Abstract
In this article the authors briefly introduce the method of Pethő Sándor, MD, “Calatonia and Subtle Touch”, which has been utilized in Brazil for over 40 years by a large community of body psychotherapists. An introduction to the particularities of working with children and adolescents within this method is discussed. Maria Irene Crespo Gonçalves and Maria Amélia Pereira report their experience with Subtle Touch, Calatonia and other relaxation techniques, with minor offenders, abandoned and abused children and pre-school children, in a school setting.

Keywords
Calatonia – Children – Jung – Body Psychotherapy – Pethő Sándor

Introduction
Anita J Ribeiro and Ana G Rios
"If we are to reach real peace in this world...we shall have to begin with children"
– Mahatma Gandhi

Pethő Sándor, MD, used the term psychophysical reorganization and psychophysical integration (Sándor, 1974) to indicate the process involved in reinstituting an individual’s capacity for self-regulation. According to Sándor (Sándor, 1974), his gentle bodywork coupled with Jungian psychotherapy would foster the reinstatement of physical, emotional and cognitive self-regulation. Sándor understood self-regulation as the ability of an individual’s organism – in its physical, emotional, and cognitive aspects - to spontaneously adjust to find its optimum state of activation in response to a given moment or challenge. Sándor utilized Jung’s (Jung, 1968; Jung, 1953 - 79) concepts of psyche and its relationship to the body as a foundation for his work. Jung emphasized throughout his writings the capacity of an individual’s ego to “override” the psyche’s and the body’s ability to self-regulate, leading the organism to be “out of balance” (Jung, 1968; Jung, 1953 - 79).

Sándor named his many gentle interventions Subtle Touch, and one particular technique applied to the feet, Calatonia. Sándor’s philosophical stance with regard to his interventions was similar to current health psychology, which focuses not exclusively on the study of disorders and illnesses, but on
enhancement of the individual’s psychological health and optimization of development. Although Sándor was a practicing body psychotherapist and teacher, he encouraged the use of his interventions in prophylactic work, in multi-disciplinary areas (educators, doctors, speech therapists, etc), and in enhancement of existential horizons (personal growth, group dynamics, etc), beyond the confines of a psychotherapist’s office. His requisites were that practicing professionals took the necessary training and underwent a personal experience with the method.

Before discussing bodywork interventions for children, we have to emphasize the importance of the child therapist’s integrity and ethics. Even debilitated adults undergoing therapy — subject to apparently unilateral relationships, where the therapist may exert greater authority or specialized knowledge — can avail themselves of defense mechanisms, interrupting therapy when feeling some form of invasion or discomfort. Children and adolescents are more vulnerable, trusting, and unable to protect themselves in the same way an adult would do. Therefore, we can never refrain from carefully observing our actions, motivations, intentions, and assessing carefully and respectfully the effects of bodywork interventions on the child under our care.

Bodywork with children usually involves a different approach from those used with adults. A large number of body psychotherapy methods for adults include extensive interpretation or verbal processing of body language, body scheme, and repressed emotional or cognitive issues that are represented or stored in the body. Some methods are invasive and directive, and children and adolescents should be spared those interventions, as they do not have a fully developed ego to endure emotionally and integrate cognitively those issues elicited through bodywork.

Therefore, the body psychotherapy for children and adolescents, as proposed by Pethő Sándor, should not rely on verbal interpretation because of their cognitive and emotional limitations. The integrative aspect of the body psychotherapy, which will absorb the somatic impact after bodywork, can be processed through play therapy or art therapy (especially with adolescents), along the lines of Jungian symbolism and understanding (Kalsched, 1996). Play therapy and art therapy (Oaklander, 1988) aid children and adolescents in exercising a new ego attitude, now strengthened by the reorganization of a body scheme free of anxiety, fear, and somatizations. In addition, the absence of pressure to process somatic content cognitively allows children and adolescents to surrender to the bodywork less defensively.

Childhood and adolescence are transitional phases marked by strong changes in the physical body, as well as in the emotional and cognitive arenas. Even in children and adolescents with a history of appropriate attachment, nurturing, validation, and family relations, the peculiar psychosocial complexity and demands of daily life may cause stress and negatively impact their development (Greene and Walker, 1997). In adolescence especially, the body is experienced in the light of a new set of social expectations and interpersonal relationships with a disturbing self-consciousness, hypervigilance and derogatory
self-criticism. There is a perceived lack of control regarding the body due to hormonal cycles, growth, sexuality, changes in shape and appearance (Lipowski, 1975), and impulses related to the blending of physical and emotional aspects, which can be translated into “urges”. These overwhelming experiences tend to enmesh teenagers in a conflict for detachment from the body (negation) or surrender to its impulses (lack of control). The body becomes a source of mixed feelings and anxiety. The absence of tools to understand and relate to the body leaves adolescents helpless to cope appropriately with this critical developmental phase. Because they are non-invasive, pleasant, and conducive to introspection, most Subtle Touch interventions result in increasing engagement and receptivity.

Conventional physical activities for children and adolescents, such as martial arts, sports, dance, etc, address only the body’s capabilities and performance, rather than body awareness, body self-regulation and psychophysical reorganization. Those activities lack introspection and self-observation, which are instrumental in developing appropriate contact with bodily sensations and impressions, without feeling threatened by those perceptions. Bodily sensations are subjective experiences (Lipowski, 1977) and children and teenagers need to become familiar and comfortable with them to feel “at ease” within their bodies and gain a sense of appropriate mastery (versus a tense control and vigilance) and well-being.

Children often look for body contact — the same as other mammals’ offspring. After an in-depth intake and history, the therapist must define the sequence of interventions that will promote trust, engagement and healing. A history of trauma and abuse will certainly require a stronger, well built rapport with the therapist before touch can be applied.

There are several ways of starting the therapeutic bodywork with children, such as teaching children about their bodies in amusing ways that are simultaneously playful experiences. Children reveal natural curiosity about various body parts and their features, being able to play with their sensations, or explore new movements and skills, remaining surprisingly focused for a long time. For example, we can ask the child to name the different body parts, experiencing moving each joint separately, measuring body part sizes or their own heights, observing their shadows projected on the wall or on the floor. Or they might enjoy tracing the shadow contours with chalk, feeling its volume, how its shape can be altered, contracting to occupy the least possible volume or stretching to reach the largest span. We can draw their body contour on a large piece of paper on which they lie, painting each part separately, talking about their features and functions.

Usually children enjoy stamping their hands and feet on paper, to model them in clay, or even to imprint them in mud or sand. Often bodywork techniques in children are used — at least during initial stages — adjusting them to the child’s spontaneous playing routines until they get used to the procedures, establishing a relationship of trust with the professional. When a child is out of breath — from a soccer match or sword fight with the therapist — we can work with breathing while the child rests before a new activity. We can massage the
feet or scalp, telling stories at the same time, as well as work their hands while helping to wash them. We can work hand tonus and make it conscious by molding clay, making cakes, threading small beads, embroidering, among many other activities, also asking them to pay attention to existing tensions in their shoulders and other parts of the body.

Body limits are being tested all the time, when trying to achieve maximum stretching, strength, and speed possible. Competitions — such as arm wrestling, tug of war, track and outdoor games, swinging, activities involving tree or wall climbing — where one experiences various kinds of body-space adjustments will allow children to develop an understanding of their body outlines (the images we have of our own bodies) improving their effectiveness. More important than discovering the body's effectiveness as a tool is that children through pleasurable experiences establish positive affectionate relations with their own bodies — also known as body-esteem — the precursor of self-esteem in its most tender form.

During games using balls, darts, or bow and arrows, for example, children will pay attention to their posture when we show them — by talking, touching, imitating, or drawing — how it can be improved for greater success in the chosen activity. Some children like dancing, others try learning to walk on stilts, or imitating animal moves. Through the integration of the body in each session, children will slowly become more receptive to specific bodywork techniques.

Particularly for adolescents, group routines are very well accepted, as they 'normalize' the use of bodywork and body awareness (instead of self-consciousness) among peers as part of age appropriate routines. In addition, individual techniques utilized in Subtle Touch such as Calatonia, fractional decompression and movement with small and larger joints are instrumental to dissolve tensions, to provide containment and mobilization of stagnant energy.

These interventions, which induce psychophysical reorganization, can help prevent and treat adolescents’ maladaptive behaviors, such as eating disorders, substance abuse, self-harming behaviors, etc. One of the functions of maladaptive behaviors can be understood as faulty attempts to control anxiety, emotional pain and discomfort.

Children and adolescents with a history of trauma, physical and/or sexual abuses come to psychotherapy with negative feelings about the habitual repertoire of physical affection. Many times, those who abused them or allowed abuse also tucked them in, hugged, kissed and cuddled. Therefore, they need to recover the freedom of experiencing their body without being pressured for displays of affection, which many times occur in therapy, as part of a normal nurturing attitude toward children. As normal affection has been contaminated by previous experience of abuse, mixed feelings emerge even in positive and restorative relationships with appropriate caretakers. Because Subtle Touch interventions, while being soothing and nurturing, do not suggest a context of personal affection, they give the children an opportunity to positively experience their body, to regain control of interactions and to restore a sense of well-being without being overwhelmed by mixed feelings. Then, from a regained sovereignty over their sacred territory, the display of affection will reemerge spontaneously, as it
becomes the child’s choice to initiate it from a body that now feels validated and respected.

Here are presented the works of a body psychotherapist with institutionalized children (orphanage) and of a psychopedagogue with pre-school children in a school setting.

## IN SEARCH OF HAPPINESS

**Bodywork with Institutionalized Children and Children in Residential Programs:**

**How Bodywork Can Contribute Toward the Transformation of Residual Violence and Abandonment into Hope and Connectedness**

**Maria Irene Crespo Gonçalves**

In 1986, after graduating from the specialization course in Psychomotor Therapy (currently renamed “Jungian Psychotherapy and Bodywork Techniques” based on Pethő Sándor’s method), I was invited to develop a program at FEBEM that applied relaxation and bodywork techniques (Sándor, 1974) for institutionalized children and to train the professional staff (social workers and psychologists) to implement it.

Initially, there were two groups of boys from the Male Screening Unit, in the city of Tatuapé (Great São Paulo, Brazil). Each group included five boys ages 10 and 13, who were seen twice a week, for 2 hours. The group was named “Body Awareness” and in the first session, the boys drew a human figure. After a month of group work, they would be requested to draw a human figure again, as a means to evaluate the process.

At first, the boys were resistant to the proposed activities; they were not able to concentrate and they fought among themselves. However, as the rapport with the therapists developed, there was a decrease in resistance. The boys showed interest in massage with a tennis ball, blind-goat game, ‘dancing on the walls’, group stroking, ‘vibration of the limbs’, ‘live mattress’, Jacobson and Michaux relaxations (Sándor, 1974).

The work was intended to develop body awareness, respect for self and other people’s body and personal space, which in turn was presumed to help them improve their interpersonal relationships. It was noticed that the boys started to experience and integrate into their routine a touch that was different from their habitual physical contact, which had been rough, aggressive and malicious. Through the comparison between “before and after” drawings of their human figure, the therapists were able to justify the bodywork to the directors of the facility as a legitimate means to achieving body awareness and social skills (Farah, 1985).

Until that moment, the bodywork was perceived by staff, caretakers and

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educators as eliciting inappropriate sexual behaviors, and within the FEBEM the “taboo of touch” prevailed. In the drawings (number 1 and 2) of one of the boys we verified that in drawing number 2 - drawn after a month of bodywork - a better distribution of psyche energy and sexual libido became evident. With bodywork comes a general awareness of all the parts of the body, decreasing thereby the fixation on the pelvic area and its sexual contents.

Note in drawing number 2, the better definition of arms and legs, the “appearance” of knees, and the new attitude of positive contact between male and female figures, in comparison with previous lack of contact in drawing number 1, where the male figure “stalks” behind the female figure, almost in a “predator” attitude.

With the first group, a curious incident occurred, which highlighted some of the implications of bodywork with children and adolescents.

Usually the boys were accompanied by a monitor when they walked from their unit to the building where the activities took place. One day, the monitor did not show up and the therapists were alone with the children. After finishing the group activity, while chaperoning them back to their unit, one of the boys attempted to escape. Due to the high security system, escaping would be impossible. Nevertheless, the other boys of the group ran after the “fugitive” and brought him back to the therapists. As we walked back to their unit, one of the oldest boys said to the “fugitive”:

Drawing 1
“You can’t do that; the “auntie” (therapist) will have problems because of you. Have you thought about it? She can lose her job. How is she going to support her family, then?”

The older child demonstrated an ability to empathize and relate to somebody else’s life situation, which is only possible when there is attachment and bonding. In addition, he was able to move to an age appropriate stage of moral development, leaving behind a non-committal attitude. The incident was considered a spontaneous validation of the work.

The project at FEBEM lasted three years, and during that period at FEBEM there was an opportunity to run several ‘body awareness’ groups in different units. The receptivity of the children and adolescents for bodywork always amazed us, as did the strong energy that emanated from those institutionalized children. That energy, if not made conscious and reoriented toward creativity and self-realization, would certainly lead to self-destruction, as there was no traditional outlet for their energy. Those children did not have a family, a neighborhood, a school, friends, pets, etc., and their energy was emotionally ‘untamed’ and unlived due to lack of stable relationships with others.

After the positive experience with children at FEBEM, I decided to find other agencies that had a more stable commitment to children in foster care.

In 1996, I contacted the Casa Jesus Amor e Caridade (Jesus’ House of Love and Charity), also known as Larzinho (Little Home), founded in 1995 by a
group who adopted the structure of a residential program (group home), closer to a family model.

The Larzinho housed fifteen children of both genders, referred by the court system due to abuse or abandonment. The children were assigned to the program prior to four years of age, remaining in the program until they were returned to their families, adopted, or able to be independent (adults).

I volunteered time at the Larzinho and started by working with two girls who presented emotional and psychomotor disturbances. They had been previously hospitalized due to abuse by their biological mother. One girl was eighteen months, and presented with convulsions, sleep disturbance, irritation and crying spells. The other girl was two and a half years, and was hospitalized for malnutrition, anemia, and eye problems due to malnutrition. Although she had had two eye surgeries, she lost sight in her right eye. I applied several bodywork techniques to the girls, including the Shantala (Leboyer, 1976), vibration of the spine and movements to the joints. When they were asleep, I applied fractional decompression - a subtle touch technique that covers the whole body - and sang lullabies to them. After the first four sessions, there was a decrease in sleep disturbance and improved mood; the two girls were noticeably happier and more engaging.

After the marked improvement of the children in such a short time frame, the bodywork gained interest and support from both caretakers and children. The children sought and preferred the most delicate touch, those made with feathers or water drops. They spread water gently, either by blowing air softly or using a small paintbrush, usually around the bellybutton. There has never been any sexual or inappropriate touching since the children learned the gentle contact through bodywork.

Emerson, a four-year-old boy with a genetic skin disorder epidermolysis bullosa, characterized by devastating blistering of the skin, displayed great interest in bodywork with water drops, and he spread the drops on his body. Through this simple technique, Emerson began to cry less during bathing time, a painful moment for him, and started to bathe on his own. The bodywork and the homeopathic treatment contributed immensely to Emerson’s recovery. Consequently, he achieved an autonomy that the illness had taken, as Emerson had had to depend heavily on adults.

Thus, through different modalities of touch (Delmanto, 1997) – such as vibration on the spine, blowing or touching with feathers – the children integrated the bodywork into their routine. The bodywork and a nurturing attitude dissolved old residues of abandonment and helped to restore the positive mother archetype, facilitating appropriate psycho-affective and motor developments.

In addition, the caretakers showed interest in learning the bodywork techniques, and they have bi-weekly meetings for training, supervision, and case discussion. They also receive and experience the bodywork in a group. This approach has contributed to the integration and harmony of the staff with the philosophy of the work done with the children.
Subtle Touch for Pre-School Children

Maria Amélia Pereira

Understanding the connection between body and development, we offered the application of the Subtle Touch method of Dr. Pethő Sándor (Sándor, 1974) as prophylaxis in the prevention of developmental problems and enhancement of emotional regulation. Observing the impact of this work in the children at Casa Redonda (Round House Preschool) for twenty three years (2006) has led to the documentation of it in videos, photos, and narratives.

Within a playful atmosphere, the bodywork (Delmanto, 1995) emerged naturally, and to our surprise, each day it occupied a more significant role within our daily activities at the pre-school. The fast and contagious way in which the children assimilated the bodywork confirmed to us the necessity to this approach. The hunger for delicate physical contact manifested very concretely when many children came to the staff asking to be “the next one”, as they saw a child being worked on with Subtle Touch. They said emphatically: “Now me!”, “I am next”, “I want more”, “Again”, etc., and remained silently waiting for their turns.

A mat on the grass, a tree’s shade, the quietude of nature or the sound of birds singing joined us - the child and the facilitator - in the surrendering to the serenity and depth of the moment of bodywork. Thus, in the midst of the playful activities and games, the bodywork gained its space and time naturally. Boys and girls took turns requesting “massage”, as they called it, including it in their repertoire of play.

When I had a line of three or four children waiting for their turn with bodywork, I requested that one of them help me treat the other children. I was surprised by their readiness to engage in bodywork, always done appropriately and respectfully (documented in pictures and video).

The fact that they themselves had already experienced the bodywork, and had developed a patient attitude of observing another child being touched while waiting for their turn, seemed to be an especial preparation for the ‘job’. Their hands had the expertise to reproduce the right touch and sequences, under the staff’s surprised supervision.

This process extended itself to the families of these children, as many mothers approached the preschool staff to request that they be taught the techniques. The school has offered Subtle Touch experiential classes to parents since 1997, broadening the benefits of the work to the community.
As each child experienced Subtle Touch, delivered as Dr. Sándor had instructed - as if it were a new “play” - the immediate psychophysical reconditioning become apparent. This was evidenced by physical signs such as an expansion of the breathing, a calming of the respiratory rhythm, muscular relaxation, reported well-being, etc. Those physical reactions and reorganization were conducive to deep contemplation, which usually brought up a spontaneous metaphorical or philosophical attitude in the children. The positive results and meaning of this work with the children are shown in many ways, and has been fully documented. We chose three stories, which demonstrate the positive impact of the bodywork in the children.

A Touch for Contemplation

Lying on a mat, a four-year old boy was awaiting me.

We started the bodywork with rotations of the small joints of his toes, done within his breathing rhythm.

He would turn his head from side to side, scratch his eyes, at times stretching out and pulling up his legs until slowly he started to yawn. His eyes became distant. His muscles were so relaxed that his body seemed stuck to the floor.

Silence surrounded us.

He finally said, “You know I’m going to be bigger than my dad? I’m going to be as big as that tree.” He was pointing to an enormous pine tree behind me.

“Good heavens! You are going to be that big?” I said.

“Yes”, he answered. “I am going to be that huge.”

More silence. I continued with the touch on his feet. He started to talk again.

“You know, I’m not going to be as tall as the top of the tree. I’m going to
grow up to there.” He was pointing to a level about half the height of the pine tree.

We were silent again.

After a while, almost towards the end of the touch session, he started to speak again.

“Did you know that everybody thinks that God is bigger than everything? But he isn’t,” he affirmed.

Intrigued, I asked, “Who is bigger than God?”

“Life! Life is bigger than God. Life is everything. Everything is life. I think life is God.”

Once more, silence between us, this time as immense as his words.

I finished the movements with his feet. He calmly rose and made his way toward more play with his peers.

Will To Live

“I am next,” said the six-year-old girl, coming closer to where I was initiating a sequence of bodywork on another child.

She sat close to our mat, calmly waiting for her turn.

Her peers called her to play with them and she answered: “Not now, later,” and waited silently, observing what I was doing.

Something very important was happening there, because her patience to wait for her turn was out of the ordinary. The time she remained observing my hands working on another child certainly worked on her as a preparation, receptivity, and openness to the bodywork she would receive afterward.

As soon as the other child left, she lay on the mat and closed her eyes - a behavior not common in children her age. There were moments I thought she had fallen asleep, such was her quietude.

I finished the sequence of touches she always liked and she requested, the “blow on the spine” and the “blow around her belly button”, she opened her eyes slowly as if she were coming from far away. She smiled mysteriously and stretched her body, just like a little baby waking up in peace.

“Are you sleepy?” I asked. She used to always answer that question by saying: “No. Now I’ll play.” However, this time, her body seemed to refuse to leave the mat. She tossed and turned, until she finally sat and looked at me. She then said, “Did you know I had a big fear?”

“What fear?” I asked.

“When I was in my mom’s tummy I thought I was going to die inside it.”

“How did you feel it?”

“There was a thing tightening me, crushing me, like I was drying up. I was going to dry up and die.”

I was silent. She crawled into my lap.

“Good thing I was born soon and did not die. It was my mom who died.”

I hugged her.

“How nice that you are alive, little girl! And that big fear, where did it go?”
“Now I am not scared. I only had it in my mom’s tummy. I did not want to die inside my mom’s tummy. It would be bad. I think my mom knew I did not want to die with her. I wanted to live. Now, I have two moms, one who lives in heaven and one who lives on earth.”

She stood up from my lap and called the other children to play “dead/alive”, a game she had been playing daily for the past two weeks. (This child was born prematurely through C-section due to her biological mother’s terminal illness during pregnancy. Her mother died shortly after the child’s birth.)

Of Feelings and Cockroaches

One morning, a four-year-old girl approached me and said:
“Can you massage me? I wanna take out a cockroach that is inside here”, she pointed at her heart.

Since this child had arrived that morning, she was restless, constantly arguing with other children. Every activity she started, she abandoned in the middle, which was not her habitual behavior.

Coincidentally, that day marked one week since her parents had traveled, and she had been home with her brothers, under the responsibility of a trusted couple of servants.

I heard her request and found it surprising that she attributed that capacity to the massage. I asked her, “Why do you want the massage now?”

“I wanna take a cockroach out of me.”

I told her to get a mat, find a shady place to lie down, and wait for me, as she usually did when we did relaxation.

I finished up some clay artwork with another child and went to look for her. I thought she would have forgotten about the massage and would be involved in play with other children.

I was surprised to find her resting on her mat under a tree, waiting for me. I sat by her feet and initiated a massage on them. I asked her, “The cockroach is still inside you?”

“It is right here inside me”, she said convincingly, pointing at her heart.

“What is it doing there?”

“It is tickling me in a bad way, I don’t like it. And everybody is fighting with me today.”

“Then, let’s do it”, I said, “Let’s help the cockroach come out of there.”

She said, “Do it here,” pointing at her belly.

I made the first touch, sliding my hand softly in small clockwise rotations around her bellybutton, amplifying the circle and increasing the pressure in the superior region of the abdomen, close to the diaphragm.

When I finished the touch, she turned her belly down and said, “Now on my back.” I started to blow on her spine, going up slowly vertebra by vertebra. When I reached the seventh vertebrae, she said, “Enough. The cockroach is gone.”

She stood up straight, light as a bird, and went to play with her friends,
spending the rest of the time peacefully.

For one more week, during her parents’ absence, she requested a massage each day upon arriving at school in the morning.

This child demonstrated that her body achieved a sense of balance and stability through the touches. The request for a massage came spontaneously as a resource to “cleanse” a physical discomfort caused by her feelings of insecurity and anxiety due to her parents’ absence. She felt the discomfort as the “strange presence of a cockroach” in her heart.

Stories like those reported above substantiate evidence that Subtle Touch and Calatonia can be used in many settings, such as nurseries, daycare, hospitals, and within the daily routine of families, as long as the appropriate training is given, and the proper ethical attitude of respect and acknowledgment of the child’s need is developed.

Bibliography


* The pictures taken during the bodywork with children suggest the essence and meaning of the touch. Those pictures belong to our collection of pictures about “Being a Child”.

www.usabp.org USABPJ Vol. 6, No. 2, 2007
Awareness of a threatening situation arouses fright. Fright is an affect; hence it is followed by bodily changes, by a complicated harmony of muscular tensions and excitations of the sympathetic nervous system. Through the fright, countless body sensations become altered, and in turn alter most of the sensation on which the normal ego is based. This is due simply to the fact that on the one hand large complexes include numerous somatic innervations, while on the other hand strong affects constellate a great many associations because of their powerful and persistent stimulation of the body. Normally, affects can go on working indefinitely (in the form of stomach and heart troubles, insomnia, tremors, etc).

Jung, C. G. (1952-79) Collected Works Vol. 7. (Bollingen Series XX) trans. R. F. C. Hull: eds. H. Read, M. Fordham, and G. Adler. Princeton, N.J.: Princeton University Press, 20 vols. Pg. 115 “A wrong functioning of the psyche can do much to injure the body, just as conversely a bodily illness can affect the psyche; for psyche and body are not separate entities but one and the same life. Thus there is seldom a bodily ailment that does not show psychic complications, even if it is not psychically caused.” Pg. 296 “The body, its faculties, and its needs furnish of their own nature the rules and limitations that prevent any excess or disproportion. But because of its one-sidedness, which is fostered by conscious and rational intention, a differentiated psychological function always tends to disproportion.”

Jung, C. G. (1952-79) Collected Works Vol. 8. (Bollingen Series XX) trans. R. F. C. Hull: eds. H. Read, M. Fordham, and G. Adler. Princeton, N.J.: Princeton University Press, 20 vols. Pg. 344 “Since the psyche is a self-regulating system, just as the body is, the regulating counteraction will always develop in the unconscious. ...Its regulating influence, however, is eliminated by critical attention and the directed will, because the counteraction as such seems incompatible with the conscious direction. To this extent the psyche of civilized man is no longer a self-regulating system but could rather be compared to a machine whose speed-regulation is so insensitive that it can continue to function to the point of self-injury, while on the other hand it is subject to the arbitrary manipulations of a one-sided will.”

Jung, C. G. (1968) Analytical Psychology - Its Theory and Practice. New York: Random House Trade Paperbacks. pg 8: “Consciousness is very much the product of perception and orientation in the external world. It is probably localized in the cerebrum, which is of ectodermic origin and was probably a sense organ of the skin at the time of our remote ancestors. The consciousness derived from that localization in the brain therefore probably retains these qualities of sensation and orientation.” pg 10: “What is that ego? The ego is a complex datum, which is constituted first of all by a general awareness of your body, of your existence, and secondly by your memory data; you have a certain idea of having been, a long series of memories. Those two are main constituents of what we call the ego. pg. 123 “The dreams are the reaction to our conscious attitude in the same way that the body reacts when we overeat or do not eat enough or when we ill-treat it in some other way. Dreams are the natural reaction of the self-regulating psychic system.” (Jung, C. G., “Analytical Psychology - Its Theory and Practice,”) Pg. 190 “I am not altogether pessimistic about neurosis. In many cases we have to say: ‘Thank heaven he could make up his mind to be neurotic’. Neurosis is really an attempt at self-cure, just as any physical disease is partly an attempt at self-cure. We cannot understand a disease as an ens per se any more, as something detached which not so long ago it was believed to be. Modern medicine - internal medicine, for instance - conceives of disease as a system composed of a harmful factor and a healing factor. It is exactly the same with neurosis. It is an attempt of the self-regulating psychic system to restore the balance in no way different from the function of dreams - only rather more forceful and drastic.”

Biography

Maria Irene Gonçalves, Psy, has been working with Subtle Touch Method since 1980. She is also a teacher of circular and Derviche dances. She has pioneered bodywork with institutionalized children in São Paulo, and supervises this work with psychology students and staff at institutions.
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Maria Amelia Pereira, B.A.Ed., is a psychopedagogue who maintains a preschool for children aged 2 ½ to 7, in Carapicuíba (periphery of São Paulo), Brazil. Peo, as she is known by the children, has studied Subtle Touch with Dr. Pethő Sándor and has been using Dr. Sandor’s method with children for 23 years. She has documented it extensively, both in video and written work. Peo has presented her work in Canada, Australia and Japan, and is an ambassador for UNICEF in Brazil.
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Anita Ribeiro, M.S., LMHC, a member of USABP since 2000, has been a body psychotherapist for 22 years, treating adults, adolescents and children with the non-invasive method Calatonia and Subtle Touch, a merge of gentle interventions and Jungian theory. She has learned the method in Brazil with Pethő Sándor, MD, who developed his work while treating poly-traumatized patients in the Red Cross refugee camps, during WW II. anitaribeiro@calatonia.net

Ana Maria Galrão Rios, Psy, utilizes Subtle Touch and Calatonia in private practice with adults and children, particularly children with psychosomatic disorders. She has successfully treated children with asthma, heart problems, enuresis, obesity, speech problems, ADD, seizures, etc. She supervises psychotherapists and trainees in the Subtle Touch method, at the Centro de Integração e Desenvolvimento (CID, Center for Integration and Development) in São Paulo, Brazil.
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