

**Flesh and Soul:
The Necessity of Hands-On Somatic Psychology in a Disconnected Culture**

**by
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I certify that I have read this paper and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a product for the degree of Master of Arts in Counseling Psychology.

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Abstract

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This thesis explores the tabooing of touch within psychotherapy as symbolic of a disconnected culture. The impact of a paradigm of separation that has pitted the body against the mind, humans against nature, and defined matter as distinct from spirit is assessed. A psychotherapy that ignores the body loses a significant resource for healing and also colludes with forces of division that contribute to mental disease. Hermeneutic methodology is used to integrate information from different genres, paralleling the process of integration involved in healing. A paradigm of touch is introduced as means to transform broken logic systems, draw in the wisdom of the body, and create a foundation for the development of hands-on therapeutic techniques within psychotherapy. Examples are given in reading Autism and Borderline Personality Disorder within a depth psychological somatic frame, demonstrating how psychology would be served by an integrated, embodied approach.

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Dedication

To Stacy Lauas and Elizabeth Oberstein,
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I have the capacity to change my life,
and maybe more than that.

Table of Contents

Chapter I	Introduction.....	1
	Touch	3
	Methodology and Definitions.....	4
	Matter	5
	Body	7
	Soul, Spirit, and Mind	8
	Touch.....	9
	Depth Psychology and Somatic Psychology	10
	Shadow	11
	Purpose.....	12
	Reclaiming the Body From the Shadow.....	12
	Healing the Split.....	15
	Personal Contact	17
	Impact on Psychology	19
	Overview	21
Chapter II	Literature Review.....	23
	Dualism: Divide and Conquer.....	24
	Dividing Body From the Mind	25
	Dividing Body From Self	29
	The Myth of Objectivity	32
	Colonization and the Body	35
	The Tabooing of Touch.....	40
	The Seduction Theory	41
	Oedipus in Culture	47
	Ashes to Ashes	50
	Touch in Psychotherapy.....	52
	The Body's Story	54
	Fascism and Its Opposites	55
	Parallel Paths.....	59
	Trauma and the Body	63
	Culture and Lens	66
	Ethical Questions.....	70
	Summary	73
Chapter III	The Depth of Touch	75
	A Hands-On, Somatic Depth Psychology.....	75
	Reliteralization.....	77
	Denial of the Obvious.....	80

	viii
Magical Thinking.....	83
Back to Earth	84
Container for the Symbolic	85
Primary Skin	86
Collective and Individual.....	88
Matters of the Flesh	89
Separation Anxiety: Borderline Personality Disorder.....	90
Reluctant Embodiment: Autism Spectrum Disorders	95
Chapter IV Summary and Conclusions	101
Implications	103
Suggestions for Further Research.....	104
Conclusion.....	107
References.....	108

Chapter I Introduction

*This dance is the joy of existence.
I am filled with you.
Skin, blood, bone, brain, soul.
There's no room for lack of trust, or trust.
Nothing in this existence but that existence.*

Rumi, 1995, pp. 130-131

A distance from the body exists in psychotherapy, demonstrated particularly in the taboo against touch. A therapist may say to a client, “Your story touched my heart,” “I will hold it in confidence,” or “I hold you with respect”; however, such physical acknowledgements generally remain symbolic. For fear of sex, vulnerability, or death, for dominance of intellect, or desire to control, from religious, social, and political ideals, the living physical world has been placed in the collective shadow. The body and the earth are calling to be acknowledged and embraced. This thesis is an effort in healing by remembering psychology to its formally cut-off parts.

Since long before recorded history, healers have practiced the “laying-on of hands” (Field, 2003, p. 13; Montagu, 1986, p. 270). Lineages around the world exhibit abounding evidence of touch being used to heal the body, mind, and heart. Healing through physical touch continues to this day in massage, energy therapy, shamanic traditions, osteopathy, and in work with animals, nature, and art. It also continues in simple acts of humanity like the hug of a friend at the moment it is needed most or handing someone a piece of food; however, touch is outside of the traditional boundaries

of the Western psychotherapist. Even medical doctors, who possess the domain of the body, touch less and less, consider the holistic system less and less, and work instead through techniques that place them at more distance.

What does it mean that this has become a culture where healers do not touch? What is implied about the understanding of being human and what is valued in civilization as it is? What if awareness of contact is part of what heals and separation is actually the disease? What if logic alone has led us astray as it did not stay grounded in the wisdom of our cells and the earth? Further, if we have gone off course, being divided from our felt sense of knowing, what will lead us home?

My purpose is not only to explore the limiting of touch in psychotherapy, but to look at the whole paradigm of separation that it implies. Within this paradigm, the body and nature are seen as objects that must be dominated, as machines and commodities to be adjusted and possessed. As an antidote, I present a paradigm of touch. It represents a fundamental shift to an extreme experience-near, intersubjective stance and dissolution of the idea that objectivity is what heals. Within this, touch can refer to actual psychotherapeutic physical contact and can more generally refer to the stance where, regardless of physical touch, therapists understand that the contact is always present and their touch is always deep. Just as moments occur when physical touch is not appropriate, at other times, such human contact is the only appropriate intervention. For those times, therapists must be ready and available with their entire being, flesh and soul.

I move from the following premises:

1. Denial of the body and touch is not universal, but rather, bound by culture and time, reflecting a particular set of beliefs which may not be helpful.

2. Born of these beliefs, psychology has traditionally dealt only with the realm of the mind and soul, seen as distinct from the body, society, and earth.
3. Phenomena like depression, anxiety and trauma—traditionally considered diseases of the individual mind—are revealing themselves as disorders of the whole body and environment.
4. Healing, therefore, requires a psychology that takes into account the whole human organism and culture.

Although psychology is increasingly including understandings of the body, environment, and culture, the risk is that these concepts continue to be viewed through a mechanistic lens. Even within somatic and body-based orientations, a strong boundary continues to be advocated between the role of the psychotherapist and techniques that directly engage with the body and the world. Unexamined taboos and disconnects—either unconsciously or by design—may align psychotherapy with forces of oppression instead of forces of healing and freedom. By a deconstruction of particular beliefs, this thesis moves towards a more integrated approach, advocating acceptance of hands-on forms within psychotherapy and greater embodied training of talk therapists. This inquiry is made with the hope that entering the language of the body may change the conversation in general and promote a movement to expand psychotherapy to include other considerations of the material realm, including environment, politics, culture, diet, and pharmacology.

Touch

Touch is not only the focus of theory or a means to an end; touch itself is reconnection with intrinsic meaning; the space before interpretation. The act of

touch—whether it be to another person or to something in nature—allows one to recognize connection with a greater whole. Touch is the state that is sought to remember: connection to immediate experience, the soul, and the generations. Touch is the ability to feel held in the arms of the universe, humanity, and life.

Perhaps the boundaries between the body and soul and between self and other have left people feeling incomplete and searching for more: for some remembered sense of wholeness, or spiritual realm that seems so far away from the depravity that has become of this plane. In *Trickster Makes This World*, cultural critic and essayist Lewis Hyde (1999) wrote, “Once upon a time the gods were closer to earth; once they walked among us and sat at our tables. But that was long ago, before the enduring divisions that shape this world were drawn” (p. 173). He described a realm where gods were much more human and the humans, much more divine. Where there was no gap between the sacred and mundane. This thesis is the hope that we might live in such a place again.

Methodology and Definitions

The physical body is a paradox. It contains both our most finite aspects of existence limited by space and time, and also our experience of the transcendent, multivalent, and poetic. The physical body has been considered the unconscious (Pert, 2003), yet at the same time, it is our most obvious and tangible part. In that sense, this thesis presents both an epistemological answer and an endless question. To the question, “How do we know?” the answer is given, “I feel”; a belief that knowledge is, at least in part, within the body and physical experience. At the same time, this felt knowing is held as profoundly subjective, opening up an endless unknown, and creating the space for understanding beyond logic.

I take a hermeneutic methodology, recognizing existing separations and absences, placing ideas in communication and seeking to speak for the unspoken (Messer, Sass, & Woolfolk, 1988). Literature is drawn in from psychotherapy, embodied studies, philosophy, cultural studies, semantics, and medicine, with the intention of joining these canons, and creating a new theoretical frame through which phenomena can be viewed. The hermeneutic perspective seeks to investigate the premises, presuppositions, charges, and meanings that underlie current theories and ways of working. Taking the broadest meaning of touch as the purpose of this thesis, ideas and meanings are placed in contact for the sake of what arises in the space between. In connecting theories to bodies and lived experience, the hope is that these words can live on a visceral plane as well.

The division and lineation in the structure of language and, perhaps, even in the nature of language itself is challenging in terms of articulating a holistic perspective. The task is thus to speak through division to point at a unity without ignoring the importance of diversity and discernment. The following exploration of definitions is meant to hold the spectrum from poetic to concrete. Following from the premise that it is necessary to dissolve the false dichotomy opposing matter to spirit, these definitions are an act of both defining and undefining, reaching towards the literal, the symbolic, and everywhere in between.

Matter. *Matter* derives from the Latin *mater*, meaning “origin, source, mother” (“Matter,” 1995, p. 463). These roots explain the symbolic connection amongst physical substance, the earth, and the feminine. The related Latin term *materia* refers to the “substance from which something is made, timber” (p. 463). In common and scientific usage, this substance must be physical, “something that occupies space” (“Matter,” 2000,

def. 1a, p. 838) and “something that has mass and exists as a solid, liquid or gas” (def. 1b, p. 838).

Reminding of the lineage of the word *matter*, the concept of mother nature exists in many cultures (Cirlot, 1958/1971). Physical forms and movements of energy that are downward, inward, and horizontal are called *feminine*, *tamasic*, or *yin*. In a dualistic understanding, material is seen as opposed to immaterial—just as female is seen as the opposite of male—leading to parallel subjugations of the earth, female bodies, and feminine energies. Considering its root as “origin” (“Matter,” 1995, p. 463) as well as the understandings of alchemy and quantum physics, however, it is clear that a division between material and immaterial cannot be made so easily.

In the alchemical conception, the material is mingled with the spiritual. Matter and spirit are two poles, active and passive, between which migrates all that exists. For the spirit to be made manifest requires a material support, and matter exists only thanks to some component of spiritual nature. (Aromatico, 2000, p. 31)

Carl G. Jung, founder of analytical psychology, described this nature in a similar way and saw it as coming into awareness through synchronicity and archetype.

Since psyche and matter are contained in one and the same world, and moreover are in continuous contact with one another and ultimately rest on irrepresentable, transcendental factors, it is not only possible, but fairly probably, even, that psyche and matter are two different aspects of the same thing. . . . Our present knowledge does not allow us to do much more than compare the relation of the psychic to the material world with two cones, whose apices, meeting in a point without extension—a real zero-point—touch and do not touch. (Jung, 1954/1969, p. 215 [*CW* 8, para. 418])

There is also an additional sort of usage for the word *matter* referring to “the substance of thought or expression. . . . A subject of concern, feeling or action, . . . trouble or difficulty” (“Matter,” 2000, p. 838). These usages, in one sense, flip the dichotomy defining *matter* as process, not content, but also seem to hint at an esoteric

undertone of the unity of matter and spirit. Thus, the matter of this thesis is an exploration of matter in its broadest sense, seen through the symbol of the body and physical form.

The intent is to remember the elements of life classically considered physical as equally spiritual and to reclaim the value of understanding that has been cast aside in a dualistic worldview.

Body.

1. a. The entire material or physical structure of an organism, esp. of a human being or animal. b. the physical part of a person. c. a corpse or carcass. 2. a the trunk or torso of a human being or animal. . . . 3. a. a human being; a person. b. a group of people regarded as an entity; a corporation. 4. A number of persons, concepts, or things regarded as a group.

“Body,” 2000, p. 155

The definitions above begin by depicting the body as only material: like a person’s body of flesh that is left even after death, or the body of a car. In technical anatomical terms, it refers only to the torso, or core of a human from the neck down, that is, positing the body as distinct from the brain, mind, and spirit. Some non-Western traditions hold the belief that individuals have emotional, mental, and energetic bodies as palpable as their physical body. The definitions above quickly move to the more ethereal as well, noting that a body can also be made up of ideas or bonds between multiple people.

To talk about bodies, in the most general sense, is to consider structures and relationship. Although much of the information presented here concerns the treatment of bodies of flesh, this consideration is just as pertinent to political bodies of power and structural bodies of ideas. If a body is seen as a collection of units—be they cells, people,

efforts, or dollars—the investigation regards the interplay between structure and function. These premises explain why this topic can be as much political as psychological.

Soul, spirit, and mind. *Soul*, *spirit*, and *mind* refer to the parts of existence or experience that transcend or extend beyond material components, to greater or lesser degrees. In the very least, they represent an experiential aspect of life that is beyond the quantifiable. From an alchemical perspective, these would be more ethereal elements that have not descended or condensed into perceivable finite physical forms. The term “psychology” comes from the Greek word *psyche* meaning “soul, mind, spirit, breath, and life” (“Psychology,” 1995, p. 614). Many cultures hold a belief in such an enlivening energy. Considerations of this life force can include conversations on consciousness, awareness, energy, archetype, possibility, spirituality, and god. It can also be found in the unsatisfactory nature of a merely scientific explanation of *mind*.

Though all of the terms mentioned above can have very different definitions, for the purpose of this thesis, they are all used to describe the possibility of transcendent aspects of being. This is a delicate distinction and an important point, because in questioning the long-assumed separation between the body and spirit, there is no intent to argue that all is merely physical. It is possible to confront dualism by creating a materialistic or mechanistic view of the world where soul, morality, and love are seen as byproducts of biological events; however, that is not what is argued here. Rather, transcendence is the space where we are neither singular nor dual, but multidimensional and interconnected. In seeking a multidimensional lens, this is an equal rescue for the soul as for the body.

In *Descartes' Error: Emotion, Reason, and the Human Brain*, neuroscientist Antonio Damasio (2005) wrote of the interconnection of soma and psyche: “The truly embodied mind I envision . . . does not relinquish its most refined levels of operations, those constituting its soul and spirit” (p. 252). In *Buddha's Brain: The Practical Neuroscience of Happiness, Love, and Wisdom*, while introducing their concept of practical neuroscience, neuropsychologist Rick Hanson and neurologist Richard Mendius (2009) addressed transcendence and wrote,

Richard and I both believe that something transcendental is involved with the mind, consciousness and path of awakening—call it God, Spirit, Buddha-nature, the Ground, or by no name at all. Whatever it is, by definition, it's beyond the physical universe. Since it cannot be proven one way or another, it is important—and consistent with the spirit of science—to respect it as a possibility. (pp. 9-10)

Mind is thus seen as a self-reflective combination of the functions of the physical brain combined with transcendent factors and also “nested in a larger network of biological and cultural conditions” (Hanson & Mendius, 2009, p. 10). Soul, spirit, and consciousness in general can be described with equal complexity; they are connected to, but not necessarily limited by, their parts that have condensed into matter.

Touch. On one level of investigation, *touch* seems to have an etymology composed of its most feared potentials. From the Old French *touchier*, “to touch, hit, knock” (“Touch,” 1995, p. 822), *touch* can connote the interpersonal ability to harm. Rooting from Vulgar Latin *toccare*, however, the “knock or strike” (p. 823) actually refers to that which is done to a bell, invoking a resonance that is perhaps the best definition for this purpose. Emerging from this root, *touched* came to mean also “stirred emotionally, . . . affecting the emotions” (“Touched,” 1995, p. 823) and *touchy* to mean “too sensitive” (“Touchy,” 1995, p. 823).

The *American Heritage Dictionary* defined *touch* as, “To cause or permit a part of the body, esp. the hands or fingers, to come into contact with so as to feel” (“Touch,” 1995, p. 1430, def. v.1). That physical notion of contact is one way that *touch* is used here and is particularly relevant, as it places touch as a purposeful act with feeling as its intention. *Touch* is also defined as “the state of being in contact or communication” (p. 1430, def. n.14). In general, these concepts point to an interactive nature where there can be touch between physical forms, energy, emotion, and ideas, and where this contact can be made accidentally or consciously. Just as conscious physical touch is advocated here, also are the communication of ideas and an exploration of the points of interface between.

The idea of touch having a quality like the resonance of a bell is particularly important as it places beings as relational and able to affect each other internally. Paradoxically, touch also carries a sense of boundaries and understanding of surfaces and autonomies, physically and conceptually meaning, “to meet without going beyond; adjoin” (“Touch,” 2000, p. 1430, v.7a). In order for there to be touch, there must be two surfaces meeting. In this sense, *touch* is placed as distinct from *fusion*, *merger*, *omnipresence*, or *assumption*.

Depth psychology and somatic psychology. *Depth psychology* is defined as “the psychology of the unconscious mind” (“Depth psychology,” 2000, p. 374). This broad definition captures its open-ended nature and expansive potential. A depth stance can range from a practical psychology believing that symptoms have deeper and partly unconscious sources, to a philosophy holding that both reality and the psyche have unconscious and transcendent extensions that are fed by an infinite reservoir. The main

marker is an openness to listen for the unknown. This could mean looking for true sources of behaviors or feelings—be they internal or external—and a seeking of esoteric truth.

Somatic psychology, rooting from the Greek *somatikos*, meaning “of the body” (“Somatic,” 1995, p. 737), refers to the study of the body and soul. Taking into account the discussions above on matter, somatic psychology looks at the connection, interface, and unity among elements of being that are perceived as physical and those that are perceived as nonphysical. It generally refers to any psychology that takes the physical human body into account. Within the classical boundaries of psychotherapy, however, many stances can seem limited and mundane; not fully expanding into the physical to include touch, nor into the intellectual to include social and political discourse. One goal of this thesis is to make it clear that somatic psychology is a form of depth psychology and reframe both to include investigation into bodies of power and intellect as well as bodies of flesh and spirit.

Shadow.

Everyone carries a shadow, and the less it is embodied in the individual’s conscious life, the bleaker and denser it is. If inferiority is conscious, one always has a chance to correct it. Furthermore, it is constantly in contact with other interests, so that it is continually subjected to modifications. But if it is repressed and isolated from consciousness, it never gets corrected, and is liable to burst forth suddenly in a moment of unawareness. At all events, it forms an unconscious snag, thwarting our most well meant intentions.

Jung, 1940/1969, p. 76 [*CW* 11, para. 131]

If an object stands in the path of light, a shadow will result. The object can be physical, creating an area of decreased light, or the object can be nonphysical, creating an area of psychic repression or fragmentation. This darkness has come to represent what a

person or society cannot or does not want to see. Rejected parts of self and experience are placed into this shadow, both consciously and unconsciously. On the plane of polarity, it is the dark opposite necessarily resulting as balance to light. Though most explanations of shadow make it sound negative, the contents of the shadow are not negative in and of themselves. The darkness is also a generative space, with the potential for birth and transformation. Exemplified in the hero's journey, in order to move forward, an individual or society must enter the dark, frightening unknown. There, they must die to what they once knew themselves to be, and be transformed, bringing back a piece that was always there, but had been cut off. What was a trap becomes a power.

Purpose

Reclaiming the body from the shadow. Whether from religious ideals, shame and isolation, or social control, many cultures have placed the body and the earth in their shadow. Governing groups for religion, education, and psychotherapy have institutionalized bodily repression, in attempts to protect against sexuality and violence, and to continue social norms. The result is a polar existence of erupting hypersexualization, objectification, and segregation alongside a lack of real knowledge or respect for embodied life—a phenomenon explained by the functioning of the shadow. The guiding purpose of this thesis is to notice the ways in which the body has been placed in the shadow and to bring it back to light, particularly within the realm of psychotherapy. Bringing physical life back into consciousness could let it breathe, find its place, and perhaps return wisdoms that would help us move forward in better ways.

In her book, *Touch*, developmental psychologist and touch researcher Tiffany Field (2003) outlined institutional and cultural limiting of touch and its impact. She stated that, in the past, touch was immoral, but now it has become illegal (p. 15).

More and more states are making it illegal for teachers to touch students, and even in those states that have not outlawed touch in schools, it is increasingly risky for teachers to touch students. Similarly, codes of ethics forbid touching by psychotherapists and counselors. (p. 4)

She cited the actual infrequency of sexual abuse in school and noted that “these laws are not just made to protect the child and the psychotherapy patient; they also benefit the insurance company” (p. 4). This is not to disregard the profound tragedy of abuse by teachers or psychotherapists when it does happen, but to note that the rhetoric and laws concerning the dangers of touch appear to have the opposite than desired effect.

Sexual abuse erupts into awareness from individuals and institutions in which the repression no longer serves, such as by priests where spiritual ideals demand they be celibate. Field (2003) referenced numerous studies showing that, as touch is categorically banned, negative touch increases (p. 5). She also noted that, although many teachers are losing the right to hug, many still keep the right to spank. Based on the function of the shadow whereby contents erupt into consciousness in a desire to be reintegrated, if the true intention was to protect children, students, and clients from sexual assault, it would be far wiser to have the body more fully investigated and respected rather than further repressed. Eruptions of negative touch from the shadow should serve as a signal that wisdom is to be reclaimed.

Anthropologist and humanist Ashley Montagu (1986) wrote, “When the need for touch remains unsatisfied, abnormal behavior will result” (p. 46). Jung (1950/1968) wrote, “A man who is possessed by his shadow is always standing in his own light and

falling into his own traps” (p. 123 [CW 9i, para. 222]). Field (2003) observed how decreased touch from caretakers “may also be why sexual promiscuity and teenage pregnancy are on the increase and could even explain the increasing incidence of eating disorders and addictive behaviors” (p. 5). If the body and the earth are left in the shadow, they will continue to fester, demanding attention through sexual abuse, violence, mental and physical disease, environmental disaster, and war.

Montagu (1986) noted how lack of understanding of the basic need for touch permeates the culture to the point that parents are reluctant to touch their infant’s bodies; fearful that their own desire to touch might have a sexual tone. He said, “Such alarm is understandable in a society that has so confounded love, sex, affection, and touch. The genuinely loving parents have nothing to fear from their demonstrative acts of affection for the children or anywhere else” (p. 232).

Consideration of the body and touch tend to take on a moral and ethical charge from beliefs that sin and animal nature are weaknesses of the flesh. Contrary to conceptions of morality that function by dividing off body and sensation, it is proposed that respect for embodiment is the actual moral imperative. Only by offering this respect both to oneself and others can an honest and grounded ethical sense come. In *Evil: The Shadow Side of Reality*, Jungian analyst and priest John A. Sanford (1981) wrote,

The important thing . . . is that we recognize the Shadow side of ourselves. This recognition alone produces a powerful and beneficial change in consciousness. . . . It is essential in developing a conscious personality. It can also be said to be the basis for a truly individual morality. (p. 65)

True morality cannot function by simply forcing the unfamiliar or inconvenient into the shadow. It cannot be based on external laws and black-white mentality that only serve to distance individuals from their felt-sense knowing. An individual and holistic

morality could only come from practiced discernment in being physically aware and the ability to choose within complexity. Such a moral potential would be intact and capable of development if an individual has connection and trust in his or her body and spirit. Unfortunately, many structures and laws exist in the construct of culture that keep people divided and leave basic needs unfulfilled. Discrepancies grow between external laws and an internal compass, creating confusion, anger, and pain, which are also pushed to the shadow until they erupt again.

Healing the split. Conversations on touch seem unnecessary and even ridiculous from both ends of the theoretical spectrum. For a bodyworker, the use of touch needs no discussion as it is assumed. For a psychotherapist entrenched in taboos and beliefs that all touch is unethical, illegal, or always unhelpful, touch gets little discussion either. The theoretical chasm of this highly polarized subject demonstrates the depth of the cultural split between the body and mind, the literal and symbolic, and between nature and control. On each side of the chasm are rules, protocols, and beliefs, and in the space between are subjective experience and a demand for wisdom, discernment, and responsibility.

In “Thoughts on Using Touch in Psychotherapy,” Gestalt therapist Joen Fagen (1998) wrote about his range of discernment in the use of touch in individual therapy.

I have never touched about one-third of my patients. With another third, I use touch as an affirmation of the relationship (e.g., I may hug a patient) or as a therapeutic technique (e.g., I may put my hand on a patient’s back to help with the expression of grief, provide physical limits to help with the anger expression, touch a patient to help evoke old memories, etc.). I have held another third of my clients extensively, as I would an infant or young child, as part of reparenting. (p. 147)

Fagen related the power of touch to fire. It “can be a provider of light, warmth, nurturing, and movement, or of damaging and destructive consequences” (p. 147). It is dangerous to let the fire run wild. It is equally dangerous to deny the benefits of fire and remain forever in the cold. The means of its usefulness are entirely dependent on the situation and on an understanding of its nature.

As integration is sought within the individual as part of the process of healing and growth, it is also needed within the healing professions. Psychotherapists would be served by understandings that come through the body and touch. Likewise, bodyworkers would be served by clinical understandings and training. This does not mean that diversity in viewpoint could be or should be eliminated, or that there would be no disagreements or choice between theoretical orientations. Rather, it would open a discussion and a dynamic objectivity between. To move away from absolutes is to step into the murky waters that demand awareness.

What is to be learned in this space in between traditional threads of body and soul might provide tools as powerful as fire when awareness is added that matches their strength. Such work would also give clues to the process of integration needed as individuals and within a profession and a culture. Liberation psychologists Mary Watkins and Helene Shulman (2008) wrote of the interdisciplinary dialogue and its impact on individual and social healing. Integration may be a process that must occur on multiple planes. By necessity, it requires the crossing of boundaries, drawing in information that before was uninvolved.

Liberation Psychologies throughout the world ask that one forsake the safety of the narrowly constructed “psychological,” by placing oneself in dialogue situations with others that break open one’s normalized assumptions, allowing one’s self to see the interconnections between the psychological, the historical,

the socioeconomic and the spiritual. Without this transgression of disciplinary boundaries, an individual suffering pathology would be unable to ferret out the ways in which his symptoms speak of the larger context that create suffering for others as well as himself. (p. 62)

In this context, an understanding of environmental influences can help heal the individual, and an understanding of the individual in context can heal the collective. One aspect of healing is the narrowing of splits through the process of theoretical and practical integration within the brain, between flesh and soul, between the world and the individual, and between analysis and action.

Personal contact. The world and body I was born into, for many years, seemed unlivable. With sickness, allergy, surgeries, traumas, being gay in a fundamentalist family, female in a patriarchal context, and hypersensitive in a culture that favors the sleepily conforming, I am lucky to be finding my way through. Given these conditions, it makes sense that it has been challenging for me to live in my body. Due to sensitivities, being touched was uncomfortable or unbearable for much of my life. In practicing to touch and be touched, I had to come in contact with painful places in myself and in the culture around me. I also learned that understanding and integration of touch and contact was exactly what I needed.

I come to this study by an effort to find my place in my body and in the world. My own work is still deeply in progress. In consciously building my own bridge between body and soul, I feel I understand things that many people do not, and that those who feel may not have the ability to express. Some are able to exist for times without much consideration of their physical existence in body and culture. I believe, however, that those like myself, who cannot as easily fit into or deal with the constructs of life as it is, have a message that is important to all.

In *Scattered: How Attention Deficit Disorder Originates and What You Can Do About It*, physician Gabor Maté (2000) focused on emotional and physical sensitivity and described the tendency to label sensitive individuals with mental disorders, rather than hearing their symptoms as reasonable requests. He wrote,

The existence of sensitive people is an advantage for humankind because it is this group that best expresses humanity's creative urges and needs. Through their instinctual responses the world is best interpreted. Under normal circumstances, they are artists or artisans, seekers, inventors, shamans, poets, prophets. . . . Sensitivity is transmuted into suffering and disorders only when the world is unable to heed the exquisitely tuned physiological and psychic responses of the sensitive individual. (p. 62)

The topics I write about here come from personal experience and also from sensitivity that makes me interested in the experience of others. When I was little, I behaved in ways that should have been seen as sensory symptoms; however, not being seen as such, my difficulty being touched was interpreted as me being hateful and my challenges were seen as disobedience. I remember feeling deeply suicidal from the age of four. As a teenager, I did cutting, a profound relief to release me from my skin. I was assessed as anorexic and borderline. No one saw that these were symptoms of me simply not being able to live in my body and in my world. Further, no one dared to tell me that not only did I need to change *myself*, but, even moreso, I needed to change my world.

Though I did not have much in terms of help or tools, I learned to help myself by investigating symptoms and honoring them, both literally and metaphorically. I studied movement, putting me in contact with my traumas, limitations, and also desires for freedom, creativity, and life. I studied touch and energy and learned to discern the subtleties and complexities that otherwise had overwhelmed me. I studied food, allergies, and sensitivity, learning what could help me get into alignment and balance. Through all

of these things, my understandings of what is possible in healing and in life were profoundly changed.

In contrast to this, I learned that psychotherapists are not to question foods or drugs. I was told by professors and professionals that if I wanted to use touch in therapy, I could not be licensed as a marriage and family therapist. I have since learned that these things are not necessarily true, and that, in any ways that they are true, it is my job to change. In such experiences, I learned how deeply taboos operate and how much even healers hold on to divisions that are the mark of our sickness.

Impact on psychology. One intended impact of this thesis is to advocate for touch and other physical understanding in psychological treatment and prevention. This would change the way therapists are trained, the way clients are treated. It would also reach out into society, affecting education, and ideally contribute to a more holistic, experience-near way of thinking in general. Referring to an article by physician P. N. K. Heylings (1973), entitled “The No Touching Epidemic—An English Disease,” Field (2003) said,

The symptoms he described include feelings of loneliness and isolation, doubts about other people’s loyalties, feelings of insecurity, emotional inhibitions, unusual reactions both to being inadvertently touched and to touching others, inability to communicate with others standing nearby and antagonism to massage as a form of therapy. (p. 23)

The continuous development of self through the sensory realm is far more complex than can be seen with the degree of regard it is commonly given. “Ample research has demonstrated that tactile stimulation is extremely important for development and maintenance of physiological and psychological regulation in infants, children and adults” (Zur & Nordmarken, 2011, para. 1). Thus far, however, psychology has not had a

sufficient paradigm to integrate such evidence fully. The limiting of touch and physical understanding within psychotherapy, education, and medicine seems symptomatic of the “disease” described above.

The perception of risk around touch in psychotherapy points to a rich source for learning and investigation. The investigation of any collective taboo on a personal level leads to better understandings of self and relation to others. Personal investigation of touch, nutrition, cultural, and social experience should be a part of the training of psychotherapists, as a way of self-knowledge, whether they choose to work in these means or not.

If therapists are to understand the use of touch in therapy and so be able to create for their clients an atmosphere that makes the use of touch safe, comfortable, and natural, we must first examine our own nature and attitudes. We must come to understand how we embody the cultural, as well as personal, beliefs and attitudes that make touch forbidden or frightening. The understanding of one’s self and biases is a prerequisite for any therapeutic application, but is even more essential for such intimate and directly contactful work as touch. (Kepner, 1987, p. 74)

Understanding of embodiment would create a more human connection between therapist and client and greater responsibility in the field in general. If the therapist and the relationship are seen as the primary tools of psychotherapy, therapists must be connected to their bodies as the location of resonance. If all information is perceived through the body as lens, it is necessary to have awareness of the perceptions and memories therein. There is great responsibility in the use of touch; however, it pertains to the great responsibility in therapy in general. The demand for awareness, knowledge, and wisdom is far more than might be necessary for treatment styles that can function on protocol or equation, but such awareness is always necessary. Whereas contact and effect

is always occurring, therapists need the information necessary to choose their touch consciously.

Such focus on embodied, present moment human connection might also shift understanding of the goals of psychotherapy away from function and behavior, and towards experience. A hopeful impact of this thesis is to advocate for experiences of goodness and love that can only be accessed to the degree that people are present in their bodies and lives. As the conditioned divisions between body, mind, soul, others, and earth are questioned, an experience of wholeness and connectedness can be restored. On the individual and societal levels, I hope that psychotherapy can play a role in remembering the parts that have been divided off and restoring them to the point that they become livable again.

Overview

When individuals have been taught silence and accommodation by the institutions around them, the outcome is a sense of fatalism about life conditions. The way things are seems inevitable. One's failure seems one's own fault. Desire for different ways of being in relation to oneself and others are crushed by a sense of oneself as powerless.

Watkins & Shulman, 2008, p. 25

In situations where the needs and wisdom of humanity have been denied and obscured, confusion and doubt come in. As sources of oppression are externalized and trust in sensation regained, an internal sense of power can be rebuilt. In an effort to see the binds and work for solutions, the following chapters speak for many elements that have been silenced and consider the assumptions that have guided much of mainstream psychology thus far.

Chapter II begins with some philosophical and cultural underpinnings of body mind dualism, followed by a brief history of the tabooing of touch in psychotherapy in the 20th century. The chapter next considers ways in which the body has been accepted into psychotherapy, building an integrated understanding of body, mind, and spirit and creating support for holistic interventions, including therapeutic touch. Chapter III frames somatic psychotherapy as a form of depth psychotherapy, placing the body both as a space for the symbolic and as the location of much information that has been lost from psychotherapy and must be brought back. The chapter then provides examples by reading autism and borderline personality disorder through this depth psychological somatic frame. Chapter IV provides conclusions and ideas on how such theories could be applied.

To the degree that orders are linked to the way the body is inscribed, and to the degree that the link is sealed by the rules of silence, the first stuttering questions of those orders must always begin by breaking the seal and speaking about the body. (Hyde, 1999, p. 172)

The body is a location for symbol, cultural structure, personal and ancestral memory. It can contain the environment, the energies around it, as well as transcendent knowledge that situations need to change. This is a time when bodies are carrying great burdens. I write this from the small degree of freedom I have found, and in the hope to learn more. I write this for those who are not aware of all they are carrying and those who are too burdened to make their own way out. There is an organizing effect of locating the pain. Like a parent might say to a crying child, “Look, there’s the scrape. I see the blood.” The pain then becomes locatable, rather than all encompassing. It becomes understandable, meaningful and, most importantly, healable.

Chapter II

Literature Review

The following review of literature describes contexts in which understanding of touch and embodiment may sit. It begins with a consideration of dualism, investigating the logic of separation and how it has functioned in philosophy, science, and politics. Discussions concerning dualism, nondualism, and all variations between, are at the heart of questions concerning how and if the body, mind, and spirit exist in relation with one another. The way that a culture answers such questions has strong effect on its perceptions of life, meaning, and healing.

The first section explores dualism; the conceptual division between body and mind, body and self, self and other, or human and nature. The second section examines the tabooing of touch in the 20th century, particularly in terms of psychoanalysis and its effects on culture. Sources of interpretation are provided regarding Freud's movement away from the seduction theory and towards the drive-based oedipal theory (Masson, 2003). This shift greatly affected the trajectory of psychotherapy and its relation to embodiment as well as social discourse. The third section outlines support for the importance of an embodied understanding of self, experience, and behavior within psychotherapy. This includes Freud's theories, and research into the nature of trauma. It also looks at body-based forms of education and therapy and instances where these lineages joined with psychotherapy. A political relevance is mentioned here as body-based forms tended to hold the importance of freedom, expression, and care for physical

life, which was counter to the rise of fascism during the formative years of psychoanalysis.

The literature review finishes with a section on ethical and legal understandings pertaining to the use of therapeutic touch in psychotherapy. This section stands as a basic guide to how therapists could begin integrating touch into their practice in ways that are ethical and most effective. A summary and question is offered which begins the expansion of depth psychology beyond the symbolic and into direct engagement with the physical world.

Dualism: Divide and Conquer

A particular logic of separation leads to the belief that the body can be divided from the mind. *Dualism* is defined as:

1. The state of being double; duality.
 2. *Philos.* The view that the world consists of or is explicable as two basic entities, such as mind and matter.
 3. *Psychol.* The view that the mind and body function separately, without interchange.
 4. *Theol.*
 - A. The view that the world is ruled by the antagonistic forces of good and evil.
 - B. The view that human beings have two basic natures, the physical and the spiritual.
- (“Dualism,” 2000, p. 423)

Largely unseen and unquestioned, this logic forms the basis for what Western culture cognitively understands of science, politics, and human potential. Dualism frames existence as composed of antagonistic opposites. It enlivens the belief that a piece can be divided from the whole and seen to be of greater value. It holds that one group could do harm to other groups or nature without being harmed themselves. Dualistic beliefs have resulted in a hierarchy of thought over emotion, spirit over flesh, and human over nature: however, felt sense reveals that there is more in the wholeness of experience than what thought and logic of separation could describe.

People have always understood intuitively that the mind and body are not separable. Modernity has brought with it an unfortunate dissociation, a split between what we know with our whole being and what our thinking mind accepts as truth. Of these two kinds of knowledge the latter, narrower, kind most often wins out, to our loss. (Maté, 2003, p. xi)

Science is catching up to the wisdom that the body and mind cannot be divided. Through fields like neurobiology, neuroendocrinology, and gastroenterology (Gershon, 2003; Pert, 2003; Siegel, 2010; Sternberg, 2000), it is seen that seeming physical structures, and more ethereal awareness, memory, and experience are intertwined to the point of a functional unity. Even so, a bivalent logic still operates, making it impossible for these findings to be fully understood and applied. The deep fabric of connection within the body is not embraced, nor is it yet understood how this fabric continues between all begins as well. The following sections explore the philosophical underpinnings of the lens of dualism and its implications for life.

Dividing body from the mind.

The prejudice against touching in psychotherapy is a by-product of the mind-body dichotomy so well entrenched in the philosophical underpinnings of Western society. This dualistic thinking is deeply rooted in our culture. As clearly stated by Descartes, Western culture has tended to separate, conceptually, *res cogitans* (things mental) from *res extensa* (things physical). From this heritage have come the dualistic sciences that we have today.

Smith, 1998, p. 4

“Cogito ergo sum” (“I think therefore I am”) (Descartes, 1637/1998, p. 18) was first stated by the French philosopher René Descartes in his 1637 treatise, *Discourse on Method*, and has had tremendous impact on Western culture. In *Descartes’ Error: Emotion, Reason, and the Human Brain*, Damasio (2005) described the paradigm implied:

It suggests that thinking and awareness of thinking are the real substrates of being. And since we know that Descartes imagined thinking as an activity quite separate from the body, it does celebrate the separation of mind the “thinking thing” (*res cogitans*) from the non-thinking body, that which has extension and mechanical parts (*res extensa*). (p. 248)

Descartes (1637/1998) explained that, even the process of doubting a premise, or contemplating nonexistence, affirmed the existence of the one who doubts. Conversely, without thoughts, he would have no reason to believe he existed at all. He wrote,

From this I knew that I was a substance the whole essence or nature of which is simply to think, and which, in order to exist, has no need of any place nor depends on any material thing. Thus this “I”, that is to say, the soul through which I am what I am, is entirely distinct from the body and is even easier to know than the body and even if there were no body at all, it would not cease to be all that it is. (p. 19)

Though it is Descartes’ famous words that have gained relative fame, the conceptual division between thought and body and, similarly, between reason and emotion is evidenced far earlier than that. In his *Doctrine of Idea*, Plato (427-347 BCE) began to “verbally split humans into ‘body’ and ‘mind’, as if they could be so split in living beings” (Korzybski, 1958, p. xxxviii). Though Plato presumably carried some degree of functional unity between the esoteric and exoteric—holding that “divine forms were not realities ‘out there’ but rather could be discovered within the self” (Armstrong, 1994, p. 36)—his student, Aristotle (384-322 BCE), “maintained that the forms only had reality in so far as they existed in concrete, material objects, in our own world” (p. 37). Aristotle parlayed philosophical contemplations into the study of systems of logic and formulation of linguistic structure.

“Because of the completeness of the system, backed by powerful influences, it has molded our orientations and evaluations up to the present” (Korzybski, 1958, p. xxxviii).

In *A History of God*, comparative religion scholar Karen Armstrong (1994) described

how, because of timing and power, Aristotle's system had great influence on the monotheistic religions of the world as well as on the development of civilization (pp. 27-28, pp. 37-39). "In Aristotle's system *as applied*, the split becomes complete and institutionalized, with jails for the 'animal' and churches for the 'soul'. Now we begin to understand how pernicious and retarding for civilization that split is" (Korzybski 1958, p. xxxviii). This conceptual division allows for one facet to dominate the other and for the disregarding of essential elements of experience.

Alfred Korzybski's (1958) *Science and Sanity* was first published in 1933. He initiated the field of general semantics that extended itself beyond the study of language to include a broad understanding of human communication and means of knowing. His work examined the implications of Aristotelian structures of language and logic on the structures of society and the human body. He proposed that concepts such as the division of body, mind, and soul are not merely semantic, but are somatic: coded in the nervous system. What may be seen as intellectual concepts, literally create the structures of inner and outer worlds. He maintained that humans are limited in what they know by (a) the structure of their nervous systems and (b) the structures of their language. Human beings do not experience the world directly, but only through their abstractions that are both verbal and nonverbal. What is known of reality is determined by the lens through which it is viewed. He advocated an investigation of abstractions and offered an alternative lens termed *non-Aristotelian systems*.

Korzybski (1958) did not attack Aristotle, but merely stated that Aristotelian as well as Euclidean methods of knowing may have been sufficient to represent the worlds of their times, but were not adequate for the complexity of the present. Further, he saw

that these outdated concepts are a cause of both individual and cultural insanity born of incongruency between what people sense is true about reality and the limited structures of logic they are given to understand it through.

Damasio (2005) discussed mental health and healing from the perspective of neuroscience, addressing the implications of division. Focused on the historical split between emotion and reason, and subsequently between the head and body proper, he presented the somatic marker hypothesis (p. 173). The name of this hypothesis denotes the importance of felt sense awareness and memory. It located essential knowing within the entire body (not only the brain and not only the mind or soul) stating that, “emotion was in the loop of reason, and that emotion could assist the reasoning process rather than necessarily disturb it, as was commonly assumed” (p. xi). He presented examples of individuals with neurological injury that created the sort of passionless cognition that Descartes theorized as ideal and observed that they were not at all the picture of perfect health that Descartes might have believed. Functional reason required clear feeling, access to feeling, and discernment within the feeling.

The history of psychology’s understanding of the relationship between body and mind, reason and emotion, may be more sordid than just a logical error. It seems that psychologists knew of these connections long ago, yet concealed them from public knowledge, instead using them for mass control. As illustrated in the use of psychology for mass propaganda beginning in the 1920s, “what Freud and the great investigators of mass psychology realized was that the emotions were not subordinate to reason. If anything, it was the reverse” (Hedges, 2010, p. 62). Freud “had discovered that the manipulation of powerful myths and images playing to subconscious fears and desires,

could lead men and women to embrace their own subjugation and even self-destruction” (p. 62). Though Aristotle may have set into structure a dichotomy of reason and emotion, in *Death of the Liberal Class*, journalist Chris Hedges pointed out that the necessity of emotion to reason was a truth also known to the Greeks, stating that philosophers were trained in rhetoric (the art of persuasion), before dialectics (investigation of truth). “Logical argumentation had to have a rhetorical, emotional resonance if it were to sway and shape public opinion” (p. 63). Hedges observed, “Many classical philosophers, beginning with Plato, warned that the appeal to emotion was only as good as the man making the appeal. But in twentieth-century mass propaganda, this truth was cast aside” (p. 63).

Dividing body from self. Like Damasio’s (2005) neuroscience explanation of the ancient understanding that emotion cannot be divided from reason, in *Body Process: A Gestalt Approach to Working With the Body in Psychotherapy*, Gestalt body psychotherapist James Kepner (1987) stated that emotion cannot be divided from being. A person might push emotions out of awareness, but the emotions will continue to function nonetheless (p. 14). He thus described the bodily nature of repression and how tension, numbness, or other manifestations in the body can serve to keep our awareness away from emotions that consciousness had sought to disown. Much like the somatic marker hypothesis, Kepner believed that body must be integral with verbal and image processes and “without their intrinsic unity as a whole, memories are difficult to recall” (p. 15).

The necessity of full body involvement in memory was exemplified by an account of body-oriented therapist Ilana Rubinfeld (2000) in her book *The Listening Hand*. She

recalled working with a teacher who used touch to educate the body. The experience of that touch brought up emotions and she cried. The teacher explained, “She was not qualified to process, interpret or talk about the feelings and memories that emerged” (p. 12) and so referred Rubinfeld to an analyst; however, when the analyst asked her to recall the emotions she had experienced, she found that she “could not describe them nor experience them with the same intensity” (p. 13). Rubinfeld wrote,

I suggested that perhaps touch had something to do with the intensity of the feelings and asked him if he would try to use this approach as well. He recoiled, telling me that he would never use touch in the psychotherapeutic process. (p. 13)

Rubinfeld then spent the next several years going between the touch therapist and the analyst, knowing that neither talk nor touch alone was enough to allow her to integrate and create lasting change.

According to Kepner’s (1987) conception of repression, it is incomplete repression that brings people to therapy. A person would feel more than they are used to feeling and, like Rubinfeld (2000), might seek to explore these sensations or, perhaps more commonly, might desire to make the sensation go away. “People who are feeling the kind of distress that prompts them to seek help are often intent on getting rid of some uncomfortable body experience” (Kepner, 1987, p. 6). They are often “at odds with their existence as physical beings” (p. 6); “their bodies may have been so associated with pain, sickness, or violation that their bodies have become something to avoid” (p. 6). These are people who wish, like Aristotle, that they could separate body from mind and, like Descartes, separate reason from emotion. As Kepner saw it, the split went even deeper. It was a state of having dissociated body from self.

“The separation of body from self, and by extension the separation of body from mind, is an adaptation to distressing life events that are experienced physically” (Kepner, 1987, p. 29). The separation of body from mind is seen as secondary to separation of body from self and all are read as symptoms of trauma. Psychologist and Jungian analyst Donald Kalsched (2008) explored the splitting capacity of trauma in his book *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. He cited works from depth, developmental, and psychoanalytic psychology. In explaining the work of developmental and object relations psychoanalyst D. W. Winnicott, Kalsched wrote,

A split starts to open up between the infant’s psychosomatic ‘true’ self and a (primarily mental) ‘false’ self that is precociously organized to screen the true self from further trauma and to act as a *substitute* for the environment which has become unbearable. (p. 124)

In *Mindsight: The New Science of Personal Transformation* psychiatrist Daniel Siegel (2010) described the pervasiveness of defenses where “our mind uses the brain to defend us from pain” (p. 124). Such defenses range from momentary reactions and overwhelm, to more permanent states where dissociation from feeling becomes baseline function. Just as the mind can focus attention via the prefrontal cortex, it can block awareness “by literally dampening the neural passage of energy and information from the subcortical regions upward to the cortex, especially to the parts that mediate awareness” (p. 125).

Similar to Kepner’s (1987) explanation of repression and Damasio’s (2005) somatic marker hypothesis, Siegel (2010) continued,

When we block our awareness of feelings, they continue to affect us anyways. Research has shown repeatedly that even without conscious awareness, neural input from the internal world of body and emotion influences our reasoning and our decision making. Even facial expressions we’re not aware of, even changes in

heart rhythm we may not notice, directly affect how we feel and so how we perceive the world. In other words, you can run, but you can't hide. (p. 125)

Siegel (2010) also made the point that overwhelming physical sensations are not just bodily injury or pain, but equally what might be considered psychological wounds. “The pain of social rejection is mediated in an area of the middle prefrontal cortex that also registers pain from a bodily injury” (p. 125). This area called the anterior cingulate cortex (ACC) crosses the boundary between the cortical areas associated with thinking and the limbic areas associated with feeling. In addition, it regulates attention suggesting that ability to direct and sustain attention in general is at least in part reliant on ability to access the whole body.

Kepner (1987) worked in a Gestalt frame in a theory that integrated talk and touch therapy. He held that psychological ill health is related to our loss of essential functions through estrangement from bodily being. He cited the work of psychiatrist and psychotherapist Fritz Perls, stating that any disease is the result of a person alienating something that is organically theirs and so disrupting function. Kepner described the pain that comes in division and objectification of the body:

When we make our body experience an “it” instead of an “I” we make ourselves less than we are. We become diminished. The more we have removed our identity from our body experience, the more things “seem to happen” to us. We feel out of control, dissociated, fragmented. We lose contact with the primary ground of human experience—our corporeal reality. (p. 10)

The myth of objectivity. The word *object*, from its Latin roots, means, “to throw against” or direct towards a goal (“Object,” 1995, p. 515). Once reality has been conceptually divided, one part can be pitted against another, and one part can be seen as supreme. In common usage, *objectivity* has lost its dialectic existence as a verb form—the process of colliding perspectives and choosing focus—and has become primarily a noun.

The *American Heritage College Dictionary* recorded the definition of the noun *objectivity* as “1. the state or quality of being objective. 2. External or material reality” (“Objectivity,” 2000, p. 940, def. n.1, 2). *Objective* has absorbed the Cartesian split and come to be associated with the material, “uninfluenced by emotions” (“Objective,” p. 940, def. 3.a) and is seen as absolute reality in contrast to subjective human perspectives. This definition seems like a contradiction as emotions are located, at least in part, within the material body (Damasio, 2005) and objectivity is a human perspective (Szasz, 1963). Nonetheless, objectivity has become the theoretical ground of science and also of psychology, in as much as psychology seeks to be a science.

In *Psychoanalytic Treatment: An Intersubjective Approach* (Stolorow, Brandchaft, & Atwood, 2000), the authors wrote,

A basic and largely unchallenged philosophical assumption that has pervaded psychoanalytic thought since its inception is the existence of an “objective reality” that can be known by the analyst and eventually by the patient. This assumption lies at the heart of the traditional view of transference, initially described by Breuer and Freud (1983-95) as a “false connection” made by the patient and later conceived as a “distortion” of the analysts “real” qualities that analysis seeks to correct. (p. 4)

Jungian analyst Barbara Stevens Sullivan (1990) described these beliefs further in *Psychotherapy Grounded in the Feminine Principle*.

A core assumption of this model, which follows from the centrality of drives, is that the individual is a closed psychic system, an entity that can be studied by an outside observer without being unduly affected by the observer. (p. 37)

Sullivan continued, “This orientation is profoundly masculine in nature—rational, clear, distinct. It provides a superb foundation for a scientific approach to analytic work in that it allows the subject (‘I’) to study a separate object (‘you’)” (p. 37). The irony is that, by having imagined the observed to be unaffected by the observer, the observer is given

considerable power over the observed. In being believed to see reality, the observer can come to conclusions and decisions about the observed and, in that way, can significantly affect the observed. In *The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric, and Repression*, psychiatrist Thomas Szasz (1979) explained that the idea of objectivity,

not only conceals the complex moral and political character of psychotherapy . . . but actually flies in the face of the very real fact that the psychotherapist often belittles, censures and judges his patient, and that he may, indeed, go further than this by stigmatizing him with socially destructive psychiatric diagnostic labels and imposing involuntary hospitalization on him. (p. 3)

In his article “The Concept of Transference” Szasz (1963) reminded, “The terms ‘transference’ and ‘reality’ are evaluative judgments, not simple descriptions of patient behaviour” (p. 435). Reality is important to investigate; however, the idea of objectivity often tells little about reality and more about who is in power. Similarly, somatic educator Moshe Feldenkrais (1981) proposed a delineation for objective and subjective, naming objective as a subset of subjective experience and knowing. The objective is only those parts of experience that are shared by the majority of society. “If we infringe, contradict, or sin against the reality that life in a society has annexed from our subjective life, then our sanity as a member of society will be questioned” (p. 85). This translates in a literal reduction of functioning and vitality. Physically and mentally, the organisms contract to be only those parts of them that fall in line with the status quo.

One antidote to the objective power system is a more subjective, experience-near stance. Biochemist and bodyworker Ida Rolf (1990) contributed to psychology through touch-based system. She believed that “a Rolfer must work in—not on—the person” (Feitis, 1990, p. 28). Rosemary Feitis, a student and documenter of Rolf, recounted a

story that gave a feel for entering the subjective. Feitis was in the other room with the parents as Rolf worked with a 6-year-old girl. When they began to hear strange noises, Feitis went to see what was taking place:

The little girl was looking reasonably content, and she was barking. It seems that the parents and child had lived on an island where there were no other children; the child had grown to love a dog companion, and she was talking to IPR in that idiom. And there was IPR, barking right back. For me, it was an illustration of willingness to enter another's reality. (p. 28)

An analytic stance might argue that, if the therapist too deeply entered the reality of a client, they might get lost in the transference. A more subjective approaches hold that work can only be done within the transference field (Stolorow et al., 2000). In *Scattered: How Attention Deficit Disorder Originates and What You Can Do About It*, Maté (2000) commented on a reason beyond effectiveness as to why a belief in objective distance might be preferred. The intellectual dominance of objectivity functions to let the therapist feel safe as an illusion of control over what might otherwise feel too threatening. Objectivity implies the ability to separate the healthy from the sick and the different from the same, in general. He described the fear of a more subjective stance when he asked,

But what if illness is not a separate category, if there is no line of distinction between the "healthy" and the "nonhealthy", if the "abnormality" is just a greater concentration in an individual of disturbed brain processes found in everyone. Then perhaps there are no fixed, immutable brain disorders, and we could all be vulnerable to mental breakdowns or malfunctions under the pressure of stressful circumstances. We could all go crazy. Maybe we already have. (p. 24)

Colonization and the body. A *colony* is "a region controlled by a distant country" ("Colony," 2000, p. 275, def. 2). The process of colonization involved the takeover and exploitation of the resources of that region for the benefit of those in power (Jensen, 2006). Once the physical matter of body and earth were divided from self, they became distant lands to be justifiably used. This connected to Aristotle's work that not

only established division, but also hierarchy. “Since matter is flawed and mortal, there is not material element in God or higher grades of being” (Armstrong, 1994, p. 38). Matter was placed in opposition to spirit. Spirit and a particular sort of objective and moral intellect were seen as more high.

Man is in a privileged position: his human soul has the divine gift of intellect, which makes him kin to God and a partaker in the divine nature. This godly capacity of reason puts him above plants and animals. As body and soul, however, man is a microcosm of the whole universe, containing within himself the basest material as well as the divine attribute of reason. It is his duty to become immortal and divine by purifying his intellect. (p. 38)

Human intellect was thus the keeper of the body and also of the earth. The goal was to control in order to transcend into immortality. With the idea of such a divine order, the stage was set for conquest, exploitation, and imperialism, both within the human self, and in the world. The body, the earth, and other groups of people were placed lower in the hierarchy and became objects to be use. In *Towards Psychologies of Liberation*, Watkins and Shulman (2008) wrote, “Colonization has an ideology of denial, pretending that the situation is normal and natural” (p. 30). In *Endgame: The Problem of Civilization*, author and environmental activist Derrick Jensen (2006) described the justification of abuse.

Civilization is based on a clearly defined, and widely accepted yet often unarticulated hierarchy. Violence done by those higher on the hierarchy to those lower is nearly always invisible, that is, unnoticed. When it is noticed, it is fully rationalized. Violence done by those lower on the hierarchy to those higher is unthinkable, and when it does occur it is regarded with shock, horror, and the fetishization of the victims. (p. 60)

On an individual level, colonization was the domination and use of body by mind. In both medicine and psychology, the paradigm of division and objective distance led to seeing symptoms as obstacles to be conquered. Field (2003) quoted Voltaire to

demonstrate how a mechanical view of medicine served both to limit touch in physicians as well as limit understanding of what the deeper causes of symptoms may be:

“Physicians pour drugs, about which they know little, to cure diseases, about which they know less, into humans, about whom they know nothing” (p. 15). According to Field, modern physicians tend to touch less, choosing more distant modes of diagnoses and treatment, such as laboratory tests and drugs. Damasio (2005) wrote, “The result of all this has been the amputation of the concept of humanity with which medicine does its job” (p. 255). In a radio interview with journalist Amy Goodman (2010), Maté described an extreme example of the use of drugs without understanding of cause or consequence in the psychiatric treatment of youth.

There are about half-a-million kids in this country receiving heavy-duty anti-psychotic medications, medications such as are usually given to adult schizophrenics to regulate their hallucinations. But in this case, children are getting it to control their behavior. So what we have is a massive social experiment of the chemical control of children’s behavior, with no idea of the long-term consequences of these heavy-duty anti-psychotics on kids.

Rolf (1990) wrote of this belief that the immaterial part of humans could usurp the physical world. She placed the agency of the spirit only as the ability to recognize and come into alignment with the physical world.

They think it does not matter how you carry yourself because you are a spirit, an immortal and superior something, and it’s the superior something that is in charge of the situation. Well, the spirit is in charge of the situation, but not in the way you might think. The spirit is in charge to tell the individual that he can so organize his body that he is now in line with a supporting force. (p. 41)

Similar to the conquering of the body, on an environmental level colonization functioned in the domination of the earth by humans. In their book, *Ecofeminism*, sociologist Maria Mies and environmental activist Vandana Shiva (1993) addressed the political and philosophical dimensions of this stance against the earth:

What modern machine-man does to earth will eventually be felt by all; everything is connected. 'Unlimited progress' is a dangerous myth because it suggests that we can rape and destroy living nature, of which we are an integral part, without ourselves suffering effects. (p. 93)

Paradoxically, in a perspective that denied physical matter, the body was used as a sort of trap. The body played an important role in colonization of cultures as people have been categorized based on physical characteristics, such as sex or skin color, and then groups subjugated based on these categories. In *Trickster Makes This World*, Hyde (1999) explained how the body could be made a cage that solidified social order:

The body happens to be a uniquely apt location for the inscription of shame, partly because the body itself seems to be the sense organ of shame (the feeling swamps us, we stutter and flush against our will), but also because the content of shame, *what* we feel ashamed of, typically seems indelible and fixed, with us as a sort of natural fact, the way the body is with us as a natural fact, . . . like a birthmark. . . .

The construction of the trap of shame begins with this metonymic trick, a kind of bait and switch in which one's changeable social place is figured in terms of an unchangeable part of the body. Then by various means the trick is made to blend invisibly into the landscape. (pp. 168-170)

Hyde (1999) explained how, similar to many of the premises described in these sections, once the trap of shame has been set, the artifice is erased. Just as "menstruation and skin color and genitals are natural facts, so social and psychological orders become natural facts" (p. 170). The individual within the trap would then feel that the social orders are just the way life should be and have always been. Within the trap of shame, if the individual experienced a problem, she would guess the problem is because there is something wrong with her. This would have tremendous impact on the ability to live comfortably with one's body and soul.

Hyde quoted the memoir of Mexican American author Richard Rodriguez: "I wanted to forget I had a body because I had a brown body" (as cited in Hyde, 1999,

p. 169). Hyde noted how deep this pain and confusion of its source can go. “One senses that there’s something to be changed but ends up trying to change the body itself, mutilating it or even committing suicide” (p. 170). Breaking the false bond, he wrote, “Shame itself may be universal, but its content is not fixed in heaven” (p. 162).

Kepner (1987) also viewed these traumatic splits between the self and the body, the self and the environment in, and the self and the other to be sources of great confusion and pain. “The self has no nature of its own except in contact or relation to the environment” (p. 10). The more disconnected we become, the more empty we feel. This sentiment is echoed in psychiatrist Judith Herman’s (1997) *Trauma and Recovery*, in which she described the many ways that trauma serves to isolate and divide. She stated,

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can only take place within the context of relationships; it cannot occur in isolation. (p. 133)

Within the views described thus far, the reconnection would be between all facets of the human being, the community, and the environment. Logical systems that further divide serve only to deepen the wounds.

The comprehensive understanding of the human mind requires an organismic perspective; that not only must the mind move from a non physical cognitum to the realm of biological tissue, but it must also be related to a whole organism possessed of integrated body proper and fully interactive with a physical and social environment. (Damasio, 2005, p. 252)

Damasio (2005) gave an antidote to Descartes’ error: “We are, and then we think, and we think only inasmuch as we are, since thinking is indeed caused by the structures and operations of being” (p. 248). If a person desired to think more clearly, or in a way that promoted more health, they must come to more completely be and feel.

The Tabooing of Touch

From the ideological wounds described above, it would seem that a psychology based on understanding of connection would be a good path for healing. It might even seem obvious how therapeutic touch would serve to soothe and unite both intellect and senses. This, however, has not been the case. Even with increasing evidence of the healing capacity of touch, long-standing taboos remain.

Although the many therapeutic benefits of touch have become increasingly clear—benefits such as decrease in stress and anxiety and their behavioral and biochemical manifestations, and the positive effects that touch has on growth, brain waves, breathing, heart rate, even the immune system—we still have the very large problem of minimal touch in our society. (Field, 2003, p. ix)

This problem of minimal touch is exemplified in psychotherapy, where a therapist might even hesitate and question the implications of shaking hands. In their article “To Touch or Not to Touch: Exploring the Myth of Prohibition on Touch in Psychotherapy and Counseling,” psychologist Ofer Zur and therapist Nola Nordmarken (2011) gave examples of the strength and judgments behind such taboos:

Some of the negative and frightening messages we have been inundated with come from prominent therapists, many of whom are psychoanalytically oriented. . . . Menninger, who asserts that physical contact with a patient is “evidence of incompetence or criminal ruthlessness of the analysts” (cited in Horton et. al., 1995, p. 444). Simon, in a similar vein, instructs therapists to “Foster psychological separateness of the patient, . . . interact only verbally with clients, . . . [and] minimize physical contact” (1994, p. 514). Wolberg (1972) agrees: “Physical contact with the patient is absolutely a taboo (since it may) mobilize sexual feelings in the patient and the therapist, or bring forth violent outburst of anger” (1967, p. 606). Similarly Karbelnig (2000) shockingly stated: “Fourth, any type touch by psychotherapists may be construed as incestuous” (p. 33). (Zur & Nordmarken, 2011, para. 7)

Psychologist Edward W. L. Smith (1998) explained, “the controversy is kept alive through bias against touch born of an implicit Western cultural philosophy and born of

historical influences and context” (p. 4). Prior to the development of psychoanalysis, most psychiatric treatments were physical, including the use of touch (p. 3).

In fact, in the early development of psychoanalysis, touch was occasionally used to help patients express their feelings. Freud, for example, in his early work with hysteria, used massage to the neck and head to facilitate emotional expression and age regression in his patients, while also allowing them to touch him (Forer, 1969; Levitan & Johnson, 1986; Wilson, 1982). (p. 7)

The bias against touch in psychotherapy links to taboos against the body in general, particular theoretical views, and also personal and social pressures on those who developed the theories. The following sections examine the removal of the body from psychoanalysis and the attendant ideas in culture in general.

Shrouded for many in a cloak of fear, rumor, and misinformation, touch is perhaps the most controversial topic in psychotherapy today. The professional literature is replete both with warnings of the risks therapists take when they touch clients, and with claims that any benefits of touch are only hypothetical or anecdotal. (Smith, Clance, & Imes, 1998, p. xi)

Such beliefs do not come from the pure objectivity that they claim, nor were they formed entirely for the good of the client. The following text outlines some aspect of their origins and consequences.

The seduction theory. On April 21, 1896, Sigmund Freud (1896/1989) made public what would come to be known as the seduction theory when he presented the paper “The Aetiology of Hysteria” to his colleagues at the Society for Psychiatry and Neurology in Vienna (Masson, 2003, p. 3). It contained an interpersonal and trauma-based theory of the etiology of neurosis. At that time, reported Masson, Freud had analyzed 13 cases of hysteria and, in all cases, found that the patient experienced a seduction in childhood—a sexual act by an adult (p. 11). The seduction theory took the simple opinion that remembered events were real, not fantasy and that one person’s

actions could affect another person's development. It contained a theory of repression, somatic remembering, and a process of reframing that generally happened at a physical change—such as puberty or childbirth—which initiated bodily memories and thus hysterical symptoms (p. 11). As explained by psychologist Alice Miller (1980/1987) in *For Your Own Good: Hidden Cruelty in Child-Rearing and the Roots of Violence*, Freud's theory held that “neurosis and psychosis are not direct consequence of actual frustrations but the expression of repressed trauma” (p. 14). Theoretically, that which is denied is repressed and later erupts as seemingly undecipherable symptoms; thus, if the truth is permitted to be felt and spoken, the symptoms could be relieved.

This theory would soon be replaced by the drive theory which instead saw all neurosis as generated from sexual and aggressive drives that were frustrated by the outside world (Sullivan, 1990). The memories of abuse by clients were therefore interpreted as “translating latent fantasies into objective memories” (p. 37). The complex history of Freud's retraction of the seduction theory in the creation of psychoanalysis and Anna Freud's suppression of evidence of his doubts as to if he had made the right choice were the subjects of Masson's (2003) book, *The Assault on Truth: Freud's Suppression of the Seduction Theory*.

Freud publicly abandoned the seduction theory on September 21st 1897 (Masson, 2003). In a sea of social, political, and personal pressures, he rejected not only the traumatic etiology of hysteria but, along with it, belief in physical interventions and his interpersonal stance in general. Perhaps one reason why mention of the body in psychotherapy leads to fear of sexual harm is that it was through the darkest revelations of hysteria that that the body-soul union became most evident.

In *Trauma and Recovery*, Herman (1997) remarked on the operation of repression: “Both Janet and Freud recognized that the somatic symptoms of hysteria represented disguised representations of intensely distressing events which had been banished from memory” (p. 12). In a letter to his colleague, ear nose and throat specialist, Wilhelm Fliess, Freud recounted the graphic layers of experience of a hysterical client and gave a poignant metaphor for repression:

Have you ever seen a foreign newspaper which went through Russian censorship at the border? Words, entire phrases and sentences obliterated in black, so that the rest becomes unintelligible. Such Russian censorship occurs in psychosis and produces the apparently meaningless deliria. (As cited in Masson, 2003, p. 117)

He concluded his letter to Fliess by proposing a new motto for psychoanalysis: “What have they done to you, poor child?” (As cited in Masson, 2003, p. 118). This letter was written after Freud’s public retraction of the seduction theory and demonstrated his continued feelings that the memories of his clients were real. The origin of psychoanalysis suffered such repression as, according to Masson, due to inconvenience, such letters were omitted from Freud’s published collection. Masson himself was censored. He began the research that would become *The Assault on Truth* by working in collaboration with Anna Freud to publish an unabridged version of the Freud/Fliess letters. He became a director of the Freud archives and had access to restricted information; however, as he reported, when he first published his findings, he was removed from his position.

Freud’s self-censorship was a complex process. Herman (1997) referenced “Studies on Hysteria” wherein Josef Breuer and Freud (1893-1895/1955) wrote, “hysterics suffer mainly from reminiscences” (p. 221). Freud had listened deeply to his patients and, at that time, took what they said to be accurate.

What he heard was appalling. Repeatedly his patients told him of sexual assault, abuse, and incest. Following back the thread of memory, Freud and his patients uncovered major traumatic events of childhood concealed beneath more recent, often relatively trivial experiences that had actually triggered the onset of hysterical symptoms. (Herman, 1997, p. 13)

Herman (1997) observed that Freud's correspondences from the time showed he found the social implications too troubling. The pervasiveness of hysteria in his communities would mean a similar pervasiveness of sexual abuse (p. 13). In his introduction to Freud's (1896/1989) paper, "The Aetiology of Hysteria," Peter Gay (1989), editor of *The Freud Reader*, wrote, "It is at once elegant and eloquent, but it advocates an untenable theory—that neuroses are almost invariably caused by sexual aggression of adults against children, whether subtle seduction or rude rape" (pp. 96-97).

Masson (2003) traced the abandoning of the seduction theory to the botched case of Emma Eckstein. Freud worked on Eckstein with his close friend Wilhelm Fliess, who shared Freud's interest in the physical symptoms of hysteria, especially as he connected them to masturbation. Fliess believed that the nasal cavity was related to the sex organs, recommending treatment by cocaine, cauterization or, as in Eckstein's case, surgery. When Fliess operated on Eckstein, he mistakenly left a large piece of gauze in the cavity, causing hemorrhaging, nearly to the point of death. Eckstein's bleeding was a normal reaction to surgical trauma: a demonstration of trauma as a cause of symptom. Masson noted, however, that both Freud and Fliess came to erase the causes and call the bleeding

hysterical, . . . as if to say: her pains are unreal, and the hemorrhages which may have appeared to come from your operation were in fact psychologically caused—they were hysterical in origin, deriving from repressed wishes, not unskilled surgeons. (p. 72)

Freud determined that Eckstein was bleeding because she wished to have his attention and that she was bleeding out of longing (Masson, 2003).

Perhaps the responsibility for further wounding a client was too difficult to accept. Perhaps it was the implication that sexual violence was rampant in society that Freud found most difficult. He stated that in presenting “The Aetiology of Hysteria” he knew he would become “one of those who disturbed the sleep of the world” (as cited in Masson, 2003, p. 3); however, he could not anticipate the profound social and professional isolation he experienced. If Freud had continued to hold the seduction theory through the treatment of Emma Eckstein, he would have even lost the support of his closest friend and colleague, Fliess.

Masson (2003) proposed that Fliess’s opposition to the theory came to make sense years later, when his son, Robert Fliess published his beautiful book *Symbol, Dream, and Psychosis* in 1973. In this work, Robert Fliess supported the seduction theory. He cited examples from clients and from his own life, a timing that suggested he was being abused when Wilhelm Fliess made it known to Freud that he would not support the seduction theory (Masson, 2003). Additionally, Sullivan (1990) noted the work of the French psychoanalyst Marie Balmory that suggested the rejection of the seduction theory might be connected with the timing of Freud’s father’s death. According to Sullivan, Balmory held that internal pressures “forced Freud to renounce the insights he had gained in order to protect his inner image of his father” (pp. 36-37) from the possibility of a personal history of abuse.

Whatever the causes were, by the time of his infamous 11-week treatment of “Dora” in 1900, Freud’s stance on the validity of the memories of his patients had shifted drastically. “Freud refused . . . to validate Dora’s feelings of outrage and humiliation. Instead, he insisted upon exploring her feelings of erotic excitement, as if the exploitive

situation were a fulfillment of her desire” (Herman, 1997, p. 14). This represented a profound change in the direction of psychotherapy and had immeasurable consequence in the lives of individuals and to the values of society. Though Freud claimed that this step into the symbolic “marked the beginning of psychoanalysis as a science, a therapy, and a profession” (as cited in Masson, 2003, p. xvii), it also meant that the reality of cultural and institutionalized trauma in the lives of women would go unaddressed for decades (Herman, 1997, p. 28).

Out of the ruins of the traumatic theory on hysteria, Freud created psychoanalysis. The dominant psychological theory of the next century was founded in the denial of woman’s reality. Sexuality remained the central focus of inquiry. But the exploitive social context in which sexual relations actually occur became invisible. Psychoanalysis became a study of internal vicissitudes of fantasy and desire, dissociated from the reality of experience. (p. 14)

The seduction theory, although focused primarily on abuse, also held, in general, Freud’s interpersonal seeds. Some of its direct threads would be revived in object relations theory (Sullivan, 1990), in the touch-oriented work of Freud’s student, Wilhelm Reich, in the work of the above-mentioned Robert Fliess, and also in the work of Emma Eckstein, who recovered and became a psychoanalyst herself (Masson, 2003). Rejection of the seduction theory and dominance of drive theory constituted an overall forsaking of the reality of embodied experience and left psychotherapy without context for understanding the body, trauma, development, culture, or interconnectedness in general.

Smith (1998) described Freud’s shift away from regard for interpersonal impact and developmental needs in psychotherapy. This shift formed the primary tenet of psychoanalysis: needs are to be analyzed, not fulfilled.

Freud did not focus on the early phases of infant development, but placed his emphasis on the Oedipal period. His emphasis was on drives . . . rather than on developmental needs. It followed from this focus that he cautioned the analyst not

to gratify the patient's needs, lest such gratification take the patient's energy away from the primary task of analysis. (p. 7)

Through the lens of drive theory that held sexual and aggressive drives as fueling human desire, it made sense that the therapist would not want to fulfill such needs, but human needs for emotional resonance, love, and touch as well came to be seen as distractions, delusions, and even the source of the problem.

Oedipus in culture. Freud saw the drive theory through the Greek myth Oedipus, a story of murder and incest. Though this marked a shift to understanding human experience through symbol, metaphor, and myth—now hallmarks of depth psychology—it did so in a story that universalized dualistic competition, hubris, and destructive desire. Freud reported to have discovered the Oedipus complex, as though it was something new, but had actually returned to an outdated myth in an effort to find order (Deleuze & Guattari, 1972/2007). His retreat into the symbolic was a shift away from regard for the needs and impacts of the physical and social world, profoundly influencing the way the body, touch, and emotion were considered in culture.

In *For Your Own Good: Hidden Cruelty in Child-Rearing and the Roots of Violence*, Miller (1980/1987) explored how fascism, violence, and mental disease begin in the way children are raised. She quoted a passage written by J. Sulzer in 1748, showing that a belief system similar to oedipal theory was operating in Western culture long before Freud. Sulzer wrote, “Therefore, I advise all those whose concern is the education of children to make it their main occupation to drive out willfulness and wickedness and to persist until they have reached their goal” (as cited in Miller, 1980/1987, p. 11). Sulzer described the objectives of abolishing will and instilling values of order and obedience; perhaps echoing ideals from the bible. The applications described

were covert, but clearly violent, which made sense if the nature of child was seen as a threat both to the family and society.

Similarly, a baby's crying was seen as an attack on the authority of the parent (Miller, 1980/1987), rather than a form of communication. Freud added that, furthermore, to give the baby the holding it desired, might inspire and fulfill its infantile sexual wishes. In 1905, he wrote,

It is true that an excess of parental affection does harm by causing precocious sexual maturity and also because, by spoiling the child, it makes it incapable in later life of temporarily doing without love or being content with a smaller amount of it. One of the clearest indications that a child will later become neurotic is to be seen in an insatiable demand for his parents' affection. And on the other hand, neuropathic parents, who are inclined as a rule to display excessive affection, are precisely those who are most likely by their caresses to arouse a child's disposition to neurotic illness. (As cited in Masson, 2003, p. 123)

These views were carried closer to the present when, in 1928, American psychologist James Watson published *Psychological Care of Infant and Child*. Watson stated,

There is a sensible way of treating children. Never hug or kiss them, never let them sit in your lap. If you must, kiss them once on the forehead when they say goodnight and shake hands with them in the morning. (As cited in Field, 2003, p. 52)

Luther Emmett Holt (1894), professor of pediatrics at Cornell University's medical school, wrote *The Care and Feeding of Children*, which was widely distributed from 1894 into the 1940s. Holt recommended bottle feeding (just as good as breast feeding, he claimed), the abolition of the cradle, that no one should pick up a child, no matter how long it cries, and that it should be fed only at 4-hour intervals (Field, 2003, p. 52).

Field reflected, "Sadly, most of our culture has heeded that advice throughout much of the twentieth century" (p. 52). She also noted, "In some places some parents are afraid of

their children's young, vulnerable bodies. Other parents are afraid to touch their children because they feel that their natural sensual desire to touch their offspring may be construed as sexual" (p. 7). In Western culture, children themselves are typically socialized against touch "they are taught to limit touching of others and scolded when they touch their own body" (p. 9). Miller quoted child-rearing advice by 18th-century educator Peter Villaume:

Send the children to bed early. When they have just fallen asleep, gently pull aside the blanket to see where their hands are or whether you can detect any other signs. Again in the morning before they are fully awake. (As cited in Miller, 1980/1987, p. 21)

The body was equated with sex, and sex was equated with drives powerful enough to destroy society. It can be seen in these texts how this oedipal lens decontextualized human needs and communication, from a baby's cry, to a child's hyperactivity, to an addict's acting out, to a schizophrenic's ramblings (Deleuze & Guattari, 1972/2007; Miller, 1980/1987). Philosopher Gilles Deleuze and psychotherapist/philosopher Felix Guattari (1972/2007) presented criticism of the Oedipus complex in *Anti-Oedipus*, the first volume of their larger work entitled *Capitalism and Schizophrenia*. They observed how oedipal reality reduced the human psyche to desire and reduced desire to a cycle of lack, competition, and acquisition. Contrary to this, they defined desire as a positive, creative force. In an oedipal reality, since desire is seen as directly threatening, the parent and all levels of authority must colonize subordinates and repress their desires. The link was articulated between physical restraint, psychological repression, and social oppression and noted how fascism is enacted on the physical body. This connected to capitalism in the replacement of vital

desire that would be explosive to society, with capitalistic desire of consumption that entrains people to seek their cages.

Ashes to ashes. There is also a very simple reason for the tendency to avoid the body both in psychotherapy and culture in general. The body dies. As quoted in an earlier section, Aristotle wrote of the human position, “It is his duty to become immortal and divine by purifying his intellect” (as cited in Armstrong, 1993, p. 38). This could possibly be taken as symbolic, but perhaps conveys an unconscious belief that, if one could be only in the intellect and dissociate from the body, they could avoid death. Aging, sickness, loss of power, and death are not handled well in cultures that value productivity. In his book *Touching: The Human Significance of the Skin*, Montagu (1986) included a chapter entitled “Touch and Age,” in which he wrote,

Everyone wants to live long, but no one wants to grow old, for old age, as someone has aptly put it, is a dirty trick. The answer to that, of course, is to die young—as late as possible. But that is mainly a matter of spirit. In most cases, the body wears out long before we are ready to vacate the premises. Disease and disorders may increase, and increase in severity; strength energy, and mobility may be reduced. (p. 393)

Generally unspoken cultural taboos against touch reveal much about belief systems and fears that may not be known on a conscious level. Zur and Nordmarken (2011) gave the following list of common Euro-American cultural taboos and their basis in beliefs or fears:

- “Don’t touch the opposite gender!” This taboo is based on the belief or worldview that sexualizes all or most forms of touch.
- “Don’t touch same gendered friends!” This boundary is primarily based in the homophobic fears prevalent in our culture.
- “Don’t touch yourself!” This injunction stems, in part, from some religious and puritanical doctrines and phobias around self-pleasure and masturbation.
- “Don’t touch strangers!” This command is based on a cultural fear of “the other”, a paranoid attitude towards unfamiliar persons and those who are outsiders of one’s own group.

- "Do not touch the elderly, the sick, and the dying!" This reflects a negative attitude in American culture towards the elderly, the sick, and the dying that manifests itself by segregating them from the rest of the population. . . .
- "Do not touch those who are of higher status!" This unspoken rule is prevalent in our culture, where it has been documented that people of higher status or power touch those of lesser status significantly more frequently than the converse. (para. 3)

Taking the example of the old or sick, it is clear how these taboos cut off humanity at the times it is needed most. "As people age, they often desire to be touched more, but ironically, tend to be touched less" (Field, 2003, p. 29). When others are perceived symbolically rather than as humans, taboos serve to cut off awareness of the unintegrated or uncomfortable. To touch an elderly person is to come in contact with the truth of mortality.

Many theories have taken cultural observations where those of less power would not touch those of more power to conclude that a total touch boundary in psychotherapy is the most responsible approach. In "Touch in Context," psychologists Les Kertay and Susan L. Reviere (1998) referred to the work of psychotherapist J. H. Alyn.

Alyn (1988) argued that touch between therapist and patient raises issues of the power differential. She notes that it is more common for higher-status individuals to touch those of lower status and that touch seldom occurs in the reverse direction. Because of this, she feels that a male therapist's touching a female patient is likely to contribute to a feeling of disempowerment in the woman and that the touch is therefore potentially harmful for reasons unrelated to overt sexual misconduct. (p. 23)

These assessments ignore that touch could also be well examined, listening, compassionate, and used in a way that can repair unconscious beliefs. Touch could equally be a power balancer, demonstrating to people that they are touchable, human, and worthy of respect (Rubinfeld, 2000).

Touch in Psychotherapy

In addition to being critical for growth and development, communication and learning, touch also serves to comfort and give reassurance and self-esteem. A child's first emotional bonds are built from physical contact, laying the foundation for further emotional and intellectual development.

Field, 2003, p. 9

Despite Freud's retraction of the seduction theory, his writings continued to advocate the importance of embodied experience to total psychological development. This can be seen as support of the belief that Freud never truly gave up his developmental, interpersonal, or trauma-based views. It also is part of a very particular thread of ideas within psychotherapy emphasizing the essential information in embodied experience, nonverbal therapeutic elements, and an understanding that psychic and mental life is dependent on respect for physical life.

In 1923, Freud (1923/1989) published *The Ego and the Id*, discussing the tactile formation of the Ego and its differentiation from the Id. "A person's own body, and above all its surface, is a place from which both internal and external perceptions may spring" (p. 636). This view was expounded upon by Montagu's (1986) in explaining how the skin not only functions physiologically but also psychologically and socially. Perhaps most importantly, Freud (1923/1989) said, "The ego is first and foremost a body ego; it is not merely a surface entity but is itself the projection of a surface" (pp. 636-637). He explained this enigmatic passage with a footnote:

The ego is ultimately derived from body sensations, chiefly those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides, as we have seen above, representing the superficies of the mental apparatus. (p. 637)

In “Traditions of Touch in Psychotherapy,” Smith (1998) wrote, “The important developmental implication of this view is that the lack of certain body sensations will limit ego development” (p. 5). This view represents a reliteralization of psychological symptoms and also of their treatment.

For example, if the parenting figures do not provide adequate experience for the child in being held securely, supported against gravity, then the child will have a deficiency in the self-support function. . . . Moreover, the usual ‘talking therapies’ may be insufficient to redress such a deficiency. (p. 5)

In his book, *The Body in Psychotherapy*, Smith (1985) stated,

There is a profound therapeutic implication to all of this—if the person has an ego deficiency because of inadequate ego-forming body experiences, then analysis and insight into the problem will be inadequate to bring about change. . . . Psychotherapy, in such situations, would need to provide the opportunity for the patient to have an adequate amount of the experiences which were inadequately present in the previous learning history. Put simply, ego growth and development comes about through experiential learning, not from analyzing. (pp. 3-4)

Smith (1998) further commented, “Surprisingly, this tradition of touch is apparently either misunderstood or totally unknown by many contemporary psychotherapists” (p. 3).

To recognize the understandings of the body and touch that have always been a part of psychotherapy is to recontextualize the field in general. Rather than imagining that intellectual concepts stand apart from the physical world, concepts are placed back in flesh and relation to place, time, and social milieu. The following sections provide an overview of the body, psychology, and their connections to cultural, social, and political forces in the 20th century. A few of those who contributed to body-based and touch-based therapies and some historical elements are mentioned in this effort to further an understanding about why such discourse is essential to the canon. A sense of the sorts of philosophies held by these therapies is also provided.

The body's story. Early 20th-century Europe, the formative space of modern psychotherapy, was a highly polarized time. During World Wars I and II, the rise in fascism was accompanied by a countercurrent of embodied consciousness through practices in awareness of sensation, movement, and breath (Geuter, Heller, & Weaver, 2010). Pioneers working through their bodies at this time influenced dance, education, and also psychotherapy to a degree that is seldom noted. Emphasis on feeling, paying attention, and choosing, placed this psychophysical lineage in contrast to fascism and cultural dissociation in general. In *The Elusive Obvious*, Feldenkrais (1981) explained, “Habitual lack of free choice is often, nay, usually, disastrous” (p. iiv). He added, “Your trouble and mine is that we are trying to behave correctly, as one should, at the cost of quenching, with our own consent, our individuality” (p. xii). It must be noted that

at that time Berlin was the “social laboratorium of work on the body” (Geuter, 2000, p. 105). . . . Many reform movements were fashionable then. In 1900 Isadora Duncan had created expressive dance in Berlin; in 1904 she founded a “rhythm school”; and in 1914, Mary Wigman first appeared in public with expressive dance in Berlin. In 1905, the first “reform dresses” for women were created, made of linen and without a corset. Various ‘life reform’ movements contained and helped to create a new relationship to the body. Also in 1901, the first German “Light-Air-Swimming-Bath” opened in Berlin in which visitors went swimming without bathing suits. Young people aimed to free their body from the stiffness of Wilhelminian (Victorian) society and from the constraints of industrialization. (Geuter et al., 2010, para. 7)

At this time, a *gymnastiks* teacher named Else Gindler (1885–1961) also began her work. Gindler was a rarely attributed but powerful influence on many psychotherapists, theories, and practices.

Wilhelm Reich, who is often seen as the founder of body psychotherapy, came to learn of her form of somatic work before he started to work explicitly with the body. Among her students were Laura Perls, then Lore Posener, the later wife of Fritz Perls, the founder of Gestalt therapy (Clarkson & Mackewn, 1993); Clare Nathanson, who married the psychoanalyst Otto Fenichel; Wilhelm Reich’s second partner, Elsa Lindenberg; Charlotte Selver, then Charlotte Silber, the

founder of sensory awareness, who later taught Gindler's work to Fritz Perls and Erich Fromm; Gertrud Falke Heller, a dancer, who gave her knowledge to Helmuth Stolze, the founder of "Concentrative Movement Therapy"; and physician Lily Ehrenfried, with whom Hilarion Petzold, the founder of "Integrative Therapy" later studied in Paris. (Geuter et al., 2010, para. 2)

Rebecca Loukes, (2006), a researcher in actor training and psychophysical awareness, found that *gymnastiks* was defined "by the assumption that 'a natural movement is an integrated mental-physical concept and an expression of a personality which reflects the person's individual style of performance'" (p. 388). These practitioners investigated not only what was being done, but also how it was being done. Gindler's students—mostly women (Geuter et al., 2010)—would find their own way, rather than matching themselves to an external goal. There was emphasis on freedom, trust in the psychic field, and integration. These "explorations in movement and inner bodily feeling which did not claim to be psychotherapeutic, but certainly had effects on the psychic level, . . . which Heller (2008) calls today an organismic approach" (Geuter et al., 2010, para. 2). In the rise of the Nazi regime, the work of Gindler, her students, and contemporaries focused on fear and release. Gindler's resistance to the regime included practices that would improve student's ability to maintain in concentration camps (Loukes, 2006).

Fascism and its opposites. In the opening of his film, *The Century of the Self*, Adam Curtis (2002) explained the drive theory: "He [Freud] had discovered—he said—primitive sexual and aggressive forces hidden deep inside the minds of all human beings. Forces which, if not controlled, led individuals and society to chaos and destruction." This view stood in stark contrast to vectors of the seduction theory and the body-oriented therapists who continued them. Such theories held that an understanding of

the needs of physical life could cultivate a respect—not fear—of human nature. In terms of social implications, the beliefs of the drive theory also were in contrast to where psychotherapy began. A dramatic shift had taken place.

It would be difficult to tell from much of the contemporary mainstream practice of depth psychologies in America that psychoanalysis was conceived in an atmosphere of acute consciousness of social inequalities and their impact on mental health and the provision of psychological treatment. . . . Many early psychoanalytic practitioners were engaged Marxists, socialists, or social democrats, whose practice of depth psychology issued from hopes of liberation on both social and psychological fronts, fronts which were seen as inextricably intertwined. (Watkins & Shulman, 2008, p. 55)

Reich (1942/1970) wrote, “Fascism can only be crushed if it is countered objectively and practically, with a well-grounded knowledge of life’s processes” (p. xvi). Curtis (2002), however, explained how the drive theory came to align with fascism and that “those in power have used Freud’s theories to try and control the dangerous crowd in an age of mass democracy.” Inseparable from capitalism, corporatism, war, and the Public Relations movement as headed by Freud’s American nephew, Edward Bernays, psychoanalysis became a means of mass control, an agent of a largely invisible fascist regime, still functioning to this day (Curtis, 2002).

Through his interpretation of Freud’s work, Bernays realized that it was possible to persuade people to behave irrationally and act against their own best interests by engaging with their emotional desires (Curtis, 2002). The masses could be switched from participative citizens to passive consumers of goods and information. Freud saw these desires as means of protecting people from themselves, whereas Bernays saw them as an opportunity for profit and power. Predating the work of Bernays, Freud predicted the effects that the United States would have on psychoanalysis. When invited to give his first lecture in America in 1909, “he hesitated to accept, suspicious of the fate of

psychoanalysis in the cultural landscape of America. He grew contemptuous of medicalized analysis in the United States that was politically conservative, and generative of excessive affluence for its practitioners” (Watkins & Shulman, 2008, p. 56).

At the same time as fascism rose in Europe and the United States with the theme of mass control, Reich continued the thread of the abandoned seduction theory that held human nature in quite an opposite regard. Drawing in premises from Freud’s (1923/1989) seduction theory and influenced by from Gindler’s embodied exploration (Loukes, 2006), by the 1930s, Reich had begun applying psychotherapy to the physical body and culture. His particular interest was in how character structure and resistance effect and are affected by the structures of the body and society (Field, 2003; Reich, 1942/1970). Applications of these ideas quickly extended beyond the traditional boundaries of psychotherapy and came against the political climate of the time. Reich’s work necessarily broke taboos: entering into politics, genuine interpersonal interaction between therapist and client, and the use of touch. In *The Mass Psychology of Fascism*, originally published in 1933, Reich (1942/1970) asked confrontational question of the professions that shape society:

What are you doing in a practical way to feed the nation, without murdering other nations? What are you doing as a physician to combat chronic disease, what as an educator to intensify a child’s joy of living, what as an economist to erase poverty, what as a social worker to alleviate the weariness of mothers having too many children, what as an architect to promote hygienic conditions in living quarters? Let’s have no more of your chatter. Give us a straightforward, concrete answer or shut up. (p. xvi)

Fascism refers to “a system of government marked by a totalitarian dictator, socioeconomic controls, suppression of the opposition, and usually a policy of belligerent nationalism and racism” (“Fascism,” 2000, p. 496). In the structures of body, psyche, and

society, Reich (1942/1970) sought ways to counter fascism by understanding its dynamics and causes.

“Fascism” is only the organized political expression of the structure of the average man’s character, a structure that is confined neither to certain races or nations nor to certain parties, but is general and international. Viewed with respect to man’s character, “fascism” is the basic emotional attitude of the suppressed man of our authoritarian machine civilization and its mechanistic-mystical conception of life. (p. xiii)

Reich (1942/1970) held that, in order to be of service, it was not enough for psychotherapists to work within the structures of society as they are, but must actually engage to create change. Parallels were drawn between the structure of character, the body, and society, and he worked directly on these tissues. He advocated sexuality, the availability of contraceptives, freedom to divorce, and the importance of general and economic empowerment of women. Degrees of change that it was not clear the future of psychoanalysis was interested in.

Work like that of Reich’s (1942/1970) was dangerous to the path psychoanalysis was choosing in the in the 1920s and 1930s. His papers were declared communistic and, in 1934, with the help of Anna Freud, Reich was denied a place in both the Vienna and Berlin Psychoanalytic Societies (Rubin, 2003). Taking similar cues from the climate of the time, as Jewish analysts sought refuge in the United States, they “suppressed their histories of social and political engagement in Europe to avoid delays in the naturalization process of the United States” (Watkins & Shulman, 2008, p. 56). A priority was placed on blending and any nonwhite, nonstatus quo beliefs and activities continued to be avoided through McCarthyism, for fears of being seen as communist (Watkins & Shulman, 2008). Opposite to most, Reich continued with his radical work once in the

United States. He endured continuous persecution including the burning of much of his writing and his death in prison (Rubin, 2003).

Parallel paths. In 1931, in a speech to the German Gymnastics Association, Gindler

criticized psychoanalysts for not dealing with the body, not even their own (Ludwig, 2002, p. 102). In this talk she said: “It would be a fascinating task to show the psychotherapist by our practical experiences what he can gain for understanding his own task by consciously exploring his own body.” (Geuter et al., 2010, para. 13)

That same year, the 6th Congress of the Common Medical Society for Psychotherapy had the topic “treating the soul from the body” (Geuter et al., 2010, para. 25). Speakers suggested the inclusion of “gymnastics, sports, breath work, and massage into psychoanalytic treatment” (p. 62), and “one speaker went so far as to state that a combined body-mind-therapy would be the future of psychotherapy” (para. 25).

Although Gindler suggested that students do psychoanalysis, it is said that she never directly combined psychotherapeutic work with emotion into her work on awareness of the body (Geuter et al., 2010). This tendency to keep the body on a parallel path has continued to be the norm. It is likely, however, that more integration of psychotherapy into bodywork occurred than is recorded in history, in the way work on the soul through the body was being done through a channel other than words.

Feldenkrais (1981) wrote,

I suggest and believe that I am right, that sensory stimuli are closer to our unconscious, subconscious, or autonomous functioning than to any of our conscious understanding. On a sensory level, communication is more direct with the unconscious and is therefore more effective and less distorted than at the verbal level. Words, as somebody said, are more to hide our intentions than to express them. (p. 3)

Perhaps, to use the paradigm and lexicon of psychoanalysis at that time would have meant an entry into a dualism that did not trouble this work. Gindler said, “I deliberately avoid defining this consciousness as soul, psyche, mind, feeling, subconscious, or even the ‘body-soul’. For me, the small word ‘I’ Summarizes all this” (as cited in Loukes, 2006, p. 390). Language that would have been the mark of psychotherapeutic process seemed, at least to Gindler, to be unnecessary.

During the Human Potential Movement of the 1960s, theories made room for more articulate connections between psychotherapy and embodied studies. Gestalt therapy, in particular, included a framework that required the body “even though it lacked an explicit base and rationale for hands-on work” (Kepner, 1987, p. 215). Perls had been a client of Reich’s (Kepner, 1987) and his wife and collaborator, Laura, was a modern dancer and student of Gindler (Geuter et al, 2010). Though Perls’ theories lacked the hands-on elements of Reich’s, they also extended beyond him in two major ways. First, Perls “saw the organism/person always in relation to the environment, and not only organized around internal conflicts and events” (Kepner, 1987, p. 213). Body processes and structures were viewed in light of their function, adaptation, and intelligence, rather than only as obstacles to be broken through. Second, Perls placed emphasis on the client’s experience of his or her body, not only on the therapist’s assessment.

While living at Esalen, Perls himself underwent hands-on treatment by Rolf, which brought a period of relief from serious heart attacks (Rolf, 1990). Rolf’s system was similar to Reich’s in that she directly manipulated the tissues to release unhelpful structures. Perls incorporated touch into his treatment of clients by working alongside Rubenfeld; she would use touch with clients while he was using words (Rubenfeld,

2000). Her approach differed from more assertive or directive styles, perhaps reflecting a shift in therapy in general. She found that a light, nonintrusive touch, which she called the *listening hand*, could allow the body's armor to melt. Rubenfeld wrote of those sessions with Perls: "I soon reconfirmed that there was a subtle and clear muscular response to every thought and emotion that people felt. And I learned that touch could open gateways to the mind" (p. 7).

Some believed that talk was enough, some that touch was enough, and others that the body process could be done through words alone. Rubenfeld (2000) saw the combination as essential.

I realized that for people to understand their emotional state, they would have to learn how to listen to their bodies. While observation and talk are valid tools, one of the most powerful ways to heal is through the use of touch. Often emotions are beyond words and are not linear or rational. Hands are the most sensitive receptors of the subtlety of sensation. . . . Touch and talk became an essential duet; here were two great healing forces that when synergized were greater than either alone. (p. 8)

In the 1970s and 1980s touch found a place in Ron Kurtz's Hakomi therapy. The nonintrusive style of touch described by Rubenfeld along with priority of listening and the belief that clients have their own answers that came with Rogerian therapy (Rogers, 1995) described a larger theoretical shift which Kurtz (2007) explored under his principle of nonviolence. Nonviolence is a therapeutic understanding made clear by the body: "using force against a living system is asking for resistance" (p. 29).

Kurtz (2007) elaborated on this paradigm: "To work non-violently, we must drop notions about making clients change and, along with that, any tendency to take credit for their successes" (p. 5).

Violence in therapy is not just deliberate physical harm. It is a failure to accept the whole person who is client, a person with his own story, her own ideas, images,

needs, wishes, capacities, pace. Violence is being too much stuck in yourself and your own agenda to really be healing for another. (p. 29)

In Hakomi therapy, touch took the form of “experiments” designed by the client in order to see what would arise in the present moment.

Focusing on present experience, especially on emotional expression . . . came with Reichian Therapy, Psychodrama, Gestalt, encounter groups and all that followed. At that point, much of psychotherapy moved from merely talking about experiences to actually having them. Clients went from talking to working. And the work involved getting back into our bodies, our senses, below our minds, away from theories, away from talk/talk/talk and into experiences. (Kurtz, 2007, p. 10)

Kurtz quoted Reich, who said, “The entire world of past experience (is) embodied in the present in the form of character attitudes. A person’s character is the fractional sum total of all past experiences” (as cited in Kurtz, 2007, p. 40). Author and anthropologist Richard Grossinger wrote, “The doctor does not need to reconstruct a traumatic moment; the traumatic moment continues to exist in every breath the patient takes, every gesture he makes” (as cited in Kurtz, 2007, p. 40). Reich (1942/1970) referred to character structure or armor, and Kurtz (2007) proposed biostrategy; Kepner (1987) described how process become structure; and Peter Levine (1997), developer of Somatic Experiencing, referred to how trauma can freeze parts of the body and soul in time. Body-based therapies share a common belief that memory, history, emotion, and adaptive strategies (Kurtz, 2007) become the structure and function of the organism. The present moment and space function as a hologram from everything. With focus and appropriately timed release of what is stuck in the past, “the goal was the same: the release of emotion and feeling to allow the client to become his/her full energetic self” (Rubinfeld, 2000, p. 8).

Despite the many well-investigated orientations combining touch with talk, there is still the general conception that touch and psychotherapy should remain complimentary

or parallel (Field, 2003; Smith et al., 1998). In exploring the importance of touch in human development and healing, Field (2003) also gave an opinion that illustrates the reluctance to close the gap entirely between the body and the mind. She described a study in a teen psychiatric hospital where the teens received massage every day for 10 days. The results included less depression and anxiety, reduced stress hormones, better sleep patterns, and earlier discharge; however, the hospital remained reluctant to continue the use of therapeutic touch. The hospital's first concern was of sexual arousal, which they resolved by using volunteer grandparents as therapists. "The staff's second concern was that the patients talked more during massage therapy than during psychotherapy" (p. 62). Field's solution was to ask the teens not to talk. It was her belief that massages are better without talking. In the integrative theories described above, this would be seen as a missed opportunity.

The task of integrating healers' understanding of flesh and soul is still at hand today. Rolf (1990) wrote,

Just as Reich began to put a physical body onto Freud's theories, this kind of thinking and working we are doing is forming the bridge between psychology and physiology. We too are standing at that very vital point. We need to collect out clinical information together so that we can bring the psychologists down from the clouds and put their feet on the ground. (p. 58)

Trauma and the body. As illustrated by Freud's (1896/1989) early work with hysteria recognition of connection among the body, mind, and soul came through the phenomenon of trauma. Hysteria was first noticed in women of the late 1800s, symptomatic of a culture of abuse and oppression (Herman, 1997). Then, in the early 1900s, "the reality of psychological trauma was forced upon public consciousness again by the catastrophe of the First World War" (p. 20). The phenomena then called "shell

shock” (p. 20) was recognized and attributed only to physical trauma but was later found to be present in the absence of physical wounds or once any physical wounds had healed. “The emotional stress of prolonged exposure to violent death was sufficient to produce a neurotic syndrome resembling hysteria in men” (p. 20). Though touch still seeks integration into psychotherapy, trauma made it necessary that the body be better understood. As Herman noted, it became apparent that, whether physical or psychological, when a system was overwhelmed, symptoms appeared in the body that may not be accessible by the mind and were not easily treated by a talking cure.

The appreciation that psychological state is determined as much by nervous system regulation and nonverbal memory as by thoughts is changing the field (Solomon & Siegel, 2003). In *Waking the Tiger: Healing Trauma*, Levine (1997) described his method for understanding, preventing, and healing posttraumatic stress disorder. He wrote of the inadequacy of purely cognitive approaches to trauma:

Psychology traditionally approaches trauma through its effects on the mind. This is at best only half the story and a wholly inadequate one. Without the body and mind accessed together as a unit, we will not be able to fully understand or heal trauma. (p. 6)

Siegel (2010) described a type of memory termed *explicit* (p. 154) that is processed through the hippocampus, organized, subject to recall, and understood as being located in the past. Implicit memories, he said, are mostly associated with motor centers in the brain and are “not tagged as representations derived from the past” (p. 154). Memories that are only implicit “continue to shape the subjective feelings we have of our here-and-now realities, the sense of who we are in the moment, but this influence is not accessible to our awareness” (pp. 154-155). Implicit memory is the body memory that allows a people to ride a bike or tie their shoes. It is likely the only mode of encoding

from conception through the first 18 months past birth (p. 148). Siegel also described implicit memory as the primary encoding whenever the hippocampus is impaired by stress hormones—especially cortisol—in traumatic situations, rage, or by drugs. He explained that although thoughts and beliefs may organize themselves around implicit memory, analysis and questioning of cognitions alone are not helpful in recoding the nebulous feeling states of implicit memory connected to trauma, stress, neglect, or the flashbacks, triggers, and dissociations they may involve.

Siegel (2010) focused on integration via the hippocampus, using awareness to process implicit into explicit, which then can be dealt with through cognitive means. Sensations and states are located in the past and as related to specific experiences rather than in the present and all encompassing. Levine's (1997) somatic experiencing focused on tracking sensations and returning to the body's natural ability to process. Techniques slowly release activation and recalibrate the nervous system. Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 2001), processes free-floating, short-term, implicit memories into long-term, explicit memory. This system works with "a process called 'consolidation' which seems to depend on the rapid-eye movement (REM) phase of sleep" (Siegel, 2010, p. 159), a phase which is often compromised in people experiencing symptoms of trauma.

Levine's (1997) book, *Waking the Tiger: Healing Trauma*, included a chapter entitled "Wounds That Can Heal," which countered psychologist Daniel Goleman's 1992 *New York Times* article, "Wounds That Can Not Heal," wherein, said Levine (1997), Goleman expressed the "prevalent medical view that trauma is an irreversible disease" (p. 37). From a medical view emphasizing biochemical and even structural changes that

occur after trauma, the only hope was seen to be pharmaceutical interventions. Levine argued that, with proper understanding of the bodily nature of trauma, the body and the mind working together have the capacity to heal and also build resiliency. He acknowledged that, in severe situations, temporary drug intervention may be necessary, but was also clear that drugs used without understanding of the whole body response to trauma can undermine the system's innate ability to heal (p. 38).

From considering the effect of touch on the nervous system, body memory, and related biological shifts, it would be a reasonable next step to consider how touch could be an important intervention; however, many of these body-based modalities can lead one to believe that touch is not necessary or is even unhelpful. Touch and sensation are powerful neurological and biochemical catalysts (Pert, 2003). Although touch or sensation may be triggers that send someone back into implicit memory and trauma state, they can also break the trance, grounding awareness in the present. In *Molecules of Emotion*, neuroscientist and pharmacologist Candace Pert told of the biological shifts that come when touch communicates that trauma is in the past:

A group of monkey babies were raised by a fake monkey mother, a wire-and-cloth structure with milk bottles instead of breasts. The babies were fed but not touched, cuddled, or held. They soon had all the signs of trauma and depression. . . . But they were cured—the stress symptoms reversed—when researchers brought in what they called a “monkey hug therapist,” an older monkey who constantly hugged and cuddled the stressed-out baby monkeys. So what was going on? The hugging broke the feedback loop, sending the message “No more steroids needed,” damage over and done with! The chronically elevated CRF [corticotropin-releasing hormone] levels came down. (pp. 269-271)

Culture and lens. Field (2003) wrote, “Touch is our most social sense. Unlike seeing, hearing, smelling, and tasting, which can generally be done alone, touching typically implies an interaction with another person” (p. 19). The body and touch enter

psychology through these social and cultural considerations. Cultural psychologies hold that human mental state cannot be imagined to exist in a vacuum. They provide the insight that cultural context affects both the phenomena that are experienced and the way in which they are interpreted and perceived. Consideration of culture leads to an analysis of the interrelational in terms of the inner space of the body as well as the environment around it. Jung (1948/1967) wrote, “The self has its roots in the body, indeed in the body’s chemical elements” (p. 195 [CW 13, para. 242]). Though the connection between body and culture may at first seem merely poetic, the body literally provides context for the soul. The body and culture act as lenses through which experience is viewed.

“Often depth psychologies fail to make links between the inner lives of individuals and the outer environments in which their symptoms and identities evolve” (Watkins & Shulman, 2008, p. 54). If, however, seeking to understand the language of symptoms is a pursuit of depth psychologies, an important task is to retrieve the dissociated understanding of both body and context in general.

In *Towards Psychologies of Liberation*, authors Watkins and Shulman (2008) described how cultural impacts are written on bodies and souls, yet too often remain unacknowledged and misunderstood. They observed that cultural contexts are often based on somatic details such as skin tone or perceived gender and also directly affect the body through stress, the ability to access resources, and find safety.

Liberation psychologies teach that environments of injustice, violence, and repression have powerful psychological effects on everyone, whether they are registered consciously or unconsciously. When there is no public language or space to discuss these effects, they may turn into painful somatic symptoms of seemingly unknown origin that are misattributed to other factors. (p. 53)

They stated the inadequacy of psychological models that ignore cultural and environmental factors and, if they are seen, do not take an active role in changing them.

Because of its positivist scientific orientation, much of mainstream psychology has emerged as a search for universals, for norms of emotional life and behavior, and for modes of treatment for individuals who deviate from these norms. This orientation decontextualizes the individuals under its scrutiny. Obscuring the impact of collective trauma on mental health has led to treatments for single individuals while leaving intact the social environments that mitigate against psychological well-being. (p. 4)

Damasio (2005) noted the self-reflective phase that has come through a greater understanding of culture and body, especially via neuroscience. He stated, “For quite some time now, humans have been in a new thoughtful phase of evolution, in which their minds and brains can be both servants and masters of their bodies and of the societies they constitute” (p. 254). He acknowledged how external forces can become internal structures and how consciousness as well as culture can play a role in shaping the mind through which the world is seen. “Doing just what comes naturally can only please those who are unable to imagine better worlds and better ways, those who believe they are already in the best of all possible worlds” (p. 254).

As indicated by Damasio (2005), Watkins and Shulman (2008), and many of the body-based theorists described above, it is important to understand that oppression, whether by external forces or resulting internal structures, can limit the ability to see possibility and work for change. Psychology as a science is beginning to accept the analysis of cultural impact on the body as technology has become able to measure internal changes (Damasio, 2005; Siegel, 2010).

In *The Balance Within: The Science Connecting Health and the Emotions*, physician Esther Sternberg (2000) explained the connection of health and emotions,

through psychoneuroimmunology. In *When the Body Says No*, Maté (2003) considered numerous medical diseases that are generally considered organic, random, and mysterious through their related patterns of stress and strategies for dealing with stress. In *The Second Brain*, anatomist and cell biologist Michael D. Gershon (2003) wrote about the enteric nervous system—the first nervous system to develop that has tremendous influence on the body and mind. All classical neurotransmitters are stored in the gut, and 95% of serotonin is produced there. There is much evidence to suggest that the gut talks to the conscious mind exponentially more than vice versa. This suggests that what is taken into the digestive track and what happens there is very important. In addition, intelligence may be more visceral than cognitive or emotional: “The ugly gut is more intellectual than the heart and may have a greater capacity for feeling” (p. xiii).

In *Molecules of Emotion*, Pert (2003) wrote,

we can no longer consider the emotional brain to be confined to the classical locations of the amygdala, hippocampus, and hypothalamus. For example, we have discovered other anatomical locations such as the dorsal horn, or the back side of the spinal cord, which is the first synapse within the nervous system where all somatosensory information is processed. (p. 141)

The brain, the mind, and the soul are throughout the body and indiscernible from the body. The outer culture and environment affect the inner culture and environment. All of these impact behavior, experience, and even the soul.

Maté (2000) cautioned to keep understanding on track and not take evidence from physical science to mean that mental, emotional, and social life is physically determined. He discussed the error of materialistic or deterministic thinking. Physical diagnosis and genetic explanations are comforting as they obscure the possibility that it is more often that the body is adapting to unhealthy emotional, social, and cultural milieu. In *Scattered*:

How Attention Deficit Disorder Originates and What You Can Do About It, Maté used attention deficit disorder (ADD) as his example.

True or not, narrow genetic explanations for ADD and every other condition of the mind do have their attractions. They are easy to grasp, socially conservative, and psychologically soothing. They raise no uncomfortable questions about how a society and culture might erode the health of its members, or about how life in a family may have effected a person's physiology or emotional makeup. (p. 48)

Ethical Questions

In California, sexual contact between a therapist and client or former client (if therapy was terminated for the purpose of pursuing a sexual relationship) is unprofessional, unethical, and illegal (State of California Board of Behavioral Sciences, n.d., section. 4980.02). Harmful or cold touch is unethical (Zur & Nordmarken 2011).

Contrary to common taboos, however, all touch does not lead to violence or sex.

Touch in therapy has joined the list of modern risk management-inspired taboos: do not leave the office, minimize self-disclosure and avoid dual relationships (Williams, 1997). Even those who endorse risk management reluctantly agree that a courteous handshake may be unavoidable. Viewing any non-erotic touch as the first step on the slippery slope towards sexual relationships is one of the major erroneous beliefs and obstacles to understanding the importance of touch in therapy. Such sexualization of all forms of touch is embedded in the culture at large and manifested in faulty beliefs prevalent in the field of psychotherapy (Lazarus & Zur, 2002). (para. 6)

In such a hands-off, litigious atmosphere, it would be easy to assume the use of any touch is unethical or even illegal. That is not so. "None of the professional organizations code of ethics (i.e., APA [American Psychiatric Association], APA [American Psychological Association], ACA [American Counseling Association], NASW [National Association of Social Workers], CAMFT [California Association of Marriage and Family Therapists]) view touch as unethical" (Zur & Nordmarken, 2011, para. 212). On the contrary, in *To Touch or Not to Touch: Exploring the Myth of*

Prohibition on Touch in Psychotherapy and Counseling, Zur and Nordmarken (2011)

made the case that, with growing understanding of the necessity of touch to healing and well-being, an uninformed, categorical taboo against touch may be the position that is unethical. They wrote,

Practicing risk management by rigidly avoiding touch is unethical. Therapists are not paid to protect themselves, they are hired to help, heal, support, etc. . . . Rigidly withholding touch from children and other clients who can benefit from it, such as those who are anxious, dissociative, grieving or terminally ill can be harming and therefore unethical. (p. 212)

Scope of practice for marriage and family therapists has been defined in the California Business and Professions Code 4980.02 as follows:

Service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling. The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required. (State of California Board of Behavioral Sciences, n.d., para. 1)

The means and types of therapy by which such relational work is done is not defined and rather is only limited by case law where actions or inactions are determined to be negligent. Laws and guidelines only appear in situations where harm has been done, which is perhaps one reason why touch in psychotherapy mostly comes into awareness in a negative sense. Negligence is subjective and relates to standard of care: “The watchfulness, attention, caution and prudence that a reasonable person in the circumstances would exercise” (Gale Group, 2008, para 1). Negligence is also legally considered

conduct that falls below the standards of behavior established by law for the protection of others against unreasonable risk of harm. A person has acted negligently if he or she has departed from the conduct expected of a reasonably prudent person acting under similar circumstances. (para. 1)

The California Association of Marriage and Family Therapists (CAMFT, 1975) cited Title 16 of the California Administrative Code stating that “a counselor shall not perform, nor hold himself out as able to perform, professional services beyond his field or fields of competence as established by his education, training and experience” (para. 35). This means that no laws limit therapeutic touch in psychotherapy, and the more that psychotherapists become trained and knowledgeable in the use of touch, the more it will become standard of care. As Zur and Nordmarken (2011) pointed out, therapists are not paid to protect themselves; however, the more certainty that can be created around how to integrate touch in a way that protects both client and therapist, the more likely therapists will be to draw in these forms, and the more available psychotherapeutic touch will become to clients.

Perhaps the most important elements of ethically integrating touch are the training and understanding of the clinical use of touch by the therapist, and the communication of these to the client through informed consent. Zur and Nordmarken (2011) listed further ethical considerations.

- Ethical touch is the touch that is employed with consideration to the context of the therapeutic relationship and with sensitivity to clients’ variables, such as gender, culture, history, diagnosis, etc.
- Seeking ethical consultation is important in complex and sensitive cases.
- Ethical therapists should thoroughly process their feelings, attitudes and thoughts regarding touch in general and the often, unavoidable attraction to particular clients.
- Critical thinking and thorough, ethical decision making are most important processes preceding the ethical use of touch in therapy.
- Documentation of type, frequency, and rationale of extensive touch is an important aspect of ethical practice.

- The meaning of touch can only be understood within the context of who the patient is, the therapeutic relationship, and the therapeutic setting.
- Touch, like any other therapists' behavior and interventions should be employed if they are likely to help clients.
- Clinically appropriate touch must be employed with sensitivity to clients' variables, such as history, gender, culture, diagnosis, etc. (para. 212)

Zur and Nordmarken also listed some reasons why psychotherapeutic touch may in some cases be an ethical necessity.

- Touch increases therapeutic alliance, the factor found to be the best predictor of therapeutic outcome.
- Touch can help therapists to provide real or symbolic contact and nurturance, to facilitate access to, exploration of, and resolution of emotional experiences, to provide containment, and to restore significant and healthy dimensions in relationships.
- Sensitive, attuned touch gets etched into our developing neural pathways enabling us to feel of value, and to connect emotionally with others. As such, touch can be a powerful method of healing.
- Language never completely supersedes the more primitive form of communication, physical touch. As such it can have a significant therapeutic value.
- The unduly restrictive analytic, risk management or defensive medicine emphasis on rigid and inflexible boundaries and the mandate to avoid touch interferes with human relatedness and sound clinical judgment.
- Traumatic memories are encoded in our sensorimotor system as kinesthetic sensations and images, while the linguistic encoding of memory is suppressed. Therefore, appropriate touch can have a significant therapeutic value.
- Disturbances in nonverbal communication are more severe and often longer lasting than disturbances in verbal language. Using touch in therapy may be the only way to heal some of these disturbances.
- To disregard all physical contact between therapist and client may deter or limit psychological growth. (para. 213)

Summary

The soul breathes through the body, and suffering, whether it starts in the skin or in a mental image, happens in flesh.

Damasio, 2005, p. xxi

To locate the mind and soul in the body reframes psychotherapy as not merely taking place through the medium of words, but also through therapeutic contact with the physical body and engagement in social, cultural and political circumstances.

The above sections have elucidated some of the reasons why the human and therapeutic capacity of touch has been limited in the past. This abandonment of the physical world—either through spiritualism, intellectualism, or dissociation—has, to some degree, placed depth psychology as an escape into the symbolic. As essential as the depth capacity to symbolize and transcend, is the ability to remain grounded and discerning of the physical world. The task at hand is to take as real what once was considered frustrated internal demands, and ask the question, “What if something is actually wrong?”

Holt said that “no one should pick up a child, no matter how long it cries” (as cited in Field, 2003, p. 52), as it is crying to gain control. Freud and Fliess said that the patient Eckstein was bleeding out of longing not because of surgical error (Masson, 2003). Once it is accepted that such interpretations are not accurate, psychology can be open to a deeper analysis of its self and the possibility of changing the way things have been done so far. We can seek to understand why the baby is crying and, for Eckstein, we can wonder: where is the blood coming from? Why? How do we stop it? How do we keep from making the same mistake again?

Chapter III

The Depth of Touch

Touch is a poetry before words. Much can be known through touch, but exists in a liminal space that might never make it perfectly into words. To experience touch is to experience the present moment directly. To analyze touch is to look at the way one comes into contact with the world around oneself. The location of touch is a conversation on boundary: where do I end and you begin? Though touch and the physical body have largely been taboo, they bring metaphors and experiences that are very apt to depth psychology. The following sections examine some relationships between depth psychology and investigations of embodiment. In so doing, a frame is created that can hold the space of the body and touch as a component of depth psychology, allowing symptoms to be understood in a different way.

A Hands-On, Somatic Depth Psychology

In opening to deeper understanding and what may not at first be obvious, depth psychology must move in two directions. Just as we enter the inner space and languages of feeling, metaphor, and symbol, we must also enter the outer space of the physical plane through impetus of goals, dissent, injustice, possibility, and the work that is to be done. Historically, depth psychology has focused on the capacity to symbolize, make, and shift meaning. To add somatic understanding to depth poses that poetic richness unfolds within the matter of the body, earth, and society, rather than on a distant plane. In order to have a fully engaged and integrated stance, equal depth must be traveled both inwards and outwards and analysis of direct contact must be made.

The delineation and union of the seemingly two directions of depth is the body. The body gives the sense of distinction between what is internal to the self and what is external to the self, while at the same time providing the experiential ground for being and direct contact such that unity and continuity can be felt as well. From the space of the body, processes of inquiry and awareness unfold. From the surfaces of the body, relationships and distinctions between self and other are made. Of the sensation of being, the body is the primary medium. This is direct experience before abstraction, where the symbol and the symbolized are one. To emphasize, validate, and explore primary sensory experience, puts people in touch with their reservoir of life. Without understanding of the body and physical location and development of self, there is no way to fully understand the individual psyche, nor psyche in relationship. Physical matter is essential to depth.

A somatic depth psychology does not imagine the condition of the intellect, soul, mind, or emotions to be dividable from physical circumstance. In a paradigm of separation, safety and responsibility are attempted through distance, objectivity, and control. A paradigm of touch creates safety and responsibility through analysis, discernment, and wisdom within the contact; understanding that the therapist is deeply involved in the interaction as a human as much as in the role of therapist. In a paradigm of separation, it is thought that it would be cleaner, easier, and more scientific if therapists could remove their personal standings: their politics, nationality, gender, sexual orientation, religion, and age. A paradigm of touch believes that it would be more scientific if these standings were deeply lived, holding that diversity, specificity, and life itself are good, and that there is a way that someone can be as his or she is that does not limit—and actually expands—the ability for someone else to do the same.

Hands-on describes the engagement of the therapist in the broadest sense. In some cases, it might mean that touch-based work is used; in some cases it might describe the direct participation or stance in political and social matters that may be affecting the health of clients. Placing somatic psychology as a depth psychology creates containment, and context for both the symbolic and the perceived literal. One does not need to choose between mysticism and materialism and, actually, both are required.

This is the rigor, critical feeling, and thought that, within an exploration of a symbol, would stay cognizant as to if some action needs to be taken in the physical world, or, when looking at a physical structure, can see additional understandings of archetype, symbolic sight, and emotional process. Closely related to cultural psychology, ecopsychology, and social discourse, a hands-on somatic depth psychology is involved in the world as much as in the session room, draws on multiple disciplines, and acknowledges direct contact, working to use it consciously. It gives equal weight to poetry and to the matter of life and knows that within the listening, nonassumption, and nonviolence, there is a great work to be done.

Reliteralization. Freud stated that the retraction of the seduction theory “marked the beginning of psychoanalysis as a science, a therapy and a profession” (as cited in Masson, 2003, p. xvii). It also marked the beginning of psychotherapy’s retreat into the symbolic and away from the world. Historical timings also played in to disconnecting analysis from its socially engaged roots. “Emerging from the Holocaust and the world wars, many psychoanalysts in America, sought refuge in interpretive systems that did not open out into the deep tragic disarray of the twentieth century” (Watkins & Shulman, 2008, p. 58). As much as symbolic sight and interpretation of meaning and fantasy is

necessary, also necessary is a contextualization of the psychological within the physical and sociopolitical. With the tenet that—within therapy—needs are to be analyzed, not fulfilled, and seen as fantasy and not reality, however, the main focus of depth psychology became the process of deliteralization, and with that came the potential to decontextualize.

The error of deliteralization can be seen in the assessment of individuals with hysteria in the late 1800s. At first, their condition was seen as a result of what would later be known as trauma. This assessment was not directly literal in the sense that it required a peeling back of layers of repressions, associations, and triggers; however, it had a basis in connecting internal states and symptoms to actual experiences involving the physical world. The deliteralization came when symptoms were instead assessed to be the result of frustrated infantile fantasies. Eckstein's hemorrhaging after surgery was seen as an effort to manipulate her doctors to come to her, an interpretation that protected her clinicians from acknowledging the harm they had caused.

Another example of the problem of deliteralization was given in *Towards Psychologies of Liberation* (Watkins & Shulman, 2008) with the story of psychoanalyst Melanie Klein's treatment of her son. "Klein elicited her son's fantasies through play and interpreted them to him in an oedipal light, explaining to him that his anxiety was caused by his wishes to have intercourse with her" (p. 60). This interpretation obscured Klein's ability to see factors that weighed on her son and most likely were pains in her own shadow as well.

In response to his phobia about venturing outside, she asked him to describe a street that was particularly frightening to him. He answered that the street was one that was filled with young toughs who tormented him. Klein ignored this fact and realized that the street was lined with large trees. She interpreted the trees as

phalluses and explained to Erich that this meant that he was desiring his mother, and his anxiety was no doubt caused by the castration anxiety that inevitably followed this desire. (Cushman, as cited in Watkins & Shulman, 2008, p. 60)

Such abstractions remind of the adage: When you hear hoof beats, think horses, not zebras. In the context of deliteralization, a popularized oedipal theory, and an obscuring of oppression, however, the obvious horse becomes the comfortable theory while the more exotic zebra is the sight of what is actually going on. “When we are not able to follow the symptom into the surrounding context, or when it is too dangerous to do so in authoritarian environments, we often misinterpret its protest and negate its voice” (Watkins & Shulman, 2008, p. 59). It was later revealed that the streets Erich most feared were the locations of anti-Semitic gangs. Klein had not told her son that he was of Jewish descent. She had colluded with oppression and could not see what she wished she did not have to see.

Between horses and zebras, a depth answer might be to stay listening to the hoof beats a little while longer. Between deliteralization and recontextualization, a chasm opens up where something must be explained either physically or psychologically; however, symptoms are powerful and complex language holding a message that is sometimes difficult to hear may not be accurately described by a first guess at meaning. A process of meaning making and deconstruction of meaning must occur in order to find interpretations that are helpful. Though sometimes a culture is best seen by its marginalized, with the tendencies to normalize and internalize, people may not always be aware of the multiple factors that contribute to their suffering. For this reason, depth therapists must see their job not only as deliteralizing to find symbolic meaning, but also as recontextualizing. In some ways, the healing potential will come through the

mythopoetic. In some ways, it may be appropriate to return to Freud's original motto for hysteria, "What have they done to you, poor child?" (as cited in Masson, 2003, p. 118).

Denial of the obvious. Acknowledging that the current popularization of somatic psychology sits within the remaining shadow of the decontextualized is important. Even with growing physical understanding of consciousness and means to help state of consciousness shift, the therapeutic frame is in a hands-off paradigm, continuing the tabooing of touch and remaining largely socially benign. Many therapists believe that one should practice somatic psychology without ever touching the body or that the realm of somatic psychotherapy would be to track and process sensations without reference to the external factors that affect sensation. Due to an oppressive environment that goes largely unseen, there are countless ways that the obvious still evades, obscured either by lines drawn on scope of license and practice, and systems of power or by retreat into symbolic sight.

Many somatic therapists believe that the body is already being integrated and the taboos and body-mind split have been dispelled. It is certainly true that progress has been made, but that sort of view is dangerous as it makes it seem like further work is not needed. It is acceptable to speak about sensations in the body, to do movement and investigate the imaginal; however, it remains uncommon to make the direct engagement of therapeutic touch and it remains taboo to question physical and structural contexts in which psychotherapy sits. The following is a list of inquiries into the environment that should be obviously necessary but that too commonly remain out of the question. These topics are briefly described and are not fully explored or referenced but are simply noted as conversations that must begin.

- Therapeutic touch. Because of the categorical tabooing of touch by many therapists and professionals, there is little possibility for studying, understanding, and integrating tools and techniques of therapeutic touch. Much is known through other fields, such as occupational therapy, educational psychology, yoga, and systems of bodywork as to how the body can be used to work with the mind and emotions. Opening these conversations to clinicians in general will help more people know that these possibilities are out there, encourage more research to be done, and allow better treatment for people who can be helped.
- Nutrition. With the body divided from the mind and soul, the connection between nutrition and psychology has been minimized. With medicine compartmentalized and corporatized, nutrition has not been an important element even for the treatment of physical disease. In the service of corporate interests, laws have been made against mentioning the ill effects of food products. Rights to access and information about safe food and water and how nutrition can be used to support physical and mental health must enter psychological conversations.
- Psychopharmaceuticals. It can be seen as blasphemy to question psychoactive and mood-altering drugs. For marriage and family therapists, this line of inquiry is deemed off-limits by the scope of their license; however, the loose or absent diagnostic science, economic interests, and lack of research on long time line effects, make this a conversation that should be taken on by psychiatrists, therapists, and clients. This is not mentioned to be anti-

psychiatry; quite the opposite, it is stated in the belief that adding a functional understanding of the body and mind can have tremendous results.

- Vaccinations. This is highly polarized topic, split between those who believe vaccinations are safe in all ways and situations and those who believe they would never have a safe use. Because of this polarization, unwillingness to question the medical status quo, and lack of nonbiased research, there is no room to look at the physical and psychological risks, nor to find a way to prevent them.
- Radiation and environmental toxins. There is a toll to ever-expanding technology and demand on the environment. Ecopsychology has made a lot of progress, especially in terms of how treatment of the environment is affected by and affects the human soul. It is important also to note how environmental factors impact the physical body and how the psyche might lose clarity or volition if there is too much toxicity. This is an important expansion because these issues were not at present at the advent of psychotherapy.
- Corporatism, money, and their influence on science. The above topics are challenging to integrate due to current limitations on the scientific method. Science is the religion of many; however, the idea of objective observation is often a fantasy as research often has something at stake. Beyond the problems of money and corporatism is a limited view that is not always able to consider long-term effects and complex connections simply due to its paradigm and what it expects to see.

- Social and political stance. A relatively recent belief holds that in order to be neutral, therapists must separate their political and social standings from their professional identity. This belief is being questioned by the therapeutic value that comes through work towards social equality and access to resources: an acknowledging of imbalance and actual effort towards neutrality. Further shifts in this direction are necessary, especially on an institutional level.

None of these topics are within the scope of psychotherapy as it is currently framed but are necessary keys to increasing understanding and reducing suffering. Many so-called psychological disorders have physical components that are too easily missed in the frame as it is. If the frame cannot withstand the questions and their possible answers, the frame and the way we use it must be changed.

Magical thinking. A symptom resulting from the body/mind split coupled with the shadow of deliteralization is magical thinking. In *Death of the Liberal Class*, Hedges (2010) wrote,

The belief that we can make things happen through positive thoughts, by visualizing, by wanting them, by tapping into our inner strength, or by understanding that we are truly exceptional, is peddled to us by all aspects of culture, from Oprah to the Christian Right. (p. 200)

Recontextualized, magical thinking is an extreme internalization and an abstraction without context that indicates a collective blindness similar to the risk of deliteralized depth psychology. The individual is conditioned to take full responsibility for his or her reality. This, at first, may seem empowering, but actually may be too much to bear, especially for those most heavily burdened by the society as it is. Though positive vision is essential, to place the focus on the thinking of an individual takes the focus off the structures that contain that individual. “It keeps us in a state of mass self-delusion. Once

we are drawn into this form of magical thinking, the purpose, structure and goals of the corporate state are not questioned” (p. 200). A risk is that those with the ability to change structures may waste their power telling others to change their thinking, or may wait and pray for divine intervention, rather than taking the actions that they can take.

A product of magical thinking is spiritual bypass; a comfortable escape expressed in the process of deliteralization and based on the desire to transcend and escape, rather than be with, nature, the body, and the structures of life. In spiritual bypassing, what looks like meditating can actually be dissociating, because the body and the earth are seen as obstacles to a mythical, ethereal freedom. “This magical thinking, coupled with its bizarre ideology of limitless progress holds out the promise of an impossible, unachievable happiness” (Hedges, 2010, p. 200). This ideology sets up a dynamic of conquest and happiness as result of control.

Back to earth. An embodied perspective cultivates understanding on all planes of the human experience. This perspective is distinctly different from purely cognitive approaches because, as one enters the flesh and a physical appreciation for life, interconnection and vulnerability come to the forefront. The physical position of the human soul teaches of a fragile, impermanent, yet tenacious existence. It becomes clear that choices that support all life also support the individual self and soul. Life can take care of life, so dominance, hoarding, and control are not necessary. Nonfascist psychologies in general tend to have basis in the body, and are built on recognition of conditions of time, space, and flesh and a valuing what sustains life as a whole.

That view, however, is not the way society has been designed. Through compartmentalization and seeking security through control, the right hand is told to

ignore the left. Domination is prioritized over nature and humanity. Laws and beliefs are established to justify dividing people from their bodies, intuition, ancestry, and community and their rights to land, food, water, and air. Categorization, labels, and social norms are established to sort people, dividing them from their multidimensional, indefinable, and infinite sense of self. To live embodied and to consider psychology as embodied is a healing act and also a radical act against all divisions, structures of force and false laws.

Tremendous dissociation, fear, and greed operate at the expense of the physical bodies of humans, animals, and nature. Depleted resources and laws and practices stand against the best interest of even those who create them. If we acknowledge that—even in the best of circumstances—the difficulties that hearts endure through the necessary losses and trials of life, the need for comfort and compassion becomes clear. A literal and symbolic need to be held and to hold exists within the human condition along with a need to be heard and to be felt. Accepting this will lead to an understanding of the necessity of working with, not against. This understanding will lead to a deeper research into the dynamics and workings of larger systems and an ability to see the symptoms of the few as clues to the medicine for all.

Container for the Symbolic

Work has been done within depth and analytic psychology in considering the body and skin symbolically. Also, following from Freud's statement that "the ego is ultimately derived from body sensations, chiefly those springing from the surface of the body" (Freud, 1923/1989, p. 637), it has been theorized that physical and sensorial development are necessary milestones in the capacity to symbolize and to be able to

contain the symbolized in a helpful way. The containment provided by therapy or analysis can be conceptualized as the providing of a symbolic skin in which a process can unfold and in which inquiry can be made into the client's personal sense of skin. The body also gives an interesting read of Jung's concept of the collective unconscious and archetypal. The commonalities and differences between individual bodies and embodied experience could be viewed as the root of these dimensions.

Primary skin. In *The Experience of the Skin in Early Object-Relations*, physician and psychoanalyst Esther Bick (1968) presented the concepts of primary and secondary skins. She wrote from an object relations orientation, theorizing that the holding function provided by a containing object—ideally the literal holding and feeding by the mother—would develop and be introjected such that the holding function and sense of physical and psychological boundary would be internalized.

In its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. (para. 2)

Significantly, “the skin provides the first mental scheme of the ‘I’ (the self) and the first psychological experience of boundaries” (Feldman, 2004, p. 288). Similar views were reached by others interested in how psychology unfolds in the earliest phases of life. “For Piaget, all intellectual and emotional development begins with the sensorial aspects of the infant's experience” (pp. 288-289). In *A Skin for the Imaginal*, psychoanalyst Brian Feldman expanded on Bick's (1968) conclusion that “until the containing functions have been introjected, the concept of a space within the self cannot arise. Introjection, i.e. construction of an object in an internal space is therefore impaired” (para. 2). Feldman (2004) wrote,

I believe that the precursor for the capacity for symbolization, and by this I mean the capacity to utilize thought, image and emotion in an integrative manner for the purpose of psychological growth and development, has as its foundation the sensorial development of the infant during the first year of life. In this regard the development of sensorial differentiations through the use of touch, smell, taste, sight and sound and the infant's experience of skin as a defining boundary between what is experienced as internal as opposed to what is experienced as external. (p. 285)

If the containing function is not sufficiently introjected, internal process will not be contained as such and overflows into the world with confusions in self, perception, and process. "In its absence, the function of projective identification will necessarily continue unabated and all the confusions of identity attending it will be manifest" (Bick, 1968). Further, since there is a fundamental need for the self to be contained, there will be a creation of structures that Bick termed, the "second skin" and Kalsched (2008) explored as the "Protector/Persecutor" (p. 41).

This faulty skin-formation produces a general fragility in later integration and organizations. It manifests itself in states of unintegration as distinct from regression involving the most basic types of partial or total, unintegration of body, posture, motility, and corresponding functions of mind, particularly communication. The "second skin" phenomenon which replaces first skin integration, manifests itself as either partial or total type of muscular shell or a corresponding verbal muscularity. (Bick, 1968, para. 13)

With the surfaces of the body relating to psychic, mental, and emotional boundaries, being a developmental parallel to the capacity to healthy symbolization, being the point at which relationship can be made, and being the broker and lens of the perception of reality, it becomes obvious how bodily experience are profoundly implicated in all psychological symptoms. Further, the lack of metaphorical capacity and grounded spirituality in current culture may be a result disembodiment and touch deprivation.

Collective and individual. Jung gave the concept of the collective unconscious as the home of archetype and image. Different from a merely personal conscious and unconscious filled with complexes and neuroses, this spoke to the interpersonal and perhaps to motifs of healing.

In addition to our immediate consciousness, which is of a thoroughly personal nature and which we believe to be the only empirical psyche (even if we tack on the personal unconscious as an appendix), there exists a second psychic system of a collective, universal, and impersonal nature which is identical in all individuals. This collective unconscious does not develop individually, but is inherited. It consists of pre-existent forms, the archetypes, which can only become conscious secondarily and which give definite form to certain psychic contents. (Jung, 1936/1968, p. 43 [*CW* 9i, para. 90])

Similar to Freud's archaic remnants and even to Plato's forms, Jung's definition gave the spark of a new answer to the old question, "Where does this collective information exist?" He wrote that the collective unconscious "does not develop individually, but is inherited" (p. 43 [para. 90]); thus, could it be that the archetypes are within our cells? A priori knowledge, instinct, intuition—things that might otherwise bring a mystical, religious, unscientific tone—could be viewed as functions of physical/spiritual life. Jung wrote, "there is good reason for supposing that the archetypes are the unconscious images of the instincts themselves, in other words, that they are *patterns of instinctual behaviour*" (p. 44 [para. 91]). The archetypes are directly related to the human organism's drive for life.

Building from this, the body is thus a container for process and the location of shared symbol, archetype, and imagery. The human spine is as cross-cultural as the symbolic imagery of the snake. Bringing in this somatic component to depth grounds the archetypes, proposing that they pertain to aspects of physical bodies, nervous systems, and natural environments. It also expands the potential of image and archetype. Read as a

road map for the processes of life—both physical and spiritual—as contained in the body, how much more could be seen if body and archetype were viewed together?

In addition to commonality, bringing the body into depth, also speaks to the importance of the specific and diverse. Aspects of transcendence, commonality, and specifics of physical life cannot be ignored. In the classical division of body and soul, psychology has been on the side of the soul. In healing that division, whether it is seen as a functional unity of a soul presently living through a body, or an absolute unity where the soul is seen as a continuous function of the body, the personal physical attributes of the body cannot be ignored. That is to say, social and psychological impacts pertain to being born in different places or times and into female or male bodies (or in between) as well as to being born with different colors of skin, different anatomies, and so forth. Therapists have a responsibility to live as students and advocates regarding these specifics as well as the transcendent. Psychology must consider both the responsibility of incarnation and the study of the soul, because the two are indivisible.

Matters of the Flesh

Read through the perspective of the embodied soul, psychological illnesses or “dis-orders” are both indicators of imbalance and presentations of different intelligence that may cue the path of their healing. Such dis-orders, being largely culturally bound, reveal their context in the symptoms that arise as well as in the way their symptoms are read, interpreted, stigmatized, or glorified. From a collective perspective, individuals experiencing these dis-orders are the bearers of a symbol; they are an archetype, holding a particular piece of the collective shadow. In a sense, we are always whole; however, psychological illness involves the experience of division, loss, and a contentious

relationship between the soul and its surroundings. Awareness may seem distant from the body, may fragment, or the body may become a cage, obstacle, or distorted lens. In any case, they are a call for a more thorough integration—both on a personal and collective level.

The following sections briefly examine two diagnoses: borderline personality disorder and autism. These are selected as examples because of the profound involvement of the body—the personal physical body and the generational, environmental, and cultural and social structure. Through symbolic sight, these dis-orders reveal challenges and divisions that affect everyone, not only those who carry their labels. In seeking context, personal and collective trauma must be considered as a possible root of all diagnoses. The purpose of this section is to place these diagnoses in a somatic frame, which could set the foundation for considerations of the body, environment, and hands-on interventions.

Separation anxiety: Borderline personality disorder.

It is psychiatrically known that in many instances false knowledge, particularly about ourselves, breeds maladjustments, often of a serious character, just because it is based fundamentally on self-deception. In the meantime we act '*as if*' our half-truths or false knowledge were 'all there is to be known'. Thus we are bound to be bewildered, confused, obsessed with fears, etc., because of mistakes due to our mis-evaluations, when we orient ourselves by verbal structures that do not fit the facts.

Korzybski, 1958, p. xxxvi

Hyde (1999) wrote, "The models we devise to account for the world and the shapes we create to make ourselves at home in it are all too often inadequate to the complexity of things, and end up deadened by their exclusions" (p. 180). A healthy anger protests such deadening and a world that becomes too small once divided into pieces.

Borderline personality disorder can be seen as an extreme identification with, and railing against, the divided, “two-valued, ‘either-or,’ inflexible, dogmatic orientations” (Korzybski, 1958, p. xi) that have been placed—not only between body and mind—but throughout conventional understanding of existence.

“Aristotle said there is a black and there is a white. All the grays in between he just threw out to facilitate understanding and teaching of the black white separation” (Rolf, 1990, p. 32). Rolf observed that revolutions begin with the recognition that “phenomena exist in continuous spectra” (p. 32). Related to Korzybski’s (1958) and Hyde’s (1999) comments above, the reductionism used to create logical and linear structures and a perception of order or control often fail to accurately represent experience. They cannot reflect all that humans really are. Such bivalent logic, paradigms of separation, denial, and fragmentation can be seen as a cycle of trauma both on an individual and collective level. That is to say, black-white mentality, divided body and intellect, and so forth, are symptoms of trauma, and also possible cause. It makes sense that this constellation be worn by those most limited by divisions. According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision) (*DSM-IV-TR*) (APA, 2000), 75% of those diagnosed with borderline personality disorder are female (p. 708).

Life is not a straight line. Words come out in a straight line and therefore, a great deal of our education is pretty much linear. But that is not the way of life and that’s why you have so much trouble trying to express life in words. . . . Life is much more complicated; relationship is key. (Rolf, 1990, p. 46)

It becomes apparent that much healing would need to be done in a space underlying words. Work with the implicit, not the explicit, in a nervous system that bounces off the poles of experience, on the body towards the containing capacity of the

skin to protect an internal sense of self. A disorder of identity and relationship, borderline personality disorder is defined by the *DSM-IV-TR* as a “pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts” (APA, 2000, p. 710). Criteria include: frantic efforts to avoid real or imagined abandonment, alternating between extremes of idealization and devaluation, unstable self-image or sense of self, impulsivity, suicidal or self-mutilating behavior, affective instability, chronic feelings of emptiness, intense anger, transient stress-related paranoid isolation, and severe dissociation (p. 710). In a general sense, this list seems to point to trauma. Applying the work of Bick (1968) and Korzybski (1958), it specifically makes sense as a combination of lack of self-boundaries and containment, intrusion of a sick logic system, and the formation of second skin defenses.

Relationship requires two individuals. Without sufficient primary skin, attempts at relationship are experienced as merger—a return to primary autism that is both desirable and terrifying. There is a separation anxiety—a need for connection to self, other, and everything—and also a fear of engulfment, and annihilation. Fear of both abandonment and merger sets up a dynamic of *too close, too far, never quite right*. Lack of primary skin similarly impacts self-image. “Although they usually have a self-image that is based on being bad or evil, individuals with this disorder may at times have feelings that they do not exist at all” (APA, 2000, p. 707). There is no skin to keep unwanted influences out, nor to contain an internal sense of self. Projective identification, splitting, parallel process—all, to some degree, common in the human experience—become pathological here as they represent a spilling out of what should be internal process into the external

environment. These dynamics and experiences of self reflect the developmental task of forming a skin that can allow for connection without merger and which also can provide the containment for process and for an internal experience of goodness.

Deep self-structure and boundaries—emotional, psychic, and physical—must be developed so that second skin defenses can be released. “Self-mutilation may occur during dissociative experiences and often bring relief by reaffirming ability to feel, or by expiating the individual’s sense of being evil” (APA, 2000, p. 707). Mutilation, cutting, even suicide could also be seen as a symbolic attempt to free one’s self from the protection/persecution of second skins, unhelpful containment by society, compartmentalization, and limitations. The name “borderline” could refer to the tenuous relationship with the skins—too bound, trapped, but not contained, connected, or really seen. It also can refer to the border space between neurosis and psychosis—risking the negatives of both realms, and also seeking something better.

As shown in the work particularly of Bick (1968) and Feldman (2004), much development of self-structure and boundaries happens through touch as an infant and young child. Talk-based psychotherapy can provide a symbolic skin and allow for necessary transference and unwinding to occur in order to access implicit space. It could also be argued that the same process of experiential containment that happens for babies must also continue for adults. Further, even higher order growth and integration could happen through talk-touch practices in adults. Allowing some process to happen free from the limitation of words, allowing for the felt-sense negotiation of boundaries, exploration of what process should be internal and what should be external. Even in people without such a serious diagnosis, touch can be a powerful tool to help develop the

capacity to process and contain symbolic experiences, giving both a more rational capability and poetic richness.

Given concepts of skin and physical and psychological boundaries, trauma is profoundly implicated, especially traumas involving entry into the internal spaces of the body. On a physical level, it becomes clear how impactful sexual abuse or even routine surgery could be, especially when it happens before a primary skin has developed. On a more psychological level, similar breaking of this skin may happen as well, such as narcissistic abuse, or when a parent involves a child in their own process of projective identification. The reparative potentials of responsible, therapeutic touch provides an experience of contact, a chance to feel the edges of the body and negotiate boundaries, and an intention to soothe and mend the holes where formerly the self would spill out, or the external would invade in.

Due to projective identification and problems with boundaries, talk-touch therapy is often most discouraged for people diagnosed with borderline personality disorder, borderline traits or functioning. Certainly, to enter these liminal, primitive, even psychotic spaces and draw them forward takes skill and boundaries on the part of the therapist as well as commitment over time; however, not touching such clients at all out of an extreme sense of boundary is also risky.

Absence of any physical contact is likely to cause transference distortions (i.e. the client may view the therapist as a cold, withholding parent figure” (Wilson & Masson, 1986, p. 498). Wilson (1982) argues, “To disregard all physical contact between therapist and client may deter psychological growth” (p. 65). (Zur & Nordmarken, 2011, para. 12)

In this way, casual touch, and even more so, skilled therapeutic touch alongside talk process can actually help unwind transference, allowing the client to contain and understand what is theirs and what is not.

Hunter & Struve, (1998) summarize the therapeutic effects of touch by suggesting that touch may help the therapist to provide real or symbolic contact and nurturance, to facilitate access to, exploration of, and resolution of emotional experiences, to provide containment, and to restore significant and healthy dimensions in relationships. Glickauf-Hughs and Clance (1998) point to the role of touch in ego development. (Zur & Nordmarken, 2011, para. 11)

This is a far different perspective than the idea that needs are to be analyzed and not fulfilled. A slippery slope does not exist between creating reparative and process oriented experiences of touch and any sort of violent or sexual act, unless it is in the unexamined shadow of the therapist. Need for boundaries, safe containment, and understanding of psychotherapeutic intervention—including touch—are valid responsibilities of a therapist. Touch is a need that can be therapeutically fulfilled.

Reluctant embodiment: Autism spectrum disorders. Living in a body is not an easy task, especially in this world at this time. Even though the body, mind, and soul are viewed as a functional unity, given the phenomena of dissociation, repression, and fragmentation, it does seem that consciousness, volition, or sense of self will be more or less present, depending on the circumstances. The human organism is both autonomous and also a part of a wholeness and connectivity. As described in the previous section, this creates an existential paradox because, rather than knowing a fluid freedom of being equal with and connected to all, we experience only specific pieces and roles that may be too limiting. Living embodied and present is also particularly difficult right now because the bodies and the world we find ourselves in is far from what could feel natural, set up from a cycle of disconnection and the consequences of disconnection.

“Physicians and mental health workers today don’t speak of retrieving souls, but they are faced with a similar task—restoring wholeness to an organism that has been fragmented by trauma” (Levine, 1997, p. 60). Levine described the role of desire: “This desire will serve as an anchor through which your soul can reconnect to your body” (p. 61). It may be true that if there is volition to heal and that, with proper tools, the healing will come; however, it also must be recognized that some souls are so distant, some bodies and environments so painful, that they do not even know to desire.

Maté described autism as among a whole spectrum of disorders with the essential quality being an emotional disconnect.

These children are living in a mind of their own. They don’t respond appropriately to emotional cues. They withdraw. They act out in an aggressive and sometimes just unpredictable fashion. They don’t know how to. . . . There’s no clear sense of an emotional connection and just peace inside them. (Goodman & Maté, 2010 para. 42)

Autism was originally borrowed from a term referring to the normal developmental phase of merger where the infant does not know itself to be separate from its mother or environment. A sense of oneness with everything is romanticized within some philosophies, but here it is pathological, coming at the expense of relationship, sense of self, and accurate understanding of reality. It could be seen as the failure to develop a primary skin, combined with painful physical situations resulting in reluctant embodiment. There is a lack of containment, filter, and autonomy. There is a predisposed emotional, psychic, and physical vulnerability, and an almost naked porousness.

Autism is a difficulty of embodiment as well as connection. From a symbolic perspective, symptoms of autism can be read as a crystallization of the dominance of systematic process divided from relational process. These symptoms demonstrate the pain and confusion that comes when attempted logical process is not grounded in the

body and in a continuous loop with emotion, sensation, relationship, and environment. Autism is an extreme version of inability to be present in the cells of a body, and the toxicity of an environment that have become unlivable. Though statistics differ, diagnosis of autism has increased 20 to 30 fold over the past 20 years (Goodman & Maté, 2010) and diagnosis of Attention Deficit Disorder has increased as well. Though advances in diagnosis may account for some of this increase, it still seems that there have been some significant jumps in the past several decades.

Maté made the point that such rapid change could not be explained by genetics alone (Goodman & Maté, 2010; Maté, 2000), but that increased prevalence more likely points to environmental stressors. Generational nutritional deficit and toxic load may have reached a tipping point, pushing the most sensitive individuals over the edge. As cited before, “under normal circumstances, they are artists or artisans, seekers, inventors, shamans, poets, prophets” (Maté, 2000, p. 52); but, made sick by present circumstances, they might better be seen as a canary that flew first into the mine, warning us all that delicate systems can only take so much.

In *Scattered*, Maté (2000) reflected on the connection between physical and emotional allergy. “Sensitivity is the reason why allergies are more common among children with ADD than in the rest of the population” (p. 59). He cited higher rates of “frequent colds, upper respiratory infections, ear infections, asthma, eczema and allergies” (p. 59). Autism and ADD share this sensitivity and Mate notes that it is not that the physical allergies cause the emotional or vice versa, but that

they are both expressions of the same underlying inborn trait: sensitivity. Since emotional hypersensitive reactions are no less physiological than the body’s allergic response to a physical substance, we may truthfully say that people with ADD have emotional allergies. (p. 59)

Maté's (2000) work emphasized early attachment and brain development. There is a generational component as well, in regards to attachment, and nutritional deficiencies. Seen through Bick's (1968) theory of primary skin, it could be said that sensitivity comes from a lack of the containing function, both of the entire organism, and for each cell. The individual is too permeable, and the physiological and psychological reactivity are attempts to assert any sort of boundary to what feels like an overwhelming influx.

Mainstream medicine seems to remain adamant in rejecting any theory regarding the cause of autism beyond a genetic explanation and is disinterested in research on epigenetic triggers or investigation of valid causes for pain and reactivity; however, whether fault is to be found in the gene itself or the organizing structures around it, the body is profoundly implicated in the causes of autism. Any responsible course of treatment would involve the body, including exercises in embodiment and sensory integration as well as consideration of nutrition, toxicity, and sensitivity. Mainstream medicine seems comfortable with the idea that mother nature could be making more and more errors, requiring more and more pharmacological management, and comfortable with psychological theory that limits its task to defining lists of symptoms, without any understanding of cause.

Autism should be seen as a cluster of physical conditions that must be addressed in the individual and in the culture. Autoimmune damage, bowel disease, food sensitivities, dormant viral infections, not-always-obvious seizure disorders, sensory challenges, toxic overload, and metabolic challenges are among the physical causes that make an otherwise mysterious constellation of symptoms point instead to system that is

overwhelmed and confused. Add to these the tasks of human brain development that status quo parenting and childcare does not necessarily acknowledge. The challenge is to learn what is needed for healthy development, what is detrimental, and also integrate understandings of neuroplasticity, finding ways to facilitate development where it is missing.

Working through the body through movement, and touch, are pathways to stimulate brain development and balancing of the nervous system. In those directions, efforts could be made towards healing and prevention, rather than only management. In *Touch*, Field (2003) wrote a section titled “Tactile Sensitivity and Allergic Conditions” (pp. 71-72) noting how the symptom of sensitivity to touch may lead to touch deprivation and to further loss of attachment, attunement, and possibility of development. She described preterm babies who underwent invasive surgeries being extremely sensitive to touch. Field noted that, children with autism are believed to be innately resistant to touch; however, they actually respond positively to touch that relaxes, rather than excites, the nervous system.

Autism and borderline personality disorder have a lot to tell about the developmental tasks of humanity at this time. Their symptoms represent systems that no longer work, such as the paradigm of separation, bivalent logic, conquest, and control. They also display suppressed facets of humanity whose presence may be necessary for healing, such as anger, sensitivity, languages other than words, and a fight both for the existence of the individual self and a communion with identity as everything. This is not said to romanticize these dis-orders, but to place them in the context of the hero’s journey. An individual or culture enters these caves of fear, loss, pain, and confusion for

the sake of retrieving a jewel that will be of benefit to all. It could be said of all dis-eases of the psyche that there is a reason for the journey to the shadow, but there is also the necessity of return. More and more are sent into these caves with hope that some will make it back; however, many become lost along the way, stuck in the pain and confusion, for lack of the tools necessary for integration and the journey home. These lost tools and maps are in the body. As psychology learns and explores the body's wisdom, a great potential will unfold.

Chapter IV

Summary and Conclusions

People have always understood intuitively that mind and body are not separable. Modernity has brought with it an unfortunate dissociation, a split between what we know with our whole being and what our thinking mind accepts as truth. Of these two kinds of knowledge the latter, narrower, kind most often wins out, to our loss.

Maté, 2003, p. ix

Divisions between body, mind, soul, earth, self and other; between narrow logic systems and felt experience of life, are sources of confusion, dis-order and dis-ease. Understanding has been limited by compartmentalization, self-interest, and control. Once divided, parts of the wholeness can act against each other. Awareness is lost that harm to any part affects the whole. Such patterns of separation and dissociation are symptomatic of trauma and also create continued pain. The present intellectual voice speaks loudly, often unaware of its true motivations, and often to the exclusion of other languages of the body and heart. Integration is needed and an opening for other languages to be learned. A space must be created where intellect, emotion, body, heart, and soul can all work together.

The preceding chapters began by questioning the lack of touch in psychotherapy—both in its tangible impacts, and as a symbolic statement about its culture. The premise was given that denial of the body and conflation of touch with sex and violence is not universal, but, rather, bound by culture and time.

Psychology—framed as the realm of the soul and mind alone—espoused and furthered these damaging splits. The literature review traced the fractured lineage through history noting how the soul was theoretically extracted from the body and the world in the

service of control, as a response to fear, and not in the best interest of healing. It showed how more recent developments of neuroscience tell that healing is a process of integration. Whatever the pathway, or interpretation, healing involves a coming back into wholeness: a restoring of the soul to the body, a returning of awareness to the present moment, a reconnection of an isolated and denied individual to community.

Lineages were presented that have regarded the body as a direct medium to understanding the mind and the soul. Nonfascist psychologies tend to be rooted in the body and earth. They tend to be built from questions of how best to live this life, in this body, in this world, rather than from a belief that soul and intellect live on some separate plane. The answers that come are ones that serve the whole system, the many rather than the few, and the strength of each strand of the web. In looking for meaning and health in “how,” rather than “why,” life opens up as a work of art, rather than an equation, as an experience of being, rather than a means to an end.

Chapter III gave interpretations of how mental dis-eases parallel errors in logic and unbalances. The symbolic and literal concept of primary skin was presented, emphasizing the importance of boundaries. There is a degree of self-strength necessary for healthy connection to others and the world. Without appropriate boundaries, there is too little protection for self and also for the development of second skin defenses that attempt to create safety, but actually create more division and harm. The paradigm of separation and logic systems of division could be seen as society’s second skin defense. The development of self-structure and boundary is seen as a physical and psychological process. Practices at the core of depth psychology, such as the capacity to symbolize and utilize the imaginal for healing, rely on this physical-psychological developmental

process of embodiment. The tools and maps for integration are located in the body and it has been a great loss to be divided from this wisdom.

Implications

In order for psychology to be in service of healing, it must take into account the whole human organism and culture. The information presented here makes it clear that psychology requires more consideration of the body, the natural world, and the constructs of society. The soul, its journey, and its challenges, must be understood in the context of embodiment. Somatic psychology is defined not only as an investigation of the body, but is also related to all structures and relationships of the material world, expanding psychology into the physical, social, and political. Further, while somatic psychology, ecopsychology, and cultural psychology are gaining more respect, the important point is made here for hands-on, touch-oriented work. This refers to a cognizance of direct involvement and also need for psychotherapeutic touch as a tool to heal dissociation, and develop deep self-structure on an individual and cultural level.

Psychology is charged with the collective task of coming back into contact and will be given the gifts of all that had been lost at the expense of division. What if some information exists that can be received and interpreted by no other means than touch? Learning about and utilizing this capacity may open up powerful potential for healing and growth. There is an aliveness that comes from reentering the senses and engagement with the physical world. Health found in the quality of participation with the world, rather than in division from the world.

Concepts of embodiment and psychophysiological development have implications on treatment of mental dis-ease as well as on education, and daily life as a means for

prevention. An emphasis would be on contact and analysis of contact. Natural as well as therapeutic movement and touch would be a part of education, holding as much importance as the education of the mind. It would be understood that a computer image could never replace an experience and that more than intellectual knowledge is acquired in experiences of gardening, cooking, dancing, and taking care of others and one's self. Implications of this reaches in to city planning, laws regarding our freedoms around food, and all structures relating to people's abilities to connect with themselves, others, and nature.

Because the scope of psychology is so greatly expanded by these concepts, the importance of adjunctive services and education are very important roles of the therapist. What are currently considered mental diseases will become more understood more for their physical components. When seen through a paradigm of touch, and a more complete understanding of complex systems, connections may be realized that were not visible through the previous lens. The psychotherapist would need a good referral network to help the client learn about nutrition, detoxification, metabolic testing, and so forth, taking care of the physical component while also not underestimating the role of psychotherapy. Education of therapists as well as psychiatrists would need to shift to include options for studying more integrated perspectives. Ideally, skillful, touch-based somatic depth therapies will become more available, accepted, and understood.

Suggestions for Further Research

The purpose of this thesis was to give some basic information as to demonstrate that much more is to be learned. There is much integration to be done of other work into the depth psychological cannon. Psychology must open up its edges to see how it

interacts with social discourse, studies of embodiment, ecology, neuroscience, and physical health. These integrations should not remain symbolic, but resonate out into actual changes in practice and involvement. Examples of theoretical work were provided in Chapter III, and much more can be done in that regard as well. Further research could undertake a rich exploration of what it means to see diagnoses through a somatic frame, looking at the different levels of implication regarding the body, the individual, and the cultural context. The body occupies an in-between space, where information can be both metaphorical and literal. Combining the experiential sense of the body with a scientific, quantifiable understanding of the body, along with symbolic sight, and interpretation, will bring new understandings of diagnoses and new means of treatment.

Most importantly, further research into hands-on therapy is recommended. Because the taboo against touch has been so powerful, especially within psychology, little research exists in this direction. There is a great amount of scientific information concerning the relationship of touch to biochemical shifts as well as to brain development and function. This information needs to be applied and studied to find the good means of application.

Particular directions include the use of movement, embodiment, and touch in early childhood as a means to support healthy brain and self-development, create resiliency, remedy unbalance, and serve as a means for prevention of mental illness. This could include research into how particular movement and touch relate to capacities of empathy, brain function and process, and learning. Research should also be done into the use of movement and touch interventions alongside nutritional and detoxification interventions in early treatment of autism and attention deficit disorder. Use of touch,

movement, and embodiment should also be researched in treatment of adults, especially in diagnoses that relate to a lack of boundaries or self-structure, or which have somatic dimensions.

Some cases will occur wherein appropriate applications of touch will be very minimal, and, of course, the domain of many therapists is emotions and words; however, it would be interesting to see the impact of touch training and personal practice of embodiment on therapists who do not make therapeutic touch a major part of their practice. Would they become more available for casual touch when appropriate and therapeutic touch when needed, more resourced in their own bodies, and more related to levels of process other than words? As more research is done in to the application of therapeutic touch, movement, and embodiment, and as it is more included in psychological trainings, taboos will dissolve, and institutions will shift to being more supportive of these practices.

Some critique was given of science as it currently stands. A myopic view often does not see a large enough system or long enough timeline to comprehend the full impact of what it is studying. In addition, the scientific method is affected by money and representation. Many topics—especially those connected to food and pharmacology—are difficult to research in a way that might find what is true, let alone be able to communicate that information. This is to say, I hope a shift occurs in research methods and the formation of scientific questions in general. I hope that psychology and psychiatry will become more intricate in their investigations, not satisfied by descriptions of symptoms serving as diagnosis and not satisfied by the use of drugs for management when there may be means of more complete shifts. I hope that these fields can take an

approach based on holistic functioning and learn about what is actually create deficits and defenses in the body and psyche so that strategies can be implemented to intervene at their source in a way that helps balance the larger system. With these intersections of the body, nature, and psychology, we are in a very exciting time.

Conclusion

When people are overwhelmed, their ‘souls’ may become separated from their bodies. . . . People become lost in states of spiritual suspension.

Levine, 1997, p. 58

It is time for psychology to understand that its task is to bring people back into the body and into the earth so that they can know the path of their healing. An era based on separation and control is coming to a necessary end. Bodies and the earth must be tended to so that they can become livable again.

So many live through war, personal, institutional, and generational trauma; their bodies crying for their souls. So many children have lost their ability to connect because this world has become against the flow of life. So many live in a reality so distorted by unheard anger that it becomes a hall of mirrors where they cannot find the source.

Further, people who go through life dissociated and disembodied, tend to create more harm, more painful reality for others, unknowingly passing on the abuse. With confusion and disconnection, it is difficult to know where to begin in unwinding and healing these dis-eases. Begin with the body. Individually and collectively, it is time to return home to the flesh, the present moment, and the fragile beauty of life.

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