4

Jung and the Body: Using Calatonia in Individual and Group Psychotherapy

Sandra Maria Greger Tavares

The practice of psychotherapy requires the continuous revision of the therapist's theoretical foundations and methods, so as to guarantee a greater degree of efficacy and to adapt to the many different contexts and populations that psychotherapy is designed to address. This chapter discusses individual and group modalities in psychotherapy grounded in a Somatic-Jungian perspective (Sándor, 1982); we reflect further on their specific relevance to mental health demands in the Brazilian public healthcare system.

The Practice of Psychotherapy in Brazil

My work has been guided by an interest in investigating appropriate psychotherapeutic methods to meet the complex demands given the presence of several socioeconomically disadvantaged populations within Brazilian public healthcare (Greger Tavares, Vannuch, & Machado, 2015; Tavares Duran, 1997).

A general pattern that emerges from the mental health resources available to the general public in Brazil, is that meet-

ings between therapist and patient often represent a relationship between two individuals of widely-different socioeconomic backgrounds. Boltanski (1989) refers to this social distance between the user of a public health service and the professional who treats them, particularly between patient and doctor, by emphasising that: "... (members of the working-class) are separated from (a doctor) by the same social distance that separates a middle- or upper-class member from the working-class, especially one who is highly educated and who possesses expert knowledge" (p. 134-135).

Building a bond of trust in the vacuum caused by the socio-cultural distance between patient and psychotherapist, and developing a program of psychotherapy that is relevant for the daily life of the patient is an arduous task. It requires, first and foremost, respect of and interest in the other individual while avoiding the precipitation and imposition of cultural values and, above all, avoidance of situations which may cause "social humiliation".

Gonçalves Filho (1995) describes the phenomenon of social humiliation as a form of anguish that emerges from social inequality, the injustices of which the poor are acutely aware and mark many aspects of their existence and submission. According to Gonçalves Filho (1995), the poor suffer most severely from the psychological impact of maltreatment and constant implicit reinforcement of their "inferiority". The experience of humiliation is a constant possibility, whether in reality or as some imagined slight, and often leads to the perception of having no rights, of being viewed as dirty or repugnant, of living and speaking as if one were invisible.

Social and cultural differences need to be confronted and explained to one another through communication strategies that make it possible to transcend and not to justify the power relations which frequently occur in the relationship between psychotherapist and patient in the same sociocultural milieu.

While working as a psychologist in the Basic Health Unit (UBS) of the Unified Health System (SUS) in Brazil, I frequently

observed that there was a high rate of dropout, with a majority of patients giving up on therapy shortly after initial evaluation, despite the long waiting list for available therapists.

Several factors appear to be associated with this rate of dropout, such as a lack of psychotherapy options and approaches, communication difficulties and difficulties in social interaction between patient and psychotherapist, the stigma associated with mental health disorders, and other factors.

In the context of Brazilian healthcare, the figure of the doctor and the experience of physical sickness still represent the predominant framework within which patients seek mental health assistance, particularly for members of the lower classes. "The Doctor" is the professional most in demand at all UBS centres, and the one who is first consulted when "something is not right". The demand for mental health professionals by the general public is most often a demand for mental health problems to be solved through medical intervention.

The terminology most often employed in this context is one replete with descriptions and explanations of the physical aspects of the individual's mental health, eminently pathological in nature. Nevertheless, once they finally receive a consultation with the doctor, UBS patients often remain in silence or speak very little. They limit themselves only to answering what the "doctor" asks as the doctor's "time is short". Reading between the lines of their silence however, they often reveal intense psychological suffering which, in most cases, is never fully addressed by the doctor.

These are the same patients who are most often referred to the psychologist by the physician when they show physical symptoms of "something" that cannot be diagnosed and much less treated by medical doctors. These same patients then meet with a psychologist because, in their own words, "there's nothing wrong", at least nothing that can be treated by medical knowledge.

A psychologist thus begins the patient's treatment by dealing with "nothing", with something that cannot be ex-

pressed in words but which is somehow manifested in the body.

By offering a UBS patient the opportunity to be heard, as is the case in a preliminary interview, the subject of the body and its physical manifestations comes up more often than not. These complaints are often expressed as "pains that come and go in the body", "heart palpitations", "roiling of the flesh", "lightheadedness and screws loose", among other "somatic manifestations". These patients also report "episodes of bodily exploitation" (Tavares Duran, 1997), i.e. experiences that leave delible "marks" on the body as a consequence of social exploitation and alienation: symptoms of work-related illnesses, accidents at work, hunger, physical abuse, sexual violence, among others.

The body is continually built and rebuilt through social interaction. What is the most common form that these "corporeal manifestations" take in those patients who have lived through episodes of maltreatment and bodily exploitation? At what stage of their psychosocial trajectory do they occur?

The patients who use the public Unified Health System converge on the body as the repository of a numerous manifestations of unconscious psychic content and styles of social interaction and insertion in the ways they express their living conditions. Can these specific demands be addressed through methods of psychotherapy that predominantly employ verbal interaction, given that these manifestations are most often expressed non-verbally?

Individual Treatment in Somatic Jungian Psychotherapy: The Baker's Case

In order to discuss the development of somatic Jungian psychotherapy in the context of public healthcare, a case of individual psychotherapy is analysed below (Greger Tavares, 1998).

This is the case of Mr. João (pseudonym), who was referred for psychological evaluation at the UBS by a general practitioner because, in his words, "there was nothing wrong" (sic) with him.

Mr. João was born in the Northeast Region of Brazil and migrated to the Southeast at a young age. As a Northeasterner, he carries a cultural baggage from his place of birth that ultimately informs his speech and outlook of the world. As is the case in many countries, the diversity of ethnicities in a country the size of Brazil results in considerable cultural, racial and economic differences between regions[1].

Awareness of this sociocultural background is of utmost importance to a full understanding of the subtleties and regional variations found in the vernacular expressions used by Mr. João, as they reflect the narrator's relationship with cultural values, habits and places - in other words, his cultural identity.

Mr. João, 56, introduced himself as a baker from northeastern Brazil and as a man of faith who followed an evangelical form of Christianity.

When he came to his first session of psychotherapy, Mr. João expected to be received by a doctor to whom, according to his beliefs, "God lends his wisdom", and had no prior expectations of a psychologist and/or psychotherapy.

Several forms of Christianity have become popularised in Brazil, and their dogmas are often diametrically opposed to the secular views and lack of bias held in psychology. Although the importance that religion has in the lives of its adherents cannot be denied, in the clinical practice of psychology we view beliefs as personal and intimate, and not to be judged according to the precepts of psychological science. However in certain religious practices, there is often a narrow scope for understanding the perspectives and practices of psychology such as psychotherapy, and having recourse to them is often seen as a form of "moral weakness".

It was a great challenge for me to even understand this

1. The Southeast has been historically developed as the center of economic and political power, whereas the Northeast experienced a later process of industrialization and capitalist development. Between the 1960's and 1980's, such disparity led to a significant wave of migration from the Northeast to the Southeast, during which anti-Northeastern sentiments arose in the Southeast. Even though this instance of regional migration abruptly declined as early as the 1990's, prejudicial and vaguely racist views associated with the Northeasterners remain very much in place among the Southeastern population.

man who at first seemed to be from a foreign country. He used unusual words when describing his symptoms, complaining of a "big, bad, churning in the chest", a "roiling of the flesh", and a "nervousness that other doctors couldn't cure". He explained that his body had been thoroughly examined through blood tests, electrocardiograms, and other tests and they had all said that "he had nothing wrong with him". They then sent him to the "head doctor", as he began to call me, to see what I could do. He anxiously hoped that the "doctor" could give him some miraculous remedy and heal him permanently.

It was no use explaining that I was not a physician but a psychologist, much less that I did not prescribe medication. After all, for those who appeared to have the "wisdom of God" these distinctions were mere details; he was interested only in the ability to work miracles and he was certain that I possessed this gift for some reason.

The stories he told me about his life resembled patchwork, sometimes coloured, sometimes colourless, which could form endless quilts if sewn together: Mr. João was born in the hinterland of Bahia. He had so many siblings he couldn't even tell me how many they were. His father died when he was five years old and his mother died when he was twelve. The children were "scattered", and lived provisionally in the houses and "by the good graces" of several relatives. He then decided that he and his siblings should live on their own in the "foundations" that their parents had left them and survive on the crops they had planted but "everything failed" and they "went hungry". He came to São Paulo at the age of 14, along with some of his siblings to "try a life". From that point on it was "just work and suffering". He got married at the age of 31 and had three children. He currently lives in a poor neighbourhood on the outskirts of São Paulo, in a house he built with the help of his children. His profession is that of a baker – "to make our daily bread". He has worked as a baker for thirty years, twenty years of which has been in the same bakery, and he prides himself on having never taken a holiday or even a day off. He feels he has done well in

life, because "he serves God through suffering and work".

In the face of a person who suffers from, among other things, a "roiling of the flesh" and who, moreover, considers the complete annulment of his rights and pleasures to be a source of pride, what could make a psychologist be suddenly transformed into "a head doctor"?

As a "head doctor", I expected to come face-to-face with a classic psychic disorder from my extensive training, but what did Mr. João mean by "nervousness"? I decided to investigate further and was surprised when he described his feelings as if his "nerves were stretched out". What now?

We managed to establish a working relationship of trust between us even though we spoke different languages, enough so that we got to know each other little by little and could explore new ways of communication. I invited Mr. João to attend the UBS once a week to "talk", as I could see that some form of psychotherapeutic intervention was necessary in his case, although it was not at first clear how he would respond to what he saw as a peculiar request.

At the beginning of psychotherapy, Mr. João made it very clear that he did not want to change anything in his life and that he was there only to "get rid" of the aforementioned physical symptoms so that he could continue to work at the same pace and fulfil his duties: "to serve God and support my family".

At this point, he spoke at length about his work and religion. He came out with a large degree of personal content diluted through a collective and unilateral form of discourse. He regarded work and religion as "ways to salvation" and believed that "life on Earth is only a test to see who enters the kingdom of God".

Everything he did was aimed at perfection and he only accepted values compatible with "goodness and honesty". He acknowledged the existence of "Evil", yet unilaterally identified this phenomenon with the figure of the devil, of the enemy, and blamed this figure solely for the presence of evil in people of "little faith". "Men of faith", such as he and his family, had the

constant obligation to control themselves and resist "Evil".

He recounted the following dream at this part of the process: "I am casting out the demon that has possessed my relatives". I tried to unravel the dynamics of this dream and to point to the unconscious content present in his discourse which compensated for strict regimentation that formed the basis of his existence. From a Jungian perspective (Jung, 1982), it appeared to be an attempt to illuminate aspects of the shadow and to broaden the unilateral nature of his consciousness. I drew attention to the way he projected all conflicts and solutions outwards: "Good" and "Evil" came from the outside, from God and the devil, respectively.

But what were the actual conflicts that Mr. João experienced? Who or what really required compensation and transformation? Was this rigidity and one-sidedness manifested only as characteristics of his external attitude? How could "the baker" understand the language of "the psychologist", given she had serious difficulty understanding the words he used?

My interpretations were inconceivable to Mr. João as, for him, ideas like: "there are things that you cannot control; unknowable and imperfect aspects of human existence" sounded like the "temptations of the devil". Besides not seeing sense in my words, he worried about my attitude and began to try to convert me through full-blown indoctrination, as if he wanted to "save me". In every session he began to read the word of God contained in the Bible he constantly carried under his arm. He also began to intone the "hymns" he had learned in his religious denomination as a form of prayer.

In a way, this "indoctrination" led me to attempt new ways of relating to Mr. João, for example by singing hymns and trying to "see" things from his perspective. I began reading Bible verses to seek a common form of symbolic language and to converse freely on religious subjects with him. In turn, Mr. João was more receptive to my words, trying to understand what I meant and referring to our conversations as "lectures" from then on.

In our "lectures" on the Bible, we talked a lot about the life

of Christ. While Mr. João emphasised the perfection and divine attributes of Christ, I made a point of highlighting the critical moments faced by Jesus in his earthly life. When he said that he "feared nothing that is of the earth, for he feared God alone", I reminded him of the passage in which Jesus retired to pray before going to the Calvary hill, and asked the Heavenly Father to "take this cup away from him". I also mentioned the passage in which Jesus forcefully drove the money-lenders out of the Temple, who had defiled the house of God by conducting their business there, as a counterpoint to his assertion that "no man of faith is angry or loses control". I also quoted the phrase attributed to Jesus quoted in the passage where Mary Magdalene - a prostitute - was to be stoned by the people: - "He who is without sin among you, let him cast the first stone at her", in response to Mr. João's view of "the perfection of men of faith".

By way of these "lectures", Mr. João began to refer to the "darker" aspects of his life. He told me that he had been a Catholic but that he had been very "sinful" at that time: "angry, messy, lazy and womanising". He "drank a lot and beat his wife and children". He pointed out that he had become a better person when he got into religion, yet he feared that he would "lose control" if he lost his faith. This went some way to explaining his resistance to facing his shadow in psychotherapy.

At this stage he described the following dream: "A train went off the tracks and turned over and everyone inside it died, including his relatives. He survived, because he was in the last carriage which narrowly escaped the crash".

He reported feeling fearful that the train he took on the subway would derail and lead to a fatal accident, showing signs of great anxiety. He gradually came into contact with the potential for disorganisation and lack of control and gave clear signs of how much this frightened him, while at the same time he began to glimpse possibilities of "surviving" the uncontrollable.

At this point, he began to "complain" about work, claiming that it was due to tiredness. He linked the somatic problems he experienced to overwork. He felt "trapped and stifled" in the

bakery. He wished to take a holiday but said he was still "relinquishing" his right to take one under pressure from his boss, contenting himself only with three days off at Christmas when he spent most of his time praying. I made a point of quoting at that juncture that: "God created the world in seven days, yet on the seventh day he rested".

He began to become increasingly aware of the exploitation he suffered at work. He started to criticise his boss; he considered him to be very "demanding" and for the first time called him an "exploiter".

He described another dream he had during this time: "His boss shot him in his back because he also burned people's backs with a lighter".

He became progressively more aware of the aggressive and destructive aspects he had tried to conceal from himself at such cost. Previously unknown symbols revealed themselves as present in the baker's psyche, as though the ingredients which had previously been all mixed together in a dough could now be individually identified.

Mr. João recalled some of the sad stories from his childhood: he had been beaten by adults until he passed out. When he was only three months old, his brothers had unintentionally thrown him onto a fire. As a consequence he had badly burned his hands, leading to the disfigurement of some of his fingers.

He showed his hands to me and described some of the other accidents he had suffered while working as a baker, in which he "lost" one of his fingers and damaged some others in a dough-making machine. He associated the occurrence of so many problems with his hands to a "plot of the devil to cripple him". He said he had played the accordion in church and if his hands had been "crippled" he would not have been able to "pray through music" with such intensity.

From the very beginning, Mr. João had focussed on powerful issues that manifested themselves through his body. As I looked at his hands, I realised that the body could be a powerful tool for expanding our communication. Perhaps there, in the

marks he had that carried such a deep history of resentment and exploitation, lay a promising vessel for developing new recipes with the same dough.

For the first time I saw that life pulsated in the form of churning, roiling of the flesh, nervousness and in the memories encoded in his body and especially his hands, precisely those symptoms he had previously described through unusual terms. Instead of trying to decipher what semantic meanings lay behind those words, I wanted to examine more carefully the body which gave rise to them; to understand through touch those hands that even when deformed had performed such feats as making bread and playing the accordion.

At that point, I realised that the somatic Jungian approach developed by Pethö Sándor (1982), the epitome of which we find in Calatonia, could be a significant asset in psychotherapy of this kind and to its inherent mental health demands, not only for Mr. João but also for others with a similar psychosocial profile.

The subtle touch of Calatonia has an intense effect on the regulation of psychophysical tone and the marshaling of global and multidimensional reactions in the body, leading to new forms of physical and social conditioning or reconditioning (Sándor, 1982).

I suggested we apply Calatonia as a method for investigating the root causes of Mr. João's somatic complaints. I explained that we could practise "exercises" so he could get to know his body better. As he did not interpret this proposal as another "temptation of the devil", I began the process of somatic attunement and found that he "gave himself over" to it right from the very first session. Mr. Joao would close his eyes and relax his body in the chair; attempting to closely follow my instructions when we undertook active methods in which his participation was required.

The act of touching was introduced gradually: we began with the use of body self-observation (Farah, 1995) and relaxation via Schultz Autogenic Training (Schultz, 1991), followed by muscle contraction and relaxation according to Jacobson's Pro-

gressive Relaxation technique (Sándor, 1982). After the implementation of these methods, the course of Mr. João's somatic therapy progressed to the application of Calatonia techniques, including subtle touch, rotations and jerks, especially in the region of the arms and hands (Sándor, 1982; Delmanto, 1997).

With the introduction of touch, the dough that had been at rest began to ferment and underwent great transformation: Mr. João reported an initial intensification of somatic symptoms and later described that he was able to "feel and listen to his body from within" during the sessions, especially in his heart and intestine.

He established a relationship between the symptoms of "roiling of the flesh" and "churning", realising that one varied according to the other. He associated worsening of these symptoms with adverse climactic conditions (excessive cold and heat) and with the excessive intake of food or liquids. When his symptoms began to intensify, Mr. João became discouraged but he also allowed himself to rest more often and for longer periods. He again expressed the desire to go on holiday; he wanted to go upstate and enjoy being closer to nature. This time he fulfilled his wish and spent a few days "in the middle of the bush"; relaxing and swimming in the river of his hometown. He felt much better while he was there but when he returned to work, the symptoms worsened and some new ones appeared: he began to feel dizzy and short of breath.

He realised that when he told me "bad things", he felt better, more "lively" because he was able to "unburden" himself. He started to believe that God could forgive him for his sins; he finally admitted that he had some. He reduced his attendance at church and was no longer so "fanatical". He played the accordion at home too, where previously he had exclusively played it at church. He tended to the garden, played with his grandchildren and felt more cheerful. He began to practise some relaxation techniques at home and at the bakery. He said that he really missed "gymnastics", as he called the somatic techniques, when he hadn't practised them in a while.

At the same time he became increasingly irritated with his family at home and with his boss at work. He said that sometimes when they made him angry, inside he wanted to "bite people". During this same period he described the following image when undergoing Calatonia: "He felt that there were hands trying to strangle him and that he should learn to defend himself".

He began to make more demands at the bakery for their working conditions to be improved and their rights to be respected. He began to enjoy the holidays he was entitled and also to consider demanding payment for the overtime he had worked and compensation for accidents at work. He thought of retiring - realising that he had worked enough years for him to be able to do so. He decided to apply for retirement and threatened to go to court if his boss did not give him "everything he was entitled to". At the same time, he began to move to self-employment, aiming to complement his income.

At this point he described another dream: "The old house where he lived in Bahia was destroyed by rain, wind and fire, but the earth and the foundations remained, and he built a new house".

He decided to use the knowledge he had gained at the bakery and make custard doughnuts to sell on the street. At first he was a little startled by the novelty of this, but gradually he realised that the possibilities of meeting new people and of walking the streets as an independent salesman "without a boss" gave him a sensation of dignity and freedom he had never experienced before.

He said that people liked his doughnuts so much that he had to ask his children for help in baking them. He decided to use his baker's uniform for sales because it "would make a good impression".

That was the way Mr. Joao was dressed when he came to the UBS on our last day of psychotherapy which we decided to end by common agreement, "wearing a cap and a white apron, and carrying a basket full of custard doughnuts[2]" – dreams that

2. TN: custard doughnuts are called "dreams" in Brazilian Portuguese

he had never allowed himself to have.

He gave me a doughnut and at that moment I felt that it was not only Mr. Joao who had learned to dream. Both baker and psychologist had learned to dream together.

Group Treatment in Somatic Jungian Psychotherapy

My experience in public health care definitively transformed the way I viewed psychic suffering and its psychosocial consequences; I acutely felt that the history of each individual was inscribed on his/her body in a unique, intrinsic and almost totally unconscious way.

But there was still a challenge: was it possible to help these people using specialised and individualised techniques such as variations of Calatonia in the context of public health care, where there was a great demand for psychotherapy?

The high prevalence of psychic disorders in the Brazilian population (Gonçalves et al., 2014) leads to a great demand for mental health care, particularly in lower social classes blighted by poverty and psychosocial vulnerability. In such a context, group sessions of psychotherapy may be a necessity due to the lack of qualified mental health professionals, partly as a consequence of staff reductions in the Basic Treatment services of the SUS (Brazilian Ministry of Health, 2013).

I wondered what results could be expected when applying Calatonia within a group setting of somatic Jungian psychotherapy.

There is a general consensus that group sessions of psychotherapy should not be conducted simply to satisfy logistical limitations (through the reduction of staff hours and payment); the use of a group modality can only be justified as a therapeutic alternative for the care of a specific population if it can meet the real needs of that population.

The results of research carried out in SUS settings (Tavares Duran, 1997) have revealed that the inclusion of patients from different social classes in the same therapy group tends to dissipate the behavioural consequences of social inequality, in-

sofar as it leads the group members, including the therapist, to identify common social and cultural references beyond those of the individual himself and those derived empirically from common knowledge.

It seems, however, that the supposed democratisation of knowledge and power in a group field of psychotherapy is not enough to guarantee the consistent attachment to a group in patients from lower socioeconomic backgrounds. There are also forms of silencing communication even between members of supposedly the same social class.

Following the proposal of a psychotherapy group based on Jungian psychology and Calatonia, SUS patients were found to display several typical defence mechanisms commonly observed in group settings, such as denial, rationalisation and projection. Gradually a more complex and indefinable situation emerged; one particularly fruitful characteristic were the intense affective exchanges made between the participants (Tavares Duran, 1997).

The main role of the therapist in a group setting, according to Whitmont (1974), consists of analysing adaptation to the group, so that every individual feels part of something larger than themselves; experiencing conformity as much as uniqueness, cultivating self-sufficiency, learning to tolerate different backgrounds and ideologies, and having presence-of-mind in social situations. Group adaptation appears to lead to greater scope for the individual's projections to be addressed in therapy and the potential for forming genuine relationships.

The use of group psychotherapy in Jungian psychotherapy integrated with somatic methods such as Calatonia enhances the potential for transformation, insofar as both strategies remain sensitive to the idiosyncrasies of the population undergoing therapy (Greger Tavares, 2010).

The somatic experiences depended on the emergent dynamics in each group and in each moment, and were performed in pairs, trios or with all participants at the same time. Somatic experiences were also conducted on a single patient,

or on each individual in the group (Greger Tavares, 2010).

Other forms of somatic experience were designed and introduced throughout the process of group psychotherapy at either the therapist's suggestion or from suggestions made by group members. All members had complete freedom to choose to participate or not participate in the somatic experiences.

With regards to the developmental dynamics of calatonic techniques in the group, some somatic experiences were more individualised and based around the self. For example many involved observing aspects of one's body or self-touch, others were focussed on the bodies of others and involved more and more group elements (Greger Tavares, 2010).

Thus, the act of touch was experienced gradually and occurred according to the sensibilities and needs of the group. The more subtle techniques were introduced after a certain degree of experience with more active and "denser" techniques, such as breathing exercises and movements as well as basic massage movements (Tavares Duran, 1997).

Jung rarely addressed the topic of group therapy in a systematic way. Overall he appears to have focussed on the negative aspects of group therapy, describing their techniques as regressive and massifying. From this perspective, the group represents a predominantly symbiotic and indiscriminate medium. Society, group and mass population are synonymous in meaning to Jung, all defined as an undifferentiated set of individuals. Jung was highly concerned with protecting the individual's integrity in the face of social pressure which drives the individual to conform to the group (Jung, 1961).

Hall (1986) explains that Jung never seems to have experimented with a process of group therapy and appears to have concluded that a group modality of analysis was not a substitute for individual psychotherapy. However, Hall posits that a combination of group and individual therapy may help certain individuals to progress more quickly through the process of personal growth and understanding than through individual therapy alone. According to Hall, group psycho-

therapy can be a powerful tool for modifying excessively rigid paradigms of negative self-judgement, while helping a person to develop a more realistic sense of self-esteem. My experience in integrating a group modality of Jungian psychotherapy with calatonic techniques has opened up new avenues of approach in my work, as there are several indications of enhanced therapeutic benefits (Greger Tavares, 1999; 2010).

This experience has made me realise that the group itself is an organism with both body and psyche. This unity of being is not merely the projection of an individual's psycho-physical dynamic onto the group field, since the group organism is constellated in a unique form of existence that transcends the sum or magnification of each individual's configuration.

The group field is a third point between the self and the other, between the individual and the collective - that border area in which both conscious and unconscious perceptions, images and sensations converge and simultaneously differentiate to create novel compositions.

Group energy moves in a spiral and always returns to the point of origin, yet it leaves the members of the group in a more developed state on the completion of each loop.

Each member contributes their own set of symbols to the group field, whether body expressions, dreams, images of the individual or the group, or their own somatic and psychic flow. The group as a whole shows psychic and somatic signs of the socioeconomic and cultural conditions that brought the participants together and may therefore help to stimulate the transformation of these initial conditions, by reconfiguring and giving new meaning to each individual's personal stories.

It is often the case in these groups that people learn to pay attention to their own bodies and to seek support when previously they only allowed themselves to feel their body when they became ill or were in pain, not conditions conducive to self-experimentation or self-expression. By giving these people the opportunity to give new meaning to their "body-life" in a group setting through the somatic experiences of Calato-

nia, I have had the opportunity to observe significant multidimensional transformations in their lives. For example, the perception of the body as a source of pleasure: pleasure in liking oneself, of taking care of one's appearance and health, the exchange of caresses, and a means for overcoming pain.

Through the mediation of psychotherapy groups composed of people struggling to survive – those whose bodies were marked by exploitation at work, by domestic violence, by social exclusion and the lack of basic health care, among other factors – I learned that it is possible to "be reborn from the ashes", especially when we manifest ourselves within the body of a welcoming group that brings our potential to the surface (Greger Tavares, 1999).

When integrated within a welcoming group and treated with love and respect, the inner therapist in each person was capable of being awakened. Thus, each individual became capable of accepting their limitations and flaws and of finding a path to healing when possible, even in the midst of their suffering. In these moments, it seemed possible to touch the skin of the group; like the great mother who nurtures and touches the skin and transforms damaged roots into vibrant life.

Conclusion

The theoretical foundations and effects of subtle touch in Calatonia and other similar body-based techniques have been widely and increasingly reported in the Brazilian and international literature of clinical psychotherapy and in other professional and academic settings (Dias & Reis, 2009; Elizabeth, Papathanassoglou, Meropi, Mpouzica, & Latsia, 2012; Farah, 2017; Gonçalves, Pereira, Ribeiro, & Rios, 2007; Greger Tavares et al., 2015; Jakubiak & Feeney, 2017; Lasaponari, 2011; Nossow & Peniche, 2007; Rios, Dreyfuss-Armando, & Regina, 2012). These studies highlight several quantitative and qualitative results obtained through both empirical research and clinical experience, as well as the progress we have made in our understanding of the neuroscience of touch and psychoneuroimmunology.

The somatic techniques of Jungian Calatonia (Sándor, 1982) may or may not be employed in conjunction with psychotherapy but these techniques are most certainly highly relevant in the context of public health care, insofar as they can increase the patient's conscious awareness of the emergence of unconscious content and can act to restore one's capacity for self-regulation, among other aspects (Blanchard, Rios, & Seixas, 2009; Blanchard, Rios, & Seixas, 2010; Machado, 2012; Tavares, Vanucchi, Machado, & Andrade, 2015).

The subtle touches applied in Calatonia form an intermediate zone between the somatic unconscious of the patient(s) and the therapist (Schwartz-Salant, 1989), who thereby establishes a bipersonal or transpersonal form of resonance (Sándor, 1982), which also allows for variations of pre-verbal transference (Mc Neely, 1992).

The sense of well-being engendered by physical proximity and mediated through subtle touch techniques, which can be performed by the therapist in individual psychotherapy and /or by the patients in group psychotherapy, seems to address the primary and pre-verbal needs of the subject which would otherwise be poorly accessed.

According to Spaccaquerche (2012) and Horta, Minicuci, Fontana and Paschoa (2012), the use of calatonic techniques in the context of psychotherapy leads to an expansion of consciousness as well as a host of significant psychosomatic effects such as a strengthening of the bond of trust between psychotherapist and patient, increased self-regulation and the reconditioning of psychic and muscle tone, greater perceptual integration of body image, a strengthening of self-esteem and greater openness to social interaction.

In the group modality of somatic Jungian psychotherapy, the subtle touches of Calatonia also increase our perception of our psychosocial and cultural drives and influences. These influences can be perceived in the form of somatic manifestations, and can allow the participant to awaken or recover their capacity for creativity and creative potential (Tavares Duran, 1997).

The Subtle Touch techniques are greatly adaptable to different contexts because they can be applied in a simple, low-cost, flexible and individually-tailored fashion. The emphasis can be placed on different aspects, either on a more active or passive approach, on a particular individual or group, or on different modalities of touch - starting from direct touches to the skin on to even subtler touches through puffs of air or sound or even a "touch without touch" guided by one's intention to touch another. Under a lack of institutional constraints, the development of somatic Jungian psychotherapy, especially in a group modality, can contribute to a reduction in the average duration of clinical consultations (significant changes occur around one year of intervention) and to the decrease of indices of treatment avoidance (Greger Tavares, 1999; Tavares Duran, 1997).

Following the reflections and results presented in this chapter on the efficacy of applying somatic Jungian psychotherapy (Sándor, 1982) to both individual therapy (Greger Tavares, 1998) and group settings (Tavares Duran, 1997), there is firm support for the inclusion of both modalities in mental health programs within the Brazilian system of public health care to address the specific demands and needs of patients.

By assigning greater focus to the somatic dimension as a way of accessing the unconscious and understanding it as a fundamental strand in the process of psychosomatic and social transformation (individuation), Calatonia provides a greater degree of self-observation through the subject's enhanced access to the body itself. As such, introducing physical touch in to the sacred field of the therapeutic setting of the group or individual allows for the configuration of a protected continent for the psychological and somatic development of any and all individuals involved.

In this way, it becomes possible to transcend the detachment that tends to be present in the approaches of the collective consciousness to the body, which is particularly the case for certain social groups who see the body essentially in an "alienated" form as an instrument for manual labour.

Thus, a patient can awaken a creative and sensitive body that needs to be recognised and cared for and that no longer needs to fall ill, as in the case of the baker. The suffering, sick and alienated body can then reveal itself to be a creative body, turning its pains and scars outwards and unveiling its beauties and joys through the psychic and somatic touches made to others.

References

Blanchard, A. J. R., Seixas, L. P., & Rios, A. M. G. (2010). The Body in Psychotherapy: Calatonia and Subtle Touch Techniques. In R. Jones (Ed.), *Body, Mind, and Healing After Jung: A Space of Questions*. London, UK: Routledge.

Blanchard, A. J. R., Rios, A. M. G., & Seixas, L. P. (2009). O Corpo para Jung. In P. Albertini & L. V. Freitas (Eds.), *Fundamentos de Psicologia – Jung e Reich: articulando conceitos e praticas* (pp. 65-78). São Paulo, SP: Guanabara Koogan.

Boltanski, L. (1989). *As classes sociais e o corpo*. Rio de Janeiro, RJ: Graal.

Brazilian Ministry of Health – Secretariat of Health Intervention – Mental Health. (2013). *Cadernos de Atenção Básica*, 34. Brasilia, Brazil: Ministry of Health.

Delmanto, S. (1997). *Toques sutis: uma experiência de vida com Pethö Sándor*. São Paulo, SP: Summus Editorial.

Dias, G. P., & Reis, R. A. M. (2009). Plasticidade sináptica: natureza e cultura moldando o Self. *Psicologia: Reflexão e Crítica, 22*(1), 128-135.

Elizabeth, D. E., Papathanassoglou, R. N., Meropi, D. A., Mpouzika, R. N., & Latsia, N. (2012). Interpersonal Touch: physiological effects in critical care. *Biological Research for Nursing*, 14(4), 431–443.

Farah, R. M. (2017). *Calatonia: o toque sutil em psicoterapia*. São Paulo, SP: Companhia Ilimitada.

Farah, R. M. (1995). *Integração psicofísica: o trabalho corporal e a psicologia de C.G. Jung*. São Paulo, SP: Companhia Ilimitada / Robe Editorial.

Gonçalves, D. A., Mari, J. J., Bower, P., Gask, L., Dowrick, C., Tófoli, L. F., ... Fortes, S. (2014). Brazilian multicentre study of common mental disorders in primary care: rates and related social and demographic factors. *Cadernos de Saúde Pública*, 30(3), 623-632.

Gonçalves, M. I. C., Pereira, M. A., Ribeiro, A. J., & Rios, A. M. G. (2007). Subtle touch, calatonia and other somatic inter-

ventions with children and adolescents. *International Body Psychotherapy Journal*, 6(2), 33-47.

Gonçalves Filho, J. M. (1995). *Passagem para a Vila Joanisa: uma introdução ao problema da humilhação social* (Unpublished master's thesis). University of São Paulo, São Paulo, Brazil.

Greger Tavares, S. M., Vannuchi, B. P., Machado F. P. T., & Andrade, A. L. M. (2015). Efeitos psicofisiológicos da Calatonia em adultos: um estudo piloto na abordagem quanti-qualitativa. *Jung & Corpo*, 15, 17-33.

Greger Tavares, S. M. (2010). Uma experiência de atendimento psicoterapêutico junguiano em grupo, privilegiando a dimensão corporal, no contexto da saúde pública. *O Mundo da Saúde*, 34, 535-543.

Greger Tavares, S. M. (1999). Estratégias terapêuticas corporais e grupais na perspectiva do método organísmico de Pethö Sándor. *Hermes*, 3(4), 85-103.

Greger Tavares, S. M. (1998). O padeiro que aprendeu a sonhar. *Hermes*, 2(4), 69-80.

Hall, J. (1986). *A experiência junguiana: análise e individuação*. São Paulo, SP: Cultrix.

Horta, E. V. P., Minicuci, M. C., Fontana, O. M., & Paschoa, V. L. F. (2012). *Jung e Sándor: trabalho corporal na psicoterapia analítica*. São Paulo, SP: Vetor.

Jakubiak, B. K., & Feeney, B. C. (2017). Affectionate Touch to Promote Relational, Psychological, and Physical Well-Being in Adulthood: a theoretical model and review of the research. *Journal of Personal and Social Psychology*, 21(3), 228-252.

Jung, C. G. (1982). *O eu e o inconsciente*. Rio de Janeiro, RJ: Vozes.

Jung, C. G. (1961). *O eu desconhecido*. Rio de Janeiro, RJ: Fundo de Cultura.

Lasaponari, E. F. (2011). *A utilização da calatonia no período pós-operatório imediato*. (Unpublished master's thesis). Retrieved from http://www.teses.usp.br/teses/disponiveis/7/7139/tde-21062011-152045/.

Machado Filho, P. T. (2012). Simbolismo das imagens calatôni-

cas. In M. E. Spaccaquerche (Ed.), *Corpo em Jung: estudos em calatonia e práticas integrativas* (pp. 277-290). São Paulo, SP: Vetor.

McNeely, D. (1992). *Tocar: terapia do corpo e Psicologia*. São Paulo, SP: Cultrix.

Nossow, V., & Peniche, A. C. G. (2007). Paciente cirúrgico ambulatorial: Calatonia e ansiedade. *Acta Paulista de Enfermagem, 20*(2), 161-167.

Rios, A. M. G., Dreyfuss-Armando, M., & Regina, A. C. B. (2012). Bases neuropsicológicas do trabalho corporal na psicoterapia. In M. E. Spaccaquerche (Ed.), *Corpo em Jung: estudos em calatonia e práticas integrativas* (pp. 19-38). São Paulo, SP: Vetor.

Sándor, P. (1982). *Técnicas de relaxamento*. São Paulo, SP: Vetor.

Sándor, P. (1982). A Relaxação Progressiva de E. Jacobson. In P. Sándor (Ed.), *Técnicas de Realaxamento* (pp. 56-62). São Paulo, SP: Vetor.

Schultz, J. H. (1991). *Treinamento Autógeno*. São Paulo, SP: Manole.

Schwartz-Salant, N. (1989). *A personalidade limítrofe: visão e cura*. São Paulo, SP: Cultrix.

Spaccaquerche, M. E. (2012). *Corpo em Jung: estudos em Calatonia e práticas integrativas*. São Paulo, SP: Vetor.

Tavares Duran, S. M. G. (1997). *O atendimento psicoterapêutico em grupo aos usuários de uma Unidade Básica de Saúde pelo Método Corporal de P. Sándor: uma interpretação na perspectiva da Psicologia Analítica de C. G. Jung*. (Unpublished master's thesis). University of São Paulo, São Paulo, Brazil.

Whitmont, E. C. (1974). Analysis in a group setting. *Quadrant, 16*, 5-25.