

# Character Analytic Vegetotherapy

*The answers of the Character Analytic Vegetotherapy to the EAP's 15 questions about scientific validation of Body-Psychotherapy*

## Introduction

Character Analytic Vegetotherapy, called also Orgonomy, is one of the oldest psychotherapeutic theories and methods. It originated with Wilhelm Reich, a student of Freud, as a modification of psychoanalysis in the 1920s and 1930s in Vienna and Berlin, and later in Norway and in the USA, where Reich started to call his therapeutic method “orgone therapy” and the underlying theory “orgonomy”. The theory and method of Character Analytic Vegetotherapy, and the whole paradigm, were mainly developed by Reich and his co-workers. The foundations of these are to be found in the main writings of Reich, *Character Analysis*<sup>1</sup> and *The Function of the Orgasm*<sup>2</sup>, of which the former is the most important, being still used widely as a textbook in different psychotherapy training schools all around the world.

Character Analytic Vegetotherapy has a holistic view of the human being, including mental and bodily as well as relational factors in a person's life. Hence, in the therapeutic context, we consider both bodily and psychic processes and phenomena, as well as processes and phenomena that happen between the therapist and the patient. In short, we understand that we are both physical and psychic beings endowed with emotions, and it is exactly this complexity of material and immaterial elements that make us human. All that concerns us is simultaneously physical and psychic.

We are also aware of social and cultural constraints that shape our lives by limiting an individual's capability for pleasure, expansion, creativity, growth etc. Therefore, we consider preventive work as important. As followers of Reich, we support orgonomic prophylaxis with the objective of preventing the formation of character-muscular armour during childhood by paying attention to conditions that affect the development of a human being right from gestation.

Character Analytic Vegetotherapy consists of two basic elements: that of “character analysis” and “vegetotherapy”. *Character analysis* means analysis of the *character* which is seen as a stereotypical way of existence and behaviour as well as an element of resistance to change, and therefore also to psychotherapy. Character analysis is mainly verbal, including both resistance analysis and analysis of transference -phenomena. *Vegetotherapy* (the term “vegeto” refers to autonomic nervous system) means direct work on and with the body, i.e. “the muscular armour” which is seen as the counterpart of the character at the physical level. The

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<sup>1</sup> Wilhelm Reich. 1949. *Character Analysis*, 3rd edition. New York: Farrar, Straus & Giroux.

<sup>2</sup> Wilhelm Reich. 1979. *The Function of the Orgasm*. New York: Farrar, Straus & Giroux.

aim of bodywork is to free flow of energy and free and creative functioning of the individual at all levels: physical, mental and emotional. When structurally integrated, both of these tools allow analysis of the character-muscular armour which is seen as a stereotypical way of existence and behaviour. - The term "orgonomy" refers to "orgone energy" which Reich discovered and which he supposed to be a kind of primordial cosmic "life energy" existing in all living organisms as well as in non-living material and in space.

Character Analytic Vegetotherapy is practised in several countries, the most prominent institutes being in Norway, Spain, USA, Germany, Austria, Finland, Italy, Greece and Brazil. Eight European institutes of Character Analytic Vegetotherapy together with the Brazilian Institute have founded the International Federation of Orgonomic Colleges (IFOC) which serves as a forum for discussion and mutual co-operation for national institutes. Three of the European institutes (Escuela Espanola de Terapia Reichiana, Finnish Institute of Character Analytic Vegetotherapy and Greek School of Training in Vegetotherapy and Character Analysis) are also members of the European Association of Body-Psychotherapy (EABP).

## **1. Please provide evidence that your approach has clearly defined areas of enquiry, application, research, and practice**

### Enquiry

Our domain is that of psychotherapy and, within that, Character Analytic Vegetotherapy. Within this realm, we focus on bodily phenomena and on studying how knowledge and awareness of physiological phenomena can improve current psychotherapeutic techniques and understanding. By bodily phenomena we understand such phenomena as muscular activity, breathing, bodily posture, muscular tensions, the function of autonomic nervous system, energetic charge, facial expressions, non-verbal interaction etc. Furthermore, we also consider interactive processes, for example, how the musculoskeletal system interfaces and influences the emotional life of a person and vice versa; or how the client and the therapist respond to each other both at physical and psychical levels.

### Application

Character Analytic Vegetotherapy is suitable for working with psychiatric, borderline, traumatised and addicted clients as well as those with psychosomatic symptoms or those with psychoneurotic and characterological problems. People who are not mentally ill or in a great stress, but wish to enhance their life skills or psychosomatic functioning, can also benefit from this method. Part of the process is also educational, for instance when a client wishes to understand the interrelationship between their bodily feelings, emotions, symptoms etc. This is

often the case in Character Analytic Vegetotherapy training sessions and with specialised client groups, such as performing artists or athletes.

## Research

To answer this question correctly would include defining the concept "research". As we know, this is a vast academic question which leads to another question: what is knowledge? There are a number of different theories on what research is and what knowledge is: positivistic, empirical, hermeneutic, phenomenological etc. Freud's claim was that he, in the first place, created a new research method and treatment came as secondary. Whether the psychoanalytic method is a research method or not, has been debated for the past hundred years. On the other hand, it was Freud's method that created a new profession which today is called psychotherapy. Good discussion on this subject can be found in "International Journal of Psychotherapy" volume 5, number 2, July 2000. (See the relevant discussion on the subject also on [www.eabp.org/scientific\\_validity.htm](http://www.eabp.org/scientific_validity.htm) concerning the EABP's answers to the 15 Questions.)

Participation in the scientific discourse in the field of psychotherapy is of central importance for us. We take part in professional congresses, publish papers on our approach and ideas and co-operate with other training institutes with the aim, not only to question and debate our theoretical basis, but also our practical work.

The EABP has a large bibliography of research articles on body psychotherapy. In Norway, the Bergen project has generated several articles in the Norwegian Psychologist Journal. One of these is an article by Mølsted, Havik & Barth<sup>3</sup>; another is by a Norwegian psychologist and physiotherapist Berit Bunkan<sup>4</sup>. In Norway, there are also many studies about the application of Character Analytic Vegetotherapy. For example, Asbjørn O. Faleide has carried out many studies on the application of Character Analytic Vegetotherapy to psychosomatics<sup>5 6</sup>. Rolf Grønseth<sup>7</sup> is another one, who has carried out and published several studies on the application of Character Analytic Vegetotherapy.

## Practice

A major part of Character Analytic Vegetotherapy practice takes place in an individual setting by private practitioners. There are some Character Analytic Vegetotherapy training centres which have attached clinics offering therapy.

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<sup>3</sup> Mølsted, Havik, Barth. 1995. "A sound soul in a sound body—changes in muscular/respiratory characteristics after short-term dynamic psychotherapy".

<sup>4</sup> Bunkan, B, Undersøkelsers metodik og behandlingsmetoder ved muskulær spenning, Oslo, Universitetsforlaget, 1979

<sup>5</sup> Faleide, A, Psykosomatikk hos barn og ungdom, Teoriar, modellar, tilfelle, Spartacus, Oslo, 1990

<sup>6</sup> Faleide, A, Karakteranalytisk vegetoterapi brukt som korttidsbehandling ved barne-astma, in *Karakteranalytisk vegetoterapi*, Spartacus, Oslo, 1991

<sup>7</sup> Grønseth, R, Eksistensiell karakteranalytisk vegetoterapi go kvinner med incestproblem, in *Karakteranalytisk vegetoterapi*, Spartacus, Oslo, 1991

Character Analytic Vegetotherapy is also practiced in a group setting and in different training situations. Some of the institutions that practice Character Analytic Vegetotherapy in group therapy settings combine the work with group analytic theory developed by Bion<sup>8</sup> and Foulkes<sup>9</sup> in England.

**2. Please provide evidence that your approach has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.**

The three Character Analytic Vegetotherapy institutes that are members of the EABP Forum (+ other schools, e.g. two Norwegian schools) are responsible for determining the competence of their trainees in diagnosis and treatment. The methods of assessing competence vary somewhat, but the common ground is that the trainees practice assessment and diagnosis first on each other and with case studies presented by the teachers and receive intensive supervision with their first clients. Our training standards come into line with the EABP Training Standards, or are higher than them. Thus, our trainees, after completing the four year training program, should be eligible for applying the EABP membership. In order to be admitted the EABP membership, applicants must have met the following requirements:

1. At least 600 hours of professional training as a psychotherapist over at least a three-year period, 400 of which must have taken place with a recognised school of body-psychotherapy "or the equivalent".
2. At least 150 hours of ongoing individual (or group) body-psychotherapy, one three-hour session of group work being equal to one hour of individual psychotherapy. These hours of personal psychotherapy should be outside the setting of training with a professionally paid body-psychotherapist. At least 100 hours should be individual one-to-one sessions.
3. A minimum of at least 100 hours of professional supervision by a body-psychotherapist in either group or individual context outside of the setting of the training "or the equivalent". The number of hours of group supervision should be multiplied by two and divided by the number of people in the group.
4. At least 600 hours, preferably more, of paid professional practice as a body-psychotherapist over a 3-year period, either in group or individual context, "or the equivalent".

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<sup>8</sup> Bion, W.R. *Experineces in Groups*, New York, Basic Books, 1961

<sup>9</sup> Foulkes, S.H. and E.J. Anthony, *Group Psychotherapy, the Psycho-Analytic Approach*, London, Penguin, 1957.

## Assessment/diagnosis

### About the theoretical basis

The basic methodology of Character Analytic Vegetotherapy, including diagnosis and interventions, is described in Reich's *Character Analysis*<sup>10</sup>. As modern Character Analytic Vegetotherapy has undergone some developments since Reich's time, several other theories are also incorporated in the training program, mainly in psychodynamic tradition, i.e. object-relations theory, self-psychology, attachment theory and ego-psychology. In Spain, Xavier Serrano has developed a diagnostic model 'Initial Structural Differential Diagnosis'.<sup>11</sup>

As for the assessment and diagnosis, in addition to our own method and criteria of diagnostics, we use the general psychiatric method of diagnosis, mainly based on the DSM-IV. With respect to their differences, the DSM-IV describes behaviour; our system, which is mainly based on psychodynamic models, starts with aetiology or at least is trying to give some picture of aetiology. When a Character Analytic diagnosis is made, it is usually more precise than the DSM-IV. Of course, in clinical work, it is critical for the therapist to understand the similarities between the Character Analytic system and the DSM-IV to recognize their differences. We think that it is important for the therapist to be able to communicate with other professionals in the field of psychotherapy and psychiatry, who may not necessarily have knowledge of our approach.

Character Analytic approach posits that the same underlying basic characterological issue (e.g. schizoid or oral) may be expressed all along with high, medium or low ego- functioning. For example, according to our diagnostic system, a schizophrenic case would be characterized by a very low level of structural development (i.e. ego-functioning). At the medium ego -functioning with the schizoid character, one is more likely to find behaviour characteristic of the avoidant personality disorder in the DSM-IV.

When the characterological adjustment is neurotic (medium to high ego-functioning), one sees the predominance of defences based on the repression of whatever creates conflict. Interventions with a neurotic character revolve around the uncovering and resolution of such unconscious conflicts, which will lead to relinquishing of compromise solutions.

Neurotic character can use rather "mature" defences to hold conflicting emotions for a quite long time. Neurotic person is often over contained and out of touch with the forces that determine her behaviour. Held emotions can poison the individual,

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<sup>10</sup> Wilhelm Reich. 1949. *Character Analysis*, 3rd edition. New York: Farrar, Straus & Giroux.

<sup>11</sup> Serrano, Xavier. 1990. "El diagnóstico inicial-diferencial en la Orgonterapia desde una perspectiva postreichiana". ECS VOL. 8, no 2. Publicacions Orgón. Valencia.

leading to classical symptoms of neurosis, e.g. psychosomatic illnesses, compulsions, depression etc.

On the other hand, individuals with a personality disorder (DSM-IV) have difficulties mainly in tolerating or containing affects, and therefore they resort to splitting and acting out more readily. Thus, the interventions with them should be different, i.e. such that concentrate on containing functions, integration and maturation.

In order to find the correct path of interventions, the therapist must comprehend both the specific character of the patient and the level of ego- functioning of that character.

One cornerstone in the practice of Character Analytic Vegetotherapy is that we pay more attention to the character, that is, the form of expression, rather than to the content of expression, as will be discussed later in the answer number four.

#### *The five modes of gathering information for the diagnosis*

Character Analytic Vegetotherapy starts with an anamnesis interview: the therapist gathers information about the symptoms, somatic illnesses, history, family background of the patient etc by letting the patient talk and by asking him questions. The anamnesis interview may take one to three meetings, each meeting lasting 50 minutes. In the diagnostic process the therapist draws upon his knowledge of developmental theory (mainly psychodynamic), body reading, characterological structures, the function of the autonomic nervous system, and transference/counter transference issues.

Hence, the process of assessment and diagnosis starts by gathering information. We never make a diagnosis based on one source of information. As we know, sometimes two or more sources give contradictory information, and thereafter the contradiction becomes into the foreground. One can compare the process of diagnosis with driving a car. The driver is gathering information about the driving and the ongoing situation at least with four different modes: he is using his eyes to look at the road and traffic, his ears to hear sounds from the car or outside, the senses in the body (proprioceptive, kinetic, and vestibular) are feeling the car, i.e. the position of the car. The driver is making the "diagnosis" of the situation by using all the modes of gathering information.

There are basically five modes of gathering information used in the initial processes of assessment and diagnosis, as well as all along the following therapeutic process until its termination. 1. First, the therapist listens to the words of the client, that is, the story, the content of it. 2. Secondly, he listens *how* the words are said, what is the information concealed in a person's specific way of expressing those words. What is the emotional attitude concealed in the way the words are spoken, the sound of the voice, the facial expression, the posture, the

gestures, the movements, the colour of the skin, the breathing and other functions of the autonomous nervous system. 3. Thirdly, the therapist recognises the elements of transference in the patient's behaviour and utilises the information offered in them. 4 & 5. The fourth and the fifth mode of gathering information, i.e. *vegetative identification* and *imitation*, are specific for the Character Analytic Vegetotherapy.

**Vegetative identification** means that we can feel in our bodies what the other person is feeling. This is something that all mammals do, mostly unconsciously. This might be the mechanism behind the phenomenon when a flock of birds or deer take off simultaneously. Biologists have done a lot of research on these themes. They have found, for example, that the take off reaction in a flock of birds happens so fast that the sense of sight is too slow as a means of getting the signal. The reaction happens in 20 milliseconds and the eye of a bird can process a piece of information in 80 milliseconds.

William James<sup>12</sup> proposed in his theory of emotions that bodily changes follow directly the perception of an exciting fact; he also claimed that our emotions are feelings of the bodily changes as they occur: "Our natural way of thinking about ... emotions is that the mental perception of some fact excites the mental affection called the emotion, and that this latter state of mind gives rise to the bodily expression. My theory on the contrary, is that the bodily changes follow directly the perception of the exciting fact and that our feeling of the same changes as they occur is the emotion". This old theory is supported by prominent researchers of our day, like Joseph Le Doux (1996)<sup>13</sup> and Antonio Damasio (1999)<sup>14</sup>.

Thus, according to James, our feelings are bodily changes produced directly by the outside world or memory or both. This implies that other human beings are represented through the changes they cause in our body.

Wilhelm Reich gave a precise description of how this process takes place in the therapeutic setting:

The patient's expressive movements involuntarily bring about *an imitation* in our own organism. By imitating these movements, we "sense" and understand the expression in ourselves and, consequently, in the patient. Since every movement is expressive of a biological condition, i.e., reveals an emotional condition of the protoplasm, the language of facial and body expression becomes an essential means of communicating with the patient's emotions. As I have already pointed out, human language *interferes with* the language of the face and the body. When we use the term "character attitude", what we have in mind is the *total expression* of an organism. This is *literally* the same as the total *impression* which the organism makes on us. (*Character Analysis*, p.362.)

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<sup>12</sup> James, William. 1950. *The Principles of Psychology*, p. 449. Cambridge M.: Dover Publications.

<sup>13</sup> Le Doux, J.1996. *The Emotional Brain*. New York: Touchtone Books, Simon& Schuster,

<sup>14</sup> Damasio, A.R. 1999. *The Feeling of What Happens*. London: William Heinemann.

We train our trainees in Character Analytic Vegetotherapy to recognise and to be aware of the possible vegetative identification reactions in their bodies. With proper training and sufficient amount of experience the therapist will be able to feel sometimes, for example, the similar muscular contractions in her body as the patient. It is, of course, difficult to learn to make a difference between one's own bodily reactions and those of the patient. However, this can be gradually learnt through careful practise and supervision. On the other hand, this can be a dangerous tool in the hands of an untrained or inexperienced therapist. Therefore, we stress that learning this skill takes many years and demands, first of all, besides supervision, one's own successfully completed body-psychotherapy.

**Imitation** is the fifth mode of gathering information for the diagnosis, which is mostly used in training situations and in supervision. That means that, at the beginning, the presenter of the case gives no verbal information at all about the patient. In stead, she presents the patient through her own body. She can be asked to stand, to walk into the room, or sit down in the way she experiences the patient would do. During the bodily presentation the other participants observe and "imitate" the presenter. On this basis they form their impressions of the patient; her feelings, character, emotional attitude, transference as well as their ideas about therapeutic interventions. These impressions are then expressed with words and shared in the group. It is only after this that the presenter is allowed to speak. Often she is impressed by the accuracy of the impressions of her imitation of the patient. The trainees are encouraged not to form a consensus. Contrasting opinions among participants often turn out to represent precise but different aspects of the patient. Imitation has proven to be an effective method of cognitive understanding of the unconscious expressions, emotional attitudes and transference issues of the patient.

To learn to use these methods takes years of practice and structured training.

During the two-year advanced training period trainees are working with clients of their own. We alternate with different didactic methods. Sometimes following the tradition of analytical therapy training seminars, the patients are first presented in written reports and discussed verbally. Thereafter the problems are worked on through discussions and role-playing.

In general, imitation is perhaps the most important mode of learning in humans. A child imitates and keeps on repeating. There is interesting research work done on newborn babies which support our understanding of the multiplicity of the communication canals, especially those situated in the body, in human interaction.

Experimental research (Meltzoff and Moore<sup>15</sup>; Butterworth<sup>16</sup>) has shown that body imitation is an innate capacity in humans. According to Meltzoff and Moore<sup>17</sup> “[this capacity] is not automatic but is under intentional control, it is not purely rote but reveals infants’ interpretations of social encounters, and it is mediated by an internal representational system.” In particular, imitation is not dependent upon specific senses but uses a proprioceptive whole body code or “ ‘supramodal’ code that links acts that are seen and those that are done.” That is, the infants know how to use their facial muscles, even though they cannot see their own faces performing the act, to imitate a seen facial gesture. It is also demonstrated that the infant has separate representations of its own and the other’s body.

Furthermore, the infant distinguishes human acts from other things through imitation. “When a human act is shown to a newborn baby, the act may provide its first “aha” experience. .... That (seen) event is like this (felt) event”. “The cross-modal knowledge of what it feels like to do the act seen provides a privileged access to people not afforded by things.” (Meltzoff and Moore<sup>18</sup>)

A further consequence of this is that imitation helps the infant to identify people. Infants re-enact behaviour to test the identity of the adult and differentiate them from one another. They use body movement patterns and non-verbal gestures to clarify ambiguities about the identity of people. “You are the one who does that and that gesture”.

“By six weeks of age, distinctive human behaviours serve as *gestural signatures*, aiding the infant to differentiate individuals within the general class of people: to distinguish one individual from another and to re-identify particular individuals on subsequent encounters.” (Meltzoff and Moore<sup>19</sup>) These are the precursors of our adult recognition that people have distinctive mannerisms, styles, and modes of behaviour, in short, character.

There are interesting research work done also on the function of brain relating to these issues, for example, in Finland by the research group of Riitta Hari. Hari is a professor at the Academy of Finland, and the leader of the Brain Research Unit at the Low Temperature Laboratory of the Helsinki University of Technology.

These studies have shown that brain cells communicate via tiny electrical pulses that are accompanied, as any currents, by magnetic fields. Although these fields are extremely weak, they can be recorded outside the head by superconducting sensors. The method known as magneto encephalography (MEG) is used to accurately record brain activation sequences. Riitta Hari and her multidisciplinary research team have improved magneto encephalography by advances in instrumentation and signal analysis for 20 years. They have used magneto encephalography to study sensory, motor, and cognitive brain functions in healthy subjects, and they have developed clinical routines for evaluation and

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<sup>15</sup> Meltzoff, A.N. and Moore, M.K. 1995. “Infants’ Understanding of People and Things: From Body Imitation to Folk Psychology.” In Bermudez, J.L., Marcel, A. & Eilan, N. (eds). *The Body and the Self*, (p 43-69). Cambridge, Mass.: MIT Press.

<sup>16</sup> Butterworth, G. 1995. “An Ecological Perspective on the Origins of Self.” In Bermudez, J.L., Marcel, A. & Eilan, N. (eds). *The Body and the Self* (p 87-105). Cambridge, Mass.: MIT Press.

<sup>17</sup>Meltzoff, A.N. and Moore, M.K. 1995. “Infants’ Understanding of People and Things: From Body Imitation to Folk Psychology.” In Bermudez, J.L., Marcel, A. & Eilan, N. (eds). *The Body and the Self*(p. 49). Cambridge, Mass.: MIT Press.

<sup>18</sup> Meltzoff, A.N. and Moore, M.K. *ibid.* (p54; p.55)

<sup>19</sup> Meltzoff, A.N. and Moore, M.K. *ibid.* (p.58)

follow-ups of neurological and neurosurgical patients. In recent years Riitta Hari has studied brain regions which control movements; the same regions are also activated by the observation of movements by another person. This mirror neuron system seems to match action observation and execution and may, therefore, constitute an important brain basis for social cognition.<sup>20</sup>

Hari won the Louis-Jeanet Prize for medicine in 2003, and with the help of the price she wants to study the effects of observed pain on brain activation of the observer.<sup>21</sup> By her project, she expects to further contribute to our understanding of the neural basis of social cognition. It seems possible that the brain areas involved may represent sites that dysfunction in disorders of social communication, such as autism or schizophrenia.<sup>22</sup>

### *Intervention/treatment*

A vast palette of interventions is taught in our training. Every action or non-action by the therapist is seen as an intervention: in the psychotherapeutic setting there is no empty or dead time. This means that the silence of the therapist is also one type of intervention, which can be used with a purpose. Every situation and every client needs a specific, context-based, characterological intervention. This means that therapy cannot be done following a general scheme, but must be adjusted with every situation, every client and every therapist.

Character Analytic Vegetotherapy deals with different realms (i.e. emotional, cognitive, symbolic and somatic) that build a whole. Consequently, the therapist has to be able to move in all these realms and to make interventions in and from any of these realms. This is well described by Reich in *the Function of the Orgasm*:

The character armour now showed itself to be functionally identical with muscular hypertension, the muscular armour. The concept of functional identity which I had to introduce means nothing but the fact that muscular and character attitudes serve

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<sup>20</sup> Hari R and Nishitani N: From viewing of movement to imitation and understanding of other persons' acts: MEG studies of the human mirror-neuron system. In N Kanwisher and J Duncan (Eds) *Functional Neuroimaging of Visual Cognition. Attention and Performance XX*. Oxford University Press, Oxford 2004, pp. 463–479.

Hari R: The social brain. Commentary. Project Syndicate, October 2002. <http://www.project-syndicate.org/commentary/hari1>

Hari R: Sosiaalisen kognition hermostollinen perusta. *Duodecim* 2003, 119: 1465–1470.

Järveläinen J, Schürmann M and Hari R: Activation of the human primary motor cortex during observation of tool use. *Neuroimage* 2004, 23: 187–192.

<sup>21</sup> Saarela MV, Hlushchuk Y, Williams C de AC, Schürmann M, Kalso E and Hari R: The compassionate brain: Humans detect intensity of pain from another's face. *Cerebral Cortex* 2006, in press.

<sup>22</sup> Nishitani N, Avikainen S and Hari R: Abnormal imitation-related cortical activation sequences in Asperger's syndrome. *Ann Neurol* 2004, 55: 558–562.

the same function in the psychic apparatus; they can influence and replace each other. Basically, they cannot be separated; in their function they are identical.

Concepts, which are arrived at by the unification of facts, immediately lead on to other things. If the character armour expressed itself through the muscular armour and vice versa, then the unity of psychic and somatic functions was comprehended and became of being influenced in a practical way. From now on, I was able to make practical use of this unity. When a character inhibition would fail to respond to psychic influencing, I would work at the corresponding somatic attitude. Conversely, when a disturbing muscular attitude proved difficult of access, I would work on its characterological expression and thus loosen it up. A typical friendly smile, e.g., which impeded the work, could be eliminated by describing the expression as well as by disturbing the muscular attitude.

In short, we use verbal interventions as well interventions on the somatic level. The former include e.g. different kind of questions, such as interrogative, affirmative, and clarifying ones. Other verbal interventions, such as pointing out and confrontation, can also be done at the somatic level, e.g. the therapist can demonstrate the muscular attitude of the patient by taking the same bodily posture or facial expression as the patient, that is, by imitation. Interventions at the somatic level include e.g. a light touch or massage of a tensed muscle, body awareness exercises, breathing exercises etc. There are also different kinds of techniques applied for ego -strengthening, e.g. working in the standing position focussing on the contact with the ground, balance, breathing; we also use eye contact, slow movements, pressure against a safe resistance and increasing awareness of bodily sensations. The bodywork has acquired a systematic structure by the contributions of later authors, for example, O. Rakness and F. Navarro.

The interventions are not, however, performed randomly, but need an exact timing on the part of the therapist. This we teach the trainees, and they practise it first on each other and thereafter to their own patients under supervision. In general, we believe that every somatic intervention needs to be accompanied by verbal integration. (See also answer number 5.)

### **3. Please provide evidence that your approach has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.**

Character Analytic Vegetotherapy considers the human being as a mind-body unit. This approach was adopted on the basis of Reich's studies on the factors that govern the relationship between health and illness from a holistic point of view.

Character Analytic Vegetotherapy is interested in the natural functions of a living being. It also pays attention to a society's practices, which may either inhibit or favour these vital functions. Our approach is based on the view that a human

being, as all living systems, strive for an energetic equilibrium through anabolic metabolism (energy absorption) and catabolic metabolism (energy release). In other words, as human beings we take in food, air and make contact with others; we discharge energy through movement, sexuality and maintenance of the automatic vital functions, as well as through abstract thinking. The biological function of the orgasm, as Reich demonstrated, is to balance the energy excesses produced by the vital processes, the natural non-equilibrium state between consumption and absorption.

Therefore, the orgasm is a basic regulative element of the organism, and the impoverishment of this self-regulatory capacity of the organism is considered to produce unstability in the function of the organism leading to pathological consequences, both at psychical and somatic levels.

If a somatic excitement associated with sexual desire does not get released, this will lead to anxiety as a response to disturbances in the neurovegetative function. The functional antithesis between pleasure and anxiety together with neurovegetative mechanisms help explain the concept of the orgasm as a regulatory mechanism. Consequently, the emotions of pleasure and anxiety are to be understood as biological phenomena.

Within this frame of reference, the Character Analytic Vegetotherapy studies the bodymind relationship starting from the view that the body and the mind function as two poles where the disturbances of vital functions are manifested. Furthermore, our concept of psychosomatic phenomena is based on the organism's energy function. Psychic as well as somatic processes mirror the same biological energy, although through different paths.

With respect to health and illness, we start from the fact that it is natural for the human animal to be exposed to change. Furthermore, we hold that we are both physical and psychical beings endowed with emotions, and it is exactly this complexity of material and immaterial elements that makes us human. All that concerns us is simultaneously physical and psychical.

The concept of psychosomaticity has been challenged, because it has been associated with the idea that it is the mind that causes the somatic illness, which is an error.

Disease is present in the whole biosystem. Our biology is exposed to organic alterations as well as to emotions. Depending on each person's history and character, a major or minor prevalence of the psyche over the organic manifests, or vice versa.

All our experiences and illnesses are psychosomatic by nature. Our biosystem strives to maintain equilibrium, and when this equilibrium is disturbed, the result will be a disorder, which will have repercussions on all the levels of our being. This psychosomatic relationship is well illustrated in colloquial language and in

literature, as for example, in the phrases "He makes me sick...", "She broke my heart", "You are giving me a headache".

The concept of psychosomaticity applies also to the emotions. The term emotion comes from Latin *ex-movere*, which means 'to move outwards'. In other words, it contains the notion of movement and the notion of externalisation. Consequently, an emotion can be seen as a basic means by which a human being strives to express herself from her biological centre. This process of externalisation, of coming out, requires movement in the biosystem in order for an emotion to become visible. An emotion provokes a series of physical changes in our organism, and when these physical reactions reach our mind, the emotion becomes conscious, that is, we make a cognitive contact with the primarily biological element.

If the expression of emotions is inhibited throughout infantile development, then something that tends to manifest itself by nature becomes non-functional. In our culture it is common to repress and prohibit the free expression of emotions in children. In order to cope with/help the repression of emotions the organism, e.g. the muscles, contract. This, again, produces a state of physiological imbalance, which fosters the development of diseases. We cannot point out exactly, which reaction or process produces a symptom or a disease, but we can diagnose, for example, the beginning of a duodenum ulcer. If a child needs to contract chronically his diaphragm to lessen the feeling of emotions, this will lead to organic pathologies. After the external repression, first in the family, then at school and later in the society, the act of repression, that at first was imposed, becomes "the right thing to do". In this way, a whole series of internal emotional filters are developed by means of which children, in order to survive, are compelled to adapt to society.

The predominance of psychic or somatic symptoms of a disorder varies from case to case. On the basis of different proportionalities one can establish various categories of illnesses ranging from the states where psychical symptoms make up the whole disease to the states where there are no psychic elements present. For the first case we could take hypochondria and for the latter, cancer.

Hypochondria, which does not include any organic alterations, can be seen as a psychosomatic state, as the symptoms are felt in the body. The hypochondriac is afraid of contracting a severe illness; the psychic symptom predominates over the organic one that manifests itself only as a hypersensitivity of certain parts of the body. It is a question of a distorted and augmented self-perception, which is a mental, not a bodily illness, even though the illness is projected on the body. A hypochondriac may suffer from real bodily hallucinations and think of some parts of his/her body as persecutors. In that case, we would rather talk about a psychopathological disorder. Hypochondria is a manifestation of a severe distortion in a person's bodily image. None of us is perfectly symmetric, our right and left sides are not perfect replicas of each other, but hypochondriacs frequently tend to perceive these asymmetries as symptoms of severe organic diseases, generally

associated with degenerative diseases, such as cancer. These persons may be more afraid of the pain associated with the disease than they are of death.

Next to hypochondria, in the distribution of psychic and organic alterations, can be placed the phenomenon of hysterical somaticisation. There we have organic manifestations that use symbolization to express themselves. In the hysteric a conflict that cannot be recognised psychically by the patient is directly expressed at the somatic level. The symptom has a bodily manifestation, but its origin is in the mind, and it is there where the solution must be found. In these cases one should discretely perform clinical examination in order to determine possible organic causes, and only then begin psychotherapy. The unconscious conflict that underlines the case of hysteria may become manifest as involuntary muscular or sensory disturbances, such as paralysis, hysteric blindness or deafness. The conflict is not verbalised, it does not get to the level of consciousness, but becomes somaticised: the body speaks. Somaticisation is a metaphor for the conflict that the person is undergoing and the body is used as the tool of expression.

The next level in the psychosomatic continuum could be represented by "functional diseases" or psychosomatic reactions, where the degree of somaticisation is clear, but where the degree of psychic influence is more difficult to discern. The emotional counterpart is always present generating anxiety and interfering with the neurovegetative system, thus disturbing the function of the smooth involuntary musculature. This causes, for example, problems in the digestive system, such as gastritis, constipation, diarrhoea, flatulence etc. This group of psychosomatic disorders includes also tendencies to have allergetic reactions.

At the very end of the continuum we find the disorders which are defined by psychological literature as major psychosomatic illnesses: hypertension, asthma, irritable colon, ulcerous colitis, etc. The organic changes are large and medical intervention is necessary. The Reichian paradigm includes among psychosomatic illnesses also such degenerative illnesses as cancer and cardiovascular diseases. These are seen as manifestations of a biopathy of the whole vital living system of a person. In other words, the whole psychosomatic organism is involved, even though the illness manifests itself in a certain part of the body as, for example, in the cases of a colon tumour or an infarct.

Psychosomatic illnesses have been widely studied in recent decades. A general understanding seems to connect these disorders with the incapacity of a person to recognise and express their feelings. The American researcher Sifneos talks about *aleksitymia*, describing it as a state where a person's connection to his emotions is inhibited. The Paris Psychosomatic School and Marty<sup>23</sup> talk about essential repression and operator thinking. Reich talked about a kind of biopathy where possibilities for autonomous regulation of emotions are missing. People suffering from this state tend to find difficulty in having contact with their emotions, as if they did not know how to interpret their feelings. They are persons who look normal and

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<sup>23</sup> MARTY, P. - El orden psicossomático. Promolibro, 1995.

well adapted but are lacking a connection to the inner world, which is manifested through the body, not through the language.

**Primary prevention:** Psychosomatic phenomena are natural; they are part of our identity. Emotional compromise can be said to be in the root of many illnesses. Therefore, in order to prevent illnesses, it is of vital importance to enable people to stay in contact with their feelings and to express them. This concerns especially infancy and childhood, as they are the most vulnerable periods of emotional growth. **Secondary prevention:** We emphasise the importance of education and information to make people conscious of these things, especially in the fields of education and health care. The role of the mass media in shaping the opinions of people is also of importance. **Tertiary prevention** is intervention.

### *Some criteria for health*

We share the view of Ola Raknes in his book *Wilhelm Reich and Orgonomy*,<sup>24</sup> that health is a mediated and partial concept in today's society. Therefore, we estimate the question of health from a realistic point of view and wish to present a list of some characteristics we think are common to healthy organisms:

1. Capacity for complete concentration, be it on a piece of work, a task, a conversation, or in a genital embrace, and a feeling of unity both in that which one is and in that which one does.
2. Capacity for and feeling of contact, both with oneself and with other people, with nature and art and, for instance, with the tools one uses in one's work; an ability to receive impressions, of having the courage and the will to allow things and events to make impressions.
3. Freedom from anxiety where there is no danger, and ability to react rationally even in dangerous situations - and courage to enter voluntarily into dangerous situations where one sees a rational and important purpose in doing so.
4. A deep and enduring feeling of well-being and strength, a feeling of which one can become aware each time one directs attention to it, even when struggling with difficulties or when feeling bodily pain; some of this feeling can be traced to the feelings of pleasure in the genitals during expiration.

*(Wilhelm Reich and Orgonomy, p. 124.)*

According to Ola Raknes, the criteria for an individual's health at the somatic level should be the free pulsation of the organism. When we talk about the pulsation of the biosystem, we refer to the capacity of any organism, having its own blood circulation and protoplasmatic mobility, for constant pulsation, that is, for contraction and expansion. The following characteristics indicate the state of free pulsation:

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<sup>24</sup> Ola Raknes: *Wilhelm Reich and Orgonomy*, Universitetsforlaget, Oslo, 1970

**A.** A momentarily, complete loss of consciousness during the orgasm; consciousness in the sense of mental activity does not exist during the orgasm. This happens at regular intervals, not in every intercourse, since there is not enough energy excess to reach orgasm every time. However, more or less pleasant states of discharge will be reached. Healthy individuals will experience orgasm from time to time depending also on the circumstances.

**B.** The organism is balanced: the body is elastically erect, without spasms or contractions. This does not mean that there should not be any tensions. A normal muscle looks and feels balanced and it has a firmness that does not exist when the muscle is blocked.

**C.** The skin is warm and well circulated with blood. The colour of the skin is reddish and slightly tanned. Sweat may be warm and its odour is not unpleasant. In clinical practice one can easily notice how a patient's skin may change its colour and the odour of sweat. In fact, there are persons, who have a strong and smelly sweat, even if they use deodorant, which after some time becomes liquid sweat with a good smell.

**D.** The muscles can change from tension to relaxation without the need to be chronically contracted or flaccid. Chronically contracted muscles can be signs of the muscular armour of a neurotic character structure, and chronically flaccid muscles may tell about a psychotic character structure. Peristalsis is normal; there is neither constipation nor haemorrhoids.

**E.** Physiognomy and facial expressions are lively and mobile, never acting as a mask. Eyes are clear with rapid pupil reactions to the changes in the intensity of the light. In a healthy person the eyeballs are neither sunken nor extremely protruding, which reflects the normal functioning of the internal muscles of the eyes.

There is a very simple exercise at the vegetative level of action that can be done: change the light intensity of a flashlight and observe the reaction of the pupil, that is, whether it contracts or dilates. There is also another diagnostic tool: reflection of the cardio-ocular. It is performed by pressing the eyeballs for four seconds and taking the pulse at the same time. First there will be a vagotonic reaction when the pulse rate decreases. Then, the time required for the recovery of the normal pulse is measured. If the recovery is slow (if it takes double the time, considering that four seconds is the normal recovery time), there is vagotonia, but if it is shorter or the pulse has accelerated from the initial rate, then there is sympatheticonia.

**F.** Breathing is complete with pauses before inspiration. In other words, after inspiration and expiration there is a time interval when oxygen is not needed. The thoracic movement is free and easy.

**G.** Pulse is usually regular, calm and strong. Blood pressure should be normal; taking into account, however, that each person has a different measure. What is important is not to have great changes in one's blood pressure, which would indicate some degree of non-equilibrium.

**H.** Red blood cells are full. This factor has to do with the orgonomic blood analysis, T-analysis, which differs from ordinary diagnostic analysis. T-analysis focuses on different problems, and the blood is analyzed with specific laboratory equipment. Reich founded a research laboratory in which a person's biosystem energy level could be measured through the observation of red blood cells. Reich discovered that when the red blood cells are healthy, they are full with tense peripheral membranes with no sharp ends or spikes. The weakness of the red blood cells indicates that there is a low response capacity in the organism.

Depending on the severity of the imbalance in the function of the nervous-vegetative system and the pulsation of the organism, the following consequences may be manifested:

- A.** Muscular defence, i.e. the formation of the character-muscular armour.
- B.** Psychic defence, in which a specific attitude towards life would persist.

Whether A or B prevail depends on the environment and the person's history, that is, in which developmental phase the most severe disturbances occurred. Any severe disturbance in a person's life will always lead into an artificial homeostasis of the organism, and that is the origin of what Reich called "character-muscular armour". In fact, it is an intense fight for life.

Depending on the emotion that is repressed or the historical situation in which the repression occurred, a defence mechanism may develop, or the organism will widen its defence mechanism by moulding it into the character-muscular armour. The function of the armour is, on the one hand, to absorb the energy excess and to help a person avoid feeling anxiety, and, on the other hand, to prevent the biosystem's expansion by way of muscle contraction. The formation of the armour, due to the lack of energy and muscular hypertension at the superficial level, will eventually develop into anorgonia of the biosystem, which sustains a state of constant stress. Permanent stress, together with incipient changes at hormonal and physiological levels and the reactive sympatheticonia, provoke a cycle. This cycle is composed of the lack of cellular oxygen, carbon dioxide excess and the tendency to cellular degeneration, and it is maintained by what Reich called "orgastic impotence". The person maintains the energetic excitement being unable to surrender during the orgasm in order to discharge the energy excess.

We are also aware of the social and cultural constraints that shape our lives by limiting an individual's capability for pleasure, expansion, creativity, growth, etc. Therefore, preventive work is important. As followers of Reich we support orgonomic prophylaxis with the objective to prevent the formation of the character-muscular armour during the childhood by paying attention to the conditions that effect the development of a human being right from gestation.

### **Assumptions and Aspects of the Therapeutic Relationship**

We agree with the definition on the therapeutic relationship given by EABP on their answer to the 15 questions.

“There is the presumption that the human being (pre-birth) is essentially open, receptive, and untraumatised. The birth process, severe tensions prior to the birth, and subsequent traumas in early life can all start the armouring, defensive, and emotionally repressive process. Depending on the presence or absence of love, warmth & understanding in the surrounding environment, these traumas can be either naturally healed or re-enforced. Degrees of unresolved trauma are built-up and somaticised. These form the eventual bases of any neuroses, psychological problems or dysfunctional behaviour patterns found in the client. The therapeutic relationship attempts to help the client to undo these patterns.”

With unconditional regard, respect for their process and good contact (emotional, physical etc) the Body Psychotherapist tries to provide an environment in which the client can begin to let go of these defences. There is a presumption of a natural desire and innate ability to heal. ... The therapeutic relationship in Body Psychotherapy usually consists of supporting the client both verbally as well as in some form of somatic intervention. This dual way of working aids and abets the eventual somatic release that has to happen for the neuroses or original traumas and defence patterns to be completely overcome.”

**4. Please provide evidence that your approach has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/intervention.**

Character Analytic Vegetotherapy has a long tradition of creativity and innovation. While many theories have historically looked at the human psyche as a co-ordination of bodily, mental, and relational factors, this assumption has rarely been consistently applied and detailed as it is in the Character Analytic Vegetotherapy. Academic approaches to communication distinguish verbal- and nonverbal communication. We consider that an organism communicates with other organisms through millions of exchanged items.

The contribution of Character Analytic Vegetotherapy to the development of the theory and practice of psychotherapy might be best understood by looking first briefly into its origins in the psychoanalytic movement and the initial phases of its development.

By the early 1920s the development of psychoanalysis as a mode of treatment seemed to have come to a standstill. At this point, some students of Freud, Wilhelm Reich, Otto Rank and Sandor Ferenczi, began to search for new techniques to improve the practical work with patients. They all thought that analysis had come too much of an intellectual process, that too much emphasis was being placed on recalling the past, which often meant that the analysis was

not a living emotional experience. Focussing on the past in the analysis was based on the assumption that recalling infantile traumas would produce cure, hence the patients were asked to recall their childhood memories.

The reduction of infantile amnesia as the aim of the analysis began, however, to lose its importance. The young analysts became gradually more and more aware of the fact that the patients did not suffer so much from their past as from the way in which their pasts were influencing their present behaviour. On the basis of this observation the emphasis in the analytic situation was shifted from the past to the present, that is, to the relationship between the therapist and the patient. Consequently, the transference phenomena as well as different forms of resistance came into foreground.

On the basis of his observations on the patients' behaviours in the analysis as well as outside the analytic situation, Reich formulated his theory of character defences, that is, "character armour". The term *character* was used by Reich for habitual attitudes and behaviour developed as reactions to the conflicts between outer demands and inner impulses (drives). These observations also led to an interest to investigate more fully the activities of the ego, as well as to the theory of interpersonal relations. This line of studies was later continued by Anna Freud in her classical work *The Ego and the Mechanisms of Defence*<sup>25</sup>, which had a strong influence on the school of ego-psychology, e.g. Margaret Mahler, Rene Spitz, and John Bowlby.

On the basis of his further observations on the repetitive characterological patterns of behaviour manifested in the analytic situation, a kind of repetition compulsion, Reich discovered that they constituted the main resistance against the analysis. Furthermore, he discovered that most of these repetitive patterns of behaviour, as well as many longstanding ways of reacting, originated from periods of life before the Oedipus stage, and thus also displayed the same irrational quality in the analysis as the original transference phenomena. Thus, the concept of transference, which Freud had defined as the transference of the Oedipus situation to the analytic relationship, was widened to include also the earlier developmental phases.

The concept of transference was further widened by Reich's observation that the repetitive patterns of behaviour were not restricted solely to pleasurable experiences, but they included also unpleasant experiences. The earlier assumption was that transference occurred according to the so-called pleasure principle. In other words, one strived to relive an experience in analysis instead of remembering it, because one wished to experience the forbidden satisfaction. This assumption was no longer necessary, when transference was seen as an automatic tendency to relive life patterns, both pleasurable and unpleasant.

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<sup>25</sup> Freud, Anna. 1937. *The Ego and the Mechanisms of Defence*. London: The Hogarth Press.

Furthermore, Reich shifted the emphasis from working with positive transference to working with the largely neglected negative transference phenomena, especially at the initial stages of the analysis. He placed special emphasis on discovering the latent negative transference and working through it, as a prerequisite for a positive therapeutic outcome. In fact, he assumed that the total absence of an affective negative transference was to be described to the counter-transference on the part of the analyst. Thus, he stressed the importance of being aware of one's own transference reactions and behaviours as the analyst. The exposing of negative transference has ever since Reich been widely discussed in the movement of Character Analytic Vegetotherapy. In the following text excerpt from *Character Analysis* (pp. 147-149) Reich describes a number of counter-transference issues: repressed aggression, problems of sexuality, narcissism and sadism of the analyst, as well as the problem of the missing negative transference on the part of the patient.

Without going into the whole complex of question, we will illustrate the problem of counter-transference with a few typical examples. It is usually possible to recognize by the way the case is proceeding whether and in which area the attitude of the analyst is defective, i.e., disturbed by his own psychological problems. The fact that some cases never produce an affective negative transference is to be ascribed not so much to the patient's block as that of the analyst. The analyst who has not resolved the repression of his own aggressive tendencies will be incapable of accomplishing this work satisfactorily in his patients and might even develop an affective unwillingness to form an accurate intellectual appraisal of the importance on the analysis of the negative transference. His repressed aggression will cause the analyst to regard as a provocation the patient's aggression which has to be roused. He will either overlook negative impulses in the patient or obstruct their manifestation in some way. He might even reinforce the repression of the aggression by exaggerated friendliness toward the patient. Patients quickly sense such attitudes on the part of the analyst and thoroughly exploit them in warding off drives. An affect block or an excessively solicitous bearing on the part of the analyst is the most telling sign that he is warding off his own aggression.

The counterpart to this is the analyst's characterological inability to cope with the patient's sexual manifestation, i.e., his or her positive transference, without becoming emotionally involved. In acting as a control analyst, one observes that the analyst's own fear of the patient's sensual and sexual manifestation often severely hinders the treatment and can easily forestall the establishment of genital primacy in the patient. Under normal analytic conditions the patient's genital demands for love become manifest in the transference. If the analyst himself is somewhat befuddled with respect to sexual matters or does not have at least a sexual affirmative intellectual orientation, his work as an analyst will certainly suffer. Needless to say, it is extremely likely that an analyst lacking sexual experience will be unable to comprehend the actual difficulties in the patient's sexual life. Hence, the student of psychoanalysis should fulfil, while undergoing analysis during his training period, at least the same requirements which apply to the patient: the establishment of genital primacy and the attainment of a satisfactory sexual life. Unless he represses his own impulses, the sexually disturbed or unsatisfied analyst will not only be hard-pressed to control his positive counter-transference; he will

find it increasingly difficult to cope with the provocation to his own sexual demands by the patient's sexual manifestation. He will undoubtedly become entangled in a neurotic predicament. Practice imposes the strictest demands upon us in this respect, and we would be foolish to conceal or gainsay them. Whether the analyst consciously admits or denies that he has to struggle with such difficulties makes little difference, for the average patient will sense the analyst's unconscious sexual negation and rejection and will consequently be unable to get rid of his own sexual inhibitions. There is, in fact, more to it than that. The analyst, to be sure, has the right to live according to his own light. But the fact remains that if, unconsciously, he adheres to rigid moral principles, which the patient always senses, if, without knowing it, he has repressed polygamous tendencies or certain kinds of love play, he will be able to deal with very few patients and will be inclined to hold up some natural mode of behaviour as "infantile".

Analysts who experience the transference of their patients in an essentially narcissistic way tend to interpret those contemporary manifestations of love as signs of a personal love relationship. For the same reason, it often happens that the patient's criticism and distrust are not adequately worked through.

Analysts who are not sufficiently in control of their own sadism easily lapse into the well-known "analytic silence", despite the fact that there are no satisfactory reasons for it. They regard the patient himself, rather than the patient's neurosis, as an enemy who "does not want to get well". Threats to break off the analysis are unnecessary in analytic technique as they are of a lack of patience. The latter causes technique to fall short of its possibilities.

In addition, Reich demonstrated that transference phenomena did not occur only in the analysis of neurotics and narcissistic personality disorders, but they could also be seen in the treatment of psychotics. The same observation has been made also by other psychoanalysts, e.g., Harry Stack Sullivan and Frieda Fromm-Reichmann<sup>26</sup>. The behaviour of a psychotic is almost completely transference in the sense of being taken from other frames of reference and having hardly any relation to the therapist in reality. According to Reich, the indifference or distrust frequently shown by psychotics towards the psychotherapist is just as truly a repetition of earlier patterns of experience as the so-called love or competitiveness in a classical hysteric.

### *Character analysis*

Freud had presented his theory of character structures in 1908 in a paper called "Character and Anal Eroticism"<sup>27</sup>. His work was carried on mainly by Karl Abraham<sup>28</sup>, but also by others like Ferenczi. However, Reich's contribution to the study on character stands out as the first coherent theory of character and, first of all, as the first coherent method of analysing character.

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<sup>26</sup> Fromm-Reichmann, F. 1950. *Principles of Intensive Psychotherapy*. Chicago: The University of Chicago Press.

<sup>27</sup> Freud, S. "Character and Anal Eroticism." S.E. IX. London: Hogarth and Pelican Freud Library.

<sup>28</sup> Abraham, K. 1927. *Selected Papers on Psychoanalysis*. London.

The discovery of the fact that longstanding modes of reaction as well as the repetitive patterns of behaviour in the patient, i.e. his/her character, constituted the main resistance (“character resistance”) against the therapy was revolutionary in the practice and theory of psychoanalysis. According to Reich, the analysis and the elimination of character resistance right at the outset of the analysis was the prerequisite for a positive therapeutical outcome. Furthermore, he found out that the character resistance manifested itself mainly in the behaviour of the patient, not in the content of his communication. Hence, Reich argued that, especially at the initial stages of the analysis, it was crucial to pay attention to the *form* of expression. In other words, it was not *what* the patient said, but *how* he said, that had to be interpreted. This also implied focussing on the bodily expressions in the patient, and their discrepancy with the spoken words.

Furthermore, Reich discovered that the main resistant way of behaviour, e.g. aggressiveness in the analysis, was the gate to the character, and therefore to the healing of the neurotic and psychotic suffering.

In very brief, Reich found out that, e.g. people with oral characters tended to develop a parasitic clinging to the therapist; people with anal characters were usually stubborn and obstructing. When pointing out to the patient empathically, without criticism, these most apparent and obvious ways of reacting, in all situations in which they occur, the therapist is breaking a strong taboo, that is, in normal situations people tend to avoid saying each other what they see in each other. This active method offers the patient an opportunity to become aware of his/her behaviour, thinking and emotions and helps her/him understand how all this prevents her/him from living a full life and how this is leading to a variety of pathological symptoms.

The research on character has continued after Reich. For example, the concept of character has been reformulated and the systematisation of different character types has been carried out. Reich's theory of character has been further developed among others by Ellsworth Baker, John Pierrakos, Alexander Lowen, Ola Raknes, Tage Philipson<sup>29</sup>, Nic Waal, Rolf Grønseth and Federico Navarro, just to mention a few.

### *The new formulation of the concept of masochism*

A significant development in the theory and practice of psychotherapy was generated by Reich's intensive studies on the masochistic experience of pleasure. The official formula of masochism, introduced by Freud in his works *Beyond the Pleasure principle* (1920) and *The Ego and the Id* (1923), asserted that a masochist experiences unpleasure as pleasure, which was supposed to be based

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<sup>29</sup> Philipson Tage: *Kärlighetslivet, Natur eller unatur*, Lund og Andersens Förlag, Köpenhamn, 1952

on the fact that the masochist wanted to suffer in order to satisfy his/her need for punishment; ultimately, this “will to suffer” was supposed to be based on a biological instinct, the “death instinct”. The intensive clinical studies by Reich on the nature and mechanism of the function of pleasure in the masochist revealed that the pleasure mechanism in the masochist was disturbed. In other words, a masochist perceives sensations which are experienced as pleasurable by a normal person as unpleasant, when they exceed certain intensity. This, again, is due to the fact that, in the masochist, strong sensations of pleasure are inhibited and transformed into unpleasure. According to Reich, the disturbance of the pleasure mechanism originates in early childhood as a result of inhibited/distorted sexual development. The new formulation of masochism led to the refutation of the theory of the death instinct, and hence, to a new understanding of human nature. (There is an excellent chapter XI describing Reich’s research on masochism in *Character Analysis*; see also chapter XIII pp.331-337 in the same book.)

### *The muscular armour*

The most significant contribution of Reich to the theory and practice of psychotherapy was the discovery of the functional unity between the muscular and character attitudes, that is, between the mind and the body.

When observing his patients on the couch during the analytic session, Reich discovered that resistance was often accompanied with muscular tension, and correspondingly, the elimination of resistance produced the loosening of muscular tension, that is, relaxation. On the basis of closer examination and large clinical experience Reich concluded that character armour always had its counterpart, *muscular armour*, which had exactly the same function as the character armour: to repress threatening inner and outer impulses. Furthermore, he discovered that muscular armour develops and functions simultaneously with character armour, and correspondingly, the dissolution of character armour is always accompanied with the dissolution of muscular armour. Hence, they represent the two sides of the same phenomenon: the one cannot exist without the other.

Furthermore, Reich discovered that muscular armour was arranged in seven segments, i.e. ocular, oral, cervical, thoracic, diaphragmatic, abdominal and pelvic armour ring. This discovery led to new insights about the nature of armouring as well as to a more systematic way of dissolving the muscular armour. For example, Reich demonstrated that it was not advisable to begin bodywork from the pelvic segment. In other words, one has to know the theory behind the armouring in order to work efficiently and safely with the patient’s bodily armour. This, of course, applies also to the working with the character armour. (Read more about this in *Character Analysis*, chapter XIV.)

The discovery of muscular armour as the functional counterpart of character armour widened the scope of therapeutical methods in the cure of neurosis and other psychic illnesses. If a character resistance did not respond to psychic influence, one could resort to working directly with the corresponding muscular

resistance, that is, muscular tension, and vice versa. This was done, for example, by lightly massaging the tensed muscle so that the patient became aware of the tension and thereby was able to recognise the repressed affect, and by expressing it he was able to liberate the energy consumed in repression and the corresponding muscular tension. (Recognition and expression of the repressed affect may happen simultaneously or one after another, i.e. recognition may also follow the expression.) On the basis of his clinical experience Reich was convinced that "a childhood experience is capable of having 'an effect from the past' only insofar as it is anchored in a rigid armour which continues to operate in the present" (*Character Analysis*, p. 384). "Rigid armour" refers to the body, to the autonomous nervous system. This theory has been proven by recent neurological research.<sup>30</sup> Reich also claimed (as Freud already had noticed) that a mere intellectual memory did not produce cure, but in order to be cured the patient had to relive the affects pertaining to the memory. In fact, Reich argued that remembering, after all, was not always necessary for cure. It was more crucial to liberate the energy consumed in the muscular and character armour.

When working with the muscular armour of his patients Reich observed still one important phenomenon. He noticed that when the muscular armour, segment after segment, was sufficiently loosened, there appeared in the patient's body a wavelike, rhythmical movement similar to that in the orgasm and e.g. in the tail end of the dragonflies and butterflies in copulation. This movement Reich named *orgasm reflex*. Accordingly, he stated that the essential function of the muscular armour was to prevent the orgasm reflex. Hence, the goal of the therapy was to regain one's capacity for orgasm. Later, he found out that the function of the orgasm was to regulate the energy metabolism of the organism, as well as the natural alteration of parasympathetic and sympathetic functions. Hence, he argued that only a satisfactory sexual life with the capacity for orgasm guaranteed the natural energetic pulsation in the organism which is the basis for a healthy life, both at the psychic and physical levels. (See also answer number 3.)

Reich believed that in working directly with muscular armour, which is largely controlled by the autonomous nervous system, he had a direct contact with the unconscious. According to him, the unconscious is expressed in many ways: in the body, facial expressions, behaviour, habits, dreams, images, slips of tongue etc. In Character Analytic Vegetotherapy, in the first place, we are interested in bodily phenomena, that is, in the information we get directly from the body (e.g. instead of images and dreams). For example, facial expressions show the function of the autonomous nervous system, as Darwin<sup>31</sup> showed a long time ago (although he did not use the term 'autonomous nervous system'). This knowledge has been further elaborated in Character Analytic Vegetotherapy. One aspect of this is the so-called imitation. Imitation is a way of learning without words, which each one of us knows. In Character Analytic Vegetotherapy we have developed imitation as a conscious

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<sup>30</sup> Porges, S.W. 1995. "Orienting in a defensive world: Mammalian modifications of our evolutionary heritage. A Polyvagal theory." *Psychophysiology*, 32 (1995): 301-318. Cambridge University Press: USA.

<sup>31</sup> Darwin, C. 1965. *The Expression of the Emotions in Man and Animals*. Chicago: The University of Chicago Press.

method of learning about oneself and the patient. (About imitation see more in answer 2.)

## Summary

The methods developed in Character Analytic Vegetotherapy have contributed to the development in the theory of psychotherapy, brought new aspects in the understanding of human nature as well as led to new ways of intervention at least in the following areas:

- Re-formulation of the concept of character and the theory of character. Understanding the role of character as the main resistance against the healing process. Re-formulation of resistance analysis. Widening the concept of transference beyond the oedipal situation and pointing out the importance of negative, and especially latent negative transference. These concepts were instrumental for the development of psychoanalytic ego-psychology and the explorations of the ego defences.

- Re-formulation of the concept of masochism.

- Active intervention by the therapist instead of the passive Freudian way: everything is intervention, silence, not silence etc.

- Re-emphasising the importance of affects in the therapeutic process, i.e. “memory without affects produces no change in the patient”. This, Reich demonstrated, is based on the fact that *memories and infantile experiences are anchored in the body through emotions*, and unless the patient re-lives the emotions and experiences attached to the memory, the healing process is not completed. In other words, Reich discovered the rationale, i.e. the physical anchoring of affects, for the fact that was already known in clinical practice.

These developments have led to new methods, which have been used in exploring e.g. the following phenomena:

- awareness of physical sensations
- feeling the body
- expressive movement and sound (without words)

Most of the above mentioned developments have been widely recognised by different psychotherapeutic approaches in the Western world. The knowledge they offer is still valid and central in the practice of Character Analytic Vegetotherapy.

## Further Developments

The continuation and development of Character Analytic Vegetotherapy after Reich has largely taken place in Norway, USA, Germany, Austria, Spain, Italy and Greece, as well as in Brazil and Mexico.

From 1934 to 1939 Reich lived and worked in Oslo at the invitation of Harald Schjeldrup<sup>32</sup> professor in psychology at the University of Oslo. He also had contact with the psychiatrist Trygve Braatøy who published "De nervøse sinn"<sup>33</sup> (The nervous minds), a description of the connection between body and mind in psychiatric disorders. Another early student was the child psychiatrist Nic Waal who created a system of systematic examination called 'Somatic Psychodiagnosis'. Today the Nic Waal Institute is one of the main training centres in child psychiatry in Norway. Bulow-Hansen, the chief physiotherapist at Ullevål hospital Oslo and a student of Trygve Braatøy, developed a system of therapy which had many similarities to Reich's work and is today known as 'psychomotoric physiotherapy', a speciality within physiotherapy.

Ola Raknes, another student of Reich, founded the Forum for Character Analysis in Norway, which still is active today. The forum has more recently differentiated into the forum (an organisation for character analytic therapists) and an institute for education and training. The institute offers four year training, plus supervision and personal therapy for those who wish to qualify as character analytic vegetotherapists. There are today about 125 members of the forum, and 35 members of the institute, who are recognised as training analysts or supervisors. The institute is recognised by the state and receives financial support from the government as one of the four psychotherapy training institutes in Norway.

In 1970 Ola Raknes introduced the Character Analytic Vegetotherapy in Italy. A student of his, Federico Navarro, together with Piero Borrelli founded the Scuola Europea di Orgonoterapia. A student of Navarro, Xavier Serrano, founded in 1985 the Spanish School of Reichian Therapy (Es.Te.R), which has its own clinical and educational identity within the post-Reichian movement, i.e. the structural diagnosis (DIDE), a methodology for therapy groups in Vegetotherapy, and the Brief Character Analysis Therapy (PBC), all developed by Xavier Serrano. (Read more in answers 3, 6, 13 and 15). The Spanish School of Reichian Therapy has its own publishing house, PUBLICATION HOUSES, C.B, which has been publishing books, videos and the magazine *Energy, character and society*, since 1982.

Clorinda Lubrano Cotula, a student in the Reich Center in Naples, founded the Reich Institute in Greece in 1979. The Institute organises training in Character Analytic Vegetotherapy.

In USA, the work of Reich has been continued by his co-worker Elsworth Baker, who founded with his associates the Collage of Orgonomy as an umbrella organization for orgonomic research as well as educational activities. They also publish the semi-annual *Journal of Orgonomy*.

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<sup>32</sup> Schjeldrup, H: Nevrosene og den nevrotiske karakter, Oslo, Universitetsforlaget, 1941

<sup>33</sup> Braatøy, T: De nervøse sinn, Caplan, Oslo, 1947

In Finland, Markku Välimäki, a student of Al Bauman and Michael Smith (students of Reich in USA), has founded with his students the Finnish Institute of Character Analytic Vegetotherapy. The Institute organises training in Character Analytic Vegetotherapy.

On the other hand, there are many body-oriented psychotherapeutic approaches that have grown out of the Character Analytic Vegetotherapy or have integrated essential parts of it into their own methods and theory. (See answer 12)

**5. Please provide evidence that your approach includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.**

The first of Reich's contributions to psychoanalytic therapy was the elaboration of a well-defined technique of resistance analysis. He demonstrated the importance of analyzing the patient's resistance before interpreting unconscious material in dreams, failures and free association. Reich made his first great discovery while working on the issues of resistance. He noticed that the main resistance to the analysis did not reside in the patient's speech, but in the way he recounted his story, which revealed his character. "Words do lie, but the way we recount them never does. It is the immediate expression, character unconscious." (Reich)

Reich was the first psychoanalyst to formulate a coherent theory of character. He demonstrated that the diverse aspects of a character were interrelated and formed together a coherent defence against the emotions that, one way or another, were perceived dangerous. He called this defence 'character armour' and demonstrated that this armour had its origin in childhood situations in which a child repressed her/his instinctive impulses.

When the emphasis from the interpretation of the material was shifted to the way the patients recounted their stories, many of them became conscious of their characteristics and spontaneously changed their physical posture and behaviour. They were also able to express emotions which had remained unexpressed since childhood. Reich started to study changes in physical postures accompanied by the expression of emotions and soon discovered the existence of a double-sided armour: psychic and muscular. There was enough evidence that the muscular armour, which was composed of spasms, contractions, hypotension and tensions, was nothing but a physical expression of repressed emotions and thoughts, and thus constituted the somatic anchoring of neurosis. "While intellectual memory remains linked to the neurons, emotive memory is to be found in the muscles, and, therefore, the musculature mirrors the person's emotional face."

This discovery brought forth an innovation in the psychotherapeutic technique which provided an access to neurosis from the somatic point of view. The patient is

asked to pay attention to chronic muscular tensions or he is made to feel chronic tension through direct contact. In this way, by releasing the muscular tensions, emotions and repressed memories can be brought to the consciousness. However, it may happen that when we have succeeded in releasing a muscular tension, the emotion associated with that tension is not always expressed, but it hides under the shadow of a new tension or reactivates some precedent, lost tension. To achieve an ordered and efficient progress in therapy Reich developed a new therapeutic technique, Character Analytic Vegetotherapy, the development of which distanced it from psychoanalysis.

Since Reich, we have continued to use language as the way to access character analysis and direct work on the body as the way to mobilize and unblock the muscular armour. Both the tools, structurally integrated, allow the analysis of the character-muscular armour. In the therapeutic context, language has the basic function of integrating experiences brought forth in bodywork as well as the emotions associated with these experiences. Language is not only used as an analytic instrument, but also as a way to perform character analysis.

The way the patient expresses him/herself in bodywork is also material in character analytical work. "The muscular and character armours are, therefore, completely identical." As a consequence, character features can be made ego-dystonic by breaking down the muscular armour, and, vice versa, muscular tensions can be solved by breaking down the character armour. Depending on the present phase of the patient, sometimes it will be convenient to work on the body and some other time on the character. These are the two faces of a coin which we constantly have to integrate and analyze as a unit, if we want to obtain a good analysis of the character resistance, and hence to increase the patient's contact with him/herself and his/her awareness of the causes of suffering.

**6. Please provide evidence that your approach offers a clear rationale for treatment/interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.**

The notions of defence and adaptation are central in the Character Analytic theory about the formation of character-muscular armour in the human organism. The formation of character armour, or the character, results from the need to adapt oneself to a hostile environment. The muscular armour refers to a state of neuromuscular contraction or inhibited expansion, which is due to the repression of the basic libidinal needs.

However, this effort to defend one self has a price. This can, for example, be seen in the case of amoeba which sacrifices its capacity to move when in a hostile environment. The human organism also sacrifices a part of its natural capacity for expansion, for being in contact with others and with itself. Therefore, it reduces its

energetic metabolism in exchange for a new equilibrium where anxiety caused by the loss of contact is less painful.

Symptoms are signals, these signals tell us that something has happened to the organism, something that makes the hidden equilibrium inefficient and, therefore, a new functioning basis is needed.

Cellular fixing in a defensive position implies alteration in the metabolism and the function of a cell. A recent discovery in biology confirms this hypothesis: it has been demonstrated that a cell is constituted of microtubules, a 3D reticule, composed of actin and myosin fibrils (basic components of the muscular system) that cover the cytoplasm entirely. This reticule has the power to change the structure of the cell by reacting to any alterations in its environment. When the environment is negative to the life of the cell (temperature decrease, change in calcium or magnesium concentrations), the reticule contracts itself and the cell adopts a spherical shape, which is an energy-efficient survival mechanism. If these influences are maintained over a long period of time, the cell cannot regain its original morphology, and, therefore, the cell remains fixed in the contracted, defensive position.

This new discovery supports the initial hypothesis of W. Reich. Continuous stress with its influence on the physiological response systems (neuromuscular, neurovegetative, neuroendocrine and psychoimmune) exerts a direct influence on cellular functioning. Fear, as a negative stress, constitutes a basic emotion of a living being. This stress will activate defence mechanisms, if its intensity is sufficient and its duration is sufficiently continuous so as to endanger life. The basic defence mechanism is a biological contraction in different parts of the body, depending on the developmental phase in which the stress occurred. Thus, if a negative stress situation occurs during the embryonic and foetal periods, this will result in low energy, which makes the organism highly vulnerable to severe organic diseases (authentic psychosomatic biopathies). If the harmful influences happen during the embryonic stage, with a severe cellular injury, recovery is almost impossible. During the foetal period the neurovegetative predominance would provide better mechanisms for adaptation and possibilities for later treatment.

If a human organism has to experience extensive fear after birth, when the neuromuscular system prevails, it will provoke a more structured defence with a sympathetic reaction in certain muscular segments. Instead of general blocking, the blocking is now found in certain parts of the body, which makes the therapeutic task easier and the prognosis better.

Stress situations during later developmental stages can generate reactive biopathic situations of the somatic type, and the symptom will have a more symbolic function. Therefore, the meaning of the symptom will be determined both by the person's structure, and the developmental phase in which the stress occurred. For example, symptomatic diarrhoea may occur before an acute stressful situation in which aggression cannot be expressed, or in a psychosomatic illness such as

ulcerous colitis. The intestine becomes the organ for the expression of aggression. If the situation becomes chronic, it will weaken the energy basis of the intestine, eventually resulting in degenerative changes that can even endanger life.

Hence, we understand that the underlying causes of all psychic and somatic symptoms are to be found in the following areas:

1. The genetic-bioenergetic predisposition
2. The development of the infant object relations, and the degree of the formation of character-muscular armour (infant history)
3. Actual socioeconomic and affective factors.

The failure of a satisfactory affective and libidinal development during childhood may generate anxiety, which leads to the repression of instinctual impulses and memories, and relegates them to the unconscious. This results in a visceral and neurovegetative contraction, which is reflected in chronic muscular tensions. This, again, may lead to later functional organic diseases.

In other words, disturbances occur when the bioenergetic metabolism is altered, when a person experiences overwhelming visceral anxiety in an ecosystem (maternal uterus, maternal organism, family nucleus, social situation), which does not satisfy the necessary affective-sexual demands of the moment.

Patterns of chronic muscular contractions together with the inhibition of respiration are accompanied by character attitudes and defence mechanisms. The armour as a defensive element has the function of making the conflicts easier to live with, but at the same time it also lessens our capacity for self awareness and contact with the world and our desires.

The psychophysical structuring of a child develops in an integrated manner from the least complex functions to the most specialized ones (e.g. from motility to language) and following cephalo-caudal flow, from the functions of the first segment (eyes) to the seventh segment (pelvis and genital sexuality).

Correspondingly, the formation of the muscular armour also follows a cephalo-caudal flow, parallel to the organic development of a person. In the course of time this armour produces symptoms both at somatic and psychic levels. The task of vegetotherapy is to pursue the deconditioning of the patient's basic emotional reactions to traumatic situations recorded in their bodies. This is done by facilitating the expression of repressed emotions and thereafter talking about the experience in order to elaborate and integrate it.

**Our therapeutic objectives are:**

- Recovery of the neurovegetative equilibrium.
- Free bioenergetic pulsation (contraction and expansion).

- Recovery of the equilibrium of the two cerebral hemispheres.
- Making the character armour softer.
- The maturation of the ego with the formation of a more flexible character.
- Integration of psychosomatic functions through an adequate interaction of the cognitive (cortex), emotional (limbic) and visceral functions.

The gradual working through of the sexual phases will enable the patient to reach a degree of genitality sufficient for them to become a protagonist of their own history and to be able to better deal with the actual external world.

## **7. Please provide evidence that your approach has clearly defined strategies enabling clients to develop a new organisation of experience and behaviour.**

Character Analytic Vegetotherapy has strong and clear strategies for helping clients towards transformation of experience and behaviour by helping them to become aware of their bodies, sensations and emotions, as well as the interaction between their cognitive processes and behaviour. A part of the therapeutic process is to help the client to become aware of how his/her specific behaviour and reaction patterns result in his/her suffering and possible symptoms. These patterns have usually become part of the character and they are very difficult to change, because they are functionally anchored in the autonomous nervous system, and hence outside of a client's awareness. This is very well described in the writings of Wilhelm Reich.

Character and its bodily counterpart, the muscular armour, are adaptations to a specific interplay between the organism and the environment, mainly in the early childhood. When a person grows older, the environment changes, but the specific behavior and experience patterns remain unchanged for the most part.

Character has, so to speak, become a cage from which the client cannot find a way out. The client is not living totally in the now. The task of the therapist is to help the client become aware of her character, her ways of reacting, behaving, feeling, thinking etc. What is specific to Character Analytic Vegetotherapy is that this method enables the client to become aware also of her bodily reactions, breathing patterns and sensations as part of her character and her way of being. After the client has become aware of the petrified ways of her being and experiencing, the new bodily experiences lived in the therapeutic process will help her move forwards and find new, more satisfactory ways of living. The key factor in the change is a new experience, both at the somatic level as well as the relational. We believe that bodily experience goes deeper than intellectual understanding and thus gives a more permanent basis for change.

Instead of using images and associations as the starting point for inquiry, as is usual in verbally oriented psychotherapies, the character analytic vegetotherapist usually first pays attention to the sensations, emotions and breathing, as well as bodily expressions of the client, including facial expressions.

At some point, the character analytic vegetotherapist might as well point out discrepancies in the client's behaviour with some obvious questions, as for example in the following example:

Let us say, there is a client who has difficulties in setting boundaries. Time after time she keeps telling the therapist how this and that person was telling about herself and the client did not have an opportunity to say a word. At the beginning of therapy the client does not have a slightest thought that she could affect the situation. It has been like that ever since she can remember.

If the therapist now poses empathically a simple question "have you ever thought about why do you listen to that, if it makes you feel so bad", it is most likely that the client does not understand the question at all. That question does not exist for her. It has never occurred to her that she could do something differently. The client would most likely give many explanations for her behaviour. One explanation could be: "if I do not listen to my friend, that would lead to a conflict and she might abandon me". That could lead the therapist to assume, that the client might represent a case of an abused child and maybe a narcissistic character with the problems of 1) merger, 2) twinship, 3) mirroring, 4) idealization as described by Heinz Kohut (1977)<sup>34</sup>.

Sometimes a simple question like that might even evoke infantile memories in the client. Depending on the phase where the specific therapy process is, that is to say, whether the character resistance has been dealt with, the therapist might continue by going deeper into the "content material" (libidinous) and link the sensations and emotions of the experiences to the present time.

It has to be emphasised, however, that the desired change in the client's behavior and her way of experiencing will take time. As the formation of the character and the corresponding muscular armour (including the permanent changes in the autonomous nervous system) slowly took place during the developmental years of a child, the dissolution of these formations has to take place step by step. Furthermore, once achieved the establishment of new ways of behaving and experiencing also demands plenty of practice. Maybe, after all, the most important thing a psychotherapist can do is to evoke the client's decision to change, to mature - and to give proof that it is possible.

Everything in life, everything that concerns us has both a physical as well as a psychic aspect. Good food contains minerals, proteins, vitamins etc., and also has a metaphorical and symbolic meaning. For the starving man the proteins are the most important, for the birthday child the shape and decoration of the cake. In the

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<sup>34</sup> Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press

hysterical patient, the symbolism of the symptom is predominant; in the patient with a genetic defect, the effect and limitations the symptom puts on their lives is more important. The aim for therapy is to enable each patient to be as healthy as possible. Thus, for the patient with cystic fibrosis the breathing should be as full as possible within the physical limitations. For the patient with cerebral palsy there should be as little muscular contraction as possible. Both these conditions will also affect the patient's self-image and interaction with others and would be a central issue in therapy. The parents of a child with a congenital defect may have both realistic and unrealistic guilt feelings. Character analytic vegetotherapy may help by loosening muscular tension, freeing breathing, and increasing bodily awareness in order that these feelings may be shared and placed in proper perspective.

A new experience of a human relationship together with a new experience of one's own body provides a sustainable basis for further development towards a more satisfactory life. Besides a new understanding of human relationships, the clients also learn to listen to the signs of their bodies as a guiding force in their lives. The saying *our bodies know better* becomes a reality.

**8. Please provide evidence that your approach is open to dialogue with other psychotherapy modalities about its field of theory and practice.**

Historically, Character Analytic Vegetotherapy grew out of a dialogue with Freudian psychoanalysis. During the basic developmental years of character analysis it was in open dialogue with the main lines of psychoanalytic thought and its ideas were presented and corrected in congresses and international journals. After Reich's death in 1957, the representatives of Character Analytic Vegetotherapy have continued this tradition. They have written actively in international journals (e.g. "Energy and Character") as well as published their own journals. They have also participated in, as well as taken part in organising international congresses worldwide. (See also answer number 10)

Practical and theoretical dialogue with other modalities representing body oriented psychotherapy has been rich, for example, with Bioenergetics, Biosynthesis, Hakomi, Biodynamic, Gestalt Therapy etc.

On the other hand, many character analytic therapists have used group analytic theory<sup>35</sup>, when doing group therapy.

Theories and practices of many other recognized theoreticians in the field of psychotherapy, for example, those of Heinz Kohut and Otto Kernberg, are used in the training programs of Character Analytic Vegetotherapy.

Also family therapy, couple therapy and systematic models and practices are used by practitioners of Character Analytic Vegetotherapy.

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<sup>35</sup> Bion, W.R. *Experineces in Groups*, New York, Basic Books, 1961

**9. Please provide evidence that your approach has a way of methodically describing the chosen fields of study and the methods of treatment or intervention which can be used by other colleagues.**

The methods of treatment and intervention that are used in Character Analytic Vegetotherapy are described first of all in the writings of Wilhelm Reich, as well as in several books written by others and journals published and distributed throughout the Western world. These books and journals include numerous case studies, which show how these methods have been used in practice. (See the appended bibliography.)

Some representatives of Character Analytic Vegetotherapy have given demonstration workshops in the method of Character Analytic Vegetotherapy in international congresses in Europe, USA and South America. There are also commercial videos for sale which briefly describe the method.

There are a quite large number of body-psychotherapeutic modalities that have built their methods on the foundations of Character Analytic Vegetotherapy. These are, among others, Bioenergetics, Core Energetics, Biosynthesis, Hakomi, Biodynamic Psychology, etc. Many psychoanalysts have also used concepts originated in Character Analytic Vegetotherapy in their theories. These are, for example, Karen Horney, Fritz Perls, Stephen Johnson, Otto Kernberg and Veikko Tähkä.

**10. Please provide evidence that your approach is associated with information which is the result of conscious self reflection and critical reflection by other professionals within the approach.**

Character Analytic Vegetotherapy has a long tradition of being criticised by other modalities of psychotherapy. It has often been in a position where it has been obliged to defend its position. It has never gained a power position in one single country.

Therefore, the members of the Character Analytic community have always been challenged for critical and conscious self-reflection.

Critical reflection of the Character Analytic Vegetotherapy method within the movement has taken place from the very beginning. During Reich's time it first took place within the international psychoanalytic movement and later, after the expulsion of Reich from the movement, in the meetings, conferences and journals headed by Dr. Reich in Norway and later in the USA. After Reich, there has been numerous journals in a number of different languages, both in the USA and Europe

where knowledge, critical views and innovations are shared, to name a just a few them: *The Journal of Orgonomy* (Usa), *Orgonomic Functionalism* (Usa), *Pulse of the Planet* (Usa), *Energia, carácter, sociedad* (Spain), *Ströme* (Germany), *Emotion* (Germany), *Impuls* (Norway), *Juokseva Koira* (Finland), *Energy and Character* (England).

In the USA, South America and Europe national institutes have regular meetings and conferences, where critical reflection by other professionals within the approach is practised. We also have a long tradition of teacher/trainer exchange within the different national institutes. In addition, we have in Europe the International Federacion of Orgonomic Colleges (IFOC), where eight European national institutes and one Brazilian institute meet annually to share knowledge and critical views on each other.

Many of the members of the national institutes take part in international congresses of body-psychotherapy and psychotherapy in Europe and in the Americas. Many of them have also been, and still are, in the arranging committees of international congresses.

Three of the European institutes (Finnish, Greek and Spanish) are also members of the Forum in the European Association of Body-psychotherapy (EABP). The Forum is a forum for body psychotherapy schools and institutes of the EABP. Within the Forum mutual visits and assessments provide a good opportunity for critical reflection and self-reflection.

## **11. Please provide evidence that your approach offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.**

Based on the fact that body psychotherapy, more than any other branch of psychotherapy, takes into account the functional unity of the mind and body, the contribution of new knowledge it offers in the domain of psychotherapy is differentiated and distinctive. True, there are studies within cognitive-behavioural psychotherapy and within the field of psychology about various aspects of psychosomatics, physical reactions to certain stimulæ, etc. but these tend to be peripheral to their main body of work. Even in the work of Rossi<sup>36</sup>, which stems from Milton Ericsson's hypnotherapy and takes into account the effect of hypnotic phenomena on somatic symptoms, the focus is primarily on cognitive processes and little attention appears to be paid to the body, except as it is affected by mental activity.

One aspect of the body-mind unity studied in the Character Analytic Vegetotherapy is the connection between autonomous nervous system, emotions, and character.

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<sup>36</sup> Rossi, Ernest, Lawrence: *The Psychobiology of Mind-Body Healing*, W.W. Norton, New York, 1986

For example, there is a high correlation between the client's emotional states and her unconscious breathing patterns, and one significant way of working in Character Analytic Vegetotherapy is to focus on this and to explore different ways of breathing and the effect breathing patterns have for one's mental and physical health. The importance of breathing for health is not specifically new knowledge, but clinical experience in Character Analytic Vegetotherapy has increased and refined that knowledge. Breathing patterns is certainly one concept that many psychotherapists have learned from Reich and other character analytic vegetotherapists.

In Character Analytic Vegetotherapy breathing is used psychotherapeutically, in other words, Character Analytic Vegetotherapy is not a method of teaching how to breathe correctly. We do not focus distinctively on the breathing of the client, but always explore it in connection with her emotions and her verbal communication. In breathing, the autonomous nervous system and conscious will are interlinked, and through the breathing one can get in touch with the unconscious.

Another area we offer new and distinctive knowledge is the area of physical contact, or touch, in the therapeutic setting. In Character Analytic Vegetotherapy psychotherapists may touch their clients - and they acknowledge it. Other psychotherapists might do, or might not do, and often it is unacknowledged or theoretically restricted. As touching has been, and still is, a contentious issue in the field of psychotherapy, and as it has been used for more than seventy years in Character Analytic Vegetotherapy, much has been written about the effects, the ethics and the constraints of touch in the history of Character Analytic Vegetotherapy. For example, the relationship between touch and transference phenomena has been widely discussed among the tradition of Character Analytic Vegetotherapy. Furthermore, as the permission to touch has become ever more restricted because the ethical cases and litigation in the courts (as is happening in America), the exponents of Character Analytic Vegetotherapy will have an increasingly important challenge to speak for the permission to touch the client.

In Character Analytic Vegetotherapy we use touch for different purposes. For example, the therapist may lightly touch or massage a tensed muscle of the client in order to make her aware of the tension and/or to facilitate the reduction of the muscular tension, or to increase it.

The purpose of a touch may also be to get more information about the state of a muscle (and connective tissue), or to support and soothe the client, or to express her one's acceptance. A touch may also be needed to facilitate and support the establishment of new breathing patterns and bodily movements.

The meaning of physical touch in general has been much studied within our tradition. One of the best known researchers in this area is Eva Reich, who has studied the importance of touch for babies and who introduced the 'baby massage'. We see as our important task to inform people about the varieties of touch, about

the subtleties and complexities, positive and negative effects of touch, about indications and contraindications of its use.

Character Analytic Vegetotherapy has also contributed to recent developments in the treatment and studies of post-traumatic stress disorder (PTSD) by offering knowledge about the importance of autonomic nervous system and limbic system function in PTSD. As we know, Freud considered the tendency to stay fixated on the trauma to be biologically based. He learnt that after a severe shock the patient's dream life continually took her back to the situation of the disaster from which she awoke up with renewed terror. On the basis of this, Freud believed that the patient had undergone a physical fixation to the trauma. Biological and bodily consequences of traumatic situations were further investigated by Reich.

Our understanding of trauma is that while intellectual memory is a function of the cortex, affective memories will also be stored in the musculature. In both the acute crisis and long-term effects of trauma, work on both musculature and breathing may be useful in conjunction with the psychotherapeutic process.<sup>37</sup>

Many psychotherapy models address the cognitive and emotional elements of trauma, but they lack techniques that affect directly its physiological aspects, despite the fact that trauma profoundly affects the body, and many symptoms of traumatized individuals are somatically based. Altered relationships between cognitive, emotional, and bodily levels of information processing are also found to be implicated in trauma symptoms. In the treatment of a trauma, Character Analytic Vegetotherapy integrates sensorimotor processing with cognitive and emotional processing. Unassimilated somatic responses evoked in a trauma - involving both arousal and defensive responses - are shown to contribute to many PTSD symptoms<sup>38 39</sup>, and they are important elements in the use of Character Analytic Vegetotherapy. By using the body (rather than cognition or emotion) as a primary entry point in processing trauma, Character Analytic Vegetotherapy directly treats the effects of trauma on the body, which in turn facilitates emotional and cognitive processing. This method is especially beneficial for clinicians working with dissociation, emotional reactivity or flat affect, frozen states or hyper arousal and other PTSD symptoms. Character Analytic Vegetotherapy emphasizes the use of sensorimotor processing techniques, which can be integrated with traditional approaches treating these symptoms. The ability of the therapist to interactively regulate client's dysregulated states and also to enhance the client's awareness of her inner body sensations is crucial to this approach.

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<sup>37</sup> Levine, Peter. "Memory, trauma and healing", *Energy and Character*, vol.28/1997, p. 49-57.

<sup>38</sup> Van der Kolk, B. A., Van der Hart, O. & Marmar, C. (1996). Dissociation and information processing in posttraumatic stress disorder. In B. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 303-322). New York: Guilford.

<sup>39</sup> Van der Kolk, B. A. (1996). The body keeps the score; Approaches to the psychobiology of posttraumatic stress disorder. In B. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 214-241). New York: Guilford.

Reich was very interested in finding a physiological basis for the experiences of pleasure and anxiety. In this road, two other areas of research, besides Freud's psychoanalysis, made a great impact on him. The first one was Doctor L.R. Müller's investigations on the nervous system. The third edition of Müller's book "Die Lebensnerven"<sup>40</sup> came out in 1931, where he presented for the first time in the history of medicine the autonomous nervous system, which today is common knowledge in medicine. Today our knowledge about the nervous system is much larger, and we know now that the autonomous nervous system is much more complex than what Müller thought. Never the less, to our knowledge, Reich was the first one to integrate the new knowledge about neurophysiology into the psychotherapeutic practice.

Another researcher who had a great impact on Reich and Character Analytic Vegetotherapy was the internist Friedrich Kraus<sup>41</sup>. Kraus had published in 1926 a book called "Allgemeine und Spezielle Pathologie der Person". Kraus showed that a living tissue consisted of colloids and mineral salts, which, when dissolved with body fluids, functioned as electrolytes. Thus, he believed that there existed a kind of bio-electrical system in the body. Kraus thought that this system was a kind of rely mechanism, which stored electrical charge (energy) and recharges (action). He started to use a new concept, "Vegetative Strömung" (vegetative streaming), which referred to electrical like streamings in the body.

**12. Please provide evidence that your approach is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.**

Modern psychotherapy can be said to have started with Sigmund Freud and Josef Breuer and with their concept of resistance. That patients were resisting the treatment was an astonishing and groundbreaking observation of Breuer and Freud. This observation was the foundation of a new paradigm. We claim that any scientific psychotherapy share the concept of resistance as common ground. Most of the known methods of psychotherapy deal implicitly or explicitly with the fact that the patient/client is resisting the treatment. Character Analytic Vegetotherapy has ever since Reich developed methods and theory to deal with resistance. The whole character theory grew out of the concept of resistance.

As Character Analytic Vegetotherapy grew out of Freud's psychoanalysis, it has a lot in common with all the so-called dynamic and analytic traditions. For example, we share with them the concepts of resistance, positive/negative transference and counter transference, defence mechanisms (character), consciousness, unconsciousness; we also share their standpoint on the crucial importance of early object-relations, of the sexual development in childhood (different sexual phases),

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<sup>40</sup> L.R. Müller: Die Lebensnerven, Springer, Berlin, 1931.

<sup>41</sup> Friedrich Kraus: Allgemeine und Spezielle Pathologie der Person, Thieme, Leipzig, 1926.

of unconscious motives for one's behaviour. In other words, we take into account the phenomena of transference and resistance and work with them. Hence, the therapeutic relationship between the client and the therapist is important for us as an invaluable tool in the work.

On the other hand, there are many body-oriented psychotherapeutic approaches that have grown out of the Character Analytic Vegetotherapy or have integrated essential parts of it into their own methods and theory. For example, Alexander Lowen developed Reich's method combining it with some elements of Analytical Psychotherapy into Bioenergetic Analysis, and his co-founder John Pierrakos integrated Bioenergetics and spirituality into Core Energetics. Gerda Boyesen combined basic elements of Character Analytic Vegetotherapy and Bulow-Hansens's physiotherapy method and developed Biodynamic Psychology on the basis of them. Finally, biosynthesis (David Boadella) was developed on the theory and methods of W. Reich and Ola Raknes combined with some elements of Dr. Frank Lake's prenatal work in Clinical Theology as well as some elements of Stanley Keleman's work. Even Frank Lake's and Stanley Keleman's work were strongly influenced by Character Analytic Vegetotherapy.

Edward W.L. Smith<sup>42</sup> could be mentioned as one among many other authors who have recognised the impact of including methods originally developed by Reich into psychotherapeutic work. Character Analytic Vegetotherapy has contributed over and over again to several areas of psychology and psychotherapy. One of these areas is Pre- and Perinatal Psychology, for example, the work of Eva Reich with infants (e.g. "baby-massage").

According to Heward Wilkinson<sup>43</sup>, the senior editor of the *International Journal of Psychotherapy* - the official journal of the EAP - "body-based psychotherapy is the fourth major direction helping to integrate aspects of psychodynamic, humanistic-existential, and behavioural-cognitive psychotherapy, whilst also presenting challenges. This approach "straddles the divisions between humanistic, psychoanalytical and cognitive-behavioural approaches". As Character Analytic Vegetotherapy is essentially a "body-based psychotherapy", and in a way "the original body oriented psychotherapy", this quote really applies to us, and we do agree with Wilkinson.

Thus, the areas of common ground we share with other psychotherapeutic approaches are many and varied. For example, there is a common assertion that the body affects the mind, and vice versa. This is a continual two-way process. The aetiology of many physical symptoms is often found to be in a weakness of the body as a consequence of psychological reactions to trauma. What is also common is that the healing or resolution of many psychological and emotional problems is unable to be completed without significant reference to the body, the

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<sup>42</sup> Edward W. L. Smith. 1985. *The Body in Psychotherapy*. London: McFarland & Co.

<sup>43</sup> International Journal for Psychotherapy; Vol 2, No 1, May 1997; Editorial, New Wine and Old Wineskins.

physiological and the psychosomatic areas. However, in spite of the common assertion about the significant body-mind relationship, it seems that most psychotherapeutic approaches are biased in that in practice they pay more attention either to the mind or to the body. That is to say that in general the dynamic and analytic approaches tend to neglect the body, and the body-oriented therapies tend to neglect the psychic, and especially relational, issues in practical work. Character Analytic Vegetotherapy strives to combine the two sides also in practical work. It could be said that as an offshoot of psychoanalysis and as the cradle for many body-oriented approaches Character Analytic Vegetotherapy forms a bridge between the two kinds of approaches. From this bridge we want to look to both directions and to learn from others as well as to offer them our insights and findings.

With respect to practical work, the Character Analytic Vegetotherapy shares with the other approaches the therapeutic setting: a consultation room where a psychotherapist and the client meet at regular intervals. The meetings are pre-fixed and the length of the session is always the same. The client pays the therapist for the treatment, and in general this is the only exchange between them. In Character Analytic Vegetotherapy we adhere to ethical rules as well as to the abstinence rule between the therapist and the client. The relationship between the therapist and the client is professional. Everything that takes place ever since the client enters the consultation room is part of the treatment: greeting, not greeting, shaking hands, not shaking hands etc. For example, a psychotherapist can not treat her own mother or a child or a spouse.

**13. Please provide evidence that your approach describes and displays a coherent strategy to understanding human problems and an explicit relation between methods of treatment/intervention and results.**

**A. STRATEGIES TO SOLVE AND UNDERSTAND HUMAN PROBLEMS.**

W. Reich clearly stated that human suffering was caused by the influence of the surrounding world, or by the social ecosystem, as we call it to day. In 1934 Reich wrote: "When needs are partly satisfied, there is harmony. But in most cases our needs are opposed to the social order, first represented by the family and then by the school." Reich introduced revolutionary concepts into the field of health care and gave both a theoretical and practical basis for body psychotherapy. His concepts not only questioned the mechanistic view on the issues of health and illness, but also the various patterns of family relations which mirror the dynamics of a social system and which progressively tend to get more unnatural. Reich's insights have later been applied in the fields of psychosomatic medicine, humanistic psychology, social psychology, and they formed the basis for the body psychotherapeutic approach.

According to Reich, the basis of a disease is to be found in a disturbance of emotional expression and the satisfaction of instinctual needs in childhood as well as in an unsatisfactory sexual-libidinal development. This generates energetic excitement and anxiety inhibiting free pulsation and memory, which is repressed into the unconscious. As a result, there will be responses to fear at the visceral, neurovegetative and muscular levels, which can be recognized, for example, as chronic muscular tensions. These, again, in the long run can produce functional disturbances.

## **B. METHODS OF TREATMENT VS. RESULTS**

In our clinical practice, working with psychosomatic disorders, we must follow a methodology that supports the individual's own capabilities without disrupting his/her precarious equilibrium. This is due to the fact that every unhealthy organism tries to avoid a situation of a greater non-equilibrium. Therefore, a mechanistic approach, in which the symptom is simply removed, can be detrimental, since it does not take into account the whole system. For example, in some cases avoiding phobia can bring forth depression, and the cure of eczema can provoke asthma.

We do not favour direct attack on the character-muscular armour, or the generation of aggression by forcing a change in the organism's biological rhythm. Character Analytic Vegetotherapy aims at provoking change, but we insist that this must happen from the centre of the individual by recovering his/her biological rhythm. This is made possible when the therapist's capacity for perception is not limited by his/her character-muscular armour; that is, the therapist has to be sufficiently able to recognize and to be in contact with expressive movements and emotional expressions, in short, to understand the real meaning of body language. To ensure this, the trainees have to undergo their own personal therapy during the training program, which enables them to attain a sufficient capacity of perception, receptivity and empathy. They are also provided intensive supervision as training practitioners in body- psychotherapy.

### **Our therapeutic objectives are the following:**

1. Recovery of the neurovegetative equilibrium and the orgasmic potency.
2. Free pulsation and bioenergetic circulation.
3. Softening of the character-muscular armour.
4. Maturation of the ego towards a flexible character, which Reich called "genital character" (mature personality).
5. A coherent integration of the psychosomatic functions through an adequate interaction between the cognitive, emotional and limbic functions, as well as the visceral functions.

**We see our work as a way to induce a change in a patient by providing means by which he/she will become more capable to make contact with his/her reality and the surrounding world, and by making him/her more conscious of:**

- a) The origin of the disease.
- b) The things that inhibit him/her from enjoying life.
- c) What causes him/her jumping into an existential void.
- d) The social, professional, cultural and economical factors that limit his/her existence and cause resignation and a masked depression.

**To ensure the fulfilment of the above mentioned objectives we regard it important that there will be available for a therapist:**

- Continual personal supervision.
- Further training.
- Constructive and reflective team critic.

### **The Brief Character Analysis vs. the deep Character Analytic Vegetotherapy.**

Our model tries to maintain coherence between our clinical goals and the therapeutic method. Therefore, we underline the difference between *the Brief Character Analytical work* (Serrano 1990<sup>44</sup>) and the *Character Analytic Vegetotherapy as deep psychotherapy* (Reich 1949, and Navarro 1989<sup>45</sup>). To maintain that coherence, the therapeutic setting as well as the contract will be different depending upon whether it is the question of a brief psychotherapy or of a deep vegetotherapy.

### **In the case of a deep vegetotherapy we provide:**

- Working with the unconscious.
- Working on transference in the therapeutic relation.
- Deep emotional expressions.
- Activation of memories that are causing emotional inhibition.

### **To enable this dynamic in the individual therapeutic process we use:**

- An unlimited number of sessions to complete the process.
- Regular sessions.
- Bodywork on the couch.
- Punctual and analytical interventions by the therapist.

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<sup>44</sup> Serrano, X., La Psicoterapia breve caracteranalítica (P.B.C.). Energía carácter y sociedad,.Vol 12. Publicaciones Orgón. Valencia, 1992.

<sup>45</sup> Navarro, F.,La vegetoterapia caracteranalítica, Revista Somatherapies et Somatologie Strasbourg, 1989.

**Brief Character Analytical Psychotherapy differs from the above in the following facts:**

- A limited number of sessions.
- The patient is seated.
- Consensus on the goal is reached beforehand.
- Work is done on characteriological dynamics.
- Verbal communication, cognitive work.

**For a therapy to have a successful outcome the following requirements must be met:**

- Acceptance of the therapeutic setting by the patient.
- A required number of sessions.
- Mutual acceptance between the patient and the therapist.
- Desire to change on the part of the patient.
- A necessary level of insight, comprehension and rationalization in the patient.
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**14. Please provide evidence that your approach has theories of normal and problematic human behaviour, which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.**

Character Analytic Vegetotherapy offers a theory describing normal and problematic human behaviour, including descriptions of healthy and dysfunctional human sexuality. The foundations of the theory as well as the methods of assessment and treatment are to be found in the books of W. Reich, *Character Analysis* and *the Function of the Orgasm*. See, e.g. chapter VIII in *Character Analysis* where Reich introduced his concept of “genital character” in contrast to the “neurotic character”. However, we stress, as Reich himself did, that none of us will meet the criteria of the ideal genital character but remain more or less neurotic in our lives. This, however, should not impede us from striving towards that goal. See also answer number 3 for the definition of health proposed by Ola Raknes, which we share.

Character Analytic Vegetotherapy provides descriptions of the correlation between psychological and social skills on the one hand, and bodily posture and movement, respiration, muscular tonus and functioning of the autonomic nervous system on the other. The patterns of bodily function (character/muscular armour) are dynamic; they are related to normal and delayed psychological development, as well as both childhood and adult traumas. Reich related the patterns of character armour to the different states of psychological functioning. He claimed that without a reduction of character armour in psychotherapy the person’s development would be hindered and their contact with the emotional content of their neurosis would be reduced.

Changes in psychological health should also be mirrored in changes in physical holding patterns.

For Reich an important ætiological factor of neuroses was the sexually repressive attitudes in society. In response to this he founded clinics for sexual education and guidance (SexPol - still active in Finland). He was also engaged in the upbringing and education of children, as well as family structure.

**15. Please provide evidence that your approach has investigative procedures which are defined well enough to indicate possibilities of research.**

The investigative procedures used today in our postreichian clinic continue the investigations of W.Reich in four different fields:

**A) In the field of prevention of neurosis** we study the variables of the surrounding ecosystem which affect a child's psychic and functional pathology. This is done by performing control studies and case monitoring since the foetal period to the adolescence (Pinuaga-Serrano 1997). These investigations have a point of reference with the anthropologic investigations of Reich and have their basis in the studies of Malinowski which demonstrate the importance of a healthy sexual and emotional life in the adult as well as in the maturation process of a child in the absence of psychic pathologies. They are also based on the research work done in Maine during the 50's at the "Orgonomic Infant Research Center".

**B) In the field of biology** we perform the validation of some tools that are used in some cases in Character Analytic Vegetotherapy:

- **T-test.** A blood diagnosis to detect the degree of predisposition for tissue degeneration. This test was initially developed by W. Reich and Professor Roger Du Teil from Sorbone University. Today these studies are carried out by some American and European biologists and physicians, for example Redón, De Meo, P. Christ, and Senf. T-blood test is described in several books and journals by Reich and his followers, e.g. David Boadella<sup>46</sup>. We include in this package of answers a photocopy from Reich's *Cancer Biopathy*<sup>47</sup>, pages 37-41. The T-blood test is hardly used in psychotherapeutic practice today. To make the test you have to be a medical doctor and a special training to be able to do the test.

- **Orgone Energy Accumulator (OR.Ac)** was first scientifically studied by W. Reich. Studies on OR.Ac are continued today by scientist such as J.De Meo and Heiko Lassek and some clinical teams, such as the "American College of

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<sup>46</sup> Boadella, D.: Wilhelm Reich; The Evolution of his Work, London, Vision Press, 1973

<sup>47</sup> Reich, W.: The Cancer Biopathy, New York, Farrar, Straus & Giroux, 1977

Orgonomy" and the "Spanish Reichian Therapy School". These studies demonstrate the effectiveness of OR.Ac to enhance cellular pulsation and to prevent neurovegetative dystonia as well as anaemia and debility.

Dr. James de Meo published a journal called "Pulse of the Planet" 1989-1994, ISBN number 1041-5773. In issue number 3, 1991, you will find an e.g. an article by Heiko Lassek, "Orgone Accumalator Therapy of Severely Diseased People". Dr. Lassek has also published in German language.

However, we want to underline that orgone accumulalator is used very rarely today, and only with some psychotherapists.

C) A recent discovery of the importance of **cellular oxidation in psychosomatic and degenerative processes** supports the thesis of Reich and the Nobel Prize winner O.Warburg. According to the thesis respiratory inhibition promotes cellular mutation.

We would also like to mention recent studies on the influence of contact and parental love (healthy family relations) in the functional assessment of hormones as important as oxytocin, corticosteroids and catecholamines<sup>48</sup>. A sufficient care of a child advances the development of a stronger immune system and a more adequate biological rhythm as well as the emotional life.

D) **The validation and efficiency of the treatment** in both the brief character analytic work and the character analytic vegetotherapy (deep approach) are assessed at the end of the treatment. This is done by means of an exhaustive inquiry to make sure that the goal of the therapy has been maintained and reached.

We emphasize the importance of interdisciplinary teams in clinical practice as well as the need for further training, and the evaluation of this training in clinical meetings. We also stress the meaning of supervision and seminars on clinical cases. We are willing to incorporate theoretical elements and techniques from other psychotherapeutic models, providing that they enhance the development of our work and its results. In all, we aim at a permanently critical and investigative attitude to empirically validate our work. This is done by working with colleagues and participating in interdisciplinary professional meetings (psychotherapy, psychology, medicine; congresses and scientific meetings). We continuously strive to improve the quality of our work and to expand our knowledge to help enhance the quality of life in this society and for the coming generations. This can only be done by a common effort of all health professionals; an effort that goes beyond certain models and dynamics.

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<sup>48</sup> Uvnäs-Moberg, K. Physiological and Endocrine Effects of Social Contact, Annals of New York Academy of Sciences, 1997: 807, 146-163

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