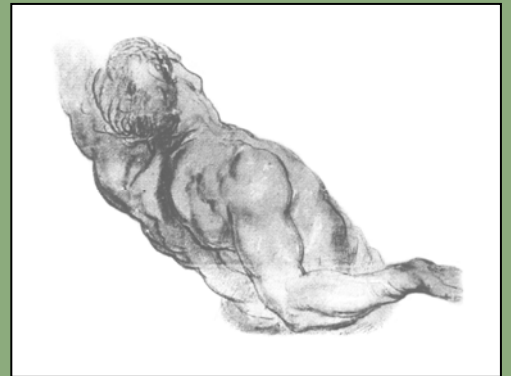


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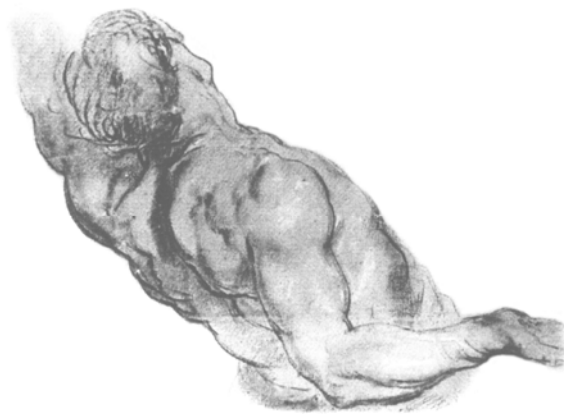
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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humani

The Science of Body-Psychotherapy Today: Part 1: Background History

Courtenay Young

Abstract

This is the first in a series of 4 articles. In this first part, the definition of body psychotherapy is described: its scope, its various modalities, and how it fits – and where it doesn't fit – into mainstream psychotherapy from the viewpoint of a “scientific” classification. An account is then given of some of the origins and reasons for the ‘splits’ – in part to do with the type of science, but also to do with politics, and the predilections of the key characters concerned. The history of science in body psychotherapy is examined, with especial reference to Pierre Janet & Wilhelm Reich.

Key Words

Body Psychotherapy – Mind-Body – Psychoanalysis – Freud – Janet – Reich – Mainstream – Scientific – History

What is Body Psychotherapy?

Part of the ‘official’ definition of body psychotherapy, body-oriented psychotherapy, or somatic psychology (call it what you will, these are all pretty synonymous), that is currently used by both the European Association for Body Psychotherapy (EABP: www.eabp.org) and the United States Association for Body Psychotherapy (USABP: www.usabp.org) goes like this:

Body psychotherapy is a distinct branch of psychotherapy, well within the main body of psychotherapy, which has a long history and a large body of literature and knowledge based upon a sound theoretical position. It is an ethical and scientific method of professional practice for relieving emotional and mental distress and for human growth.

It involves a different and explicit theory of mind-body functioning, which takes into account the complexity of the intersections and interactions between the body and the mind. The common underlying assumption is that the body is the whole person and there is a functional unity between mind and body. The body does not merely mean the “soma” and that this is separate from the mind, the “psyche”. Many other approaches in Psychotherapy touch on this area. Body psychotherapy considers this fundamental. Body psychotherapy recognises the continuity and the deep connections in which all psycho-corporal processes contribute, in equal fashion, to the organisation of the person. There is not a hierarchical relationship between mind and body, between psyche and soma. They are both functioning and interactive aspects of the whole human being.

Body psychotherapy involves a developmental model, a theory of personality, hypotheses as to the origins of disturbances and alterations, as well as a rich variety of diagnostic and therapeutic techniques used within the framework of the therapeutic relationship. There are many different and sometimes quite separate approaches within body psychotherapy, as indeed there are in the other branches of psychotherapy.

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

Body psychotherapy exists as a specific therapeutic approach with a rich scientific basis on an explicit theory. There are also a wide variety of techniques used within body psychotherapy and some of these are techniques used on the body involving touch, movement and breathing. There is

therefore a link with some body therapies, somatic techniques, and some complementary medical disciplines, but whilst these may also involve touch and movement, they are very distinct from body psychotherapy.

Body psychotherapy, as a mainstream branch of psychotherapy, has been scientifically validated by the European Association for Psychotherapy (EAP) and several modalities within body psychotherapy have also been scientifically validated by the EAP.

There are reasons, as we shall see, for emphasising the role of ‘science’ in the development of body psychotherapy. However, what is not being said properly, and what is pertinent, if not controversial, to this topic, is that – significantly – body psychotherapy is also a ‘craft’. I have stated this perspective about psychotherapy before (Young & Heller, 2000), however this is equally, if not more so, true for body psychotherapy. And, as we shall see, there was a significant period in the history of this branch of psychotherapy that focused much more on the ‘craft’ aspect, to the exclusion of almost anything else, both to the benefit and to the detriment of body psychotherapy. However, ‘craft’ is not the antonym of ‘science’ and I shall also indicate how a different form of ‘science’ has developed, or is being developed, out of this ‘craft’.

Definitions of a Scientific Psychotherapy

However, much of science depends on definitions, so let me firstly define the terms ‘psychotherapy,’ ‘mainstream’ and ‘modality’. In the UK, and in the European Association for Psychotherapy (EAP: www.eurosyche.org), ‘psychotherapy’ is seen as, and is being established as, a specialist, post-graduate professional training, coming *after* 3 years of a relevant first (Bachelor’s) academic university degree, or the equivalent; a training at a Master’s degree level of competency, of at least 4 years (1400-1800 hours) duration, This is a very important distinction as it sets a particular level of knowledge, skill, and experiential training that make it possible to consider body psychotherapy, as a branch of a ‘profession’ of ‘psychotherapy,’ and as being legitimately involved with a form of ‘science’: as opposed to being a ‘cult’ or a ‘belief,’ for there are still some who see it this way.

This definition of psychotherapy is not universally inclusive yet, as some countries in Europe have passed laws indicating that ‘psychotherapy’ is not a ‘profession,’ but an ‘activity’ that can only be legitimately practiced by other professionals (viz: psychologists and psychiatrists) thus legally restricting the title of ‘psychotherapist’ only to those people in those professions who have done some additional training, and often state-registered ‘psychotherapy’ is restricted to only certain types of psychotherapy: psychodynamic, systemic, or cognitive behavioural. However – it important to stress that these laws have not, as yet, been properly tested in the courts, and the indications are that they may not stand that crucial test as these laws could well contravene the basis of the European Union as a free labour market, thus amounting to a form of a ‘restrictive practice’.¹

In the meantime, the EAP is pushing the EU to create a “common platform” for psychotherapy, which would identify certain acceptable basic standards of training and allow registered psychotherapists who conform to this standard, probably the European Certificate of Psychotherapy, to work anywhere within the EU. So, we shall see how well these differing definitions stand the test of time.

There is another form of definition that becomes relevant here: one can restrict the use of a label (in this case the label of ‘psychotherapist’), but a more pertinent definition is around what the person with that label actually does. This form of distinction is dependent on what the professional actually does: if you can fix a boiler and mend a leaking pipe, then you can qualify as a plumber, even though you may have trained somewhere else. The definition of a profession by what the professional can do is called “functional competencies” and a mapping exercise of the functional competencies of all the trades and professions is being undertaken by the European Union. Psychotherapy has yet to do this, though there is a project starting to do this within the EAP.

But a significant part of any ‘science’ depends also on classifications within these definitions. So, once we have eventually established what psychotherapy is, then, within that professional category, there are various ‘mainstreams’ of psychotherapy: psychodynamic, systemic, cognitive behavioural, humanistic, transpersonal, etc. There is considerable argument about some of these ‘mainstreams’: for example, psychoanalysis is considered by

¹ There is one case known, to date, of an Austrian psychotherapist successfully challenging the law in Italy: Heinrich Lanthaler, 15 October 2004, N.5624, appeal against the decision of the administrative court in Bolzano..

everyone else to be a legitimate ‘mainstream,’ different slightly from ‘psychodynamic’. However, the psychoanalysts themselves do not want to see themselves on a par with (say) Gestalt psychotherapists, and so they (or some of them) wish to separate themselves from ‘psychotherapy’ and try to create a different ‘profession’ of ‘psychoanalysis’. This differentiation will probably not work, as it is much too parochial and it will not stand up to other tests. Any objective definition, (a ‘scientific’ classification?) clearly demonstrates that they do essentially the same job as psychotherapists, and thus they are part of the same profession, though they may be from different ‘mainstreams’ and work in different ways.

This term ‘mainstream’ is used to define a branch of psychotherapy and can also contain several different ‘modalities’: viz. the psychoanalytical ‘mainstream’ contains (amongst others) the Freudian, Jungian, Lacanian, Kleinian and Adlerian ‘modalities’ and you can train in any one of these modalities fairly exclusively, yet still remain clearly within the mainstream. There is more of a basic homogeneity within a mainstream, between the quite varied modalities, than between different ‘mainstreams’ as these tend to have very different sets of value systems and technologies from each other: thus there are very different bases for comparison (or agreement) between (say) psychoanalysis and cognitive behaviourism, or humanistic and systemic psychotherapies. Within the process of defining what a ‘psychotherapy’ is, there are currently about 8-9 possible ‘mainstreams’ of psychotherapy that have been identified, though these are sometimes limited to about 5, and, even within this framework, classification, terminology and opinions vary considerably. Politics also raises its head here, which (of course) has nothing to do with science – really!

At one meeting of the EAP (Budapest, October 2000) the following two positions were being held: the first classification by me and others; the second by another academic British colleague.

Version 1:

Mainstreams:

Psychoanalytical Psychotherapy

Psychodynamic Psychotherapy
Behavioural & Cognitive Psychotherapy
Systemic Psychotherapy

Humanistic Psychotherapy

Group Psychotherapy
Body Psychotherapy

Transpersonal Psychotherapy
Hypno-Psychotherapy
Expressive Psychotherapy

Integrative Psychotherapy

Other Psychotherapies

Specialist Forms:

Specific Modalities:

Freudian, Lacanian, Adlerian,
Jungian, etc.

Family and Sexual Psychotherapies
Brief Psychotherapy
Transactional Analysis, Gestalt,
Person-Centered, Existential
Group-Analytic, Encounter, etc.
Biosynthesis, Bioenergetics,
Biodynamic, Bodydynamic, Hakomi, etc.
Psychosynthesis, and others

Psychodrama, Dance, Art,
Movement Psychotherapy
*Needs a meta-theory to integrate two
(or more) different psychotherapies.*
with Children, Couples,
(and special client groups)
Trauma, Sexual Abuse, Bereavement,
Eating Disorders, etc.

Version 2:

Mainstreams and Modalities:

I think we need to make a fourfold distinction for this to be possible – and some of it may also depend on what others do. **i.** We need to distinguish the *field of regulation*, viz: Psychotherapy, Psychotherapist. **ii.** We need to distinguish *Fundamental Method*, viz: Narrative-Relational, and Programmatic/Outcome-based. (I do not think this would be reflected in the EAP Register, but rather in *the analysis of the field* in recognising differing kinds of expertise relevant to training standards, education issues, validation, and discipline.) **iii.** We need to distinguish *Meta-Modality [Mainstream]*,

at the level of Member Institutions or Colleges, viz: Psychoanalytic-Jungian; Humanistic-Integrative.
 iv. We need to distinguish *Modalities* at the level of professional craft designations, viz: Gestalt Psychotherapist, Lacanian Psychoanalyst.

These sorts of classifications, whilst on the one hand being essential to 'good' science, from another perspective are also largely semantic. The EAP has openly tended towards the first perspective, but internally perhaps more towards the second. However, the EAP has additionally required that each identifiable mainstream, and (especially in the case of body psychotherapy) each identifiable modality within that mainstream, answer in full the EAP's "15 Questions on Scientific Validity" (see Appendix 1): the substantive written answers to each question are then assessed by a clearly established, peer-review process (good science) before the organisation representing the mainstream or modality can be fully (politically) accepted. About 40 different organisations have been so accepted, with about 8-9 modalities within body psychotherapy additionally accepted as 'scientifically-valid'.

It is perhaps worth noting that any method of scientific classification is successful until it is challenged on clearly demonstrable grounds: so far, none of the above has been challenged, whereas Aristotle's classifications of the animal kingdom, that held sway for about 2,000 years, have now been successfully challenged.

With respect to professions, another classification system has recently come into play: that of "functional competencies" and this will – in time – probably provide the necessary Occam's Razor as to what is, or isn't, a psychotherapy (see below).

Classifications within Body Psychotherapy

And what applies to psychotherapy, in this instance, also largely applies to body psychotherapy. There was an exercise in 1990-1991 to establish the 'scientific validity' of body psychotherapy – as a 'mainstream' within psychotherapy – and this was extremely successful, even though the various modalities within body psychotherapy politically also had to follow suit. Whilst this exercise was laborious, it also ensured that the various modalities within body psychotherapy got their acts together and "did the science".

At this point, it is necessary to identify some of the numerous 'modalities' that currently exist within the 'mainstream' of body psychotherapy: another type of scientific classification. Just their titles will be listed here, with the name of the 'founder' of this type of body psychotherapy. There follows a further list of body therapies, significantly different from the first list, and a distinction will then be made between these. There is no particular order to this list, nor is it totally inclusive.

The various body-oriented psychotherapy modalities include:

Wilhelm Reich's USA-based 'Orgonomy'
 Alexander Lowen's 'Bioenergetic Analysis'
 Gerda Boyesen's 'Biodynamic Psychology & Psychotherapy'
 Reichian (Wilhelm Reich / Ola Raknes') 'Character-Analytical Vegetotherapy'
 Nick Totton & William West's 'Neo-Reichian Psychotherapy'
 Chuck Kelley's 'Radix' work
 John Pierrakos's 'Core Energetics'
 Ron Kurtz's 'Hakomi'
 Jay Stattman's 'Unitive Psychotherapy'
 Lisbeth Marcher's 'Bodynamic Analysis'
 Ajuriaguerra's psychoanalytically-oriented 'Psychomotor Therapy'
 David Boadella's 'Biosynthesis'
 Ilana Rubinfeld's 'Rubinfeld Synergy'
 Malcolm Brown's "Organismic Psychotherapy"
 Al Pesso's 'Pesso-Boyden Psycho-Motor System'
 Peter Levine's 'Somatic Experiencing'
 Jack Lee Rosenberg's 'Integrative Body Psychotherapy'
 Arnold Mindell's 'Process Oriented Psychotherapy' (though this also extends outside of body psychotherapy),

Yvonne Maurer's 'Body-Centered Psychotherapy'
 Lillemore Johnsen's 'Integrated Respiration Therapy'
 Paul Boyesen's 'Psycho-Organic Analysis'
 Luciano Rispoli's 'Functional Psychology'
 and many others.

There are also other branches of body-oriented psychotherapy, like Christine Caldwell's 'Moving Cycle,' and Susan Aposhyan's 'Body-Mind Psychotherapy,' that have evolved from the dance and movement therapies. There are, as well, many splits, amalgamations with other psychotherapies, and other variations of the above, so new body-psychotherapies continually emerge like Pat Ogden & Kekuni Minton's 'Sensorimotor Psychotherapy' (coming out of Hakomi) and Jack Painter's 'Psychotherapeutic Postural Integration' (incorporating Gestalt).

There are currently about 40 different body psychotherapy training programmes in Europe, at (roughly) masters degree level, but only one with a university Masters programme, and there are many more in the USA, including at least four university Master's and Ph.D. courses in 'Somatic Psychology.' (This term seems more popular academically in the USA, than variations of 'Body Psychotherapy' or 'Body-Oriented Psychotherapy'.) There are also training programmes in Israel, Australia, various South American countries, Japan, and Russia.

Distinct from these, in the field of bodywork or body therapy, (apart from the field of traditional physiotherapy, there are thousands of different programmes and methods: various types of massage (Swedish, medical, sports, energy, aromatherapy, etc.); structural, functional and movement therapies like Ida Rolf's 'Rolfing,' Joseph Heller's 'Hellerwork,' the Alexander Technique, Postural Integration, and Moshe Feldenkrais' "Awareness Through Movement."

Then there are therapies more geared to emotional release like: SHEN Physio-Emotional Release Therapy, Myofacial Release, the Trager Approach, the Rosen Method, etc.; as well as Asian bodywork techniques like Acupuncture, Shiatsu, Moxibustion, Acu-yoga, etc.; bodywork therapies from the Indian sub-continent, like Aurudevic Medicine, Prana- and Hatha-Yoga; energy-based body therapies like, Therapeutic Touch, Kinesiology, CranioSacral Therapy, Reiki, Polarity Therapy, Reflexology, Metamorphic Technique, etc.

Whilst many of these may be 'psychotherapeutic,' they are – according to the classification above – definitely not psychotherapies. These 'body therapies' generally do not involve any training in proper psychotherapy, in mental disorders, or in working emotionally in deep or lasting ways with a wide variety of people with different psychological 'conditions'. They usually do not utilise any breadth or depth of perspective about the person's inner, emotional and cognitive life, their childhood development, their views of the world, and so forth. Training in these therapies does not fit into the model of professional psychotherapy training, and these methods therefore cannot normally be considered as 'psychotherapies'. Some of these 'body therapies' may eventually evolve into a body psychotherapy; that is to be welcomed.

There are also psychologically-oriented 'body therapies' like Janov's 'Primal Therapy,' Leonard Orr's 'Rebirthing,' and Stanislav Grof's 'Holotropic Breathwork,' which again do not fully constitute a 'psychotherapy' training, and some of which veer much more towards a belief system. Finally there are purely body physiological therapies like: Progressive Relaxation Therapy, Autogenic Technique, and so forth (although confusingly 'Autogenic Psychotherapy' is accepted in a few European countries).

Many of the body psychotherapy 'modalities' listed above have not crossed the Atlantic, either way, and so may be relatively unknown to some readers. This does not give them any lesser status, in scientific terms, than a newly discovered species of butterfly in the Brazilian rainforests (viz. *Lepidoptera Philaethria dido*) because a degree of rarity does not mean that something is un-scientific or is not worthy of consideration. We are constantly seeing, or hearing of, new developments and new methodologies, and this is healthy.

It is therefore perhaps legitimate to view body psychotherapy more generically as a 'field' of knowledge, awareness, methods and techniques, made up from a variety of perspectives, some overlapping with other 'fields' rather than as a specifically defined mainstream, modality or method. And, then we would have to consider the history of how this field developed and subsequently what sort of science is appropriate to this field, and also how it is developing and growing, and how we can assist this.

Historical Overview of the 'Science' of Body Psychotherapy: Dr. Pierre Janet

Whilst Freud founded psychoanalysis over one hundred years ago, supposedly in 1892, it has largely been forgotten that the work of Dr Pierre Janet (1889) preceded him by at least three years, and Janet (also influenced by Freud's mentor, Charcot) can properly be considered as the first real 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. Janet (1907) reported on his own theory of hysteria 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, p.47 quoting De Bussy, 1908). Thus, in looking at the history of the 'science' of body psychotherapy, we therefore need to consider, in some detail, this important, early scientific work of Pierre Janet.

His first extended research was into hysterical neuroses, which he conducted prior to 1889 and then later, under Charcot, at the Psychological Laboratory in Salpêtrière. He published the results of this research in 1886, in his philosophy thesis in 1889, and his medical thesis, *L'état mental des hystériques*, in 1892. He was perhaps the first person to draw a real connection between events in the subject's early life and their present-day traumas. His theories of hysteria and dissociation, based on solid research, are still valid and alive today (van der Kolk & van der Hart, 1991; van der Hart & Friedman, 1989; and Ey, 1988).

Janet also coined the words 'dissociation' and 'subconscious' and contributed much to the modern concepts of mental and emotional disorders involving anxiety, phobias, and other abnormal behaviour. He then turned his attention to another broad category of neuroses: 'psychasthenia' with its inherent obsessions, phobias, tics, automatic acts, etc and this resulted in two volumes on obsessions and psychasthenia. He published these volumes in 1903. In 1923 he wrote a definitive text, *La médecine psychologique*, on suggestion, and between 1928-32, he published several papers on memory.

Janet was incredibly respected in his time. In 1898, he was appointed lecturer in psychology at the Sorbonne, and in 1902 he succeeded Théodule Ribot as the chair of experimental and comparative psychology at the Collège de France, a position he held until 1936. He was also elected a member of the Institut de France in 1913. He regularly visited North & South America, and his lectures in 1907-8 at Harvard were published as **The Major Symptoms of Hysteria** (Janet, 1907). He received an honorary doctorate at Harvard's tri-centennial celebrations in 1936.

However, historically, Janet's considerable body of work (over 17,000 printed pages) was neglected in favour of the rising popularity and general public acceptance of Freud's psychoanalytical observations. It is perhaps interesting that Janet focused on empirical work and research, and Freud on theory and dramatic conceptualizations: how scientific is that!

Boadella (1997) describes how Janet's work also included significant findings about: the diaphragmatic block; the connection between emotional tensions & 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; and the significance of a change in (or lack of change in) the patient's own body image.

Janet's concept of 'rapport' was parallel to, and 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, slight evidence that Jung went to study with him in 1902 in Paris, though this is not mentioned in Jung's 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. All this provided a very sound 'scientific' basis for the future development of body psychotherapy. However, as we shall see, things subsequently went a little wrong, and this scientific basis was largely abandoned.

The Unscientific Development of Psychoanalysis

Despite Freud having originally described the ego as "*first and foremost a body ego*" (Freud, 1923, p. 364), the emerging practice of psychoanalysis in the early years of the 20th century chose to confine itself to how the psyche can affect the body, and not the reverse, and Freud essentially pursued his 'talking cure' for mental and physical ailments ignoring the body, except as the recipient of symptoms. This trend increasingly began to ignore, and even reject, the relevance of the body of the patient and tried, at the same time, to contrast and compare itself with the predominant empirical medical model. In the therapy room, psychoanalysts also began to seat themselves in such a manner that there was no proper view of their client's body, which also effectively removed the possibility of most non-verbal communication (Young, 2006 a & b).

In this historical development, we can begin to see several main opposing or contrary directions: a growing trend towards a disownment of the body, paralleling the growth of understanding about the mind; a rejection of the 'medical' model (and thus the body) where psychoanalysis was originally seen as equally a treatment for somatic disorders; a perpetration of the traditional mind-body split; a (hotly disputed) need for this new 'profession' to be socially acceptable in a post-Victorian society; and a general movement away from empirical science, towards a more popular humanistic approach. It was almost as if certain splits became necessary for each of the individual parts to exist and develop, *in absentia*. Certainly, psychoanalysis and any form of body-oriented psychotherapy split and developed separately, unfortunately psychoanalysis also split off from pure science for a long time as well.

Psychoanalysis (and psychodynamic psychotherapy) has steadily shifted its understanding away from the instinctual, organic, and drive-based models of cognition and awareness towards a more object-relational basis, with the focus on transference and counter-transference, and on psychodynamic history, without any reference to, or appreciation of, the body. This trend, I believe, was almost fatal as it limited the personal and social relevance of psychoanalysis, and it also took itself away from the realms of the 'conventional' understanding of science. It is still largely in this position today, though some recent work, especially from Hörst Kächele at the University of Ulm, is trying to put a solid, scientific basis back into psychoanalysis. As we shall see in Part 4, there are also strong movements to 'adopt' the findings of neuroscience to 'prove' psychoanalysis.

Wilhelm Reich

In the late 1920s and early 1930's, Wilhelm Reich, Freud's brilliant young student, for a variety of complex reasons began to postulate a new direction for psychoanalysis, different from the way Freud and the other psychoanalysts were going at that time. This (along with other factors) would unfortunately lead to Reich's eventual expulsion from the International Psychoanalytical Association in 1934 (Boadella, 1973, 1985).

Reich had previously been working intensively for six or seven years in Vienna in clinics that had been established for working class people with sexual problems. From his extensive and meticulous observations, he developed a new theory. He first proposed his 'orgasm theory' at a Psychoanalytic Conference in Salzburg in 1924, based on this clinical work, and the peer-supervision and scrutiny work that was being conducted in the fortnightly Technical Seminars that he had proposed and then led for several years. He was trying to establish a 'systematic' (scientific) way of dealing with neuroses, something that Freud had dreamed about, but never managed to achieve.

Reich later expanded this work into his book **Character Analysis** (Reich, 1933), which is still considered a definitive and classical text by most branches of psychotherapy. In this developmental work, he was definitely able to draw on a much sounder and more extensive clinical basis than Freud had ever done for his theoretical work, and this may have been one of the unconscious components in the resulting enmity between them.

Reich had published his first book **The Function of the Orgasm** (Reich, 1927) fully within the realms of psychoanalysis, and essentially on a sound clinical basis. Whilst this was initially well-received, Freudian psychoanalysis was already beginning to (or trying to) move away from the 'libido theory' – because of its apparent failure to be substantiated. There had also been a shift from the original theories of psychic energy towards theories of psychic structure. Reich, in contrast to this trend, had instead developed a systematic, and demonstrably effective, way of working with people's libido and psychic energy.

He re-examined Freud's original theories and offered a much greater understanding about the role of the repression of libido in the generation of anxiety (Reich, 1930). All substantiated by meticulous clinical research. However, historically, he was just too late. Freud was taking his theories in a different, more comfortable, direction – and he did not want to look back, or go back. In the late 1920s, their ways parted definitively when Reich moved to Berlin. At this point, he was still well within the psychoanalytical group there, and became a close friend of Otto Fenichel.

The divergence that happened before 1930, which took the 'body' out of mainstream psychotherapy, was possibly also connected with Freud having dropped the (bodily-oriented) libido theory in favour of his then current fascination with 'thanatos'; possibly as a reaction to Reich's declared interests in sexuality, social reform and Marxism; possibly with Reich's move from Vienna to Berlin; but more probably to do with Reich's challenge to Freud's essentially conservative direction (established in **Civilization and its Discontents**) that it was not the task of psychoanalysis to save the world.

Reich believed that it was and felt passionately that many neuroses were preventable, given some sexual education, a bit of social re-organisation, and some systematic clinical work. His talks and publications on the

prophylaxes of neuroses were all based on his sound and extensive clinical work, as was his publication of **The Sexual Revolution** (Reich, 1930).

However he had also become temporarily instilled with admiration for some of the social reforming aspects of Marxism, and this made the ‘mix’ of what he was proposing a very heady and unacceptable one at that particular time – even to the Communists. Combined with all of this, Freud’s increasing avoidance of the body and the many socio-political implications for the new ‘discipline’ of psychoanalysis, all contrasted with Reich’s increasing use of the body as an essential indicator in the build-up and the treatment of neuroses, and his socio-political theories connected with sexuality.

One thus had an almost inevitable irrevocable parting of the ways. The ‘body’ in psychotherapy became formally disowned. This development was, of course, being ‘shadowed’ by the rise of National Socialism (Fascism) and Hitler coming to power in Germany in 1933. Reich didn’t help matters by publishing **The Mass Psychology of Fascism** in Copenhagen in that year. He had to leave Germany and moved initially to Denmark, then to Sweden and eventually settled in Oslo, Norway. During this phase, he developed (with help from Elsa Lindenberg) a body-oriented form of psychotherapy that he later called Character-Analytic Vegetotherapy, as well as beginning to study the biological basis of therapy.

I have gone at some length into the personal, social and political reasons for this rejection, and the subsequent split from ‘mainstream’ psychotherapy (psychoanalysis) at that time, because these ‘socio-political’ and philosophical dynamics (to say nothing of the psychological ones between Freud and Reich), all totally ignored the scientific and clinical bases for Reich’s theories.

With Reich’s expulsion from the International Society in 1934, body psychotherapy (though it wasn’t called that then) became definitively split-off from psychoanalysis and therefore from the mainstream trend of the developing psychodynamic psychotherapies.

Between 1935 and 1955, Reich mainly focused on investigating the scientific basis of the libidinous ‘body energy’ that he had discovered that existed everywhere and that he called ‘orgone’ energy. This is what others had called ‘life energy’ (*elan vital*), or what is known in China as ‘Chi’ energy and possibly the ‘Tao’. Reich was a natural scientist, with incredible energy. In 1933-4, he had to leave Germany after the ‘take-over’ by the National Socialists and moved to Copenhagen, and then to Malmö in Sweden with his new partner, Elsa Lindenberg (Young, 2009). She was a dancer, trained by Laban and Gindler, and it was during this period that he developed his form of body psychotherapy that he called ‘Vegetotherapy’: this was “character-analysis in the realm of the body”. It is extremely significant that he did this, which involved breaking two psychoanalytical taboos: touching one’s client, and working with them in an undressed state, at the exact same time that he started living with someone with significant experience of body-work and movement. This psychotherapeutic work was based on meticulous observation. Boadella writes:

Reich was the first analyst, however, to introduce an exhaustive study of just what bodily mechanisms were involved in the dynamics of repression, dissociation or other defences against feeling.

When attention was focused directly on the body in this way he found that it greatly speeded up the process of liberating the repressed effects. The patients he treated in Copenhagen had shown the release of vegetative energy as the result of consistent work on the character defences. When consistent work on the muscular defences was introduced Reich found that he obtained such vegetative reactions regularly and in a stronger form (Boadella, 1973, p. 116).

When Reich first began to influence the bodily tensions he continued using purely character-analytic methods: that is, he painstakingly described the patient’s bodily expression to him, or imitated it himself, in order to make the patient more aware of the detailed manner in which he used different parts of his body to suppress vital feelings. He would encourage his patients first to intensify a particular tension deliberately, in order to help their awareness of it. By intensifying it he was often able to elicit in an acute form the emotion which had been bound by the chronic form of the tension. Only then could the tension be properly abandoned. Increasingly, however, Reich began to use his hands directly on the bodies of his patients in order to work directly on the tense muscle knots...

The therapeutic goal of character-analytic technique had been the restoration of orgasmic potency and the establishment of a self-regulatory capacity in love and work. The therapeutic goal of vegetotherapy complemented this at a more organic level. It was to establish what Reich

called 'vegetative liveliness'. One of the clearest expressions of this was the recovery of the 'streaming' sensations caused by the liberation of energy from the muscular tensions (Ibid, p. 119-120).

This helps to demonstrate some of the meticulousness of his clinical work as well as the connection with the background theory. Because of his systematic investigations, and because of a degree of success, Reich had noticed what a 'healthy' person's body looked like, precisely and overall. "Looked at as a whole the body appeared to be expanding and contracting in a pulsatile manner." This he called (perhaps unfortunately) the 'orgasm reflex'.

After the summer of 1934, having also had to leave Malmö, he moved to Oslo in Norway, with Elsa, and here he really started his scientific experiments.

One of the principle reasons for moving to Oslo was that Professor Schjelderup had offered him the facilities of the Psychological Institute at Oslo University, where Reich was keen to attempt to confirm by some experimental work his bio-electric concept of the vegetative streamings (Ibid, p. 130).

Boadella, in his seminal work, **Wilhelm Reich: The evolution of his work**, (Boadella, 1973, pp. 130-136) goes into a detailed description of these bio-electrical experiments. Initially Reich was investigating how a person's skin responded to their various emotional states, and particularly whether there were different electrical charges in different areas of the body, e.g. between normal skin and that of the erogenous zones. These first experiments were pure science, and they were designed to establish a scientific (physiological) basis for his (emotional & psychological) therapy work, so they really form part of the science of body psychotherapy. Boadella writes, "... Reich was interested not merely in how much current flowed but in the direction of the shift in potential: whether it increased or decreased and how it changed, over a period of time, under the influence of emotions (Ibid, p. 131)." The evidence he collected was considerable; it has subsequently been replicated and endorsed. He also confirmed Kraus' earlier work on the Autonomic Nervous System. Friedrich Kraus was another Austrian internist who had become director of the Charité Hospital in Berlin until 1927. He postulated that a type of bio-electrical system was present in the body which acted like a relay mechanism storing electrical charges (energy) prior to recharge (action). He explained this proposition in his book **Allgemeine und spezielle Pathologie der Person (General and Special Pathology of the Individual)**. Reich proved this postulation.

Tarchanoff had first discovered the Galvanic Skin Response (GSR) in 1890:

The Tarchanoff Response is a change in DC potential across neurons of the autonomic nervous system connected to the sensori-motor strip of the cortex. This change was found to be related to the level of cortical arousal. The emotional charge on a word, heard by a subject, would have an immediate effect on the subject's level of arousal, and cause this physiological response. Because the hands have a particularly large representation of nerve endings on the sensori-motor strip of the cortex, hand-held electrodes are ideal. As arousal increases, the "fight or flight" stress response of the autonomic nervous system comes into action, and adrenaline causes increased sweating amongst many other phenomena, but the speed of sweating response is nowhere near as instantaneous or accurate as the Tarchanoff response. The most advanced layers of the cortex, unique to Man, link to the thumb and forefinger especially, and there is a further complex physiological response which occurs when the forebrain is aroused. Changes in Alpha rhythms cause blood capillaries to enlarge, and this too affects resistance. (Shepherd)²

C. G. Jung had experimented earlier with the GSR, so it is quite likely that Reich had encountered this work.³

He describes a technique of connecting the subject, via hand-electrodes, to an instrument measuring changes in the resistance of the skin. Words on a list were read out to the subject one by one. If a word on this list was emotionally charged, there was a change in body resistance causing a deflection of the needle of the galvanometer, indicating that a complex-related

² Shepherd, P. Internet article: Available 3/12/09 from: <http://www.trans4mind.com/psychotechnics/gsr.html>

³ Jung, C.G. (1906) 'Studies in Word Analysis.'

'resistance' was triggered. Any words which evoked a larger than usual response on the meter were assumed to be indicators of possible areas of conflict in the patients, hinting at unconscious feelings and beliefs, and these areas were then explored in more detail with the subject in session. Jung used observed deflections on the meter as a monitoring device to aid his own judgment in determining which particular lines of enquiry were most likely to be fruitful with each subject. (Mitchell)⁴

It is now accepted that there is a definite connection between a person's emotional states and the electric charge in their skin: Reich showed that it varied considerably and consistently depending on whether the emotional state was a positive one or a negative one. Despite interest in GSR from a variety of earlier researchers like Tarchanoff, Vigoureux, Fère, Ludwig, DuBois Reymond, Vereguth & Rein (Boadella, 1973, p. 130-131), no one had really done this piece of research before, and Reich had to 'invent' the equipment that he used. Subsequently, much more work has been done in this field, but there is rarely any mention of Reich's work in this context. He did not publish in the right places; he was not 'respectable;' and he was off on his own track, and not really interested in building bridges behind him for others to follow. The next researcher named as doing any significant work with GSR was Volney Mathison, in the 1940s, pioneer of the first 'lie-detector' machines.

From this GSR research, Reich moved even deeper into the field of pure science, and also made it even more difficult for other people (including scientists) to follow him.

He now turned his attention and concentration in a massive way upon the phenomenon of protozoal movement in an attempt to find out if the formula, tension-charge-discharge-relaxation, was a genuinely valid one that applied to very simple life forms. Specifically he wanted to study at first hand the processes of expansion and contraction and fluctuating bio-electric charge in primitive animal and plant forms (Boadella, 1973, p.136).

This was serious research and, having been turned down for funding by the Rockefeller Foundation in Paris, Reich raised the money from his friends, supporters and his own work, and formed his own experimental institute in February 1936. Again, his research was far ahead of its time as he wanted to study protozoal development, with time-lapse photography, observed through high-powered magnification (far higher than most laboratories of the time). Boadella's description of this research is meticulous and readable (Ibid, p. 137-155), perhaps more so than Reich's own account in **Die Bione** (Reich, 1938). This research was replicated, and independently confirmed by the Académie des Sciences in Paris under Professor du Teil, who also confirmed this with Dr Louis Lapique at the Laboratoire de Physiologie Générale at the Sorbonne. These were both prestigious scientists in very well-known laboratories. Unfortunately other scientists, not so prestigious, nor so meticulous, as well as people who knew nothing about that part of science, detracted and denigrated Reich and his results, as part of a vicious newspaper campaign that was carried out in Norway against him from mid-1937 through 1938. Ironically, in the early part of 1939, just as he was making preparations to leave for America, he made his next 'break-through' when he 'discovered' a radiation effect coming from some of the cultures that should have been sterile. Reich was convinced that this was a form of bio-energetic radiation, or energy. This eventually led into the next area of research work, the 'orgone' energy experiments, once he became established in America.

Reich often said that he had "*discovered too much*" as, besides what has already been mentioned, his later investigations took him into the realms of 'effective' weather control and the beginnings of an understanding about the inimical effects of nuclear radiation. However, his work again came into disrepute in America in the late 1950's because of another vicious press campaign that eventually led to a malicious prosecution by the Food & Drugs Administration, (on the grounds that his Orgone Energy Accumulator's had been advertised as a cure for cancer in **The Cancer Biopathy**). This led to two 'trials' and to imprisonment for contempt of court, and the eventual burning of all his books. He died in prison shortly before his release.

Prior to that, Reich had been sufficiently 'scientific' to interest a number of reputable doctors and other scientists in his 'orgone energy' work, and to correspond with the then 'Father of Science,' Albert Einstein. He was bitterly disappointed when Einstein did not confirm one particular finding (the temperature difference inside

⁴ Mitchell, G. 'Carl Jung & Jungian Analytical Psychology.' Retrieved 03/12/08 from:

<http://www.eden.rutgers.edu/~vinceli1/425/individuation.htm>

and outside an orgone box caused by an accumulation of orgone energy), as he felt that this endorsement would have put his clinical and body-oriented work onto a clear and established scientific basis. But his earlier work on galvanic skin responses, cancer cells, the Reich blood test, and his scientific work on what he called 'bions,' that combined and contributed to his later work on the physical basis of orgone (body) energy, was all exemplary science; was replicated on several occasions; and has never been disproved. The development of Reich's work makes a fascinating account (Boadella, 1973) and also now much is forgotten or ignored, as well as still carrying some stigma. Particular, in the psychoanalytical world, they could not understand his 'scientific' work and started to label him as psychotic, and even (erroneously) that "*he died as a certified psychiatric patient,*" which is later amended (Clare, 1981, p. 77 & 83-4; based on Ollendorf Reich, 1969, p.153-4).

This then is something of the background and history of science in body psychotherapy up to the Second World War. The story is continued in the next part of this series of articles.

APPENDIX 1

Scientific Validation

In order to become a European Wide Organisation (EWO), the psychotherapy method or modality must be recognised by EAP as being “scientifically valid”. To do this we require you to provide substantive written answers to the following 15 Questions.

Please provide evidence that the modality:

1. Has clearly defined areas of enquiry, application, research, and practice.
2. Has demonstrated its claim to knowledge and competence within its field tradition of diagnosis / assessment and of treatment / intervention.
3. Has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.
4. Has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment / intervention.
5. Includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.
6. Offers a clear rationale for treatment / interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.
7. Has clearly defined strategies enabling clients to develop a new organization of experience and behaviour.
8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice.
9. Has a way of methodically describing the chosen fields of study and the methods of treatment / intervention which can be used by other colleagues.
10. Is associated with information, which is the result of conscious self reflection, and critical reflection by other professionals within the approach.
11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.
12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.
13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment / intervention and results.
14. Has theories of normal and problematic human behaviour, which are explicitly related to effective methods of diagnosis / assessment and treatment / intervention.
15. Has investigative procedures, which are defined well enough to indicate possibilities of research.

Further details are available from the EAP website: www.europsyche.org: EWO application form:

EAP_EWO_application.pdf; also in “The SV 15 Questions (expanded)”; and “EWOC Assessment Guidelines”

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Biography

Courtenay Young trained in body psychotherapy about 30 years ago, and has since been working as a psychotherapist. He has been a significant member of the European Association for Body Psychotherapy (former General Secretary and past-President of EABP) for many years, has written much about body psychotherapy, and has attended most of the conferences on body psychotherapy, on both sides of the Atlantic, over the last 15 years. He has met, experienced, or knows personally many of the people and the methods in body psychotherapy that he writes about. He helped establish body psychotherapy as a scientifically-validated psychotherapy with the European Association for Psychotherapy (EAP) and is also a founder member of USABP, compiles the EABP Bibliography of Body Psychotherapy (on CD-ROM), and represented EABP at conferences and meetings of the EAP for about 12 years. He has now largely stepped out of political work and currently works as a psychotherapist and counsellor in and around Edinburgh, Scotland. He helps edit two psychotherapy journals, and has just completed a book: "*Help Yourself Towards Mental Health*" (Karnac, 2009). E-mail: courtenay@courtenay-young.com.

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