

THE SOMATIC UMBRELLA

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In broad brush strokes, the field of somatic psychology operates on a few basic premises. One is that any event that occurs impacts our whole being—physical, emotional, cognitive, and spiritual. Indeed, any event must come through the sensory systems, permeating our flesh in order to register in the rest of our organism, including our mind. The only way that the mind becomes manifest is through the actions of the body in which it is embedded. Any event affects our physical structure as well as our emotions and our thoughts. If we think a pleasant thought, our muscles and organs are actually helping to create that thought with their squeezings and quiverings. Thoughts, in this system, are not just events of the mind, but are also physical events that take place throughout our organism. Somatic psychology sees this body/mind as a feedback loop or continuum rather than two separate though cooperative systems. Healthy functioning is a physical as well as emotional, cognitive, and behavioral experience, and dysfunction in any part of the organismic continuum will effect the whole system. Any therapy worth its salt must acknowledge this basic correspondence and operate from it.

ENERGY

The next premise is that humans are unique energy systems. Energy is the form and expression of aliveness. Most of us think of our energy in terms of how much we have or don't have on any given day, but we can define it in both practical and poetic ways. Literally, it is the force or power of our organism. We could also say that it is the fuel by which we can progress

through life, that it is the divine spark by which we know ourselves to be human. We feel our energy as pulsating, much like a sine wave or an ocean wave. Our energy comes and goes, our emotions swell and ebb, our intense responses to life come in quiverings and shakings.

Energy, matter, and space seem to be the three ingredients of the universe; anything existing in the universe is comprised of one or more of these three elements. Somatic psychology pays exquisite and detailed attention to human energy. It is the form and process of our energy exchange with the outside world that determines much of our sense of who we are and how we act. Do I shrink when under stress, or do I blow up? What events sap my energy; which others flare it up? It is through these familiar energy patterns that we begin to know that "This is who I am." In this field, we examine how people absorb energy from the environment, how they process it, and how they express it back out, similar to a biologist studying how a plant absorbs sunlight, engages in photosynthesis, and excretes oxygen.

Events are seen as stimulating our energy flow. This energy flow is understood and labeled through how it impacts on the shape and density of our physical structure, which then determines our next energetic actions. When someone compliments me, blood rushes to my cheeks and makes them hot. My stomach feels fluttery, and I label this energetic event embarrassment. If I have been criticized, I will shrink in my chest area. Or, if I shrink in my chest area, I am likely to interpret someone's words as criticism. This energy is then discharged into the environment in the form of behavior, such as emotions, speaking, gesturing, and movement. Any of these energetic discharges can be spontaneous and healthy responses to the moment, or they can be reactive and conditioned reenactments of our historical relationship to energy. Whether we use our energy in responsive or reactive ways is seen as one of the core themes of somatic work. Energy is often seen as being overbound or underbound in the body, as a result of our using either tension or collapse as a defense strategy.

One of the important value statements made in somatic psychology is that our energy is so basic a life function that no part of it can be bad. Most pathologies are seen as a result of being punished for having or expressing our energy. How many stories have we heard or told about how someone was wrong for being too excited, too loud, too sexual, too much? Wilhelm Reich (1986) believed that modern society is a major repressive force that squelches

and withers our energies, and that this repression was the basis for all illness. This view contrasts with Sigmund Freud's (1955) concept of the libido, which he saw as a form of primitive, unsocialized energy that must be controlled for society to operate. Body-centered psychologists believe that judging any of our energies as out of control and potentially dangerous is a self-fulfilling prophecy. Whatever energy we hate or fear will become distorted and wounded and will not be felt or expressed normally.

Somatic psychology is also interested in the energy loop of feeling and expressing. Feeling is generally equated with sensation and with the pulsatory flow of energy inside the body. It is an occurrence within the boundaries of the self that is the raw data of our experience and our sense of who we are. Our ability to stay receptive to inner sensation and energy in an unconditional manner is seen as a prime component of healthy self-identity. Many practitioners work to help clients reclaim sensation and energy pulsation by having them enter into a tracking and validating of sensory awareness (Gendlin 1978; Hanna 1987). It is Freudian free association on a body level.

Expression is also a prime component of healthy functioning. Though early practitioners tended to emphasize explosive, intense expressiveness (such as kicking, yelling, and pounding) as a strategy to counteract society's repression of expression, the field now employs gentler modes of expression as well for releasing old injunctions to restrict or diminish our movement, speech, and other expressions. Many clinicians now focus on expressions that most accurately communicate inner experience. Sometimes we have learned to exaggerate our expressions and need to find ways to disclose them more calmly.

Many clinicians will focus on a stage in the energy event where the excitement that is building is formed (Keleman 1975) or contained (Rosenberg, Rand, and Asay 1985). Albert Pesso (1973) believes that it is a basic human need to have limits, and containing our energy, even momentarily, is seen as important for our ability to make meaning out of our experience. For all somatic practitioners, however, therapy and general health involves physically expressing oneself through vocal sound and movement. Often this expressiveness is seen as a way to reestablish the healthy pulsation and vibration that is the natural shape of energy flow in the body. Habitually holding our energy inside tends to increase tense rigidity in our body structure, to depress our future energy, and to create rigid notions of who we are. Expressing our energy too quickly or chaotically, on the other hand, tends to

diminish our sense of self and our effectiveness in the world.

Most theoreticians have developed theoretical models for this basic energy process. Stanley Keleman (1975) calls it the charge, formation, and discharge process. Events create charge in the body, which builds and is given meaning and personal identity. The charge is then discharged as expression and ends in relaxation. Pesso (1973) uses an energy-action-interaction-symbol formula. Integrative Body Psychotherapy (Rosenberg, Rand, and Asay 1985) calls it excitation-charge-release-resolution. Most of these models are derived from Wilhelm Reich's early pioneering work .

Most body-centered models believe that the body can be divided into energetic segments or zones, and that different segments, due to their form and function, store different memories, emotions, issues, and traumas. Often this analysis of body segments can be traced back to Reich, and to Eastern beliefs about chakras, or energy centers, in the body. Energy blockages in the different segments can distort affect, posture, and movement in characteristic ways and can result in specific physical and emotional illnesses. Generally, these areas are as follows, from top to bottom:

1. THE OCULAR SEGMENT (AROUND THE EYES)—contains issues around what we were allowed to see
2. THE ORAL SEGMENT (MOUTH, JAW, THROAT)—issues of communication, being heard, and the taking in of nourishment and rejection of toxicity
3. THE THORACIC SEGMENT (CHEST AND DIAPHRAGM)—anger and sadness, rejection and longing
4. THE ABDOMINAL SEGMENT (THE BELLY)—fear, issues of digestion
5. THE PELVIC SEGMENT (REPRODUCTIVE AND ELIMINATIVE ORGANS)—sexuality, vitality, survival, and support

Some practitioners also focus on the legs as the part of the body concerned with grounding (Hendricks and Hendricks 1991; Rosenberg, Rand, and Asay 1985; Smith 1985).

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MOVEMENT

Movement enjoys a central theme in somatic psychology. Movement is the way we define life—heart beating, lungs pulsing, brain waving; its absence is death. In this field, any movement is generally viewed as a type of vibration or pulsation that can be seen as a continuum from gross (locomotions such as walking) to mid-range (fluids pumping in the body, body gestures, and emotional quiverings) to fine (ion exchange, cellular metabolism, and electrical impulses). The pulsatory process is seen as the primal life movement—expansion and contraction—like breathing in and out, the squeezing and relaxing alternations of digestion, and the heart swelling with blood then fisting it out. In its simplest form, somatic diagnosis is an assessment of where the person is moving in his or her body and in life, and where he or she is not. Therapy is about restoring systemic motility and pulsation.

BODY AS METAPHOR

Lastly, in somatic psychology the body is regarded as a template, blueprint, or metaphor for all experience. This is illustrated in how we use language. Saying that a person is a pain in the neck is a somatic statement. Getting an ulcer means something about one's abdominal energy flow. Dreaming about having no legs is a statement about standing and grounding. Somatic therapists listen to our words, images, and dreams about the body to assess how we view and organize our experience (Dychtwald 1977; Hanna 1987; Johnson 1983; Kurtz and Presteria 1976).

When we are influenced by another person, our whole being is affected. Our posture, stance, and gestures subtly shift to conform to our significant others. We teach our emotions to flow in ways that are attuned to the emotional climate of our family of origin. In this sense, we physically carry all the characters, stories, and archetypes of our childhood, and we carry them into adulthood as our sense of how the world works. Our families tend to act out unconsciously classic comedies and tragedies. If my mother played a Joan of Arc martyr/heroine to my father's alcoholic Attila the Hun, I will organismically take on a role that accommodates and mediates between these two. I will then strut and fret my hour upon the stage with gestures, positions, speech patterns, health issues, and other manifestations

that relate not to the present moment, but to my historical habits of relating that I have been practicing since conception.

Somatic psychology seeks to dissolve these organismically-absorbed characters through direct experiences of our authentic energy and movement. In this way, we can live free of any ways that we may have needed to misshape ourselves in order to get through our formative years.

HUMAN DEVELOPMENT FROM A SOMATIC PERSPECTIVE

Somatic psychology holds unique ideas about human development. While the field acknowledges and extensively uses the ideas of the classicists Winnicot, Mahler, Piaget, and others, it also offers some distinct perspectives on childhood development. In particular, it looks at how developmental needs and tasks are routed through the body, and how physical interactions in the family impact psychological maturation. It recognizes that from conception until some time after birth we are out of gravity and in the horizontal world, being held first by the womb and then by our caregivers. When our body begins to move outside the womb, we experiment with gravity and make increasingly successful attempts to become vertical. This transition from horizontal to vertical, from out-of-gravity to in-gravity, is the blueprint for all developmental tasks and often echoes how we progressed up the evolutionary scale and developed in the intrauterine environment.

The work of Bonnie Bainbridge Cohen (1993) has made an important contribution to body-centered developmental theory. Cohen began her career as an occupational therapist, and from her specialization working with small children she subsequently developed Body-Mind Centering. She began by observing the developmental movement sequences of normal human babies—beginning with the newborn's ability to turn and raise its head, and as it grows, progressing down the spine to the ability to raise up on the arms, then to push onto hands and knees, then to crawl and so forth. She noted that when something interferes with these basic tasks, not only did the children's growing bodies become more susceptible to postural and orthopedic problems, but that these movement deficiencies also retarded perceptual richness, emotional maturity, and cognitive acuity. Cohen then began working with adults, taking them back through original movement sequences that had been skipped or inadequately experienced. Her Body-Mind Cen-

tering techniques have formed a bridge from early childhood movement experiences to later adult functioning—physically, emotionally, and mentally.

Marion North (1972) believed that personality could be assessed through observation of movement, and her work as a movement analyst led her to look at the movement patterns and sequences of children, studying the origins of personality in the early body expressions of newborns. She found that basic movement tendencies such as a tendency to be more energetic and fidgety, or withdrawn and hesitant were present at birth and persisted into adulthood. She also correlated these basic movement energies to character structure and felt that a child's movements were simply outer energetic expressions of inner temperament.

Irmgaard Bartenieff (Levy 1988) is also well known for her work with children. She began her work as a physical therapist and dancer and developed specialized movement games for children that emphasized the building of movement sequences that integrated physical needs with emotional and motivational ones. All three of these clinicians and researchers saw the early developmental movement tasks of children as essential to their later adult health and functioning, both physically and psychologically.

From the moment of conception, we need physical care, such as food, warmth, and protection. If we do not receive these, we die. As these are met, we need bonding, a sense of attachment first to mother's body, then to other people. Around birth we actually "imprint" on significant others, a biologically-driven form of learning that ensures our survival (Lorenz 1963). This bonding process is body-focused and body-oriented. It is accomplished through movement and sensory processes—touch, vocal sound, smell, vision, and movement synchrony. Is the baby held in a way that is stiff and braced, or is its body shaped to its mother's in a relaxed and comforting way? The ways in which we interact with the bodies of our infants form their first experiences of love and belonging. Love blooms first and foremost as a physical interaction.

Next, we need to be reflected. Jack Rosenberg and Marjorie Rand (1985) call this mirroring. This manifests in the physical interactions between the infant and his or her significant caregivers. This stage has to do with helping the child develop a sense of being both distinct from and related to others and is accomplished through physical cues that give the child's emerging motility plenty of approval and safety.

As a child becomes upright and begins walking in the vertical world, he or she has the increasing capacity to leave mother and go off on his or her own. This stage reinforces the sense of a separate self, often called healthy narcissism. The child establishes groundedness in gravity, his or her first feet-on-the-ground, this-is-me identity. This occurs in the context of being able to rebond at any time. The young child's ability to move towards and away from, choosing when to separate and when to rebond, allows the child to feel that both being separate and being together are safe, good, and under the child's own choice. This is often called rapprochement. This body dance of the need for both intimacy and separateness, both relatedness and distinctness, continues for the rest of our lives. We need relatedness in order to exchange essential nutrients such as love and affection and to avoid such toxins as self-centeredness or delusion. We need distinctness in order to separate from poisons such as disapproval or codependency and to receive such nutrients as solitude and self-reflection.

SPACE, TIME, AND EFFORT IN DEVELOPMENT

Because of the deeply physical nature of early development, somatic psychology has a lot to contribute to our understanding of it. We can look at our development in terms of space, time, and effort. First, development occurs through our relationship to space. Space has to do with how much of it we take up, how much room there is for us in the world, and how we face different directions within it. It is illustrated in how expanded or contracted our body is, how much space we use to move in, and where we draw our boundaries in terms of who gets close and who doesn't. It heavily impacts our ability to form healthy relationships. Our first physical imprints about space occur in the womb, during birth, and during postnatal bonding. We have needs for space to be enclosing and enveloping, and we have needs for space to be open and unlimited. Our developmental history with regard to space is written in our physical structure, expressive movement, attitudes, and beliefs.

Time is the next developmental orientation. It has to do with speed and pacing. Like space it is imprinted before, during, and after birth, and continues to be shaped by interactions within our family system. Having our rhythms respected while negotiating how to synchronize them with others is

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the task here. Does a child have permission to put her shoes on at the pace she wants, while still cooperating in the mother's task of getting everyone out the door and to school before the bell rings? Timing issues often manifest in energy and emotions. Are we quick to anger, slow to boil? Do we hurry through things, or hold everybody up? The body stores our timing issues as well, along with our expressive movement (such as going through our day like a hummingbird or a sloth), and in our attitudes and beliefs about being on time or missing the boat.

Energy is the third developmental issue. It has to do with power, which in physics is simply defined as the ability to do work. As embryos, infants, and children, we all received messages about how much energy is OK to have. "Sit still! Calm down! Shake a leg!" are all injunctions to change one's energy. The essential questions regarding energy are: Do I have enough energy to perform any action to its completion? Is it OK to have as much or as little energy as I feel? Our sense of personal power and accomplishment ride on these questions. Do we pop out of bed in the morning? Do we drag through the late afternoon? Do we feel we have power over what happens in our lives?

Somatic psychology has made two other interesting contributions to developmental theory. One is the emphasis it places on pre- and perinatal (before and around birth) experiences. It is likely that in verbally-based therapies the pre- and perinatal periods are not emphasized because we do not have cognitive access to them, most theoreticians believing that we don't truly cognize until we are one or two years old. But just because we cannot usually remember and talk about our experiences before age two does not mean that they did not have a deep impact on our formation. Because somatic psychology believes that the body literally holds all of its history, most practitioners believe that we store and can reaccess any event that happened to our body while we were in our body, all the way back to conception. This perspective was in fact mentioned by Freud (1955), but was taken up more thoroughly by his student, Otto Rank. Its influence today is seen in the work of Gay and Kathlyn Hendricks, D. Boadella, D. Chamberlain, and A. Janov, and also in the disciplines of Integrated Body Psychotherapy, Rebirthing, the Primalists, and Stan Grof's Holotropic Breathwork.

Another interesting contribution comes from Stanley Keleman (1985) and others who have carefully explicated the "anatomy as self-iden-

tity” theory. In this theory development is viewed as the formational interplay between movement and structure, from the cells all the way up to the adult body, from conception through death. Movement forms structure, much as the flow of water shapes a river bed, and structure shapes the flow of movement, just as a river bed will channel the flow of water. Since life is measured by energetic movement, and all energy vibrates in some way, all life pulsates. The nature of this pulsation, as it interacts with the formative process of cells multiplying to become tissues, tissues forming into organs, and organs into systems, determines who we are. The history of how this formative process took place—whether or not this process sustained insults to its integrity—determines our vitality and functionality.

Somatic psychology provides a rich addition to theories of human development. By paying more attention to the very real and physical issues inherent in the developmental process, we can understand and treat our children and each other with increased finesse and care.

PATHOLOGY IN SOMATIC PSYCHOLOGY

Any coherent body of psychological knowledge has beliefs as to the nature, origin, and process of illness. In somatic psychology a correspondence is seen between physical and (so-called) mental dysfunction. Any traumatic or wounding event will negatively impact the functioning of a person’s body, emotions, thoughts, and behaviors. Many physical illnesses, such as ulcers, migraines, or skin rashes, are seen as potentially an expression of emotional and/or cognitive upsets. Physical illness is viewed as a metaphor for underlying issues. Backaches may reflect issues of support, uprightness, or burden. A sore throat may be the holding back of speech or sound. In this way a somatic therapist regards physical illness as a potential symptom of trouble in the somatic unconscious. This does not mean that we should ignore physical symptoms as medical issues but that we should look at illness as a continuum from the physical to the spiritual.

Because somatic psychology is so movement-oriented, pathology tends to be seen as a state of stillness or blocked movement in the body. If we need to either tighten or collapse to restrict our energy and movement, and if this strategy is used frequently, it becomes chronic and fixated in the body—what Reich called character armor. Many practitioners see this armoring as a

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persona or false self that reacts automatically and dysfunctionally in the world (Kurtz 1990; Keleman 1985). Defense mechanisms are literally physical states of posturing or positioning the body. These postures and positions can be classic in their nature, so that many clinicians will characterize body stances as schizoid, oral, rigid, and similar terms. Many somatic psychologists will “read” the body as a form of diagnosis, noting where the body is held, what shape results, and what emotions, beliefs, and behavioral strategies ensue (Brown 1990; Kurtz and Prester 1976; North 1972; Pierrakos 1987). Some emerging work (Levine 1976; Caldwell 1996) looks at defense strategies as reflective of our animal history. Some of us, in the face of extreme stress or repeated danger, learn to use our bodies like a rabbit in the grass, freezing in order to escape detection. Others develop the badger strategy, using aggression and all-out attack as a way to defend against predation. These defenses are programmed into our physical behavior at an early age and most likely reflect strategies perfected back in our more primitive past.

Where do these blockages or stillnesses come from? Most somatic psychologists will agree with standard theory about the origins of psychopathology—abuse, abandonment, disapproval, reality not being validated, and other problems. All these states lead to a fragmentation of the essential self, with disowned parts being isolated, loathed, and projected, while compensatory false identities are practiced out of survival need. Somatic psychology develops these ideas further by physicalizing them. We look at abuse as an insult to the *form* of a person, altering his or her size, shape, and energy. Abandonment is experienced as a state of ache and emptiness in the body that only physical strategies can mitigate. Disapproval ultimately means disapproval of our bodies and how they operate, resulting in a physically-based shame that curls us in on ourselves (Lowen 1970; Smith 1985). When our reality is not properly validated, we learn to mistrust our senses and the body in which they are embedded in order to be cognitively in tune with the environment. Being crazy is a tangible, material state of twisted posture, tense musculature, and graceless movement.

TREATMENT FROM A SOMATIC PERSPECTIVE

It is in treatment that one sees the highly distinctive and creative body of somatic psychology. This uniqueness extends to both our orienta-

tion towards and techniques of clinical work. Body-centered psychotherapy enjoys two unique clinical perspectives—process orientation and use of direct experience. Somatic psychology tends to focus less on examining the client's story and more on the *process* of how the client operates within his or her story. The somatic clinician pays more attention to the client in the room than the client's past or what the client thinks about the past. Small gestures and changes in breathing are at times more significant than the family tree. The fact that her jaw tightens when the client speaks of her father is pursued as deeply as an explanation of feelings towards her father. Though several somatic disciplines do analyze bodies and movement, most do not see analysis as a treatment form (Grof 1985; Hendricks and Hendricks 1993; Keleman 1985; Mindell 1982; Rosenberg, Rand, and Asay 1985).

Treatment itself consists of the client having direct experiences that promote healing. In other words, it is only in here-and-now sensory and behavioral experience that change can occur. Gendlin (1978) calls this approach "felt-level experiencing." Talking about an issue until one understands it is not seen as transformative. Body-centered psychotherapists seek to reestablish the loop of feeling and expressing as their healing modality. Somatic therapists either design exercises that invite felt-level material, or simply urge the client to track and stay with sensation and feeling and allow them to completely reveal themselves.

Certain techniques are common to most somatic disciplines. Perhaps the most universal is the use of breath. Since breath is seen as one of our most life-affirming and promoting activities, breathwork is perhaps the primary intervention in body-centered therapy. Breathwork can be done by itself, often lying down and deepening respiration until it stirs up energy and feeling, or by asking clients to breathe more deeply as they feel and report memories, emotions, and beliefs. Breathwork is believed to clear blockages, resolve trauma, and promote healthy functioning (Christiansen 1972; Grof 1985; Hendricks and Hendricks 1993; Keleman 1985; Lowen 1970).

A second common technique is expressive movement. Since a primary therapeutic goal is to reestablish movement, therapists encourage clients to allow their bodies to move with what they feel. Sometimes this shows up as expressive gestures such as hitting or kicking, and sometimes it involves dancing around the room with gleeful abandon. Movement enters into healing all the way from subtle shifts inside the body to wild locomo-

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tion. In this sense, sound is regarded as a form of movement—it is movement on a vocal vibrational level. Clients may be asked to make various vibration-inducing sounds, or they may be encouraged to vocalize their experience as a way to reestablish movement processes that have been blocked (Brown 1990; Grof 1985; Lowen 1970; Smith 1985).

The use of imagery is also common (Gendlin 1978; Masters and Houston 1978; Mindell 1982). Images can be referenced through the body or processed by the body. Images can come through dreams, memories, metaphors, or symbols. All images are somaticized; that is, they are worked with by allowing sensation, energy, and movement to guide them. For example, a woman might work with a dream image of a horse. A somatic therapist might ask this woman to feel the qualities of “horse” in her body, which may translate to a feeling of raw energy or forward motion.

Many (but not all) somatic therapists use touch with their clients. Touch can vary all the way from supportive hugs to deep manipulation designed to loosen body blocks. Many somatic therapists have specific bodywork training that assists them in touching clients in professional and appropriate ways.

THE HISTORY AND DEVELOPMENT OF THE FIELD OF SOMATIC PSYCHOLOGY

Somatic theory and techniques have been practiced on this planet since humans began to identify themselves as healers. Seeing illness or health in terms of dividing body from mind is virtually unheard of in traditional cultures. In the context of the current field of somatic psychology, however, its origins point to Freud.

As Freud (1955) began to articulate his theories of psychodynamics, he also laid some groundwork for somatic psychology. He had trained first as a physician before he developed psychoanalysis, and he recognized the body and body processes as the foundation of psychological states when he asserted that the ego is first and foremost a body ego, derived from bodily sensations. He noted the importance of the physical blocking or discharge of energy as crucial in the formation of psychological disorders. He later became fascinated with verbal analysis. The only vestige we see of his somatic perspective is his technique of lying patients on a couch, which he felt physically lowered their defenses by relaxing tense musculature and regressing cli-

ents to earlier infantile states.

It remained for Freud's colleagues and students, however, to elaborate on these ideas. Perhaps the most pivotal of Freud's colleagues was Josef Breuer. Breuer was fascinated with the nervous system and felt that it was organized around currents of energy and channels of excitement (Boadella 1987). He saw neurotic symptoms as surpluses of excitation, which could be discharged through three types of activity: ideational (dreams, images, and fantasies), motor discharge (body movement), and vegetative affect (respiratory, digestive, or cardiac distress). Because of his emphasis on energy discharge, he was the first to introduce catharsis into psychoanalysis.

Georg Groddeck, a contemporary of Freud, was also one of the first psychotherapists to see the connection between physical illness and psychological states. He believed that our emotions and beliefs are directly expressed in our bodies. In his clinic in Baden-Baden he combined diet, deep massage, and psychoanalysis in his work with patients, thus pioneering multimodal techniques and psychosomatic medicine.

Another contemporary of Freud was Sandor Ferenczi. He was also a psychoanalyst, but he modified the analytical method and developed "activity techniques" for his patients that stemmed from his observations of their expressive movements and postures. He would ask a person not to fidget, self-touch, or pluck at his or her body during a session in order not to dissipate the somatic tension the client was building up and unconsciously trying to dispel. He also used muscular relaxation to deepen free association and stated that the expression of emotion in movement actions can evoke memories from the unconscious, as memories bring about emotional reaction or activity (Smith 1985).

It took Freud and Ferenczi's student, Wilhelm Reich, to greatly advance somatic psychology by developing a coherent theory and technique that was body-centered and body-focused (Boadella 1985). He contributed many of the ideas that form the basis of somatic psychology today, and if any of us had to name a founding father in this field, Reich would be the name most often mentioned. First, Reich saw neurosis and even psychosis as a repression of both physical and psychic energy. This repression causes a person to form defense mechanisms that are physical in nature. He called this phenomenon "character armoring" and saw it as a chronic muscular rigidifying and posturing in various parts of the body.

Reich developed a form of therapy that differed from psychoanalysis. He would ask a client to breathe heavily. Observing the client, Reich noticed reactions to the increased energy in the body such as changes in skin temperature or color. These reactions indicated blocks in the natural energy flow. He also used physical contact and touch in order to diagnose or release the blocks. The physical manipulation often led to a release of feelings and to the recovery of memories, and he felt it served to speed up other therapeutic processes that accompanied bodywork.

Reich viewed orgasm as an important function because it discharges excess energy and leads to a breakdown of neurotic character structures. In his theory he showed that full orgasm is absent in neurosis and that only a free mind in a free body can experience and express a total body orgasm, not just a genital one. Reich concluded that tension and relaxation are united biophysical conditions; psychological tensions cannot exist without physical parallels, and psychological problems cannot be relieved without correcting the body as well. His techniques—which involved clients lying down and breathing deeply in order to stimulate their energy and melt defensive armoring through cathartic moving and sounding—were radical and got him in a lot of trouble with the conservative American culture of the early 1950s. Reich died in prison, bitter about society's repression of the body and of his work. Yet his emphasis on energy, on defenses as physical structures, and on breathwork have subsequently come into the mainstream and formed a major underpinning of somatic psychology today.

Other practitioners, such as Frederick Alexander, Ida Rolf, and Moshe Feldenkrais, followed the developments of somatic psychology but went on to pioneer another branch of the somatic family tree—bodywork. Bodywork emphasizes the alignment of one's physical structure, realizing that when the body holds muscular imbalances, the resulting torsions and compensations produced stress, chronic tension, and disease. Most bodywork pioneers acknowledged that the psyche and emotions both influenced and were influenced by body tension (Rolf felt that the body *was* the personality), but their work focused on using physical massage and movement techniques to restore physical balance. Bodywork was not meant to be a form of psychotherapy *per se*, though all felt that physical alignment could restore emotional and mental harmony. In addition, people who became bodywork practitioners did not receive any psychotherapy training in order to become

bodyworkers. This separation continues today, though more and more bodyworkers engage in some study of psychology as an adjunct to their work.

After studying with Reich, Alexander Lowen and John Pierrakos separated from him and founded the Institute for Bioenergetic Analysis in 1952. Their work is based on Reichian concepts such as the universal life energy and the muscular armor but differs in the form of treatment. Later Pierrakos left the Institute and continued independently, developing Core Energetics (1987), while Lowen stayed with the Bioenergetics Institute. Like Reich, Pierrakos was interested in the free flow of energy in the body and looked at the constellation of energy blocks as one of his diagnostic tools. Pierrakos also used intensification techniques to charge the body with feeling that would break through energetic blockages.

Lowen defined Bioenergetics as the study of personality based on the body. The personality is the way a person is in the world. A person moves and holds the body in characteristic ways which can be used for diagnosis. Reich was the first to discuss character analysis, but Lowen continued this focus and organized the character types systematically, along with their relationships to each other. Lowen describes five different holding patterns: holding together, holding on, holding up, holding in, and holding back, which define the schizoid, oral, psychopathic, masochistic, and rigid character types respectively. These five patterns are distinct in each person. They can be seen directly from the physical structure of the body and its movement habits. Therefore, Bioenergetics reads the body as a form of assessment.

In the therapeutic process Lowen emphasized increasing the client's awareness of psychological processes, such as unconscious fears and conflicts, and their relationship to tensions and rigidities in the body. He then focused on releasing tension and freeing blocked emotions, and finally, on supporting the client in finding interpretations of the dreams, memories, and emotions which might emerge from the unconscious during the bodywork. To support this process Lowen developed a number of exercises that magnify the tensions held in the body and force the client to release them. Since the release requires more energy, the client is encouraged to increase breathing. The therapist might also use pressure on tense muscles, or massage, or suggest expressive exercises as interventions in order to induce a release in the client. Similar to Reich, Lowen saw the orgiastic potency as a criterion for cure, but he also included the ability to express all emotions

fully.

Breaking from mainstream bioenergetic tradition is Stanley Keleman. More than any other pioneer in this field, Keleman has attempted to articulate how movement creates the body and the body creates movement. He examines the vibratory processes of the body down to the cellular level and postulates that it is the quality of this pulsation that shapes our physical form. Clinically, he works with breath, movement, and sound to reestablish the charge, formation and discharge process that develops both healthy tissues and healthy people.

Charles Kelley first described his work in the 1960s as “neo-Reichian” but later named his Institute the “Radix Institute.” He defined “Radix” as the source, root, or primary cause from which the substratum of energy, feeling, and movement are created. In the healthy person this radix pulsates, charges, and discharges in emotional release. Radix work is less analytical, involves less interpretation of meaning, and uses less verbal exchange between the client and therapist than Reichian therapy or Bioenergetics. The focus is on how a person is blocking emotionally and not on the emotional content. Kelley used a different characterology from Reich and Lowen. His work is based mainly on discovering how people block fear, anger, or pain. Since Kelley’s background was in the psychology of vision, he emphasized visual awareness, eye contact, seeing and being seen, and visualization techniques. Kelley focused on two aspects: on opening first the ability for deep spontaneous emotion; and second, the ability to choose appropriate goals and purposes and effectively pursue them, since purpose and self-direction give control and significance to people’s lives. Kelley avoided the medical and therapeutic model in his work. For him there were no patients and therapists, only students who worked with each other and whose feelings were opened to expression through education and personal growth processes under a teacher’s supervision. Most Radix work is done in groups, which can be different from Reichian therapy and Bioenergetics. It is often done in residential intensives rather than in weekly sessions. Assuming that the intensive environment is protective, there are fewer pressures from work or home situations, more support from other group participants, and fewer opportunities between sessions to reestablish defenses. Weekly follow-up sessions help to integrate the work into daily life.

Many of the Reichian offshoot therapies, such as Bioenergetics, would

be what Edward Smith (1985) calls "hard techniques," because they are neither subtle nor gentle. They tend to blast the client through his or her process and employ intense emotions as a therapeutic technique.

If we continue along the somatic family tree, we find a branch devoted to movement specialists. Many movement specialists began their work with no formal training in psychotherapy. Many were dancers who became aware of the therapeutic effect of their work and took their movement skills into mental hospitals. This was the birth of dance/movement therapy. Some of the early pioneers were Mary Whitehouse, Marion Chace, Blanche Evan, Liljan Espenak, Trudi Schoop, and Alma Hawkins (Levy 1988).

We also see in the field pioneers who blended other disciplines with the body to form their work. Robert Hall, a student of Fritz Perls with a background in Eastern psychology and Rolfing, argued that body and mind are functionally identical and that unfinished, blocked energy must be released from muscles of the body and expressed through movement as well as be psychologically finished. He is a cofounder of the Lomi school, which mixes Gestalt therapy with various forms of bodywork such as Reichian breathwork, body education techniques, Eastern spiritual practices, Vipassana meditation, Hatha Yoga, Aikido and Tai Chi Chu'an.

Thomas Hanna was a practitioner who blended movement reeducation with psychotherapy. He worked with somatic exercises designed to resensitize and remobilize blocked body parts, believing that the ensuing freedom of movement promoted the health of the entire organism.

Stan Grof began his career as a somatically-oriented psychologist through his studies of altered states of consciousness. From this base he developed Holotropic Breathwork as a means to explore and heal personal, pre- and perinatal, transpersonal, and cosmic states of being. He asks his clients to lie down and breathe deeply while listening to evocative music. Clients are encouraged to keep breathing, moving, and making sounds while feeling and expressing their experiences. When the process is complete, they are frequently asked to draw mandala images of their experiences to integrate what occurred.

The field of somatic psychology profoundly contributes to our understanding of healing and transformation. It combines all aspects of human experience into a unified field of work, using the physical body as a template or blueprint for change. As a field it continues to grow and be valued in the

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therapeutic community, to the point where now almost every therapeutic practitioner acknowledges and uses some of its techniques.

Currently, we are enjoying a glorious blooming of body-centered psychotherapy models that will take more than this book to cover adequately. As this work grows and expands, softer techniques and less analytical methodology have been added. More awareness practices and meditative techniques are being used. There is not as much use of explosive catharsis, stressful postures, invasive touching, or breathing into extreme states. The therapist is also less likely to interpret physical behavior or analyze body posture. It is more likely that the job of finding meaning in posture, gesture, and movement will be left to the client. This trend is exemplified by Kurtz's (1990) Hakomi Therapy, Gay and Kathlyn Hendricks' (1991) Radiance Method, Amy and Arnold Mindells' (1982) Process Therapy, my own Moving Cycle (1996), and others.

LOOKING AHEAD

Somatic psychology is a diverse and rich field that has only recently begun to be recognized by people other than the pioneers who developed it and their students and clients. In the beginning, one had to apprentice with one of these pioneers to learn this type of work. While this apprenticeship model is still popular, several accredited master's programs and other academic opportunities have evolved that teach the general system of the field and offer extensive clinical skill training. (See Appendix One for a list of somatic psychology departments.)

There is much diversity in the field of somatic psychology. It is working to articulate its own unified body, and this anthology attempts to further recognize and articulate this common ground. As an aside, other interesting trends can be observed in somatic psychology. Quite a few somatic psychologists work as husband/wife teams (such as the Hendricks, the Mindells, the Grofs, the Rosenbergs, the Pessos, and the Browns). This kind of energetic balance and cooperation bodes well for the field. There is also an almost universal love of physics among somatic psychologists, perhaps because the body organizes around the laws of mechanical physics (new evidence suggests the body also behaves consonantly with chaos and fractal theories in mathematics), and because the frontiers of physics seem to corre-

spond to what we are discovering about the body's innate capabilities.

Most somatic psychologists see in the future such a deep reclaiming of and regard for our bodies that all healing and transformational work will eventually involve this emphasis on the body. We tend to immodestly feel that we are healing society's Cartesian and religious mistakes (Dychtwald 1977; Johnson 1983; Murphy 1992; Pierrakos 1987; Smith 1985), and hope that in the upcoming century our call for organismic wholeness will resonate and vibrate throughout the entire body of humanity.

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