

# SOMATIC CONSCIOUSNESS

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PSYCHOLOGICAL DISCOVERIES may be as bad as they are good. Freud, for example, discovered the so-called "subconscious." He said that dreams were the "royal road" to the mysterious thing which we today call the unconscious. His followers focused on dreams and discovered a great deal about symbol channels; however, they also inadvertently neglected other channels of the unconscious such as parapsychological phenomena, divinatorial systems, and body phenomena. Every discovery about the unconscious focuses on some new thing and neglects other important phenomena. That may be one reason why we know a great deal about images and symbols today, but very little about body life.

Before entering into the exciting field of body psychology and its relationship to the unconscious, let us first examine what sort of routine channels each of us may use without realizing it. It will be interesting to consider the positive—and also potentially repressive— aspects of these routines. Theoretically speaking, someone who is free of routines would be not only a very useful therapist; but also a very open and whole person who wants to experiment with the unknown.

One of the easiest ways to discover psychological routines is by identifying them with the school from which they come. Each psychology, like each individual, stresses certain aspects of the unconscious. For example, the gestalt psychologist would refer to the unconscious as anything he is now aware of in the here and now. He makes himself aware of the unconscious by focusing on his "process," his body feelings, his thinking and hearing, those sensations bubbling up into his consciousness. The Freudian identifies his unconscious with childhood and sexual problems. The neo-Reichian—or bioenergetic therapist—focuses on overcoming the unconscious in the form of body resistances which Reich called character armoring, inhibits biological sensations, and pleasurable streamings.

The Jungian normally identifies his unconscious in terms of dreams, moods, and visions. Theoretically, his unconscious consists of anything he is about to become aware of—as well as sensations and experiences which he will never bring to consciousness. Jungian psychology has elements

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which remind me of the Heisenberg uncertainty principle. This is the principle that detailed information from the quantum world (or in Jungian psychology, the psychoid unconscious), is available to the observer living in space and time.

The founders of the most powerful psychologies implied that students should not dogmatically follow directions and create routine methods and tricks. Nevertheless, in spite of the innovative, creative, and rambunctious nature in most of us, we tend to dogmatize and thereby partially destroy the main currents developed by psychology's founders.

These routines make it possible for one school to typify the shadow of another psychological school. For example, Jungians say that the gestalt psychologist masters the here and now but normally represses thinking and planning when they appear in consciousness. Future and past do not exist for him. The gestalt people accuse the Freudian of assuming that the unconscious is pathological and of repressing creativity and spontaneity, and reducing dreams to parental complexes. The neo-Reichian values only a soft body with lengthened musculature and perceives cramping and hardness as a sort of evil to be overcome. Yet such muscular processes may be important for someone in the midst of a fight. The gestalt therapist says that the Jungian talks about the unconscious but does not live it.

Now the reason that I have mentioned these different psychologies—and certainly they could have been analysed at more length— is that I want to point out that each of us; like any given school of thought, tends to neglect some aspects of our own unconscious and allow only certain other aspects to come to consciousness. The nature of our own characteristic consciousness makes us create a theology of psychology and focus on only one particular channel of unconscious processes as if it were a god. Some of us get irritated when we hear about other gods and start religious wars. The facts of the matter are that there are many gods; there is the here and now, the body, the dream world, the divination procedure called the *I Ching*, (pril)Jal child-hood experiences, etc. I will grant that at any particular moment a certain god will be more important for a given individual than other deities. Problems begin however when new gods, new channels want to appear.

Let us say for example, that one of your favorite channels in psychology is the focus on dream material. I wonder if you have thought about how body processes creep into dreamwork? There are many possible ways of seeing the relationship between dreams and body processes. One which excites me for the moment is watching the face when dreams are discussed. Most of the time people roll their eyes skywards when they think or are asked about dreams. Whenever auditory or kinesthetic experiences take the foreground of dream recall, then the eyes look sideways or down.'

Knowing these body movements can be useful in dreamwork. I recall recently seeing a woman who complained about a particular problem, "X." Before letting her tell me a dream I asked her point blank, "But don't you know how to solve problem "X"?" I closely watched her eyes which went

to the left as she said, "No." I asked her if she knew what her eyes had just done and she said she noticed nothing. Thus, I assumed that her body had given an answer to my question which she was not aware of. It was saying that auditory information such as tone, music, and voices were unconscious to her and that they might play a role in solving "X." She then told me her dream. The central element consisted of a musical instrument associated with a dead person with whom she wanted to communicate. The dreamwork indicated that she could communicate with the dead through music, and that this communication could be useful in solving her problems in the here and now. In other words, when problem "X" arises she must ask the "dead" for help and listen for an answer.

Thus understanding body signals can enlighten one about aspects of dreams and visions. Did you notice for example that when people are talking about or actually having visions that they tend to hold their breath or else breathe mainly in the upper chest?<sup>2</sup> Or that experiencing body sensations often coincides with deep belly breathing. Knowing this can be useful. For example you need not disturb people during body work [when they are not talking] by asking what they are experiencing. You can tell what is happening by watching the body itself.

A psychological routine which focuses only on dream phenomena and images represses certain body phenomena and associated with physiological disturbances. The requirement of seeing everything represses breathing in the stomach area. We can extend this argument and imagine how a body work routine which neglects imagery potentially reduces pulmonary and cardiac activity. I am suggesting that a given routine method or channel of communicating with the unconscious may be as good as it is bad if the method represses other channels.

#### *CULTURAL INFLUENCES IN BODY WORK*

The more I become aware of the limitations of my own routines the more I use dreams, body life, and sensory channels in developing and discovering psychology. Clarity in seeing, hearing and touching has been useful to me. Body work can be developed in part each time you see a new person by simply opening your eyes. The more I open my eyes and ears the more I see and hear how the body of a "nervous" person for example is not in harmony with this person's talk. Verbal content and motor process is divided. Since the content of conversation is normally manipulated by the will and autonomous "nervous" motions of the body are unconscious, the latter form potential starting points for process oriented body work.

Each person has his own body work. Someone worried about the strange discolorations in his skin may have a process which is amplified with the use of body paints. A person with a tumor has a growing "lumpiness" coming into the foreground. A drugged person's body speaks in terms of

hypometabolic phenomena. Dying people tell you their "body" is outside the body. Body work is like dream work for me insofar as the body will tell you all by itself just what is trying to come into awareness and what sort of activity wants recognition. For example a physician talks of his body as if it were filled with bones, blood, and gall bladders. A dancer relates through dancing or her kinesthetic channels. A boxer may need a punch to feel his stomach.

Children do body work too! I remember how nervous I used to be about bringing my children to body seminars because I was afraid the unusual things which happened there might be disturbing to the kids. However to my great surprise and relief I discovered that I had made an incorrect projection. The children often got bored when they saw weird things happening. Why? The children explained to me that people doing body work looked like other children!

Body work is a game for children. A child with a severe chest disease told me that the game her body wanted to play was "clouds." The rules of the game turned out to be "flying tricks." First she would fly like a cloud. Then I had to fly like a cloud, then like a bird and finally fly into the air and through her. As our game ended she told me that her school did not know this game but spent all its time making her learn how to spell correctly. I told her mother to talk to the teacher about playing "cloud" games because the present school system was reflecting a rigid form of behavior in the child which was making her ill.

Every fixed social system represses something and creates problems for its individuals. As a result each society develops medical procedures which solve just its own culturally oriented diseases.<sup>3</sup> The study of medical anthropology is thus the study of a culture's psychological problems as much as it may be a study of bacteria and ghosts.<sup>4</sup>

China for example tends to be an introverted culture. Thus one of the main goals of acupuncture, developed more than five thousand years ago<sup>5</sup> is to harmonize the individual body with a universal law manifesting itself in the outer flow of things, in the I Ching, in the structure of geology, and in dreams and body problems of others.<sup>6</sup>

Compared to Westerners people in the Far East do not seem to have been successful at relieving the existential suffering caused by lack of food, various diseases, poverty and related problems. It is therefore not surprising to us that the most popular body ritual in India and China is a meditation whose central aim is the development of immortality and transcendence from the here and now.<sup>7</sup> In fact the yogi's highest goal is to become a "dead man in life."<sup>8</sup>

India has a highly developed relationship to involuntary body signals. The yogi integrates body phenomena with religious concepts. The Siddha yogi for example sees his body as the goddess Shakti. She manifests herself in everything from scratching and tics to disease and death. Proprioceptive signals for such a believer are thus religious problems and are reduced to

insensitivity towards Shakti and to inadequate worship of the body as the temple of the gods.<sup>9</sup>

The Tantric yogi like the Taoist alchemist, takes sexuality as a basic form of body energy. He works directly with sex in order to experience god, meditates upon it until it takes him into altered states of consciousness.<sup>10</sup> His meditation compensates a cultural dogma which forbids sex.

Sexuality is repressed in our culture too and appears in Christianity as a form of body life which belongs to the devil. We repress the pleasure principle, detach our consciousness and religious beliefs from our bodies and use our minds to master nature. Our detached view of the body of visual channels creates and stress objectivity the scientific clarity necessary to discover natural laws. But we are very poor at rediscovering the connection between body problems, psychological phenomena, political institutions, cultural rituals and religious problems. Western medicine is weak in pro- prioception and depends mostly upon the visual and acoutical channels of the physician.

However our medical attitude towards the body is beginning to change. Since the middle of this century we have developed different forms of body psycho-therapies. Today Rolphers try to re-align the body with the gravity field,<sup>11</sup> massagers help people to experience the body,<sup>12</sup> and neo-Reichians remove cramps.<sup>13</sup>

Nevertheless the characteristic philosophy of western psycho-somatic therapies remains materialistic and causal. Our philosophy is that the body is not in order, that there is some cause responsible for its problems, and that these problems must be removed by some form of therapy. Thus westerners try to master the body with their minds. They create iatrogenic diseases with each new discovery about the causal nature of physiology and remain in the dark about how the body experiences itself. We are not aware of the cultural limitations of our disease definitions or health goals and tend to apply them as if they were absolute. In fact certain "diseases" in our culture are considered normal human conditions in our cultures.<sup>14</sup>

#### *A FINAL APPROACH TO THE BODY*

Causal philosophy is not shared by every western school of psychology. Jung for example championed a final view of the personality in contrast to Freud's causal view. Jung saw dreams and other unconscious phenomena as potentially meaningful or purposeful.<sup>15</sup> He was not interested in making a priori assumptions about the unconscious but in letting it speak for itself.

Early in his career Jung investigated the relationship between phys- iological variables and "psychological" complexes though he later focused mainly upon non-somatic phenomena.<sup>16</sup> His teleological philosophy took psychology out of the realm of pathology and allowed medicine to see the human being as a "just-so" fact.

Translating Jung's phenomenological attitude towards the unconscious into body work will change our attitude towards physical disease. However my experience has indicated to me that it is more difficult to apply a final attitude towards the body than one might think.

A final view of body life would let the body speak for itself. However our routines block us from doing this. The analytically trained psychologist, for example, tends to use fantasy instead of kinesthetic signals to work with the body. He is likely to "imagine" his way into a headache instead of letting the body experience of pressure and pain express themselves. We can tell when body fantasy is mere ego manipulation by noticing whether or not images are associated with physiological changes such as variations in breathing, skin moisture, body temperature, vocal tone, lip size, posture, and of course pain and pressure.

The mind plays various tricks on us. Even body therapists tend to manipulate body processes instead of letting kinesthetic awareness direct events. Such therapists typically direct the body by binding it to preset interpretations which neglect the potential significance of symptoms such as stiffness and cramping. The general attitude of such a therapist is that the body must be channeled into a certain routine. A well known body therapist recently told me that his therapy would predictably end up with a specific effect. He did not realize that such predictability is more of a "mind-set" than body phenomena.

Another common difficulty related to ingrained causal thinking is assuming that one knows what someone else's body is doing, without asking the body phenomena to express itself. Hence, the mind defines moving the head in this direction as disease X. Neck pains mean problem Y, etc. Most of these definitions are not objective but speculative projections which falsely assume that the body is in a frozen state instead of in a beginning condition of some process moving into an utterly unknown territory. I suggest that instead of making assumptions we communicate with the body directly. It is lots of fun to ask strange postures or eye movements to amplify themselves in their own individual way. There are surprises in store for someone who quickly assumes a meaning for a given posture.

The more I work with the body, keeping my assumptions in a temporary state of reservation, the more I appreciate and sympathize with a given "disease." I often find the symptoms more real and more interesting than the suffering ego. I recall a recent scene in which a person suffering from a crippling and paralyzing disease was trying to talk to someone. The sufferer was trying to "relate," smiling without being genuinely involved in the relationship. Suddenly the body took over and the smiles turned to fright as the upper body collapsed and toppled to the ground. This body "said" in an "imagination" which followed, "if you are going to focus on what you want to do and not upon what "is" then I have no choice but to alter your behavior with such unpredictable activities. Change or else!"

From the viewpoint of the unconscious, the disease was "right" and

the ego was "wrong." Trying to heal such a disease could be a terrible loss because a biological motivation for development would be taken away. In my experience no one overcomes the unconscious. No one masters the body or its diseases with simple healing methods because as soon as a disease "disappears"-it reappears again in a new form. Diseases are like other complexes; they can be transformed but not annihilated.

One of the paradoxes of body work based upon a finalistic philosophy is that allying oneself to the disease, that is, not primarily trying to change it, often has healing effects! An astounding example of spontaneous healing accompanying the amplification of symptoms occurred some months ago after I had seen a man suffering from cancer of the heart wall. A lung cancer had metastasized onto the heart, disturbing its functions and giving the sufferer stabbing pains. I recommended that we stop repressing the pain with medication and amplify the stabbing. Faced with death even the most reserved person will play body games. This man was no exception. He picked up a sharp instrument and acted as though he were stabbing himself. He played the stabber who said, "Either you do activity X or I shall kill you!" The dying man agreed and his pains immediately disappeared!

I tell this dramatic case not to encourage the reader's healing expectations but to encourage him to listen to the body itself-to appreciate the potential significance of symptoms. This appreciation requires a reversal of consciousness, it requires taking seriously the ideas of "finishing up unfinished business," "following the unconscious," worshipping "Shakti," and following the "Tao." The final viewpoint encourages the mind to ally itself with the body.

Such a viewpoint can be relieving to the therapist's body as well because his body often feels like the patient's body relative to the patient's consciousness. Let me explain. The therapist's body is like a stereo receiver which is simultaneously picking up two or more signals from the environment. Thus the therapist's body perceives sweet verbiage and sees the pleasant facial expressions, but it also picks up the stiffness, pain, and nervousness of the patient's body. So the therapist's body "understands" the disease since his body tends to suffer like the patient's body from multiple signals which are not congruent with one another.

Removing consciously imposed causal systems amplifies body events and makes them unpredictable. A slight cough can turn into vomiting, a flickering eye into crying, a cramped leg into a nasty fight, or a sore throat into a strange wail. However, the judgement about whether a process is strange, scary or not, tells more about the therapist than about the client. I remember my first experiences with dreamwork in which I became terrified when I heard a nightmare. I defended myself against the imagery by telling myself that the other person was just crazy. However, my Jungian studies<sup>17</sup> changed my attitudes. Increased experience showed me that the craziest and most terrifying dreams followed archetypal patterns which showed up when I let the dream speak for itself.





I do not want to reduce the fear of body life because there may be times when this fear is an important reaction to what is happening. However most fear of body life is usually due to ignorance. A yogi watching people gyrating, acting like lions, humming music, or spontaneously performing hatha yoga is not likely to become afraid. Such things happen so often that he is able to discover that they even fall into typical patterns of enlightenment.<sup>18</sup> Naturally not all body motion leads to enlightenment. But the majority of such motion seems to follow archetypal patterns which we can see ahead of time or afterwards in dreams.

The spontaneous "irrational" body has a biological logic of its own. For example the person suffering from a chronically sore throat typically rolls over and stands on the back of the neck in the "halsana" posture, as if the body knew that this hatha yoga "asana" improves throat problems.<sup>19</sup> The individual without sufficient inner body feeling [or proprioception] enters delirious states or has dreams in which thousands of insects are crawling over the skin. The individual who compulsively relates to temporal reality typically develops shaking "legs or "weak knees" which behave as the landing gear of an airplane taking off into fantasy spaces.

There must be thousands of archetypal body-dream processes which we will one day outline in the future. The point I want to make here is that when a final philosophy coupled with clear observation replaces causal therapies and fears based upon ignorance, the body no longer appears as a sick or irrational demon but as a process with its own inner logic and wisdom. In fact, many body processes allowed to express themselves on their own terms follow dream patterns!<sup>20</sup>

#### *PSYCHOID SPACES AND BODY CHANNELS*

However there are many body processes which may not follow any known pattern whatsoever, or at least any formulatable, verbalizable or visual pattern. Some body processes resist being talked about. They can not be explained nor do they have images associated with them. Often people can only say after such processes have occurred that they have been on a far out trip and that it "felt" right but that they returned without understanding what happened. These body experiences are sometimes partially described in dreams which follow. Such dreams try to integrate apparently primarily kinesthetic and proprioceptive experiences into visual channels. However many body experiences, especially those happening near death, may be primarily proprioceptive, that is they can be felt but not seen.

Jung spoke of unimagable or nonvisual experiences as aspects of the "psychoid unconscious."<sup>21</sup> Research in body work elucidates Jung's "psychoid unconscious" as consisting basically of non visual experiences. If we think of the unconscious in terms of information theory as a sender, and of normal awareness as a receiver, then we can also imagine that a sender

which uses many different channels to express itself. The unconscious uses visual channels for example to express itself in dreams. However when proprioceptive and kinesthetic channels are used, then the unconscious expresses itself in what normal consciousness typically experiences as the body. In this case, the sender manifests itself in terms of signals such as body symptoms, pains and pleasure. These signals are qualitatively different from visual messages even though the content of the visual and kinesthetic signals may be similar.

In any case, psychoid phenomena seem to be somatic signals without accompanying visual imagery. The less developed a channel tends to be, the more mysteriously the unconscious appears in this channel. A visual person for example might be terrified by a voice manifesting in an acoustical channel. An auditory person may panic when pains occur in a proprioceptive channel in which awareness has not been developed. An undeveloped channel behaves like a demon, magician or hypnotist for the receiver whose knowledge is weak in that particular channel.

People administer various forms of "magic" to themselves through somatic channels. Some drink coffee to give themselves a lift, others drink wine to relax, take aspirin to overcome pain, or other drugs in order to achieve medicinal effects or heightened forms of awareness. The consciousness of our undeveloped somatic channel is often associated with extravagant claims or with evil effects by a public which has minimally developed proprioceptive awareness.

Thus undeveloped somatic channels behave like magicians. Clients who come back from intense body experiences in body seminars insist that something important happened without being able to explain what. They frequently looked like tricksters. One day while I was observing my young son performing a magic show with his friends, I began to understand the trickster expression on the faces of these clients. I asked my son just why he and his friends enjoyed doing magic shows so much and he told me that the fun in the performance consists in doing things which can not be seen!

One of the conclusions that we may draw from body work in which intense non visual body experiences occur is that the unconscious is trying to develop awareness in a nonvisual channel. Such awareness is very important. The ability to receive proprioceptive signals may protect one from catching colds or may even make the difference between life and death. For example, kinesthetic consciousness can pull one out of the street at just the moment when a dangerous traffic accident is about to happen.

Body experiences have many possible significances. Some experiences for example which happen during body work resemble religious awakenings. People feel as if they contacted god or were transported into other realms of existence. These realms and gods would be referred to in India as Shakti or the Atman. Other types of psychoid body experiences indicate the need for greater humility. When consciousness has been ruled by a visually oriented solar ego, body experiences frequently diminish the light of this

type of consciousness and remind the individual that not everything can be directed or controlled by consciousness. Dreams about lunar phenomena following body experiences often symbolize the light or wisdom of non visual channels.

Many body processes are primarily healing phenomena. Their goal seems in retrospect to have been basically medical and frequently leave minimal understanding in their wake. Some body experiences feel like "bad trips" and signify that greater awareness, control and less indulgence is required before undertaking further exploration of body channels.

### *SUBTLE BODY*

An important aspect of body experiences appears near death. The information I have gathered from my dying clients leads me to believe that dying people who develop some form of proprioceptive consciousness experience the final states of life more coherently than those who have not made such developments. Those who had consciously experienced their bodies would typically dream that their cars transformed into heavenly vehicles. Those dying people who had not developed body consciousness however often found that their cars had been stolen in dreams. The associations to cars indicated that they referred to the voluntary control over the body. The transformed cars thus symbolized how voluntary control over the body had become transformed into conscious collaboration with involuntary vegetative processes. I could verify this interpretation by noticing how awake such dreamers remained, how they retained awareness during coma like conditions, how they appreciated and even took part in what happened. The dreamers whose cars had been stolen in dreams however became terrified and dissociated near death, hallucinating wildly in almost psychotic fashion as voluntary control disappeared leaving the individual in unfamiliar hypometabolic territory.

Body experiences occurring near death involve mainly proprioceptive or inner body experiences and appear to the therapist on the outside in the form of trembling, strange breathing, eye rotations or coma like phenomena. Such proprioceptive experiences are referred to as the subtle body in eastern literature, the vehicle one uses to transcend life, death and time.<sup>22</sup> Subtle body experiences are basically no different than other body phenomena except that they occur near death. Thus it seems that when body work focuses upon proprioceptive and kinesthetic channels of the unconscious the work develops subtle body awareness. In this one sense body work is similar to yoga, meditation, vision quests, sweat baths, or other body rituals which aim at developing the immortal body. However, body work differs from these rituals in that body work defines its goals anew with each client and does not predetermine the method or outcome of the work.

*DREAMBODIES*

Subtle body experiences, proprioceptive and kinesthetic signals, dreams, and visual phenomena are all part of a spectrum of experience which I call the dreambody. I have indicated that most body experience seems to follow the patterns of dreams.<sup>23</sup> At present I see no reason against extrapolating this fascinating isomorphism between body states and dreams into the realms where dreams and body conditions becomes indistinguishable. We can thus define a dream-body with this extrapolation in mind: the dreambody encompasses all dream and body experiences!

The dreambody has a spectrum of processes running from visual fantasies, to feeling moods, visual dreams, body states mirrored by these dreams, to proprioceptive and kinesthetic experiences which are no longer verbalizable or imageable. When strong proprioceptive processes occur near death and are accompanied by willful awareness, the dreambody becomes the subtle body. The dreambody is a combination of terms now presently used for the psyche and the body. The psyche, for me, is Jung's collective unconscious, a sort of dark sea punctuated by the complexes and fish eyes he called "splinter consciousness."<sup>24</sup> Complexes are spirits which have an intelligence of their own as those of you who have done active imagination, worked on the "hot seat," or had drug experiences have realized.

My image of the body is like that of the psyche. I see the Indian chakra system, a body filled with 5 to 7 luminous centers which are filled with images and musical tones corresponding to given nerve plexi.<sup>25</sup> Empirically the body is a spatial container of different consciousnesses which we ordinarily experience as symptoms or diseases. The dreambody is thus a multi-channel experience of the combined images of the collective unconscious and the body-filled with chakras. The dreambody is a field with intense energetic points located in space and time corresponding to the body and psyche.

I have spoken about somatic channels in this paper and differentiated them from dream phenomena (and visual channels) in order to stress the fact that the unconscious has many channels which carry qualitatively separable processes even though these may be related to one another in meaning. I have also stressed the fact that we presently tend to identify the unconscious with visual channels and create causal theories about the body. Thus we are in danger of missing its real nature. Identifying an unknown (somatic) signal with a known channel (or image) works relatively well until the somatic channel with undeveloped awareness creates powerful signals such as symptoms or life threatening diseases.

I am aware of the introductory nature of this paper, and hope the reader will join me in investigating the connections and details of subjects I was only able to mention here. I hope, however, to have indicated that somatic consciousness can be a part of analytical work, that in fact this consciousness may be often a matter of life and death, and that in death the essence of

somatic awareness reveals itself to be the subtle body. While somatic awareness can be differentiated from psychological knowledge, thinking, fantasizing and verbalizing, such awareness may enter the psychoid unconscious, the one world which can no longer be clearly defined as either psychic or somatic. Somatic awareness gives us an empirical and experiential manner of knowing this world and a chance of realizing a crucial dimension of the personality, the Self, in a more existential manner than we may presently possess.

### NOTES

- I. Richard Bandler and John Grinder seem to be the first who have pointed out the connections between eye movements, hearing, feeling, and seeing within the context of what they call neuro-linguistic programming in their *Frogs into Princesses*. ed., John O. Stevens (Moab, Utah: Real People Press, 1979), p. 45.
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17. See, for example, Marie-Louise Von Franz, *Introduction to the Psychology of Fairy Tales* (Zurich: Spring Publications, 1973).
18. Eliade, *op. cit.*
19. John Mumford, *Psychosomatic Yoga* (Wellingborough: Aquarian Press, 1976).
20. Arnold Mindell, "DerKörper in der Analytischen Psychologie," *Rehandlungsmethoden in der Jungsch Psychologies*. ed., U. Eschenbach (Bonz Verlag, 1979); also, Mindell, *Dreambody* (Los Angeles: Sigo Press, 1981).
21. C.G. Jung, "Review of the Complex Theory," *CW* 8.
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