research as a psychiatrist. Within this framework, he studied altered states of consciousness that had been produced by psy-cholytic substances such as LSD. When this was banned, he developed his Holotropic Breathwork as a method through which people can attain such states of consciousness without drugs. According to Grof, people can do this through specific breathing techniques quite similar to hyperventilation and other audible and rhythmic stimulations with the help of music. Once they are in these states, they can encounter significant natal, prenatal, and even transpersonal experiences.

With the method called Focusing, Eugene Gendlin (1998), out of client-centered psychotherapy and on the basis of a Process-Oriented theory of experience, developed a body-oriented method of psychotherapy. Focusing involves an exploration of the emotional assessment of cognitions from the body outward. In six established steps, the patient explores the feelings that arise from within the body as a response to a situation or to a question. Gendlin calls this feeling the "felt sense."



So far, the history of Body Psychotherapy has focused mainly on developments in Germany, England, and the United States, which have also been described by Eiden, Goodrich-Dunn and Greene, Young, and others (in Young, 2010), but Body Psychotherapy has found its way into other countries, too.

## **FURTHER DEVELOPMENTS IN OTHER COUNTRIES**

Similar to the spread of psychoanalysis, Body Psychotherapy has spread primarily within most European countries, North America (the United States and Canada), Australia, Israel, Mexico, and Brazil. The beginnings of its expansion also exist in Japan, South Africa, and Russia. At the same time, special characteristics of the individual countries that are related to local traditions can be identified. This provides a particular unique flavor that is sometimes exported back and adds to the richness of the field.

Some of the special characteristics in the Germanlanguage regions, and in Norway and Denmark, have already been mentioned. In Russia, Lev Vygotsky introduced movement work to child therapy quite early in its development (Petzold, 2003, pp. 443f.). Some of the more recent developments in Russia resulted from David Boadella's teaching groups there in the 1980s and early 1990s, and these have added a particular slant toward a restoration of the upset balance of biological processes in the human body (Baskakov et al., 2004).

In France, we find a major tradition based on the theory of psycho-motoric development, as well as a psychomotoric education that is already given a special place in the kindergartens and brings a greater social acceptance of expressionist body techniques with this (Calza, 1994; LeCamus, 1983, 1988). Richard Meyer (1982) has argued for using the body as an expressionist organ in psychoanalysis (which he calls "Somato-Analysis"). Meyer does not work with prescribed physical exercises but with the spontaneous and autonomous expressions of the patients with the intention of bringing the current experience to its complete gestalt.

In Italy, Neo-Reichian Body Psychotherapy has developed since the 1960s. This was initially because Ola Raknes taught Vegetotherapy in Italy as a visiting therapist until a ripe old age; his student Federico Navarro lived there until he moved to Brazil. Luciano Rispoli and Barbara Andriello continued vegetotherapeutic work in Naples under the name Functional Body Psychotherapy, because they understood posture, movement, dreams, cognitions, emotions, and neurovegetative reactions as psycho-physical functions of the self that are thought to work in a dynamic parallel manner, and not in a hierarchical form or structure (Rispoli, 1993, 2008). Psychotherapy should diagnose dysfunctions and help restore natural functions such as natural breathing, with the goal of integrating the functions for the harmonization of the self. Another development was when Rome-based American psychiatrist Jerome Liss developed his theory of Biosystemics, in which he mainly integrates Bioenergetic Analysis with systemic theory (Liss and Stupiggia, 2000).

Bioenergetics, Biosynthesis, and Biodynamics, as well as dance therapy, are also very widespread in Brazil. A special approach, the method of "Toques Sutis" -the fine touching- can be traced back to the Hungarian physician Pethö Sándor (1974). In 1949, he came to Brazil and taught body-therapeutic techniques in combination with Jungian analysis at the Papal University of São Paulo. In this method, a subtle touching is performed on established body points, which leads to deep relaxation. The concept is similar to that of Biodynamic Psychotherapy -that very deep relaxation has a special mobilizing dynamic on unconscious material.

## **PSYCHOANALYSIS, DEVELOPMENTAL PSYCHOLOGY, AND BODY PSYCHOTHERAPY: NEW CONNECTIONS**

In addition to the directions of the investigative and functional bodywork and the uncovering energetic-expressive Reichian work, a third line of development in Body Psychotherapy has been able to establish itself: this follows a model of the "dialogic body" (Geuter, 1996), which means studying the body in relationship to others through its affective-motoric messages and working therapeutically with the body-to-body dialogue in the therapeutic relationship. This line was only recently taken up again, in the course of the new Ferenczi debates, and under the influence of findings in infant research.

In the German-language region, it has produced developments in the establishment of Analytical Body

Psychotherapy (Geissler, 1998, 2001; Geissler and Heisterkamp, 2007; Maaz and Krüger, 2001). Since the late 1980s, the psychoanalyst Tilmann Moser (1989, 1993, 1994) has argued for including the body in work with severely disturbed patients, who do not have the necessary intact ego function for a verbal-associative, psychoanalytic therapy. A central feature of Moser's work is that the patient can explore the physical "engram" of the early parent-child dialogue and therefore the deeply buried emotions and wishes in a body-language dialogue with the therapist. The therapist offers this dialogue and gives the patient the necessary support. In this process, Moser does not just see the therapist as a transference object, but also as a director who stages the unconscious. Günter Heisterkamp (1993) sees opportunities in "bodily types of treatments" for the psychoanalytic process by reenacting early childhood relationship patterns and thereby enriching the perception and understanding with an "embodied certainty."

There are also approaches in dance therapy for linking Body Psychotherapy with psychoanalytic methods and developmental-psychological findings. Albert Pesso (1973; see also Chapter 42, "*When Is Now? When Is Now?: Corrective Experiences: With Whom? When? And Where?*"), who was originally a dancer with Martha Graham, uses his Psychomotor Therapy to work in groups with the method of having the members embody a patient's internalized object concept or help act out a significant experience from their past. These are then explored and changed in a bodily dialogue. In this process, the "others" may not only represent real objects, but also embody ideal parent figures with whom the patient can then enter into an inner dialogue. Elaine Siegel (1984) in the United States and Sabine Trautmann-Voigt and Bernd Voigt in Germany (Siegel et al., 1999) represent an Analytical Dance and Movement Therapy that works with the "moving action dialogues." Siegel sees motility as an indicator for developmental levels, as an expression of inner conflicts, as a carrier of life experiences, and as a medium for interventions. The analytical dance therapy works with movement associations that are equivalent to the associations of thoughts and words in psychoanalysis on the basis of a psychodynamic understanding.

There has also been increased discussion in more recent times about the value of body-related methods for the treatment of prenatal and perinatal traumatization. In England, an early initiative had been launched in this direction by Frank Lake (1966), a psychotherapist from the tradition of the object-relationship theory. Similar initiatives are now coming from the United States, above all from William Emerson (1999), who has been responsible for a multitude of techniques for working with the consequences of such traumatization.

Stanislav Grof (1985) also understands his work as an attempt to gain access to the formative experiences from the various phases of birth. He has summarized these experiences into a system of birth matrices. A completely new field of Body Psychotherapy is the work with corresponding disorders in babies and children (Harms, 2008; see also Chapter 78, "Body Psychotherapy with Parents, Babies, and Infants"). George Downing also works with disturbed or dysfunctional mothers by using split-screen videos of the mothers' and babies' bodily actions (Downing et al., 2008). Downing (1996) has proposed an elaborated concept for placing Body Psychotherapy on the basis of the developmental-psychological research and the object relationship theory. Downing assumes that children learn the "body micro practices" of affect-regulation in their very early body-to-body interactions with adults (see Chapter 29, "Early Interaction and the Body: Clinical Implications" by George Downing). In these interactions, the child develops "motoric convictions" that connect with affective tones and cognitive assessments into "affect-motoric schemes". Such schemes can be recognized in adults as bodily action strategies in relationships with other people. According to Downing, they structure the interpersonal field. Bodily techniques can contribute toward exploring and understanding these schemes. Within the psychodynamic model of Downing, the physical dimension of psychotherapy is also helpful for directly changing dysfunctional schemes. Bodywork can help to develop missing schemes, stimulate the inhibiting ones, or overcome the obstructive ones.

## **FROM THE DIFFERENT SCHOOLS TO A UNIFIED CLINICAL BODY PSYCHOTHERAPY**

For decades, the development of different schools and systems was in the foreground of Body Psychotherapeutic theory formation. As Petzold had already determined at an early point in time, this field suffered under a "method inflation in which every little technique was elevated into the status of its own method" (Petzold, 1977, p. 13). At that time, Petzold called the concepts of Reich, Perls, and Lowen the "common basic positions" of the various directions. This has radically changed since then. On the one hand,

a more broadly differentiated psychodynamic reflection has been added that integrates the concepts of self-psychology, object-relationship theory, and developmental-psychological research. Very fruitful additional theoretical impulses are currently coming from research on cognition and emotion, embodiment research, and neuroscience that, for example, emphasize the meaning of the implicit memory that is bound to the body (Carroll, 2006; Geuter, 2006; Koch, 2006; Storch, 2006).

A second factor is the increased efforts of placing Body Psychotherapy on a solid basis of research into its clinical practice (for example, Röhricht, 2000, 2009). A third factor appears to be emerging through the increasing discussion regarding the usefulness of Body Psychotherapeutic concepts and interventions in terms of specific disorders. This has been fruitful, for example, in trauma therapy (Levine, 2010; Ogden, Minton, and Pain, 2006; Rothschild, 2002) and in the treatment of psychoses (Röhricht and Priebe, 2006). The inclusion of the body is also being discussed more and more for the treatment of disorders in which verbal work alone often does not help, such as in trauma treatment and somatoform disorders (Joraschky et al., 2002; Röhricht, 2011) or eating disorders (Forster, 2002; Vandereycken et al., 1987). These developments suggest that the various body-related approaches can be integrated into a comprehensive “General Psychotherapy.” Going into this direction, as a theory and as a treatment technique, Body Psychotherapy should profit from further theoretical, empirical, and clinical elaboration as an independent psychotherapeutic approach (see Geuter, in press; Barratt, 2010; also Chapter 84, “Research in Body Psychotherapy” by Barnaby Barratt).

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## **NOTAS:**

1.- This text corresponds to Chapter 3, The History and Scope of Body Psychotherapy (The Handbook of Body Psychotherapy & Somatic Psychology, 2015, pp. 22-39) by Ulfried Geuter, pp.22-39 of the book: The Handbook of Body Psychotherapy and Somatic Psychology, Publisher: North Atlantic Books, Editors: Halko Weiss, Courtenay Young, Michael Soth, Gustl Marlock, 2015.

2.- Ulfried Geuter ha trabajado durante muchos años en la Universidad Libre de Berlín, investigando la historia de la psicología. Ha enseñado psicoterapia corporal en universidades de Berlín, Innsbruck y Marburg. El Dr. Geuter ha publicado extensamente. En 2015, publicará un libro sobre los fundamentos teóricos de la psicoterapia corporal y un segundo sobre los principios del tratamiento. Una de sus importantes contribuciones científicas a la psicoterapia corporal ha sido presentar esquemas históricos del desarrollo, puntos de partida fundamentales y procesos de pensamiento de la psicoterapia corporal de una manera comprensible. Es considerado un experto en la historia de la psicoterapia corporal. En su propia práctica, combina el psicoanálisis y la psicoterapia corporal y también ha examinado la relación entre la investigación del afecto psicodinámico y los conceptos e intervenciones psicoterapéuticas corporales. El Dr. Geuter es coeditor de la revista en alemán Körper–Tanz–Bewegung [Body–Dance–Movement] y ha sido coeditor de Psychoanalyse und Körper [Psicoanálisis y el cuerpo]. Él ha estado muy involucrado en los esfuerzos para desarrollar la teoría de la psicoterapia corporal de manera más académica. También es miembro fundador de la Asociación Alemana de Psicoterapia Corporal. Geuter es Doctor en Filosofía y psicólogo con licencia, y enseña Psicoterapia Corporal como profesor en la Universidad de Marburg. Además de su educación en psicoterapia biodinámica del cuerpo, también ha recibido capacitación avanzada en psicoterapia y psicoanálisis centrados en el cliente. Trabaja como psicoterapeuta corporal y psicoanalista en su propia práctica privada en Berlín. Además, es profesor de psicoterapia y profesor en varias escuelas con licencia para capacitación avanzada en psicoterapia.