

AN INTRODUCTION TO HISTORICAL ANTECEDENTS AND THEORY CONTRIBUTING TO THE DEVELOPMENT OF A WHOLISTIC MODEL OF EMBODIED THERAPEUTIC INTERVENTION AND TREATMENT©2013

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The following article presents basic background concepts and theory from the last fifty or more years, including body-mind integration, non-verbal communication, and other elements and precepts which contribute to the evolution of embodiment theory. In addition, many points of view leading to a wholistic view of clients in therapy are presented. Ideally, this article will assist students studying to become wholistic therapists with a basic background for working within a three-dimensional model; a model which embraces and explores the whole person, feeling, thinking, creating, and expressing.

The student/reader, will of course, through training in embodied therapeutic concepts, as developed in dance movement therapy, Gestalt, etc., evolve their own model of embodied treatment. Thus, the foundation and background presented in this article will allow readers/students to have a starting place in their theoretical training in which models of embodiment within the therapeutic context are developed.

Body-Mind Duality

The so-called duality of mind-body or psyche-soma is not a new concern. Literature searches (Flew, 1964; Russell, 1958; Jones, 1952; Rowe, 1954; Nelson, 1978; Whitehead, 1938) reveal mention and concern with this human condition as early as Aristotle, and certainly philosophers throughout the ages have pondered the significance of body manifestations of feelings, thoughts, and personal history. The aim in this body-mind discussion is to help clarify how emotion and feeling, gesture and posture, and

personal awareness of these experiences are viewed, examined, analyzed, responded to, and even changed in the psychotherapeutic context, and eventually understand which elements will allow and enhance a model of embodied experience in Whole Person Psychology.

Much of the focus of psychoanalytic and humanistic treatment philosophies have emphasized these concerns. Though most of the body therapy work can trace its historical roots to either Reich (1972)—then Lowen (1973) and Pierrakos (1977)—or the kinesiological-Physical Fitness-Alignment focus (Todd, 1937; Jacobson, 1976; Sweigard, 1974; Hunt, 1964; Rolf, 1977, 1978; Feldenkrais, 1972, 1973, 1977), the two areas can be divided thusly: personality-character-behavior is formed and in time affects body expression; or, an intervention may be made to enhance an emotional-muscular connection, concentrating on a model of “healthy, aligned body.” Namely, that movement behavior, gesture, posture, dance are expressive of an individual’s inner state; and conversely, by dealing with these physical manifestations, personality disturbances may become ameliorated. In considering dance therapy vis á vis the body-mind concerns of psychotherapy, it must be related to the full spectrum of the disciplines also based within the same assumptions. Included here would be the body therapies: Alexander (Alexander, 1969), Feldenkrais (Feldenkrais, 1972, 1973, 1977), Rolfing (Rolf, 1977, 1978), Bioenergetics (Lowen, 1938, 1975). The roots of these disciplines seem to be traced most readily to S. Freud (1911, 1923) and Reich (1961, 1972, 1974).

Body Therapies

The body therapies appear to distinguish their forms based upon the belief that all thoughts, feelings, images, etc., are contained in the musculature and expressive gestures of the human being. That what one feels is what one does, and conversely, as one does, so he shall feel. The body therapies tend to be “hands on” therapies, consisting of set exercises or body alignment concepts, developed to help one

release tensions, become more aware of body messages, and to develop an ability to trust the physical self as much as the mental self.

Introduction and Overview

In discussing the role of the body therapies in psychotherapy, and in ultimately building an embodied model of psychotherapy, there are several points to keep in mind. Is the body therapy concerned with a therapeutic technique or process? Is the body therapy concerned with analyzing non-verbal behavior for character or personality clues? Is the body therapy concerned with a psychodynamic theory of personality development or integration? Finally, from where does the work develop—what is its historical connection or root to the mind-body questions?

There is no one fundamental framework for discussing any of the mind-body concerns, and this might be why so often, disparate body techniques are lumped or viewed together under a rubric of “body therapies.”

Other than a basic assumption on the power of one (i.e. body) to reflect the other (i.e. mind), practice, philosophy, and the methods have little in common from one to another.

Also, the goals of the therapy often differ. Insight? Structural change? Tension release? Any of these are valid, but not all can or do occur within the context of all of the body therapies, and all may not be key in evolving an embodied treatment model.

The first part of this discussion will present an overview of the so-called body therapies, examining some of their premises and techniques. Then a view of how the body and movement have been considered from another perspective will be discussed; that of communication and expression within the psychoanalytic mode.

In this first, body therapies section, a brief look and comparison of the systems or techniques as developed by Reich (1942, 1961), Alexander (1969), Jacobson (1929, 1967), Feldenkrais (1972, 1973, 1977) and Rolf (1978) will be presented.

Within the context of body-therapies there are the hands on, body-parts/muscle-manipulation therapies found in such techniques as Alexander, Rolfing, or Reich. There are also the body-feeling-awareness techniques in such forms as gestalt, psychodrama, sensory awareness, and relaxation. What is unique, however, to each, is the way in which each system describes its own process: that which is fundamental to its form of treatment. Often, the explanation given with a particular technique is far more profound than the techniques available, and the promises of the treatment may outreach the actuality of what does occur for the client. The intent in this section is not to dissect and critique the body therapies, but rather to try to gain perspective upon how the body is viewed within the psychotherapy-healing arts.

How the client is viewed and the client's role in the treatment are issues also considered. Is the client an active participant? Is something done to the client? Is the client seen or described by the therapist or practitioner as one who is sick? misshapen?, full of tension?, or out of touch? (Any of these are negative and distancing to a client by a therapist.) Does the therapist aid a client in feeling comfortable in trusting the "messages" from the body, and in paying attention to the images, dreams, fantasies connected to the body in motion?

Some of the body therapies, because they are hands on, muscle manipulators (i.e. Rolfing) can create a dependency, or support an already dependent tendency in a patient or client, not allowing a client to take charge of his or her own life. But then most of the body therapies do not claim to be psychotherapies (i.e. Rolf, Alexander, Feldenkrais); but rather tools for helping a client "feel better." Bioenergetics and Core energetics (Pierrakos, 1977) are exceptions. They are considered primary

psychotherapies, as was Reichian therapy which preceded them, and upon whose initial formulations they have developed.

Lowen (1972) describes Bioenergetics as

...fundamentally an analytic procedure. The analysis is done on both the psychic and somatic levels. The expression of feeling verbally and in movement is employed to bring about a release of blocked affect (p. 210).

Even though Lowen (1975) felt that Bioenergetics is the “study of the human personality in terms of the energetic process of the body” (p. 45), it is still a perspective-exercise therapy, segmented into the body experiences and then the analytic, talking experiences (separating body from mind).

In Rolfing, though the deep massage creates a release and often flood of feeling and associated memory, material is usually not processed. Rolf practitioners (Kirby, 1975; Reid, 1978) are not necessarily psychotherapists, and Ida Rolf often made the point of saying “Rolfing is not psychotherapy” (1975).

Each of the body therapies has its own system of analyzing the body and making its own interpretations, ranging from purely objective physical observations (Feldenkrais, Rolf) to more content-related assumptions (Reich, Lowen). For example, Reich (1972) wrote:

The chronic expansion of the thorax goes together with the tendency to high blood pressure, palpitations and anxiety....”raging anger,” “heartfelt crying,” “sobbing” and “unbearable longing” are essentially emotions which originate in the chest segment (p. 375).

Later, Lowen (1973) described the body’s reactions to certain events, which then became a “body type”:

One reacts to fright by taking in the breath, pulling out the belly and raising the shoulders. The effect is to inflate the chest and immobilize the energy in the thorax...the mark of the passive-feminine character... (p. 326).

Whereas, from a purely physical perspective, an assessment of a client could be based upon tightness of muscles, alignment of spine, knees, neck, and head, degree of tonicity of muscles, quality and depth of breath, flexibility and/or joint articulation. These are but some of the areas assessed by practitioners of the Alexander, Rolfing, and Feldenkrais techniques (and actually help determine the treatments).

Each of the body therapies works towards some objective goal, seen in the change of the body's alignment and musculature.

The body-mind duality is complicated and the theories underlying the various techniques help place the intricacies of such a connection into a realistic perspective. It would be naïve to assume a one on one relationship, i.e. as the mind perceives the body expresses. It is much more involved than the idea that one reflects the other. The body has its unique processes (i.e. circulation, breath, nerve and muscle innervation, reflexes) and the mind also has its own process (i.e. thought, image, perception, cognition). Yet, by just examining a so-called mind process, its relationship to a purely psychological or biological base in the body is always present. And because we still know so little of the human machine, we must acknowledge our limited understanding of the overlapping of all these various processes. As Feldenkrais (1942) states:

Both views have some grounds for their beliefs. The result is inextricable confusion of thought. And the reason for this confusion is the arbitrary subdivision of life into psychic and physical (p.4).

Reich

Reich (1961) originally became dissatisfied with psychoanalysis and began to question the psychoanalytic technique as not being able to aid a patient in overcoming resistance to change. It was after years of examining the structure of theory, via the various psychoanalytic techniques being employed, that Reich developed his theory of “Character Armor and the Dynamic Stratification of the Defense Mechanisms” (1974 [1942], p. 122). He made direct claims for observation of blocked flow or “frozen” postures on the body and various forms of neurosis. In a way it was a cause and effect view, somewhat reductionistic. Though he firmly believed the psyche could not be treated without treating the body manifestations, his techniques segmented or divided the body (tension, posture, energy flow) from the mind (dreams, fantasies, verbal discourse). However, he did offer a method which took the idea of the importance of the body-mind concerns beyond Freud’s (1923) and Ferenczi’s (1952, 1969) observations, into actual practice.

Rolf (1978), Alexander (1969), Feldenkrais (1972, 1977), and Jacobson (1962, 1967) are essentially expressing the same concerns. Namely, the human being becomes a creature of habit and these habits in turn become the basis for further learning or perception. Unfortunately, these habits seem to block, or stand in the way of full human functioning; not allowing one to live one’s life with ease and pleasure.

Alexander Technique

The Alexander technique is the oldest of the “new” body therapies, having been developed by its founder in the early twentieth century.

The Alexander technique was “discovered” by Frederick Matthias Alexander (1969), when he attempted to discover how or why he, an actor, often lost his voice and could not recite. What he eventually discovered was that he was performing, from habit, an unconscious motion in his neck and chest, prior

to activity. It was this habit which blocked his breath, depressed his larynx and interfered with his normal functioning. As he experimented with ways to “break” his habit, he also developed a system to help him become aware of mal-adaptive habits, and offered a pattern instead which supported rather than interfered with basic actions.

Practitioners (Barker, 1978; dePeyer, 1980; Wolf, 1981) today claim that the technique helps the individual deal more effectively with stress as it relieves chronic tension caused by poor body use. Clients are referred to as “students,” and as with Feldenkrais’ work there is a re-education, re-patterning process which occurs. Posture, alignment and breathe are all integral concepts dealt with in this technique and sessions are usually a one on one basis. Touch is part of the method, as practitioners use the energy exchange between themselves and a “student” to bring the student awareness of where and how he is holding chronic tension. Students re-learn sitting, standing, walking and breathing.

Jacobson’s Tension and Relaxation

Jacobson (1967) spent years doing laboratory research in physiology and kinesiology studying the function of emotion relative to the human condition of motion. He eventually found that tension held in the muscles, residual tension (neuromuscular activity which remains over after one experience), will influence the response to a following experience. As he concluded from his empirical studies:

What one has been doing largely determines what one continues to do, for there is a momentum in our perceptive acts as there is a momentum everywhere else where particles move (p. 22).

But this described state is needed for all existence, for it allows continuity in our life; it orients us to time and place. In a sense it is a preparatory state. The danger or problem is when the discharge of tension

is too sparse or limited. Jacobson's discussion of the physiology of this chain is highly technical and complicated, but of import in this discussion is the relation of tension (in musculature) to feeling-emotion, to perception, and then expression. His contribution to the field of psychotherapy, particularly behavior therapy and the technique of de-sensitization has been enormous. It was Jacobson (1962) who performed the early studies on muscular relaxation as a tool in breaking a physiological chain. In other words, the individual can change his perception (therefore, emotion) of an event or experience by reducing the residual tension (which in the extreme is felt as anxiety). From Jacobson (1967):

...when neuromuscular relaxation advances, emotional states and other mental activities subside. Presumably this signifies that body neocortical and limbic lobe-hypothalamic activity show parallel changes upon progressive neuromuscular relaxation (p. 149).

Jacobson posits that we cannot examine emotion without its root, motion. Rather, as with the works of Lange (1922) and James (1914), Jacobson also attempted to explain the role of emotion in total human functioning, apart from a solo brain activity.

Jacobson's view is that since life is a function of motion (complete stasis would be death), and since muscle is what moves the individual, then:

The freedom and independence of the higher organism to act for welfare resides, then to a certain extent in muscle and its innervation. If the muscular system is paralyzed... there occurs no welfare response of fight, flight or procreation (p. 19).

Jacobson found that though we speak of the senses as basic to perception, sensory signals by themselves do not constitute perception (p. 21). Rather, some sort of neuromuscular activity is added to a sensory signal, and its function is to designate the sensory signal. Perception, therefore, from

Jacobson's research is a total sensorimotor act. He says that "...perception will mean sensation subjected to neuromuscular designation" (p. 22).

Finally, he found that emotion is triggered by perception.

The Feldenkrais Method

Feldenkrais (1949) believed that re-education of the physical body, via neuro-muscular pathways, will profoundly affect the personality. He spent forty years developing exercises which he believed would break or change mal-adaptive body-movement patterns and offer individuals new perceptions of themselves. His theory underlying how these mal-adaptive patterns form is what is crucial to this discussion of body-mid interaction.

Feldenkrais had been a physicist, who after a serious injury decided to devise his own physical rehabilitation. What he eventually discovered in his healing process were the possibilities of re-education/learning of body alignment and movement patterns. Because of his erudite scientific background, he not only was about to find action methods of healing his injury, but the biochemical, physical and neuro-muscular influences upon all action. Feldenkrais' method (1972, 1977) has to do with exercises designed to change habitual movement patterns in the body. But his theory links movement to perception, perception to sensation, sensation to experience. All events of a person's life, from birth on, affect how the person will develop; social, cultural, biological, personal are all influences, shaped and patterned in the body, expressed in postural alignment.

Feldenkrais (1972) states:

Each one of us speaks, moves, thinks, and feels in a different way, each according to the image of him that he has built up over the years. In order to change our mode of action we must change the image of ourselves that we carry within us (p. 10).

Brown's View of Energy Flow

In Brown's (1973) landmark article, "The New Body Psychotherapies," he wrote of his concern that the psychotherapies acknowledge the importance of and utilize the body as an element in the therapeutic process. He made a strong statement for the importance of the body when he stated: "Any person who cannot acknowledge the importance, and directly listen to, the wisdom of his own body is psychologically crippled and neurotic" (p. 98). He contrasts the difference between using the body as an object, vs. being able to "listen to" or "giving attention to the wisdom of one's body" (p. 98). In the former, the body is stretched, strengthened, shaped and formed in order to conform to a standard of performance; i.e. in dance over athletics; in the later, one develops a highly refined and sophisticated process, which Brown considers an act of consciousness (p. 98). He contends that treating the body as an object creates a body-mind split in itself.

Brown lists what he calls prerequisites of being able to listen directly to the wisdom of the body, each relating to some aspect of an individual's fully functioning self. The pre-requisite discussed here is one that this author finds basic to fully comprehending the role of the body therapies within the therapeutic process (as well as in relation to each other). The prerequisite named by Brown is that of "energy flow" (p. 99). Brown feels that one's energy flow must be easily mobilized, constantly moving, and highly spontaneous "which embraces all layer of the organismic totality from the surface of the skin to the innermost depths of the metabolism" (p. 99) (in order to be able to "listen" to the body's wisdom).

Brown equates "energy flow" with biological energy or natural life energy (p. 99) and considers this energy basic to realizing one's own goals. He explains this energy within a pleasure, tension-release

framework, which appears to be a pure Reichian view. As Brown describes the process involved in energy release:

The more consuming and satisfying the pleasure, the deeper is the origin of the inner energy mobilization and the more the energy flow becomes diffused throughout all layers of the organismic totality (p. 99).

Brown believes that our flow of energy becomes patterned and we can thereby view it as a process functioning as we relate to our inner and outer worlds. For example, “the more fluid an individual’s energy flow becomes, the more likely that person will be capable of experiencing pleasurable sensations” (p. 99). Brown believes that the importance in understanding energy flow is in examining how its level changes in various circumstances and/or with various personalities.

The neurotic rapidly develops a fear of all spontaneous or immediate feeling, emotions and bodily sensations....It is not surprising, then, why his ongoing energy level cannot afford to either be too high or too dynamically changeable (p. 99).

He feels that one area which the body therapies have in common is that

...the natural life energy and its fluidity of flow throughout the psycho-organismic totality constitute the biological foundation of higher psychological development and personal evolution (p. 100).

Energy Flow

Flow, or tension flow, or energy, or life force, is a concept alluded to in many of the body therapies. It is mentioned in literature describing processes of yoga, of bioenergetics, in the Alexander Technique, in

acupuncture, and in Qigong and in T'ai chi cha'uan. The latter refers to Qi or C'hi and they are associated with force, power, breath and they are relevant to many healing practices.

The phenomenon seems usually to be contained within a healing or deepening of personal insight, kind of framework. When flow is blocked, or bound, or set, or misdirected, one may, for example, have backaches, or be unable to speak, or feel "loose at ends". When flow is locked into a characteristic pattern, binding freedom to move congruently, people are usually hiding behind or defending their inner selves, or denying their inner space (adapted from Leventhal, 2008). Flow seems to be described as anything from a super-personal, internal aspect, to a cosmic, all encompassing, Tao philosophy point of view.

Flow is a description of the alive, energized state in which we find the human body, and Dell (1970) describes it as basic to all other movement qualities.

Kestenberg (1967) has developed an entire system of assessing personality by recording and then interpreting the changes in flow from free to bound, and considers flow an expression of the individual's basically endowed drives, present at birth, referring to it as "tension flow" (p. 41).

Kestenberg believes that flow is an expression of the contractions of the agonistic and antagonistic muscles, with either complementary (free flow) or opposing (bound flow) relationships between the muscle groups. She further ascertains that it is not the presence of tension, but the quality of tension which makes movement flow freely or with boundness, and has also isolated what she refers to as qualities, or attributes of tension flow. It is her contention that it is in the manifestations of these attributes (level, intensity, and steepness of tension from free to bound) that we are able to predict a person's future movement profile relative to force, time, and space. Kestenberg feels that the rhythms

of the flow of tension are tantamount to exploring psychic functioning, through admitting the difficulty of such a task (p. 43).

In yoga, the influence is more implied than directed. Though one works initially in yoga to free blocked energy, it is only as a means towards the ultimate goal of freeness of nature, or becoming one with a cosmic force, and thereby gaining peace of mind and hopefully peace of humankind. One builds towards this meditative state via a series of stretches, and by the regulation and control of the breath (the essential link with the environment). It seems implied that a kind of something needs freeing and re-directing. In the author's experience, that something appears to be flow.

In the Alexander Technique the importance of flow is more explicit. It is a system of gaining inner awareness in order to feel tension "sets," block their impulses and set energy free to flow upwards and outwards. It is practically an immobile concept in its practice, and the energy which is freed is highly personal, and related to biological rhythms. In its most advanced practice, it is not dissimilar to the state achieved by highly evolved yogis.

In earlier research conducted in the former Soviet Union, another level is added to the description of flow. Researchers found a certain relationship between acupuncture, telepathy, aura or body energy, and natural healing. These phenomena were all found to have in common their ability to deal with a kind of flow of energy.

Through a system of photography called the Kirlian process, the researchers were able to record energy vibrations or emanations from plant and human life. They found that people have in addition to a physical body, an energy body (which they seem to have photographed), and it is somewhere connected to this energy body the phenomena mentioned. Of particular interest is the fact that the researchers discovered that energy patterns of people are constantly changing. Illness, emotions, states of mind,

thought, fatigue all make their distinctive imprint on the pattern of energy which the researchers believed circulates continuously throughout the body.

The Kirlian process also photographed energy emanating from exactly the points of insertion used in acupuncture. It was described thusly by Ostrander and Schroeder:

...an energy we call life force or vital energy, circulates through the body on specific pathways....the vital energy may be tapped at 700 points on the skins....they are in communication with organs deep inside the body, and with the whole mental and physiological state of a person. Changing the energy flow on these points changes the vital energy inside the body (p. 211).

Both in depth and scope and ultimately in its application, the concept of flow has far reaching implications in influencing and changing behavior.

In an embodied therapeutic experience an awareness of energy flows' potentialities brings a greater awareness to the therapist of the multidimensional expressive potential of the client or patient. An awareness that relating between people occurs constantly, that one may read many levels of expression, even when one is withdrawn. That touch and voice also may express a flow quality. That flow is an influencing phenomenon even when it is denied. All these considerations are important when developing a model of therapeutic intervention from the Art of Embodiment perspective.

Reich (1975) spoke of the relationship between freedom of energy and neurotic or "psychic" illness (p. 88). Since his theoretical formulation held that: "The energy source of the neurosis is created by the difference between the accumulation and discharge of sexual energy" (p. 88).

He finally concludes that as sexual excitation is a somatic process and the conflicts of the neurosis are of a psychic nature, they augment each other (p. 100). His belief was that the major goal of "causal analytic

therapy” was the establishment of “orgasmic potency....the ability to discharge accumulated sexual energy completely... (p. 99). Reich’s theory grew over years of debate, discussion, and charged professional meetings with Freud, Reik, Rank, and Deutsch. Finally, Reich concluded that the anxiety creating or as part of the neurosis is caused when the vasovegetative system is overloaded with undischarged sexual excitation (p. 119).

Eventually Reich developed a technique of analytic intervention which he considered grew out of the “...struggle against the mechanistic conceptions of psychoanalysis (p. 123).

One connection that the creative experience of dance may have to this process of psyche uncovering and exploring is in the release or expression of instinctual-libidinal energy. However, many elements eventually form models of therapeutic intervention in the embodied experience. This is but one aspect.

In an interview on Martha Graham (1982), Anna Kisselgoff, the dance critic of the New York Times, described Graham’s dance style:

The very core of the Graham dance idiom is the movement of the pelvis—the dance of life as she has called it. The passions she has laid bare in so many of her works come directly from the instincts she brings so unabashedly to the surface ...eroticism...becoming a metaphor for a broader scenario about life in general (p. 22).

This may or may not be significant in relating the potential of dance experience within a therapeutic modality. But it does resonate with some of Reich’s concerns on freeing blocked energy in order to tackle the resistances interfering with change in analytic treatment.

Geller (1978), in a later and somewhat more comprehensive article than Brown’s, “The Body, Expressive Movement, and Physical Contact in Psychotherapy,” discusses many pertinent issues for the field of psychotherapy in attempting to evaluate the efficacy of the body in treatment. One point in particular is

highly relevant, as it helps us distinguish between the educational vs. the therapeutic aspects of the body experiences. Geller makes the point that, "Because we lack publicly stated norms against which we can match our own body experiences, it is difficult for the average individual to judge what the body should 'feel like'" (p.353).

Perhaps, then, the essential value of Rolf, Alexander, or Feldenkrais technique is to help us develop such norms. To become aware, by reducing frozen, or overly tense muscle arrangements, and then to control the natural body alignment functioning. Rolf's work clearly delineates such a focus or structure. For after working with deep massage on the fascie and tissues, her technique allows the body to become more balanced within the helping force of gravity.

Rolf presents a view of weight bearing and spinal function as freeing the individual from debilitating tensions and postures.

Feldenkrais developed many hundreds of exercises for various parts of the body, in order to increase range, release tension, and break mal-adaptive, neuromuscular habits.

Regardless though of the technique, each one offers a view of the complex interface between psyche and soma. Certainly the importance of the body in perception, communication, and psychic energy exchange cannot be minimized.

Where, then, would an embodied conscious psychotherapy, such as dance therapy, be placed within this body-mind framework? Is there a physical model towards which one strives, á la Rolf or Alexander? Are there hands on techniques which are utilized? Is it concerned with "freeing" the energy flow?

To any of those questions, at least one embodied therapy practitioner could answer in the affirmative. Yet, the one area which places dance therapy as a key therapeutic embodied system out of the body therapies framework is its basic concern with the moving body coping with Force, Time, Space, and

Flow. If it were to utilize a breath technique (á la Lowen) or a postural awareness-release technique (á la Alexander), the intent would be only to use the technique as an intermediary process; the thrust is more towards helping the individual to trust the full expressive capacity of the body, than towards some model of tension reduction or alignment. Many dance therapists believe that as the individual is able to experience the body as supporting, energizing, remembering, etc., structural changes will ensue likewise. Trudi Schoop, one of the early pioneers, wrote in Won't You Join The Dance? that

...at all times, dance addresses itself directly to the healthy aspect of human nature and it can fortify and expand any remaining sparks of well-being. Dance assumes the natural capability of the body to move. Human movement is synonymous with life, and dance includes all of the innate elements of movement. However limited these elements have become, somewhere in a person their potential exists (1963, p. 78).

There is, though, definitely the educational aspect integrated into dance therapy treatment. That is, aiding an individual to begin to use the body as an expressive tool. How this is accomplished ideally becomes part of the treatment, but, different from the body therapies, working on alignment, or tension, or space, or even rhythm, is never an end in itself.

Communicative and Expressive Concerns and Non-Verbal Behavior

Darwin

Drawin (1896) was one of the first to bring attention to the non-verbal, but highly communicative aspects of the body in its expressive capacity. He believed that the language of gesture, as well as facial expressivity communicated emotion and feeling among individuals. He even went so far as to offer an explanation for repression and expression. Darwin believed that the expression in the face and body,

which is determined through movement, serves as the first means of communication in the mother-infant dyad.

The movements of expression in the face and body, whatever their origin may have been, are in themselves of much importance for our welfare. They serve as the first means of communication between the mother and the infant; she smiles approval, and thus encourages her child on the right oath, or frowns disapproval. We readily perceive sympathy in others by their expression, our sufferings are thus mitigated and our pleasures increased; the mutual good feeling is thus strengthened (pp.365-366).

Darwin also developed a theory of expressive gesture and posture related to a neuromuscular, physiological chain. He explored the genesis of idiosyncratic gestures (i.e. head scratching or lip wetting) as well as universal facial expressions (i.e. smiling, frowning). He was able to support a thesis of: need creates gesture—gesture creates habit—habit becomes reflex (unconscious) (p.64).

The habitual pattern might be an inherited characteristic or might occur event-specific. In a way Darwin's concerns in expressive movement foresaw each of the body-mind trends discussed in this report; the body therapies as cure; and movement expression as clue.

Feldenkrais, Jacobson, Alexander, Rolf, and Reich acknowledged the presence of habits, but their concerns focused on changing habits.

In this section a review of movement, mobility and expression or communication within the psychotherapeutic context (namely psychoanalysis) is presented.

This is an area which views the posture or movement integral to interpretation in treatment. Body work as a prescriptive intervention is not what is emphasized. Rather, a deepening of the understanding of

these expressions as aiding the therapists in their “communication” with the patient’s unconscious is what’s emphasized.

As the psychoanalytic influence on body-mind relationship is explored, what becomes clear is how much motility and/or motor expression is related to or seen as a function of ego development and/or integration.

Deutsch

In 1950, after closely studying postural behavior of patients during analytic therapy, Deutsch (1950) wrote that he found such study worthwhile in enabling him to investigate the “origin and the development of motility in a controlled experimental situation in which the body reactions to psychic stimuli could be observed over a long period” (p. 196).

Deutsch was committed to the thesis that the body did reflect, incorporate, and finally express through postural reactions and motor behavior all stimuli:

In estimating postural reactions, motor behavior, during analysis, it must always be kept in mind that whatever happens in part of the body is reflected in the whole body and is integrated into the functioning of the whole organism (p. 196).

Deutsch helps us to appreciate the complexity of viewing posture within some sort of thematic context for he feels that postural patterns exist simultaneously as “signal” and “symbol.”

Deutsch’s thesis is that during analysis postural patterns of a patient will precede, or substitute, or even accompany verbal expressions and that “it is not possible to understand the pattern before the meaning of the elements in the configurative patterns is known” (p. 197).

His definition of "posture" related to the descriptive analyses preceding is presented as follows: "...the relative positions of the patient's head, trunk and limbs on the couch, and the topographic relationship of these parts of the body to each other" (p. 198).

Deutsch likens the various postural configurations and subsequent analyses and interpretations within a psychoanalytic personality constellation. "The integrative function of the ego can be considered as effective when it succeeds in coordinating and synchronizing the different participants in the postural formation" (p. 198).

It is at this juncture of his thesis that we begin to perceive how he has found these body postures related to personality integration. What he concludes is that

...successful homeostasis depends on how well and how long the defensive functions of the ego have operated—in short, on the prehistory of the psychological investment of the various parts of the body and of their functions (p. 198).

He believes that one is able to distinguish between both synchronized and asynchronous postural behavior. In the former the control emanates from both the conscious and unconscious ego; in the latter, he suggests that there is a partial loss of ego control.

Though it is the ego which will make the decision when and how to move, he states that the "motivation of movements of the voluntary musculature is inseparably intermingled with unconscious (autonomic) innervations" (p. 199).

The statement which follows is quite meaningful as it relates to work with children (in which ego functions or the ego itself is in the developing stages, yet clear patterns of motility, posture and movement behavior are being discerned). "Uncoordinated movements are the expression of irreconcilable unconscious forces with fight for supremacy" (p. 199).

If we are able to relate such a possibility to a model of movement behavior or expectancy of an individual's age or stage appropriate, then we begin to see how the possibility of an intra-psychic conflict could be creating the inability of the individual to integrate stimuli in its sequential integrative potential. The assumption here might have several levels:

- 1.) Could a child continue to develop/mature successfully if this conflict is creating a motor manifestation?
- 2.) Might an exploration of potential conflicts at the non-verbal level release the inhibited and, therefore, blocked motor functions so an individual could find a more coordinated, integrated expression? And
- 3.) Could this "asynchronous" movement constellation be blocking the child sufficiently so that normal pre-learning skills are no longer available?

Deutsch states that "the appearance and disappearance of a posture represents, it would seem, the attitude of the ego toward a certain impulse with which the specific movement is associated" (p. 199).

Key Theorists in Movement Behavior and Development Therapeutically

Two distinct areas of theoretical concerns are important to explore. The first deals with the necessity of considering so-called movement milestones, reflexive actions, and developmental movement as they have been described and researched by Gesell (1940, 1943), Barsch (1968), Cratty (1969, 1974), Kestenberg (1975), Piaget (1952, 1969), and later by Leventhal and others (1979, 1980, 1993, 2008).

The second deals with understanding or at least the consideration of the interface of these expected motor action and expressions to stages of personality growth and development as proposed by Mahler (1970, 1975), Piaget (1952, 1969), Erikson (1950), Kestenberg (1975), A. Freud (1946), Winnicott (1957,

1965). The intent is not to take a reductionist view but attempt to find an integrative approach in conducting treatment for clients with an awareness of the complexity of the many aspects of Body-Mind impact upon change and healing in psychotherapy.

What is being suggested then as an alternative to treating the symptom (the skill or learning problem) or to looking for connections to the conflict as it becomes possibly expressed within a play therapy or like situation, is that both analysis and treatment could occur within an embodied therapeutic approach.

How might this proceed and what are the special implications and considerations:

1. Working at a pre-conflictual level in terms of Force, Time, Shape, Flow; to determine this level, Kestenberg's Tension-Flow/Shape-Flow (1965) analysis could be utilized to create a composite picture of the individual's full movement potential.
2. Meeting the client/individual on this appropriate "flow" level in synchrony, attuned interaction (Condon, 1968; Sheflen, 1969; Kestenberg).
3. Feeding in gradually component areas of motor skill as each area preceding it has been mastered.

Mittelman

Dr. Bela Mittelman (1952), psychiatrist working with a particular interest in child growth and development, studied the concept of motility empirically and historically. His work allows us to begin to create a form of psychotherapy purporting to utilize movement, motion, nonverbal, expressive behavior diagnostically and to a certain degree prescriptively.

He described motility as an "urge" —having "its own patterning of skill and of expression....intimately connected with nearly all other functions of the individual" (p. 142). It was Mittelman's contention that

motor function of the individual seemed to be more notably related to other functions (i.e. ego, physiology, drives, instincts) than were any of their functions.

There are five broad categories of motor phenomena which Mittelman distinguishes, and they allow us to view movement behavior in its complexity of interrelationship in human functioning. The five areas are:

1. Random movements of infants;
2. Affect motor patterns (he describes them as emotional patterns accompanying the emotional reactions to fall, fear, etc.);
3. "Autoerotic," rhythmic patterns, such as rocking or bouncing;
4. Skilled motor activity (under which he offers examples of posture and locomotion); and
5. Motor phenomena which are aspects of another function (the example offered is sucking—as a subserve of an oral activity).

Certain of his points appear to relate most significantly to aspects of development that are important in considering any embodied treatment as a therapeutic modality:

The second and third years of life are the period of the most rapid development of motor skill, and motility is one of the most important avenues for exercising such functions as mastery, integration, reality testing and control of impulses (p. 145).

As Mittelman himself suggests, the preceding functions are considered ego functions.

Freud

Then if we return to Freud's early statement of [the first ego being a body ego] the interrelationship of body, mind, movement, expression and development begin to become clearer.

Freud (1923) said that "...the ego is first and foremost a body-ego; it is not merely a surface entity, but it is itself the projection of a surface" (p. 216). He goes on to describe how intrinsically connected the ego is to the physicality of the body:

...the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body... (p. 216).

Freud also presents his concept of how the ego and motility are bound, the one influencing the other: "By interposing the process of thinking it secures a postponement of motor discharges and controls the avenues to motility" (p. 232).

It is not so difficult then to see how motor behavior, expressive motor urges, movement interactions as they have been discussed, can function therapeutically with psychotherapy clients in helping to build the ego and thereby assisting in personality integration.

Mittelman feels that until about age ten the child has an inborn impulse to carry impulses into action (p. 144). He posits, from his psychoanalytic perspective, that many of the child's psychological characteristics, as well as aspects of early and late pathology are intimately connected with the motor function" (p. 146).

Mittelman describes patterns of motor activity vis-à-vis emotional expression during the first few years of life. For example, in explaining common postures associated with rage and/or anxiety during the first year of life (he feels rage and anxiety are fused at this time), he describes the position of intense crying by an infant:

...both knees being pulled up in semi-abduction with recurrent sustained extension of the lower extremities. The upper extremities are in abduction and flexed at the elbow. This basic pattern

is intermittently broken by more or less rhythmic, asymmetrical movements of the extremities (p 150).

He describes other motor pattern reactions, which become less body/rhythmic-directed, and more “goal”/motor skill-directed as the child matures. For instance an anxiety reaction towards the end of the first year involves space, objects and motor patterns:

When the crawling or toddling infant gets anxious...he scurries back to the mother or surrogate and clutches her...in this reaction, motility, i.e. flight and search for safety becomes livelier (p. 150).

Referring to the relationship with an adult, these are explained by motor activity in the service of gratification, namely affection and praise of the adult (p. 156).

Mittelman is able to explain the so-called give and take of human relating in quite concrete terms: “the tendency to give or hand objects to people...and the tendency to grab all desired objects with the declaration “it’s mine” (p. 156). But even more important are the issues of independence and dependence as they become experienced and psychologically evolve through motor phenomena and interpersonal relating. He states that a fusion of dependent needs and the desire for independence in the image of the self takes place via motor (imitative) identification ...” (p. 156). He likens the actual development of psychological independence of the child to the development of various motor abilities. As he describes the child’s progressively more advanced motor activities, he says that the child’s self-esteem at around the third year, image of his motor abilities may become “boundless” (p. 156). And “...in general there is an increasing emphasis now on motor accomplishment leading to self-esteem” (p. 156).

Mittelman contends therefore that as the child begins to trust and rely on his motor actions, and can assert his needs and wishes, so grows proportionately his self-esteem.

So there is an intrinsic connection of motor expression, leading to organized motor behavior, which in turn contains or stimulates an innate sense of accomplishment when mastered, which then elicits genuine positive feeling, which gets communicated to an adult, who finally reflects it back to the child.

As he has described this complex link from motor urge to communication and self-esteem regulation, there are also germs of the ideas of Mahler (1958, 1970, 1975) and Winnicott (1957, 1958, 1965).

Fries

In 1946, Dr. Margaret Fries, a psychiatrist working with infants and mothers made several astute observations on the effect each had upon the other and how it was conveyed and/or expressed through motor behavior. Her focus is upon the potential of strengthening a child's ego via this parent-child interaction.

Her report is cited because of its antecedents to Dr. Kestenberg's (1975, 1977) formulations. She advocates planned educating of parents to needs, feelings, expectations of themselves as parents and their children as children. Her rationale was that the ego can be educated, depending upon the kinds of life experiences available to it (p. 85).

Kestenberg and Robbins

Kestenberg and Robbins (1975) attempt to draw inference about the psyche from movement patterns, although they emphasize that they do not believe a simple relationship between motility and psyche exists. A distinction is made between movement patterns that are subject to rhythmic repetition, as

contrasted with the body attitude of an individual (p. 423). They believe that a body attitude represents the more stable, unchanging aspect of motor patterning.

They are suggesting that we may contrast and compare two clearly non-verbal manifestations of personality—clusters of organized phenomena actually—as a child’s development is considered. One is what they have named “body attitude” and the other “rhythms of movement.”

They describe body attitude thusly:

...the composite of preferred positions, body alignments, relations of head, trunk, and limbs, body shapes, as well as of a structure of “engraved” tension areas, which are the remainders of frequently used rhythms (p. 424).

They feel that eventually, habitually used movement patterns will begin to create a kind of “imprint” on the body, even when it is no longer moving. They present the example of a person who is usually in a rush somehow always looks rushed. Their explanation is that “his body has assumed an attitude of rushing” (p. 424).

Interesting to this set of hypothesis is their relating these clusters to specific developmental phase of young children. They contrast times of mobility with times of tonicity, e.g.

...the new mobility of the toddler, whose locomotor strides gives him a new sense of time, is succeeded by the relatively greater stability of the three-year-old who coordinates head, limbs, and trunk as he begins to explore the inside and outside of the body (p. 425).

The second cluster of phenomena (this author’s term to describe their descriptive categories) is what Kestenbergs and Robbins refer to as rhythms of movement. These rhythms are presented as a set of patterns; one reflecting repetitions in changes in tension, and called “rhythms of tension-flow,” and the

other set of reflecting changes in the shape of the body and called “rhythms of shape flow.” They believe that these rhythms are ubiquitous and are part of the congenital moot apparatus.

Tension-flow is used to express needs and their psychic counterparts, the drives. The apparatus of shape-flow is used for the intake or expulsion of environmental substances as well as for the seeking or avoidance of stimuli (p. 425).

These two sets of rhythms eventually become subordinated to efforts (Laban, 1960) and shaping (Lamb, 1965), which Kestenberg believes happens with ego motivation. Efforts are used to cope with or describe how an individual copes with space, weight, and time, and shaping is concerned with conveying the form of relationships through movement in spatial planes. Effort-Shape, or Laban Movement Analysis will be explored in depth during the course of training in The Art of Embodiment Modules.

As Kestenberg and Robbins develop their theory of non-verbal interaction and expression, they describe specific behaviors within these described parameters, related to each of the stages of psycho-sexual development as outlined by Anna Freud (oral, anal, phallic, etc.). Throughout their years of movement observation and longitudinal studies of infants and their families (1975) they have been able to distinguish clear patterns of behavior, describable within the terminology of psychoanalytic language integrated with Kestenberg’s adaptation of Laban’s original formulations.

Effort and shaping appear in the first year of life in fleeting, rudimentary forms. With progressive ego development, they become clearer, more complete, more frequently used. They are firmly established in the latency child’s movement repertoire—the harmonious matching of related effort and shaping elements would seem to bespeak the latency ego’s capacity to deal with external reality (expressed through efforts) in accordance with socially approved standards (expressed through shaping) (1975, p. 426).

Somehow it is these patterns of rhythms which Kestenberg et al. believe transform the “motoric discharge of desire and object-seeking into ego attitudes and object relationships” .

Skills and Mastery

Mittelman (1954) believes that the child has a “need” to adequately perform gross and fine motor skills and that he will show distress when the act is not done quite well, and joy when it is performed successfully (p. 153).

He also helps us see how in performing a skill adequately for an adult, the child is reinforcing a communicative link and building self-esteem. As the child expresses joy to the adult, so it gets reflected back, which in turn may encourage the child’s further exploration—and so the performance, achievement, recognition cycle continues, and can be reflected in an adult’s psychodynamic issues later in life.

This idea is readily applicable in an embodied treatment such as dance therapy. For example, in dance therapy, all movement expression of the individual is given support and encouragement and gradually the individual begins to trust and appreciate this avenue of self-disclosure as aspects of himself which bring both recognition and gratification. Actually, in this way the possible schisms begin to shrink; the artificial separation of thought, feeling and action so often non-integrated in emotional disturbance or mental illness.

Mittelman believes that disturbed adult-child relationships may arise early in connection with motor function (p. 155), which he says lays the groundwork for disturbance of pleasure functions (arising from motor anxiety).

Mittelmann comments also on how inadequate motor performance can lead to derogatory comments or to rejection by parents or other children, which will cause feeling of inadequacy (p. 167), and even eventual hostility toward oneself and others.

When relating to the importance of mastery and innate feelings of accomplishment of the individual, the concept of “psychodynamic movement” seems to emerge more clearly. We are able to isolate stages in which the therapist might (a) reach the individual, and (b) analyze the development of age of disturbance. However, this concept still necessitates some psychodynamic framework, which on this instance appears to combine a Piaget-ian (1970) sensorimotor developmental sequence with Winnicott’s (1958) notions of “shared” context and “good enough” mothering, and Mahler’s) 1958 separation-individuation theories.

So perhaps the potential contribution of an embodied-oriented therapy, lies in training therapists to become sensitive to the expressive, integrative and psychological functions of movement during each stage of development ,then learning how to analyze and interpret such expression within a psychodynamic framework. Ultimately assisting clients to be able to make healthier choices for behavior and developing strategies for realizing one’s full potential can only enhance the therapeutic processes for both the client and the therapist alike.

To “embody” means to fully embrace and to support the totality of all processes human. As the therapist, to be able to contain, hold, extend and support the client’s emerging vision of total health; whether from the body experiences, the mind processes or the creative, spiritual realms. And from the client’s perspective, to be able to honor the emerging self as one begins to define, explore, and expand ones’ consciousness and potential.

The “Art of Embodiment” is a three dimensional creative, dynamic process which both owns and honors the fully realized individual; a thinking, feeling, creative, expressive being.

AN INTRODUCTION TO HISTORICAL ANTECEDENTS AND THEORY CONTRIBUTING TO THE DEVELOPMENT OF A WHOLISTIC MODEL OF EMBODIED THERAPEUTIC INTERVENTION AND TREATMENT©2013

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