INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

(Incorporating US Association for Body Psychotherapy Journal)

volume eleven ● number one ● spring 2012

EUROPEAN
ASSOCIATION FOR
BODY-
PSYCHOTHERAPY

EABP

United States Association for
Body Psychotherapy

Anxiety and Panic in Reichian Analysis

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Received 16 January 2012; received in revised form 13 February 2012; accepted April 2012

Abstract

Having underlined evolutionistic aspects, the constituent moments of the 'fear' phenomenon in a descriptive interpretation are evaluated, as well as clarifying the original roots of the words, which sink their definitions into corporal expression. The anxiety disorders are reviewed later, from a clinical perspective, linking them to significant epidemiological data which is useful in order to classify them three-dimensionally in negentropic-filogenetic time. This interpretation will lead onto a clinical-analytical proposal for three-dimensional classification (The Tree of Fears) on the negentropic-ontogenetic arrow of time. The work will conclude with the description of analytical-therapeutic lines on the subject from the Italian School of Reichian Analysis (SIAR) itself.

Abstracts of this article are to be found on the EABP website in the following languages: Albanian, French, German, Greek, Hebrew, Italian, Portuguese, Russian, Serbian, Spanish. http://www.eabp.org/publications-journal.php

Keywords: anxiety disorders, Tree of Fears, Arrow of Time, negentropy, Reichian Analytical-Therapeutic Treatment

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*
Volume 11, Number 1, 2012 pp 41-50. ISSN 2168-1279

In Reichian analysis, fear is seen as an indicator of the intelligence of the living being and is, in many ways associated with one's sensitivity to pain. From a phylogenetic-evolutionist perspective, a finite distinction between fear and anxiety does not exist. Over the lifetime of the living being, fear is foreshadowed by anxiety, which is understood as the complex cognitive by-product of the organism's capacity to foresee danger in time and space. Fear, when it '*crosses the threshold*,' becomes a powerful and terrible enemy of freedom, the effects of which should not be underestimated. While fear should be respected, it should also be surrounded by all the means we have at our disposal; '*lay your eyes upon it*,' i.e. learn to recognize it and accordingly develop a deeper understanding of its origins.

A linear reading of fear might represent the constituent moments of the overall phenomenon as follows:

1. If something threatening should suddenly fall upon a subject, who lives their experience of being in the world in terms of acceptance and protection, the fear is '*fright*,' and what frightens is usually something known and familiar.
2. If what is threatening is characterised as being largely extraneous to the individual inquestion, then the fear is '*horror*.'
3. When what is threatening is horrible but is also characterised as being sudden and unexpected, the fear is *'terror*.'

4. When terror is as intense as it can be, then '*panic,*' which is characterised by an impulse to blind flight from the world in which they find themselves, occurs.

However, learning to recognize fear and developing a deeper understanding of it also necessitates moving vertically; '*lay your eyes upon the words*' and read them in all their depth. Words are repositories of phylogenetic intelligence that are accessible to genes. They bear the stratified negentropic arrow of time '*from bodily expression to verbal expression.*' In the various lexemes, this sentiment is expressed in three different ways:

1. As pain and worry
2. As running, jumping, moving, and trembling
3. As experiment and risk

- From an etymological standpoint, there is *pavére* (to be frightened), a verb that indicates the state of being knocked down by a shock. There is also pavor, a noun with the suffix -or, which typifies something animate and which designates a force in action rather than a state. The principal meaning of pavor is '*I am hit,*' which can even indicate a future threat.
- Another word that can indicate fear is *timor*, as in '*timid*' or '*timorous.*' The original verb is *tĭmĕo*, which means to condense, to squeeze, to coagulate or to stick. It can also refer to movement that expresses stiffening, petrifaction or paralysis.
- '*Terror*' is derived from *terrēo*, meaning to tremble, vibrate, or shake.
- Then there is '*horror*', from *horrēre*, meaning to bristle, to straighten up or to stiffen – a physical sensation which gives you goose pimples and makes your hair stand on end.
- There is also the Greek verb *fòbos*, meaning to frighten or to cause to flee, from which the word phobia is derived.
- '*Anxiety*' can be traced to *anxia*, the feminine form of *anxius*, something laboured and troubled that follows from fear and desire.
- We derive '*anguish*' from *àngere*, meaning to squeeze or to suffocate. It is a painful sensation of tightening of the epigastrium which is accompanied by great difficulty in breathing and profound sadness.
- We get '*panic*' from *panikòs*, which refers to Pan, the woodland divinity with horns and goat's feet who provoked sudden, maddening fright with the sound of his pipes.

There is a clear link between body and language, and to illustrate how fear manifests in the body, Charles Darwin's description of fear (1837) is most appropriate:

"Fear is often preceded by astonishment ... the eyes and the mouth are widely opened, and the eye-brows raised. ... The heart beats quickly and violently ... the skin instantly becomes pale as during incipient faintness. ... under the sense of great fear we see in the marvellous and inexplicable manner in which perspiration immediately exudes from it. This exudation is all the more remarkable, as the surface is then cold, and hence the term a cold sweat. [...] The hairs on the skin also stand erect and the superficial muscles shiver. In connection with the disturbed action of the heart, the breathing is hurried. The salivary glands act imperfectly; the mouth becomes dry, and is often opened and shut. I have also noticed that under slight fear there is a strong tendency to yawn. One of the best-marked symptoms is the trembling of all the muscles of the body; and this is often first seen in the lips. From this cause, and from the dryness of the mouth, the voice becomes husky or indistinct, or may altogether fail."

In a horizontal, clinical interpretation fear is not taken into great consideration – it would, in fact, only be seen as "a response to an external threat or danger which has been consciously recognised."

"Before what are we frightened?" asks Martin Heidegger (1919). What frightens is always something that we encounter in the world and which is characterised by menace. Therefore to recognise it clinically

is to recognise it in its internal declinations. The DSM IV-TR is a manual of diagnostic criteria which is highly debatable, but which is certainly a point of reference known to all of those operating in the field. Its merit is that it has created the opportunity for there to be a common starting point in the '*psy-world*' from which we can move on: compare and contrast, and make progress.

The essentiality of anxiety disorders

It is to be noted by Reichian analysts that the way in which DSM IV-TR refers to anxiety and panic compresses internal time and does not distinguish between anxiety and anguish. The word panic is misused in that it is even applied to an anxiety attack. Neurosis is no longer even contemplated.

According to DSM IV-TR, a panic-attack is a period of fear or intense unease during which four or more of the following symptoms suddenly appear and intensify, peaking in around ten minutes:

- palpitations, heart palpitations or tachycardia
- sweating
- trembling or shaking
- dyspnoea, or the feeling of suffocation
- feeling of asphyxiation
- chest pain or discomfort
- nausea or disturbed stomach
- feelings of loss of balance, instability, light-headedness or of being about to faint
- de-realization (sensation of unreality) or depersonalisation (being detached from oneself)
- fear of losing control or of going crazy
- fear of dying
- paraesthesia (feeling of numbness or tingling)
- shivering or hot flashes

If the panic attack is recurrent, it will develop either with or without agoraphobia, anxiety associated with finding oneself in places or situations from which it would be difficult or embarrassing to get away, or in which there might be no help available should the person suffer an unexpected panic attack. Agoraphobic anxieties typically concern characteristic situations such as being outside alone, being in a crowd or in a queue, being on a bridge, or travelling in a bus, train or car. These situations are either avoided or a friend must be present.

A specific phobia is a pronounced, persistent fear that is excessive and unreasonable, and is triggered by the presence or by the expectation of a specific object or situation. Exposure to the stimulus which is associated with the phobia provokes an immediate response in terms of anxiety, which may assume the form of a situational panic-attack. The person recognises that this fear is excessive and unreasonable and that it interferes significantly with their performance at work, their social interaction, and their leisure activities.

Specific phobias are categorised as '*animal*' if the fear is caused by animals or objects, as 'natural' if caused by thunderstorms, heights, water or snow, as '*blood-infection-injury*' if the fear is provoked by the sight of blood, by having an injection or by other invasive medical procedures and as "situational" if the fear is caused by bridges, tunnels, lifts, driving, flying or by enclosed spaces.

Social phobia is a pronounced, persistent fear of social or performance-related situations in which the person is exposed to unfamiliar people or to possible judgement by others. The individual is afraid of behaving in a humiliating or embarrassing way. The individual recognises that this fear is excessive and that it interferes significantly with their performance at work, their social interaction, and their leisure activities.

Further epidemiological-evolutionist statistics

Some statistical considerations clarify the nature of the phylogenetic, negentropic arrow of time:

Only 5 - 7 % of panic attacks in the general population occur with the frequency and intensity which signifies the presence of a disorder. In the vast majority of cases, at least 90%, the first attack occurs outside in the street, on or in a means of transport, or in public buildings. Less frequently, the first attack occurs at school or at work. Many people seek help by asking to be taken to the accident and emergency services at the nearest hospital or by having a doctor visit them within 24 hours of the attack.

Only slightly more common in women than in men, in co-morbid cases Panic Attack Disorder presents most frequently with alcoholism. It is almost certain that all cases of alcoholic syndrome, which are cured by anti-depressants were originally panic attacks.

Similarly, 20 - 30 % of cases of social phobias are co-morbid with alcoholism and phobias are the disorders with the greatest prevalence. Specific phobias represent the most frequent psychiatric phenomena in women and the second most frequent in men.

From the genetic perspective, modern human beings should still consider themselves to be Stone Age hunter-gatherers. Our genetic composition is practically the same as that of our ancestors from the late Palaeolithic era 30,000 years ago, though the environment we live in today is very different from what it was then.

The delay in the adaptation of the human genome to the new environmental conditions is understandable considering how recent these environmental changes are: while all of these changes have taken place since the advent of agriculture about 10,000 years ago, many of these significant changes have occurred in the 200 years since the industrial revolution began. These differences help explain the apparent irrationality of some phobic reactions and the greater prevalence of certain phobias.

In 1897 Stanley Hall (1881) wrote, "in 1701 people I have been able to describe 6456 different fears ... it seems that the most feared are thunderstorms, then reptiles and then, immediately after, the dark and strangers, while fire, death, pets, disease, wild animals, water, ghosts, insects, mice, thieves, storms and loneliness represent decreasing levels of fear."

Modern epidemiological studies confirm this classic account. In a sample of 8098 people aged between 15 and 54 (Curtis CG et al,1998) it emerged that 49.5% had or had had at some time during their lives at least one episode of excessive or irrational fear. The most common phobia-inducing stimuli were reported as being: animals (22.5%) with snakes being largely responsible, heights (20.4%) and blood (13.9%). It is clear that the mechanisms which control fear are calibrated to respond to dangers which were frequent and lethal in the environment in which man lived for a significant part of his biological history. Despite the fact that incidents of fatal snakebites are now much rarer than fatal accidents on the road, phobias about snakes are still much more widespread than those about cars, which are practically nonexistent.

Other phobias, including for example thunderstorms, spiders, heights, enclosed spaces and blood, are very widespread, while those concerning firearms or pesticides are practically unheard of. Similarly, children are frightened of the dark and of sudden noises, but not of electric sockets or cleaning products. Notwithstanding substantial publicity campaigns, it is difficult to instil a fear of smoking or of high-fat diets. Most people are more frightened of a simple surgical suture than they are of an x-ray, even though they are aware of the risks associated with exposure to ionised radiation.

From these statistics it is clear that the mechanisms which regulate fear are not adapted to handle recently-evolved situations.

One should also bear in mind that the environmental dangers which threaten physical survival and the dangers which can compromise emotional relationships are two very different types of threats in terms of biological adaptation.

In fact, the purpose of phobic fear is avoidance or flight from situations which threaten physical well-being or the possibility of survival, whereas the adaptive function of fear of separation is to preserve the bond with the figure that the person is attached to and to favour protection by those with whom emotional bonds have already been established.

The distinction between fear of separation and phobic fear is commonly accepted medically and the two conditions are treated with different types of drugs. In the early sixties, Donald Klein (1964) demonstrated that imipramine (Tofranil) was an effective treatment for agoraphobia and panic attacks whereas benzodiazepines were able to limit the degree of fear expressed towards objects of phobias.

"How true this distinction is even from the perspective of Reichian analysis!"

This takes us straight to the fear of castration, understood as life threatening to the Self, and to the fear of separation, understood as the possibility of the Self losing the object.

With these we can move on to reading the Tree of Fear (Figure 1) starting from its trunk, which represents the ontogentic, negentropic arrow of time.

The ontogenetic when, where, and how

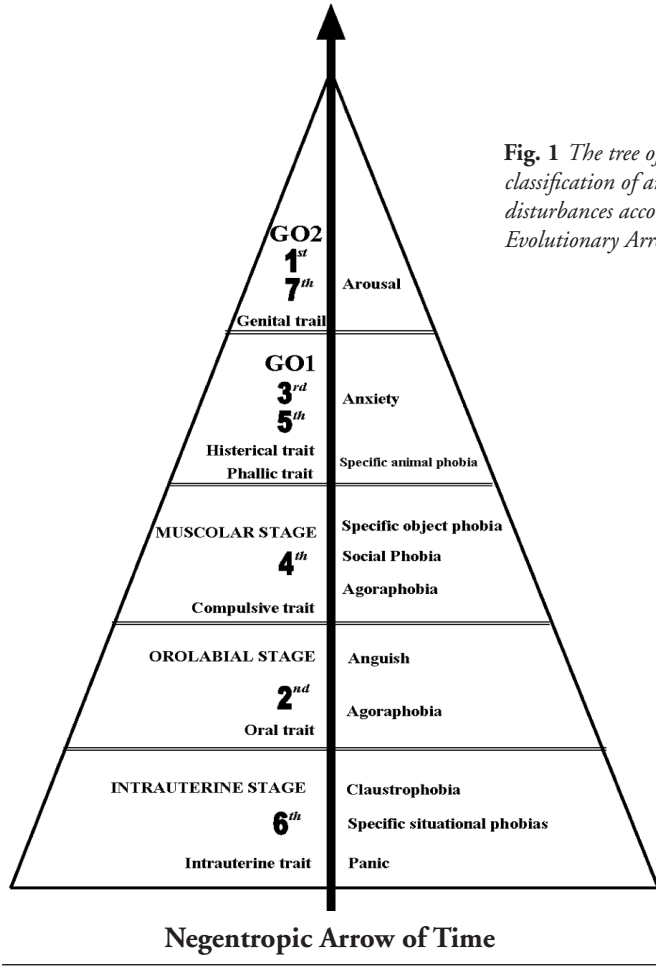

Fig. 1 *The tree of fear: classification of anxiety-based disturbances according to the Evolutionary Arrow of Time*

A) Explanation of the left-hand side of the Tree of Fear

The character is a set of traits and other aspects. It is a unique combination and it is also unique in its diversity as far as both its contents and the container itself are concerned. In Reichian Analysis the prototypical trait constellations go as far as the intra-uterine stage, because an overview in terms of the negentropic arrow of time would consider the whole existence of the person from conception onwards.

The evolutionary stages identified by Freud (1899) have been extended and expanded to include pre-natal, intrauterine life. In this way the following stages can be identified: the autogenous stage which lies between insemination and implantation; the tropho-umbilical stage, which is between implantation and birth; the oro-labial stage, which lies between birth and weaning; the muscular stage, which runs from weaning up to the Oedipus period; the first genito-ocular (GO1) stage, from the Oedipus period to puberty, and the second genito-ocular stage (GO2), from puberty to maturity.

Six fundamental character traits are distinguished (intrauterine, oral, compulsive, phallic, hysterical and genital) with numerous 'subtype' derivations according to the incised marks, the evolutionary stage in which the events occurred, how the passage from one stage to another occurred, the specific object relationship with the 'other than self' at that moment in the stage and previously established imprints.

The imprints and the incised marks fix themselves in privileged areas in the body, and the Reichian bodily levels are the areas in the body which bear these. They represent the first receivers of the object relationship with the other than self and constitute areas of resonance with the emotions experienced in the 'there and then'. These areas function as the peripheral interfaces with the associated, successively-dominant, evolutionary stages. In complex readings, these imprints appear and narrate our stratified life-stories in both psychic expression and, three-dimensionally, in the associated physical 'marks.'

Wilhelm Reich (1933) delineated seven bodily levels in people and defined them as the "set of those organs and groups of muscles which are in functional contact amongst themselves and which are reciprocally capable of inducing an emotional-expressive movement." In this he elementarily identified the 1st level, ocular segment, consisting of: the forehead, the eyes with tear ducts, the cheekbones, the nose and the ears; the 2nd level, oral segment: lips, chin, throat, and upper occipital nape; the 3rd level, cervical segment, lower neck muscles, sternocleidomastoid; the 4th level, thoracic segment: intercostal muscles, large pectorals, arms, hands; the 5th level, diaphragmatic segment: diaphragm, epigastrium, lower sternum, stomach, solar plexus, pancreas, liver; the 6th level, abdominal segment in which there is the first large mouth (umbilical area), that is to say the area that corresponds with the second of the two phases of intrauterine life; the 7th level, pelvic segment: pelvis and legs.

Today, putting them in the order in which they occur on the negentropic arrow of time, we propose a sequence that starts from the 6th and goes to the 2nd, the 4th, the 3rd, the 5th, the 7th and then to the 1st. Bodily level, therefore, with its associated functional dominance, is precise and corresponds to the prevalent evolutionary phase over the life story of that particular individual.

By including the negentropic arrow of time, the life-story and the concept of bodily level as peripheral expression of a particular stage, a clear correlation can be established between evolutionary stage, object relationship, bodily level, character trait and possible psychopathological disorders.

In our school the symptoms, the syndromes and the crisis states are highly relevant because they are collocated at an analytical moment and they express a historical aspect, as well as being the expression of a character structure which is energetically and relationally unsustainable in the here and now. It is a reading which recalls another of Reich's ideas (1933): "the difference between character neurosis and symptomatic neurosis is that in the latter the neurotic character also produces symptoms."

B) Explanation of the right-hand side of the Tree of Fear

In Reichian Analysis, the phobic trait is considered to have intrauterine influences. When combined with and together with traits from later evolutionary stages, the phobic trait can result in 'beyond threshold' expression as is confirmed by certian symptoms and syndromes.

The arousal in the GO2 window is a type of alertness which has not reached pathological levels but is, rather, a reaction to awakening and still represents negentropy.

The anxiety in GO1 is a kinetic, motor phenomenon which is qualitative, horizontal, and from an agitated energy field and, significantly, is close to the surface. This expresses the importance of the motor-kinetic attitude over the visceral in that person.

Animal and object phobias are spread between the GO1 window and the upper muscular stage, while social phobias are expressed by the window of the lower muscular stage, in which the leap in terms of relationship from stage 2 to stages 3, 4 and 5 was historically difficult. Situational phobias are the 1st and 2nd agoraphobias of greater or lesser gravity if occurring in spaces relating to the periods after birth or after weaning and claustrophobia (fear of remaining shut in, of being surrounded or of being inside) which certainly originates at an earlier point on the arrow of time than the agoraphobias. The fractal relating to the claustrophobia is to be followed back to the intra-uterine period.

Anguish is expressed purely as pre-muscular and is a movement of increasing or declining energy, poorly blocked by contraction and which remains in a retracted area and in a centripetal direction. Visceral qualities are connected to anguish – the area of the first great separation, of the tropho-umbilical phase, of Oedipus and of deep transference.

Panic, which can be identified as being either primary or secondary, reactive panic, comes, however, from fear of separation and/or castration, and is collocated in the deep intrauterine region in which a kind of reptilian dominance is present, although only for brief periods in conjunction with the most severe symptoms.

Reichian Analytical-Therapeutic treatment

We all have three possible response patterns when we are confronted by fear:

1. Paralysis-petrifaction
2. Avoidance-flight
3. Courage-attack

While the lexemes of '*courage*' typically include '*strong', 'robust', 'to be full', to move with force and strength,* but there is also etymology rooted in knowledge and understanding: '*setting eyes upon.*'

There is another in which there is daring and moving towards and there is even a lexeme rooted in the heart - enough material to suggest therapy!

We have 5 ways to try to defeat fear:

The first is precisely the courage-attack position, which permits us, when we are confronted by fear, to increase our energy levels and to modify our position in the relationship with the

object or objects which are causing the fear. This is achieved by activating those bodily levels which are capable of confronting it: the eyes, the neck and the chest.

The second is to do Character Analysis: the analyst awakens the patient's interest in their character traits, so as to be able to explore their origins, analyse their meaning and to show the patient the link between their character and the symptoms. In practice the initial phase of this method is no different from the analysis of a symptom.

What Character Analysis adds is the isolation of the character trait through continuous contrasting and comparison of the patient with the trait itself, until they begin to see it objectively and can transform it into an ego-dystonic symptom that they wish to free themselves of.

For example: if we take a person with a degree of fear, which we can call the phobic nucleus, or a phobic trait, then we can draw a diagram in which '*a*' (Figure 2) represents our global personality, and *'b*' (Figure 2), represents the phobic nucleus, which when normally present occupies 5 – 10 % of our personalities. If a meaningful life-event occurs in the story of object relationships for that person, this nucleus is amplified and becomes dominant (Figure 3.) If it remains for a meaningful length of time everything will be influenced by its style and it will determine the way of interacting. In reality that little nucleus has become a trait. It has obtained a whole series of quantitative positions within the personality and has become a dominant trait with a phobic-avoidant style.

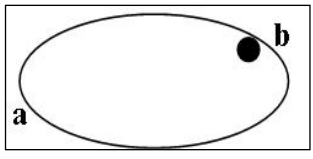

Fig. 2 – *Phobic nucleus*

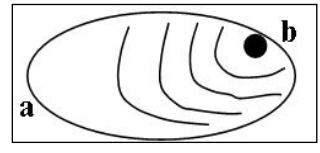

Fig. 3 – *Phobic trait*

What is a phobic nucleus? From a systemic-negentropic viewpoint, it is an entropic black hole that attracts higher stratified levels, phagocytising them in a powerful contraction in which internal time stops, as does vital movement.

The third means of therapy is Character-Analysis Vegetotherapy and, especially, affective, assertive and affirmative actings. Character-Analysis Vegetotherapy is a bodily methodology developed by W. Reich and expanded and systemised by Ola Raknes and Federico Navarro (1974). It induces neuro-vegetative phenomena and emotions which constitute true message-expressions of body language, an absolutely essential component for an accurate reading of personological aspects.

The next phase of the methodology is the verbalisation of sensations, emotions and freely produced associations to grasp the essential systemic and relational dynamics. While body language is the most meaningful form of communication that Reichian Analysis makes reference to, it must be viewed in the context of other ways that the patient expresses themselves in the setting: from dreams, slips of the tongue and metaphorical symbols to phantasmal life and liberating fantasies.

In practicing Character-Analytic Vegetotherapy, its function is to investigate the body's psychic and energetic significance through a series of exercises, or '*actings,*' which function on the 7 levels.

These specific, progressive actings go over the experiences of psycho-affective development and emotional maturation, reintroducing ontogenetic movements of the evolutionary stages.

However, it is one thing to think of saying '*no*' to the object of fear and another thing altogether to express it verbally. It is one thing to think of showing our teeth to the object of the fear and another thing altogether to express it ethologically, really exposing it:

"It is the Acting which modifies my Relational Position with the Object, it gives me a new incised mark and increased range of possible relational patterns, as well as an altered energetic state." Vegetotherapy puts us in contact with incredible resources because it permits an action which is aimed at that specific branch of the tree of fear and at the specific type of fear whether it is of castration or of separation.

All this skill in planning must be set in a Character Analysis of the Relationship - the fourth means. Character Analysis of the Relationship defines the Relational Container, a highly specific arrangement of the analytical-therapeutic relationship and it considers the architecture of the relationship to be the privileged partner. Architecture "which contains" any therapeutic act, from listening to transferral elaboration of a trait and from the interpretation of a dream, of a gesture or of a liberating fantasy to the suggestion of Character-Analysis Vegetotherapy acting, although it could even be the simple prescription of a psychotropic drug. We define the "relational container" as being the appropriate "Position" and the appropriate "Means" of the therapeutic-analyst, which is necessary to establish a counter-transference of trait- bodily level, which is functional for the disturbance and or to the specific structure of the trait / bodily level of the person being analysed. As well as verbal language and bodily language, there is also a meta-language: the language of traits! Placing yourself in the counter-transference position of character trait and of corresponding bodily level, which is useful for the fear on that branch and for the fear of separation or of castration on that branch, is to bring the chest, the neck, the eyes and all of the armament that the analyst has at his disposal, when faced by fear, into the analytical-therapeutic relationship and to counter-transfer them to the relationship itself and to the patient.

The fifth means is the use of psychotropic drugs, including those aimed at the areas of fear of separation and fear of castration, namely anti-depressants for the former and anxiolytics for the fear of castration. There are areas, which we are not able to reach from an analytical position, despite assuming a courage-attack position, using Character Analysis, Character-Analytic Vegetotherapy and a correct counter-transference position.

So to maintain an '*open project*' and to limit clinical suffering, we also assume responsibility for the use of psychotropic drugs, which are substances that are capable of silencing those areas that have too much reptile-limbic noise and which impede the dominance of a more adult ego capable of heading towards freedom.

We know that these can mechanically bring a person back up, without going through emotional journeys or facing up to the egoic presences in the chest-neck and eyes. However, this too is a way of moving the dominance of a person to another character trait which is far from the phobic trait and at more evolved stages and higher bodily levels. Therefore, psychotropic drugs are provisional allies in a functional project, which sees the shared involvement of the person in the project and the central basis of the therapeutic relationship as open to any act which will effect a cure.

BIOGRAPHY

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He is a member of The New York Academy of Sciences, and The International Scientific Committee for Body Psycotherapy. An International Trainer of Reichian Analysis, he holds training courses for supervisors in Europe and South-America. During his professional career he worked as Director of the Psychiatric Unit of Atri Hospital, Italy and as Director of the Public Departmental Psycotherapy Service, Teramo, Italy. He published *Psicopatologia e Carater a psicanalise no corpo e o corpo na psicanalise*; Escuta Editora, Sao Paulo do Brasil, 2011. The book will be published in Italy in September 2012.

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INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

(Incorporating US Association for Body Psychotherapy Journal)

volume eleven ● number one ● spring 2012

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EUROPEAN ASSOCIATION FOR BODY-PSYCHOTHERAPY

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United States Association for Body Psychotherapy

Journal (ISSN 2168-1279)