



# TOUCHING

Body Therapy  
and  
Depth Psychology

DELDON ANNE  
MCNEELY

To my patients and my children—Romany,  
Jonathan and Yseulte—who teach me so much and  
indulge my absences to write.

#### Canadian Cataloguing in Publication Data

McNeely, Deldon Anne

Touching : body therapy and depth psychology

(Studies in Jungian psychology by Jungian analysts; 30)

Bibliography: p.

Includes index

ISBN 0-919123-29-5

1. Psychoanalysis. 2. Mind and body therapies.
  3. Jung, C. G. (Carl Gustav), 1875-1961. I. Title.
- II. Series.

BF175.M26 1987 150.19'54 C87-094477-0

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#### INNER CITY BOOKS

Box 1271, Station Q, Toronto, Canada M4T 2P4  
Telephone (416) 927-0355

Honorary Patron: Marie-Louise von Franz.

Publisher and General Editor: Daryl Sharp.

Business Development: Vicki Cowan.

Editorial Board: Fraser Boa, Daryl Sharp, Marion Woodman.

Production Assistants: Ben Sharp, David Sharp.

INNER CITY BOOKS was founded in 1980 to promote the  
understanding and practical application of the work of C.G. Jung.

Cover: William Blake, *The Reunion of the Soul and the Body*.  
(See illustration, page 104, and text, pages 107-108.)

Index by Daryl Sharp

Printed and bound in Canada by  
University of Toronto Press Incorporated

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### Acknowledgments

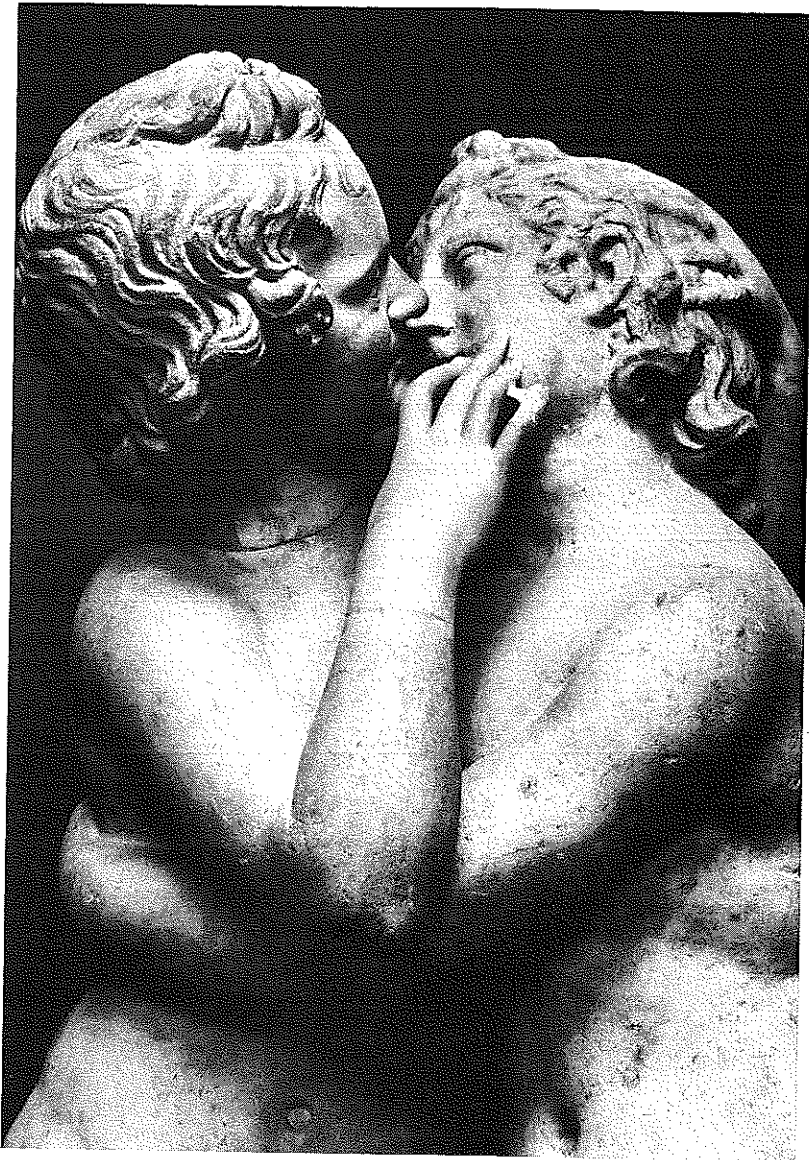
Special thanks to Bill Walker and Ann Mankowitz for their careful contributions to the articulation of Her message. I am grateful also to Tom Lavin, Marcel Gaumond, Arnold Mindell, Malcolm Brown, Clarisse Estes and Curtis Brooks for their support and suggestions, and to Eugene Monick and Gary Hartman for helpful critiques of the original manuscript.

I especially thank Lee and Joan for permission to use their material.

99/10/1  
In 1925, D.H. Lawrence, poetic prophet,  
has the risen Christ say:

*Dare I come into touch? For this is further  
than death. I have dared to let them lay  
hands on me and put me to death. But dare I  
come into this tender touch of life? Oh,  
this is harder. . . .*

—“The Man Who Died.”



The Loving Touch.  
(*Eros and Psyche*, antique sculpture. Capitoline Museum, Rome)

## Introduction

In D.H. Lawrence's short story, "The Man Who Died," Christ awakens, bruised and emaciated, and is found by a young priestess of Isis. As she cares for his bodily and psychological wounds and nurtures him back to health, he comes to realize a whole new relationship to his physical body. At the decisive moment Christ must either acknowledge his bodily needs as his vitality returns, or turn away from this opportunity for relatedness . . . "Dare I come into touch?"<sup>1</sup> I take this to be a crucial question at this point in the evolution of psychotherapy.

Lawrence could be considered a prophet inasmuch as he envisions and anticipates in this metaphorical piece—written long before sensitivity-training, the women's movement and the self-examination going on now in the Christian church—issues of which psychotherapy has only recently become aware. He shows us a holy approach to the body; he gives us images for a healthy embodied spirit. He provides in this story a fantasy that leads us to wonder what our world would be like if the early church "fathers" had included some mothers.

Through the development and advancement of Logos—the logical mind—which Western man has accomplished through a progression of articulate and brilliant thinkers, we have sharpened our discriminative powers to analyze and dissect. We have taken the scientific spirit to its ultimate and now are in the throes of what Carl Jung called "enantiodromia." This term, borrowed from Greek philosophy, describes the moment when a force has reached its extreme and turns back on itself to become its opposite. We are seeing the great turning around from the dominance of the masculine values of Logos, the great analyzer and divider, toward the feminine principle with its values based on Eros, the great unifier and connector. Maternal religions are creation oriented, not achievement oriented. This emphasis on life-giving forces is necessary to maintain our planet. We are all agents bringing life into this analytic world.

The work to which psychotherapists dedicate themselves is about wakening life. It is about bringing life back to deadened psyches through the body, and to deadened parts of the body through the psyche.

Connection, relatedness, Eros, the power of touch—the effect of one person's body on another's is so great that we have had to deny it, ritualize it, repress it, then react against the repression in an attempt to integrate the wonder and glory of skin-to-skin communication into a vital place in everyday life.

There is a wide range of customs with regard to touching in human societies; for example, kissing seems to be indulged in more freely in the Mediterranean countries, Californians touch each other more casually and more often than do New Englanders, etc. Traditional artistic images of holding and touching are ubiquitous, attesting to physical contact as an archetypal need. I believe that in the modern world human beings could do with more touching; my practice reflects the fact that both children and adults suffer touch deprivation.

A stranger, a woman of about sixty, once made a deep impression on me. Sitting next to me as I held my baby at a church service, she reacted joyfully when my daughter spontaneously grabbed her around the neck and gave her an enthusiastic hug ("No one has touched me in so long," she whispered, "When you get old no one touches you anymore.")

Physicians have learned that taboo, as have psychotherapists. The effect of touch is given minimal, if any, attention in medical schools today. C.A. Meier, in a fascinating account of the Asclepian healing mysteries, provides this amplification of the hands and fingers as healing powers.

Rhea's fingers were caught in the maternal earth of Mount Ida. Her fingers became the Idaean Dactyls, who possessed generative power. Therefore they were accounted gods of healing, embodying creative power in the touch. The reader will remember the gesture of the outstretched hand in the picture of the creation of Adam in Michelangelo's frescoes in the Sistine Chapel. When Zeus healed Io of her madness by stretching out his hand over her . . . she gave birth, although a virgin, to Epaphus. From this Zeus derived the

epithet Zeus Epaphus, "he who touches." . . . Apollo as a healing god also uses the gesture of stretching out his hand over the sick person. . . . Healing by a touch of the hand is also implied in the names of Chiron and Dexion. . . . Chiron . . . (working by hand, practicing a handcraft or art; *Chirurg* = German for surgeon) has degenerated into chiropractic in our days. The idea that the finger possesses generative power no doubt underlies the German expression "to suck something out of one's fingers," meaning to invent or supply something.

. . . It is noteworthy that in Greek, hands and divine powers are equated . . . kings and emperors . . . used to heal disease by the laying-on of hands, a practice continued until after the end of the Middle Ages by the English and French kings. . . . The gesture has been preserved up to the present day in ecclesiastical ritual.<sup>2</sup>

Depth psychology attempts to establish a dialogue between consciousness and the unconscious. It does so by an approach that utilizes symbolism, such as is found in dreams, fantasies, body language, art and ritual as a bridge between conscious and unconscious.

Carl Jung's empirical work was dedicated to understanding the nature of the psyche which enables the dialogue between conscious and unconscious. He showed that the psyche is structured around complexes. Complexes gather to a core a network of personal feelings, memories, images, behavior patterns and attitudes. At the archetypal core are found collective contents and behavior. Complexes tend to erupt spontaneously and interfere with ego-functioning. The task of the analyst is to assist the analysand in the discovery and resolution of interferences in his or her conscious functioning due to complexes, and to create new conscious attitudes subject to less disruption by the complexes. Archetypes are, according to Jung, manifestations of the Self; by relating to archetypes consciously the ego comes into clearer relationship to the Self and to one's own unique development or "individuation."

In the analytic work of bringing complexes into ego-awareness, the analyst focuses on their contents as they manifest themselves in images and somatic experiences. Like dream analysis and active imagination, body therapy can be an aid in uncovering the contents

of a complex as well as a methodological intervention in promoting the transformation of a complex. Bodily expressions of complexes are essentially seen in gestures and autonomous behavior, but even more dramatically in the area of psychosomatic illness.

Until recently, little attention has been given to the somatization of complexes by analysts unless a patient displayed some pronounced physical distress. Most analytic work has centered on dream interpretation and active imagination. This bias or lack of attention to the bodily manifestations of the psyche can be understood in the light of Western philosophical development. Although a mind-body dualism was implicit in the thought of Plato (427–327 B.C.), it was Descartes (1596–1650) who originated a radical split between “thinking substance” (*res cogitans*) and “extended substance” (*res extensa*). This split affected the way succeeding generations viewed the human being. The compatibility of Cartesian dualism with the Judeo-Christian world-view assured its survival. Seventeenth-century Rationalists, represented by Descartes, upheld the primacy of reason over bodily experience, and their prominence led to the philosophical Age of Reason, the so-called Enlightenment.

In the nineteenth century, in compensatory reaction to this devaluation of the body, the Romantics (for example, Schelling and Rousseau) exalted nature and devalued the thinking man who would sacrifice the instinctual life for the sake of cerebral processes. Nevertheless, the psychic-physical dualism survived this Romantic reaction and still prevails in our society.

Conditioned for generations to think in terms that separate mind and body, we find difficulty in understanding how complexes manifest themselves somatically. This difficulty inhibits psychotherapists from using more interventions which focus on bodily manifestations of the unconscious. I have spoken with analysts who do body therapy, and most find it difficult to combine analysis and body work in the treatment of one individual. Several analysts told me that they do body therapy with some patients and analysis with others, but few analysts combine these methods.

Since I studied body therapy before having had analytic training, it is vital to me to integrate what I know of the body into my

analytic style; however, when I attempt to do so I encounter certain resistances in myself, which I believe mirror the resistance of the culture to the emergence of new attitudes toward the body.

If any theory should allow the integration of body therapy and analysis, it would be Jung's. Jung was interested in finding a way in which the mind-body dualism could be overcome and these opposites integrated. He conceptualized a psychophysical relatedness which provides an alternative to viewing either mind or body as the primary source of experience. Analytical psychology recognizes archetypes as spanning the instinctual-spiritual continuum. Archetypes, the nuclei of complexes, bridge the mind-body dichotomy at the psychoid level, offer a psychological alternative to the dualistic way of looking at experience, and make possible the compatibility of analysis and body therapy, both of which aim to unite the mental and physical and to integrate consciousness and the unconscious.

I use the term “body therapy” to refer to a process occurring between a person and a therapist who use bodily focus and movement to achieve their mutual goal: the discovery of heretofore unrecognized aspects of the psyche. The therapist uses bodily focus in addition to traditional attention to psychic processes in order to enhance the dialogue between conscious and unconscious.

Body therapy proposes two major methods of freeing the body and extending the range of movement and awareness. One is movement exercises designed to have the effect of opening spaces, stretching muscles and creating flexibility. The other is facilitating through touch the release of spontaneous movements that express deep feelings (i.e., complexes). Each of these approaches may be used in body therapy to evoke psychic awareness and make complexes conscious. On the other hand, either may be used to aid in freeing the body from rigidities without doing body therapy; that is, one can free the body from rigidities without dealing with the psychic material that accompanies that change. Whenever a fixed physiological condition changes, whether through exercise, laying-on of hands, biofeedback training, etc., there is bound to be a psychic change as well, but this may or may not be made conscious. (Unless the psychological concomitants of such change are ver-

STOP

balized, and thereby made conscious, body therapy is not taking place—although the complex may change forms or a “transference cure” may take place.)

There are many approaches to working with the body whose aim is simply to improve physical and mental well-being, without necessarily involving the goal of increasing awareness of the interior life, for example the physical therapies, aerobic exercise, massage, faith healing. Additionally there are approaches to working with the body which acknowledge the need for harmony between interior and exterior worlds, and which seek to promote that, such as Tai Chi Ch’uan, the martial arts and the techniques of Moshe Feldenkrais. In these approaches there is concern for self-actualization through centering awareness in the somatic sphere, but there is no intention to expose psychic contents or to create a dialogue between conscious and unconscious.

In what follows here, (body therapy refers to any approach that focuses on the somatic expression of complexes, with the intention to reveal and transform the complex and so to extend the ego-Self interaction.)

## 1

## Physiological Origins of Depth Psychology

### Freudian Psychoanalysis

Freud began his medical career as a biologist. His first published work was a report on animal neurology presented by his professor, Brucke, to the Viennese Academy of Sciences. His decision to marry in 1882 necessitated his abandoning the laboratory which he loved, in order to find more remunerative work. In that same year his friend Breuer described for him the curious cure of “Anna O.,” whose symptoms had disappeared under hypnosis. At that time little account was taken of nervous diseases in Vienna’s medical schools. Freud set out a course for himself which led to his attaining his ultimate desire of studying with Charcot, who was then the master of neurological disorders, at Salpêtrière, the “Mecca” of neurologists at that time.

In 1885 Freud arrived in Paris. There, under the charm and influence of Charcot, he decided to devote the rest of his life to the study of neuroses. Charcot called Freud’s attention to a major malady of the time, hysteria, and to the importance of psychic factors in that disorder.

Charcot, an outstanding hypnotist, had successfully treated hysterical disorders, demonstrating the influence of the psyche on the physiological functions. Freud returned to Vienna, where with Breuer he continued to study the interaction of psychic factors and functional physical symptoms. The two concluded that neurotic symptoms were produced by the repression of painful memories or affects. They held that repressed experiences, apparently forgotten, influenced the personality unconsciously until brought forth again by hypnosis. Indeed, they found that if the childhood memories underlying the neurotic symptoms could be ~~abreacted~~ remembered with emotion—the symptoms disappeared. Breuer and Freud published their findings in 1893, making the theoretical assumption that it was the presence of emotion along with the memory that had the therapeutic effect. The symptoms were considered to represent

and defended the use of body-awareness techniques to amplify dreams and intensify affect, and contact preverbal contents. He has explained his use of enactment in analysis:

Enactment is an adaptation of Gestalt and psychodrama methods to the Jungian process. But it also includes nonverbal pantomiming, which often comes closer to the expression of preverbal affect than standard Gestalt and psychodrama techniques do. In contradistinction to Perls and Moreno, who intended to address themselves primarily, if not exclusively to the experiencing of the immediate here-and-now and hence rejected interpretation, I do not hesitate to use interpretation after, but not before, the experiential working through. Interpretation as well as active or guided imagination, may frequently be helpful and even essential in amplifying the affect experience and integrating it into the overall pattern of the transformation process and of meaning. . . . As a method in itself it [enactment] is not adequate to replace the analytic process, as Perls, who was unfamiliar with Jung's works, thought.<sup>82</sup>

Whitmont practices in New York and incorporates enactment and a variety of expressive techniques into individual analysis. He also combines analysis with group and family therapy, and perhaps can be said to represent the epitome of the Americanization of analytical psychology.

These people have influenced me in that I have experienced each of them as profoundly effective with what they do. In my own development as a body therapist I experience myself as drawing on my contact with these approaches in an eclectic style. I am grateful to all these people whose input I am aware of as I work with patients.

START

## Integrating Body Therapy and Depth Psychology

### Introduction

Respect for the power and the dynamic transforming quality of the unconscious is the essence of the Jungian tradition. Jung's understanding of the complexes and their resistance to conscious manipulation led to the development of a treatment form in which the contents of complexes are allowed to emerge into consciousness in a manner consistent with a person's individuation process.<sup>83</sup> This means that the analyst attempts to create a safe environment in which the individuation process can unfold, rather than forcing adaptation in the patient by directive methods.

However, a wide diversity of opinion exists as to what constitutes directiveness, confrontation, amplification and interpretation. There are serious questions about what interventions by the analyst are called for and when they are appropriate.

Reading the literature of recent years, it is obvious that analysts are not bound by the traditional dialectical model, which, as Nathan Schwartz-Salant points out, is only *one* of Jung's models for the analytical relationship.<sup>84</sup> Many factors complicate this issue, such as whether the phase of work and nature of the transference will allow a given intervention, and whether an intervention is appropriate for a particular type of patient or diagnostic configuration.

In recent years the field of psychotherapy has gained considerably in its awareness of the nature and treatment of personality disorders, and in the awareness of transference-countertransference phenomena; but there remains much confusion about the nature of the healing process, the question of when to intervene and the use of verbal or nonverbal techniques.

Some analysts resolve the questions by emphasizing the need for great consistency in setting the frame and following a carefully thought-out procedure. Others focus on the importance of remaining flexible in the analytical relationship. Certainly, as analyst Harriet

Machtiger puts it, "The issue of what is therapeutically useful is enormously important, complicated, and controversial."<sup>85</sup>

In view of this already existing uncertainty and questioning of methodology, does the analyst dare to physically touch the patient, thus throwing another dynamically loaded issue (body contact) into the vessel?

The fact is, given the current trend of openness to the body among analysts, it may be expected that body therapy will be more and more incorporated into analysis. The focus then will be on theoretically and practically integrating verbal and nonverbal techniques.

Some resistance on the part of analysts to incorporating touch techniques is understandable and valid. For one thing, as noted earlier, it reflects the collective resistance to the emergence of the feminine in the objective psyche (collective unconscious). Our patriarchal culture, which strives to conquer nature, is experiencing an upheaval from the long-suppressed instinctual values; that upheaval, as seen in the previous chapter, has been conceptualized as the "return of the goddess." Overvaluing the rational and ignoring the body has resulted in fear of being overwhelmed by the eruption of desire if we relax our guard; the other danger is that we can fall into the opposite extreme and allow the needs of the body to take precedence over less tangible values, perhaps even block the process of individuation by creating a "slave to the instincts" mentality. As our culture struggles to find balance in this issue, so we as individuals struggle to know how to manage our bodies and the embodied complexes of our patients. However, the emergence has begun and cannot be turned back, hence the questions raised by body therapy must be responsibly addressed.

Other resistances to doing body therapy involve both theoretical and practical issues. Some of my own resistances, which I believe are typical among analysts, are as follows:

1. I am afraid of using a body technique if I think I may be interfering with the patient's process. Often it is not clear whether an intervention will divert the patient's own process or amplify it in a constructive way. When I am not clear, I usually opt not to act, to wait.

2. I am afraid that the content of the body therapy will obscure or interfere with the transference. If I intervene with a body technique, I could be seen by some patients as acting out the parental role, even though my intention is to explore and not to gratify.

3. The timing of an intervention is crucial. In using as active an intervention as a body technique, I sometimes encounter inertia in myself. That is, I don't *want* to get up and move. It may be that I am responding to something about the patient's timing that is valid, or it may be that I am reluctant to expose myself at that time for some personal reason. Sometimes these differences are not clear, and I can only act on intuition as to whether to push against my resistance or not.

4. Sometimes I tell myself I don't know enough about this person's body to use an intervention. To some extent that is always true, but therapists must come to trust the communication, conscious and unconscious, with the patient in order to act with conviction.

5. I often tell myself I don't know enough about anatomy and physiology to use a body intervention. To some extent this also will always be true. We cannot guarantee that we will never make a mistake and cause physical or psychic harm to a patient who trusts us (nor can we in verbal analysis). This anxiety can move me to continue studying the human body or it can paralyze me as a body therapist.

6. I wonder if I can ever feel comfortable as a body therapist since I don't have a strong sensation function (see section below on typology). Of all the body therapies, dance movement seems to be the most natural method for me; still, I have some inhibitions about the assertiveness it requires.

These questions and inhibitions come and go as I work. They are not uncommon and indeed may even be healthy. To be absolutely sure of oneself and one's work is simply a sign of inflation.

In the following sections I will put forth some of the issues facing analysts and other depth psychologists regarding gratification, transference, typology, and training in the use of body therapy, particularly the use of touch. As I am still an early explorer in this area, I am writing to help clarify the questions and perhaps shed

light on the resistances generally felt toward working with the body. Only if these resistances are made conscious can they be overcome and a more useful frame of reference developed, one which will aid the overcoming of the mind-body split in analysis and in the culture.

### Touch and the Analytic Model

Before discussing the question of touch in analysis, several related issues must be separated out. Just as physicists have learned that they cannot collect data without influencing what is observed, so analysts can no longer presume to intervene innocuously on any level with the patient. The myth of the "innocent observer-interpreter" is no longer acceptable. Today's analyst must recognize the reciprocity between the analyst's and the patient's psychic systems.

The importance of monitoring one's interventions by carefully noting the patient's subsequent associations and behavior has been stressed by William Goodheart, who believes that seemingly minor infractions of the "analytic frame" are received unconsciously by the patient as invasions or denigrations.<sup>86</sup> Some traditional analysts consider that even asking the patient about dreams, or offering interpretations and amplifications of dreams, is an intrusive, non-therapeutic intervention, much less approaching the person in a sociable or physical way.<sup>87</sup>

Opinions differ on whether and how an analyst may touch a patient, depending on the analyst's theoretical model of the analytic relationship. Goodheart takes a very firm stance against abandoning the symbolic-analytic approach, and challenges the rationale that the therapist must sometimes abandon the symbolic in order to strengthen the ego in some patients before proceeding with analysis:

This attitude leads some therapists into offering general intellectualizations, such as inferences about intrapsychic, psychological, dynamic, and archetypal processes or into the giving of advice, the sharing of personal experiences, the sharing of objects, the touching of the patient physically, the hugging of the patient, and, in some instance, even into making love to the patient. . . .

I contend that it is the therapist's *not* abandoning the analytic attitude which strengthens the patient's ego and experience of self,

which aids the patient's capacity to hold himself or herself to a symbolic and reflecting attitude toward unconscious experiences in spite of what pressures there might be to do otherwise. . . . We signal to the patient that we know he or she has a Self hidden within, which will and can join us in this enterprise.<sup>88</sup>

At the same time other Jungians appear to be operating under different models. Mindell encourages the patient to amplify his or her body language and analyze it like a dream.<sup>89</sup> Whitmont also considers body techniques as an expansion or amplification of active or guided meditation, embracing not merely the eidetic (vivid images) but the proprioceptive (stimuli in the body).<sup>90</sup> Florence Wiedemann writes that with women patients in certain stages of animus development she acts deliberately on the countertransference stages of mother, father, teacher and sister;

I use the idealizing transference in the same way good-enough mothers do, to socialize their children. . . . If she does not perform and relate to the world, the consequence is my displeasure.<sup>91</sup>

The analyst's role is to help the patient develop sufficient ego strength for living an adult life, to help her take steps toward becoming competent in the pursuits of her life, to encourage her to take the next necessary steps, and to discourage her passive-aggressive behavior by confronting it directly.<sup>92</sup>

And Woodman, as noted above, says she does "as much holding as necessary" in her movement groups when someone regresses into preverbal material.<sup>93</sup>

Clearly there are a variety of models of analytical style within the framework of Jungian psychotherapy. (These are discussed at length in Andrew Samuels's book, *Jung and the Post-Jungians*.)

Goodheart proposes three interactional fields which operate between analyst and patient (corresponding to a similar schema arrived at by Harold Searles and Robert Langs): persona-restoring field, complex-discharging field and secured-symbolizing field. According to Goodheart the analyst and patient operate in any one of these fields at any given time; one field will dominate the interaction and determine its characteristics.<sup>94</sup>

With the correct analytic attitude, writes Goodheart, the persona-

restoring and complex-discharging fields resolve and the secured-symbolizing field can be sustained; then free mutual exploration of fantasy and reality through the use of symbols can occur. He warns that the analyst can be mistaken in identifying the field, rendering analytical interventions useless, at best. Goodheart describes the situation when the secured-symbolizing field is firm:

In these deeper areas, the use of painting, drawing, journals, sandplay and other non-verbal manifestations of the transcendent function as described by Jung and his followers all have their place, as may personal revelations, direct responses to the patient, answering of questions and the like. If the field is truly secure, the analyst follows his own individuation and that of the patient with some assuredness that his behavior will not represent complex-discharges or persona-restorations.<sup>95</sup>

He goes on to warn that many interventions perceived by the analyst to come from his or her individuating response, actually are complex-discharging.

Finally, I believe it is important to observe that these practical propositions apply to every analyst-patient interaction, regardless of the diagnosis of the patient, of the genetic, dynamic, or developmental background, of whether the meetings occur once or five times a week, and of whether the patient sits in a chair or lies on a couch. The propositions seem to me to be fundamentals that are universally present whenever analysis takes place between two people.<sup>96</sup>

Schwartz-Salant also describes a schema of different stages in treatment, specifically in treating narcissistic problems. Stage One involves working through idealizing and mirroring transferences, "during which the importance of introversion, imagination, and the healing function of the archetype is established."<sup>97</sup> Stage Two is characterized by "the emergence of the split-off Self that has a largely feminine and Dionysian character."<sup>98</sup>

These theorists propose that the appropriateness of specific analytical intervention changes during different stages of analysis. I believe this to be true. The major question about the use of touch and other forms of body therapy, therefore, is whether they are appropriate interventions when a complex has been constellated. In

the following example of the use of body therapy in a Jungian analysis, I will describe the conditions that led me to revise the analytic model that I began with in order to include physical interventions at this point in our work.

Lee, a woman in her mid-forties, had been in analysis with me for almost two years. She had worked well in recording and reflecting upon her dreams, and had come through a period of deep depression to being able to do some creative writing which excited and fulfilled her. Her relationship with her husband and children had improved, and she had made important decisions concerning a career. However, it seemed significant that she had never shown any very intense emotion during her sessions. Emotions were expressed symbolically, but not embodied. Her body was well insulated, overweight and undercharged. She did not enjoy any physical activity, including sexual play, and often ignored her body's messages by overeating when she was not hungry. She also had high blood pressure.

She was not terribly concerned about these characteristics, adopting an attitude of, "That's just the way I am," but many dreams repeated the image of hidden fire in the house. Such dreams signify a dangerous condition, often being precursors of illness or accidents. Then a dream appeared about a little girl, hidden and imprisoned in a secret part of the house "behind the fireplace." I proposed the possibility of our working directly with the body in an exploratory way. She had been in one of my dance movement workshops, and while she enjoyed the experience she did not feel that it had touched her in any profound way. Unlike some participants, she experienced no strong emotions, only a general feeling of pleasure and well-being in being able to move without embarrassment and with a sense of freedom and lack of self-consciousness. Soon after, she had powerful imagery related to the workshop; dreams indicated that a very strong masculine energy had been constellated and was moving in her.

Up until now I had worked in a rather conservative analytic style with Lee. Most of the time was spent associating to and amplifying dream images, relating them to her waking life, her behavior, her attitudes toward significant people, to me, to early relationships

with parents. She had shifted from a decidedly negative mother and idealized father to more complete parental images, but never demonstrated much affect in sessions. She saw me as a respected "guide" whom she was careful not to impose on. She admitted her need to protect me, and became able to see how she identified with the all-giving mother which she acted out in many areas of her life.

The introduction of body therapy into our work would represent a drastic change, and I wondered how that would manifest itself in transference-countertransference issues. She was slowly coming into more contact with her own needs and her capacity to make some demands on the environment. My expectation was that direct body touch would enhance that process, open her more to feeling responses by contacting energy that could not be reached by verbal methods because of her long-standing insulation against passion.

I approached the work from this framework: I intended to use breathing and exercise to mobilize energy and to use direct touch to focus the energy in specific body areas where energy seemed to be contained or pent-up. This basically Reichian model of dearmoring was not intended to be gratifying, but to explore and amplify responsiveness to physical and psychic stimuli.

My decision to change styles to include nonverbal work and direct touch was not without conflict. On one hand I saw that the patient was working well and making significant changes in herself and her life. Possibly the dreams of fire might have led to bodily changes in the course of conventional analysis. Perhaps I was pushing her, directing her unconscious, by suggesting body therapy; possibly I would cause her to distrust me, to see me as her intrusive mother, not respecting her individual journey, her need to remain physically insulated. On the other hand, I saw her hypertension and overeating as serious symptoms of unrelatedness to the body which warranted at least a try at intervention. In the dreams of the imprisoned child, the child was not able to ask for help. The dream-ego of the patient heard the child's cries, but was not able to convince her to come forward and be liberated. I saw body therapy as a stronger impetus, another tool like dream work and active imagination with which to communicate with the imprisoned child.

The ambivalence of Lee toward her first body therapy session

would be seen in the following session, when she reported that she felt more aware, less tense and generally relaxed, but had had a dream about being taken captive by black intruders, and defended herself with a long knife. Her friend, who was also captured, got undressed and got into the bathtub, which the dreamer felt made her too vulnerable. Consciously she had had a good response, but in the unconscious she experienced a conflict. To some extent she was willing to disclose herself and enter the transforming vessel or tub, but she also felt vulnerable and mobilized against dangerous aspects of the shadow which threatened to overwhelm her. This resistance had to be acknowledged and understood in terms of her ego strength and the capacity of her body to handle the release of new levels of energy without discomfort.

### **The Meaning of Touch**

What do we know about the use of touch in analysis? For one thing, we know that so much can be read into a simple touch that an analyst needs to penetrate his or her own need to make the intervention as well as to predict how it will be received, regardless of the casualness or profundity of the touch.

Here are some possible motives for touching the patient: amplification and exploration of unconscious contents; mirroring; dearmoring; gratification of the patient's needs for contact, affection, containment, parenting and sexuality; and gratification of the therapist's need for the same things. The line between these kinds of touch is sometimes thin or diffused because of the relative lack of body awareness in our culture. Consequently, it may be valuable to examine these motives for touch in greater detail.

1. *Exploration and Amplification.* Most instances of enactment, positioning, assisting the patient in moving or feeling a body part, and encouragement to pay attention to some bodily state occurs here. Probably much of the kind of touching described by Mindell, Gerda Alexander, F.M. Alexander, Feldenkrais, Whitmont and dance therapists is in this category.

2. *Mirroring.* This occurs at times when the patient needs the therapist or another patient to join in a bodily experience, such as

pushing or pulling against, dancing with or screaming with. Many people have never had their assertiveness mirrored or supported in any way by another. Also, such an experience can be valuable in breaking out of a pattern of alienation, especially when the alienation is largely archetypal and not part of a neurotic withholding. Joan Chodorow describes an example in which the archetype of the wounded healer was activated:

Watching her, the therapist notices that her own body is becoming tense with restricted, shallow breathing. In Anna's pain, she recognizes her own. She now finds herself drawn into the enactment and reflects Anna's body state. Almost as if mirror images of each other, they hang together, twisted by a seemingly unresolved tension. It is a timeless experience that moves through and beyond personal pain. They remain suspended together, moving only slightly, crying silently until both know that something has shifted. Although the issue is not resolved, there is a feeling of completion and relief. A struggle known by each of them individually, and by many women, has been seen and touched. A synchronistic moment has occurred. When they are ready to talk, the sense of mutuality remains strong. Rather than interpreting, they each tell about their own experience of the movement.<sup>99</sup>

3. *Dearmoring*. Here the therapist intends to actively move against the patient's somatic defense system through pressure that can range from light touch to deep massage. Anita Greene describes this kind of touching, which is Reich's direct contribution to body therapy:

My long experience with body work has demonstrated to me how certain images and memories, both positive and negative, are so imprisoned in body tissue that they may never appear in the analytical work until released through touch. On one occasion as I massaged a pocket of tension in a young woman's back, she burst into tears and remembered, at age 9, digging a grave for a beloved pet and swearing over its small body that she would never drink. The patient had been unaware until that moment of how intensely she had been affected by her father's alcoholism.<sup>100</sup>

Finally, gratification as a motive in touching is such a complex issue that it will be discussed in some detail.

### Gratification in Analysis

One of the major theoretical issues for the integration of analysis and touch is the question of whether gratification is required in the healing process.

Common to all depth therapies is the expectation that the patient will reexperience feeling-toned complexes in some intensity before transformation can take place. This was Freud's and Breuer's basic tenet, and it was fundamental to Jung's complex theory. The reliving of feeling experiences in the safety of the analytic *temenos* is believed to be related to the healing process, which takes place when the archetypal energies associated with the complex are awakened; through the connection with those energies reflected by the analyst, the patient begins to recognize and experience emotionally the activation of the archetypal energies of the Self which form the core of the complex.

Intellectual recognition of complexes without the emotional experience does not activate movement at the level of the archetypes, which are always plugged into instinctual, feeling processes. But when the complex is activated at the deep feeling levels, the energy of the Self, covering as it does the full spectrum from the instinctual to the spiritual, enriches the ego and expands the field of consciousness, thereby presenting new adaptations and solutions to wounding experiences through the transcendent function. (This is why analysis is lengthy, and why the transformation of complexes usually does not take place in quicker, more directive types of psychotherapy.) The ego is then more able to move from the pain and to find new attitudes toward old problems and impasses. These solutions may be predominantly on a spiritual level or on an instinctual level, or on both.

#### *Gratifying Needs Symbolically*

The theory of treatment described above implies that needs (as part of feeling-toned complexes) must be experienced by the patient, but does not imply that they must be gratified directly. The individuation process, while seeking consciousness and a need for balance, might lead one to live out one's life in a way that seems

relatedness with each other, with the animals, with God. It seems to be generally true that women have a greater willingness to deal with the dark forces nondefensively, not through any great virtue or lack of virtue, but because biology and social structures have forced women to be still—to see things through and process information in ways that men tend not to because they can more easily divert themselves.

It is more often women who confront negative issues, especially in relationships, who seek out psychotherapy, marital therapy, family therapy and medical help in general. It is enlightened women who begin to wonder, "Must the dragon always be slain? How can the dragon-energy be transformed?"

The dark energy represented by the black hole can be experienced more readily through relationship (where it is not easily avoided), but it also is experienced more positively in relationship. Bodily processes, such as Lee and I discussed in detail, have come to be considered disgusting and are shunned and hidden. As long as we refrain from lifting the veil from these presumed horrors and strive to remain pure, perfumed and sanitized, we barely tolerate each other's humanity.

In true intimacy the body, with its sounds, smells, pressures, functions, moisture, is accepted as our rightful place of being. In true relatedness the effects of age are not merely tolerated but cherished, for they mirror the sustaining nature of caring and enduring. In true relatedness illness is not just a nuisance but a source of compassion and comfort, as hospice workers well know.

As a girl I wondered if I could ever stand to be a mother. Of all the travails motherhood involves, the two I most dreaded were being awakened during the night and dealing with vomit. I didn't know about the nature of bonding—how concern for a child's distress (as well as an adult's) and love for that child's body can override one's personal discomfort.

This principle is also true of the psychic process in relationship. Anger, jealousy, envy and fear are basic emotions which have a place in intimacy. Often referred to as "negative emotions," implying that they are wrong or inferior, they are actually valuable and survival oriented. They guard the capacity for intimacy and warn

us of dangers to relatedness. They are "hot" emotions, strong physical, and their opposites have nothing to do with love, but cool indifference. Rather than being repressed, they call out to be cultivated and refined.

We have come a long way in accepting sexuality, but are still in the Stone Age in relation to anger, jealousy, envy and fear. Without acknowledging the earthy feminine and the earthy masculine, our relationships remain superficial, based on collective niceties. Problems are not confronted and hammered out, but avoided, somatized, or ruled out, dictated against. "Don't cry!" "Don't talk back!" "No, you can't go to the bathroom!" These injunctions to children show up later in lack of relatedness to one's body and to others, in attitudes if not words. "I don't want to discuss it." "Leave me alone." "I'll never reach out again." "Shut up!"

Without openness of expression life and loving are constricted and constrained, and passion dies. Passion does not go out of marriage as a result of time or familiarity, but as a result of suppression. If at the first impasse or waning of affection we begin thinking of a way out or a new partner, we never enter the great mysteries. And without the capacity for compassion, negotiation in any area of human relations is thwarted.

The essential change in this segment of Lee's work was exposing and diminishing the power of the mother complex. Through the security established by the transference and the contact with archetypal images of the feminine in dreams, Lee was able to break out of old attitudes which had kept her bound with mother. The work on the negative inner man was also crucial, but will not be described here.

### **Touching and Analytic Training**

The current training of Jungian analysts appears to reflect a change in attitudes toward the body in recent years. In fact, analysts from many theoretical schools who once questioned whether they should shake a patient's hand are now being taught to analyze and physically confront posture in weekend workshops such as those given by Arnold Mindell. At the 1984 conference of Jungian analysts in

New York, one whole day was devoted to body movement led by Marion Woodman, Joan Chodorow and Anita Greene. The Ghost Ranch Conference of Jungian analysts in 1985 had "The Body" as its theme.

Gerda Alexander does not allow beginning students to touch one another in Eutony training programs because the resulting emotionality distorts the development of sensory awareness. However, Arnold Mindell teaches a gentle way of confronting, verbally and physically, resistant areas of the body in order to intensify awareness in those parts. Freud's orthodox followers still maintain that deviation from the traditional verbal stance contaminates the analytic process with material from the analyst's psyche. Orgonomists and other body therapists like to point to the many patients who remain unchanged through years of classical four-times-a-week analysis.

Having myself been trained in psychoanalytic theory, then in the body therapies, and finally in analytical psychology, I can testify to the extremely inhibiting influence that analytic training, both Freudian and Jungian, can have on therapeutic style. From the constraints of a Freudian background I was in the habit of being extremely careful not to use suggestion, direction or exhortation in the slightest degree. But over many years of training workshops and individual sessions with Lowenian and Reichian therapists, during which I uncovered memories which had not emerged in analysis, I learned that their techniques were extremely effective and powerful paths to the somatic unconscious. I became much less restrained about using them with patients.

At first my own early Jungian training seemed to lend itself to the integration of analysis and body work. In the sixties and seventies some Jungian analysts perceived themselves as facilitators of the analysand's contacting the inner healing process, rather than focusing on the therapeutic relationship as the important healing factor. Analysands were encouraged to change analysts and experience different styles and genders of analysts, or to break up periods of analysis with periods of rest or abstinence from analytic work. The focus on intrapsychic relationships rather than on the transfer-

ence made the incorporation of dance, movement and body work less complicated.

However, another trend in Jungian training today, paralleling interest in the body, is toward strengthening the *temenos* and intensifying the focus on transference-countertransference issues. With more emphasis on the transference now in analytic training, nonverbal techniques tend to be discouraged, and changing analysts or breaking up the period of analysis is not recommended. Goodheart writes:

For some time, Jungians shared with other psychoanalytic approaches a fundamental assumption in their practices and in their case presentations of the myth of the innocent observer-interpreter. . . . Interpretations or comments to the patient take the form of pointing out patterns of behavior or "complex" or "unconscious" constellations that the patient is experiencing or struggling with. . . . They subtly presuppose the events within the patient as being at most tangentially linked to the therapist's behavior.<sup>131</sup>

He points out that we must now recognize that the patient's interaction is in response not only to the therapist's overt interventions, but also to the therapist's need for healing experiences. It remains to be seen how these two trends will be assimilated. As Anita Greene comments:

Jungians actively encourage their patients to paint, sculpt, or write out their confrontations with the unconscious. In general, though, Jungians have little understanding of how sensory awareness and body experience can strengthen the ego, activate the personal layer of the unconscious, and enable many patients to contact archetypal levels of energy and image that have been previously blocked or negativized.<sup>132</sup>

This statement supports my observation that many analysts belong to a generation who received little touching or body contact with family members or friends while growing up. Under such circumstances touching of any kind may be associated, or even equated, with sexual stimulation. The predominance of patriarchal values has relegated feminine values (such as enjoyment of close physical proximity and nurturing touch) to the shadow. Because of

this many analysts feel guilty or awkward about touching patients, even when their motivation is to dearmor or provide containment and not gratification. Patients also may interpret touching as seduction or invasion. Analysts who are not connected with their own somatic awareness tend to experience any kind of touching as a form of gratification rather than an exploratory, opening technique; they may also misjudge the effect of their touch on the patient.

Therefore the major prerequisite for training as a body therapist is to have had experience as a patient in body therapy, to overcome one's own blocks and armors to feeling, and to know one's own capabilities and limits. At this point in the development of body therapy there are no standards or guidelines for training, except in dance therapy programs. Analysts have to depend on their own judgment and experience, and approach body work with a healthy degree of humility, good judgment and ethical responsibility.

Setting standards for the training of psychotherapists has always been a thorny problem.<sup>133</sup> Training as a body therapist is even less institutionalized than classical analytic training. There are academic dance therapy programs and institutes for bioenergetic and Reichian methods. Therapeutic skills can be taught to a certain extent. Except for some behavioristic techniques, however, there is an element of art to psychotherapy. No amount of formal classwork or supervision can guarantee the artistic skills needed by an analyst or body therapist.

No matter how much analytic training one has, it is hard to anticipate some of the resistances that arise in the use of body methods. This may be due to the fact that in some ways the energy required of an analyst is different and counterproductive to the energy required of a body therapist. This is my own experience and is corroborated by other therapists with whom I have discussed this issue. It is one thing to be aware of one's own physical sensations and to be aware of the interaction between patient and therapist in terms of somatic cues. It is quite another thing to shift frames of reference in a way that enables one to leave the verbal, interpretive mode and to mobilize the energy to actually move in a session.

This mode of being prepared to move and take action may constellate the shadow side of the analyst. Consciously preoccupied

with the psyche in a receptive attitude, the analyst may anticipate and fear the enantiadromia of that conscious orientation. He or she may fear the eruption of its opposite in a desire for power or for a primitive sexual acting out. The more conscious one can be about what the body is saying at all times, the less likely one is to fall into this enantiadromian enactment of the shadow. Experienced body therapists know there is a very distinct line between touching a patient with intentions of gratification and touching a patient with intentions of therapeutic intervention. It is the therapist's familiarity with his or her own feelings and sensations that makes this distinction possible. The body therapist's most significant tools are personal body awareness as well as intuition and a clear ethical stance.

In working with Lee I found myself calling on my experience with methods of direct touch rather than dance movement. I was not following any prescribed procedures or guidelines in approaching Lee's body. I was guided mostly by her dreams and my intuition. Because of her rich dream material and my empathy with her body I was able to shift between the seated, verbal, interpretive mode and the active, touching, nonverbal mode.

In contrast, Joan, another patient, was an artistic woman who enjoyed expressing herself through movement. I could sit back and witness Joan's active imagination through dance movement, as Chodorow describes in her paper given at the 1985 Ghost Ranch Conference.<sup>134</sup>

For example, once Joan was struggling with feelings of shame and embarrassment while trying to tell me about some strong humanitarian feelings that had been inundating her recently. We discussed possible sources of the embarrassment, without bringing about much change in the intensity of the discomfort. Noting the tension in her body, I asked Joan where she felt the greatest shame and discomfort. Joan said her chest felt more tight and protected. I asked her to demonstrate this discomfort in movement. She began to hunch over, contracting her chest in a more exaggerated way, and folding her arms over her chest. Gradually she began to open her arms to expose her chest. When she did so she immediately reeled back and contracted as if receiving a blow. This movement was repeated many times until she began to initiate very strong arm

and pelvic movements; gradually she was able to expose her chest more and more without appearing to suffer. This was followed by a joyful kind of dance.

Later Joan described her experience as wanting to "open her heart," but each time she exposed her chest she would feel vulnerable to being beaten severely by her mother. She was able to summon energy from the pelvis and upper back to produce the arm and pelvic thrusts, to come to the defense of the chest and gradually open it without fear. Then she was able to feel a strong flow of energy from the chest, a sense of oneness with mankind without embarrassment, and a desire to move about in a free-spirited dance.

In subsequent sessions Joan's experience was verbally processed with associations about her relationship with her mother, accompanied by a noticeable transfer of power from mother to self.

Lee did not have the flexibility nor the inspiration for such expressiveness. Her body called out for touch to awaken and stimulate it. Her fire was hidden, but dreams told us it yearned for discovery; it smoked under the floorboards and seeped through the cracks. I listened for clues in her breathing, in her fantasies and dream images, and in the tension/release experience perceived through my hands, in deciding where and with what kind of pressure to touch her body. And then I watched her consequent behavior and dreams for affirmative or negative responses to what we had done.

Formalized professions do not always have the last or complete word on their subject matter. There are mysteries involving breath and its relationship to energy and anxiety that medical schools do not teach. Diets prescribed by psychic nutritionists seem to have as much validity for some individuals as those prescribed by conventional medical practitioners for treatment of certain disorders. Standards for psychotherapists are terribly difficult to establish. It is easy to be caught on the horns of ignorance and inflation by trying to prepare oneself as a body therapist.

Mindell describes how for years, before arriving at his approach to the body from a viewpoint that sees the dreambody as hovering "between body sensation and mythical visualization," he prepared himself for the work:

Before I felt at home in the world of dreams I had to suffer through

thousands of hours of dream analysis, labor over methods of imagination, association, and amplification. Tuning into body phenomena also requires a great deal of expertise.<sup>135</sup>

As the situation now stands, each analyst must evaluate his or her own ability and readiness to use body techniques. As a group, analysts need to give more thought and research to how to handle the problems provoked by shifting between the verbal interpretive mode and the nonverbal active mode.

### **Body Therapy and Jungian Typology**

Jung's model of psychological types includes two major orientations, introversion and extraversion. Jung believed that an individual is predisposed toward one of these attitudes from birth, although to some extent the orientation can be influenced by the environment. Generally, however, we remain oriented throughout life toward inner experiences (introversion) or toward experiences in the outer world (extraversion).

In Jung's schema, each of these orientations is associated with four functions or ways of processing information. The "rational" functions, thinking and feeling, have to do with making judgments about the data we receive. The "irrational" functions, intuition and sensation, have to do with how we perceive, how we take in the data.<sup>136</sup>

Jung thought that each person developed one of these four functions best and relied consciously on it as a way of processing information, while the other three functions remained less developed. If one of the rational functions was best developed or "dominant," the other rational function would be the least developed or most unconscious and "inferior." For example, if one tends to relate to the available information by thinking about it and judging its value according to whether it makes sense, whether it is logically consistent, right and true, one's thinking function is dominant, and one is unlikely to give much conscious energy to deciding how one feels about the data; therefore the feeling function will be undeveloped and largely an unconscious influence.

Similarly, if one tends to relate to data primarily by simply

experiencing what is perceived through the five physical senses, giving conscious attention to noticing and appreciating details, then the irrational sensation function is dominant. In that case the other irrational function, intuition—concerned with intangible cues, hunches, trends and possibilities—will be relatively unconscious and inferior.

In each person one orienting attitude, extraversion or introversion, will predominate, as will one function, reflected in the conscious behavior. This enables us to describe a person as, for instance, an “extraverted intuitive,” or “introverted feeling type,” and so on through eight possible combinations. In addition, whatever one’s main function, there is usually a helping function of the opposite nature which is also relatively conscious, called the auxiliary function. That is, if the dominant function is irrational intuition, one of the two rational functions, thinking or feeling, will generally be quite well developed; and if a rational function is dominant, the auxiliary function will be irrational. This results in sixteen major types, for example “introverted intuitive feeling,” “extraverted sensation thinking,” and so on.

Jung recognized that we had more to learn about the connection between typology and psychotherapeutic methods: “The difficult task of creating a psychology which will be equally joined to [the different types] must be reserved for the future.”<sup>137</sup> In the present context, a central concern is whether there is a correlation between the typology of the therapist and the attraction to body therapy.

Since body work is very sensual it would seem likely that it would attract therapists whose sensation function is well developed, or alternatively intuitives for whom sensation, being inferior, is numinous. As for the rational or judgment functions, it seems equally possible to do body work from a framework of thinking or feeling. It is my observation that most dance therapists have a dominant feeling function, reflected in their use of music. Dance movement therapy does not generally attract thinking types, and perhaps for that reason has not been described very accurately until recently.

Anita Greene has underlined the connection between her typology and body work:

My deep need for body consciousness is undoubtedly related to my own typology. All the Jungian types need body awareness, but as an introverted sensate, I am especially confronted by the nonverbal character and slow nature of my own process. Emma Jung, also an introverted sensate, likened this type of person to a highly sensitized photographic plate that receives images indiscriminately and often intensely. Impressions tend to divorce themselves from the outer object and sink into the depths of the psyche. Unless there is some means of artistic expression, the impressions get lost and hold the person a prisoner under their fascinating spell.<sup>138</sup>

Marion Woodman also discusses typology:

Many intuitives who have trusted their intuitive powers all their lives realize through body work that their bodies are just as intuitive as their psyches. . . . Intense body response has to be taken into consideration in analysis because the feeling function is so crucial to ego development. If a person is doing his/her best to establish a standpoint based on authentic feeling, and trying to develop the courage to act on that standpoint, then the body must reinforce that stand.<sup>139</sup>

According to Arnold Mindell’s classification of the sensing orientation into visual, aural, kinesthetic and proprioceptive, it is likely that the majority of body therapists, particularly dancers, are essentially kinesthetically oriented.

Some body therapists come to their specialty through the need to work on an infirmity (Gerda Alexander, Franz Alexander, Mindell); others, like Pesso and Brown, combined their artistic careers (dance and voice respectively) with intuitive and psychotherapeutic skills.

Mindell combined his background in physics along with an illness to develop his interest in the dreambody. In my own case I was driven by infertility to explore ways to overcome my body’s block to pregnancy. Physical examinations revealed no apparent reason for my failure to become impregnated. After years of analytical work on the probable complexes involved in this condition I turned to body therapy as a way of altering the deepest aspects of the reproductive system. Finally I did become pregnant, although I cannot be sure that any one therapy can be credited with the break-

through. It was a problem I worked on at every possible level, physical, psychological and spiritual. I then was moved to try to combine body therapy with my love for dance and music.

As for introversion-extraversion, each attitude has certain advantages to the body therapist. The introverted therapist will find it easier to inspire patients to communicate with their deepest experiences through somatic focusing. Nevertheless, there is an assertiveness required of the body therapist which is not required of the verbal therapist and is difficult for introverts to assume. An extraverted, intervening focus with a new ethical shift is required of the introvert. It can be learned, however.

For many analysts, moving out of their own chair is very difficult. One style is to sit on the floor with patients from the beginning. Then when movement seems warranted, it is no big effort or surprise. When I present floor-sitting as a way of working that helps to break up rigid habit patterns at the start, most accept it readily. Timing is crucial, and I no longer urge patients to do anything physical that they have the slightest resistance to doing. With Lee, I introduced the use of the mattress at the beginning of doing body work. Working on the unpadded floor does not allow for vigorous kicking and pounding. In my office I have a sofa that opens easily into a bed, allowing for full-bodied "temper tantrums." Lee was not ready for that type of expression when we began, but my intuition told me that she would be in the near future, and I lay the groundwork by getting her used to working on a mattress.

Lee was a thinking type, I a feeling type. To work physically with her I had to overcome some reticence in myself as well as in her. However, with Joan, also a feeling type and a dancer, I experienced no reticence in encouraging her body movement work. Here is an example of how a movement session helped Joan to contact her assertiveness.

In this session, Joan described being painfully rejected by a friend, which was totally unexpected. Face to face with her friend, she could only feel her liveliness retreat from consciousness, as if a child had disappeared below the surface of a lake. She had felt herself responding with reasonable understanding to this rejection while emotionally being out of reach. After the incident, which

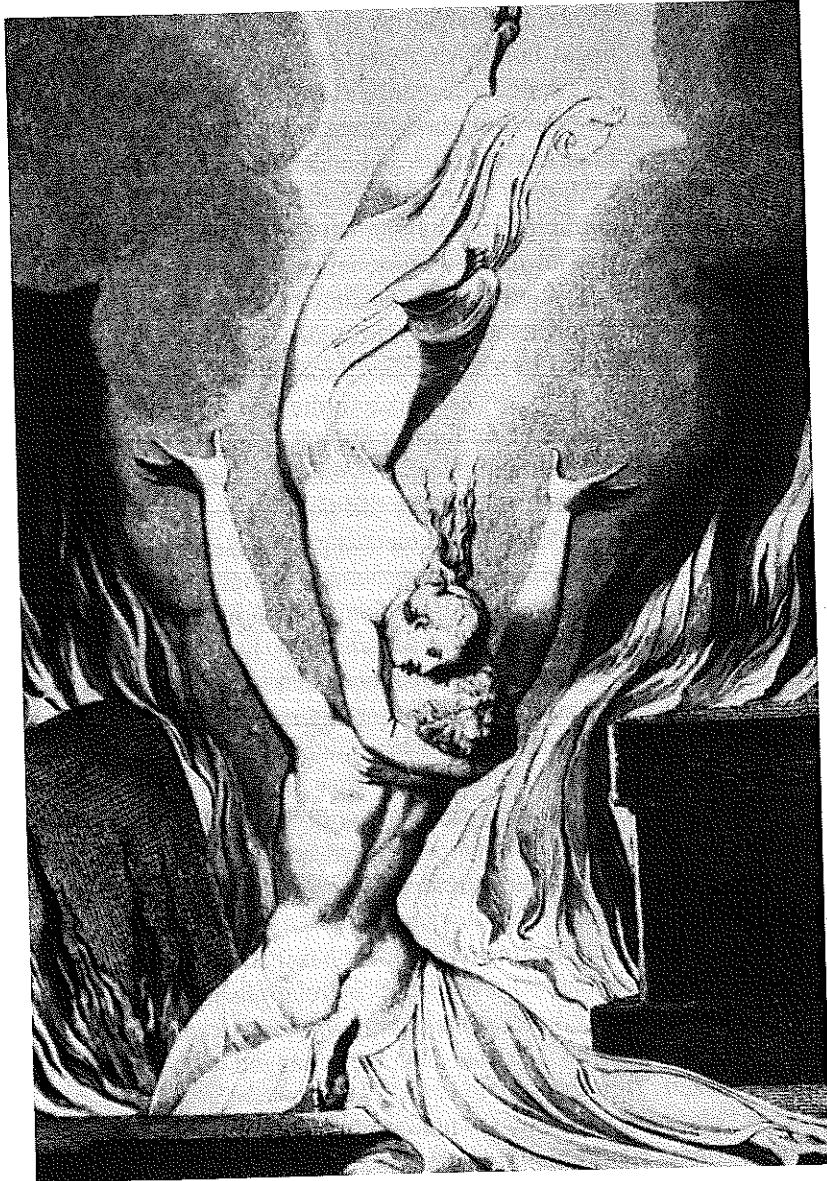
ended pleasantly, she had begun to get glimpses of her anger. As she recounted this at her session we noticed she was guarding her chest rigidly. I suggested she dance out this tension. It was very much like the situation described above (page 98).

She began on her knees in a supplicant motion. Her experience, as she recounted it to me later and not while dancing, was that she had felt a need to implore the mother, "Why have you allowed this to happen?" Instead of mercy, she received stabs to the chest. Unaware of this, I witnessed Joan collapsing onto the floor, seemingly asleep. I wondered whether I should intervene with a question or direction, but decided to trust her body to do what it needed to do. I decided to wait until we were close to the end of the hour before intervening. But after fifteen minutes she sat up and began crawling. The inner process, I learned later, was that she was attacked by the negative mother, who said that she did not deserve love.

Instead of fighting it, Joan decided to give herself up to her fate. She felt herself dragged away, experienced a commotion, and then fell asleep (literally). She woke suddenly when a kind, male voice said, "Hello!" She looked up, surprised at how real the voice seemed, and realized to her astonishment that she had fallen asleep in my office. She was cold and warmed herself by crawling on all fours, during which time she felt in contact with an old, survival-oriented, aggressive part of herself that she called the Tigress (which she had contacted in previous work). With that contact she felt a surge of energy. She stood up and began some very strong swinging motions of her arms and hips, a side-to-side thrusting that finally brought release.

As an introverted feeling type Joan has had to work hard to mobilize aggression and be assertive in relationships. Gradually, through experiencing more of the energy in her back and contacting inner figures like the Tigress, she has changed her capacity to defend herself.

This brief example shows what can happen when body work is combined with traditional analytic therapy. Finding one's own way as a body therapist takes time, experience, willingness to change behavior patterns, and an understanding of one's own typology and resistances.



*The Reunion of the Soul and the Body*, illustration by William Blake for Blair's *The Grave* (1808), etched by Schiavonetti.

## Experiencing the Unus Mundus

The growing movement to incorporate body work into psychotherapy reflects changing attitudes in Western culture, particularly a new-found awareness of and respect for the feminine principle.

As the collective psyche becomes more accepting of the feminine, so do magic, mysticism, poetry and artistic sensibilities come alive in all of us. In the dualism of Western philosophy the split between spirit and matter separated theology and science, mental and physical, materialism and mysticism in ways that were not duplicated in the more unified Eastern experience. The female serpent power, the Kundalini, was not buried with the Goddess under patriarchal cathedrals, but lives within us all and waits patiently for acknowledgment. Tantric Yoga finds the essence of Godliness in the union of male and female. Wilhelm Reich seems to have acted out of the same intuition, but as a typical Western medicine man, with a strong physical orientation, he did not integrate the spiritual dimensions into his work.

In the West we have seen the physical sciences split off from mystery and become almost totally materialistic, while theology followed a dogmatic path and became progressively devitalized, less earthy and consequently noninfluential. With Einstein the healing of the schism began to take place in physics. He said: "The most important function of art and science is to awaken the cosmic religious feeling and keep it alive."<sup>140</sup> Today geophysicists are sounding like mystics, awed by the magnitude of the universe and the earth's ability to produce life and water, maintaining itself at a viable temperature over eons when variance of a few degrees would bring annihilation. Quantum physicists find themselves in agreement with the Eastern concept of Prana, the life-energy permeating the universe.

"Our faith imposes on us a right and duty to throw ourselves into the things of the earth," says Teilhard de Chardin.<sup>141</sup> Catholic theologians such as de Chardin and Matthew Fox challenge the

notion of original sin and need for redemption as it tends to lead to the degradation of the body. They celebrate the continuance of creation and glorification of God in the material universe, which Fox calls the "original blessing" (as opposed to original sin).

The fall/redemption model of spirituality, which has dominated theology since the 17th century, is a dualistic model and a patriarchal one; it begins its theology with sin and original sin; and it generally ends with redemption. Fall/redemption spirituality does not teach believers about the New Creation or creativity, about Eros, play, pleasure, and the God of delight. It fails to teach love of the earth or care for the cosmos, and it is so frightened of passion that it fails to listen to the imprisoned pleas of the anawim, the little ones, of human history. This same fear of passion prevents it from helping lovers to celebrate their experiences as spiritual and magical. This tradition has not proven friendly to artists or prophets or Native American peoples or women.<sup>142</sup>

There are either/or choices that we must make—A psychology that says, "The soul makes war with the body" (fall/redemption, Augustine), and one that says, "The soul loves the body" (creation spirituality, Eckhart), are not saying the same thing.<sup>143</sup>

In the Jewish tradition there has been less splitting of matter and spirit. Jewish mysticism, which has always focused on the expression of Godliness in everyday tasks and daily rituals, is now becoming more visible. So are the writings of Catholic mystics such as Meister Eckhart and Hildegard of Bingen. These mystics did not lose touch with the unity of being, did not fall into philosophical dualism. Hildegard wrote:

The earth is at the same time mother, she is mother of all that is natural, mother of all that is human. She is mother of all, for contained in her are the seeds of all. The earth of humankind contains all moistness, all verdancy, all germinating power. It is in so many ways fruitful. All creation comes from it. Yet it forms not only the basic raw material for humankind, but also the substance of the incarnation of God's son.<sup>144</sup>

With the body recognized as the manifestation of God-energy, the mystic need not retreat to the mountain, but can find the mystical

experience in the midst of everyday life. Everyman is an artist, and the world is in a continual process of creation.

Analysts who are used to thinking in terms of mental structures and mental mechanisms of defense will learn to conceptualize in terms of the subtle body and freeing blockages in the somatic unconscious. Their aim will be to create an energy-body of substance which can express the fullest manifestation of Self. Just as we now see psychosomatic processes in physical and mental-emotional images, so will we be able to visualize and sense kinesthetically what is occurring in the body of the analysand, and this will be our automatic and natural response. We will see consciousness fill out spatially within and beyond the physical body as individuation takes place and is expressed in the subtle body or dreambody.

The objective psyche, in this cosmological evolution, has come to recognize the beauty and value of the individual body, resulting in a wave of narcissism whose purpose may be essentially creative. In *Narcissism and Character Transformation*, Schwartz-Salant writes:

Narcissistic characters may be carrying the seeds of a new conscious experience of the Self in which both matter and spirit, both ascent and descent, have equal value. As such, they would be heralding a change in the collective unconscious Self image.<sup>145</sup>

From this point of view, self-preoccupation reflects the collective need to reunite body and soul.

I believe that the integration of analysis and body therapy contributes to an ongoing universal process of uniting mind, body and soul. I see this integration as offering a way to avoid both the dualism of Cartesian philosophy and the sheer romanticism of Jean Jacques Rousseau, in promoting unity of the psyche.

In Jung's elucidation of the alchemists' work paralleling the individuation process, he describes three stages of the *coniunctio*. The first, the *unio mentalis*, involves the overcoming of the body and realization of the shadow—"the attainment of full knowledge of the heights and depths of one's own character."<sup>146</sup> The second stage is the reunion of the spirit with the body:

The reuniting of the spiritual position with the body obviously means

that the insights gained should be made real. An insight might just as well remain in abeyance if it is simply not used. The second stage of conjunction therefore consists in making a reality of the man who has acquired some knowledge of his paradoxical wholeness.<sup>147</sup>

The third and final stage of the *coniunctio* is wholeness through transcendence, the *unus mundus*, which psychologically consists in a synthesis of the conscious with the unconscious, the unity of spirit and matter, body and soul.<sup>148</sup>

This is the goal toward which depth psychology and the physical sciences are now moving. As Jung writes:

Microphysics is feeling its way into the unknown side of matter, just as complex psychology is pushing forward into the unknown side of the psyche. . . . The common background of microphysics and depth-psychology is as much physical as psychic and therefore neither, but rather a third thing, a neutral nature which can at most be grasped in hints since in essence it is transcendental.

The background of our empirical world thus appears to be in fact a *unus mundus*.<sup>149</sup>

While many individuals evolve through the third stage—some becoming mentors and spiritual leaders, others quietly serving in unrecognized and unacknowledged roles—as a collective society I would estimate our human evolution to be overlapping the ending of stage one and beginning of stage two.

Camille Campbell asks in her preface to *Meditations with Teresa of Avila*, “Who will teach us to give birth to our souls, to be life-giving creative centers of energy instead of death-dealing centers of inertia?”<sup>150</sup>

The answer, I believe, is that we shall all teach each other, each carrying some of the flame, each igniting and keeping alive the spark in others and ourselves when we are in danger of falling into the inertia of ungrounded intellectualism or spiritless compulsive physicality. To reach this flame is the point of combining depth analysis and body therapy, for the flame is guarded deeply in the temple of the body.

## Notes

CW—*The Collected Works of C.G. Jung*

1. D.H. Lawrence, *St. Mawr and the Man Who Died*, p. 206.
2. C.A. Meier, *Ancient Incubation and Modern Psychotherapy*, pp. 40f.
3. Jung, “On Psychic Energy,” *The Structure and Dynamics of the Psyche*, CW 8, par. 47.
4. See, for instance, Marcia Moore and Mark Douglas, *Astrology: The Divine Science*, pp. 685ff.
5. J.L. Halliday, in J.A.C. Brown, *Freud and the Post-Freudians*, p. 99.
6. *Ibid.*, p. 100.
7. Edward C. Whitmont, *Return of the Goddess*, p. 83.
8. Georg Groddeck, *The Book of the It*, p. 227.
9. *Ibid.*, p. 20.
10. Whitmont, *Return of the Goddess*, p. 83.
11. Erich Neumann, *The Origins and History of Consciousness*, p. 290.
12. J.A.C. Brown, *Freud and the Post-Freudians*, p. 66.
13. Groddeck, *The Book of the It*, pp. 196f.
14. Whitmont, “Recent Influences on the Practice of Jungian Analysis,” in Murray Stein, ed., *Jungian Analysis*, p. 336.
15. Gerard Lauzun, *Sigmund Freud: The Man and His Theories*, p. 37.
16. Groddeck, *The Book of the It*, p. 238.
17. Lauzun, *Sigmund Freud*, p. 62.
18. *Ibid.*, p. 63.
19. Freud, “‘Civilized’ Sexual Morality and Modern Nervousness,” *Collected Papers*, vol. 2, p. 88.
20. Wilhelm Reich, *The Function of the Orgasm*, p. 130.
21. Lauzun, *Sigmund Freud*, p. 97.
22. Quoted in *ibid.*, p. 98.
23. Freud, “The Libido Theory,” *Collected Papers*, vol. 5, p. 132.
24. *Ibid.*, p. 134.
25. Lauzun, *Sigmund Freud*, p. 41.
26. Freud, “Recommendations for Physicians on the Psycho-Analytic Method of Treatment,” *Collected Papers*, vol. 2, p. 331.
27. J.A.C. Brown, *Freud and the Post-Freudians*, pp. 51f.
28. William Goodheart, “Successful and Unsuccessful Interventions in