

A PHENOMENOLOGICAL STUDY:
THE IMPACT OF NEO-REICHIAN BODYWORK ON SIX CLIENTS

by

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ABSTRACT

This study deals with six clients' perceptions of change resulting from a single session of Neo-Reichian bodywork. A phenomenological approach is used consisting of two taped interviews and a Q-sort for each of the subjects. The Q-sort is based on emergent themes garnered from the first client interview. At a second interview subjects were presented with a written summary of their initial comments for corroboration and correction. Subjects then sorted theme cards according to each card's perceived importance in the process of change. The results indicate that cathartic release is a major component of this type of therapy and that it is experienced as being emotionally, extremely intense. The therapy appears to be a quick and effective means of addressing unresolved emotional trauma. In addition, there are concomitant effects of altered body experiences, increased acceptance of others and a renewed courage in confronting existential problems. Significant change is primarily associated with a connection to deep feelings in the therapeutic session and an enhanced attitude towards interpersonal problems.

Participant perceptions and evaluations of the therapy did not alter appreciably from the first interviews held within two weeks after therapy to the second interviews five months later.

The therapy is considered to have a large emotional component while cognitive understanding plays a less significant role. For this reason, the study suggests the use of Neo-Reichian bodywork in conjunction with other more cognitive modes of therapy.

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CHAPTER I: INTRODUCTION

Statement of the problem

In recent years with the publication of such books as The Aquarian Conspiracy and No Boundary: Eastern and Western Approaches to Personal Growth, there has been an accrued interest in the concept of body/mind integration. In keeping with this interest a number of so-called bodywork therapies have been made increasingly available to the public. In January, 1994 two of Vancouver's holistic health magazines, Shared Vision and Common Ground, displayed advertisements for 28 different bodywork therapists. This number did not include rolfers, reflexologists, movement therapists nor practitioners of the Alexander or Feldenkrais methods. However, despite their apparent popularity, these therapies have received little research attention. With the exception of Gilbert (1992), available research dates from a decade ago or earlier (Brownell, 1978; Dublin, 1976; McKechnie et al., 1982; Navarro, 1985; Nichols, 1973; Perrin, 1986). Furthermore, there exists little research in this area from the phenomenological perspective of the client (Driver, 1985).

Object of the study

The present study proposes to fill this lacuna by enquiring into the felt-nature of the bodywork experience. Based on a five day residential workshop of bodywork therapy this study attempts to determine the moment to moment experience of Neo-Reichian therapy as experienced by six workshop

participants. What are their feelings, sensations, and thoughts during and immediately following the session? What is the experience of the participants as they reflect on the session after the completion of the workshop? And finally, what is the relationship between these two events, that is, how does a person's initial experience impact on the evaluation of self and the impression the therapy makes over a period of time?

Closely related to these questions is the issue of whether bodywork is an instrument of cognitive, emotional and behavioural change. And if it is, could it serve as a significant adjunct to broader therapeutic processes?

The study is descriptive and preliminary research. As such it attempts to clearly delineate its subject. It also seeks to embody a point of view that has ramifications for further research questions. For instance does the client's perspective share commonalities with therapeutic populations in Neo-Reichian and other bodywork therapies? What is the relative importance of the various elements of change? How do they impact on one another and how do their perceived effects influence long-term change? Although these questions are not within the study's purview, it is hoped the elucidation of personal meanings will facilitate their investigation.

Definition

The therapy examined in the study, Neo-Reichian bodywork, is based on a single, individual, therapeutic encounter. The therapeutic session took place in the presence of other observers and within the context of a longer workshop. The therapy, itself, is defined a deep-breathing technique usually in conjunction

with acupuncture or deep muscle massage. Usually some, though not all, of the following muscle groups receive deep pressure or massage during a single session: the masseter muscle of the cheek, the trapezius, deltoid and pectoral muscles, the intercostal tissue of the chest, the gluteal, femoris quadriceps and the femoral fascia (B. Wong, personal communication, August 1988). These muscles and associated tissue correspond to seven horizontal rings or muscular tension segments as conceived of by Wilhelm Reich (1945). The segments are the ocular, oral, cervical, thoracic, diaphragmatic, abdominal and pelvic rings (Wright, 1982).

A description of Neo-Reichian work

The following is a description of a typical Neo-Reichian session. It includes the key, constituent elements of the sessions under consideration.

First a participant is invited by the therapist to participate in a bodywork experience. If the participant agrees, he or she is invited into the centre of a room. Fellow participants, seated in a circle, observe the session. Often, though not always, a mattress is placed on the floor on which the participant is invited to sit or lie. Participants are reminded that they may stop the process at any time they wish and a signal for declaring a stop is agreed on. The participant is then instructed how to breathe deeply with her mouth open. She is coached in the right breathing technique with emphasis on the unrestricted and unforced passage of air in and out of the lungs. Attention is brought to breathing down into the abdomen so that the stomach and abdominal muscles expand on inhalation. The feet are often raised to forty-five degree angle with

the toes pointed slightly inwards. Arms extended along the body, lie loosely on the mat.

A minimum of two therapists are involved in the procedure; one usually sits at the head of the participant, the other at the side. A mild electronic stimulus may applied to certain acupuncture points. Sometimes acupuncture needles are placed in the hands or feet. As breathing continues the participant is encouraged to allow involuntary tremors to flow through her body. These often develop within the first five to fifteen minutes of therapy. Many participants at this point experience tetany, often seen as a tightness and puckering of the mouth and an involuntary gnarling and inward turning of the hands (Rosenberg & Rand, 1985). Frequently the face becomes blotchy, the chest flushes to a bright red and the hands and feet turn pale. Depending on the type and location of the discoloration and the manner of breathing, acupressure is applied to various parts of the body (Wong & McKeen, 1980). The pressure can be quite painful. As participants experience pain they are encouraged to give voice to the pain by screaming, shouting or groaning on their out-breaths. The therapists encourage a guttural sound which originates in the solar plexus and when properly practised does not hurt the client's throat or vocal chords.

Typically, pressure is applied on top of the shoulders, on the upper intercostal muscles of the chest, in the pelvic region and the abdomen. Also thumb pressure may be applied to the face around the mouth, on the eyebrows and along the jaw. This pressure may be applied intermittently throughout the

session. Most often it causes pain and vocalizations. As the session progresses the therapist may ask the participant if she remembers anything, who she is shouting at or where she is. The questions often stimulate a response and a dialogue with the imagined person. Frequently the participant will kick and stamp her feet and smack her hands or fists into the mat.

Physical expression is encouraged by the therapists. After twenty minutes to a half hour a point of resolution and or fatigue is arrived at. When the shouting and rhythmic breathing ends the participant frequently experiences a calm which is accompanied by tears or laughter. Gentle or stirring music is played at the end of each piece of bodywork and this seems to heighten the participant's emotional tone. Many times the music leads to tears of joy or sadness. Next all workshop participants are invited to approach the client with permission of the client. Lastly, a debriefing takes place. The debriefing or processing of the work primarily involves the participant's sharing of feelings and experiences and the sharing of the observers' and therapists' feelings with the participant.

Evolution of the study

The researcher became interested in bodywork therapy after attending a month long, residential workshop which included bodywork sessions. He also received bodywork from different practitioners and observed it in both individual and group settings. The researcher noted that some participants exhibited altered postures and markedly changed facial expressions. In addition, these same people seemed more emotionally expressive. As a result of these observations, the researcher became interested in the participants' subjective,

therapeutic experiences. Specifically, are apparent external changes reflected in the client's internal experience? And secondly, are there other internal, less apparent phenomena that are typically experienced by clients of bodywork?

Importance of the study

Unlike other related research, this study focuses on Neo-Reichian therapy, a technique, heretofore, neglected in the literature. Furthermore, through phenomenological enquiry it seeks to describe the felt experience of the clients. Thus, it extends the body of knowledge by attending to a variation of known therapeutic practice and, secondly, by elucidating phenomena that impersonal instruments of measurement do not adequately detect.

Methodological approach

A phenomenological approach was chosen for the study because this method seeks to uncover the psychological reality of a phenomenon. It cannot determine causal or functional relationships among independent and dependent variables (Colaizzi, 1978). When using a phenomenological method, one is, instead, searching for presences and meanings. Hence, the focus of the study is on how things are subjectively experienced and not how they supposedly are. Because the phenomenological approach fulfills the dual demands scientific rigour and the search for psychological reality (Giorgi, 1986) it lends itself well to the study of Neo-Reichian work.

Limitations

The study's research presents a number of limitations. Firstly, the participants are not a randomly selected, representative sample of the general

population. They were chosen as a result of the researcher's own observations as a participant-observer and on the basis of the participants' assessment of their therapy. What is more, the subjects also represent a choice of convenience as a number of participants were subsequently not available for direct interviews. The limited number of subjects renders inferential, statistical analysis impossible.

However, qualitative research, because it deals in construed, subjective meanings, does not seek statistical reliability (McMillan & Schumacher, 1993). Its usefulness resides rather in the quality of its narrative which, in turn, relies on plausibility--what might be called the goodness of fit. Qualitative research, however, must not only convincingly reflect a particular perspective, it must stimulate interest through insight and the evocation of meaningful possibilities. This study attempts to realize these objectives of phenomenological enquiry.

CHAPTER II: REVIEW OF LITERATURE

Existing bodywork related research deals almost exclusively with a technique known as structural integration or rolfing (Adair-Leland, 1980; Orenstein, 1980). However, because of technical and theoretical similarities between this approach and the "neo-Reichian" work of this study, the literature concerning this and other body manipulation therapies will be examined. The essential point common to all these techniques is an integrated view of the human psychological/physical system. Each of these therapies views the human body as a conduit for bio- or psychic energy and each sees muscle tension as an habitual and primarily unconscious way of restricting this energy. Furthermore, both Rolfing and Reichian therapy conceptualize this blockage as a form of body armour. And both seek to restore optimal energy flow through the use of deep tissue massage (Reich 1972; Rolf, 1977).

Theoretical Context

However, before reviewing this research, one must first turn to the historical context in which these theories developed. Although scientific enquiry in occidental and European culture has been profoundly influenced by Descartes' (169) famous dictum on the separation of body and mind, this has not been the only formulation to influence western thought. The epiphenomenalists rejected Descartes' body/mind dualism. Instead of parallel systems of body and mind, they assumed a one direction causal relationship from the body to the mind (Shaffer, 1976).

In biology it was Darwin (1965) who recognized the influence of the environment on the body and the body's influence on one's emotional states.

Quoting Herbert Spencer (1863), Darwin noted,

"that at any moment, the existing quantity of liberated nerve-force, which in an inscrutable way produces in us the state we call feeling, must generate an equivalent manifestation of forces somewhere" (Spencer, p.109).

Darwin went on to say that,

"when the cerebro-spinal system is highly excited and nerve-force is liberated in excess, it may be expended in intense sensations, active thought, violent movements, or increased activity of the glands" (p. 71).

Darwin also observed that in all cases of distress, the human brain tends to order certain muscles to contract as an infant would with the onset of screaming. In this last observation Darwin adumbrated more recent theories where the body and mind are reciprocally influenced within a self-regulating system (Bateson, 1972).

In the field of psychology, Freud's (1962) earliest views were essentially epiphenomenal in nature. In two letters written to Wilhelm Fleiss in 1896 and 1898, he stated his belief in the organic basis for neurosis while admitting his lack of success in uncovering the source. His original theory, developed at that time, however, did posit physical causes for various neurotic dispositions. The origin of anxiety, for instance, though itself an emotional, that is, a mental phenomenon, is rooted in physical trauma. Hysterics, he originally concluded, had almost all suffered sexual abuse. Although Freud was later to abandon this theory in favour of psycho-neurosis, he retained a belief in the relationship

between body and mind. This is evidenced by his theories of sexual-psychological development and his attribution of libido or sexual energy to the functioning of the organism (Freud, 1963). Furthermore, he continued to maintain that blocking of libidinal or sexual energy due to societal prohibitions leads directly to anxiety.

Theories of Body Energy

In 1920s Wilhelm Reich (1973) described the human body both as the repository and instrument of psychological dysfunction. He later identified habitual holding patterns of posture and muscle rigidity which he called character armour. This character armour was both an indication and subsequently a further cause of neurosis and psychological distress. Armour, Reich maintained, develops as a conflict between instinctual need and outer world constraints. According to Reich (1945), people act instinctively to physical and psychological blows. The ego then creates a hardened shell that deflects danger from the external world while holding in instinctual energy. Energy then becomes cathected in the muscle tissue of the body and expresses itself in the form of character traits. If a perceived danger is repeated, the bodily reactions become rigidified into a frozen stance or muscle tension. The tensions thus produced interrupt the free flow of psychic energy, what Reich was later to call orgon energy. Hence, tensions contribute to further rigidity. As rigidity sets in, the individual becomes less susceptible to pain but at the same time reduces his or her capacity for achievement and pleasure. A catatonic stupor represents an extreme example of this psychic armouring.

Reich (1945) observed, "Every increase of muscular tonus and rigidification is an indication that a vegetative excitation, anxiety, or sexual sensation has been blocked and bound" (p.340).

He believed that character and muscular armour are functionally identical manifesting themselves not only as personality styles but as body types. Thus, the phallic-narcissistic type exhibits hard, sharp masculine facial features, adopts an aggressive stance and is predominantly athletic. The compulsive type, on the other hand, has a mask like appearance with taut facial musculature, tight buttocks and, commonly, a wrinkle from above the side of the nose to the corner of the mouth. There is also rigidity around the eyes and eyelid structure (Reich, 1945).

Orgon therapy

Originally Reich treated his patients psychoanalytically breaking down the character armour and destroying their neurotic equilibrium. This led to the extraction of libido from pre-genital fixations and the subsequent release of tension and energy. As the armour was worked through psychoanalytically, he noted that every recollection of the content of a repressed idea brought about psychic relief which is also accompanied by a relaxation of the muscles.

However, as Reich's theories evolved he inverted this hypothesis. In its later formulation, the restoration of energy flow by muscle relaxation resuscitated repressed emotions and ideas. It was this release that brought about psychic relief. The ultimate goal of Reich's therapy then is the complete unarmouring and integration of the individual.

Integration is achieved by deep working of the muscles and the connective tissue. Massage and deep breathing initially precipitate clonic trembling or spasmodic body movement through the stimulation of the autonomic nervous system. Eventually this culminates in a full-bodied peristaltic quivering known as the orgasm reflex. The orgasm reflex, Reich noted, is also occasionally experienced during the sexual act. His position can, perhaps, best be summed up by quoting from the final paragraph of Character Analysis: "...it is solely the reestablishment of the natural love-life of children, adolescents, and adults which can rid the world of character neuroses..." (p.539).

Feldenkrais

Two other therapies, developed during this period and independently of Reich, also address the body and its impact on psychological well-being. Moshe Feldenkrais (1949), the founder the Feldenkrais method saw the body as an integrated system in which posture, sensations, thoughts, feelings, chemical and hormonal processes all interact with one another in response to the environment. Emotions express themselves in muscle patterns as in the case anxiety, fear, or laughter. A change in muscle patterning creates changes in the motor cortex which has an impact on co-ordination. Feldenkrais believed co-ordination to be the basis of body awareness. He stated further that one's self-image was directly related to body image which is, itself, revealed in movement and posture. He maintained that in nervous persons with an unstable self-image it is possible to discern disturbances in muscular tonus

which accord with specific deficiencies. An enhanced body structure could ameliorate these deficiencies and, by consequence, one's self-image.

Feldenkrais (1949) noted that,

"a recurrent emotional state always appears together with the attitude of the body and the vegetative states with which it was conditioned earlier. Therefore, when an emotional complex has been resolved a specifically individual body habit is resolved simultaneously (p.7)."

He went on to say,

"that all successful analyses, whatever technique is employed, are invariably accompanied, and probably preceded, by an alteration of posture and a change of muscular habit in both body and face (p.7)."

However, unlike Reich and his successors who applied pressure directly to the body, Feldenkrais changed muscular patterning through movement exercises. Feldenkrais' technique of functional integration brought awareness to the individual through movement and breath while at the same time remedying ineffective movements. A fundamental change in motility would, he believed, break up cohesive muscle patterning thereby releasing thought and feeling from their established routines. Likewise breathing, which both affects and reflects muscle tension, influences emotional well-being. Thus, with breath and movement change becomes possible (Feldenkrais, 1949).

The Alexander method

The second therapy which focuses essentially on body posture and movement is the Alexander method. Frederick Alexander (1942), the founder of this therapy, believed that children as they grow become reactive to

emotional stress and that this response manifests itself in the muscular and skeletal positioning of the body (Barlow, 1973). As a result, most adults have adopted an habitual posture that is both physically and psychologically damaging.

Maladaptive posture is particularly evident in the curvature of the spine, the position and tension of the neck and the position of the head. Ineffective postures contribute to low energy, character rigidity and neurosis. What is more, posture deficiencies often reflect a personality style, what Alexander called "end-gaining". People with this style devote their behaviour, including virtually all physical actions, to achieving results while removing consciousness from the process of being.

In addition to directing a person's attention to the movement process, Alexander devised exercises to improve balance and posture. One of the essential techniques of the method is known as primary control. This involves gentle manipulation and prescription of exercises for the neck. Through "primary control" patients are taught to alter the position of the head and the vertebra of the neck. This reduces retraction of the head while sitting, standing and walking. It also eliminates the kyphosis or dowager's hump and elongates the spine. Using increased body awareness students are also taught to inhibit maladaptive movements. The result, as Alexander saw it, was a healthier more integrated person (Alexander, 1942).

Gestalt

Gestalt therapy in a number of its practices and theoretical formulations recognizes the importance of somatic and muscular distortions in the formation of neurosis (Perls, Hefferline & Goodman, 1951). Perls noted that the body speaks, and often belies one's verbal actions. Therefore, he insisted on an awareness of the body and the meaning of its symptoms. Unconscious or semi-conscious body reactions, he felt, needed to be dealt with directly in therapy. However, this is achieved by drawing attention to the body and by exaggerating a client's movements, rather than direct, physical manipulation.

In Gestalt therapy the individual is viewed not only as an intellectual, emotional and physical unity but as an organism/environment field. Perls believed that therapies focussing on body sensations and muscular tensions, although ignoring key social/environmental elements of the personality, can, nevertheless, be effective. This is because the effects of body techniques tend to spread through the individual seen as a functioning unity. Perls et al. (1951) despite his claim that Reich's concept of motoric armour was the most important contribution to psychosomatic medicine since Freud, did not fully subscribe to the metaphor of character armour. Instead of envisaging character manifestations as a shield defending against external and internal attack, he saw neurotic traits as a consequence of aggressive acts of the self turned inward. One of the goals of Gestalt therapy is to develop adequate contact with these traits or symptoms and, through contact, acceptance of both the

symptom and its concomitant aggressive acts. Consequently muscle tension would be converted into controllable behaviour.

Primal therapy

Primal Therapy holds that pain and early memories are locked within the body at a cellular level (Janov, 1983, 1980). Janov, the founder of Primal Therapy, states that people frequently experience acute, infantile pain. What is more, like Rank (1929), Janov maintains that this pain is pre-eminently associated with the trauma of birth. Thus, one's birth establishes a pattern for later life. These early experiences, because of their physical and psychological severity, are encapsulated or split-off. The result is that pain is held in the body beyond awareness and this is accomplished by what he calls a gating mechanism. He speculates that this mechanism intervenes between the primitive brain and the mid-brain preventing consciousness in the neo-cortex. Throughout one's first ten years of life traumas continue to be unconsciously imprinted in the brain in this manner although with decreasing intensity.

A neurotic according to Janov is someone in whom the tendency to repress pain is stronger than the tendency to feel. Neurosis is conceived of as a way of circumscribing feeling held in cellular memory through acting out in the form of symptomology and psychological defences. In a like manner, dreams are viewed as a means of both accessing and diluting the pain of early trauma through the use of metaphorical stories and images.

According to primal therapy, neurosis can be cured only by re-experiencing one's primal scene. The primal scene is conceptualized as the

early affective and behavioural event or events containing trauma which set an on-going affective, cognitive and behavioural life pattern.

Therapy begins with a concentrated inner focus, deep breathing and the therapist's challenge to defensive blocks and encouragement of nascent feelings. Primal therapy maintains that pain can be made conscious through reliving cellular pain and memories, not by analyses and insight. And in its practice prolonged concentration, breathing and verbal contact replace deep massage as the primary therapeutic technique.

Bioenergetics

Bioenergetics, in contrast to the above mentioned therapies, stems directly from Reich's work in orgon or vegetative therapy (Lowen, 1975).

Alexander Lowen, who had been a follower of Reich's in the late 1940s, established bioenergetic therapy on principles similar to those of Reich.

Bioenergetics, however, differs from Reichian therapy in its de-emphasis of the orgasm reflex, viewing it as a by-product rather than the central focus of therapy (Lowen, 1967).

Like Reich, Lowen approached a patient somatically, analyzing characterological and muscular patterns of resistance. Hence, an individual might exhibit an "oral stance", masochistic muscular development or hysterical, postural rigidity of the back (Fourcade, 1982; Lowen 1971). However in contrast to Reich (1945), who maintained that bodywork must begin at the ocular ring and proceed downwards, Lowen works from the ground up. In addition, bioenergetics utilizes body stress positions rather than deep tissue

massage to stimulate vegetative streaming. Lying with their legs in the air or their back over a footstool clients are instructed to breathe deeply until the onset of clonic shivering. At this point the autonomic system often takes over, as evidenced by involuntary movements of the chest and pelvis. Emotions and memories frequently surface and their outward expression is encouraged through vocalization, gestures or actions such as pummelling, kicking and crying. Bioenergetics also encourages home exercises in order to increase mindfulness and contact with the body.

What is more, it emphasizes what Lowen (1975) called grounding. This is an awareness of the felt sense of the body including the effects of gravitational pull. Lastly, bioenergetics distinguishes itself from original Reichian therapy through verbal integration by working through of the feelings evoked during the exercises.

Rolfing

Of the therapies developed independently of Reich, structural integration or rolfing has perhaps the most characteristics in common with Reich's work. Rolf (1977) maintains that attitudes, fears and traumas are stored in the musculature in the form of tension. As a result, the myofascial sheaths which envelop the organs and muscle bundles become shorter and thicker thus pulling the body off-balance. The resultant postural aberrations lead, in turn, to further stress. In contrast, balance is seen as the supportive relationship between the erect, vertically aligned body and the gravitational field.

Rolfing therapy entails the manipulation of the affected fasciae and underlying muscles. During a series of ten sessions, each one focussing on a different aspect of the body, the rolfer loosens and elongates the fasciae with the use of his or her hands, knuckles and elbows. These interventions are designed to realign the body so that its weight is shifted closer to a central vertical axis. In addition, loosening the constrictions of the connective tissue releases bound energy necessary for healing. Realignment strengthens the body's defences against stress and disease, alleviates symptoms and restores its resilience, hence, improved physiological and psychological functioning (Adair-Leland, 1980; Orenstein, 1980; Rolf, 1977).

The goal of therapy, as Rolf (1977) envisaged it, was a fully integrated person but because she believed integration could be accomplished non-verbally, in rolfing there is no attempt to talk through or analyze outcomes. Instead, the body speaks for itself. An integrated person is defined as someone capable of free movement in both physical body and emotional expression including complete charge and discharge of energy.

Orenstein (1980) identified four major themes: emotional cleansing, a new and enriched awareness of one's body, unity of mind and body, and interpersonal enhancement, all of which resulted from ten individual sessions of rolfing. He concluded that the experience of structural integration increases capacity for intimacy in interpersonal relationships, enhances harmony as a function of the interrelationship of body and mind, increases sensate awareness, and helps relieve chronic unresolved, emotional problems.

In a quantitative study, Adair-Leland (1980) compared three groups of volunteers: clients receiving ten sessions of structural integration, a class of Hatha yoga students and a control group of students in an adult education class. She recorded that the rolfing group scored higher on post-test self-evaluation scores than the controls. She felt, however, that other methodological approaches such as single-case designs could provide more appropriate data concerning the detailed effects of body manipulation procedures. Although providing useful information of a bodywork technique, neither of the above studies concerned itself directly with the specific bodywork involved in this study. What is more, neither study addressed itself to the immediate felt experience of the actual sessions.

Neo-Reichian bodywork

An exception is Driver's (1985) study of Neo-Reichian Education in which she compares this approach to traditional Reichian therapy. Driver reported that the former represented an educative, growth orientated model as opposed to the causal, medical paradigm of the latter.

It can now be seen that Neo-Reichian work, though sharing commonalities with all of the above therapies, draws primarily on the technical and theoretical formulations of Reich. Like bioenergetics it de-emphasizes the orgasm reflex. It also varies the order of Reich's somatic interventions. A therapist, for instance, might apply deep pressure to the chest area of a client before massaging the face. Also in Neo-Reichian therapy there is a increased attention to cognitive understanding. However this does not entail the full

character analysis of traditional bioenergetics. Furthermore, Neo-Reichian therapists place an increased emphasis on breathing with its biochemical and affective implications (Harris, 1970). Waal, Grieg and Rasmussen (1970) note that there is "a correlation between muscular tension and the type of respiration on the one hand, and emotional conflicts and affective states of the other (p. 3)"

Neo-Reichian therapy has also introduced music into the therapeutic sessions. And, unlike classic Reichian therapy (Baker, 1967), it is often performed in group settings and so provides a unique social environment. Finally, in Neo-Reichian therapy there is the shift mentioned by Driver from pathology to personal growth.

CHAPTER III: METHODOLOGY

This chapter describes the methodology used in the study, participant selection, the interview process, and data analysis. In addition, the researcher outlines his personal assumptions with respect to the subject.

Instruments

The study used client descriptions to investigate the nature of the bodywork experience. The descriptions were based on two in-depth interviews and their subsequent transcripts. In addition, a Q-sort was used to identify emergent themes and to corroborate participant observations.

Subjects

Of the six subjects chosen in the study, one was male. All were caucasians ranging in age from 21 to 50. Four came from the professional middle class, one was a secretary and one was unemployed. Three of the subjects had university degrees while two had completed high school. All the subjects had taken part in a five day bodywork workshop and each one had experienced one individual session of bodywork.

Subject selection

The subjects were drawn from a workshop pool of 18 women and 11 men. The participants included three Americans and 26 Canadians from four provinces and one territory. Selection was based on availability, gender balance and significant, therapeutic experience as perceived by the participants. An attempt was made to select an equal number of men and women, and, in fact,

a sufficient number of suitable males volunteered as subjects. However, long distances precluded many of the men from participating. The final selection then comprised five women and one man.

The subjects were also chosen based on a significant bodywork experience as determined by the subjects themselves. A significant experience, for the purposes of the study, is defined as any experience during the bodywork session that suggests or contains a special or previously concealed meaning or any experience having a notable influence on the subject's thoughts, feelings or perceptions.

Presuppositions

Svensson (1986) notes that phenomenological enquiry seeks the subjective essence of phenomena, and the intentionality of experience. In order to discern these qualities the investigator must remain open to whatever is significant for the understanding of experience. This openness requires an awareness of one's own presuppositions.

Although this researcher is neither a practitioner nor an advocate of the bodywork technique, he is aware of a number of implicit assumptions based on previous, personal experience. In order to minimize subjective interference it was necessary to "bracket off" these presuppositions. A list was made prior to the commencement of the workshop and was referred back to throughout the study. In this manner the researcher filtered out his pre-judgements and maintained an attitude of openness toward the participants' experiences.

The list of presuppositions is as follows:

1. Participant experiences will be identifiable in terms of meanings and themes.
2. The bodywork experience will be a significant experience for some of the participants.
3. Participants may experience perceptual, emotional and/or cognitive changes.
4. Some participants may experience physical pain.
5. The experience may involve the fear of "letting go".
6. The experience may involve the fear of being, or appearing, weak and vulnerable.
7. Some participants may experience deep sorrow.
8. After bodywork some participants may experience a sense of openness and connectedness with others.
9. The intensity of any provoked feelings may have subsided during the interval between the workshop and the interview.
10. As a result of the experience participants may feel more positive about themselves and others.
11. Participants may experience increased vitality.
12. Some participants may feel their "work" is not completed, that is, they did not go far enough or deep enough to adequately deal with their core issues.
13. An idealization of the leaders might take place.
14. Some participants may have negative experiences. These negative experiences may involve reactions to pain, increased vulnerability, or a sense of violation of the self.
15. Men and women may experience bodywork differently.

General procedures

Each subject was interviewed twice and the interviews were recorded. The first interview took place within ten days following the workshop. It involved an unstructured but focused interview, with an open-ended and general question relating to the study, supported by follow-up questions (Kvale, 1983). The initial question was, "Could you tell me about your bodywork experience? What was it like?"

The second interview took place five months after the workshop. At that time subjects were given a summary of the first interview and asked to complete a Q-sort based on their original comments. Once the material from both interviews had been analyzed, the researcher developed the essential structure of the experience. This is "as unequivocal a statement of identification of its fundamental structure as possible (Colaizzi, 1978)."

Analysis of data from the first interview

Once the initial interviews were completed and transcribed verbatim, they were read to obtain an overall impression. Four of the six transcripts were then reread in order to identify non-interpretative, representational descriptions of experience (Fischer, 1978). These descriptions contained critical incident statements defined as any statement comprising descriptions of thought, feelings and/or behaviour pertaining directly to the investigated experience (Flanagan, 1954). These idiosyncratic statements were then reworded into general formulations known as "meaning units" (Giorgi, 1985). Similar units were progressively eliminated reducing the total to 42 generic units.

The first transcript yielded the largest number of meaning units with each additional transcript yielding progressively fewer units. The first four transcripts produced 38 reformulated meaning units based on the critical incident statements of the participants. The two final transcripts were then reread and another four statements were added to make the total of 42 units.

The next step was to uncover contextual meanings represented by the meaning units (Giorgi, 1985). All of the statements were categorized under four headings: Prior to the Work, During the Work, Immediately Following the Work and After Returning Home.

Procedures of the second interview

At the second interview participants were given a synopsis of their first interview for corroboration and correction (See Appendix B). Also a Q-sort was administered comprising meaning units derived from the first interview.

Subjects were first shown the three statements in the category, Prior to the Work, and asked which, if any, reflected their experience. Next they were presented with 13 cards, each representing a meaning unit for the category, During the Work.

The subjects were asked to sort these cards into two piles. One pile contained those meaning units that did not reflect their experience or whose impact was of minimal significance. The second pile contained those meaning units deemed to be central to the experience.

Once the cards were sorted, the participants were asked to arrange the pile of pertinent cards in order of importance. Although each card was

prioritized, it was stressed to the participants that it was not necessary to establish a definitive order. When prioritizing became difficult, participants were encouraged to focus on the overall order from most to the least important meaning unit.

This same method was used in sorting the final two categories, Immediately following the work and After returning home. In addition, participants were asked to rate their bodywork experience in terms of low, moderate or extreme intensity both emotionally and physically. Finally, the subjects were asked a set of follow-up questions (See Appendix C).

Analysis of data from the second interview

After the cards were put in order of priority a number was written on the back of each card. The subject's first choice was given the number ten, the second number nine and so on down. No respondent chose more than ten cards in any one category. Respondents did note that it was occasionally difficult to prioritize certain cards as they referred to different aspects of the work. Subjects also stated that some meaning units were of equal importance. None of the respondents, however, had difficulty ranking the more important units in relation to the least important ones. Therefore, a general order of preference was easily obtainable. Within this general ranking, however, individual placings were occasionally difficult.

The rankings taken from the second interview were then tabulated and a total score placed after each statement. Also a second number followed each statement indicating the number of times a meaning unit had been chosen. For

example, the meaning unit, "I had an experience of energy moving in my body." is followed by two numbers, (5) and (36). The first number means that five of the six respondents chose the statement as being significant. The second number indicates that out of a possible weighting of 50 (5×10 --the highest number for the highest priority), the meaning unit received a weighting of 36. The maximum any statement could receive was (6) and (60). In fact, only two units were chosen by all the subjects and no unit received a perfect score. The numerical weightings were interpreted merely as being suggestive of a relative importance of each item rather than indicating definitive choices.

The meaning units were next grouped within themes. For example, the meaning units: "I experienced a new integration of body and mind" and "I felt a renewed sense of inner direction in my life." were categorized as A New Relationship with Self. At this point the researcher moved beyond what was explicit in the representational descriptions to what the researcher believed was implied in them. Themes were identified by the degree of perceived belongingness or difference among units. Convergence of units indicated a theme and divergence indicated the lines of demarcation between them (Giorgi, 1985). At all times ambiguities and contradictions were acknowledged and retained in the final formulations.

Meaning units

The meaning units the participants were asked to prioritize are listed below.

PRIOR TO THE WORK

1. I felt hopeful before beginning my work.
2. I felt apprehensive about beginning my bodywork.
3. I felt distrustful before beginning the work.

DURING THE WORK

4. I felt sick during the experience.
5. I felt pain and physical discomfort during the work.
6. I had an emotional recollection.
7. I had a visual memory.
8. I experienced an intense fantasy or visualization.
9. I made loud vocal noises such as yelling and screaming.
10. I felt compelled to express myself physically with such actions as pounding and kicking.
11. I had an experience of energy moving in my body.
12. It was important to have other people witness my work.
13. I experienced fear during the work.
14. I experienced a strong, spontaneous release of emotions.
15. I experienced a release of tension.
16. I had unexpected body sensations during the work.

IMMEDIATELY FOLLOWING THE WORK

17. I experienced some shame or embarrassment with others after completing my work.
18. It was not a mental or largely thinking experience.
19. I discovered new or forgotten feelings.
20. I experienced a new integration of body and mind.
21. I felt as if something had been drained or exorcised from me.
22. I felt very peaceful after the work.
23. I experienced physiological or body changes after the work.
24. I felt more vulnerable immediately following the work.
25. As a result of the work I experienced a sense of exhilaration or euphoria.
26. I felt I had discovered a previously hidden part of myself.
27. I had negative feelings as a result of the work.
28. Immediately following the work I felt very warm toward the other group members

AFTER RETURNING HOME

29. I experienced a significant cognitive shift after the work.
30. As a result of the work I felt greater aliveness.
31. I experienced a greater sense of acceptance of others after returning home.
32. The specific details of the work remain vague to me.
33. I cannot recall the exact sequence of events during the work.
34. I have had some negative, physical reactions as a result of the work.
35. There was a change in my personal life style or habits as a result of the work.
36. In the area touched on in the bodywork, some personal issues are still unresolved.
37. I had a different sense of my body as a result of the work.
38. I felt a renewed sense of inner direction in my life after returning home.
39. I felt more vulnerable after I returned home.
40. I felt more unsettled on returning home.
41. I have experienced negative emotions as a result of the work.
42. I felt more connected to my inner self.

Validity and reliability

Validation of the themes was sought by continual reference to the protocols. In addition, a descriptive summary of each interview was written and submitted to the interviewees for feedback and commentary at a second interview. A Q-sort was used to determine the accuracy and relative importance of the construed themes. During the second interview additional information was gathered which permitted a comparison of the two interviews. The themes were re-analyzed in the light of information from both interviews and the Q-sort results. In summary, validity was maintained by the process of the hermeneutic circle which involves continual, attentional movement from the particular of the protocols to the totality of the meanings and back to the particular (Bauman, 1978). Although subject feedback provided validation, it

was not expected that the conclusions of the researcher and the subjects would always be identical because,

"the description of situations by the subjects and the description of the meaning of the situations for the subject as grasped by the researcher are not reducible to each other. The two, in principle, do not have to be identical to each other. The experience of the situation as described belongs to the subject, but the meaning transcends the subject and is available to others once it has been expressed (Giorgi, 1986, p.21).

Intersubject validity in qualitative research is a question of "whether a reader, adopting the same viewpoint as articulated by the researcher, can also see what the researcher saw, whether or not he agrees with it (Giorgi, 1986, p.96)." Because this can only be tested by subsequent researchers, intersubject validity remains to be verified.

Due to the uniqueness of each situation, reliability in qualitative research refers only to the collection of data. Reliability was assured by the use of audio-tapes and transcripts that accurately captured not only the exact words of the respondents but also the hesitations, speed and implicit emotional tones of the discourse.

CHAPTER IV: RESULTS

All cards were analyzed on the basis of the Q-sort data. Those cards of little numerical value were eliminated. For the most part these cards contained negative statements either loosely inferred from the transcript material or included by the researcher to provide respondents with the opportunity to express an alternate view of the session. The eliminated statements included such meaning units as:

- I felt sick during the experience.
- I felt pain and physical discomfort during the work.
- I experienced shame or embarrassment with others after completing my work.
- I have experienced negative emotions as a result of the work.
- I felt more unsettled on returning home.

The remaining cards were clustered around themes reflecting general aspects of the experience. These were:

1. Experience of Release
2. Experience of the Body
3. Experience of Others
4. Physical Manifestations
5. Emotional Experiences
6. Accessing New or Forgotten Feelings
7. New Relationship with Self

Experience of Release

This theme is conveyed by the statements:

1. I experienced strong, spontaneous release of emotions (5), (50).
2. I experienced a release of tension (5), (37).
3. I felt very peaceful after my work (6), (44).
4. I felt as if something had been exorcised out of me (3), (11).

The first two statements which are self-explanatory were cited by most of the respondents and heavily weighted. In fact, the first statement, "I experienced a strong, spontaneous release of emotions." was the first choice of the five respondents who selected this item. All of the participants spoke of experiencing sadness or anger, or both of these emotions alternately. Five of the six respondents reported expressing tears. One respondent noted, "I remember crying. I just felt a flood of tears and I felt okay." Another stated, "I immediately started crying." and later, "I felt sad again and I started to cry again. I really felt like a sadness came over me." A third respondent stated, "I was just aware of all of the energy that was coming out of me, from the anger to the pounding as I was beating on these pillows." The third statement, "I felt very peaceful after my work," was cited by all participants following release of tension and implies a state of relaxation due to release. Typical statements were, "Peaceful right afterwards." "I felt at peace all of a sudden, connected." The fourth statement, as can be seen from the weightings, was less significant. It was conveyed by comments such as, "I felt like I had been zapped. It was like an exorcism." "For me it was like being able to let go of a monster that's always been there."

Experience of the Body

The next theme emerging from the data is contained in the statements:

4. I had an experience of energy moving in my body (5), (36).
5. I had unexpected body sensations during the work (5), (27).
6. I experienced physiological or body changes after the work (3), (29).
7. I had a different sense of my body as a result of the work (3), (19).

A degree of overlap exists among these statements so that some reports occasionally implied more than one meaning unit. For instance, several respondents mentioned a rush or sensation of energy movement: "All of a sudden these things in my body are moving around like a rush of energy stirring stuff up. It's definitely a sensation of movement and stirring like someone stuck a spoon in me and was mixing me all around." Another reported, "I was feeling a lot of tingling through me and the energy was moving." However, statement 5, "I had unexpected body sensations during the work," was also rendered by comments such as, "I could recognize the tingling in my legs and the sensation was quite unique. I'd never experienced anything like that before." or "I felt a tingling throughout my body like a numbing tingling." and, "I had a real physical sensation. Physically my upper body became extremely hot, down my arms and in my chest and I started to sweat."

Statement 6, "I experienced physiological or body changes after the work," was selected by only three of the participants. However, two of these three made it their first choice among the statements referring to experiences after the work. A third respondent made this unit her second choice. This indicates that, although this was not a universal experience, it was highly significant among those participants who reported the phenomenon. Two respondents reported improved circulation in their feet. "I've noticed that the circulation in my body is better. I had cold feet all the time, they never get warmed up. I've not had cold feet since I did the work." Two of the respondents also mentioned they no longer felt a tightness in their chest. And

three participants talked about a feeling of increased space in the head or chest. Statement 7, "I had a different sense of my body as a result of the work" was less significant and derived from comments such as, "I felt much lighter." Another participant noted a different perception of his body. "I feel big, bigger, kind of squared and more confident." "I felt like I walked differently."

Dealings with Others

The accompanying statements for the third theme are:

8. It was important to have other people witness my work (4), (26).
9. Immediately following the work I felt very warm toward the other group members (6), (36).
10. I experienced a greater acceptance of others after returning home (5), (31).

Sharing one's internal experiences in a non-judgemental atmosphere had a profound impact on many of the participants.

"There's something incredibly powerful about people watching real stuff that's going on in the inside that links you with other people." "There's tremendous empathy and identification." A second participant noted, "Opening one's self up in the presence of others created a bond." "I got closer to several people there than you do over years of friendship."

Although the participants did not use the word "acceptance", the fact that statement ten was chosen by five of the six participants indicates that it accurately reflects their perceived experience. A comment such as, "I find myself more willing to hear other people's input and listen to it and learn from it.", was typical of several respondents.

Outward Physical Manifestations

The corresponding meaning units for this theme are:

11. I made loud vocal noises such as yelling and screaming (5), (28).
12. I felt compelled to express myself physically with such actions as pounding and kicking (4), (27).

All participants made loud vocalizations such as screaming, yelling, wailing.

Nevertheless, as can be seen by the weightings, one of the respondents did not consider this to be a central element of the experience. Five participants chose this statement but gave it less importance than other aspects of the work.

Often vocalizations were accompanied by kicking, or pummelling the mattress and pillows. Although these actions were remembered, participants were not fully aware of the degree of their physical outbursts. For instance, several respondents surmised they must have shouted forcefully because their throats had been sore afterwards. The following comments are typical of the vagueness of their experience:

"I know that I must have screamed because my vocal cords were very sore, been very exercised. I guess I yelled or called my dog. I just felt there had been a lot of screaming or crying and I remember, I do remember the mattress was there. I think I kicked it. I'm assuming that's what I did."

also:

"I was probably yelling. I don't know how loud I got but my sense of it was I didn't have a whole lot of voice afterwards. It was pretty loud."

Emotional or Visual Memories

The reformulated statements for the fifth theme are:

13. I had an emotional recollection (4), (27).
14. I had a visual memory (2), (12).
15. I experienced an intense fantasy or visualization (2), (14).

Statements 13 and 14 refer to remembered experiences that were recalled during the work. Statement 15 refers to new images that were created during the work. Examples of the first type are:

"The very moment I started going into the exercise the same flashback feeling that I had had when I went to have minor surgery came over me. It was that I was afraid I was going to die."

"When I left home at 17 I had gone and sat up in the clouds and watched for about three months and that's what wanted to happen at about 20 minutes in. But that's the only time in years and years that I have felt like that."

An example of statement 15 is,

"It's about visualizing and I don't remember exactly what the sequence was but visualizing going to a place and then, pitch black, then I could see the place."

Accessing New or Forgotten Feelings

The meaning units are:

- 16. I discovered new or forgotten feelings (5),(23).
- 17. I felt I had discovered a previously hidden part of myself (4), (23).

The statement associated with unit 14 referring to clouds is a another example of a response that can appear under several headings. The statement could equally refer to the present meaning unit, "I discovered new or forgotten feelings." Other related comments were:

"I had no idea I had those kinds of feelings." "It opened up a part of me that was really shut down. I was really surprised the depth of feeling that I had. I was really separated from it until that event." and "I felt like something had been accessed very deep inside of me." "It hit me in a place I didn't even know existed."

These comments indicate that something emotional and surprising came out of the work. Later the significance of establishing or re-establishing contact with hidden feelings will be discussed in more detail.

New Relationship with Self

This was the final theme to evolve from the data. The statements relating to this theme are:

18. I felt more vulnerable immediately following the work (3), (26).
19. I experienced a new integration of body and mind (5), (31).
20. As a result of the work I felt greater aliveness (5), (40).
21. I felt a renewed sense of inner direction in my life after returning home (5), (39).
22. I felt more connected to my inner self (5), (43).
23. I experienced a significant cognitive shift after the work (4), (26).
25. There was a change in my personal life style or habits as a result of the work (4), (24).

This last theme covers a wide range of experiences but each has in common a new relationship with aspects of the self. The self is defined here as a cohesive experience of personality. This experience is a Gestalt composed of the perceptions of the characteristics of the "I" and the perceptions of the relationships of the "I" to others, along with the associated values of these perceptions (Meador & Rogers, 1984). Furthermore, this theme implies a perception of change in oneself either, with respect to the environment, one's personal behaviour or others.

An example of the meaning unit, "I felt more vulnerable immediately following the work" is,

"It was a throbbing painful feeling of--the muscles were actually sore around there (the heart) and that's where I felt very vulnerable and sort of broken in a way."

The statement, "I experienced a new integration of body and mind" is illustrated by these comments:

"...having a feeling in my body of feeling very whole." and "I noticed I felt much lighter, much more able to enjoy myself. I just had a real experience of myself."

The statement, "As a result of the work I felt a greater aliveness" was chosen by five of the six participants and was chosen three times as the most significant element in the category, After returning home. "The amount of energy I feel has loosened up in my body and given me a lot more." Another respondent stated,

"What the bodywork did was it opened up the feelings where that spice just added this whole new colour to everything."

The next meaning unit, "I felt a renewed sense of inner direction in my life after returning home" was also highly valued by most of the participants.

Statements such as the following were typical:

"It has given me the strength to face a problem that I've been unwilling to face for a long time."

Another comment was,

"I felt that I could take on dragons in a sense, my challenges in life. I felt ready to get with it, do more of my work, ready to face my wife."

The meaning unit, "I felt more connected to my inner self" was highly valued by five of the participants and is illustrated by the comment:

"I've come back altogether, with everything connected and with a real focus and a desire for clarity that is very strong."

The final units, "I experienced a cognitive shift after the work" and "There was a change in my personal life style or habits as a result of the work", were judged by the participants to be less central to their experience. However, they still captured significant aspects of the bodywork. The following comments convey these perceptions:

"I feel more open now."

"I'm much more relaxed about (my success). There's not the push. I'm not shoving everybody else down the street saying, get your work done. It's more of an inclusion, including other people around."

"I've changed. I have no desire to drink any more, like I'd mentioned I'm very addictive. I've been smoking dope for years and it hasn't interfered with my life." "I know what happened to me at the workshop is what broke those habits and so I am different now. I am not drinking or smoking dope any more. And that's a major difference for me and I have no desire to. It's not like I'm working and need willpower not to. It's like I don't and have no interest in dulling myself."

Finally, subjects reported on the intensity of their experience. Four found it to be moderately intense physically while two found to be physically extremely intense. On the other hand, five of the participants found the therapy to be extremely emotionally intense and one found it to be moderately intense.

Essential Structure

The essence of the bodywork session is contained within the seven meaning clusters or themes:

1. Experience of Release
2. Experience of the Body

3. Experience of Others
4. Outward Physical Manifestations
5. Emotional and Visual Memories
6. Accessing New or Forgotten Feelings
7. New Relationship with Self

Despite a degree of overlap, each theme highlights a distinct facet of the bodywork experience.

Experience of release

Both the Q-sort and participant interviews indicate the importance of catharsis in the perceived significance of the work. Participants experienced pent-up psychological and physiological pressure during the initial stages. "I felt so frustrated and so contained. It was like taking the lid off." Another interviewee stated,

"I do recall screaming. I felt the need to do that, like it was something that, there was frustration, as if I had been repressed, repressing myself somehow, that the energy moving was making me want to express all these things."

The pressure was intensified by deep breathing and pressure massage. Four subjects had distinct body sensations:

"Breathing through my mouth was a new experience... and the sensations it created as a result of that were very strange and kind of unexpected. Feeling like my head was going to burst, feeling a kind of tingling."

Cathartic release involved the spontaneous venting of sadness and/or anger.

Release was accompanied by outward physical actions such screaming, sobbing, pounding and kicking. Deep breathing and acupressure facilitated the

surrendering of control which was necessary for the release of emotions.

Although the degree of emotional release varied among the participants, in every case there was a sense prior to this of consciously letting go.

Furthermore, the respondents felt that the degree of "letting go" correlated positively with the depth of emotional release.

At the same time that the participants were aware of "letting go", they were conscious of another aspect of the self which was witnessing and monitoring the experience. These experiences are conveyed by the following reports:

"I just felt totally willing and ready to go into it. So I had a couple thoughts of, 'I don't know if it's right to be doing this right now.' but I was able to let it go."

"But there was no controlling, it was just coming. It was hard at times to let it come because my mind has always been such a big part of what I've done and what was happening was not relating to my mind. And I was consciously attempting at times to not allow my mind to interfere with the process, to just let it happen. And I had to sometimes, during the process, I recall trying to keep my mind out of it. I felt strongly that my mind would interfere with what was happening if I let it."

Emotional and visual memories

For some catharsis entailed visual memories or distinct emotional recollections. For others the referents were general and vague.

All the participants faced an emotionally laden moment of decision which strongly influenced their ultimate experience. Two participants had to face the urge to flee:

"Fifteen, twenty minutes? At about that point, something in me wanted to leave and I wouldn't go. When I left home at 17, I had

gone and sat up in the clouds and watched for about three months and that's what wanted to happen at about 20 minutes in. I really wanted to just go away."

"I was a combination of terrified at that moment, and hurt, angry, all of it, just kind of combined and wanted to leave."

A third participant experienced this pivotal moment as a decision to end the session.

"What happened to me was I stopped it at a certain point because I was afraid of how much further... I was afraid, actually of throwing up. I felt immediate sadness. I wished I hadn't stopped it at the point I did but also at that point of stopping, I felt a euphoria, like nothing I've felt before, like a warm rush of... washing over me, totally relaxing me, making me feel... euphoria is a very good description.

Accessing new or forgotten feelings

The venting of feelings in the form of expressed sadness and anger created a momentary emotional vacuum which, in turn, was filled by further "unbidden feelings." What is more, this vacuum was experienced as a physical space within the body.

"There was more room inside me again for the good feelings. I could feel the music again, actually feel it again. I hadn't been able to feel the music for a long time."

When this experience of new internal spaciousness was not immediately filled with clearly identifiable emotions, the result, for one respondent, was increased anxiety:

"I had this feeling of space and I wasn't exactly sure what it was, space in my body, or space in my head. That was just space and that's still there and that scares me. I feel afraid of that."

Experience of others

Immediately following the work the participants became aware of two further aspects of their experience: a sense of heightened peacefulness and a desire to establish emotional contact with the other group members.

"At peace, there was a sense of peace, at putting something away, away in its place." "What the bodywork did was it opened up the feelings where the spice just added this whole new colour to everything and all of a sudden it seemed like I wanted to be so close to people."

Experience of the body

The immediate perception of change was most evident in this theme. Five of the participants noted an altered body sense. And four of those five felt as if they were inhabiting their bodies differently.

"I was picking up all these things inside me, these senses of freedom, of being full of myself, like a rose in full bloom. Full and present and very real. Later that day one of the senses that came to me was that I was grounded."

"I felt a very groundedness. In the experience I felt connected, like to the earth, kind of a strange thing to say. But I felt -- I didn't feel flighty, as wordy. I felt settled. Something like the foundation of a house. I felt myself rest on something that felt very solid. I felt like I walked different. I felt, I think, a little lower in my voice."

New relationship with the self

Perceptions of long-term change were implied in this theme. For five of the participants, part of this new relationship was a greater willingness to be engaged in their lives. "I felt motivation return, I felt that I could take on my dragons in a sense, my challenges in life." The sixth respondent who did not register increased will power to grapple with life's problems, noted:

"I feel like I'm really letting go of a lot of stuff. Letting go of a lot of areas which I control my emotions or I control myself which no longer work for me and that feels really scary. I'm in a place of having a lot of anxiety again and the challenge has been to accept it."

The willingness to confront life's problems despite inevitable unpleasantness is what Rank viewed as the rekindling of the will (1932). Significantly, enhanced courage was reported by five of the six participants as the primary long-term effect of the bodywork therapy.

Summary findings

The bodywork experience, perceived as a significant vehicle for change, comprises the following key elements:

1. A cathartic release of emotional and physical tension.
2. A connection or reconnection with deep feelings.
3. An emotionally filled moment when the participant is faced with a choice concerning the quality of the experience.
4. A subsequent experience of peace due to the venting of intense feelings.
5. An increased awareness of the importance of others combined with feelings of acceptance and solidarity with witnesses of the event.
6. An experience of hope reflected in an increased willingness to confront important personal issues.
7. A heightened body experience due to intense breathing and, optionally, acupressure massage.
8. An altered internal experience of one's body typically accompanied by a perception of increased energy.

Idiosyncratic responses

In order to present as complete a picture as possible, it is important to consider some of the more individual responses to the work.

Although two participants noted a "cognitive shift" after the work and all the respondents reported a change in their responses to their social

environment, no one considered the bodywork session, itself, to be a cognitive experience. Relationship to surroundings was referred to by two respondents who felt more "grounded." Four participants remarked on an increased connectedness to the environment.

Two participants had felt mild embarrassment concerning their personal sharing. A third participant experienced fleeting shame after revealing aspects of her life:

"I was ashamed of it but there was no condemnation and the shame. I hadn't realized that I had any shame involved with that until it was there and there was nothing to be ashamed of."

For this person the non-judgemental acceptance of the others was instrumental in removing her shame.

Several participants reported frustration before actually venting their feelings. This frustration arose from the conflicting forces of aroused feelings and conscious attempts at control. "(I screamed) I think because I felt so frustrated and so contained."

A piece of music completed each session following the cathartic release. As a participant-observer, the researcher noted the music coincided with a resurgence of tears and in some cases laughter. In other words, the music appeared to intensify if not precipitate emotional intensity. However, only one of the participants mentioned the use of music during the bodywork sessions. Two explanations for this apparent contradiction present themselves: (1) The outpouring of emotions was not as significant as the researcher thought. (2) The music constituted an emotional tapestry beyond the immediate awareness

of the participants. It is the researcher's belief that this second explanation is more plausible. It was precisely because of the medium's nonverbal, semi-conscious nature that it was able to trigger intense emotions at the time. Significantly participants reported strong feelings during these moments but they neither attributed them to the music nor appear to have remembered the presence of music.

Results of the second interview

The second interviews revealed no significant changes from the original assessments. None of the participants had changed their evaluation of the experience and none of them reported negative consequences as a result of bodywork. Perceptions of physical change had diminished somewhat over the five month period but all the participants noted that these changes, although attenuated, were long lasting. The two respondents who had reported improved circulation stated that the effect had not diminished and that their feet were still warm. The participant who had reported a change in her addictive habits reported that she no longer wanted to, nor smoked marijuana, and that she engaged in occasional social drinking only. What emerged as the salient long-term effect for all subjects was a renewed energy and commitment to facing personal issues.

Typically participants noted they were not fixed and that their problems had not all been resolved. Nonetheless, they felt more hopeful and actively involved in their lives.

CHAPTER V: DISCUSSION

The rankings of meaning units are helpful in evaluating themes in the essential structure. Nevertheless, caution must be used as they are merely suggestive of thematic importance.

The theme, Experience of Release, contains within it one of only two statements chosen by all respondents: "I felt very peaceful after my work (6), (44)." Also, a second meaning unit, "I experienced strong, spontaneous release of emotions (5), (50)." was the first choice of the five respondents who selected this item. And a third unit, though less heavily weighted, still figured prominently in respondent selections, "I experienced a release of tension (5), (37)." These three meaning units clearly indicate the overriding impact of catharsis in the client's perception of therapeutic change. Catharsis in this discussion is defined as the release of anxiety and tension through the expression of hidden, restrained or unconscious emotions (Nichols, 1977).

Gilbert (1992) defined psychological catharsis in the following manner:

1. Repressed primal pain is converted into physiological, emotional and/or behavioural symptomology which can include a trance state.
2. The trauma must be relived as vividly as possible, that is, the experience must be remembered and the emotions that accompany the memory of the experience must be expressed.
3. When primal pain is experienced in the present, clients may relive their defensive response to the trauma through psychological, physiological and/or emotional symptomology. Individuals must go beyond their defences to relive the trauma and to express emotions that were not communicated at the time.

4. The whole process of reliving a primal pain must be analyzed in order to help clients gain emotional and intellectual integration.
5. Once repressed traumas have been relived (possibly more than once) and analyzed, the symptoms and pain they cause disappear (pp. 45-46).

Reviewing one participant's session, can reveal how the above elements manifested themselves. Morgan described the split-off condition in point one and its accompanying symptomology.

With people she was afraid to breathe deeply and so connect with and reveal her emotions. She noted that all her life she had struggled to remain grounded in her experience. Furthermore, the therapist's talk of splitting-off had precipitated her discomfort and the bodywork session. Morgan also reported long recurring nightmares that had impeded intimate, sexual relationships. Lastly she described the blocked energy in her extremities in the form of poor circulation, especially in her feet.

The second point, reliving trauma through memory and its accompanying emotions, was evident in Morgan's vision of her father in a small room. At that moment she experienced intense fear. Point three states that individuals not only may relive defensive responses to trauma (fear, for example) but must also re-experience the trauma itself. In addition, they must express emotions not communicated at the time. In Morgan's case the unconscious raising of her arms and the yelling of "No, don't touch me!" was the expression of these feelings. She reported great relief in being able to finally say what she had thought and felt at the time.

Point four states that an emotional and intellectual integration needs to take place through analysis and discussion. Morgan discussed her experience with the therapists, her husband and other workshop participants directly following the session. Five months after the work, she experienced increased integration both within herself and with her environment. Point five states that once early traumas have been relived and analyzed, symptoms caused by trauma disappear. Morgan reported that the circulation in her feet had changed immediately following the bodywork and that this effect had continued till the time of the second interview, five months later. Also the psychological discomfort of "groundlessness" had been replaced by a sense of rootedness and a trust in the life process.

Other participants experienced many of the above elements of catharsis. Individuals, as they regress to the source of their primal pain, often experience a trance-like state prior to full release (Janov, 1991). This is due both to the intensity and the desperate quality of their feelings. Helene, who had been sexually exploited, split off during the bodywork session. At a crucial point she wanted to watch the proceedings from high up in the clouds just as she had psychologically done as a child. Elaine had only a vague and incomplete memory of her therapy. This was in spite of violent flailing and venting of emotions. In all, five of the six participants experienced degrees dissociation. Most, like Elaine, had difficulty recognizing the intensity of their expressed feelings. Only the after effects indicated to them the force of their expression.

Typically they reported they had probably made a lot of noise because their voices were hoarse or their bodies warm.

However, the participants did not dissociate completely. An essential ingredient in the cathartic process is the ability of the participant to stay connected with the therapist (Rosenberg & Rand, Lowen, 1975). If the patient were to enter a complete trance or dissociate entirely, it would be impossible for him/her to reflect on the experience and so gain insight. This contact with the therapist is often accomplished through the role of an internal conscious observer which differs from the split-off, trance-like state. In the study, the latter appeared at selective moments during the beginning of the therapy and was felt as an involuntary urge. The former was more generalized, more subject to will and able to recall the factual aspects of the session. As noted in Chapter III, participants either eluded to or expressly noted the experience of observing themselves. Despite letting go, each was able to monitor, at least, part of her experience from a more detached viewpoint. All, with the exception of Elaine, remembered the course and selected details of their therapy. However, the time and the degree of emotional intensity remained vague or misconstrued.

The phenomena of splitting-off and consciously observing epitomize the tension felt by the participants as they wrestled with their simultaneous desires for control and release of feelings. Catharsis requires that individuals relinquish enough ego control to allow themselves to regress and relive past traumas while, at the same time, retaining enough ego strength to analyze and make

sense of the experience. The therapist fulfills the relinquished ego functions of self-preservation and protection. It is because of the client's trust in the therapist that she can permit herself to re-experience underlying pain without the interference of habitual defences.

Elaine's intense fear of death expresses a further element commonly associated with regression during catharsis. Fear of this nature is often related to the fear of losing one's defences and losing oneself. In Elaine's case the fear combined within it two separate phenomena: the original trauma, fear of death, and the recent trauma that had triggered it. This second trauma was a minor operation prior to which the fear of death had resurfaced. Gilbert (1992), citing Lowen and Janov, maintains that client symptoms will not be eradicated until the original trauma is relived and analyzed. If this is true, it would suggest that Elaine's catharsis was incomplete. For, although she experienced primal pain and later identified the triggering event, dissociation prevented her from fully integrating the original episode.

Experiencing previously unexpressed feelings is also evidenced by Cameron's euphoria. Helene yearned to be held on a woman's breast because she "had never had a mother's cuddling." Tamara experienced the therapist as a father who acted, "as I wanted my father to act." She went on to say, "The part of me that is needy got what it wanted so now it doesn't need to be so covertly needy in my life."

Three of the six participants did not recall a specific traumatic incident that had shaped their early experiences. Nonetheless, they all experienced

pervasive frustration and discouragement which often comes from anxiety and years of perceived neglect. Both Janov and Baker remark that reliving trauma does not have to entail specific, clearly remembered incidents. A cathartic experience is equally one that unleashes the pent-up pain resulting from constant, unspoken prohibitions.

Thus, the following essential elements of the bodywork were contained within the cathartic experience:

1. A release of emotional and physical tension.
2. A connection or reconnection with deep feelings.
3. An emotionally filled moment when the participant is faced with a choice concerning the quality of the experience (contained within the split-off/observer experience).
4. A subsequent experience of peace due to the venting of intense feelings.

Perceptions of change are also embodied in the theme, Dealing with Others. This theme contains the only other statement chosen by all six participants: "Immediately following the work I felt very warm toward the other group members (6), (36)." It also contains another strongly weighted statement, "I experienced a greater acceptance of others after returning home (5), (31). Both of these statements point to an inclusive attitude toward others. Moreover, it is precisely this aspect of caring and interest in others that is seen as essential to psychological growth and well-being (Adler, 1927; Yalom, 1980). As previously noted, this aspect was fostered by the fact that the therapy took place in groups. Participants were able to experience facets of their private selves and the concomitant feelings of shame, remorse, disdain and love in the company of others. Witnessing one's darker side along with

loving acceptance deepened the participants' experience. After all, a therapist is paid to accept one but to be reaffirmed by strangers re-enforces one's sense of worthiness. The fact that the participants were accepted despite their self-revelations was evidenced by group sharing after the work and the participants' own comments while observing others. In fact, the vicarious experience of watching others, heightened feelings of group solidarity. For instance, Cameron reported, "The experience of being with other people when they were having the bodywork done, I was almost, I enjoyed--even though the emotion was sad, hurt wrenching some of the things people were going through." These observations are captured in the essential element:

5. An increased awareness of the importance of others combined with feelings of acceptance and solidarity with the witnesses of the event.

Cognitive and emotional change are also evident in the theme, New Relationship with Self. Four meaning units within this theme were significantly weighted:

- I experienced a new integration of body and mind (5), (31).
- As a result of the work I felt greater aliveness (5), (40).
- I felt more connected to my inner self (5), (43).
- I felt a renewed sense of inner direction in my life after returning home (5), (39).

Although most bodywork therapists (Baker, 1967; Keleman, 1989; Lowen, 1967; Reich, 1945) see enhanced body/mind integration as a primary goal of therapy, the concept remains fluid, varying as it does from one practitioner to the next. In the present study integration reflects a sense of well-being and a sensitivity to the body. It manifested itself as a feeling of groundedness,

changed personal habits and a sense of more fully inhabiting one's body.

Integration also intersects with feelings of emotional, intellectual and physical aliveness. Three respondents chose "aliveness" as the most salient aspect of their experience after returning home. This coincides with Reich's belief that an enormous amount of energy is expended in maintaining muscular armour and in repressing disavowed feelings. As the armouring breaks down and feelings are vented, energy is released which results in a general feeling of aliveness.

A further element in this new relationship with the self is cognitive adjustment. Two respondents noted a greater, perceived openness to divergent ideas and points of view. Both participants stated this openness as a cognitive shift which was in addition to a new affective openness. The implication is that emotional change had impacted on cognitive attitudes, suggesting an integration of these two realms.

Five participants stated they felt more connected to the inner self and five related a new sense of inner direction in their lives. This was expressed as a clarity of purpose and a commitment to goals in keeping with that purpose. Rogers (1989) noted that an individual is a self actualizing organism that, in a state of health, connects with and follows an innately derived inner direction. For five of the six respondents, a connection with one's purpose or an increased clarity of that purpose was the most significant long-term effect of the therapy. The sixth participant, who at the first interview had expressed anxiety at her lack of personal direction, later experienced a new sense of

freedom. Initially for her the loosening of a strict adherence to external goals had resulted in disorientation.

At the second interview key comments were: a feeling of integration, clarity of purpose, better sense of personal boundaries, a lighter attitude toward risk-taking and an enhanced experience one's essential self.

Implied in the experience of connecting with one's purpose is a strengthened commitment to oneself. This can also be expressed as a re-igniting of the will. Participants consistently stated that they experienced a renewed desire to challenge their ineffectual behaviours. At the second interview they confirmed a continuing willingness to face up to difficult situations for the sake of long-term goals. Existentialists have often cited the mustering of will as an essential component in the process of change (Frankl, 1969; May, 1953; Yalom, 1980). Rank believed that once the roots of psychoneurosis had been unearthed, will along with creativity were the means by which the individual could free himself from the past. This aspect of the therapy is rendered by the key element:

6. An experience of hope reflected in an increased willingness to confront personal issues.

Physical change is resumed in the theme, Experience of the Body.

The key, essential elements are stated as:

7. A heightened body experience due to intense breathing and, optionally, acupressure massage.
8. An altered internal experience of one's body typically accompanied by a perception of increased energy.

Although this theme was not as prominent as others, it represented an important experience for some participants. Of particular significance was the meaning unit, "I had an experience of energy moving in my body (5), (36)." Participant reports of energy and body change reflect the findings and clinical reports (Janov, 1980; Keleman, 1989; Lowen 1971).

Two themes were less significant and are, therefore, not included in the essential structure. These are Emotional or Visual Memories and Accessing New or Forgotten Feelings. Their limited importance would seem to contradict the notion that memories and feelings constitute a necessary condition for change. Lowen (1971) states that emotional expressions not linked to early memories serve merely to blow off steam and, therefore, have little or no long-term effect. However, other practitioners maintain that cathartic change does not always necessitate the recalling and reliving of specific memories (Baker, 1967; Janov, 1991).

That Accessing New or Forgotten Feelings did not figure more prominently in the participants' experience, does come as somewhat of a surprise. Undoubtedly, one session was not sufficient for a full reliving of repressed feelings. It is also possible that the item, itself, was somewhat misleading. The feelings the participants experienced were not new to them. What was new was the intensity of feeling and the ready accessibility to these emotions. Had this last theme been entitled, Accessing Heightened Feelings, it would, undoubtedly, have been weighted differently.

This discussion does not imply these themes did not represent elements of change for some of the participants. However, it does imply that their importance was not universal and that, generally, these themes were perceived as having less impact than other experiential components.

Conclusions

Two considerations remain. The first refers to the participants' initial response to therapy and their long-term assessment of its effects. Transcripts of the first taped interview clearly indicate that the bodywork experience had a significant emotional impact on all the participants interviewed. In addition, various respondents also perceived some cognitive and physical changes. At the follow-up interview respondents were asked if they had any negative experiences or disappointments as a result of their bodywork. They were also asked if they had changed their perceptions or evaluations from the first interview to the second. In both cases the answer was no. Participants did talk about a gradual lessening of the euphoric after effects of the workshop. However, at the same time, they experienced an increased long-term benefit that coincided with their original assessment. In other words there was no appreciable change from the assessments made within a week to ten days after the workshop and at the time of the five month follow-up. The quality of the experience, the insights and general learnings remained the same. Somatic changes and perceptions also remained unchanged.

The final question is whether bodywork is an instrument of change. And if so, should it serve as an adjunct to other therapeutic purposes? Although

this study cannot measure and, therefore, prove the therapeutic impact of bodywork, it is, evident that the participants experienced significant change. What is less clear is the degree to which perceived changes tangibly influenced the participants' lives. Strupp (1973) noted that clients' perceptions are notoriously inadequate in determining objective measurements of change. Nevertheless, from a phenomenological point of view, the client's perspective is of primary importance. Participants indicated that bodywork therapy was able to quickly penetrate the social and defensive layers of personality to reveal deep personal wounds. The exposure of these wounds and the accompanying emotional release enabled a process of healing to begin.

None of the participants, however, believed their problems had been solved. Rather they experienced an emotional awareness of their problems and the courage to confront them. This was accomplished in a single session. Would repeated sessions have similar effects or could they provide for a deeper resolution of these issues? And what of the group effects, would they be attenuated by repeated catharsis? These questions are not easily answered and certainly there will be individual differences depending on the therapist, the client and the issues involved. Based on the experiences of Reich (1945), Lowen (1971) and Janov (1991) it is reasonable to assume that prolonged therapy would uncover and address many pertinent issues.

Still, the Neo-Reichian therapy of the study was perceived by participants as being largely emotional in nature. There was, from the participants' point of view, a de-emphasis on cognitions, insight and working-through. For this

reason bodywork should serve as an adjunct to more cognitively based therapies such as cognitive-behavioural and psychodynamic therapy. Because of the directness and speed with which Neo-Reichian work addresses core issues, it could be used to effectively initiate a multi-modal approach to client change. An approach of this nature, employing Neo-Reichian bodywork, could rapidly engage the client's underlying emotions as well as thoughts and behaviours.

APPENDIX A

Participant Profiles and Researcher's Observations

Cameron, an architect and successful land-developer in her mid-thirties, came to the workshop through a recommendation of a friend. In recent years Cameron had experienced increasing difficulties in her marriage and had begun questioning her choice of lifestyle.

Her bodywork took place on the second day of the workshop in a small evening group of eight participants and two therapists. She was asked if she was prepared to participate in a bodywork session. Cameron showed momentary reluctance then willingly stepped forward. She commented that she had no specific issue to deal with. In response the therapists suggested that she could "just breathe and see what happens." Cameron lay on her back on a mattress in the centre of the floor. She breathed deeply for about five minutes allowing the air to fully fill her lungs while at the same time expanding her diaphragm. The therapists pressed acupuncture points primarily on her shoulders and chest. After five minutes, involuntary trembling in the hands, arms and legs became noticeable. As Cameron continued to breathe, her body developed a rhythmic rocking motion so that on the out-breath her pelvic basin was thrust forward. One of the therapists encouraged her to make a sound as she breathed out so that a guttural groan was emitted. She was further encouraged to amplify this sound and it developed into a loud bellow, then a fully voiced scream which lasted continuously for 10 to 15 minutes. Occasionally words were uttered such as "no" or "I won't." When Cameron

began to choke on her out-breath she was told to cough up or spit out any phlegm obstructing the passage of air. After 20 to 25 minutes Cameron coughed and stopped the deep rhythmic breathing. At this point she began to sob uncontrollably. She rolled into a foetal position and asked to be held by the female therapist. While she was in this position the second therapist turned on soothing music. Cameron cried gently for a number of minutes and then began to smile. She started a purr-like hum. The other members of the group were invited to come closer. Cameron, the therapists and the other group members then shared their experiences.

Jay is a gay man in his forties. He had been an Episcopalian minister but recently lost his position and separated from his wife due to his open admission of his homosexuality. Jay also has two teenage daughters. He is presently a drug and alcohol counsellor working with urban minority groups.

Jay's bodywork began on the last day of the workshop. He was invited to sit in the middle of the large group and pillows were placed about him. He was instructed in the deep breathing technique while sitting in this position. At the same time acupressure was applied primarily to his shoulders. As the breathing continued Jay began to cry out under the pain of the acupressure but insisted on continuing the session. Jay's cries of anguish gradually turned into self-abuse and at that point the therapist suggested Jay talk to his other "despicable" self. A Gestalt-like dialogue followed in which Jay spoke to other aspects of himself and to his wife. The dialogues provoked continuing emotion, especially sorrow, and when they were completed music was played. The

other participants were then invited to approach Jay and share their feelings with him.

Elaine is a realtor. She has been married for twenty years and has two adolescent sons. Elaine had been experiencing depression, difficulties in her place of work and problems dealing with her aging mother. She had had little experience with therapy prior to the workshop which had been recommended by a friend.

Elaine's work began in small group on an invitation from a therapist. She lay on a mattress in the centre of the room and began deep-breathing for about five to ten minutes. Shortly after breathing deeply Elaine began to cry out that she was afraid. She thrashed about on the floor pounding her fists into the mattress and kicking forcefully into a foam block. Her emotions ebbed and flowed as she rested momentarily and then, under the impetus of acupressure, began breathing again. Elaine eventually started to giggle and laugh while enveloping herself in the arms of a female therapist. Music was played and as the group shared, Elaine talked about her fear of dying and her subsequent sense of release and peacefulness.

Morgan, in her early forties, is a successful businesswoman and lawyer with two daughters in their early twenties. She came to the workshop with her second husband, also a lawyer, to continue her journey of self-exploration and to enhance the intimacy of their new relationship.

Her bodywork on the fourth day of the five day workshop proceeded in the following way. In a session in the large group Morgan asked the therapist

about the ability of abused children to remain grounded in reality. The therapist mentioned a tendency among some abused people to escape the real world through protective fantasies. He also suggested that individuals may have hidden rooms of experience. He then asked Morgan if she were interested in investigating this possibility. After hesitating a moment she stated she was willing. A covered mattress was placed on the floor in the middle of the room and she was asked to lie on it. She was told to close her eyes and breathe deeply into her diaphragm with her mouth open. Because Morgan has a hearing impediment she was asked if she could hear the voices of the therapists. One therapist sat on the floor at her head while two other therapists sat on either side of the mattress. As the breathing progressed, pressure was applied at acupuncture points on the shoulders and on various parts of the face. During the deep breathing she was asked, "Do you see anything? What do you see?" When Morgan said, "A door." One of the therapists asked, "Can you open it?" In this way a dialogue continued between Morgan and the primary therapist. During this time Morgan was continuing to breathe deeply and pressure was intermittently applied. A scene developed in which she saw her father. This was frightening to her. She shouted at her father and hit the mattress with her feet and hands. At the suggestion of the therapist a more benign scene was visualized and the work was brought to an end. Music was played and Morgan's husband, who had come forward, held her as she relaxed into his arms.

Tamara is a twenty-one year old woman raised by a single mother. She had recently moved away from the family home and at the time of the workshop was doing secretarial work in a major Canadian city. She came to the workshop partly through the influence of her mother and partly as a result of her own interests in personal growth.

Tamara's work began on the first day of the workshop as she was sitting in the large circle. She had asked the therapist for acupuncture to help remedy diarrhoea that she had been experiencing for several weeks. A therapist took her pulses based on the chinese system of medicine, talked to her briefly and placed two acupuncture needles in her feet. He encouraged Tamara to breathe deeply into her chest and abdomen and immediately she began to sob uncontrollably. The therapist continued to talk to her about her feelings, occasionally gently vibrating the acupuncture needles. The sobs turned into a rage and Tamara struck pillows on the floor with her fists and howled loudly. When the anger had subsided, Tamara talked about her father and once again began to cry. The therapist after asking permission, held Tamara in his arms and music was played. The observing workshop participants were invited to come closer and share their experiences with the group.

Helene is fifty. She had been sexually and emotionally abused as a child and had remained for years in a physically abusive relationship. Her second husband of ten years is handicapped and suffers from a serious degenerative disease. Helene is also step-parenting her husband's teenaged daughter. Helene came to the workshop to deal with her depression and suppressed anger

which had been triggered by a recent job lay-off and the various stresses in her life.

Helene's bodywork took place on the second night of the workshop in an evening small group. She had expressed a desire to work so the therapists invited her into the centre of the small circle. She sat on a mattress and for five to ten minutes was encouraged to use deep-breathing techniques. As her breathing deepened, Helene first made guttural noises then began to shout and swear. A gestalt-type dialogue ensued first with her mother then her father. As Helene spoke she expressed a great deal of anger and sadness while, at the same time, violently twisting a towel that had been handed her by the therapist. After approximately 25 minutes Helene lay down on the mattress. She cuddled up into the arms of a female participant and music was played. Group members came closer and shared their feelings with the group.

APPENDIX B

Interview Summaries

The following material consists of summaries of the first interview of each of the six research participants. These summaries were then returned to the respondents at a second interview during which time they were discussed and minor changes made. The summaries that appear in this document are the corrected versions completed after consultation with each respondent.

Participant #1:

When Cameron had first observed bodywork during the workshop she had been jolted. She had felt nauseous, emotional and frightened. However despite, or even because, of the emotional impact of seeing other participants work, she was willing to directly participate in a bodywork session.

In the evening in a small group of eight participants, she was invited to lie on a mattress in the middle of the room. She began by breathing deeply through her mouth, expanding her chest and diaphragm. The experience of breathing this way seemed unlady-like, almost animal-like. Within a few minutes she felt a tingling in her body and a dryness in her mouth. At the same time, it felt like her head was going to burst. As she continued to breathe, acupressure was applied and her frustration increased. She experienced a conflict between wanting to express herself and repressing her feelings. Part of her was wanting to interfere and control what was happening while the pressure and the breathing was increasing the tension. The applied pressure was stirring up feelings and energy inside of her. It seemed as if things were

moving around in her body like a spoon in a pot. There was a rush of energy and Cameron started to scream. She forcefully screamed for a number of minutes and this helped to release the tension. After fifteen to twenty minutes into the session Cameron ceased screaming and deliberately stopped the proceedings fearing she would throw up. Immediately, she became annoyed and critical of herself for not continuing and she began to sob. At that same moment, however, Cameron felt a warm wave of euphoria wash over her and a deep feeling of release. She wanted to be gently held and cuddled. She reconnected with the people around her wishing to hug and be hugged.

Looking back on the experience, the individual elements seem mixed up and hard to remember in detail. Rather than a controlled mental experience, she experienced her bodywork as a welling up of unexpected feelings.

After the bodywork she felt open, vulnerable and sensitive to others' pain. And she felt a little embarrassment about expressing her feelings so fully in front of strangers.

Afterwards, during the workshop, she was drawn to other people's emotional experiences. She felt a hunger to feel sadness and joy while watching other participants work. As a result of feeling so much, her heart and the muscles around her heart physically ached.

On returning home Cameron was aware of not wanting to slip into old patterns. She needed to be real and to avoid any fakeness. She found that her energy was very directed. In her work she noticed a sharper focus. She could see exactly what was required and how to go about getting it. She felt a

renewed strength to confront long-standing problems in her life. Without any conscious willpower she lost the desire to drink alcohol and smoke marijuana which she had been doing regularly for years. She felt reconnected to her body and integrated so that she no longer lived exclusively in her head. In summation, she had a desire for more clarity and purpose in her life and a commitment to pursuing these goals.

Participant #2:

Elaine did her bodywork in a small group of eight participants on one evening of the workshop. She was invited by the therapist to lie on a mattress in the middle of the room. A gentle, electronic stimulus was applied to various acupuncture points on her legs, feet and hands. Elaine was instructed to breathe deeply expanding the muscles of her chest and abdomen. The moment the work began Elaine had the sensation of feelings that had come to her earlier in her life while undergoing minor surgery. She was afraid she was going to die. Elaine shared her fear with the therapist who attempted to reassure her.

After a few minutes Elaine began to feel a tingling in her hands, which as her breathing progressed, spread and became particularly noticeable in her legs. She could now feel the energy moving in her body. She felt afraid of losing control and letting her feelings flow. She began to cry out that she didn't want to die and to kick and strike the mattress with her feet and fists. At this time Elaine felt overwhelmed by a sense of abandonment and fear. The precise details remain vague for her but after 15 to 20 minutes Elaine felt a physical and emotional release. This was accompanied by sensations of warmth, safety and comfort. She felt close to the other group members. Whereas before she had judged herself as being silly, unworthy and inadequate, she now felt at peace. Her experience was one of overcoming a deep, personal embarrassment. She could now look people in the eye with ease and feel a camaraderie with them.

On returning home Elaine felt a lightness within. She had released a lot of stress and her chest was no longer tight. She was warm to others and had the conviction she could step forward in relationships with people instead of withdrawing. In a way the bodywork seemed like a gentle, religious experience, the effects of which lasted for several weeks after coming home. Elaine had also noted, however, that a particular moment of personal stress had jarred her from these feelings and had momentarily returned to her habitual fears, frustrations and guilt associated with her mother.

Elaine does not believe that all her personal issues have been resolved. In fact, when her negative feelings now surface they are more intense. The bodywork experience has, however, encouraged her to continue to explore previously neglected aspects of her personality.

Participant #3:

Helene's bodywork session began the first night of the workshop in the evening small group. She had expressed a willingness to experience bodywork and so was invited to come to the centre of the room by one of the therapists. Helene sat on a mattress in the middle of a small circle of participants and was instructed to breathe deeply. The therapist asked Helene to talk to her mother about Helene's feelings. This was difficult for her to do but she began to talk to her mother. She told her that Helene needed to be recognized and she needed to be seen by her mother for the person she really was. As she spoke she began experiencing a lot of anger mixed with terror at confronting her mother. She cried out and yelled forcefully at her. The fear she felt was reminiscent of fear she had experienced as a young child but she drew strength from the support of the therapist and the safety of the group. Helene found that being able to talk feelingly and openly with her mother and not suffering feared consequences was a healing experience. It released many of Helene's pent up emotions. After venting her fear, frustrations and anger there was now room inside her for good feelings.

Next Helene spoke to her father where her feelings were mixed with sympathy as well as anger. After about 20 minutes Helene felt a strong, sudden urge to leave. It was as if the spirit inside her wanted to remove itself and leave her body behind. As her anger increased Helene violently twisted a towel the therapist had handed her. No acupuncture or acupressure was

applied but the therapists, with their voices, encouraged her to go deeper into her experience.

After approximately 30 minutes Helene relaxed her hold on the towel and stopped shouting. She placed her head on the breast of female participant and started to cry. Music was played and she was held in a woman's arms.

Helene realized the shame she had felt about her father's sexual abuse. It came as a release to speak about it and to experience the acceptance and non-judgementalness of the group. Helene also mourned the lack of her mother's love. She realized she had never before been cuddled by her mother or held by another woman. She recognized a body need for that kind of touch.

Following the bodywork Helene felt peaceful, freer and more spontaneous. She felt less self-conscious. Because she felt emptied there was now more room for good feelings and there was room for music to move and vibrate inside her again. The experience seemed like a catalyst that allowed her to break through the restricting walls of her defences. She was now more able to tolerate others' anger without withdrawing and defending herself.

She appreciated the solidarity of the group and the intimate connections she made with others. She believes she has come to a better understanding of herself but also recognizes that there are still layers of her personality that need care and attention. The experience, she said, was like peeling a layer off an onion and she doesn't know if she will ever reach the core.

Now she feels comfortable with herself and with her experience of bodywork.

Participant #4:

After sharing in the workshop's large group, Jay was invited by a therapist to do some work relating to his feelings. Jay sat on his knees in the centre of the room and cushions were placed about him. He was instructed to breathe deeply expanding both his chest and the muscles in his diaphragm. Acupuncture needles were placed in his wrists. Because the bodywork session moved quickly Jay was not able to recall all the details of his emotional and physical responses, however, a general picture emerges.

As Jay started to breathe, he felt a numbing tingling in his body. In particular, he noted the tingling in his gut and hands. He was then asked by the therapist to begin a gestalt-type dialogue with certain disowned aspects of himself. As he spoke Jay became angry; he pounded the pillows in front of him and yelled furiously at his "other self". Jay experienced a release of anger which came up from the depths of his abdomen and which was directed at himself. He was then instructed to change positions on the pillows and to respond from the point of view of his previously, disowned aspects. Having thus changed positions, he immediately became aware of a split in himself. He felt degraded and guilty being now the recipient of the expressed anger and criticism. Jay does not remember what he said in response to his angry self but he is certain he spoke about his fear and shame and need for secrecy. The process accessed something deep inside Jay so that he became emotionally connected to his sorrow, grief and regret. And the depth of these feelings were

surprising. He then talked to his absent wife and cried openly. The work, as a whole, he remembers as an intense cathartic experience.

The bodywork did not seem to last very long. At a certain point it "just felt done." Although nothing was said, it was as if a director had said, "It's over now."

Music from the Los Angeles Gay Men's Chorus was played, and Jay relaxed. The other participants were invited to come closer. The empathy he believed they felt for him was one of the most powerful elements of the experience. He realized that their acceptance of him in the face of his vulnerability had made the experience a self-affirming act. He felt acknowledged by others and loved himself for who he is.

Immediately after the work was completed Jay noted a sense of groundedness. He felt solid, settled, even physically bigger, and a connectedness to the earth. He was more comfortable with himself and more aware of his body. He also noted a greater integration between his emotions and his physical sensations. Also, his voice was noticeably lower, quite a part from a raspiness due to shouting.

On returning home Jay noticed his low grade depression had lifted. He also noted a cognitive shift related to the return of energy both to his body and mind. This translated into a new willingness to be himself and open to others. He was overwhelmingly intense, attentive and aware, and motivated to take on personal challenges.

Despite these changes Jay does not feel all his personal issues have been resolved. Instead, he has an increased commitment to confront and work on the difficult areas of his life.

Participant #5:

A combination of a guided visualization from the previous day and a conversation about the ungroundedness of abused children had stirred up sad and uncomfortable feelings in Morgan. Morgan had interpreted the therapist to say that severely abused children cannot remain grounded in reality; rather, they are condemned to live life in a protective fantasy. What Morgan believed she had heard in the therapist's comments had been particularly upsetting because, as an abused child herself, she believed she had established firm contact with the real world.

On the day of her bodywork she asked for a clarification in the large group. Though reassured that she had misconstrued the therapist's comments she was, nevertheless, aware that the topic had touched a very sensitive area concerning her early years with her father. She was intensely interested in exploring some of these unresolved issues. And although afraid of losing herself in some kind of abyss, she hesitatingly accepted an invitation to do bodywork in the large group.

Morgan lay on a mattress in the centre of the room. One therapist sat at her head, the other two on the floor on each side of her. She immediately felt panic when asked to close her eyes fearing she would not be able to hear. However she sensed relief when she realized that she could hear the therapist's voice. Morgan was instructed to breath deeply, fully expanding her chest and the muscles of her diaphragm. This uncontrolled breathing was exhilarating.

There was a feeling of relief and relaxation as she expanded her chest. She also felt a tingling in her body.

The therapist asked her what she saw. Morgan described a corridor with a number of doors. By a series of questions, the therapist encouraged her to enter a darkened room in which her father was sitting. Light from a barred window showed his features and clenched jaw. This was a terrifying moment because it brought back early memories of abuse and periodic nightmares. While this was happening Morgan's deep breathing continued and acupressure was applied to her face, particularly at points near the nostrils and on the cheekbones. It was painful and Morgan started to groan on her outbreath.

In re-experiencing the scene with her father she noticed, however, a significant difference. Unlike previous occasions she was now able to stand up to him and tell him to stop. She began shouting, "Don't touch me!" While shouting she unconsciously raised her forearms off the mat as if to stop something. The therapists at her side slapped her hands which increased the intensity of her yelling and she pushed against the therapist's hands. The fullness of the shouting occasioned an emotional release.

The therapist suggested she fill the room with light. She basked the room in a white light, the window increased in size and outside she could smell and see flowers and trees. Morgan became relaxed and calmed. She felt that by expressing herself so fully she had created a boundary for herself and she could confront her fears without falling into the abyss. The experience was like

letting go of a monster that had always been with her. In a sense her father had been demystified.

She opened her eyes, saw her husband beside her and felt love and gratitude for his presence. She recognized the compassion of the other group members and felt compassion in herself. And despite her usual discomfort being the centre of attention she allowed the moment to sink in.

Immediately after the work Morgan experienced peace, felt grounded in herself and fully present to her surroundings. She had a sense of being fully inside her body. The black hole she had felt growing inside of her was now replaced by a fullness like a blossoming rose. This was a feeling experience, totally nonintellectual and she wondered if it would last.

On returning home her life has taken on a different quality. A part of herself has been found and this new self intermittently bubbles to the surface. At the same time she is experiencing peace. Morgan used to believe she could never reach her full potential or be completely successful. Now she believes her new business will be the most successful she has ever begun. At the same time she is striving less. She is better able and willing to listen to other people and feels less need to control others. She has become more inclusive and responsive to the others' needs.

Up till now her nightmares have not recurred and her chronically cold feet are now warm and generate heat in bed.

Participant #6:

Tamara's bodywork took place in the large group on the first day of the workshop. Tamara had asked the therapist for acupuncture to relieve the diarrhoea she had been experiencing for several months. The therapist asked her to breathe deeply and felt her pulses based on the Chinese system of medicine. He mentioned her "lack of fire" and placed an acupuncture needle in each foot and gently vibrated them. Almost immediately Tamara began to cry, as she began to experience feelings of frustration and sadness. Her feelings then changed to rage and she screamed and beat the pillows in front of her. Her upper body and arms were radiating heat and she started to sweat. It seemed to her as if a lid had been removed and it felt very good. Her feelings then turned to sadness and she cried. At that point the therapist asked her permission to cradle her in his arms. She experienced this as a fatherly gesture as if he were standing in for the real father she missed. The whole experience lasted approximately 20 minutes.

Immediately after the work Tamara found she could breathe easier and more fully. She felt lighter and more in her body. Also, she had the sensation of occupying more space in her chest. Tamara noted less stress in herself and she noticed, too, that she could enjoy herself more in the presence of other people.

Her diarrhoea cleared up spontaneously on returning home. And although she experienced insomnia for over a week she felt more energetic. The circulation in her body improved and her chronically cold feet and hands were

warmer. She felt she had let go of herself. At the same time, however, this loosening of emotional control was accompanied by increased anxiety. She noticed feeling an increased space in her head. This sensation was sometimes frightening and raised fears of her going crazy.

Looking back, the timing of her bodywork experience had been a surprise. She had not expected to enter such a deep emotional state so quickly. At one point during the work she had been concerned for the on-lookers. Would this frighten them? Am I being appropriate at this moment? But these were fleeting thoughts and she decided to go with the flow of her emotions. The whole experience had been very emotional with little thought or intellectualizing involved. In conclusion, it had been a significant and positive event for her.

APPENDIX C**Questions for the second interview**

1. In your experience of bodywork, what was the most significant occurrence for you?
2. With respect to the bodywork experience, how important was re-establishing contact with the group and group sharing once the work was complete?
3. Looking back now, have you changed your view of the experience?
4. Have you had any disappointments or negative experiences related to your bodywork?
5. Was there any learning for you in the experience and, if so, what was it?

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