

**In Quest of a Theory for Body Psychotherapy:
A Review of Michael Heller's *Body Psychotherapy:
History, Concepts, and Methods*
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How often does a book like this land in our midst? Michael Heller's opus draws together more information than one would even expect was out there. Provocative and far-reaching, it proposes a look at body psychotherapy that transcends schools and methods. In these almost seven hundred pages, we encounter a multitude of voices as of different authors, though they all belong to Heller. These voices overlap but each has its own story to tell.

Historian Heller, our first guide, starts us off in the 2nd century B.C. Attention is given to yoga, as practiced then and also now. Heller underlines that the use of the body to change psychological states has many roots, yoga being one. Taoist teachings, acupuncture, and the martial arts receive their due in turn.

Heller writes with respect to all these approaches. He also points out how they share a certain normative and indeed metaphysical vision of the body. There exists in us a higher something, it is supposed, a harmonious spiritual core, which we have covered up and forgotten. The physical techniques are aimed at recovery of this higher something. Once the body regains this harmony, at least to a sufficient degree, it will both feel and function better.

Coupled with these normative beliefs are metaphysical ones. A cosmic force, divine or quasi-divine, pervades the universe. This is what creates the conditions to which the norms correspond. It is this force that ultimately makes possible our recovery of harmony.

The combination of these two standpoints, the normative and the metaphysical, Heller calls "Idealism". It is a label he will continue to invoke throughout the book. Its meaning appears to widen, and perhaps excessively, as the chapters go by; I will not try to list all the variants. Early 20th century body psychotherapy, he will later argue, adopted its own variant of this way of thinking, with theoretical consequences that he sees as problematic.

Historian Heller then moves us to the 17th, 18th, and 19th centuries. Philosophers appear one after another: Descartes, Locke, Hume, Kant, Spinoza. Kant aside, their central philosophic claims are little discussed. For example, Descartes' grounds for embracing substance dualism are never mentioned. Instead, Heller focuses on what these thinkers say concerning psychological functioning. Ideas about affect especially draw his attention.

What I found the most intriguing was a similar visit to Darwin. Heller devotes an entire chapter to him, giving an unorthodox but persuasive commentary. For Heller's Darwin, the body is no container of hidden harmony; it is the farthest thing from that. Evolution has put together a "hodgepodge" of diverse functions: cognitive, affective and physiological. These were selected for varying reasons in varying contexts. Much happened by chance. There never existed any overarching plan. On the contrary, functions now fit together clumsily. Often they compete with one another, especially where emotion is concerned. Yet we make do. Our ancestors were the ones who survived, after all. But a hidden harmony is nowhere to be found. It is a conclusion that will be seen later in the book to accord with Heller's own views.

As for body psychotherapy itself, Heller starts with an overview of early psychoanalysis, then turns to Groddeck, Ferenczi, Reich, and others. One would expect Reich to receive the most attention here, and he indeed does. Heller divides his professional and personal journey into four phases. Each phase had its own burst of creativity, and each burst resulted in a distinct methodology. Phases two, three, and four produced different forms of body psychotherapy. There exist groups and schools today whose origins can be traced to one or another of these periods.

A good many other players cross Heller's stage too. I particularly enjoyed hearing about Trygve Braatoy and Aadel Bulow-Hansen, Norwegians in Oslo when Reich was there but who had different ideas about how to bring the body into psychotherapy. The most surprising figure turns out to be Otto Fenichel. An early analyst, Fenichel today is little read, even among analysts. Yet he thought about the body, wrote about it, and gave attention to it when working in a psychoanalytic mode with patients. He turns out to have been personally close to Reich for years. Their wives were close as well. Claire Fenichel was even a teacher of the renowned Gindler body awareness method. Annie Reich, Reich's wife at the time, was a fervent student of it. We don't know any details, but the body was clearly a significant topic for this foursome.

Once Heller moves to the next generation, his portraits become briefer. Of course it is now that the great proliferation of new methods begins. Heller explicitly states he cannot do justice to so formidable an array. He discusses several of the better-known second and third generation innovators, such as Alexander Lowen, Gerda Boysen, and David Boadella, but for the most part he seeks to characterize overall trends. For example, the robust current of body psychotherapeutic forms of trauma work (Peter Levine, Pat Ogden, Babette Rothschild) is highlighted.

Researcher Heller takes us into his speciality area, the world of the nonverbal interaction research. This is territory he knows like no other body psychotherapist. It makes for a hard read, but necessarily so.

Heller's field, during his research years, was the microanalysis of video-filmed adult-adult interaction. At times he coded mainly facial expression. At other times he coded full body movement, one of the few persons ever to do so using a method with solid reliability. Heller treats us to a short history of microanalytic research, summarizing its advances as well as its disillusionments. He then takes us into the workings of his own studies.

The theme he returns to over and over is the sheer complexity of what one's body does when one interacts. Beneath conscious awareness, a huge amount is going on. One's body moves, shifts, gestures, expresses. The other's body does likewise. Some, but only some, of what one does impacts upon the other (i.e., produces a visible result), and vice versa. Moment by moment we build a kind of joint body architecture. It is a theme to which he will return when he unfolds his theoretical model.

Developmentalist Heller turns to parent-infant interaction. He discusses the video microanalysis research of Daniel Stern, Beatrice Beebe, and Ed Tronick. Thanks to his own knowledge base Heller is able to explain some of the more subtle implications of these findings.

These studies show that already in the first months of life, the infant is acquiring her own idiosyncratic manner of organizing her body in interaction. The achievement is remarkable. On the one hand, the infant is confronted with the same sheer complexity that is seen in adult-adult exchange. This is a general factor. On the other hand, she must deal with the specific tendencies, positive and negative, which each caretaker brings to the scene.

The infant finds her solutions. A core repertoire of body “practices” is established. These are basic ways of using the body during interaction. Some practices optimize contact; others serve defensive functions, mitigating some of the effects of a caretaker’s more problematic tendencies.

Heller pointedly avoids trying to tie this account to any notion of body armouring, body muscular types, and the like. He is not claiming this could not be done. He just leaves the issue to one side.

Theoretician Heller is the dominant voice. Drawing on the rest of the book, he pieces together a framework for understanding body psychotherapy.

To construct this edifice, Heller turns to dynamic systems theory (DST). A human being should be viewed as a collection of systems and subsystems. This collection is rather a jumble. It includes the various physiological systems as well as the mind. It is “heterogeneous”. The effects of any one system on any other tend to be “messy”—partial and irregular.

As an explanatory framework, DST comes today in many forms and sizes. Heller’s version is a loose one, akin to that of Ed Tronick. Although he mainly cites Thelan and Smith, whose elaborations of DST are well known, Heller’s corresponds to only certain strands of their perspective. We hear no talk, for example, about “attractor states” or “bifurcation” (meaning a small change in one part triggers a big shift in the system as a whole)¹. Heller’s version, as I understand it, consists instead of several key components.

Component one is cross-system causal explanation. This is perhaps the principle payoff of the model. Almost all kinds of therapy assume that thoughts can cause emotions and that emotions can cause thoughts. But body psychotherapy must consider about more such variables and more types of cross-system influence. Therapeutic work with respiration can cause emotional arousal, for example; therapeutic work with grounding can not only affect balance but also activate thoughts of increased self-confidence; and so on. Clinically, this is what is so unusual about body psychotherapy, and so valuable.

Component two is person-person systemic influence. When two or more persons interact with one another, they create a wider system with its own emergent properties. In a weaker sense, social groups and even entire cultures can be seen as systems in their own right.

Component three is what I will call the body’s high sensitivity to context—and what is in Heller’s view extremely high. One’s body reacts to what is around it much more than one consciously realizes. This, of course, especially concerns social input. In any

¹ I do not mean to imply that Heller should have adopted an explanation like theirs. In fact, I prefer a Tronick-style version of DST. Esther Thelan and Linda Smith (1994) have made invaluable contributions to child development research, but in my view their data are one thing and their DST account another, with the latter having some serious problems. I will not go into details here.

interactional context, as Heller’s own studies show, there are subsystems in which one minutely tracks the other person: her posture shifts, voice tones, facial expressions, gestures, etc. Consciously, one notices a mere fraction of this flow. Outside of consciousness, it goes on almost incessantly.

Component four is what I will call the body’s wide range of responsiveness. Not only does something in one track the other’s shifts, but one also reacts, with one’s own body, to selected parts of this input. And, importantly, there is a great deal of variation in the specifics of how one reacts.

Suppose that the other alters his posture. With one’s body, one might at once counter with a shift in voice tone, and/or a change in the rhythm of a gesture, and/or an alteration of one’s own posture, etc. One’s non-conscious menu of options is large. As well, suppose a few minutes later this other person performs the same postural alteration. This time, one might react differently. And if he does it yet again, one might not react at all.

Component five is the concept of a repertoire (as Heller calls it) of such track-and-respond tendencies (as I put it for the sake of summary). Even though in one sense, one’s body displays a wide range, in another it displays narrowness. Certain tendencies are prominent, and some rigidly so. Others are little seen and/or restricted in their manner. Each person has his or her idiosyncratic profile in this regard. The particularities of one’s profile both facilitate and constrict what is possible in relationships.

Component six is the developmental claim that a first forming of this repertoire takes place in early childhood. Here, Heller draws on his discussion of Stern, Beebe, and Tronick. Their research findings give us a window onto how such learning takes place. The story does not end there, naturally. During the rest of childhood, the track-and-respond repertoire develops further. Serious trauma, such as sexual abuse or physical violence, in Heller’s thought, can also strongly affect it.

Such are the basics of the model. Heller brings it alive with numerous vivid descriptions.

Theoretician Heller also speaks about what we do not know. This is no minor subject for him. It is a theme that permeates the book. How, for example, does cross-modal causality “really” work? We know next to nothing about it.

Granted, we do see that certain things happen. In fact, body psychotherapy here possesses a particularly rich heritage: of techniques, but also of informal observational lore. If variable *X* is manipulated and other relevant factors are kept constant, then a particular change in variable *Y* is likely; such is the structure of passed-on clinical observations. Heller considers this informal lore to be something precious. What he wants to underline, however, is how murky and inexact it is. There are two senses in which we lack solid knowledge.

First, what would be a more precise, systematic definition of variable *X*, and also of variable *Y*? Work with respiration can produce trembling, we say. But exactly what kinds of work with respiration, done under what conditions? Exactly how should we define an occurrence or non-occurrence of trembling? It would be the hard task of genuine scientific inquiry to produce answers to these questions.

Second, even if we could be precise about the variables, for Heller there remains the matter of underlying mechanisms: How does it come about, for example, that one system influences another one? What are the more fine-grained causal processes at play?

Heller positively broods about this issue.² For example, what “regulating mechanisms” operate at the “interface” of two heterogenous systems? Such is his language when trying to characterize this particular knowledge gap.

A frequent criticism of dynamic systems theory is that it merely describes and does not explain. But this charge cannot be leveled against Heller. He never presents DST as a final answer. He uses it more as a placeholder for a future scientific account, which might someday be realizable.

Of course, every therapeutic method has its knowledge gaps. Body psychotherapy simply has more of them, Heller sensibly argues. By drawing on a broader range of techniques, it mobilizes a broader range of cross-system causal processes. Body psychotherapy has to live with more knowledge gaps than most methods precisely because it is so versatile.

Perhaps the relevant science will be done someday. But here nobody should, well, hold his or her breath. In the meantime, suggests Heller, we can get along fine once we accept that the gap is a gap and that is how things are. Much of psychotherapy in general rests on tentative guesswork.

Last but not least there is Clinician Heller. He takes on two tasks.

One is an overview of how body psychotherapy is practiced today. He describes different techniques and styles. He focuses mainly on what is done specifically with the body, and how this fits with the rest of a therapy. Not that he sees the verbal side as a lesser part; in fact it is to the contrary, but what he wants to convey is a picture of the body techniques themselves. He is broad-minded, approves of many alternatives and rarely criticizes. Frequently, there are useful comments about how his model may illuminate technique usage. Heller is a person who has had contact with diverse groups and schools. He knows a lot about what different body psychotherapists do in their offices.

The other task Clinician Heller assumes is more of a surprise. It is prescriptive. In his opinion, his model, as well as his research, points to a promising domain where body psychotherapy has so far little ventured. This is the interactional body in all its complexity.

Of course all body psychotherapists help their patients with interaction competencies. If one works with the body in emotional depth, one is bound to help a patient free up some constricted aspects of the track-and-respond repertoire, to a degree anyway. But this is not what Heller means.

What he sees as yet to be explored is how we could address interactional body complexity in a more direct fashion, in its specificities and details. And he has a bold idea for how to go about this. Why not use video? Why not supplement the classic body psychotherapy techniques with new ones that utilize video-filmed interaction?

The idea is logical and practical, he proposes, and he describes some of his own endeavors in this direction. The basics are simple. A brief video is filmed (by whomever, in whatever setting) of the patient interacting with someone else. This second person might be a partner, a child, a friend, or even (although this brings a new layer of complexity) the therapist herself.

This video is then brought to (or even might have been filmed by) the therapist. Patient and therapist look at it together. Invaluable details can be discerned about how the patient organizes his body in interaction, and about what aspects of the body organizing process of the other person he, the patient, appears to be tracking.

This becomes grist for the mill in the therapy. What is observed can be discussed and reflected upon. Connections can be made to the patient’s life-world, his past, and/or to the therapeutic relationship. As more classic body techniques are added, they can now be guided by the new information. The patient can profit from a unique double viewpoint on his body. He sees it from the outside and feels it also from within.

Heller is modest about his experiences with this new clinical direction. He portrays what he has done as beginning steps, not as definitive answers. The message he wants to convey is that an abundant field for innovation awaits us.

I agree with so much in Heller’s book it is hard for me to find things to criticize. I have a few reservations, but they are minor ones.

I found his mix of nonpartisan and partisan attitudes effective and appropriate. He is thoroughly non-sectarian about techniques, and this is a major subject in the book. He gives unbiased descriptions. No position is taken that one school’s or group’s techniques are superior to another’s.

At the same time he is partisan, and without apology, about theoretical perspectives. His avowed goal is simply to present his own model, and to show how it has room and niches for all forms of technique.

This seems more than reasonable. Perhaps, however, what could have been different is a certain tone. He is hard on theories that posit some form of vitalist energy, as did Reich’s. He dismisses them straightaway: they are a holdover from “Idealism”, as Heller defines it, and “Idealism” we need to put behind us, period.

Personally, I have no disagreement with where Heller stands. But I could imagine the issue being treated with more of a play of argument and counterargument, and with some lending of a voice to the other side. Frequently in the book, Heller pleads for dialogue among approaches. One could forgive a subscriber of vitalist energy for feeling that this particular conversation ended before it began.

A separate matter is the philosophical excursions. It seemed odd to hear so much about past philosophers with no attention to current mainstream ones. The mind-body conundrum has been a source of extensive creative exchange in recent years³. Why not some reference to this?

Of course a legitimate reply would be that Heller had no obligation to confront such puzzles. After all, he does propose a sensible if vague premise: mind and body are somehow two, yet somehow one, and we have to embrace both sides of the paradox. He does not explicate the idea. He just drops it in place and then moves on, taking up more detailed theorizing (e.g., about dynamic systems theory, interactional complexity, etc.) at slightly lower levels of abstraction. But is anything wrong with that?

² Heller perhaps worries here more than is necessary. For good discussions of the relative merits of higher level and lower level causal explanations in psychotherapy and psychiatry see Campbell (2008a, 2008b) and Woodward (2008a, 2008b).

³ See, for example, Bermudez (2005). Body psychotherapists will also be interested in current embodied cognition theories. See Prinz (2009), Robbins & Aydede (2009), and Shapiro (2011) for a more critical overview. Fuchs (2010) discusses how embodied cognition perspectives can be applied to psychotherapy.

At bottom, no. The same background assumption, in one or another guise, is often brought on board in psychotherapeutic theories, and typically with little elaboration, if any—and this seems fair enough. What feels different in Heller’s case is merely the sheer degree to which his book draws generally on philosophic thinking. In this light, a glance at some relevant contemporary ideas might have seemed a natural step.

The chapter on parent-infant interaction research I found to be one of the finest in the book. I would have wished for a little more clarification about one point, however. Heller often talks in this chapter as if Beebe’s “contingency”, Tronick’s “matching” and Stern’s “attunement” are the same. They are not.

Beebe’s coding of contingency just looks at whether a behavior of person *A* is followed quickly by a behavior of person *B*. If *A* scowls and *B* (immediately after) smiles, this counts as contingency. The timing is all and everything.

Tronick’s matching is more stringent. *B*’s expressive event must not just follow *A*’s, but also display the same affective register. *A* scowls and *B* smiles? This is a mismatch, not a match. On the other hand, if *A* scowls and *B* scowls, or *A* smiles and *B* smiles, or *A* is in neutral and *B* is in neutral, it will be counted as a match.

Stern’s attunement is like Tronick’s matching, but has wider variations. Stern’s coding reflects a larger number of ways person *B* might perform an action expressively equivalent to the action of person *A*. For example, *A* might make an expressive movement and then *B* might make an imitative movement. Or, even, *A* might make a movement and then *B* a vocal expression with analogous qualities (e.g., both movement and voice follow an ascending trajectory). Heller knows all this. My criticism is only that it could have been made more transparent for the reader.

This chapter, I feel for a variety of reasons, could have included at least a short discussion of attachment research. First, much attachment research (i.e., the Ainsworth Strange Situation) is also done by coding video-filmed interaction, laying it squarely in Heller territory. Second, whereas Beebe’s, Tronick’s, and Stern’s paradigms are about face-to-face play, the attachment paradigm is about what happens when an infant, or small child, is in a state of strong emotional neediness. Here, we find a theme that holds a particular resonance for body psychotherapy. Third, attachment findings take us beyond what occurs in the first year of life. For example, children who had it particularly hard during year one, tend, during years two and three, to develop interactional strategies of excessive control of the other person; and how they do so belongs very much to the procedural body repertoire.

A paradox is that precisely because a book like this covers so much ground it makes the reader aware of what is left out. “Why didn’t he also mention?”... “Why so little about?”... “I wanted more of”... Poor Heller. Every single one of us will have her or his wish list about what could have been included. Here is mine.

I would have liked to see more about Stanley Keleman. He is mentioned, but nothing is said about his methodology. Keleman has developed valuable techniques for helping patients untangle experiential states, as well as an interesting approach to dreams. He has influenced many therapists, especially in the U.S.

I felt that two more general currents deserved better exposition. One is the body-oriented psychoanalytic movement in Austria and Germany (e.g., Peter Geissler, Gunter Heisterkamp, Tilman Moser). They have produced a lot of writing and thinking, and are well respected in German-speaking countries. The other is post-Lowen developments in Bioenergetic therapy (e.g., Scott Baum, Robert Hilton, Margit Koemeda, Robert Lewis). Heller refers to both currents, but only in passing. I missed attention to the theoretical

reflections of William Cornell and the technical innovations of Al Pessó also.

Since Heller has so much to say about the Oslo tradition, a little might have been added about its continued developments. Rolf Gronseth, a student and then a close friend of Ola Raknes, created his own variant of exploring body awareness and body organizing. Later students and former patients of Gronseth founded the Oslo Characteranalytic Institute, a group that still thrives today⁴.

A small item seemed absent from the overview of 19th century concepts of the body. Heller mentions Sheldon and his (early 20th century) theory of body types. But actually, Sheldon came out of a longer tradition of such thinking. There existed body type theories in the late 18th century and through the 19th. Kreschmer (1931), who influenced Sheldon, emerged from this line of speculation. Reich and Lowen occasionally cite Kreschmer directly.

And then maybe also...but enough.

Heller is generous about mentioning my own work. Like him, I have begun introducing video intervention into clinical contexts. I share his conviction, too, that here is a direction full of potential. For background orientation I also draw on the microanalytic research of Stern, Beebe, Tronick, and Rochat.

His account of my approach is discerning and accurate. I do however wish to clarify a couple of points.

The first concerns intervention with video. As Heller does, I organize that a short video be made of the patient interacting with someone else. Usually, this is a partner or a child or infant. Normally I myself don’t shoot the video. The patient takes care of the video, typically putting the camera on a tripod⁵.

In a session, I look at the video with the patient. (Certain observation skills are useful here, but they can be easily learned.) The patient and I tease out a series of insights: about how she organizes her body in interaction, and often much more (e.g., mentalization capacities, what she was feeling and thinking at the time, etc.). What then comes next? What should be done with this new information?

Heller speaks as if the next steps are straightforward. This self-encounter will motivate the patient to change how she functions with others, and the video information will guide her in how to do it.

From my point of view, the options need to be broader. If a patient can move at once from a new video-based understanding to operating differently in the world, fine. But more is possible and often more is required.

The practical hurdle is precisely the complexity of the interactional body, which Heller in the book has so eloquently described. A good part of what one’s body does in tracking and responding to the other eludes one’s conscious awareness. So how to implement change which goes beyond obvious gross-level behavioral acts?

Fortunately, there exist good answers to this problem. Collectively they incorporate a focus on what I call “embedding”. I can only touch upon it here. One can aid the patient in developing new types of perception during interaction: better awareness of the other,

⁴ See Sletvold (2012) for a more detailed account.

⁵ Or in an institutional setting there may be someone on the staff responsible for filming. Usually this is when the therapy is part of a research context (von Einsiedel, Wortmann-Fleischer, Downing, and Jordan, 2012; Wortmann-Fleischer, Hornstein, and Downing, 2006).

better sensing of what one's body is ready for, and the like. As well, the patient can learn better to guide what spontaneously emerges from her body. What emerges (or at least a part of it) comes online rapidly, half of its own accord—but it can be noticed, steered, shaped.

In other words, when video techniques are added to a body psychotherapy, three separate procedures can work in tandem: body techniques can be used generally to widen the procedural repertoire, in the same and in other sessions. Video techniques can show where the widened repertoire is needed. Embedding can provide a bridge between the two.

Of course in some settings the therapist does not have the luxury of an extended treatment. The therapy has to be brief. Intervention with video can still be excellent in such contexts, and even body techniques can be brought in to an extent (Downing et al, in press). But there is reduced time for deeper work with the procedural repertoire⁶, and hence work with embedding must be of a more limited nature.

The other point of clarification has to do with body techniques themselves. Heller speaks as if what I advocate is a use of soft, low-intensity techniques only. This is not right. I do and teach a panorama of techniques, from low to medium to quite high intensity.

What Heller's comments reflect is that frequently I teach and supervise in psychiatric contexts, and in such settings I do encourage a slow and gradual bringing of a patient more into contact with emotion. But this is relative to the setting, and indeed to the specific patient. For persons who are ready for it I believe in using the full panorama.

Michael Heller has produced a book like nothing else in the body psychotherapy literature. It is a work with excesses: sprawling, opinionated, at times hard to follow. No matter. He has changed our conceptual landscape. Few books achieve that.

BIOGRAPHY

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⁶ The exception is work with trauma. For example, at a special unit for hospitalized mothers and their infants at the University of Heidelberg, sessions with body-oriented trauma work and sessions with video intervention are often conducted parallel to one another (Downing, Buergin, Reck, and Ziegenhain, 2008; Morlinghaus, 2012.)

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Body psychotherapy, which examines the relationship of bodily and physical experiences to emotional and psychological experiences, seems at first glance to be a relatively new area and on the cutting edge of psychotherapeutic theory and practice. It is, but the major concepts of body/mind treatment are actually drawn from a wide range of historical material, material that spans centuries and continents. Here, in a massively comprehensive book, Michael Heller summarizes all the major concepts, thinkers, and movements whose work has led to the creation of the field we now know as body/mind psych... Goals of Counseling and Psychotherapy: a description of desired client outcomes based on the tenets of the theory. The Process of Change: the factors within the theory that address what brings about change in the individual. Clients With Serious Mental Health Issues: a discussion of how each theory can be used with clients with serious mental health issues. Cross-Cultural Considerations: a discussion of cross-cultural considerations in using the theory. Major concepts and interventions are presented in combination with their current use in counseling and therapy. The next four chapters deal with the theoretical systems, often classified as behavioral, which were developed by theorists such as Aaron Beck, Donald Meichenbaum, Marsha M. Linehan, Albert Ellis, and William Glasser. Although modern, scientific psychology is often dated from the 1879 opening of the first psychological clinic by Wilhelm Wundt, attempts to create methods for assessing and treating mental distress existed long before. The earliest recorded approaches were a combination of religious, magical and/or medical perspectives. Early examples of such psychological thinkers included Patañjali, Padmasambhava, Rhazes, Avicenna and Rumi (see Islamic psychology and Eastern philosophy and clinical psychology).