

Basic questions to assess the scientific validity of a psychotherapeutic modality

Philosophical aspects of the approach

1. Does the approach have clearly defined areas of enquiry, application, research and practice ?

Areas of enquiry

(1) Bodymind Integration (also Psychocorporal Integration in its psychotherapeutic form) originated with Dr. Jack Painter's work on clients beginning in the late 1960's. Dr. Painter is a Ph.D. graduate of Emory University (Atlanta, Ga.) in Philosophy and Psychology and served as a professor at the University of Miami for 9 years. Influenced by Reichian, Rolfing and Gestalt traditions he found in his own search for personal clarity and in work with his clients that a body-anchored approach was needed to bring these traditions together in his own approach. He received Gestalt training from Marty Fromm (Miami, Florida, an early pioneer in work with Dr. Fritz Perls), as well as workshops directly with Perls. He received a complete program of individual sessions from Dr. Ida Rolf and Dr. Bill Williams. But through constant experimentation found his own ways of touching the body. In combining touch with a psychotherapeutic approach, he studied and collaborated with Dr. Raffaele Estrada Villa, Director of the Instituto Wilhelm Reich in Mexico City. As well as sessions and sharing and colleague work with Dr. Peter Levine, author of **Waking the Tiger** and a well-known Reichian.

From 1973 to the present, he has trained an extensive network of teachers (trainers) and practitioners in Bodymind Integration, not only in most of the EU countries (Belgium, Holland, France, Germany, Italy, Austria, England) but also in Switzerland, U.S., Canada, Mexico, Nicaragua, New Zealand and Australia. Since a number of these trainers are psychotherapists a decision was made to not only train practitioners in Bodymind Integration but also to offer certification for qualified students in Psychocorporal Integration.

(2) Bodymind Integration actually covers two methods – Postural Integration (P.I.) and Energetic Integration (E.I.). And Psychocorporal Integration takes the two forms of Postural Integration Psychotherapy and Energetic Integration Psychotherapy. In the following we will be emphasizing Postural Integration Psychotherapy and Energetic Integration Psychotherapy. PI and EI as non-psychotherapeutic approaches will be included in the bibliographical references. Both of these make use of the same central methods and concepts with variations only in the areas of focus (Postural Integration Psychotherapy focusing on the softening and organization of planes of fascia along with psychotherapeutic goals and methods and Energetic Integration Psychotherapy focusing on the blockages in the energetic wave as manifest in bands of armor along with psychotherapeutic goals and methods).

Two books by Dr. Painter outline many of the methods and concepts: ***Deep Bodywork and Personal Development*** and ***A Technical Manual of Deep Bodywork***. (translated in several languages). Also he has contributed numerous articles in "Bodymind World News and Research Report." Many books and articles by students of Dr. Painter have appeared during the last 30 years. (See also answer to question 15). Some of these are:

- a. "Per un Intervento di Integrazione Posturale in Psichiatria: Materiali metodologico-clinici," Bruno Valente, M.D., Jack Painter, Ph.D., D. Marivoet, Ph.D. in **Terapie Integrate in Psichiatria**, Buffardi, 2000.
- b. Integrazione Somatopsichica Nell'Orientamento Pluralistico Integrato," Claudia Montanari and Carmine Piroli in **Integrazione Nelle Psicoterapie e Nell Counseling, Rivista Semestrale di Studi e Ricerche**, numero 9/10- 2001.
- c. **Postural Integration, Harmonie von Koerper, Geist und Seele**, Marco und Doris Guidon, Ratgeber Ehrenwirth, 2001.
- d. **Corpo e Cambiamento**, Postural Integration. By Massimo Soldati (Technica Nouve, 2000)

Central to both methods of Psychocorporal Integration is:

a. The view that body and mind are inseparable and do not stand in a causal relationship with “each other” since they are dimensions of the same phenomena. Thus psychotherapeutic work with awareness and consciousness is always simultaneous work with body expression, movement and energy. And conversely work with the body, including deep work with breathing and myofascia, is also simultaneous work with awareness and consciousness.

b. Energy flows in a complex stream divided into 9 steps: (i) security, (ii) nurturing, (iii) exploration, (iv) freedom, (v) excitement, (vi) orgasm, (vii) ecstasy, (viii) complete discharge and (ix) relaxation.

- (3) Character styles – schizoid, oral, psychopathic, masochistic, rigid – are specific blockages of this energy flow and are manifest in concrete body armor. There are also specific blockages ecstasy, complete discharge and relaxation which are related to character.
- (4) Support of the natural energy flow makes use of but transforms the parental-child triangle by re-creating a supportive inner triangle for the inner child (as manifest in the body) and then finally for the adult individual (also as manifest in the body).

Clinical application

At the practical level, Psychocorporal Integration, is an active therapy in which the client and practitioner interact to release blocked energy and guide the development of awareness in both. These interactions include:

- (1) Dynamic bodymind reading in which clients begin to become more aware of body armor by claiming more sensation, feeling and awareness in different parts of the body, as well as by acknowledging the lack of such awareness.
- (2) The client’s development of a bodymind dialogue in which the energies of different parts of bodymind are – through touch, movement, breath and verbalization -- intensified and brought into conflict and communication with each other.
- (3) Clients’ acceptance of their long-standing patterns of character armor.
- (4) Realization of the clients’ longings and options as a part of the inner bodymind triangle.
- (5) Integration of awareness of character conflict and possible alternatives into present and future behavior.
- (6) Creating a safe environment in which both the client and practitioner are able to express and develop their attitudes -- a space in which transference and countertransference become transparent.

Research areas

These include Dr. Painter’s Energy charts (see www.posturalintegration.info/ChartsEnglish.html) show the relationship of below research topics. Research includes use of tradition, theoretical soundness, observation, case studies, and modification of methods. The following areas of doctoral dissertation research were guided by Dr. Painter and carried out by trainers and practitioners trained by him. (Lina Dicuzzo, Ph.D., Raffaele Cascone, Ph.D., Bruno Valente, M.D., Els Kikke, Ph.D.)

- (1) refinement of the stages in the human energy cycle
- (2) correspondence of energy blockages and character styles
- (3) breathing techniques and emotional charge and discharge
- (4) relation of experience of blocked energy to freeing of energy
- (5) energetic quality of tissue and its layers
- (6) hands on ways of releasing and organizing layers of fascia
- (7) bodywork with schizoid structures (clinic in India)
- (8) Postural Integration and psychotic patients (Italian hospitals)
- (9) inner harmony and resonance with the outside world

Areas of Practice

- (1) Individual sessions as body-oriented psychotherapy with more than a1000 practitioners in

Europe, U.S., Canada, Mexico, Australia. 25 (10 more presently inactive) Trainers world-wide offer trainings for becoming practitioners.

(2) Group work with breath, movement, exploration of bodymind armor with senior Trainers of Psychocorporal Integration with students and the public.

(3) Extensive application of group and individual sessions in psychiatric hospitals

2. Does the approach demonstrate its claim of knowledge and competence within its field, tradition of assessment and intervention or diagnosis and treatment ?

Within Field

As Psychocorporal Integration started (circa 1969 in form of Bodymind Integration) in the U.S. bodywork and psychotherapy were separate lines of research. The work Bodymind Integration – first as Postural Integration and then as in addition Energetic Integration – helped bring these areas closer together. Dr. Painter trained and worked closely with Dr. Alex MacMillan in Boston, who eventually established the Association of Body Oriented Psychotherapy which has helped bring bodywork more into the mainstream of psychotherapy. In cooperation with Dr. Richard Meyer, Dr. Painter, an honorary president, helped with the program of The Third International Congress of Somatotherapy in 1991. Also in organizing and directing the 1995 International Congress of Somatics, Dr. Painter and Martyne Painter, brought these lines of body research and psychotherapeutic research ever closer together.

Also through participation in the International Association of Psychocorporal Therapy, which has given conferences in Mexico, Montreal, Boston and Ischia, representatives of Psychocorporal Integration have demonstrated to colleagues in research papers, workshops and roundtable discussions that Postural Integration Therapy and Energetic Integration Therapy offer powerful psychotherapeutic interventions through bodyreading, specific breath techniques and tissue manipulations. Dr. Painter as a member of the Scientific Committee of this Association has continually called attention to and invited review of the assessment and intervention powers of Psychocorporal Integration.

Assessment and Intervention

Psychocorporal Integration specifically 1) uses an active form of bodyreading to help the client discover the conflicts of energy and awareness at work in bodymind, 2) uses breath and hand interventions to intensify the movement of the energetic cycle and blockage of the cycle, and at the moment of acceptance and awareness in the body, helps the client explore, feel and become aware of new options in body movement and awareness.

3. In this approach is the theory of the human being, of the therapeutic relationship and of health and illness, clear and self-consistent ?

Health and Illness

Psychocorporal Integration is based on the energetic flow which is taken as the core of human experience. The promotion of this flow is health, its persistent blockage is illness.

Psychocorporal Integration presents a clear theory which uses but goes beyond the theories of Perls and Reich. Perls claimed that Reichian theory was paranoid in its view of the individual as an armored individual and that energy work was a cathartic attempt to get rid of what is natural to awareness. Psychocorporal Integration works toward the acceptance of “armor” as naturally part of a process which is more than any given state of “armor.”

Human Nature

We are armored but in energetically using and accepting our armor we are more than it. And the cathartic experience of what has been blocked is not a washing away of past experience but the balancing of new energies, feelings and opportunities with that past experience. Yet Psychocorporal Integration does not posit an analytic method of looking at armor but uses Gestalt claiming and

experiencing as part of the process of transforming body armor.

The harmony of the energetic process is one that fuses the masculine and feminine within us. In those moments in which our masculine and feminine find an interactive balance or harmony is not dependent on the other person, but opens the possibility of resonating with those harmonious moments others may experience. And this movement toward resonance is human nature.

Therapeutic Relationship

Although therapist and client may experience difficult moments of transference and counter-transference, the process of this conflict and misunderstanding, can, through openness of both parties, be energetically transformed into a resonance between the two. The responsibility of the therapist is not to be able to remain in a state of unconflicted inner harmony, but to work at recognizing and sharing his or her own counter-transference and help bring out the transference of the client which then opens the possibility of moments of inner harmony and resonance with others.

Health is the open participation in this tension filled, but transforming process, and illness is refusal to participate.

Methodological aspects

4. Do the methods specific to this approach generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature and lead to ways of intervention/treatment ?

Developments

In the above mentioned union of Gestalt work and Reichian work, Psychocorporal Integration showed that the concepts of energetic flow, catharsis, armor, immediate awareness and body dialogue are not contradictory and their redefinition leads to an extraordinary broadening and wider application of psychotherapy. The field of body-orientation psychotherapy, as well as somatics, owes much to this work and theory. Note Dr. Painter's presentations during the last 15 years at the Boston meeting of the International Congress for Psycho-Corporeal Therapy in Mexico, Montreal, Barcelona, Boston and Naples – also at the 1995 International Somatics Congress and the 1999 Congress as well.

New aspects

Part of the new understanding offered by Psychocorporal Integration shows specifically and detail how character style is a blockage of energy flow and how these blocks are accessible through immediate experiencing. This view leads to a new kind of “bodyreading” or “assessment.” Assessment is no longer a analytic summing up of the client's “armored” body but a dynamic process in which clients are assisted in “revealing” to themselves through direct awareness, the ways in which bodymind energy is in tension and conflict with itself, and how a possible body dialogue through movement, touch and expression can move and change (treat) the “armor.” (See pelvic-heart charts at www.energeticintegration.info for a map of the relation between character and energy).

Ways of intervention/treatment

Thus treatment is a continuation of the bodyreading or self-assessment. The client is helped to allow dimensions of their bodies to communicate, to support a self-dialogue that takes the client further along in the energetic process and encourages a new synthesis of the dialoguing parts.

5. Does the approach include processes of verbal exchange, alongside an awareness of nonverbal source of information and communication ?

Psychocorporal Integration encourages a process of dialogue – on part of the body communicating with the other – which is verbal and non-verbal. The main point is that, whether verbal or non-verbal, the communication is anchored in body processes. Whether one is experiencing and

expressing armored aspects of the self or more flexible aspects, verbal and non-verbal communication is clarified by the bodymind dialogue, by the process which is allowed and encouraged to complete itself.

6. Does the approach offer a clear rationale for interventions facilitating constructive change of factors provoking or maintaining illness or suffering ?

Interventions

Interventions are a factor in the psychocorporal integration process in the following ways:

- (1) Support is given for the client to amplify both sides of the body dialogue, even if more suffering is involved in this awareness and full acceptance of what is present.
- (2) Support is given for the client to confront, when the client is ready, the conflict between the sides of the process, even when this conflict appears hopeless to the client.
- (3) Support is given for exploring new ways of understanding, acting and feeling, without avoidance of the pain in either or both sides of the ensconced bodymind conflict.

Methods of Intervention

These interventions are

- (1) verbal support of the dialogue (emotional and cognitive)
- (2) physical manipulations of fasciae layers,
- (3) physical manipulation of stagnated energetic bands,
- (4) physical interaction with the client to support, confront or provoke moment of the client's energy and dialogue.

Transference and Counter-Transference

In these interventions transference and counter-transference are encouraged as openly expressed attitudes, made more conscious and shared to the fullest extent possible. This open sharing of the inevitable projections which accompany interactive bodywork, can also lead to overcoming them.

7. Does the approach include clearly defined strategies to enable clients to develop new organisation of experience and behaviour?

The client is encouraged not only to experience their blockages at the deepest levels but to use this experience in seeing what they most need and want in their lives. Clients are encouraged to re-parent themselves, finding as precisely as possible through movement and language what they would give to their inner child. As this inner parenting harmony develops, care is taken to help the client not confuse these inner ideals with the outside world. Also the while holding this inner harmony the client is encouraged to move back and forth between confrontation with the outside world and this inner harmony.

To assist in developing this integrative harmony the client is given sets of exercises to assist in bodymind centering and flexibility: moving with functional parallelism (width of pelvis and cage together with straight ahead movement of knees and ankles) and horizontal-vertical balance. Also awareness exercises are cultivated for moving from the bodymind core into the outer bodymind and also the reverse movement from outside to inside. The significance of emotions which are part of this movement of energy is also explored.

Professional aspects

8. Is the approach open to dialogue with other psychotherapy modalities about its fields of theory and practice ?

One of the most effective aspects of Psychocorporal Integration is influence upon other healing

practices. The methods of Postural Integration Psychotherapy and Energetic Integration Psychotherapy (Psychocorporal Integration) deal with both broad structural changes of the bodymind but also with the balancing of fine energy. This dual methodology has attracted individuals who are interested in deep interventions in bodymind as well as delicate integrating approaches. Also our methodology emphasizes the equal importance of knowledge of the physical body and emotional and cognitive process. Our trainings have included many medical doctors, physical therapists, acupuncturists, bodyworkers, psychotherapists, social workers, etc. In our training of these individuals from different fields we have always emphasized the importance of including structural and fine energy techniques as well as continually integrating the physical, emotional and cognitive.

Our practitioners and trainers have participated in many professional associations and congresses over the last 25 years. Above the International Somatics Congress, the Association of Body Psychotherapy and the International Association of Psycho-Corporeal work have been mentioned, but also our people are in EAP, EABP UKCP and many other organizations. Above some research was mentioned here are additional publications which shows contact with diverse segments of the psychotherapeutic world:

Since Psychocorporal Integration brings together Gestalt, Reichian, acupuncture and movement awareness disciplines into a single framework it is only natural that many of our practitioners and trainers are qualified in these areas. Psychocorporal Integration has grown through contact with these areas, but as well has giving a impetus for these areas to open to a more integrative approach to psychotherapeutic problems.

9. Are the chosen fields of study and methods of treatment of this approach methodically described in a way that can be used by other colleagues ?

Psychocorporal Integration has carefully explained itself as based on not merely a use of several areas – energy work, emotional release and integration, bodywork, and movement awareness -- but as a true new synthesis. Central to this is the practical use, illustration, exploration of the synchronous nature of our experience. In our writing and demonstrations we show how different kinds of breathing, verbal expression, body shapes are simultaneous different aspects of body character structure and how in working to transform the individual we need to synchronously work with all aspects of the individual. The power of this unitary method has been explained by first giving the ingredients of the method then showing how it becomes a kind of flexible dance with many rhythms. For example Integration methodology can be explained as guiding the client along the positive parts of an energetic wave which then, through active charging and discharging, opens the wave for exploration of different blocks at each step of the wave. Our practitioners are guided through many concrete sessions to master the use of this wave. We have found that practitioners from other areas understand this kind of practice when they see it in action. Thus our communication with colleagues is most effective when our literature is combined with demonstrations.

10. Is the Information associated with this approach the result of conscious self reflection and critical reflection by other professionals within the approach ?

The International Council of Postural Integration Trainers (ICPIT) which has met yearly during the past 11 years (see www.posturalintegration.info), has organized two congresses during this period of time, inviting therapists from not only Postural Integration and Energetic Integration but also from related areas in psychotherapy, chiropraxy, somatics, social work and family counseling. These congresses as well as our yearly publication Bodymind World News and Research Report (See also above website) have stimulated self-and critical reflection about our methods and goals. We also have a chat room where discussion on our work is shared by trainers and practitioners ICPIT@yahoogroups.com.

In 1988 **The First International Congress of Holistic Bodywork** was held at Trimurti, near

Cogolin, France. The topics included “Character Structure in Reichian Body Therapy” (Luciano Rispoli), “Electic Use of Psychotherapy in Touching the Body” (Blanca Rosa Anorve) and “Tantric Shiatzu”(Harold Dull). In 1994 in Villersexel, France we met for **The Second International Congress of Holistic Bodywork and Bodymind Therapy; The Disciplined and Loving Touch** with topics such as “Catharsis Without Acting Out,” “Cognitive Clarity and Choice Through Breathwork,” “How the Brain Works and New Theories of Consciousness,” “Deep Tissue Work as a Scientific Touch,” “Body as a Personal and Social Myth for the Addiction System,” “Psychodramatic Discovery and Re-living of Your Family History.” In 2003 at the University of Guadalajara (Mexico), the Council (ICPIT) also organized **The World as My Body** (Third International Congress). Topics included “Nutrition: a vital factor in Bodymind Therapy ?” “The Biodrama of Ecstasy”, “Coming to the Senses; Midwifing the Experience in PI®”, “L'integrazione Somatopsichica a cura di C. Piroli e C. Montanari”, “Amor y Agresion en la Evolucion de las Relaciones Intimes”, “Quién Soy, Qué Hoga Aquí’y Para Quién?”, Procesos Organismicos En Las Psicoterapias de Orientacion Corporal.”, “El Cuerpo en las Ciencias Sociales: de la Antropologia del Cuerpo.”

11. Does the approach offer new knowledge, which is differentiated and distinctive, in the domain of psychotherapy?

Previously it was explained how Bodymind Integration is not merely a use of several methods but a genuine synthesis, for example, how the Reichian and Gestalt traditions are brought together is an awareness process which accepts and transforms armor.

Psychocorporal Integration’s dynamic bodyreading, in which the client dialogues and claims parts of their armored experience, is distinctive from other psychotherapeutic types of diagnosis in giving diagnosis over to the client and making it integral to the healing process. Also the use of certain types of breathing techniques, together with deep exploration of the body tissue and simultaneous verbal expression of feelings is based on a principle of non-causal simultaneity not pursued in other psychotherapies.

12. Is the approach capable of being integrated with other approaches considered to be part of scientific psychotherapy so that It can be seen to share with them areas of common ground ?

Psychocorporal Integration focuses on experience, process and awareness, rather than on structure. In scientific psychotherapy there naturally needs to be structural forms which can be experimented with. This concreteness and uniqueness of experience makes it sometimes difficult to find the appropriate topics for scientific experimentation and to adequately describe the methodology and results of Bodymind Integration. One of the aspects of Psychocorporal Integration which makes descriptions, explanations and confirmations of the methodology more effective comes from how we encourage experience, process and awareness to happen in physical space and much of our methodology involves asking the client to feel and think in space. The client’s relation to other individuals or societal forces becomes an arrangement in space, e.g., “Try placing your mother in this position in the triangle between you and your father. Now move in reaction; what new possibilities do you sense in your body and attitudes?” Also in Psychocorporal Integration we connect specific changes in body tissue, breathing and movement to emotional-cognitive processes and to character structure, so that even those colleagues who are not as much engaged with the body can nonetheless find a common ground with us.

In our case history reporting we describe these spatial and physical relations which gives psychotherapists from other areas the opportunity to better recreate the synchronous processes which are the essence of the Bodymind approach. Except for psychotherapeutic approaches which avoid movement and rely solely on reflective analytic work, Psychocorporal Integration is available to most approaches. And even in the case of highly analytic cognitive work many psychiatrists have found that Psychocorporal Integration is a highly effective preparation for a separate analytic

session and its success may be judged by the enriched cognitive processing and imagery coming into the analytic sessions.

Research aspects

13. Does the approach describe and display a coherent strategy to understand human problems, and a coherent relation between methods of intervention/treatment and results?

Coherent Strategy

Again Psychocorporal Integration is a unique, holistic synthesis – not just a collection of methods of breathing, deep bodywork, Gestalt, Reichian work and movement awareness. All these aspects are facets of a central view of the individual as an energetic élan exhibiting physical, emotional and cognitive dimensions which are all part of an energetic wave. Blockages are seen also as running through all these dimensions. For example, held-up (upward) energy is part of physical inflation, pride and controlled thinking and our work with this blockage is to help in a surrender of the breath, feelings and tissues.

The overall strategy is to help with the release of blocked energy and the integration of new energy (hence the name of Dr. Painter's institute: **The Center for Release and Integration**). It is important that this *release*, though holistic and involving every dimension, is carefully guided layer by layer to a deep confrontation of the individual with their basic pains and frustrations. The *integration* is not only a physical harmonization of the body, but simultaneously and balance of the inner roles which support the masculine and feminine sides of the self. And a part of integration is learning how to maintain or re-establish inner harmony when interacting with the outside world. Finally integration brings an appreciation of the value of resonating the harmonies that exist in other individuals and the world. Resonance also can be seen as coming from the client and therapist working through their transference and countertransference to a harmony with and understanding of each other.

Coherent Relation Between Methods and Results

Psychocorporal Integration methodology is divided into phases of work with different parts of the body (bodymind). Not only is an ancient Tantric and more modern Reichian sequence of working with centers of energy and defense modified and used to open bodymind, but also stages of breath work and strategies for opening superficial, intermediate and deep myofascia are utilized. This means that before focusing on the pelvis one usually opens armor around the eyes or myofascia of the adductors helps prepare the way for opening of the psoas. But clearly the body gives signals allowing one to proceed from one step to the next. Another example, in deciding whether to focus more on the process of integration, rather than release, there are numerous tests: Is the tissue more evenly responsive throughout the body?; Is the client more aware of his or her transference; Is warmth more evenly distributed through the body? Does the client finish one emotion and flow to the next? and so on. The psychotherapist can then begin to explore more integrative work with the tissues, feelings and thoughts. And if integrative harmony is more established (if, for example, if the client can maintain an inner balance, in the face of old and new provocations), Bodymind work can proceed to a more advanced integrative work with the core of bodymind – with the diaphragms at the skull, inner mouth, clavicle, breathing diaphragm, pelvic floor, and ankles and knees. (All of which have corresponding energetic and emotional significance).

14. Are the theories of normal and problematic human behaviour adopted by the approach consistently related to explicitly methods of effective diagnosis/assessment and intervention/treatment and research ?

Psychocorporal Integration's synthesis as mentioned above of the Gestalt and Reichian approaches

brings together the need to start with the client's awareness and the client's feelings of blockages and difficulty. Interpreting these feelings as relating to "armor" or blockages can be of help as only as possible guide to the direction of work with the body, feeling and cognition. Any assessment or intervention needs acceptance by the client and integration into his or her awareness.

The overall metaview is that there are steps in the energetic wave as well as blockages which can be stated in terms of character structure. But to place character structure assessments on the client may be a distortion of the true, deeper experiential energetic flow. When these assessments are offered as possible avenues to healing or when the client discovers them or finds them applicable, then they can be a part of the process.

In the case of research the results must be presented as assessments or interventions which worked for specific individuals. Any prescription for others, is then tenuous and needs to be reconfirmed by the experience and discoveries of the new individuals to which the research is to be offered as a guide.

One way to help clients discover possible difficulties or conflicts is to help them to identify their ways of breathing: broken connections between abdominal and thoracic breathing, excessive exhaling patterns, holding up patterns of inhaling, conflicted and restricted ranges of both inhalation and exhalation, over- or under-excited breathing. Awareness of this patterns may also lead to discovery of other experiences in the body and mind which opens the way for the client to construct for themselves patterns of fragmented, needy, inflated, compressed and rigid character structure.

Also in guiding a client through these discoveries it is important to help them be open to the positive aspects of so called "difficulties" or character styles. Fragmented may be creative; needy may be sympathetic, inflated may be effective, compressed may be responsible, rigid may be heart-felt.

Although then there are blocks which the client can self-assess, acceptance and use of these blocks is part of the process of flowing with our energy. Thus the terms such as "pathological" make an artificial line between the healthy and unhealthy. This is not to deny that there are not states which are unusual and in which it is difficult for the therapist to communicate and make contact.

See Dr. Painter's presentation, **Reflection of Medusa, Treating Psychosis Through the Body**, Spring 2000, Conference on the Treatment of Psychosis in Casserta Hospital, Casserta Italy. The summary in Bodymind World News and Research Report, reviews a five step bodywork process for working with psychosis: 1) awakening repressed body energy, 2) supporting aggression, 3) re-experiencing the tissue and childhood origins of the self, 4) body self-responsibility and 5) body integration.

15. Are the investigative procedures of this approach defined well enough to indicate possibilities of research ?

The development of investigative procedures for research has in Psychocorporal Integration developed at two levels: a theoretical level which ties our body psychotherapy to the established theories and procedures in the established fields of science and 2) clarification and experimentation with specific procedures. Here are only a few of the results:

Theory

Dirk Marivoet, Ph.D., a Psychocorporal Integration Trainer, in **A Neurological Model for Bodymind Integration: The Triune Brain** (Bodymind World News and Research Report, Fall-Winter 1998-99) distinguishes different levels of activity, from the level of sensory input, down to the level of effector output. With this model he explains how we need to integrate every human organismic activity and relationship with those of past and present animals. He outlines specific procedures for working with fibers, reflexes, armor, etc.

Jack painter, Ph.D., in **Philosophic and Scientific Notes on the Nature of Consciousness and Core Contact**, Bodymind World News and Research Report (Fall 1993) outlines a model of consciousness in which the instantaneous moment of consciousness is a kind of energetic simultaneity. Consciousness is explained as the rhythmic synchronicity of the firings of neurons in the brain. Sharing consciousness with others is also a kind of synchronicity and helps give a frame for working inner individual harmony and resonance (see above) with others.

Els Kikke, Ph.D., a Postural Integrator, in her doctoral research, **The Flash as an opening to Core Experiences** (reviewed in Bodymind World News and Research Report, Fall 1992), includes chapters on “The Flash and The New Physics” and “The Birth Canal and the Flash.”

Philip Steyn, M.A., in his thesis, **The Practice of Postural Integration, Reichian Therapy** (reviewed in Bodymind World News and Research Report, Fall 1992) he covers Ergotropic and Trophotropic dominance in Oral Character Structure; Object Relation Overview of the Schizoid Character Structure; Depression as the Reverse of Grandiosity. He includes many case histories.

Bernhard Schlage, a Psychocorporal Integration Trainer; **wissenschaftliche Grundlagen von Körperarbeit**; in German magazine connection nr 10/1994

Bernhard Schlage, **transference and countertransference in bodypsychotherapy** published study in German magazine **connection** in August 2000

Silke Ziehl, **On Rhythm and Time in Bodywork**, unpublished article.

Practice

Bruno Valente, M.D., a Psychocorporal Integration Trainer, published in the Journal **L’Ospedale Psichiatrico** the results of his research in the late eighties and early nineties his depth research project in which he used P.I. to help psychotic patients respond more fully to their medical treatment in a psychiatric hospital. He documents his results with pictures and written materials. He also has had success with alcoholics and addicts.

Sheila Hill in **Being Phenomenological** (Bodymind World News and Research Report, Fall 1998-99), a practitioner of Bodymind Integration, reports “In order to be phenomenological, you use your body as a resonator, checking out what you feel, and then checking it out with the other person, It may be useful to introduce another element of theory – the concept of the outer, inner and middle zones of awareness information.”

Lina Dicuzzo, Ph.D., a Psychocorporal Integration Trainer, in her dissertation, **Health and the Body** (reviewed in Bodymind World News and Research Report, Fall 1993), she examines how health is beginning to be seen as a bodymind equilibrium, a unity which can be improved.

Gunter Schwiefert-Khadira, a Psychocorporal Integration Trainer, in **Postural Integration in Schizoid Processes** (reviewed in Bodymind World News and Research Report, Fall 1992), reports that “The strong, firm and deep touch of P.I. is a way for schizoid persons to begin to feel their bodies again. Since their awareness of the body is underdeveloped and has shifted to the head, the strong pressure of P.I. brings back body awareness. In fact, very often these clients love deep and strong strokes, while superficial strokes make them feel uncomfortable.”

Bernhard Schlage. Postural Integration Psychotherapy Trainer, **bodymind world news and research report** fall/ winter 1997/98.

Bernhard Schlage; unpublished study about a half year project working with PI in a dentist-praxis for the relief of chronic pain in the jaw-joints and in polytraumatic pain in the gums through soft pi-massage in the mouth

Bernhard Schlage: **about the effects of bodypsychotherapy with psychotic experienced people** - study at fu berlin published in june 2002

Achim Eckert, M.D. Bodymind Integration Trainer, **die psychosomatik der punkte**; haug-verlag heidelberg 2002

about different neurological, physiological and endocrine effects of soft tissue manipulation

- steven p.r.rose; open university, milton keynes, united kindom; about changing of biochemical markers in depression and schizophrenia during bodypsychotherapy; journal for psychiatric research; vol 18 (1984) pp.351-360

- john t.cottingham, stephen porges... ; effects of soft tissue manipulation on parasympathetic tone ; journal of american physical therapy ass.; vol 68 (1988); pp.352-356

- robert schleip; the golgi tendon reflex arc; rolf-lines winter 1989

- claudius nestvogel; häute der verständigung; publishes study in german magazin connection nr 30

- kerstin uvnäs-moberg; annals of new york academy of sciences 1997:807,pp.146-163

- " ; oxytocin may mediate the benefits of positive social interaction and emotions; psychoneuroendocrinology, vol 23 (1993) pp.819-835

- stephen w. porges; the polyvagal theory; intern.journal of psychophysiology 42 (2001) pages 123-146