

# ONE HUNDRED AND FIFTY YEARS ON

## The history, significance and scope of body psychotherapy today

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### Historical overview

Freud founded psychoanalysis over one hundred years ago in 1892. However, it has been largely forgotten that the work of Dr Pierre Janet (1889) preceded him by at least three years, and Janet (also influenced by Charcot) can also be considered as the first proper body psychotherapist. David Boadella (1997) wrote elegantly about Janet's early work and makes a clear connection between body psychotherapy and the work of Janet going back to at least 1885.

William James, writing in 1894, in a review of Janet's work commented that two Viennese physicians, Josef Breuer and Sigmund Freud, were in the process of confirming many of Janet's findings.

Boadella 1997: 47

Freud's psychoanalysis grew out of this basically body-oriented work, but it ended up as a limited verbal specialization, a 'talking cure' that tended to ignore Janet's

integrative approach which gave equal value to the body, into an approach tending to neglect the body and the importance of non-verbal communications as studied by Janet, and to concentrate on primarily verbal communication.

Boadella 1997: 47-8

Janet reported on his own theory of hysteria in 1907 at a conference in Amsterdam and Jung reported at the same conference that 'the theoretical presuppositions for the thinking work of the Freudian investigation reside, above all, in the findings of Janet's experiments' (Boadella 1997: 47, quoting De Bussy 1908). However Freud, in a letter at the end of his life, denied ever having met Janet or having been influenced by him.

Boadella (1997) describes how Janet's work included significant findings about:

- the diaphragmatic block
- the connection between emotional tensions and constrictions in the flow of fluids in the body

- massage work
- the formative process of the embryological stages of development
- visceral consciousness
- channels of contact
- the kinaesthetic sense
- movement and intentionality
- the importance of working with the body with traumatized patients
- the significance of a change in (or lack of change in) the patient's own body image.

So the idea that is increasingly put forwards nowadays, that there are new forms of psychotherapy that include the body, is something of an incorrect anachronism. The body *was* at the centre of psychotherapy when it first started, and then Freud and his followers left the body out of psychotherapy. The body has been subsequently ignored for a considerable period of time, but is recently coming into prominence again. It is some of the forces behind this movement that I wish to explore.

Janet's concept of rapport was possibly the foundation of Freud's concept of transference, though it has much more of an empathic and body-oriented sense. Janet is also believed to have influenced Jung and there is some evidence that Jung went to study with him in 1902 in Paris, though this is not mentioned in his autobiography. Jung's concept of psychological complexes is certainly derived from Janet, as is his concept of the introverted and extroverted personality types, an adaptation of Janet's concepts of 'hypotonia' (sense of cohesion) and 'asthenia' (lack of psychological force). Adler also acknowledges that his inferiority complex constituted a development of Janet's observations on 'le sentiment d'incomplétude' and he linked this to organ inferiority and organ neuroses in a similar way to Janet's work in somatic psychology.

Piaget, another student of Janet's, was influenced by his concept of integration and synthesis especially in the development of cognitive functions out of sensory, motoric and emotional experiences. Despite Freud having originally described the ego as 'first and foremost a body ego' (Freud 1923: 364), the emerging practice of psychoanalysis chose to remain within the confines of how the psyche can affect the body, and not the reverse, essentially by just pursuing the 'talking cure'. This trend began to ignore the body and psychoanalysts also began to seat themselves in such a manner that there was no proper view of the client's body, which also effectively removed the possibility of most non-verbal communication.

However, body psychotherapy did receive some benefit from psychoanalysis and eventually developed a significant level of integration of the concept of the therapeutic relationship within body-oriented approaches. Reich's own approach to the therapeutic relationship was quite confrontational and this was carried further by some of the later neo-Reichian developments, so the proper use of transference and countertransference within body psychotherapy is a significantly later and welcome development. Nowadays the concept of somatic resonance, essential for many body psychotherapists, is becoming increasingly popular in many fields of psychotherapy as an important aspect of the therapeutic relationship: a form of

somatic transference. The therapist's body is, at least, being recognized as relevant as well (Shaw 2003).

Elsewhere in the history of body psychotherapy, another significant figure, also long forgotten is Albert Abrams, based in San Francisco between 1891 and 1910, who produced an impressive volume of works (Abrams 1910). While these were actually published slightly later than Janet's first works, they still predate much of Freud's work. Abrams was coming from a very different stream, basing some of his theories on the work of Franz Anton Mesmer (1779) who had preceded him by 130 years or so, and these earlier works form some of the research and theoretical bases for another, somewhat disowned branch of psychotherapy, that of hypnotherapy.

The influence of Mesmer led to significant work by Armand-Marie-Jacques de Chastenet and Marquis de Puységur, who published 'Mémoires pour servir à l'histoire et à l'établissement du magnétisme animal' in 1784. These ideas about defined links between the mind and body eventually spread to the United States and influenced William James (James 1890) and the New Thought movement, as well as Abrams and others. In Europe, there was a steady and continual development of these concepts, despite considerable medical criticism and disownment, throughout the eighteenth century and well into the nineteenth, with the work of Noizet, Cuvillers and Bertrand. These theories, based more on classical mechanics, set the young science of psychology on its mentalist and separatist path. However, being basically reductionist, psychoanalysis and early psychotherapy faced similar criticisms to the Helmholtz school; that of being too mechanistic, too materialist; and too facile. Janet's ideas, with their more organic basis, were anything but this.

Therefore there was, at the end of the nineteenth and the start of the twentieth centuries, several other philosophical, natural medical and cultural perspectives that conflicted with the narrow deterministic path that the emerging discipline of psychology seemed to be being directed down. The counterculture that existed at that same time emphasized free sexuality, vegetarianism, non-religious spirituality, the body, and basic feminist principles. It was perhaps most widely expressed in the Wandervögel, a movement that then was the equivalent of the later Hippie trends in the 1960s and 1970s. A strong health movement existed, interested in natural healing, and artists and writers like Herman Hesse and D.H. Lawrence, as well as dancers like Rudolph Laban, all expressed a widely embracing philosophy with a strong bodily connection. Additionally there was a strong, and surprisingly influential, spiritual movement that resulted in the school of Theosophy, founded by Madame Blavatsky in 1875 and later popularized by Annie Besant and others, which gained wide approval. These were all very body-oriented with Theosophy advocating that the path to wisdom (self-knowledge) was best conducted through the practice of Yoga.

My main contention is that body psychotherapy can be dated back at least 120 years, through the legacy of Pierre Janet, and that other influences go back considerably further. So my claiming 'One hundred and fifty years of body psychotherapy' is slightly presumptuous but I feel that I am not very far out.

In this history we can see two main opposing factors: a growing trend of disownment of the body, paralleling the growth of understanding about the mind. It is almost as if one is necessary for the other to exist and develop. The inclusion of bodily reality is thus not a new phenomenon within psychotherapy, but rather a disavowed aspect of it. What I want to suggest is that psychotherapy, without reference to the body, is a somewhat lesser study, a specialization that (perhaps) misses out on something quite fundamental to human existence, a jigsaw with several quite significant sections missing.

Around 1929–30, and for a variety of complex reasons, possibly connected with Freud's then current fascination with 'thanatos', and possibly as a reaction to Reich's interest in Marxism, socio-political theory and sexuality, the body in psychotherapy became formally disowned. With Reich's expulsion from the International Society, it became definitively split-off from psychoanalysis and the main trend of developing psychodynamic psychotherapies.

Psychoanalysis shifted exclusively from the more instinctual, organic, and drive-based models of understanding to a more object-relational understanding, with a focus on transference and countertransference and psychodynamic history without any reference to or appreciation of the body. This, I claim, limited psychoanalysis.

It took seventy years (1934–2004) before mainstream psychotherapy began to reclaim its body at the UK Council for Psychotherapy conference in 2004 entitled 'About a Body: Working with the Embodied Mind in Psychotherapy'. So the mind–body split epitomized by Descartes' 'I think, therefore I am' is only now just beginning to heal. Within psychology, neuroscience is helping to re-establish something of a more unified field approach to the human and his/her body and recent discoveries in psycho-neuro-immunology further assist this trend.

### **Disownment of the body**

When we disavow something, we are acknowledging the significance of the 'other' in a negative form, and perhaps also our own inability to deal with that negative aspect at that time. The 'disavowed' is not something insignificant that we overlook, forget, or misplace. It is an active process of enforced separation and we will inevitably eventually pay a price for that denial. We often react 'despite' or 'against' the denied part of our self. Laing writes:

**THE UNEMBODIED SELF:** In this position the individual experiences his self as being more or less divorced or detached from his body. The body is felt more as one object among other objects in the world than as the core of the individual's own being. Instead of being the core of his true self, the body is felt as the core of a false self, which a detached, disembodied, 'inner', 'true' self looks on at with tenderness, amusement, or hatred as the case may be.

(Laing 1969: 69)

The body has been significantly disavowed in many different aspects of society, aside from psychotherapy. There are many reasons for this denial, and it is by no means a new phenomenon: it might even extend back to the growth of patriarchy 6000 years ago. Reich wrote about some of these aspects in *Character Analysis* (Reich 1945, 1972) and later, very graphically illustrated, in *Listen, Little Man!* (Reich 1948, 1972) He felt that the basic rejection made was through a quintessential fear of libidinous free movement.

The rigidities of the body that Reich spoke about, often experienced as a social norm for so many years, have caused a basic denial of and a phenomenological resistance to the open acceptance of the body in society. This open acceptance can feel natural and wonderful: however, instead of these feelings permeating through all aspects of society, there have grown various distortions in people's relationship to their bodies.

Over recent years the body has been seen as:

- a repository of sin by various religious groups
- a disgusting sexual object by the Victorians
- holding baser impulses to be sublimated by Freudian analysis
- a disposable asset to the military, especially in the First World War
- something to be medicated or fixed by the medical profession
- a dysfunctional object incapable of bearing a child unassisted
- something to be perfected and controlled through diet and exercise
- something exploited by multinationals selling medicines, alcohol and cigarettes
- something to be transcended by belief, prayer, drugs, free love or meditation
- an object of scientific research by biology and neuroscience
- something to be used politically by suicide bombers (more recently).

These are all phenomena of the separation of mind and body. But how can this possibly happen? The mind–body separation is intensely painful and so thus we must have anaesthetized ourselves over generations to our lack of aliveness. Laing (1976) writes:

When I look at my body from the outside, it is still there, but it may have disappeared years ago as a real alive experience from within. As we become numb, we are numbed to our own numbness. The less we care, the less we care about caring less. We stiffen, harden, shrivel, become bent, but can't bend, twist, run, hop, dance and sing, walk, sleep, even. We lapse painlessly into the complacent ease of bodily vacuity. We may have to think about it before we realize how unfamiliar this most intimate of all our feelings may be.

(Laing 1976; 7)

This separation between mind and body is slowly being overcome and the body is

gradually beginning to come back into the whole psychological picture. Damasio writes:

(1) The human brain and the rest of the body constitute an indissociable organism, integrated by means of mutually interactive biochemical and neural regulatory circuits (including endocrine, immune, and autonomic neural components); (2) The organism interacts with the environment as an ensemble: the interaction is neither of the body alone nor of the brain alone; (3) The physiological operations that we call mind are derived from the structural and functional ensemble rather than from the brain alone: mental phenomena can be fully understood airily in the context of an organism's interacting in an environment.

(Damasio 1994: xvi–xvii)

Various branches of psychotherapy are now including aspects of the body in their theory and practice. Cognitive Behavioural Psychotherapy now accepts Eye Movement Desensitization and Reprocessing (EMDR) and includes Buddhist mindfulness practice (for example, Segal et al. 2002). Clinical psychology also accepts a bio-psychosocial model and psychoanalysis accepts somatic counter-transference as a legitimate therapeutic technique. However, these disciplines may accept something fundamental to body psychotherapy: the mind–body unity.

Body psychotherapy nowadays still tries to attain Janet's, Reich's and even Freud's original goal of a true understanding of the whole person, believing that this is possible only if the person's capacity for full intellectual freedom, emotional expression, free movement, and social connection is regained. Reich (1945, 1972) held that this was synonymous with, and dependent on, the release of the chronic bodily tensions that make up and maintain the person's essential defences, their character armour. This neurotic holding pattern is what we all long to transcend, from an innate desire for freedom, and, at the same time, we also desperately hold on to these restrictions out of a sense of fear or a need for safety. The way in which we survived emotionally has become the basic pattern for our lives, and this can, not only affect our whole lives, but also our physiological shape. Stanley Keleman (1986) illustrates this very well in his book, *Emotional Anatomy*.

There is a Japanese saying: 'A true man thinks with his belly'. And the Chinese discipline of Tai Chi considers the belly as the 'Dan'tien', the centre of the body, the source of all action. Boadella (1987) writes of three main centres of the body – the Head, the Heart, and the Hara – and the dynamic morphology of the body, and relates these to the three main embryological layers: ecto-, meso- and endoderm. Much has been written about the 'armouring' of the ectoderm (which includes the skin and the brain) and its examination of distortions in our patterns of thinking in the cognitive psychotherapies: much has also been written, by Reich (1945, 1972), Lowen (1958) and others, about muscular armouring (in the mesoderm). Less has been written about the armouring of the endoderm.

Keleman (1986) studies people's morphology, calling these various shapes or

distortions 'insults to form' and examines the various main types very graphically, looking at the internal forces which constrict and warp the complex tubes and spaces of soft tissue. This is not armour in the sense of the muscular tensions that Reich worked with; however it is a set of tensions that are softer, deeper and more difficult to work with. Reich (1945, 1972) claimed that 'character armour' was fuelled by our emotions, and these later realizations about visceral armouring or shaping are similar. Gerda and Mona-Lisa Boyesen's (1980) work on psycho-peristalsis is also very relevant here.

I therefore maintain that our bodies carry the scars of our historical traumas, not only physically, but also in behavioural holding patterns, in deep muscle structures, in visceral tensions, in our shape and morphology, in patterns of psychodynamic transference, and in distortions of our perceptions. Our bodies have become, in effect, our psychic dustbins, and we need to find ways of working with all of these aspects constructively. We cannot ignore the body in psychotherapy.

### **Body psychotherapy today**

Some of the changes in body psychotherapy have come from the influences of Humanistic Psychology, developed in the 1960s and 1970s particularly from the work of Maslow (1968). This incorporates a hierarchy of human needs as well as an acknowledgement of the body, the mind and the human spirit.

Goodridge-Dunn and Greene (2002: 77) make the point that body psychotherapy is 'unusual in that it embraces 2 of the 3 core ideas in psychology – perception, motivation and learning – while most other areas encompass just one'. They feel that academically oriented learning theory

was primarily associated . . . with behaviourism and experimental psychology . . . and more recently with cognitive theory, [and] historically has not had as much affinity for Body Psychotherapy.

(Goodrich-Dunn and Greene 2002: 78)

Whereas

Perception, which is linked to Body Psychotherapy via humanistic psychology, which in turn is linked to phenomenological and existential psychology, and the Gestalt philosophers and psychologists, is one. Motivation, which is linked to body psychotherapy via psychoanalytic psychology, is the other.

(Goodrich-Dunn and Greene 2002: 110)

In body psychotherapy there are specific views of the body which are carried by most forms of body psychotherapy, although there are distinct differences in emphasis between the different schools. In clinical work, body psychotherapists tend to work with all of these aspects. The client's body is seen as

- a source of information about the client's state of being – both in visible body language, and in creating an emotional atmosphere
- the repository of emotions and memories: there is a significant body of research to indicate that memories are also 'held' in the body, i.e. somatically
- an entry point for change, bypassing potential intellectual resistance to change, avoiding transference projections, and softening the character armour
- a vehicle for psychological intervention, whereby attention paid to body awareness can benefit the client considerably
- significant as the mind and no different from it
- a source of somatic countertransference.

(Steckler 2004)

From clinical experience, body psychotherapists often know what someone is feeling when they are speaking with their body language. Body positions affect us through what are being called mirror neurones that cause us to try to 'mimic' another person's positions or movement, especially if we are familiar with that movement. It is also been established that a significant part (estimated at over 65 per cent) of all human communication is non-verbal (Knapp 1978: 30).

Society appears to be slowly demanding a more inclusive and holistic approach. There is a long history of considering the implications of the body–mind connection in the field of psychosomatics. However, this discipline still maintained an essential mind–body dualism until sometime in the late 1970s.

Nowadays it is much more acceptable to say that psyche and soma are aspects of a unitary process and that mind and body refer to frameworks that we impose on that process.

(Holman 1979: 1)

Janet and Reich, and body psychotherapists such as Keleman, Boyesen, and Boadella – and more recently van der Kolk (1994), and Rothschild (2000) – all affirm that we cannot do effective work in psychotherapy, especially with people with trauma, without significantly using body psychotherapy awareness. Mainstream psychotherapy is now addressing the issue of the body in psychotherapy, almost as if it is something new.

Along with seeing ourselves not only as a functioning body–mind unity, perhaps it is now time to begin to see this body–mind unity as an entity that is also continually interacting with its environment. What is happening to create this new climate where the body is being seen as central in psychotherapy again? I believe that what is changing is a realization being found simultaneously in science, philosophy, metaphysics, biology, ecology, and also now in psychotherapy, that there is no subject or object; observer and observed; that dualism is a false perspective. Various respected scientists, such as Bohm (2002), are putting forward theories that the whole universe is essentially 'holographic' and that elements of all the distant galaxies can even be found in every microscopic particle. There is no separation; no duality.

Neuroscience is finding that emotions exist, not in the forefront of our mind where we might happen to register them, but in the somewhat more primitive mind that is intimately connected with all the other systems of our bodies, where we really feel these emotions; and also in the subconscious neural systems, in the neurotransmitters, and even in the peptides (the molecules of emotion) that circulate throughout our body. Pert's (1999) research on neuro-peptides indicates that there may be a complete chemical basis for emotion with perhaps even one peptide relating to each emotion. This would mean that emotions are literally flowing through the whole of our body, with chemical receptors for these scattered throughout all parts of the body. If this is so, it would revolutionize thinking on emotions. This theory posits that there is evidence that the limbic system contains forty times more receptors than other parts of brain and that similar receptors are found in blood, bones muscles, immune system and richly in the cells of the digestive tract. This could explain the common experience of touch eliciting an affective response and could also indicate how emotion influences even the immune system. Perhaps the peptide receptors in the digestive tract could give us another form of physiological basis for Gerda Boyesen's theory of emotional digestion via psycho-persistalsis (Boyesen and Boyesen 1980).

A quick trawl through the variety of research on the neurobiology of trauma indicates many connections with the body and physiology (Rothschild 2003). Some of these are:

- Autonomic nervous system (ANS) shock is shown by fight/flight or freeze.
- Freezing (or inability to act) leads to greater incidence of post traumatic stress disorder.
- Experience is dissociative in nature.
- There is a need to regain internal self-regulation lost through ANS hyperarousal.
- Porges' (2001) ventral vagal nerve theory postulates that there is an aspect of the parasympathetic nervous system that connects viscera to face via the brain stem.
- In Möberg's (2003) 'Oxytocin theory', oxytocin seems to be an antagonist of adrenaline.
- Effective work' means the prevention of retraumatization through the client staying 'present' in any somatic experience.
- Implicit versus explicit memory: as stress hormones suppress activity in the hippocampus, this leads to the theory that 'body memory' is being stored in the 'body map' of the hippocampus.
- Levine's (1997) work on movement interruption and completion are important aspects in trauma work.
- Bodydynamic running: imaginal movement stimulates the same nerve pathways as actual movement.
- Beneficial touch therapies indicated through research by Tiffany Field (2003), Eva Reich (e.g. Kogan 1980), and others working (particularly) with detaumatizing newborn infants.

Additionally, in body psychotherapy, we find that there are many subtle ways of working with patients or clients, either in pain, in trauma or just in distress. These techniques really have to be learned experientially, and include:

- Body awareness as: an access to emotional states, gestures, facial expressions, posture, attention to subtle changes in clients' respiration, eye contact, dampness, colouring, energy level, etc.
- Movement techniques: micro-movements, re-imagining movement for trauma, developmental movement patterns, Authentic Movement.
- Methods of touch as: boundary creation, facilitating energy flow, remover of armouring, facilitating relaxation, facilitating awareness and sense of self, balancer of ANS, antidote to dissociation.
- Mindfulness: (all kinds) physical and dietary health, anti-stress techniques, body-mass ratios, relaxation techniques, environmental factors, etc.
- Body as metaphor: many emotional words relate to 'the body' – heart-felt, belly laugh, handy, armful, stiff-necked, etc.
- Looking after our own bodies for wellbeing.

(adapted from Steckler 2004)

When the dualistic approach is dropped, as being increasingly insignificant, and a much more inclusive approach is adopted, we discover a very different 'bigger picture' which includes all these subtle intricate forces being revealed. Does this tell us anything about the role of the body in psychotherapy? Lowen in his autobiography writes:

In therapy, I do not favor verbal analysis now; I favor working energy. To do good therapy, you must understand human nature. Human nature is a combination of an individual's intricate aspects – ego, sexuality, understanding of his life and how nature is expressed in an individual. However, the body itself is the most important aspect. . . . Going deep into the [body's] energy concept is working energy, not exercising. Doing good therapy is understanding that human nature is the body itself. Reich said that no one cheats nature, and I believe this fully. Because we are part of nature, if we cheat on nature, we are only cheating ourselves. The danger in the modern world is the megalomania that tells us we can do whatever we dream. This ungrounded statement verges on self. That self for me is the bodily self, the only self we will ever know. Trust it, love it and be true to yourself.

(Lowen 2004: 243)

## Conclusion

Our bodies, in themselves, don't provide many of the answers. Neither do our minds, by themselves. Separated, they are considerably less than one half of that which makes us human. Only when the circuit is fully complete, can we begin to find some really significant answers. Only when we fully include the mind *and* the body as an interfunctioning whole, as a unity, do we begin to get a sense of something much larger than ourselves: then we get a sense of the 'circle' in which we sit; or the environment in which we operate: the multidimensional hologram or the 'field' of our existence.

What body psychotherapists carry collectively is something fundamental. Body psychotherapists are aware that the body is mostly a physical manifestation of something much larger, and less definable – a multilayered collection of different systems and energetic exchanges. These are all interconnected in ways that we cannot even name, let alone describe. The synthesis of these connections is also much greater than the sum, and carries many mysteries: the greater 'something' that even allows us to carry a human potential: a spirit or soul. And there is still another layer: the greater 'field' in which all of these systems operate.

So, if something of this perspective can be used as a method to expand psychology and psychotherapy towards being more meaningful and exciting professions, then it may be possible to help people with what concerns them, and in ways that really address these concerns. Maybe it can also really help to change the world a bit as well.

I hope that my exploration of the history and the main dynamics within body psychotherapy have helped outline some of the connections and possibilities that exist with psychology and other psychotherapies, and set the scene for further explorations and developments with the body.

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