

The Golden Age of Body Psychotherapy in Oslo1
Michael Coster Heller

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¹ Presentation made in Oslo in June 2005, at the Oslo University College (HiO) meeting on *The European Tradition meets the Norwegian Tradition of Body Work*, 10th - 12th of June 2005. Copyright Michael Coster Heller. Written for www.aqualide.com. This publication on internet is made available for private use only. Any form of organized distribution of these texts requires my permissions as expected by the copyrights. A shortened version can be read in *Body, Movement and Dance in Psychotherapy*, 2.1. & 2.2., 2007. I have included in this version a translation of sections of my manual on body psychotherapy (Heller 2008.) This version was revised in august 2009.

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Abstract

During the Second World War, Oslo became a crucial centre for those interested in the use of the body in psychotherapy. For a short period, there was a passionate discussion among psychiatrists, psychoanalysts, psychologists, physiotherapists, dance therapists, and vegetotherapists on the body in psychotherapy. The acknowledged father of body psychotherapy, Wilhelm Reich, took on the role catalyst. His energy mobilized the traditional interest in the arts of the body in the fertile intellectual environment of Scandinavia. The result was a creative process that has never reoccurred in the field of body psychotherapy. This rich body of knowledge remains unknown to the world because most of the literature exists in Norwegian. This paper describes the history of some of the prominent discussions that took place in the field during those days, and the seminal work done by those who emerged as heroes. Today, Norway is one of the only European countries in which science and body techniques are integrated in a way that is applied in healthcare and academic institutions. It is hoped that this paper will pave the way for the topic to be approached with as much passion and thoroughness once again.

Keywords: Dance therapy, gymnastic, physiotherapy, Psychoanalysis, psychotherapy, Vegetotherapy

1. Introduction

Wilhelm Reich featured prominently in the early history of body psychotherapy. Despite being a major catalyst during this period, his reputation has paradoxically played the role of the tree that hides the forest. In this article, I will show that Reich mostly played the role of a catalyst of web discussions on the topic of how to integrate the body in psychotherapy. The debate began in Berlin, crystallized during the Golden Age of psychotherapy in Oslo and then spread in the rest of Europe and in America. These events began just before the Second World War and end in the decade that followed it. By presenting this history, I intend to show that many persons wanted to find ways of integrating psychological processes and body dynamics in order to create an innovative therapeutic tool. Their discussions led to different propositions on how to combine approaches of the body and the mind. I will try to situate these events in a wider context, in order to highlight why the psychotherapy community would benefit from translations of the existing literature on this subject. Also, I wish to highlight the

need for more professional interaction between the relevant Norwegian institutions and those around the world.

My perspective, which is shared by many body psychotherapists, is that the dimensions of the organisms, such as body, mind, behavior, physiology and metabolism are all equally important. As they are in constant interaction with each other, it seems to me impossible to focus on a single dimension without being at least aware that an intricate resonance between dimensions are being activated by what happens on the local event a practitioner can focus on. However, I also know that this is a truism shared by many, who nevertheless feel that during a treatment, as time and resources are finite, certain choices have to be made. This has often lead to forms of specialization that only consider a set of phenomena. The challenge of body psychotherapies is to approach the mind without forgetting to take into account how it is imbedded in the organisms' regulation system, by simultaneously observing the impact of a psychological phenomenon on the other dimensions of the organism, and the impact of these other dimensions on the mind. This project is fraught with difficulties that the field of body psychotherapy needs to deal with.

The challenge lies in selecting a strategy that will focus on the dimension(s) that is relevant to a given treatment. While choosing the elements one should focus on is problematic, focusing on the mind and body is one option that has certain advantages and disadvantages. Even if one finds it relevant to zoom on one of these dimensions, it already contains an unmanageable amount of information. A therapist, or even a team of therapists, does not usually have the time, knowledge and competence to associate all the dimensions of the body with all the dimensions of the mind. The therapist will also be confronted with important theoretical issues, as the mind-body distinction is tricky by itself. Furthermore, the knowledge on how a human organism functions is still an area of work in progress. One would therefore need to find a label for all forms of psychotherapeutic interventions that require various forms of interventions on physiology (e.g., psychopharmacology), or on the body (e.g., using physiotherapeutic methods). I use *the System of Organismic Dimensions* (Heller 2008a), which distinguishes *body, behavior, mind and metabolism* as distinct dimensions of the organism. Each dimension can be characterized by a distinct set of mechanisms, which are the target of distinct set of therapeutic approaches. Classically psychotherapists work on the mind, behaviorists on behavior, physiotherapists on the body, and physicians on physiological and metabolic regulators. However little is known on how these systems interact with each other, although it is generally admitted that the issue is an important one. Systemic models, such as the one I use, assume that the organism (or individual system) is influenced by all these sub systems, and organizes how they interact with each other. They also show than an individual system is regulated by how it interacts with other individual systems. This is the set of issues within which body psychotherapists have found useful forms of intervention.

2. Major ancestors of the Oslo Golden Age of body psychotherapy

2.1. Traditional Scandinavian gymnastics and physiotherapy

The first hero of our story was born at the end of the 18th century. The Swede Per Henrik Ling (1776-1839) blended gymnastic movements, massage and physiotherapy into a technique that became world famous. His main inspiration came from Turkish methods that originated from across the whole empire, including regions that are now located in parts of Russia, China, Iran and Egypt. As Far Eastern bodywork remains the reference for the world, one can thank Per Henrik Ling for developing versions of this knowledge that incorporated a European mindset. His methods were presented in such a way that they could then be evaluated and developed further with the help of the scientific methods available since the Age of Enlightenment. The result was a broad set of techniques that have transformed Scandinavia into a new reference for bodywork in the world.

Within massage, Per Henrik Ling distinguished basic forms of touch such as effleurage, pettrissage, friction, tapotement, compression and vibration. He also invented gymnastic and orthopedic apparatus such as stall bars and window ladders, which are

still employed all over Europe and America. Gustav Zander (1835-1920) then developed new techniques using springs and weights to propose clearer blends of effort and relaxation in physiotherapy and orthopedics. These machines have inspired research on fitness machines. Today, Ling is still cited on 70,000 web sites, demonstrating that his work, usually blended with Far Eastern methods, has provided a base for most developments in fields such as physiotherapy, orthopedic gymnastics and sport, in Europe and North America.

2.2. Cannon's psychophysiological regulation of the organism

2.2.1. Summary of some of Cannon's findings

The authors discussed in this volume do not quote Walter B. Cannon (1871-1945), but his influence is omnipresent. Since he was such an authority in the realm of psychophysiology, his ideas were spread in bits and pieces in all the courses of physiology pursued by those who were trained between 1920 and 1950. Cannon's models were considered as standard knowledge in most courses on physiology.

I will summarize Cannon's work through three research themes that are relevant to the development of body-psychotherapy.

1. One of the first research projects Cannon was involved in, at the end of the 19th century, was the exploration of the movements of the stomach "using the recently discovered X-rays". An accidental finding of this study was the observation that *emotional perturbation blocked the stomach's activity*, while "serenity restored the waves promptly." (Cannon 1945: 38)² This research was inspired by William Beaumont's observation published in 1833 - of the influence of extreme anger upon gastric digestion³.

2. During the First World War, Cannon was a doctor in the US army. While he was posted in Paris, he became familiar with the ideas of Claude Bernard. Claude Bernard is one of the most famous French biologists of the 19th century. In French-speaking countries, psychology students are still required to read his manual on the use of the experimental method to understand how an organism functions. Claude Bernard was profoundly influenced by Lamarck's theory of evolution and Darwin's subsequent insights. He showed (1878) that plants and animals share a certain number of central features that can be considered as basic properties of life. One is that all living organisms are membranes that mostly contain a form of water that acquires a certain number of properties regulated by physiological systems. This biologically regulated fluid forms the "internal milieu of an organism" (Bernard 1965, II.I.ii-iii). Some of its properties are vital and must vary as little as possible. Survival requires that the envelope containing the internal milieu has the means to protect the inner biological fluids from varying even when the environment imposes vast changes on the organism⁴. The laws of the internal milieu are roughly the same for all living organisms. Evolution has mostly influenced the means an organism has to regulate the crucial biological variables. Cannon pursued this line of analysis by assuming that not only physiological but psychological and behavioral mechanisms are part of the regulation systems used to accommodate the organism to its environment. He proposed the term "Homeostasis" (Cannon 1932, p.24) to designate global psycho-physiological systems involving a variety of mechanisms which have the function of maintaining constant inner variables when the environment changes. Thus, there is a set of homeostatic regulation systems that maintain the bodies' temperature at 36 degrees centigrade⁵. The notion that all living systems could be characterized as embodied biological fluid had a deep influence on Reich and his pupils. They also integrated the notion that homeostatic regulation requires a coordination of organismic and social regulation systems.

3. The third area developed by Cannon (1927) which is still influential today, is the result of his studies on the neurology of emotions. In a series of famous studies in which he anaesthetized the neo-cortex of cats, he showed that anger was triggered in the thalamus while its regulation required a functioning neo-cortex. These studies are often quoted to support further developments of Lamarck's hypothesis⁶ that emotions were regulated by the limbic system, while reason was rooted in the neo-cortex. Cannon had, however, foreseen the difficulties this line of thought would lead to, by showing that the emotions produced by

² See also Cannon 1945 :pp. 92f and 109f, or Cannon 1911.

³ Cannon 1936: 120.

⁴ The link between the work of Bernard and Cannon with body psychotherapy is discussed in Levine 1979.

⁵ Cannon described this system in his 1932 *Wisdom of the body*.

⁶ Lamarck 1809, p. 495; 1815, pp. 225-239.

the thalamus were so out of touch with environmental variables that they lost all functional relevance. Cats would become enraged with all the stimuli that their thalamus detected, even when the stimulation was usually experienced as agreeable by cats. He therefore assumed that some emotional regulation mechanisms are also situated in the neo-cortex. (Cannon 1927, Cannon and Britton 1925)

Cannon was thankful that his initial research protected him from restricting his understanding of emotions to brain mechanisms. His work on the regulators of the organism had taught him that he needed to understand why emotions require movement and peristaltic activity, as well as the coordination of several brain structures. He also kept in mind the findings of Claude Bernard, quoted by Darwin, that there exists a close relation between the heart and the brain (Darwin 1872, pp. 71-72). Darwin also assumed a close relation between the cardio-vascular system and some emotional expressions (Darwin 1872, p. 7). In the case of blushing, Darwin summarizes studies that showed that only the top of the body reddens, which requires a coordination of the nervous system with the cardio-vascular system.

Having observed that emotions are connected with a variety of physiological systems, Cannon tied these findings to his notion of homeostasis. He made the assumption that global physiological regulation systems coordinate mental, nervous, cardio-vascular, muscular and hormonal systems in order to regulate the main variables in the internal fluids of the body. This theory received new support, just after the Second World War, when cybernetics provided explicit models of regulation systems (Wiener 1948). This permitted researchers on the biology of emotions, like Henri Laborit (Laborit 1975, 1979), to imagine more detailed forms of coordination between physiological regulation systems, inter-personal communication systems, and social mechanisms such as culture and economy. Hunger, for example, is regulated by the biological variables described by Claude Bernard, but also by mutual interpersonal regulation, by cultural rituals, and by economic and technological requirements. The psychoanalytic theory of psychosomatic treatment added the Freudian unconscious to the general system, by suggesting that that a person may eat to compensate repressed sexual needs. This school of thought led Laborit to be one of the discoverers of neuroleptics. Psychiatric drugs highlight the importance of hormones and neurotransmitters in the regulation of sensations and affects, and that this regulation structures itself without requiring a participation of the individual's conscious awareness.

2.2.2. Cannon's impact on body psychotherapies

A professor at Harvard medical school, Cannon was one of the most influential figures in the field of psychophysiology during the period between the two world wars. The main impact of Cannon's theory on body psychotherapy was felt by his pupil Edmond Jacobson, who continued to research Cannon's themes in his Chicago laboratory, and developed one of the first relaxation methods. He showed that the association between emotions and the gut also involved the duodenum, the esophagus and the colon, as well as the stomach (Jacobson 1967, p. 140). Psychologists like Henri Wallon (1942) typically assumed that intestinal movements and emotions were permanently associated. After the Second World War, this topic disappeared from the literature, with the assumption that the only physiological support of the mind was the brain. Although Cannon's vision has never been directly attacked, it was gradually pushed to the background of obvious truths and nearly forgotten.

In the 1950's, Gerda Boyesen, one of our Oslo heroes, nevertheless developed therapeutic applications based on the Cannon-Jacobson observations on the interaction between gut behavior and affects. She coined the term "psycho-peristaltism" to designate the psychological functions of the gut. Gerda Boyesen⁷ assumed the the interaction between peristaltism and affects has two layers:

1. Peristaltic movements play a central role in the regulation of organismic fluids.
2. The dynamics of fluids influence sexual and emotional regulation systems.⁸

⁷ Gerda Boyesen 1985, II.8: 75-82; Mona-Lisa Boyesen 1974.

⁸ Shortly before her death, Gerda Boyesen also integrated the findings Michael Gershon (1998) on the influence of the vegetative enteric nervous system on the guts. Gershon confirms the

Gerda Boyesen use a stethoscope during massage sessions, and found that certain forms of touch and verbal intervention released certain peristaltic noises. Like Cannon, she observed that these associations were complex. For example, it seems that when a person is intensely aroused, or when she experiences a non-emotional form of relaxation, no peristaltic noise can be heard in her guts. This is consistent with the general impression that a symptom can be associated to a variety of syndromes. Gerda Boyesen thus developed forms of massage and psychotherapeutic methods through which she could help an organism to improve his capacity to auto-regulate.

Cannon's thinking on the neurology of emotions had complex implications. He was criticized by neurologists such as Papez (1937), MacLean (1969), Delgado (1969), Laborit (1979), Van der Kolk (1996) and LeDoux (1996, 1999), who believed that emotions were mostly linked to the limbic system. Although these authors are highly popular, classical medicine nonetheless had a tendency to follow positions close to Cannon's. This dominant position was summarized by Ganong:

It was originally thought that rage attacks in animals with diencephalic and forebrain lesions represented only a physical, motor manifestation of anger, and the reaction was therefore called "sham rage". This appears to be incorrect. Although rage attacks in animals with diencephalic lesions are induced by minor stimuli, they are usually directed with great accuracy at the source of the irritation. Furthermore, hypothalamic stimulation that produces fear-rage reaction is apparently unpleasant to animals, because they become conditioned against the place where the experiments are conducted and try to avoid the experimental sessions...There is therefore little doubt that rage attacks include the mental as well as the physical manifestations of rage, and the term "sham rage" should be dropped. (Ganong 1999, pp. 248-249)

The association of the limbic system/neo-cortex dichotomy with that of irrational/rational behavior led to unpleasant developments such as the use of lobotomy as a form of psychiatric treatment⁹. Although this technique is often avoided today, its underlying premise is still used by authors such as Joseph LeDoux (1996) and Bessel van der Kolk (1996). The various actors of the Oslo Golden age generally avoided these theories on emotions, and kept a position close to Cannon's, which assumes that emotions are connected to different psychological and neurological functions, global physiological regulation systems, and inter-individual regulation. This position has recently been reintroduced and developed in academic research programs (e.g., Cozolino 2006, p. 24-25; Fradin 2008; Panksepp & Smith Pasqualini, 2005; Trevarthen, 2005, p. 67; Tronick, 2007).

The homeostatic organismic model is used and abused by most body-psychotherapy schools, as well as by most holistic and new age forms of healing. However, Cannon's name is seldom mentioned, as these schools of thought prefer to mention roots that can be found in the history of spiritual movements. Thus, they avoid being involved in the criticism that partially explains why the homeostatic model is often ignored. These critics had two principle axes:

1) The study of global psycho-physiological regulation systems is difficult, as current research methods can only focus on relatively specific phenomena. Homeostasis can be inferred from what we know, but it cannot be observed.

2) The assumption that nature necessarily has a logical and coherent way of functioning is under severe criticism since the appearance of quantum physics (Gribbin 1984), and more recent developments of artificial intelligence which suggests that the organism is a society of modules which have become associated during the evolutionary history following rules that cannot guarantee coherence or logic (Minsky 1985, Heller 1999).

I suspect that the Claude Bernard – Walter Cannon notion of regulation has been a central axis for the propagation of the concept of psycho-physiological regulation in a highly diversified number of schools related to psychology during the 1940s. The notion plays a central role in theories that situate psychology as a way of regulating biological systems with their environment in theories such as Jean Piaget's approach to intelligence (e.g., 1945, p. 356f; 1947, p. 179f), Gregory Bateson's models of human

impression that guts play an important role in affect regulation, and adds new mechanisms to explain the phenomenon.

⁹ Lobotomy is also associated to the Scandinavian history of that period, as Egas Moniz, who introduced the method in 1936, received the Nobel Prize for medicine in 1949.

interaction (e.g., 1949), or Wilhelm Reich's notion of self-regulation (e.g., Reich 1942, VI.1, and 1951, IV; Eva Reich 1980; Mona-Lisa Boyesen 1974). This general trend was then supported by the creation of cybernetics in artificial intelligence, which Piaget, Bateson and Laborit rapidly incorporated.

2.3. Relaxation

The last hero that precedes the beginning of our story is the German psychiatrist Johann Heinrich Schultz (1884-1970), who began to create a European style relaxation technique in 1908. This technique was inspired by Yoga, Mesmer, hypnosis and psychophysiology. In a method that became known as the *Autogenic training* in the 1930s (Luthe & Schultz 1932), he showed that relaxation could influence muscular tensions and blood circulation and that relaxation of muscular tension could diminish psychological anxiety. This movement also spread in Europe and America. In Chicago, Edmund Jacobson (1967) explored the relation between muscular relaxation and psychophysiology. He had also been trained by William James (1890). Schultz and Jacobson showed that emotions were in direct interaction with the brain, the heart, the gut and hormonal systems. Using Cannon's model, Jacobson (1934) showed how relaxation could influence all levels of psychophysiology, from metabolism to conscious perceptions. Franz Alexander (1939, 1950) incorporated this work, and some methods inspired by Reich, in his proposal for a psychoanalytic approach to psychosomatics.

2.4. Psychoanalysis and physiotherapy ¹⁰

The ego is first and foremost a bodily ego. (Freud 1923, chapter II: 26)

2.4.1. Early psychoanalysis and the body

Another hero of my genealogy is, of course, the Viennese neurologist Sigmund Freud, the founder of psychoanalysis. Freud (1856-1939) was influenced by Mesmer's hypnosis, Charcot's psychiatry and experimental psychophysiology¹¹. He began his psychoanalytic research in the 1890s by showing that problematic relations between mind and body are at the root of hysterical somatic symptoms.

During the First World War, psychoanalysts needed to find short forms of psychoanalytic treatment to help traumatized soldiers. This led to an in depth revision of psychoanalytic theory and method. Freud summarized these modifications of his approach by proposing what is known as his second topic (Id, Ego and Super Ego). In *Instincts and vicissitudes* (Freud 1915, p. 119f), Freud suggests that sensory-motor circuits are coordinated with what he calls the Ego. He assumes that the first conscious experiences are mostly sensory-motor. An inner physiological urge activates behaviors (muscle activity) that can be perceived mentally. The organizing factor of these experiences is the chemical dynamics he associates with the libido. There is thus, between mind, movement and metabolism, an immense sea of physiological mechanisms that coordinate our affects in ways that consciousness cannot perceive in an explicit way. In *The Ego and the Id* (Freud 1923, chapter II, p. 25f), Freud situates the Ego in the realm of mechanisms that link sensori-motor systems with consciousness. The Ego regulates and contains the impulses that can influence thoughts, gestures and instincts.

The first systematic attempts to include Freud's new concept on the importance of the body in psychoanalysis were proposed by Ferenczi (1920, 1921) and Georg Groddeck (1923, 1977). Ferenczi developed a form of active psychoanalysis (the active technique) in which a psychoanalyst could propose exploratory exercises to patients:

Ferenczi was using bodily interaction as a reproduction of an early socialisation climate in order to achieve a 'corrective emotional experience'. ... He touched his patients because he was touched by their pain, by their life history full of mistreatment or lack of love and comfort. (Ilse Orth 1989, quoted in Boadella 1990)

¹⁰ This chapter incorporates suggestions made by Bjorn Blumenthal and Berit Bunkan. I thank them for all the information they gave me, but must take full responsibility for the present formulation.

¹¹ Makari 2008, chapter I.

In their work, Ferenczi and Groddeck did not differentiate body work (e.g. massage or Ling's gymnastic) and analysis of behavior (e.g., ways of behaving and communicating). This distinction is crucial, as we shall see, to understand the rest of this article.

2.4.2. Reich's psychoanalytic Viennese period¹²

When he was a student in Vienna's medical faculty, Otto Fenichel animated a seminar on sexology. One of the students who joined this seminar was Wilhelm Reich. Fenichel introduced him to sexology, political movements for sexual liberation promoted by youth movements, psychoanalysis, Marxism, Ferenczi's and Groddeck's approach of the body... and Annie Pink, who became Annie Reich. Reich trained as a medical sexologist, and as a psychoanalyst, from 1919 to 1926. He directed a training seminar on psychoanalytical technique for Freud in which he explored ways of including behavioral traits in Ferenczi's active psychoanalytical technique (Ferenczi 1920, 1921, Reich 1925). He went on to become one of the leading technicians and trainers in Freud's Viennese psychoanalytic group.

It was during this period that Reich developed the first versions of his orgasm theory, and of Character Analysis. This early version of Character Analysis was convincingly described in *The Impulsive Character* (1927). I assume that this article influenced Otto Kernberg, when he created his model of Borderline Personality Organization. Not only are the ideas fairly similar, but Kernberg also made several comments on Reich's character analysis in most of his books¹³, and became acquainted with Annie Reich once she immigrated to New York¹⁴. In his correspondence, Freud expressed his doubts on the relevance of Reich's idealistic model on orgasmic potency, but he personally wrote to Reich to congratulate him on his theory of character¹⁵. Two dimensions of Reich's Character Analysis were particularly popular among psychoanalysts during the 1920s:

- a) His demonstration that negative transference was often insufficiently analyzed. This proposition had originally been made by Groddeck.
- b) Reich's way of analyzing the particularities of behavior with patients as easily as particularities of a dream. This enabled him to show that the inclusion of behavioral traits in the dynamics of a psychoanalytical treatment facilitated the emergence of emotional reactions and contents.

2.5. Berlin: psychoanalysis and gymnastics dance together

After the 1929 economic crisis, Berlin had become a huge turmoil made of explosive sex, politics and art, which had a deep impact on psychotherapy. I shall now summarize a small part of this turmoil, which led the creation of body psychotherapy in Norway.

2.5.1.1. Karl Abraham's Berlin Institute for psychoanalysis¹⁶

In 1922 Otto Fenichel left Vienna to join the Psychoanalytical Institute which constituted itself in Berlin around Karl Abraham (Makari 2008). Most of its members are still read today: Franz Alexander (1930, 1950), Karen Horney (1939), Erich Fromm (1941), Edith Jacobson (1964), Melanie Klein (1975), Ola Raknes (1951, 1970), Trygve Braatøy (1942, 1947), Nic Waal (et al., 1979) and many others. When Franz Alexander (1939, 1950) emigrated to Chicago in 1930, he integrated the discussions that animated this group on body and psychoanalysis with Cannon's model, to create a psychoanalytic psychosomatic theory.

One of the important shifts in psychoanalytic theory proposed by this group was the emphasis on the regulation of systems. They seldom used the term as their views on

¹² See Jacoby 1983 and Makari 2008 for background information.

¹³ Several remarks are scattered in Kernberg 1984, for example. They can be found through the index.

¹⁴ See Edith Jacobson 1971 and Kronold 1971 for a summary of Annie Reich's career.

¹⁵ I thank Ernst Falzeder for having clarified this historical point when he was working on Freud's correspondence at the Washington Library of Congress.

¹⁶ See Jacoby 1983 and Makari 2008 for background information.

the subject were still implicit. However, this notion and the term were floating in the air. It can be found in the writings of physiologists like Cannon (1932), psychologists such as Piaget (1967) and Vygotsky (1934), anthropologists such as Bateson (1936), and the newly-born field of artificial intelligence that soon became known as cybernetics (Wiener 1948). This implied giving less importance to the development of Freud's topical models, "unconscious internal objects", proposed by another strong psychoanalytical trend, mainly influenced by Melanie Klein (Klein 1975), and more importance to various forms of regulation systems (Reich 1951, Braatøy 1954, Stern 1985, Beebe 2003).

2.5.2. Otto Fenichel, Clair Nathansohn and Elsa Gindler¹⁷

2.5.3. Elsa Gindler (1885-1961)¹⁸

Elsa Gindler (1885-1961), a German gymnastic teacher, is not very well known in the English-speaking world, but she played an important role in the development of body psychotherapy¹⁹. She influenced prominent psychotherapists in several approaches, such as psychoanalysis, Gestalt therapy and Vegetotherapy.

At that time Berlin was the "social laboratorium of work on the body" (Geuter, 1996, p. 105). In Steglitz the first association of the German youth movement had been founded in 1901, the so-called group of *Wandervogel*. In 1903, Isadora Duncan gave a lecture in Berlin, titled "The Dance of the Future," which was published as a pamphlet; it became the manifesto of Modern Dance and a feminist classic:

... The movement of the waves, of winds, of the earth is ever in the same lasting harmony. We do not stand on the beach and inquire of the ocean what was its movement of the past and what will be its movement of the future. We realize that the movement peculiar to its nature is eternal to its nature... (quoted by B. John Zavrel in <http://www.meaus.com/isadora-duncan.htm>)

In 1914, Mary Wigman first appeared in public with the expressive dance theatre in Berlin. In 1905, the first "reform dresses" for women were created, made of linen and without a corset. Various 'life reform' movements contained and helped to create a new relationship to the body. Also in 1901, the first German "Light-Air-Swimming-Bath" opened in Berlin in which visitors went swimming without bathing suits. Young people wanted to free their body from the stiffness of Kaiser Wilhelm's society and from the constraints of industrialization (Geuter, 2004).

In the context of the 'life reform' movements, some gymnastic teachers started to plead for new forms of gymnastics, the so-called "reform gymnastic". They were against traditional gymnastics, which used machines, and were executed with the teacher counting for everyone in a certain rhythm (von Steinaecker, 2000). The aim of this gymnastic was mainly athletic, physiotherapeutic and orthopedic. People were required to execute their movements and posture in a precise way. This practice is still followed in orthopedic hospitals and clinics today. 'Reform' gymnastics proposed a different approach where the voice of the teacher and external bio-mechanical reasoning was replaced by developing an awareness of the student's inner rhythms and of the requirements of his organism. Hedwig Kallmeyer and Elsa Gindler were part of this movement.

Gindler did not teach specific exercises as she wanted her students to become aware of what happens when they move and sense themselves consciously from inside, and to

¹⁷ My interest on the importance of Elsa Gindler in the history of body psychotherapy was activated by George Downing, during discussions about my manual (Heller 2008a). The importance of Elsa Lindenberg became manifest during discussions with my colleagues in Oslo, who were practitioners in Vegetotherapy or in Psychomotor therapy, in 2004 and 2005. This material was gathered with the help of colleagues, who reacted to my presentation of this period presented in my Manual of Body Psychotherapy (Heller 2008a): David Boadella, Ulfried Geuter, Helen Payne, Judyth O. Weaver, Gill Westland and Courtenay Young. We have been communicating ever since by e-mail, and are presently writing a detailed article on this period, in which all the references can be found. Ulfried Geuter, Judyth O. Weaver, Courtnay Young have then continued to work on an article (Geuter et al. 2010) that summarizes what is known of the indirect impact of Elsa Gindler on Reich's way of including body work in his Vegetotherapy and Orgonomy. A part of their contribution has been included in the present paper.

¹⁸ From Geuter et al. 2010.

¹⁹ See Geuter et al. (2010) for further information on the subject.

find out how they can move with less effort (Ehrenfried, 1991, p. 34). Gindler felt the fixed set of common movements for everyone was a narrowness of approach. She wanted freedom for people to explore independently and develop individually a way to experience themselves and learn from their own somatic behavior in all of life's situations. She asked her students to discover, through practice, ways of becoming aware of what was happening in one's own person. She helped pupils to discover ways of practicing which fitted best his or her particular set of issues. The natural activities of everyday life were the material for her classes. Gindler's focus was "tasten"; in English we would say, "sensing our way," or "feeling what happens inside movements," or "exploring what impressions are activated by movement." This implied working on how movement and consciousness could resonate with each other. It seems that what Elsa Gindler was looking for, was to use movement that could help a person to improve the coordination between mind, breathing, relaxation, gesture, posture and muscular tone (Weaver, 2006).

In 1925, Elsa Gindler met pedagogue and musician Heinrich Jacoby. After studying with each other, they collaborated in the development of what is now sometimes termed as the Jacoby-Gindler work (H. Jacoby, 1983). Jacoby had a great interest in psychoanalysis, and, through him, Gindler became interested in psychoanalysis too. She even recommended that those who wanted to teach her method should go through some psychoanalysis (Ehrenfried, 1991, p. 35). At the same time in a talk at the general assembly of the German Gymnastic Association in 1931, she criticized psychoanalysts for not dealing with the body, not even their own (Ludwig, 2002, p. 102). In this talk she said: "It would be a fascinating task to show the psychotherapist by our practical experiences what he can gain for understanding his own task by consciously exploring his own body" (ibid.). But in her own work, Gindler never tried to combine psychotherapeutic work with the emotions with her work on the awareness of the body.

She respected the pauses between the in-breath and the out-breath. In her 1926 analysis of breathing, she showed how important it is to let one's breathing go beyond the breathing effort made by the larger bronchi, so that the "small lung vesicles" can also fill and empty, not just the large bronchi. This implies allowing a space in the pauses during which these finer breathing activities have time to complete the cycle. If this pause is not respected, deep breathing can lead to a feeling of constriction, mostly in the sternum.

In the early days of body psychotherapy, several schools (bioenergetics, primal scream, rebirthing, etc.) used breathing techniques that generated the constrictions described by Gindler. These often led to various forms of re-traumatization. Instead of curing the patient's trauma, the 'breathing therapy' sometimes created a situation whereby the patients relived their trauma in a way that they could not emotionally and mentally digest, thus actually strengthening the trauma. These forms of deep breathing techniques, developed mostly in the 1970s, were manifestly ignorant of some of the finer breathing work proposed by Gindler, and other body specialists.

Wilhelm Reich took up the notion of 'constriction' in his Orgonomy work, when he talked about how a constriction of life energy pulsation can eventually lead to cancer or schizophrenia (Reich, 1973, p. 345; 1972, pp. 433-503).

2.5.4. The Fenichels enter the dance

In Berlin, Otto Fenichel met Clare Nathanson in January 1924 (Mühlleitner, 2008, p. 143). She was a pupil of Elsa Gindler. She married Fenichel, and became known as Clare Nathanson Fenichel

Clare Fenichel had begun studying with Gindler in 1915 and went to her classes two times a week until 1917 (C. Fenichel, 1991, 29 ff; Loukes, 2006). From 1917 to 1918, she took part in a training course with Gindler for future teachers of her method. Clare Nathansohn also ran a nursery school for a while but, after she married Otto Fenichel, she gave it up and went back to studying with Gindler. She later practiced as a teacher in Gindler's work for a long time in America, whilst in exile during and after the Second World War

Clare Nathansohn brought Otto Fenichel to some of Gindler's classes in 1925. Fenichel was fascinated by Gindler's work because, after only a few hours in her course,

his headaches ceased (Mühlleitner, 2008, p. 147). In 1927, he gave a talk at the Berlin Psychoanalytic Society on "Psychoanalytic Reflections on the Working Principles of Gymnastics" (ibid.). He then introduced Clare to his groups from the Psychoanalytic Institute, where she talked about Gindler's work (C. Fenichel, 1981).

By 1928, Otto Fenichel had integrated some of this knowledge into an article on *Organ libidization accompanying the defense against drives* (Fenichel, 1928). In this publication, he already²⁰ discusses the possible links between the psychodynamic defense systems, chronic muscular tensions, both hyper- and hypo-tonus, and restricted breathing. It can thus be claimed that he was the first psychoanalyst who paid close attention to the body as defined by body techniques such as gymnastics. Fenichel's analysis was written to confirm Freud's idea that "the ego is, first and foremost a bodily ego" (Freud, 1923, p.26), but Fenichel never intended to integrate bodywork in a psychoanalytic setting.

Some of the people involved in Gindler's work or in the psychoanalytic Institute, continued this discussion in California, where they stayed during the second half of the twentieth century. For example, Laura Posener Perls and Charlotte Selver²¹ taught Gindler's work in Esalen institute (California) during the 1960s²². Laura Perls is a good example of a psychoanalyst, mainly trained by Otto Fenichel²³, who became involved in bodywork. She also studied philosophy, mostly phenomenology. She married Fritz Perls, founder of Gestalt therapy, who was in therapy with Wilhelm Reich when he settled in Vienna. Like most women in this field, her contribution to the development of psychotherapy is probably undervalued.

I find these events important for the history of body psychotherapy, because they show that the issue of associating body and psychological techniques was being discussed by a variety of influential people in Berlin during the 1920s, and that therefore the emergence of a form of body psychotherapy was inevitable, with or without Reich. It would of course have taken more time and another profile. For the moment, most of the practitioners involved avoided mixing the two types of techniques in their practice. On the other hand Gindlerians and Psychoanalysts recommended each other to students.

2.5.5. The child seminar

Once Sabina Spielrein had introduced in the psychoanalytic literature explicit observations of how a child communicates with his body, the theme has become central to child psychoanalysis until today²⁴. One of the originality of Otto Fenichel's formulations is that he realized that the body remained central after childhood. His analysis was not only based on what he learned from his acquaintance with Gindlerian gymnastics, but also by the material he gathered when he created the Berlin psychoanalytical seminar on children. His interest for children may have been increased by the birth of his daughter Hanna and Clare's work with children; but he was mostly spurred the need to coordinate intense discussions by the founders of child psychoanalysis: Sabina Spielrein, Anna Freud and Melanie Klein. As Melanie Klein was omnipresent in the Berlin institute, Fenichel was happy to become the theorist and technician who could coordinate the rapidly developing psychoanalytical research on children. As the future showed, the relations between Anna Freud and Melanie Klein were explosive. The seminar thus became an important place to discuss their debate on therapy for children, which was only beginning in those days.

One of the innovations of Sabina Spielrein's contribution in the early 1920s was to associate psychoanalysis with some of the most famous European child psychologists of her time: Claparède, Piaget, Vygotsky and Luria²⁵. Fenichel continued this tradition of associating psychoanalysis and current research. He noticed that for many pediatricians

²⁰ Working with hypotonic muscles became a hot topic in Oslo, during the 1970s, for pupils of Büllow-Hansen (mainly Gerda Boyesen, Berit Bunkan and Lillemor Johnson).

²¹ Selver, 2007; Feder & Ronald, 1996; Boadella, 1990; Clarkson & Mackewn, 1993.

²² Ulfried Geuter, in an e-mail dated 14.1.2009.

²³ See <http://www.sfgestalt.org/gtsommaire/historique/historique.html>.

²⁴ For example, Stern 1985, Beebe et col. 2005, Downing 2005, Tronick 2007.

²⁵ Richebächer 2005.

and child psychologists the growth of the mind and the body was intricately related. Some of the references of this trend of researchers are Piaget (1936), Homburger (1923²⁶), Henri Wallon (1942²⁷) and Arnold Lucius Gesell (1945). Gesell (1945) published an atlas of the postural development of infants; he also regularly measured the size of children's bodies. Homburger and Wallon had an in depth knowledge of sensory-motor circuits. Wallon's influence on the study of sensory-motor regulation is still important at the beginning of our century²⁸.

Having adopted this developmental stance, Otto Fenichel integrated sensory-motor developmental in Freud's vision on the development of the Ego and defense systems. Inspired by Reich's work, this led him to specify how body dynamics participated in the formation of a person's character.

2.5.6. Elsa Lindenberg trained Reich in body work

When Wilhelm Reich and his family arrived in Berlin in 1930, they often met with the Fenichels. Wilhelm and Annie Reich were welcomed at the Berlin psychoanalytic institute, as they brought with them the latest discussions on Freud's new formulations. Reich's work on Character Analysis was also popular among young psychoanalysts, as it was perceived as a prolongation of Ferenczi's active technique. At that time Wilhelm Reich had worked on how to include various ways of analyzing behavior in psychotherapy, but working with the body was not yet an option he had thought of. Although he never mentions this, it is his Berlin colleagues, mostly Otto Fenichel, who drew Reich's attention on bodywork.

The Reichs and the Fenichels spent some time together, sometimes taking long walks together in the forest near Berlin. Annie Reich became a lifelong colleague and friend with Otto, and followed courses of Gindler's method with Clare Fenichel. Eva Reich, the eldest daughter of Annie and Wilhelm, went to a Gindler course for children, which may have been led by Clare Fenichel. Latter, she told Judyth O. Weaver²⁹ that she liked her courses in a "Gindler School which she loved very much because they got to crawl under, around and over all sorts of things". David Boadella³⁰ once wrote that he had heard from Eva Reich that her father had attended a few workshops with Gindler. He has since³¹ declared that it may have been Elsa Lindenberg who told him this story, when they met in Oslo. After further enquiry (Geuter et al. 2010), it is impossible to know if Reich attended a few workshops with Gindler or Clare Fenichel. But he was interested by that work, as Eva Reich recalls that her father would keep asking them about the Gindler classes that they took. He would say, "Now tell me, what is it that you do?" (E. Reich, 1984). He probably asked the same questions to the Fenichels, during the numerous discussions they had.

Reich's interest in body techniques really began when he met a communist dancer of the Berlin Opera, called Elsa Lindenberg (1906-1990), who is another heroin of the Oslo Golden Age. Reich started an affair in Berlin in 1931, and then lived openly with her, without marrying her. He wanted everyone to know that he was for sexual freedom. This of course led to a divorce with Annie Reich, who joined Otto Fenichel's group of Marxist psychoanalysts.

One of Elsa Lindenberg's teachers was the Austrian choreographer, Rudolf von Laban (Laban, 1920, 1950), who had become director of ballet in 1930. His system of notation of body movement is still regularly quoted by those who study nonverbal behavior (Birdwhistell, 1970; Rosenfeld; 1982; La Barre, 2001). He also remains influential in dance-movement psychotherapy (Payne, 2006). In 1933, Elsa Lindenberg followed Reich when he left Berlin for Denmark, and later she went with him to Norway in 1934. There she worked as a choreographer and after the war she developed a form of dance therapy that is still taught in Norway. We know (C. Fenichel 1991) that in Oslo Reich explicitly sent her to improve her knowledge of Gindler's work with Clare Fenichel, while

²⁶ Quoted by Fenichel.

²⁷ Communist, like Fenichel.

²⁸ See Bullinger 2004.

²⁹ In an e-mail, 19.11.2008, and several mails in may 2009.

³⁰ Boadella (1990)

³¹ In an e-mail addressed to our small group dated 23.11.2008.

she followed psychotherapy with Otto Fenichel. Although this impression is based on indirect evidence, she is probably the person who taught Reich most of what he knew about working with the body. This knowledge includes current knowledge that dances have, as well as Laban's and Gindler's technique. (Downing 1996, V.26, p. 363f). In Oslo, I have met several colleagues who had had Vegetotherapy sessions with Elsa Gindler after the Second World War.

Thus Reich certainly integrated Gindler's work and other dance techniques with the help of Elsa Lindenberg's expertise, while he was developing ways of working in Vegetotherapy, on the orgasmic reflex and the jellyfish exercises. Elsa Lindenberg's influence was already manifest in Berlin from 1932 onwards, as it is then that Reich began to include bodywork in his Character Analysis sessions. He asked patients what they experienced when he tried to loosen a stiff muscle or their breathing by digging into their muscles with his hands. A first version of this work was presented at the 1934 Psychoanalytic Congress in Luzern, entitled "*Psychic contact and vegetative currents*".

An example on how these discussions on dance, psychotherapy, Laban and Gindler translate in how practitioners think today, is Helen Payne's (2009) article on Dance Movement Psychotherapy. After having used this method, patients understood that "they explored different aspects of the body which had to do with movement but also with body awareness and self awareness in general" (Payne's 2009: 86). The efficiency of that method for these patients, who suffer from medically unexplained durable physical symptoms (or *somatoform disorders*), is then discussed in the following terms:

It does not appear to have been physical movement only that had a positive effect on participants. Rather it was more likely a combination of moving and sensing the body and verbal/non verbal self-reflection which led to meaning-making and enhanced self-management, coping strategies, increased well-being and the overall positive results at the 3-month follow up. (Payne's 2009: 88)

2.5.6.1. Reich and ideology

There were two groups of leftist psychoanalysts. Reich was the leader of Soviet style communism, influenced by Lenin. Fenichel was the leader of the more socialist and democratic minded communism, inspired by Kautsky. In 1933, Reich published the first edition of his Character Analysis model, as it was developed in Berlin's psychoanalytic institute.³²

Reich also explored the social implications of the *function of the orgasm*, within the German communist party. He became involved in mass education of adolescents on sexual issues that can be perceived as the inverse image of the NAZI youth movements. The "Sexpol" movement he directed for the communist party mobilized thousands of young persons of both sex. It was during this period that he met Vygotsky and Luria in Moscow (Van der Veer & Valsiner, 1991, pp. 103-109), who are, even today, major figures in psychology and neurology. They were, then, looking for a "Freudian" who could be accepted by the communist party. It did not work.

Immediately after Hitler's election, Reich (1945a) published the first edition of *The Mass Psychology of Fascism*, where he openly wrote that communism under Stalin was transforming itself into "red fascism" which paralleled the "black fascism" of National Socialism. As a result of this publication, he was simultaneously kicked out of the communist party, NAZI Germany, and the International Association of Psychoanalysis. His proposal on how sexuality should be included in future social developments has had a lasting influence on the whole planet.

³² This original version of Character Analysis, written in psychoanalytical and Marxist terminology, has not been translated, as Reichians are censoring it. Freud refused to support its publication. Reich therefore had to pay a printer and become his own editor.

3. Wilhelm Reich in Oslo

3.1. Exile

Having been expelled from Nazi Germany, the Communist party and the Psychoanalytic association, Reich tried to settle in Denmark, and then in Sweden. But the German government was relentlessly asking these countries to expel their famous guest. Otto Fenichel, who was well integrated in Oslo's psychiatric and academic institutions, managed to create a warm secure environment for Reich there. Reich was welcomed by the Scandinavian Psychoanalytic Association and of Harald Schjelderrup, director of the Oslo university institute of psychology (Boadella 1997). Fenichel published an article supporting the importance of Reich's work, even if he was no more in the psychoanalytic association. However Reich could not accept that Fenichel remained a psychoanalyst, and did not team up with him³³.

3.1.1. Reich's Vegetotherapy

It is during this period that Reich developed his Vegetotherapy. He refused to create, like Adler and Jung, an "new" form of psychoanalysis. He left behind him the realm of psychotherapy, to focus on what really interested him: the regulation mechanisms of the organism. He decided to focus on those global organismic dynamics which coordinate psychological and behavioral mechanisms in function of the deeper needs of the organism (health, pleasure, creativity, survival, contact with its vitality, etc.). Reich proposed a form of direct intervention on the psycho-physiological coherence of an individual organism. This vision was a development of Reich's work on the orgasm reflex, which could be considered as a form of organismic mobilization which coordinates metabolic, physiological, behavioral and psychological dynamics in function of a basic organismic need. This new approach implied that Reich began to work with representations, body movements and posture or breathing and emotional expressions, as ways of mobilizing global organismic regulation systems.

Using the orgasm reflex as a reference, Reich associated the body of a patient lying on a couch as a worm with segments. The segments differentiated by Reich are head, neck, shoulder (and arms), chest, diaphragm, belly and pelvis (and legs). Each segment is circular. For example, the belly segment includes the lower back. During what Reich define as orgastic behavior, the body moves like worm: The movement of a segment activates the movement of the next segment until the whole body flows like waves going from head to feet. This is only possible if breathing and muscles are sufficiently free to accomplish this movement. When a segment is blocked, the flow is interrupted. For example, if the diaphragm is tense, the body movement may be composed of segments moving from chest to head, and others moving from belly to feet. The capacity to let go in this way is only possible if the mind can accept to lose the control of the organism's behavior, and to feel the affects and body sensations the orgasm reflex activates in the mind. Dividing the body in segments and observing how these segments coordinate is typical in gymnastics and dancing. It is this vision of body movement that requires expert knowledge in bodywork and dance.

One of the factors that can explain the immediate success of Reich's new proposal was due to the fact that his Scandinavian colleagues and patients were raised in a culture in which the body and the mind were both essential human dimensions. Reich was not only influenced by Gindler, Fenichel and Lindenberg, but by a whole culture that was just waiting for such a proposal to emerge. The Scandinavian cultural environment was the ecology in which Vegetotherapy could blossom.

3.1.2. Reich in Oslo

In Oslo, Wilhelm Reich met colleagues who had been trained at the Berlin Psychoanalytical Institute, like Trygve Braatøy, Ola Raknes and Nic Waal. For these Scandinavian colleagues, Vegetotherapy was not only a way of applying Cannon's model, following principles that were also suggested by Edmund Jacobson, but a

³³ Lore Reich Rubin 2003.

powerful way of putting the whole homeostatic system of an organism in movement, so as to support an in-depth transformation of its dynamics. Braatøy, Waal and others introduced this new kind of therapy in psychiatric institutions, where it found durable roots. Although most Norwegian vegetotherapists have integrated Reich's energy theory, they remain close to a modernized version of a holistic psycho-physiology that is still inspired by Walter Bradford Cannon and Kurt Goldstein for Neurology³⁴.

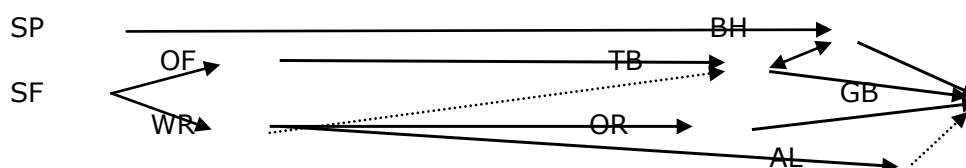
In 1935 Fenichel published an article in which he discusses Reich as one of the main experts of psychoanalytical technique. He opens an in depth friendly discussion with Reich, on the introduction of body techniques in a psychoanalytical setting. This article details Fenichel's appreciation and critique of Reich's technique. However Reich refused the discussion, as he considered Fenichel's friendship, fidelity and dependence as a cumbersome burden³⁵. The Scott Alexander Sutherland Neill³⁶, who created the school of Summerhill, made regular visits, as a patient and then as a friend and supporter. His school was deeply influence by what he was discovering with Reich. In 1939, Reich immigrated to the USA, where he developed his Orgonomy. More clearly than in Vegetotherapy, he focused his therapeutic on curing disruptions of how an organism regulates itself. He claimed that he had gone beyond psychotherapy, which only focused on the psychological dimensions of an organism (Reich 1945b, III, XIV, 1; Reich 1994).

To summarize, the difference between Reich and Fenichel was not the inclusion of the body in psychotherapeutic considerations. Fenichel (1935) agreed with Reich's general vision, but found his approach too simplistic and rigid. He believed that the organism was more complex than what Reich assumed. Fenichel continued to focus on psychoanalytic technique. He could collaborate with people who used body techniques, and often found it useful for certain patients, but he respected the fact that body and mind function differently, and thus impose different therapeutic requirements and techniques. Reich became only marginally interested in the techniques of people working on the body and the mind. He was only interested in the aspects of their techniques which allowed him to influence global organismic regulation systems.

Fenichel immigrated to California in 1931. In 1941 he summarized his knowledge on how to work as a psychoanalyst, in his *Problems of Psychoanalytic Technique*, which remains his best – and shortest – book. By this time, Reich only talked of Fenichel with contempt, and described him as a mischievous traitor. Yet, Fenichel continued to assume Reich was a comrade, worth discussing. One aspect of this book, which influenced California's golden age of Body psychotherapy in the 1970s, is Fenichel's insistence that a psychoanalyst aims for the original complete experience. Expressing emotions may be a way of reinforcing a screen memory, a small part of what exists in the unconscious. Expression is only a part of an experience. Partial re-experiencing may reinforce the split between a manifest affect and its latent source. It is a bit like Columbus who thought that the island he discovered was the Indian continent. It is only after more enquiries that one discovered that the Bahamas were not a part of India's coast, but a whole new world. Similarly, Fenichel requires that therapists do not reinforce a defense system by focusing on the visible part of a hidden continent. He thus wanted his patients to experience an affect as an organismic totality, not just a behavioral trance.

4. Back to Oslo

Filiations of the Oslo schools in the 1960s



³⁴ Goldstein (1939) is for example mentioned as a central influence by Gerda Boyesen (2001).

³⁵ Reich's letter to Lotte Liebeck, Oslo, 10.11.1934, in Reich 1952. See also Reich 1994.

³⁶ See Reich and Neill, 1982.

SF: Sigmund Freud; SP: Scandinavian physiotherapy; OF: Otto Fenichel, WR: Wilhelm Reich, TB: Trygve Braatøy, OR: Ola Raknes, BH: Büllow-Hansen, GB: Gerda Boyesen; AL: Alexander Lowen. Dotted arrows indirect influences.

4.1. Nic Waal (1905-1960)

4.1.1. Vegetotherapy enters Oslo's psychiatric institutions³⁷

Nic Waal³⁸ was a psychiatrist working in an institution with a form of Vegetotherapy. She trained in child psychiatry, and became a psychoanalyst in the Berlin Institute, where she also joined communist oriented psychoanalysts such as Otto Fenichel, Wilhelm Reich, Edith Jacobson, etc. She had worked with Reich in Berlin. In Oslo, she actively helped Jewish children to escape from Nazi persecution. She became head of the child psychiatry department at Oslo University. In Copenhagen, she trained child psychiatrists in the state hospital and at the University. At the end of her life, she created a Nic Waal Institut, designed to help handicapped children³⁹.

With Ola Raknes, Nic Waal used Vegetotherapy in Gaustad and Ulevaal psychiatric hospitals. She also undertook clinical research with some of colleagues, to demonstrate the utility of using body techniques as a form psychiatric intervention. Some of these investigations were carried out with Trygve Braatøy⁴⁰ in Rappaport's Menninger Clinic, in Kansas (USA). They mostly focused on the validation of three modes of intervention:

1. *Ways of working with emotions* using the working models of Cannon, James, Lange and Pavlov.
2. *Relaxations techniques* such as those of Schultz and Jacobson. Waal detailed the differences between relaxation techniques and Vegetotherapy.
3. *Body mind techniques* such as dance, gymnastics, physiotherapy and Eutony.

In the Reichian world, Nic Waal is mostly known for her detailed technique of body analysis, developed for vegetotherapists. This system analyses hyper- and hypo-muscular tonus, postural alignment and breathing patterns. Recently, Berit Bunkan⁴¹ has included Waal's system in a synthesis of body analysis techniques created in Oslo.

4.1.2. Passive movements

Nic Waal also found ways of using the classical technique of passive movements used by physiotherapists, to analyze the psychological state of patients and their way of relating to their therapist. A passive movement occurs when a therapist moves a part of the patient's body. This technique is mostly used to evaluate the state of joints, tendons and certain reflexes. Arms, legs or head are moved relatively slowly, observing how respiration responds to this mobilization. These reactions can be observed by patient and therapist simultaneously. It is thus easy, as in Reich's jellyfish exercises, to create a co-conscious experience of the patient's body responses. The patient's reactions allows the therapist to generate a form of diagnostic that is close to what happens during the exercise, and which can therefore be grasped by the patient as well. This type of "local" diagnostic is different from the more global forms of diagnostic used in psychiatry. As an example, I will describe different responses that can be observed when a patient accepts to let the therapist move his right arm:

³⁷ See http://en.wikipedia.org/wiki/Nic_Waal for more information. The person who wrote this article seems to be well informed.

³⁸ Boadella 1976: 266.

³⁹ Dadoun 1975, 45:331.

⁴⁰ I will soon present him.

⁴¹ Bunkan 2003, 1.2.1 : 23. L'évaluation générale de Berit Heir Bunkan est que le système de lecture du corps de Nic Waal est simpliste, si on le compare aux autres systèmes disponibles. Mais il incluait des items nécessaires à la Végétothérapie qui ne se retrouvaient pas dans ces autres systèmes. Bunkan a inclus ses items dans la synthèse des systèmes scandinaves de lecture du corps qu'elle proposa.

1. The patient allows the therapist to move his arm as the therapist wishes, but the patient reduces the volume of his breathing pattern. This is typical of a patient who wants to *dissociate* from what happens between his arm and the therapist.

2. *Obedient activity*. The patient cannot prevent himself from helping the therapist, which implies that he is constantly trying to predict what the therapist wants to do. This is often observed with patients who try to *control* what their therapist does.

3. *Self assertive activity*. The patient cannot prevent himself from tightening his muscles every time the therapist attempts to move the arm. He thus resists being moved. This is often observed with patients who are afraid of *losing control*.

4. *Impulsive activity*. The patient's movements are jerky, uneven, and rough, with quite strong force. The movements change tempo on the patient's side independently of the tester's change of tempo, and the movements have an uncontrolled and involuntary character.

5. Certain patients trigger a resistance only when there is an extension or a contraction of the arm.

One of the principle innovations of the Norwegian schools is their focus on techniques that regulate *hypotone* as well as *hypertone*. In the case of passive movements of the right arm, there is muscular hypotone when "one does not find resistance, but a characteristic looseness and slackness. It can vary between lazy, dull, 'dead' or can be recognized by a strange lightness" (Waal et col. 1976: 274). When touched, hypotonic muscles are experienced as gelatinous.

4.2. Trygve Braatøy (1904-1953): the couch and the massage table

4.2.1. A psychoanalytic approach which integrates the knowledge of body techniques

Trygve Braatøy was born in the community of Norwegians in Minneapolis (USA), where his father was a protestant minister. He studied neurology in Paris and trained as a psychoanalyst in Berlin's Institute, mostly with Otto Fenichel, in the early 1930s. There he was also influenced by Wilhelm Reich's psychoanalytic ideas and by the more "gindlerian" discussions on the body. In 1933 he then went to Oslo, where he worked as a psychoanalytic psychiatrist in Oslo's Ulevaal psychiatric hospital. He was actively engaged in combating Norwegian movements who sympathized with the Nazis by publishing his opinions in the "illegal press". With Nic Waal among others, he also helped people running away from occupied Sweden, by giving them a diagnosis that justified their hospitalization until it was safe for them to flee⁴². In 1954, he published *Fundamentals of Psychoanalytic Technique*, which is his testament.

Once in Norway, Trygve Braatøy (1942, 1947, 1948 and 1954) tried to develop a way of introducing the body in a psychoanalytic frame, compatible with Ferenczi and Fenichel's technical propositions. However, he also agreed with Wilhelm Reich that psychoanalysts should find ways of including some "hands on" work during psychotherapy. In 1934, when Fenichel and Reich were in Oslo together, two groups formed themselves around them⁴³:

- Fenichel's group worked with Trygve Braatøy when Fenichel left for Czechoslovakia in 1935, to help Edith Jacobson who had been imprisoned by the Germans. When she fell seriously ill, Fenichel and his friends (including Annie Reich) brought her with them to New York.

- Once Reich left for the USA, Ola Raknes became the central figure of vegetotherapists who were not working in institutions.

This division lasted for the rest of the century. Fenichel's group was strengthened when Trygve Braatøy became professor of psychiatry and head of Oslo's psychiatric institutions in 1945. One reason for his nomination may have been his capacity to integrate the work of reichians working in these institutions, such as Nic Waal. Braatøy remained a practitioner, which is to say a person with a broad and humanistic approach to patients. Patients were for him more important than theory. He refused to participate in the bitter wars between psychoanalytic clans.

⁴² This information is based on an e-mail in which Berit Heir Bunkan reports a conversation she had with Trygve Braatøy's wife (25.10.06).

⁴³ Braatøy 1954: 55.

Braatøy became involved with the physiotherapists of the psychiatric hospital, and the quasi-folkloric passion of Scandinavians for bodily methods. He explored ways of using the bodily knowledge that was available around him, within a classic but flexible psychoanalytical setting. For example, he analyzed the biomechanical implications of having patients lying on a couch, its influence on the mind of patients, and on their way of communicating with a psychotherapist. He would discuss certain motor patterns displayed by patients with them, and sometimes he would touch a patient who needed comfort. He also included the analysis of the breathing patterns of his patients in his psychoanalytic work. Although Braatøy acknowledged Reich's contribution, he found other contributions equally important⁴⁴: Ferenczi, Yoga, the relaxation methods of Schultz and Edmund Jacobson, etc.

Like Fenichel (1935), Braatøy admired Reich's Character Analysis. He often used it, to begin a psychotherapy process, to help the patient to become aware of how he presents himself. The content of representations is only approached later on. According to Braatøy, it is easier to explore a patient's anger, once he has experienced his ways of controlling it.

However, Trygve Braatøy was irritated Reich's constant need to seduce everyone. This character trait may have prevented Reich from accepting his negative transference, a durable exploration of himself in psychotherapy, and supervision:

After 1993, "he, in his impatience with our slow progress, changed into a trinity of Freud, Einstein, and Wilhelm der Grosse⁴⁵ and must be read accordingly". (Braatøy 1945:101)

Braatøy did not have the time to acquire the knowledge of physiotherapists, and preferred to collaborate with people who had a form of knowledge of the same caliber as the one Elsa Gindler had. According to him, Reich's Vegetotherapy mixed simplistic body and psychological techniques in an unsophisticated way⁴⁶. Vegetotherapists tend to overestimate the need to support emotional *expression* and to underestimate the need to strengthen the patient's capacity for *insight*⁴⁷. Braatøy thought that if a patient needs to explore himself using body and psychotherapy techniques, he will get a better treatment if he sees a competent physiotherapist and a trained psychotherapist, who work as a team. To develop a form of body treatment that could be used as a complement to a psychotherapeutic approach, Braatøy collaborated with an impressive Scandinavian orthopedic physiotherapist, called Adel Büllow-Hansen. She managed to develop forms of massage that could be used in a complementary way with a psychoanalytically oriented psychotherapy. Like Fenichel and Reich before him, Braatøy follows the standard practice of not mentioning his team's body experts. Even Nic Waal does not appear in his references. Like his colleagues, he presents his thoughts and methods as if he had developed alone.

Although Braatøy had the impression he was proposing a reasonable way of integrating bodywork in a psychoanalytical process, his synthesis was different from most discussions in psychoanalytic circles. Like other psychoanalysts of his generation, trained in Berlin, he often used notions associated to regulation systems, and was less interested by the more fashionable discussions of object oriented psychoanalysis, focused on assimilating the patient's experience in Freud's topical models or simplistic sexual metaphors. He was of course familiar with Freudian dichotomies (e.g., narcissism / object relation, Id / Super-ego, Eros / Thanatos, etc.), but they did not strike him as particularly useful for his work with psychiatric patients. This choice led him to pay particular attention to how individuals such as a patient and therapist auto-regulate and regulate with each other. This approach is closer to the one recently developed by psychoanalysts such as Daniel Stern and Beatrice Beebe⁴⁸, than by

⁴⁴ Braatøy 1942, 1954: 237.

⁴⁵ A German emperor.

⁴⁶ I am following Berit Bunkan's memory, in a discussion of June 2004.

⁴⁷ Bunkan 2003, 1.1: 22.

⁴⁸ Stern 1985, Beebe and col. 2002 and 2005. In a discussion with Daniel Stern, he confirmed that this was a plausible way of situating his proposal (Geneva, 13 June 2007). See also Braatøy 1954, VIII.1: 231.

Melanie Klein⁴⁹. Today, for most psychotherapists, the importance of regulation systems is so obvious that the notion is referred to as standard professional jargon.

4.2.2. Transference in psychotherapies that use body work

Braatøy⁵⁰ is also prudently interested by Groddeck and Reich's need to make the patient's negative transference apparent as soon as possible. It is again possible that this urge could be a part of their need to charm patients. For him, it is obvious that at the end of a successful analysis a patient should be able to speak his mind, but this does not mean that every disagreement with the treatment is necessarily a resistance:

The patient – an adult human being – should be able to express resentment and other reactions directly⁵¹. But by entering too quickly in an analysis of negative transference, the therapist may restrain the patient's spontaneity, and prevent him from discovering that even positive transference always incorporates critical stances: negative attitudes are always a "part of one's love" (Braatøy 1945: 304).

Developing a critical form of thinking, respecting one's ambivalence, and even open resistance to some proposals made by one's psychotherapist is part of the psychoanalytical process. Learning to integrate such abilities can have "high survival values" (Braatøy 1945: 304).

4.2.2.1. Transfer and character

Laplanche and Pontalis⁵² distinguish a general meaning of transference and counter-transference, from a narrower more specific usage. The wider meaning designates all the feelings and representations a patient and a therapist have of each other. In its narrower meaning, the term transference only designates instances when a patient assimilates his therapist to ways of experiencing someone else. For example, when a patient reacts to the therapist using representations and behaviors he developed to deal with his mother. This transference can activate within the therapists a set of unconscious experiences, which form a counter transference. Braatøy mostly uses the narrower definition of these terms, because he wants to differentiate this mechanism from others that can also occur during an interaction. For example he wants to differentiate as clearly as possible transference dynamics from projections or the impact of character.

A patient who has a characteristic tendency to sulk with everyone will sulk with her therapist. Braatøy will try to experience the impact of this sulking behavior on the way he perceives the patient, and then discuss the impression this habitual behavior has on his way of interacting with the patient. Thus Braatøy sometime appreciate various forms of acting out during a session, as these can allow an analysis of how a patient deals with others and himself, by default. I use the term "default" to designate a general propension, which can be associated with the patient's character. It is not really a transfer, because the therapist is not assimilated to another person, but to a standardized form of adaptation.

Character traits, like most patterns observed in studies of nonverbal communication, are mostly⁵³ regulated by nonconscious mechanisms. Only their manifestation can reach consciousness. On the other hand, transference phenomena are mostly regulated by the unconscious dynamics described by psychodynamic models. For example, every time his patient sulked, Braatøy noticed a characteristic tightening of the lips. This is clearly a form of reflex automatism. This reaction may have a history that can be

⁴⁹ Melanie Klein was one of the most creative psychoanalysts in the 1940s. A more recent development of this way of approaching patients is Otto Kernberg's proposal for narcissistic and borderline patients. One of Melanie Klein's most important set of observations is her analysis of human meanness, which can already be found when observing infants. This theme remains difficult to digest for many of Klein's colleagues, but is nevertheless a central issue for all forthcoming theories of human affects. See Klein 1923 & 1925, Edwards 2004.

⁵⁰ Braatøy 1954, VIII.2: 104.

⁵¹ Braatøy 1954, XI.6: 363s.

⁵² Laplanche & Pontalis 1967, transfer: 492

⁵³ Unconscious⁵³ material can also play a role, but not necessarily.

discovered by looking at photographs, films taken by the family and sometimes by interviewing the parents. Braatøy asked his patient to explore this tightness in various ways, by exaggerating it, or by doing the opposite, etc. This experience triggered a series of affects and memories.

To summarize, Braatøy's proposition is that a psychotherapist needs to differentiate two types of communication patterns which are triggered by a patient's habitual way of functioning:

1. *Character assimilation*. A character trait is a standardized way of functioning which assimilates reality through a form of regulation pattern composed of (A) a way of evaluating reality, (B) a way of understanding what is happening and (C) a way of reacting. Like ethnological patterns, a character trait assimilates certain patterns in a certain way. This pattern is not personalized, and its organization is nonconscious.

2. *Transferential assimilation*. In transferential communication, the patient tries to recreate with the therapist a relational pattern that has been constructed previously, with someone else. The therapist is assimilated to schemas (using Piaget's definition of the term) which constructed in function a particular person. Therapies working with transference will try to help the patient to accommodate these schemas to dynamics that are particular to what is happening here and now with the therapist. For example, I may assimilate all angry males smoking a pipe, to my father's fits of anger. I will then react as if these persons were my father, and try to handle them as I have learned to handle him. I can only transfer with males who (A) smoke a pipe, like my father and (B) in whom I can activate the same sort of anger (that is the counter transference). There is not transference with people who cannot become angry in a way that is similar to my fathers. When my therapist feels that I am activating anger in him, this anger may have different sources than the anger of my father, but my therapist can feel the sort of anger I am expecting. The therapist can thus use his counter transference to understand my expectations. Furthermore, these expectations always have a manifest conscious content, and an unconscious one. Counter-transference has the same structure. This why a therapists needs supervision when he works with transference.

The structure of transfer and its analysis is thus more complex than what occurs with character traits. In a study on suicide attempts, carried out with my colleagues of the Laboratory of Affect and Communication, we⁵⁴ isolated behaviors that could differentiate the following groups of patients, who were all interviewed by the same psychiatrist:

A) *Reattempters*. Patients who were seen after a suicide attempt, who did not make another attempt in the next two years.

B) *Attempters*. Patients who were seen after a suicide attempt, who did not make another attempt in the next two years.

These behaviors had an impact on their therapists' behavior, which was nonconscious. The therapist was not aware of that modification of her behavior, and could not understand it (make sense of it) when it was shown to her, using video recordings of the sessions. These behaviors are differentiated in function of a diagnostic, and maybe of an organismic particularity⁵⁵. But it is highly unlikely that all Reattempters made a certain type of transfer on the therapist, and all attempters another common transfer.

4.2.2.2. Vegetative identification or organic transference

Bjørn Blumenthal (2001), who studied with Raknes, Lindenberg and Braatøy, describes yet another form of nonconscious influence of the patient on the therapist. Influenced by studies on nonverbal behavior⁵⁶, Blumenthal assumes that a psychotherapist can only perceive a small part of the complex system that regulates his interaction with a patient. Consciousness can only focus on a few, relatively simple, events. It is incapable of perceiving something as complex as a set of communicative strategies that often co-occur. Only nonconscious dynamics can deal with so many events and their coordination. Nonconscious dynamics can manage complex relational dynamics, as well as conscious forms of behavior and representations. As this

⁵⁴ Heller et al. 2001.

⁵⁵ E.g., Reattempters may have lower levels of serotonin, but this was not tested.

⁵⁶ Mostly Heller 1998. In this article, I show that, probably, more than millions body signs are exchanged in a dyadic psychotherapy session.

management of consciousness is nonconscious, consciousness may attribute to the content of his awareness forms of explanations derived from conscious material, but cannot include the nonconscious influences in the constructions it creates to explain what is happening⁵⁷. Thoughts form themselves in a person's awareness, but have no conscious access to the dynamics that have created these thoughts⁵⁸. For example, a patient's breathing pattern may influence the therapist's breathing pattern. Most of the time, neither the patient nor the therapist are aware that their way of breathing are under influence. In group therapy, however, sometimes a third person notices the phenomenon. He draws the attention of the therapist and the patient who are doing dyadic work in the group, that their breathing patterns are becoming weaker simultaneously. Body psychotherapists have thus learned to become aware of such moments. They do not understand how this mutual regulation occurs, but they learn to notice it, as if from the outside. It is a bit like person who notices that his shirt has a spot when he passes in front of a mirror. It is this type of mutual quasi physiological interpersonal regulation that Blumenthal calls *vegetative identification*. Having learned to notice these forms of physiological interpersonal impacts, the therapist can also become aware of certain fuzzy variables, like the atmosphere of a relationship, which may correlate with such adaptations. He then tries to specify some characteristics of this atmosphere, like vocal tone, the rhythm of gestures, affects, etc.⁵⁹

At the end of his life, Braatøy discovered that he could use films to spot such forms of mutual adaptation between therapist and patient, which could not have been spotted otherwise⁶⁰. What we are dealing with, in such cases, is a form of automatic coordination of numerous organismic skills situated in different dimensions of the organism (mind, affects, behavior, physiology, body). Behavior models are more useful in such cases than psychodynamic models.

Other therapists⁶¹ also talk of *organic transference*. Here is an example:

Vignette on organic transference. A psychotherapist, who is using massage, feels with his hands that his patient's skin is cold. This therapist has a history in which cold skins have played an important role. The therapist has worked on this, and is aware of the impact of feeling a cold skin. However, he cannot prevent his hands from moving in way that conveys anxiety. The therapist decides that with this patient massage is not a tool he can use. He has a negative organic transference with this patient. However, the patient responds to this decision as a failure, just like the therapist's father experienced failure and rejection when his child began to avoid contact with him. The patient wants the massage to continue⁶². He becomes furious when the therapist insists that he wants to continue the therapy with other tools.

In such as situation vegetative identification and psychodynamic transfer are both active. To understand such a situation it is useful to have a working model which allows the therapist and his supervisor to distinguish the different mechanisms that are involved.

4.2.3. Mobility and therapeutic setting

The psychoanalyst's standardized fear of "acting out" is a form of rigidity that Braatøy criticizes⁶³. If one assumes that a psychoanalytic cure may influence the

⁵⁷ By now, the reader should be able to understand these complex formulations, which refer to complex dynamics of the organism. In the sections on Fradin, I will show that some neurologists assume that nonconscious complexities are more complex than what conscious processes can deal with.

⁵⁸ This point has already been discussed in the sections on Taoism and Spinoza. It is also obvious for evolutionists, as a mind cannot be aware of the million of mechanisms that have created the mechanisms that manage thoughts.

⁵⁹ Jaffe et al. (2002) et Bucci (1997) give several examples of such forms of interaction. They are psychoanalysts who study how nonconscious interaction patterns participate in a psychoanalytical treatment.

⁶⁰ Braatøy 1954, VI.1 : 157. Heller et al. 2001.

⁶¹ Stattman 1987.

⁶² We here have an example where it is the therapist who is transferring, while the patients is experiencing a counter transference.

⁶³ Braatøy 1954, V.4: 134. This analysis is close to Fenichel's (1945: 246), who thought that sensory-motor inhibition can be a part of a defense which protects a psychological incapacity to

dynamics of the organism, one can expect that a patient will develop a more varied and comfortable postural repertoire. This modification of the patient's body dynamics are activated by mechanisms which are different from those which a physiotherapist works on⁶⁴. When the patient feels better, he needs to explore more comfortable and open ways of expressing himself.

Psychoanalysis begins its liberating influencing by requiring that the patient lies on a couch. This position, inspired by hypnosis, is recommended because it allows maximum relaxation of all muscles. The requirements of gravity on posture are thus minimized. The patient can then breathe more easily, his defense system will relax and emotions will enter more easily in the realm of thoughts and behavior⁶⁵. This process is an efficient way of loosening the defense system, which may activate a need to move and to change position. This is precisely the sort of spontaneous behavior a psychotherapist wants to support⁶⁶.

Another implication of the standard psychoanalytical setting is that lying on the couch may induce more vulnerability in fragile patients. Today, most psychoanalysts use a similar analysis, and recommend that fragile patients (e.g., narcissistic and borderline patients) remain seated during therapy. In this way back muscles, mobility and defenses remain mobilized. Others will work with fragile patients lying on the couch, but will personalize the contact using methods such as Ajuriaguerra's relaxation method⁶⁷. For a psychiatric treatment, Braatøy recommends an adaptation of basic posture (lying, sitting, standing, etc.) to the therapeutic needs of the moment. Here are a few examples:

1. When a patient is mostly confused, Braatøy will ask him to sit down, while he collects information on the patient's real situation (financial, professional, family, etc.).

2. "Psychotics cannot be treated with classic psychoanalysis because they don't stay on the couch or they get completely paralyzed or rigid. (...) However, in getting up and walking around, they can more easily control themselves because gravity tenses their postural muscles, and this tension coupled with deliberate motor activity help to control emotional spontaneity. Basically the patients are not so afraid of the therapist as of their own impulses" (Braatøy 1954, VI.4: 177).

3. Not all traumas are unconscious. In the case of remembered trauma, direct emotional expression and release in a safe environment is often helpful⁶⁸.

4. From the point of view of psychoanalysts, monotheist religions (Jewish, Christian and Muslim) have generated cultures in which people are rigidly, judgmental and intolerant of instincts and affects. Norwegians in the 1940s were often considered by psychotherapists a good example of this analysis. With patients who do not sexualize every gesture (Braatøy 1954, VII.2:222-225), Braatøy would sometimes touch a patient on the shoulder, to see if for him physical contact is acceptable or disgusting. Thus touching a patient can yield useful information.

5. Here is an example in which Braatøy will accept to change the psychoanalytic setting so much that he will also use body work "resembling direct physiotherapy". He will use what is, for the psychoanalyst he is, a drastic modification with "patients whose general tension is so great that it more or less blocks them completely, including their verbal expressions. In such cases, I immediately comment on this tension and interpret it in terms of fear, anxiety, embarrassment. I permit the patient to sit up or change the setting in other ways. If these adaptations do not give sufficient help, I change the analytic procedure into something resembling direct physiotherapy. With passive movements⁶⁹, and concentration on local muscular tension, I try to help the patient to relax and at the same time release his breathing" (Braatøy 1954, V.7: 144).

What was, in Braatøy's professional environment, daring psychotherapeutic proposals, have become relatively standard in contemporary body psychotherapy, which

integrate an emotion. Less interested by the more cognitive aspects of the psychoanalytic technique, Braatøy sometimes forget that it is difficult to simultaneously (A) integrate all aspects of a person, (B) to focus on the delicate intricacies of a complex of thoughts and affects.

⁶⁴ Braatøy 1954, V.1: 117; 1942.

⁶⁵ Braatøy 1954, VIII.1: 237, VI.5: 181.

⁶⁶ In clinical approaches, no rule is absolute. There are always a minority of cases where such a development could be harmful.

⁶⁷ Ajuriaguerra & Cahen 1964, Roux & col 1993, Dechaud-Ferbus & col 1994, Badoni 1997.

⁶⁸ Braatøy 1954, III: 80s.

⁶⁹ I have described this technique in the sections on Nic Waal.

is looking for more appropriate technical and theoretical propositions to frame such endeavors. Physiotherapies and osteopaths often notice that their work elicits important emotional reactions, but they do not have a frame of reference which allows them to deal with such events adequately⁷⁰. When Braatøy tried to loosen a jaw, he would use "a firm pressure against the masseteres muscles blocking a specific way of conducting the jaw and mouth, or a similar pressure under the chin against persistent tension in the jaw openers" (Braatøy 1954, V.7: 144, VIII.1: 235). These actions could release deep respiration and crying, as well as other forms of intense expressions⁷¹. This analysis was confirmed when he analyzed a film of a psychotherapy session given by Paul Roland to a serious case of schizophrenia⁷². Braatøy observed that Roland helped the patient by "gently but firmly stroking his back and neck. He asked the patient at the same time to relax and told him he wanted to help him". He noted that a key feature of this intervention was that the therapist spoke with a very low voice, moving close to the patient. In that particular case, the therapist's tone of voice was so soft that the microphones could not record it clearly. Braatøy's comment of this film mention that Pavlov had also noticed that when a therapist asked his questions "very softly in very quiet surroundings" a frightened schizophrenic patient would answer. He made a similar observation when talking to infants. Finally, he quotes a study published in 1885 by Weir Mitchell, showing that softening one's approach to patients who suffer from *anorexia nervosa* could also be effective. For Braatøy, it was important to make this point in his training manual for psychoanalysts, because it was not current practice in his day to accommodate one's behavior to the needs of a patient, or of a child.

Braatøy found ways of analyzing precise behaviors in more fluid ways than Ferenczi. He is sensitive to small variations of the voice, as when a voice becomes irritating once it becomes high pitched and over-eager⁷³; or when the flow of words becomes particularly rapid. He is attentive to various forms of gaze, and how the patient manages to capture the therapist's visual attention. Quoting one of Reich's cases, Braatøy shows that words and gestures may be indicative of different layers of the patient's character. In such cases, it would be clumsy to attract the patient's attention on both these phenomena, as the patient may then perceive more information than what he can handle. Often, a high pitched voice is a sign of defense against emotions, as when an adult woman absolutely wants to maintain a girlish stance, a "good-little-girl eagerness" (Braatøy 1954, V.6: 141). When a female patient passes from high pitch to a more low pitch voice, and develops a "Marlene Dietrich" kind of voice, it is often because her vocal apparatus has relaxed. "A deeper, more adult voice, results in a radical new sort of feedback from her own behavior. (...) The tone of voice may be of basic importance in changing the patient's patterns" (same)⁷⁴.

4.2.4. Working with chronic fear⁷⁵

4.2.4.1. Breathing, transference dynamics and yawning

Chronic muscular tensions may repress certain forms of emotional expression in a *direct* way (as when a person tightens the jaws to inhibit a need to shout or cry), or inhibit emotional dynamics in more *indirect* ways, by reducing breathing motility⁷⁶:

When such a person practices coitus interruptus, and eager and potent – or non-frigid – person tries to counter an intense sexual excitement with an even more intense holding-back attitude, blocking the panting and the sexual outcry at the height of the acme, that is, his sexual blocking includes an abrupt and intense blocking of respiration. By observing and describing these manifest phenomena, one can connect specific aspects of his sexual behavior with his respiratory tenseness and precordial and shoulder myalgia. (Braatøy 1954, X.5: 326s)

⁷⁰ Braatøy 1954, V.7: 144.

⁷¹ Braatøy 1954, V.7: 144, VIII.1: 235.

⁷² Braatøy 1954, VI.1: p. 157.

⁷³ Braatøy 1954, V.6: 141.

⁷⁴ This analysis was often taught by Gerda Boyesen during the 1970s, in her training courses.

⁷⁵ This notion seems to have been developed, or at least calibrated, by Braatøy's collaboration with Büllow-Hansen. I have not been able to find out the content of their discussions on this issue.

⁷⁶ Braatøy 1954, V.5: 180s, VI.5: 179.

Most psychotherapists, even those who have no training on body dynamics, intuitively perceive that a patient feels better when his breathing becomes more relaxed and variable⁷⁷. For Braatøy, breathing is a part of the regulation system which deals with attention and affects. When a person becomes attentive, she often breaths less; when she cries the breathing becomes intense. Influenced by Edmund Jacobson's relaxation technique⁷⁸, Braatøy was mostly interested by *spontaneous* breathing changes, as in the following example of an explicit way of working with breathing:

When I work in this way with patients, I continually observe their breathing and always fit the suggestion, "Relax!" to the beginning of expiration. By that I intend to call forth a summation of the local relaxation of the muscle group we work with and the general relaxation which goes with the expiration. If one does not in this way "dance with the rhythm and relaxation of expiration" one risks giving the specific suggestion, "Relax!" at a time when the respiratory muscles tense themselves in inspiration. This produces, then, an interference. (W. Kohlrausch

1940, quoted in Braatøy 1954: 166)⁷⁹

Braatøy was also attentive to moments when yawning manifests itself spontaneously, as it can be a "compensatory respiration when opportunity for relaxation arises" (Braatøy 1954: 165). In some cases, yawning may become so intense that it will drag "the whole body with it in a global cat-like stretching-yawning movement" (Braatøy 1954: 165). When yawning is associated with deep relaxation, it is often accompanied by "rumbling in the abdomen", and stretching.

This is also true for therapists, as attention tends to reduce breathing. The young eager therapist's continuous attention may become harmful for him. Thus professional habits may generate harmful chronic forms of tensions.

4.2.4.2. From the stretch-and-yawn reaction to the startle reflex⁸⁰

One day, Braatøy⁸¹ noticed that a patient's yawning reaction was partially blocked. She had an apparent stretch-and-yawn reaction, but the inspiration was weak:

Charles Darwin (...) said that yawning may appear as a symptom of a *light fright*. The light fear induces alert, watchful attention and thereby restricts breathing, but because it is slight, it permits the oxygen need to break through from time to time in yawning. (Braatøy 1954: 167)

As Braatøy studied the opposition between the stretch and startle reflexes, he gradually constructed a new version of the reichian expansion (healthy) – contraction (unhealthy) opposition. Expansion is not always healthy and contraction is sometimes an agreeable way of contacting oneself; but a startle reaction is connected to fear and anxiety, while yawning and stretching is manifestly a way of being more comfortable and alive⁸².

The *need to avoid surprise* seems to be the nucleus around which a neurotic regulation organizes itself⁸³. Surprise is then experienced as the risk of losing control and a general feeling of insecurity. At the age when a child's perception of the world is full of magical notions, the child does not yet have the capacity to master his behavior or to hide an expression of surprise when adults display unexpected and surprising behaviors. The fear of expressing surprise is particularly strong in a strict environment, which does not tolerate uncontrolled childish forms of behavior. Yet most children cannot control their behavior when unexpected situations arise.

⁷⁷ Braatøy 1954, VI.1: 162, VI.4: 175s.

⁷⁸ Jacobson 1938.

⁷⁹ This analysis was often taught by Gerda Boyesen during the 1970s, in her training courses. It is close to Gindler's need to avoid constricted breathing. The similarity of analysis may have been brought to Oslo by Clare Fenichel and Elsa Lindenberg, or it may be an obvious point for any person who knows how to work with breathing. This is an example of a technique that Braatøy must have calibrated with experts of bodywork he does not quote.

⁸⁰ See also Boyesen 1985a, III.11, pp. 133-137; Heller 2004b.

⁸¹ Braatøy 1954: 167.

⁸² Like other colleagues, I have integrated in my clinical work this modification of Reich's rigid way of associating contraction and anxiety.

⁸³ Braatøy 1954, VIII.3: 261; 1947.

Gradually, the child develops an anxiety and even a fear of being caught using forms of behavior that adults do not tolerate. He is afraid of not behaving as he should. In such moments of shock experienced when caught doing what is forbidden that is a crucial knot of neurotic regulation:

The compulsive neurotic's stubborn behavior, which persists on all levels including his doubts and objections, expresses his attempt to control all situations. If he does not control the situation, he may run up against a surprise and then – bump – lose control of himself. Discussing this attitude on the verbal psychological level, to point out that this is "intellectual resistance" does not get anybody anywhere. The therapist must be able to bring out in a convincing way that it is the *bump*, the surprise, that the patient is afraid of – *and for good reasons!* (Braatøy 1954, VIII.3: 261)

This model is useful to explain the behavior of patients who are apparently in control of everything they do, and then suddenly surprise every one by becoming hysterical and impulsive, often for irrational reasons.

The startle reaction is the prime archaic reaction when a child is caught by surprise doing something others disapprove of⁸⁴. The startle is at first so intense, that it mobilizes the whole body. It is therefore around this reflex that the vegetative and body dimensions of neurosis structure themselves. At first the child's repeated startle reaction mobilizes many parts of the body. Gradually, the startle reaction tense those muscles most often tensed to control its expression: the eyes, the neck muscles, postural tension, reduction of mobility are involved in the formation of a more flexible description of what Reich called the neurotic armor. This analysis, which combines neurological, body and psychological dynamics, lead Braatøy to recommend to young psychoanalysts that they should learn to become attentive to the following points when they use character analysis:

1. *Being attentive to the relational context in which a character trait appears allows one to specify the contours of this trait.* For example, when a patient repeatedly forgets to pay his therapists, he activates a particular form of relationship. Not paying is not necessarily a resistance to the treatment, or *not only* a resistance. It can also be an unconscious way to bring forth a deep layer of the patient's character, so that it attracts the attention of the therapist. The patient puts himself in a dangerous context that will reveal how his fears and anxieties are experienced⁸⁵.

2. *When a patient's awareness contacts a forgotten layer of the character, a particular transference dynamic become active.* Once the therapist becomes capable of feeling the texture of his patient's fear, he often notices that the relation issues associated with this fear influence the relational dynamics in the therapy. Suddenly, the therapist is afraid that some of his interventions, mistakes, unexpected events (e.g., the therapists cannot arrive at his session, for example because too much snow has fallen during the night) will activate an immense anxiety crisis in the patient. Braatøy⁸⁶ quotes Ferenczi's analysis of such moments, where panic creates "a paralysis of all spontaneity". The patient "will turn deadly pale, or fall into a condition like fainting, or there may be a general increase in muscular tension, which may be carried to the point of opisthotonus⁸⁷". Panic attacks now become an important part of the relation. Braatøy assumes that these pervasive panic attacks can be associated to preverbal layers, similar to those that can be seen in films of three-year-old children. During this period, the patient is often incapable of integrating the therapist's interpretations.

3. The crisis now becomes a *transference crisis*. Braatøy recommends an attitude that addresses both psychological and body dynamics. He often tells the patient that being spontaneous and producing material for the therapist are two different propensities. To remain silent, motionless, not to try to be polite, can sometimes be a form of spontaneity. When the patient's body becomes too rigid, it is important not to leave him alone in this state, and to help him to get out of it by taking hold of him. The therapist may need to push

⁸⁴ Braatøy 1954, V.6-7: 142s.

⁸⁵ Braatøy 1954, X.8 : 373.

⁸⁶ Braatøy 1954, VII.1 : 233s.

⁸⁷ *Opisthotonus* is a condition in which, from a *tetanic spasm* of the muscles of the back, the head and the lower limbs are bent backward and the trunk is arched forward" (My italics. Blakiston's New Gould Medical dictionary, 1956). This position became known as a sign of suffering to psychoanalysts, because it was often associated to hysterical behavior by Charcot. It is a reaction which is often used by a child, when « he tries desperately with his neck and jaw (mouth) to hold back something which taken away from him » (Braatøy 1954, VII.1: 233f). However it can also be observed in expressions of pleasure, on children, or in adults during sexual interactions.

the body so as to flatten it again, if the opisthotonus arch becomes intense. He can thus support a restoration of a normal breathing rhythm, and accompany the powerful emotional expressions (rage, sobbing, etc.) that may then emerge. Such forms of support are required until the patient finds some sort of mastery again. These moments sometimes help the patient to accept that he has intense emotional needs, and to become less afraid of expressing them.

During these delicate moments, Braatøy uses his model of the startle reflex to guide his interventions. As the startle shortens most extensors, he tries to counter that effect by seeking to activate a pleasurable stretch-yawning reflex and the affective feelings that tend to associate themselves with this reaction⁸⁸.

As long as a person stretches without pleasure and without yawning, Braatøy assumes that the startle reaction is still active. Thus, when a patient stretches without pleasure, he can look for already active chronic startle reactions. For this he will use his knowledge of body reading and the patient's introspective powers. For Braatøy, a startle reflex is the somatic part of a more general fear response which also includes affective and psychological regulators.

From this perspective, the main physiological function of the lying on the couch, is that this posture support a process which enhances the coordination between muscles, breathing, guts and somatic reflexes "This is the physiological *raison d'être* of the couch in psychotherapy" (Braatøy 1954, VI.2-3: 169).

4.3. Aadel Büllow-Hansen (1906 - 2001): a psycho-motor exploration of emotional embodiment

Aadel Büllow-Hansen is a physiotherapist trained to use massage for orthopedic purposes. Her training can be situated in the tradition of Scandinavian body techniques. She was also manifestly influenced by the psychophysiology of her days, which adopted a holistic organismic stance, developed by researchers such as Walter B. Cannon (1932) and Kurt Goldstein (1939). She created a particularly sophisticated training course in physiotherapy in Norwegian hospital institutions, and then in a private setting. The people trained by her school are still highly appreciated in Norwegian hospital services.

Büllow-Hansen collaborated with Trygve Braatøy from 1947 to 1953⁸⁹, to develop a massage method that could be used as a complement to the psychoanalytic treatments proposed by Braatøy and his team. This treatment developed, within a frame compatible with current scientific and clinical knowledge of the time, methods that could support a freeing of the physiological and body dynamic involved in the regulation and inhibition of emotional experience. It aimed at a relaxation state, induced by reducing muscular tensions and increasing the flexibility of breathing patterns in patients who are characterized as particularly rigid (or armored, to use Reich's terminology)⁹⁰. As the method developed, it gradually became able to deal with a wider set of symptoms. The treatment was at first called the *Braatøy-Büllow-Hansen therapy*, and then *psychomotor therapy*⁹¹.

During the 1980s, Veronique Reymond⁹² (1983) was a psycho-motrician who used another way of using expert bodywork with a patient. She participated in a form of sexological treatment which was carried out by a team of therapists, under the direction of Willy Pasini (Abraham, G & Pasini, W. 1974, Pasini 1997), a psychoanalytically oriented psychiatrist who had organized the Sexology service of the Geneva University Psychiatry Department. Collaborations between specialists of bodywork and psychoanalytic psychiatrists had become a relatively standard practice in some in psychiatric institutions. However, I know of no other period in the history of psychotherapy that developed coordination between physiotherapy and psychotherapy to such a high degree of refinement as the one created by Büllow-Hansen.

⁸⁸ Braatøy 1954, VI.2-3: 168f.

⁸⁹ Dates found on the following web site : http://no.wikipedia.org/wiki/Aadel_B%C3%BClow-Hansen.

⁹⁰ Bunkan 2003.

⁹¹ See Thornquist & Bunkan 1991 and Boyesen 1985a, I.3: 23.

⁹² For her more recent publications look for Veronique Haynal-Reymond (e.g., 2005).

When she left the psychiatric institutions she continued to train highly competent physiotherapists who, like Berit Heir Bunkan (2003), managed continued to incorporate this method and its new developments in the Norwegian health system. An active third generation is developing the work of Büllow-Hansen in the largest Norwegian towns and institutions. Having visited the institute in 2005, I still consider it one of the leading institutes in the world, if not the most advanced research institute demonstrating how physiotherapists can become involved in the psychotherapeutic process of a patient. This was also made possible by therapists who trained in psychology and physiotherapy, like Berit Heir Bunkan and Gerda Boyesen. Having observed the realm of body psychotherapy during the last 30 years, I wonder if such high qualification requirements are not necessary, at least for the main trainers of the field.

4.3.1. A body approach of a chronic startle reflex

Aadel Büllow-Hansen found ways of working on the dissolutions of tensions that participate in the maintenance of a chronic startle reflex. She found ways of detecting muscular tensions and breathing patterns which could be associated with such a reflex. Once she could show which ways of working could weaken these chronic tensions, she became able to describe and define them with more precision. Most of the time, it is not the whole startle mobilization which is activated in a chronic system of tensions, but only parts of it, "remnants" (M.-L. Boyesen 1978). Here are examples of techniques used to find these remnants:

Body reading and startle reflex. The patient lies on his back, on a flat firm surface (e.g., a massage table or a couch). Each time there is an empty space, and arch, between a part of the body and the flat surface, analysis begins: the higher the empty space, the more one can suspect shortened extensor muscles which could be associated to a chronic startle reflex. This is most frequently the case under the following parts of the body: neck, shoulders, wrists, shoulder blades, lower back, thigh, knees, ankles and the sole of the feet. The length of an arch is also a sign on the importance of chronic tensions of extensors. The suspicion that one is facing a chronic startle reflex increases when these tensions are associated to a mainly thoracic form of breathing. The more strongly abdominal breathing is inhibited, the more fear one can suspect. Other signs are eyes which are chronically widely opened or narrow⁹³. A difficulty in having a relaxed deep expiration is also a criterion.

There are always several possible causes to a body profile. The practitioner who notices such a configuration must then begin an inquiry to become sure that a chronic startle reflex is present. He will for example ask the patient what is experienced when an arch is artificially amplified or reduced.

4.3.2. Stretching oneself out of one's neurotic fears

Separate your lips slightly. Let your lower jaw drop as much as possible. Close the eyes. Slowly tilt your head backwards until it delicately touches the back of the neck. At the same time, gradually open your mouth as much as possible "as if to swallow a peach".

You are yawning? That is the aim of the exercise (...).

N.B. yawning is the most efficient cure for nervous tension and fatigue. (De Wespín 1973 : 60)

Aadel Büllow-Hansen follows Braatøy's recommendations when she develops methods that stimulate the pleasure of yawning and stretching oneself out of one's shell of fear:

If you did not feel like stretching, then try another way of releasing respiration and the stretch impulses: wriggle your jaw from side to side, spread your fingers and toes and move your tongue around. (Thornquist and Bunkan 1991:79)

Büllow-Hansen also welcomes sighs and farts⁹⁴. The aim is to lower the inhibition of the vegetative dynamics of affects, and strengthen their capacity to participate in

⁹³ There are two phases in a startle reflex: one with eyes one opened, and one with eyes tensely shut. These aspects of the startle reflex have not been studied often. See Hillman, et al. 2005; Brakel 2006.

⁹⁴ Bunkan 2003, 11: 22.

organismic regulations during an interaction. In other words, these methods attempt to help people to experience themselves as an emotional and sexualized being. When a patient expresses affective arousal during a psychomotor session, the physiotherapist steps back and supports whatever forms of expressions need to manifest themselves. For Büllow-Hansen, *the psychotherapist is the one who may propose interpretations of the emerging process, and help the patient to manage whatever complications arise in his mind and his environments*. This technical point may seem trivial to some, but it often happens that I must repeatedly make it during supervision. Those who use massage as a way of strengthening affective dynamics, often find it difficult not to become psychotherapeutic. The basic rule, in such cases, is to allow affects to appear in the room, but to resist the urge to provide an interpretation or to solicit expressivity. This attitude is a way of not strengthening emerging transference processes. As soon as a psychomotor therapist goes beyond this frame, he often finds himself involved in relational dynamics neither he nor his patients know how to manage⁹⁵.

4.3.3. Büllow-Hansen refuses to use Reich's notion of cosmic energy

For Braatøy and Büllow-Hansen, Reich's use of cosmic energy made no sense. The only bio-energy that exists for them is the energy regulated by metabolic biochemical processes. Body sensations like circulating warmth can always be explained by mechanisms such as the dynamics of body fluids (e.g., cardio-vascular system). Even when a sensation cannot yet be adequately explained, this does not imply that a reference to cosmic energy is relevant or useful. Many sensations activated by a breathing exercise, associated by reichians to orgone, are more usefully managed by assuming that there are consequences of how internal breathing activates metabolic dynamics. This analysis is the same as the one proposed by body psychotherapists such as George Downing (1996, I.4)⁹⁶.

4.3.4. A massage session must always integrate the whole body

Büllow-Hansen disagrees with massage techniques which only focus on the zone of the body which is symptomatic. A tense or painful part of the body must of course be dealt with, but the treatment only become useful if the masseur also works on how that part of the body is integrated in body dynamics. Thus, when one focuses on a scoliosis, one should also take into account the fact that this symptom creates disturbances of the global alignment of the body. When a masseur works on the tensions that are around the scoliosis, he also influences the muscular chains of the back, spread from feet to head (see glossary and annexes)⁹⁷. This is why Büllow-Hansen taught her pupils to always massage the whole body, and integrate in the sessions some direct work on the symptomatic part of the body that justifies the session. This principle, which was followed by Gerda Boyesen and her students, is thus different from the reichian tendency to focus on a body block during several sessions.

Vignette - Büllow-Hansen's way of dealing with the whole body is not necessarily that of dealing with every muscle⁹⁸. She tackles a general postural issue, and then analyses a muscular chain from several angles, focusing on key points. In the case of a woman who could not touch her feet, she jumped from massaging muscles behind the legs, some muscles of the

⁹⁵ See Thornquist & Bunkan 1991, 9: 116ff. A useful ritual is to let a patient alone for a while, to decompress, at the end of each session. If ever libido pressure becomes stronger than what can be shared in such a setting, therapists trained by Gerda Boyesen will say that it is time for the decompression ritual, and leave the patient alone, so that he can regulate his sexuality in peace. I do not know how psychomotor therapists manage such moments, which are not frequent, but the aim is that this freeing of emotional and libidinous discharges should mostly express themselves outside the sessions, and should be worked with in psychotherapy sessions if they become problematic. When such events repeat themselves during massage sessions, this type of work for this patient at this moment.

⁹⁶ See the section on this topic in this volume.

⁹⁷ This stance has been developed by several physiotherapists (e.g., Ida Rolf and Françoise Mézières).

⁹⁸ My information on this topic comes from a DVD of Aadel Büllow-Hansen while she works, presented by Gudrun Øvreberg, in Norwegian. She kindly sent me a copy in January 2009.

belly and then the throat. She then associates the massage of the throat with the breathing behavior of the upper half of the thoracic cage. Then she goes down to support abdominal breathing. Having loosened a muscular chain and the corresponding breathing pattern, she asks the patient to explore how her belly muscles and breathing are integrated when she tries to bend her body. Finally she discusses with the patient what she experiences when she stands. Thus the patient's awareness is asked to integrate attention on the tone of certain body parts in a more global awareness of posture.

This way of dealing with the body emphasizes *connection* between different parts of the body, and tries to avoid the impression that the body is a construction of disconnected parts. A clear perception of the contours of the body, and how a body part is embodied in the organism is also often useful. Body reading is usually done with the patient standing, so that the connection between body parts can be situated in relation to the pressure of gravity. This strategy helps the therapist to be permanently aware that loosening one part of the body may create tensions in others parts⁹⁹. Sometimes a tension may move from an easily accessible part of the body, situated on the surface of the body (e.g., the shoulders), to a less accessible part (e.g., the diaphragm or the psoas). This must be avoided at all costs, as one would then have created a greater problem than the one the patient came for. A typical example is that of a patient who is confronted with a painful muscular massage. The tension the masseur works on may soften, but to bare with the pain the patient may have tensed other parts of the body (sometimes most of the body). This critic has often been addressed to methods developed in the United States, such as Orgonomy, Rolfing or Bioenergetic Analysis.

A holistic approach to body tensions, such as the ones proposed by Rolfing and Büllow-Hansen's method, often creates a modification of postural dynamics, and therefore in the body's alignment in the field of gravity¹⁰⁰. The neck, back and legs may become longer, the shoulder may move backwards and the feet may then need bigger shoes. These modifications are not only muscular. They also influence the fascias¹⁰¹, and postural sensory-motor circuits. Technically, this means the physiotherapist will focus on how the tone of several muscles interacts, rather than on a single muscle. When a person stands, a muscle needs to acquire the tone and the strength to become longer¹⁰².

Büllow-Hansen focused not only on the capacity muscles have to initiate movement, but also to inhibit them¹⁰³.

4.3.5. Always observe the impact of an action on breathing¹⁰⁴

A body movement or a behavior (even verbal) always has an impact on the vegetative system of the organism. The most visible part of vegetative dynamics is breathing. At each moment the breathing pattern of a person can vary. These modifications influence the rhythm, amplitude and shape of external breathing patterns. If the patient has a rapid shallow breathing movement at the beginning of a session, the therapist can observe if his interventions have an impact that (a) creates an even stronger inhibition of the breathing pattern, or on the contrary creates more amplitude in the thorax, belly or diaphragm; (b) mostly on the front, side or back of the trunk. At each moment the therapist can modify his way of touching in function of these modifications of the breathing pattern, and thus learn what helps a person or frightens her. Some therapists (like Gerald Kogan and Jay Stattman, trained in Gestalt therapy), modify their verbal interventions in function of such modifications.

According to Thornquist & Bunkan, in his work on the startle reflex Trygve Braatøy distinguished "breathing in fear" and "breathing to prevent fear":

The person who is "breathing to prevent the fear," who does not accept his feelings, has a breathing pattern characterized by active use of muscles and steering throughout the respiratory cycle. There is no exchange between tension and relaxation; there is constant, if

⁹⁹ Braatøy 1954 V.6 : 143

¹⁰⁰ Boyesen 1985a, I.3: 24.

¹⁰¹ Davis 2001, Rolf 1977.

¹⁰² Thornquist & Bunkan 1991, 71: 73-85.

¹⁰³ Tom Andersen 2007.

¹⁰⁴ See Thornquist & Bunkan 1991, 9: 116ss. Boyesen 1985a, I.3: 25.

varying muscular control. Breathing is restrained. Respiratory movement is mainly abdominal. In this "stomach breathing", expansion takes place in the sagittal plane only. Respiratory frequency is low with an even rhythm. The pause at the end of expiration is longer than normal, and there is little ability to adapt to either physical or psychological stress. Breathing does not change spontaneously but is controlled the whole time. This way of breathing shows that feelings are closed out. Fear is left outside the consciousness and is not allowed in the open to become an experience.

The person who is "breathing in fear" has superficial rapid respiration. Movement is taking place primarily in the upper chest, with neck and shoulder muscles taking an active part in the work of respiration. Breathing is rapid and often uneven. This way of breathing tells us that this person is in contact with and experiences fear. (Thornquist & Bunkan 1991, 3: 25)

Aadel Büllow-Hansen's work has been developed by some of her pupils with body-psychotherapists. Lillemor Johnson (1973, 1976, 1979) has taught her work to founders of the Danish body psychotherapy school called Bodydynamic (MacNaughton 2004). Their work has been spread in the United States by therapists such as Peter Levine (2006) and Babette Rothschild (2000), who have developed particularly efficient ways of working with trauma using body psychotherapy techniques. Gerda Boyesen is another pupil of Büllow-Hansen who has integrated psychomotoric work in body psychotherapy. I will say more about her work in the following sections. Both have been published by David Boadella, founder of the influential Biosynthesis school of body psychotherapy.

4.4. Gerda Boyesen (1922-2005) ¹⁰⁵

4.4.1. A clinical psychologist studies physiotherapy

Gerda Boyesen is often mentioned as one of the important body psychotherapists of the 1970s in Europe. Her meandering training process between psychology, physiotherapy, spirituality to understand the dynamics of the vegetative dimensions of affects is a good example of why it is so difficult to characterize this discipline. She first trained as clinical psychologist in the Oslo, in the late 1940s. She then worked in psychiatric institutions which were still influenced by Trygve Braatøy. She never forgot a conference given by Trygve Braatøy when she was a student¹⁰⁶. The content of the courses she followed can be situated somewhere between Freud and Jung, Pavlov and Cannon. Gerda Boyesen is manifestly interested by some psychological dynamics, but not in psychology as a field. For example, she was not attracted by the issues raised by cognitive psychology on the dynamics of representations. The only aspect of Piaget's theory that may have interested her, is the idea that children learn most efficiently when they can become active playful participants of their learning process. On the other hand she was constantly working with an individual's capacity to visualize body sensations and situations. This interest kept her close to Jungian dream analysis techniques and Gestalt therapy. In her courses she often mentioned Freud's two topical models, but in a rather simplistic way. She began her career as clinical psychologist in institutions.

Ola Raknes was Gerda Boyesen's main psychotherapist. At the first session, he asked her to say a few words on her life history; then he asked her to explore Reich's Jellyfish exercise¹⁰⁷:

Then it was breathing: imagine you are a jelly-fish. And it is with this simple proposal that the dynamic began. Imagine you are a jelly-fish... let movement and breathing move freely ... I had read books on psychoanalysis, but I had never imagined that a psychotherapy treatment could become something like that.

I thus let my body move with my breathing: as I exhaled, my head would advance forward, my chest would sink. It was a pulsation movement of the whole body. An extremely intense dynamic process began. (Gerda Boyesen 1985, I.2: 16s)

Ola Raknes had an ambivalent relationship with Gerda Boyesen. He never recognized her as fully trained in the reichian method he taught, but when he left London he asked

¹⁰⁵ My information is mostly based on Boyesen 1985, and on what I learned as one of her students in the 1970s, and then as a colleague. See also section 8, 2.3.3.2 in this volume.

¹⁰⁶ Boyesen 1985: 14.

¹⁰⁷ See the sections on Reich's Orgonomy.

her to replace him in his English practice. After this relatively psychological phase of her life, she focused on the vegetative dimensions of affective dynamics.

Fascinated by Reich's proposal, she once asked Ola Raknes what she should do to become a Vegetotherapist. He answered that Reich required medical training, but that she should at least become a physiotherapist. It is impossible to become a body psychotherapist without having a good knowledge on how a body functions. As she did not have the courage to begin medical studies at her age, she trained in physiotherapy, and chose Büllow-Hansen's institute for her specialization in this domain. As Büllow-Hansen required therapy in her method for this training, Gerda Boyesen received a psychomotor treatment. It is during this process that she acquired deep experiences of what Reich called a vegetative process. Büllow-Hansen's work on her activated powerful emotional and bodily mobilizations and discharges. This experience was crucial for her. She not only received an excellent training in physiotherapy, but she felt an urge to explore and understand the vegetative dynamics of the self. She associated these dynamics with various theories on life energy such as Reich's Orgonomy taught by Ola Raknes. One of the reasons why Gerda Boyesen became so famous is that she spent her life transmitting to others her hypnotic fascination for the vegetative dimensions of affective experience. For her, as for Lowen, identity is grounded in these vegetative dynamics.

Her work in Oslo followed the Braatøy / Büllow-Hansen structure: only the psychomotor therapist works on the body in a systematic way, and only the psychotherapist works on the mind in a systematic way. The synthesis is made by the team and most of all by the patient's organism. Influenced by other Scandinavian teachers, Gerda Boyesen also integrated work on the fluids of the organism, mostly on venous blood and on the moisture of the skin. She talks of "energetic fluids" where, in Cannon's style, I would be content with "biologically regulated fluids".

4.4.2. Biodynamic Psychology

Having taken Ola Raknes's practice in London, Gerda Boyesen now works alone. She needs to learn how to combine body and psychological therapeutic work in a treatment. Her reference for that is Vegetotherapy. However reichian body techniques are simplistic, so she also looked for ways of combining Vegetotherapy with what she had learned with Büllow-Hansen. The method she gradually developed in this context maintained clear distinctions between body work (mainly psychomotor and Alexander Lowen's postures), psychological approaches of the organism (mainly Freudian, Jungian and Gestalt) and approaches of the organismic regulation systems (mainly Vegetotherapy and Orgonomy). Like Reich in his later years, she mostly used psychological and body work to have an impact on the vegetative dimension of experience, and to obtain information on how her work on organismic regulation systems was experienced and integrated by patients. For example, she would use techniques like imagery work and guided exploration of fantasies to increase awareness of feelings and body sensations. This way of putting explicit perception and affects in *resonance* is an efficient way of soliciting emotions. She developed her work in collaboration with other London colleagues, like David Boadella (1987) and Malcolm Brown (2001). Gerda Boyesen's work can be characterized as a particular way of combining vegetative, body and psychological work with the aim of strengthening an organism's auto-regulation systems.

As she began to teach, she was joined by her three children (Ebba (1985), Mona-Lisa (1974) and Paul (1993)), and created "Biodynamic Psychology" as a way of combining what each member of her family and their colleagues were discovering. Other often quoted names in that school are Clover Southwell (1980), Mary Malloy, Peg Nunnely (2000) and the members of the Biodynamic school of Montpellier, founded by Christiane and François Lewin.

As soon as her school was large enough, she created a clinic in which body work (which she called *physiatry*) and psychotherapy were often carried out by different persons. That choice highlights two practical points:

A) The underlying assumption for separating body work and psychotherapy is that these are two dimensions, animated by distinct mechanisms, which require distinct forms of training (e.g., physiotherapy and psychology) to be adequately dealt with. This helps the

patient to create in him a clear polarization on this distinction, instead of giving the patient the impression that they form a sort of "fruit salad"¹⁰⁸.

B) It is not always the same person who can offer good psychotherapy and good body work. There are exceptions, but they are finally relatively rare. This was particularly true outside of Scandinavia, at the end of the 20th century. Body psychotherapy had no institutional support, and training structures were structured with available means, paid by the pupils who often wanted recognition more than competence. When I was a Boyesen trainer, I often saw Gerda Boyesen annoyed at pupils who lacked specific knowledge. For example, certain trainees offered massage with a good sensitivity for global "energetic" impressions, but did not know which muscle they were touching, and the psycho-physiological implications of loosening such a muscle. She trained them to acknowledge their limits, and to develop their therapeutic potential within the limits such awareness created.

Gerda Boyesen was trained to use methods (psychomotoric and reichian) designed to treat highly rigid persons. Rigidity (muscular and psychological) was highly praised quality during a first half of the century which had been massively influenced by military discipline. Two world wars strengthened this traditional European trait. However, rigidity became a huge issue in the 1960s, in North America as well as in Europe. Patients displayed their rigidities differently since then (e.g., it was no more a trait one could be proud of). An increasing number of patients suffered from a lack of rigidity and of weak defense systems. This cultural change required important changes of strategy in all forms of psychotherapy. Gerda Boyesen was one of the first body psychotherapists to sense this change, and look for methods that could help patients with poor defense systems. Her method was sometimes referred to as a form of "soft bioenergy", different from the more confrontative approach developed by Alexander Lowen. Most body techniques try to relax hypertonic muscles. She was original when she developed ways of notifying hypotonic muscles as way of constructing psychophysiological defense systems¹⁰⁹. This area of work, already suggested by Otto Fenichel (1928), was also being developed by other pupils of Büllow-Hansen, mostly Lillemor Johnsen and Berit Bunkan. Gerda Boyesen also developed active relaxation techniques and massage that helped people to experience their body as something which could contain their feelings¹¹⁰.

Gerda Boyesen's attempts of producing a theoretical frame for her work followed paths developed by neo-reichian idealism. A central theme in here thinking was to help the organism to restore its capacity to repair itself. That requires that a person becomes capable of feeling and supporting the "ocean of cosmic energy" (Boyesen 1985a, II.12: 89f) which animates organism.

Once Gerda Boyesen's children and colleagues began to have their own theories, Biodynamic Psychology lost its grounding in the Oslo tradition. It became an agglomeration of personal visions, loosely connected to Gerda Boyesen's initial proposals. Wanting to keep a form of coherence in this dispersion of models and techniques, she focused on what her creativity was elaborating, and progressively left aside her attempt to develop what she had learned in Oslo. Her refusal to enter in conflict with her children was a major motive for this change of direction¹¹¹. Another motive was probably that she was approaching an age when most people retire. For her last years of work, she wanted to focus on her main interests of the time, which was a sort of alchemy, or spiritual oriented psychophysiology. Her courageous fight against aging and illness strengthened this trend. From then on Biodynamic Psychology lost its

¹⁰⁸ Gerda Boyesen's expression in the 1970s, according to my memory.

¹⁰⁹ Boyesen 1985, II.2 : 46ss.

¹¹⁰ Gerda Boyesen 1970. Examples of such techniques can be found in the chapter on biodynamic massage, in the 1992 second manual of the French School of Psycho-Organic Analysis. This volume also contains useful articles written by Jacqueline Besson, Ebba Boyesen, Mona-Lisa Boyesen, Anne Fraisse and Elsa Vaudaine.

¹¹¹ Gerda Boyesen mentioned this each time I discussed the subject of how she envisaged the continuation of Biodynamic Psychology after her death, when I visited her in London, at the end of her life. She did not feel related to the developments of Biodynamic Psychology, as a movement. Just as Ola Raknes had never really recognized her as fully trained by him, she never managed to consider those she had trained as her colleagues. She could accept that they had creatively integrated parts of her knowledge, but she was fully aware that her school could not provide the same technical skills that she had acquired in Oslo.

impact on the development of body psychotherapy, and dissolved its creativity in schools that mostly defended the whims of individual fantasies and skills, and a certain humanistic stance that is a part of Gerda Boyesen's legacy.

4.4.3. A practitioner's theory

Most of Gerda Boyesen's theorizing was a form of intellectual activity related to her clinical practice and her courses. She spent little time reading what her colleagues wrote, or going to congress to understand how her field developed. She satisfied her appetite for theoretical models by inventing "theories" in function of immediate needs. She thus taught a wide variety of models which are often exotic (Boyesen 2001). Nevertheless, these can be used as a metaphoric way of intellectualizing highly relevant clinical intuitions. As an example of this way of thinking, I will summarize her distinction between *stone*, *warrior*, *sunshine* and *princess of the small pea*.

1. *Stone*. A patient is as a stone when a masseur can press with all his weight on tense muscles without activating any sensations. Such a patient often reacts to deep or soft massage by saying that he feels nothing special. Reichian therapists talk, in such cases, of rigid personalities or of a strong armor.

2. *Warrior*. As soon as a patient is touched, he begins to explore a movement or talks of his relations with others, he feels angry, wants to hit somebody, shout and needs to enter in conflict with someone. These patients often need to improve their awareness of their aggressive feelings, to ground and contain them. They also need accept their aggression as something they are allowed to feel and express, and trust that others can also be warriors who will not be destroyed by the patient's angers.

3. *Sunshine*. This person is often so open she becomes hyper sensitive. She reacts to everything that is presented to her with such an abundance of associations and sensations that the therapist often feels drowned by the quantity of information that emerges during a session.

4. *Princess of the small pea*. This person often overreacts to any event in an extreme way. Any form of body intervention becomes impossible, but she refuses to be deprived of body interventions. Any attempt to massage such a princess will allow her to criticize each proposal, while at the same time she demands a massage that will contact her in an appropriate way. There is no way a therapist can confront or criticize a patient who is in that state. The only thing a therapist can do in such situations is to remain patient and containing. This state can be activated by body work which lowers the patient's defenses too much. In such states a patient can be simultaneously completely open to himself and his environment, and in fear of this state or of how others can perceive it. Extreme activation of the startle reflex and extreme relaxation are often observed simultaneously when a patient is in this state. We are close to models of stress which assume that the parasympathetic and sympathetic vegetative systems are strongly aroused simultaneously.

By default, a therapist trained by Gerda Boyesen will proceed in the following way: she will help a stone to become a warrior, a warrior to become sunshine, and a sunshine to become a stone. The important part of the model is that everyone should learn to pass from one state to another, in function of what she needs to experience at a given moment. A princess of the small pea may at first need to descend this path backward, becoming a sunshine first, than a warrior and finally a stone. Being as opened as when one shares orgasm with a lover may be traumatizing in a professional environment.

This example allows the reader to understand a way of producing metaphoric models that is widespread in the field of psychotherapies, and in most methods that work on mind and body simultaneously. Such models can be useful during a session, but are difficult to explain to colleagues who have followed other schools of psychotherapy, or to scientists.

4.4.4. Individual or social ethical rules?

Philomène : Dès lors que je vis honnêtement et que ma conscience ne me reproche rien, aura beau dire le contraire qui veut : Dieu et la vérité prendront pour moi les armes. (Boccace 1353, Le Décaméron, Introduction : 50s)¹¹²

Gerda Boyesen also proposed her thoughts on the relation between psychological dynamics and personal ethics. Like others who grew during the Second World War, she did not trust the ideologies of masses and official positions, such as those of communism, fascism and various republics with doubtful morals. It was, for her generation, more important to develop a personal ethic, compatible with Idealistic notions such as truth and goodness. In her courses she encouraged her pupils to be "faithful to who we are" or "true to oneself and one's deeper being"¹¹³. Because of the historical circumstances which reinforced her Idealist inclinations, she was suspicious of official professional ethical standards. This spirit was reinforced by the ideological movements that spread during the 1960s and the 1970s. Her life, which I shall not comment here, shows the vulnerability of persons who reject all forms of collegiality. Those who have adopted such positions tend to fall in all sorts of traps set by social reality and personal drives, even when their intentions are honorable. This problematic, familiar to some of the people who suffered from the Second World War, can be summarized by the following question: can one adopt professional ethical standards when one knows that these can be manipulated by ideological movements¹¹⁴? No satisfying answer can be proposed, so I will let each reader find his own answers to this question. This manual defends the ethical notion that collaboration with colleagues is an essential feature of scientific ethics, but it cannot be denied that this requirement is often polluted by the more negative dynamics of the human condition.

Faithful to her individualism, Gerda Boyesen (2001) proposed many concepts that only she could understand. If her theory was not one which could be used by others, her ideas have nevertheless inspired many body psychotherapists. These integrated her thoughts in their own process, rather than attempted to follow her steps.

4.5. Body reactions

4.5.1. Reflexes and reactions

I have qualified the developments of body psychotherapies between 1940 and 1960 as a "golden age"¹¹⁵, because the quality of the creativity and training that was available there has never been equaled since, even during the golden age of California which followed in years 1960 to 1980.

One of the contributions of the Oslo schools is its practical distinction between *reflexes* and *reactions*. The distinction was not explicit, but it is useful to develop it. Up to now, in this manual, I have used these terms as they are used by most practitioners, which is to say like two words which mean nearly the same thing. However the distinction becomes useful when one considers that what Reich called the orgasmic reflex is a more complex entity than the reflexes described by Pavlov¹¹⁶. It would be more adequate to speak of a *global organismic reaction*, configured by innate mechanisms. This organization is thus close to propensions, which are always composed of heteroclitic mechanisms. Like propensions, an orgasmic reaction can express itself in different ways:

¹¹² "That," said Filomena, "is of no consequence; so I but live honestly, my conscience gives me no disquietude; if others asperse me, God and the truth will take arms in my defense. (<http://www.stg.brown.edu/projects/decameron/engDecShowText.php?myID=d01intro&expand=day01>)

¹¹³ This position is for example close to Simone de Beauvoir (1947).

¹¹⁴ See Cocks 1997 for concrete examples.

¹¹⁵ Heller 2007.

¹¹⁶ Konstantin Kornilov, a pupil of Pavlov in Soviet Union, was developing a theory of reflexes and reactions of the organism. This theory was popular in these days, mostly among researchers and clinicians who sympathized with communism. It was incorporated in the theories of Vygotsky and Luria. It is seldom mentioned today, although it remains interesting. It is probably in this theoretical frame that Reich constructed his theory of reflexes (Van der Veer et Valsiner 1991, 1.6:112ff). In Kornilov's 'reactology', a reaction is a system of heterogeneous reflexes.

it can be more or less intense, recruit a variable proportion of organismic regulation systems and express itself more or less fully. The reaction can for example be particularly active in the legs and the pelvis, but less in the higher segments of the body. It can also acquire individual properties and styles, as it accommodates to the particularities of an organism (shape of the body, emotional and cognitive profile, etc.). The personalization can only be partial, as a response is based on innate mechanisms. The stronger the personalization the weaker the innate activations will become. Such an imbalance will lead to sexual problems, as defined by sexologists. This relatively impersonal dimension of an orgasmic reaction can create various forms of anxiety in a person who needs to personalize everything he does in function of character traits with which he identifies (e.g., my reflex must be elegant, or sexy, or tender, or aristocratic, or cool, etc.).

Thelen and Smith (1994) and George Downing (1996) have shown that reactions are based on sensory-motor systems which can function in different ways. Thelen and Smith use walking as an example of a sensory-motor system¹¹⁷. If one puts the body of a just born infant in water, his legs move as he will walk, but the organization will need a year before it can integrate itself in the organism in such a way that walking becomes possible. Thelen and Smith's model allows us to reformulate the relation between Braatøy's startle reflex and Reich's orgasmic reflex. As we shall see, one could assume that these are reactions that use in different ways the same sensory-motor system.

Startle and orgasm reflexes

Certain states of the mind lead (...) to certain habitual movements which were primarily, or may still be, of service; and we shall find that when a directly opposite state of mind is induced, there is a strong and involuntary tendency to the performance of movements of a directly opposite nature, through these have never been of service. (Darwin 1972, II:\$)

Reich followed Darwin's notion of *antithesis*¹¹⁸ to define a reaction designed to inhibit what he calls an orgasm reflex. This anti-orgasm reflex he calls *sympathicotonia*:

The basic characteristic of sympathicotonia is the chronic inspiratory attitude of the thorax and the limitation of full (parasympathetic) expiration. (Reich 1942, VIII.6: 247)¹¹⁹.

This chronic counter body attitude is constructed through social education. Reich (1949b) assumed that every time pleasure was experienced, most citizens were conditioned to experience fear. In Christian and Jewish cultures this fear would often be reinforced by a terrifying image of the devil that would pop up in the mind as suddenly as lust (Hugo Heller 1909, Reich 1949b). Since Gerda Boyesen at least, it has become customary in Norwegian body psychotherapy to equate Reich's *sympathicotonia* to Braatøy's *startle reflex*. The association was considered as refinement of Reich's analysis, in the direction of what Otto Fenichel recommended.

4.5.2. Orgasm reaction and birth reflex

Ebba Boyesen (1985) explored the possibility that the movements used by an infant as he comes out of the mother's womb and the orgasmic reaction use the same sensory-motor system. The orgasmic reaction could be a new way of using a motor pattern that is no more required when the organism grows. Ebba Boyesen has repeatedly shown how the same coordination of movements from head to feet is made in these two motor patterns. However there are also changes, as the birth impulse is to push the head out, while the orgasmic reflex is focused on pelvic movements. She uses this model to explain certain sexual difficulties in adult patients. Her analysis is based on the observation that as a girl grows, the tilt of the pelvis changes¹²⁰. This shift occurs most

¹¹⁷ Thelen et Smith 1994, I.1: 10-16.

¹¹⁸ As defined above.

¹¹⁹ Reich 1940, VIII.6 : 281.

¹²⁰ "Pelvic morphology, as measured by the pelvic incidence angle, tends to increase during childhood and adolescence before stabilizing into adulthood, most likely to maintain an adequate sagittal balance in view of the physiologic and morphologic changes occurring during growth" (Mac-Thiong et al. 2004).

of the time spontaneously as a woman grows, but in some case the change does not occur or is insufficient to guarantee postural coordination. This may cause disturbances in the establishment of the orgasmic reflex during puberty. Even while a woman with this disturbance makes love, she continues to push with the head more than with the pelvis.

4.5.1. Vomiting reflex

Reich¹²¹, Lowen, Boyesen used methods which activate the vomiting reflex (or *emesis*), when they want to work on the spontaneous coordination of the segments of the upper half of the body. They believed that vomiting mobilize the same sensory-motor system as the orgasmic reflex. When they ask a patient to explore what happens when he vomits, they tend to focus on the pleasure that can be experienced afterwards: the eyes are often wet with tears, there is an experience of inner cleaning like the air after a storm, and one can often observe a flowing movement that arises mostly from the diaphragm. Patients who suffer from alcoholism or bulimia know this pleasure and use it to strengthen their behavioral symptoms. Asking patients to explore what they experience when they vomit also helps a psychotherapist to spot various forms of anxiety associated with disgust. This anxiety may be associated with a disgust at seeing digested food, but also with a fear of certain forms of pleasure activated by emesis. This may lead to the discovery of a fear of certain forms of bodily sensations of pleasure activated during and after orgasm. We have thus dealt with two mechanisms:

I) *Reflex*. A relatively local action that can be activated by a *variety* of stimuli: a finger in the throat, food poisoning, brain tumor, etc. The variety of stimuli designates a more complex form of reflex than those described by Pavlov or in a medical manual. Nevertheless it could be argued that it is the same type of mechanism. A startle reflex can also be situated in the same area.

II) *Reaction*. This type of action automatically interacts with more global psycho-physiological reactions, which can be experienced as pleasurable and activate various forms of disgust and anxieties. It is mostly this layer that has attracted the attention of psychotherapists.¹²²

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¹²¹ See the sections on Vegetotherapy.

¹²² Here ends the translation of a chapter of the manual of body psychotherapies. What follows is the end of the Golden Age article. These themes are more fully developed in other chapters of the manual.

¹²³ Was downloaded in January 2009 from

<http://www.kbt.at/Literatur/Zulassungsarbeiten%20LT/dissertation%20achatz-petz.pdf>

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¹³¹ The origin of intelligence in children.

¹³² The psychology of intelligence.

¹³³ English translation: Reich speak of Freud.

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¹³⁴ Can be consulted via the Internet on <http://www.nobel.se/medicine/laureates/1973/tinbergen-lecture.pdf>.