Idealism and The Goals of a Psychotherapeutic Process[1]

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Abstract

This paper deals with the difficulty of proposing a short explicit list of the aims of a psychotherapeutic treatment that can be accepted by most psychotherapists. It presents a series of issues on the subject as a form of "mind sharpeners" for colleagues. In the first part I will show that a discussion on the aims of psychotherapy often raises implicit ideological issues such as those which are inspired by various sorts of philosophical idealism. I will then specify what we would need from scientific research to improve our understanding of the aims of psychotherapeutic processes. And finally I will discuss a few issues that haunt me when I practice psychotherapy.

Keywords: psychotherapeutic cure, aims of a treatment, body or somatic psychotherapy[2], efficiency, implicit and explicit assumptions, idealism, coherence/incoherence of human nature.

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As man thrived in different regions of the globe, he increased in number, established himself in society with fellow creatures, and finally progressed and became civilized. His delights and his needs increased and became more and more diversified. He developed increasingly varied ways of relating to the society in which he lived, which, among other things, generated increasingly complex personal interests. His inclinations subdivided endlessly, and generated new needs that activated themselves beyond the scope of his awareness. These grew into a huge mass of connections that control, outside of his perception, nearly every part of him (Lamarck, 1815, Natural History, p. 278; translated by Michael C. Heller and Marcel Duclos).

Introduction

Concerning Man (…). I desire to contemplate him from this point of view – this premise: that he was not made for any useful purpose, for the reason that he hasn't served any; that he was most likely not even made intentionally; and that his working himself up out of the oyster bed to his present position was probably a matter of surprise and regret to the Creator (Mark Twain, *Autobiography*, 2012, p. 165).

[1] I would like to thank Jacqueline A. Carleton, Diane Cai and Jill van der Aa, editor and associate editors of the International Body Psychotherapy Journal, for helping me with my English and editorial requirements.

[2] For the moment somatic and body psychotherapies designate the same schools. I therefore use them as synonyms, although I suspect that the difference of name covers differences that will be clarified in the future. Somatic psychotherapy is mostly used in North America, while body psychotherapy is mostly used in Europe.

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL THE ART AND SCIENCE OF SOMATIC PRAXIS

A complete cure is the most obvious aim for all forms of therapies. However, available therapeutic techniques cannot cure all the illnesses that haunt patients. Therapists therefore need a hierarchy of aims. For example, one can cure a cold for a few months at the most. Or one can reduce the pain of migraines, but one cannot always eliminate them. Cancer and autoimmune diseases therapists can sometimes cure; often they can only propose a welcomed momentary remission. In other cases the most humane solution is sometimes to help a patient die as painlessly as possible.

This issue is germane to psychotherapy, but it also has an additional problem, in that no one seems to know how to differentiate a mental illness from spontaneous manifestations of the imperfection of nature. Recently the issue has been raised in the media, in discussions of the future Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)[3]. Newspaper articles and television programs predict that this manual includes in the list of psychiatric symptoms not only hallucinations, depression, and anxiety, but the need to make love several times a week, shyness and the incapacity to shut up. I have not yet read the manual, so I will not comment on it for the moment, but I know a bit more about recently created diagnostic designations such as attention deficit disorder (ADD) (Tuckman, 2009). Noting that some people have a more restricted working memory than others, and describing the impact of reduced short-term memory on a person's life, is a useful delineation that has helped millions of people. But if one accepts that all humans are different from each other, can we not expect an extreme variability of performance in all domains (intellectual, sexual, emotional, etc.)? For Darwin (1859, chapter V), variability is a crucial dimension of the creativity of biological evolution. If this variability is due to the spontaneous biological dynamics of chance and necessity, how can its manifestations be an illness (Heller, 2006)? Long before biologists created the theory of evolution, the notion of illnesses included painful discomforts caused by accidents (breaking one's leg, war wounds, infections, reactions to germs, etc.). Gradually medicine also included particularly dramatic manifestations of random biological creativity. This inclusion is becoming increasingly important. It would seem that nearly any chronic discomfort of the self or others could be treated as a medical symptom. Psychological difficulties are often mostly a disease if one refers to the original meaning of the term (a discomfort, a deep inconvenience). Human variety is being frontally attacked by powerful medical institutions. The push to classify all the individual particularities of a human being as symptoms is not a scientific endeavor when it is based on ideological ethical aims, such as various forms of eugenics.

Because attention deficit is classified as an illness, millions of children are forced to swallow an addictive drug called Ritalin. The observable fact that this treatment reduces the intensity of the deficit but does not cure it supports the hypothesis that attention is one of the characteristics that vary considerably within the human species. It is then for society to find ways of integrating the infinite variety that characterizes all the functions that animate human organisms. If the notion of attention deficit is robust, then the phenomenon has been widely spread for millions of years. It is highly probable that, in some societies at least, social pressure did not prevent people with weak attention from leading creative lives. I am astonished that recent studies which have allowed us to describe the variety of performances of working memory have not spent more time analyzing the specific creative gifts of people who suffer from attention deficit disorder; and the type of social regulation systems that can creatively integrate people with a weak working memory or even with chronic hyperactivity phases. One obvious explanation is that today fundamental research in psychology does not receive enough nonpartisan funding

[3] http://www.dsm5.org/Pages/Default.aspx.

with strict scientific ethical requirements, while research on attention deficit is easily funded by industries who thrive on Ritalin. My position is that it is only in particularly extreme cases that the notion of illness could be relevant for attention deficit issues. In all other cases the issue is mostly cultural and pedagogical.

The notion of therapy is medical in origin. The aims of treatment are initially based on a diagnosis (an illness), the tools one has to master this illness, and what prognosis the two preceding factors allow a practitioner to have. This movement has been animated by a profound ethical dedication to helping people in trouble and alleviating pain. Applying this frame to psychiatric illness is delicate because we do not have a really reliable diagnostic system or generally robust therapeutic tools, and we cannot be certain that what patients suffer from is illness. Psychotherapists attempt to reframe psychophysiological habitual procedures in such a way as to avoid strengthening spontaneous natural propensities and defense mechanisms such as destructive affects (e.g., anxiety, depression and stress), behaviors (uncontrollable violence and intrusiveness, difficulty defending oneself, unsatisfying sexuality, and socialization styles that incite rejection by others, etc.), and ways of thinking (e.g., paranoia, ungrounded phases of optimism or pessimism, etc.). These three factors, as well as others, often co-occur. Transforming a destructive set of procedures that structure a person's character is not exactly the same type of intervention as killing a germ that enters an otherwise healthy organism[4]. Nevertheless, even if these difficulties cannot always be addressed with current medical models, they badly need an appropriate form of support. Psychotherapy is a crucial therapeutic tool in such cases.

Psychotherapy was created by medical doctors (Freud, Jung, Reich, etc.) who at first adopted a medical way of thinking about mental health. They later realized that they should adapt the medical model to the requirements of the difficulties experienced by their patients. As an increasing number of psychologists joined the psychotherapeutic community, the models produced by psychotherapy schools often followed other tracks than those produced in medical facilities' models. It is possible that terms such as therapy, symptom, or illness, should be revised when applied to the field of psychotherapy. Some are afraid of going down this road, because they and their patients depend on healthcare institutions to fund the psychotherapeutic process (Kelley, 1992). Even if it does fit neatly into a classical medical frame, psychotherapy has proven to be a crucial form of intervention for many. As many psychological difficulties are caused by a blend of genetic factors and problematic behavior generated by social dynamics (abuse, trauma, harassment, war, etc.), one could imagine that such treatments could also be funded by a social insurance that attempts to repair the dangerous behaviors that are inevitable in a given cultural context, or maybe in our species. For example, a society may be held responsible for allowing pedophiles (e.g., parents and priests) to traumatize so many children.

I hope that I have said enough to show that deciding what the aims of the psychotherapy process are raises complex issues. As with most of my colleagues, these issues tend to remain in the back of my mind. However I was forced to consider this subject in more detail when Serge Prengel asked me to moderate a debate for *Somatic Perspectives on Psychotherapy* on LinkedIn. I chose a theme that played a central role in my book on body psychotherapy (Heller, 2012): *Harmony and/or friction? Which of the two is the most plausible aim for a psychotherapeutic cure?* I thought that this could be an interesting way of exploring the issues so often raised in discussions on the aims of therapy. Several colleagues in somatic psychotherapies participated in this conversation in January 2013. Their comments forced me to reconsider my simplified vision of the aims of psychotherapy. I will not attempt to summarize their points of view, because I am sure that the few sentences written by each of us on the subject was but the tip of

[4] Even physical illness can be multifactorial and difficult to assess.

the icebergs that roam in our minds. I thank them for their inspiring comments and proposals, and hope that our discussions have also been useful for them. I was also inspired by the many discussions that I had on the aims of psychotherapy with fellow members of the scientific and ethical committees of the European Association for Body Psychotherapy.

The field of psychotherapy is structured by a multitude of highly differentiated and competing training schools. It is for the moment impossible to synthesize the models they propose. The issues they raise are simultaneously metaphysical, spiritual, ethical, moral, ideological, scientific, clinical and technical. Apart from the obvious points mentioned in the first lines of this article, I have not found a set of common aims that are shared by all the schools I know. However, I hope I can provide a useful mind sharpener for practitioners who want to specify the goals that can be achieved when they propose a psychotherapeutic treatment. Although most of the following considerations involve issues that exist in the field of psychotherapy, I have focused on those that are particularly relevant to body or somatic psychotherapies.

In this article I would like to share my views on the aims of psychotherapy, based on more than 38 years of experience in that domain. My principle goal is to express my thoughts as clearly as possible, with the hope that they can be useful to some readers. I will therefore not even try to discuss at length the immense literature on the aims of psychotherapy, but will instead provide one or two examples of the sort of literature I refer to when I discuss themes that have been developed by colleagues. The focus of my argument is to transform often implicit assumptions and discussions into more explicit ones.

Philosophical Bases of the Discussion

Discussions of the management of harmony and disharmony have a long history. For this article I will focus on some of the discussions that certain philosophers had on the subject during Greek antiquity, as they seem to have had a more or less direct but strong influence on some fairly widespread formulations proposed by body psychotherapists (Heller, 2012, chapter 3). In the realm of somatic psychotherapies one can distinguish approaches inspired by Plato's idealism that aim at rendering patients more coherently harmonious, and approaches inspired by Heraclites that find it more productive to help patients develop a pleasurable, creative, and grounded pleasure in conflict situations. The second solution is often referred to by somatic psychotherapists as developing the "warrior" in the patient (e.g., Heller, 2007; Audergeon, 2005; Brown, 2001). Most somatic psychotherapists seem to include both mindsets in their approach, but some do tend to focus on a search for harmony and coherence, while others focus more on forms of creativity associated with the grounded capacity to master friction. I also find it useful to oppose the perspectives inspired by Greek philosophers with another trend, which is prevalent in psychiatry, which I will momentarily call "scientific idealism". I know from my more philosophically minded friends and colleagues that these distinctions may be simplistic for philosophers, but I have found them useful in distinguishing therapeutic aims for practitioners who have not always read the philosophers. I will now summarize what these terms allow me to distinguish.

Platonic Idealism and Body Psychotherapy

> The soul when thinking appears to me to be just talking — asking questions of herself and answering them, affirming and denying. And when she has arrived at a decision, either gradually or by a sudden impulse, and has at last agreed, and does not doubt, this is called her opinion. I say, then, that to form an opinion is to speak, and opinion is a word spoken, — I mean to oneself and in silence, not aloud or to another (Plato, 1937, *Theatetus,* 190, vol. II, p. 193).

Does a Harmonious Constitution Breed Health?

Plato's main metaphor for idealism, which is inspired by the Ionian (ancient Turkey) philosopher and mathematician Pythagoras, is that when an organism dies the soul rises and visits a realm of perfect ideas. In this world the soul can taste a form of bliss that is the juice of absolute truth, beauty, harmony, coherence and justice. When the soul then enters a new organism, it still contains reminiscences of the absolute truth it has visited. Each time an inhabited organism dies, the soul will rise again to the realm of ideas. It will thus gradually acquire and integrate increasingly intense and refined tastes of these ideas.

The mind of the new organism is not aware that a soul is its neighbor. But, sometimes, a fleeting blissful perfume emanates from the soul, flows through a forest of conscious thoughts and enchants them. These delicious, enlightening vapors may be carried into our awareness by a dream, an intuition, or even at the most blissful moment of an orgasm. One can imagine that Reich experienced intense emanations coming from his soul during his orgasms, because he tried to convince the whole human species that only orgasms can free us from our chains and allow us to experience blissful enlightenment. Others may have become enthralled by similar experiences during meditation, breathing exercises, dance, trance or music. For Plato a philosopher is someone who increases the contact between what he is aware of (his conscious dynamics) and these absolute truths. This is why Plato's Socrates insists that one should learn to know oneself[5]. Knowing oneself is not the psychotherapist's urge to help people discover how their personal development structured what they have become; it is the philosopher's propensity to contact the deep truths that are tucked away somewhere in our organism. This aim is closer to those of meditation rather than to psychotherapy.

Platonic ideas are absolute truths. This implies that there is only one possible definition of what is beautiful, just, true, coherent, and so on. Nietzsche (Rey, 1973) defended a different position when he stressed that words are by nature polysemous, and that only tyranny could impose one meaning to such terms as "bad" and "good". There are of course several important traditional philosophical alternatives to Idealism, such as Epicureanism, the philosophical Empiricism of John Locke, George Berkeley, David Hume and Hermann von Helmholtz, or Edmund Husserl's phenomenology, but their impact on how the first body psychotherapists perceived the aims of psychotherapy seems superficial. Discussing these philosophical options is beyond the scope of this article.

I have the impression that a central implication of Plato's metaphor is that the mind and the soul form separate entities. Plato seems to distinguish a form of thinking that reacts to sensory data and attempts to organize it, a form of thinking that spontaneously emanates from the soul:

> Thought is best when the mind is gathered into herself and none of these things trouble her — neither sounds nor sights nor pain nor pleasure, — when she takes leave of the body, and has as little as possible to do with it, when she has no bodily sense or desire, but is aspiring after true being (Plato, 1937, *Phaedo*, 65, vol. I, p. 448f).

Aristotle, who was one of Plato's pupils, did not preserve this separation. Henceforth it is only in spiritual movements that the separation between the emanations of the soul and current automatic and reasoned thinking continues to be an important point. Current philosophical

[5] Plato attributes this sentence to Socrates in six dialogues: Charmides, Protagoras, Phaedrus, Philebus, Laws and Alcibiades. See http://en.wikipedia.org/wiki/Know_thyself.

idealism assumed that the mind was part of the soul. This was for example the position proposed by Descartes in the 17th century. It is this unified vision of the soul and the mind that gradually became known as the psyche. The Greek word "psyche" designates the soul and the breath of life that animates an organism. It is this semantic root that is used for denominations such as psychiatry, psychology and psychotherapy. Somatic psychotherapists repeatedly stress that this linguistic root designates psychological procedures as cogwheels imbedded in organismic dynamics. Some use this argument to stress that the mind is a subsystem of the organism, and use formulations such as "embodied" or "organismic" psychological dynamics (Heller, 2012; Balcetis and Cole, 2009; Marlock and Weiss, 2001); while others use this etymological history as a validation of the idea that the soul and its mind are a part of the dynamics of cosmic or vital energy (Lewin, in press; Pierrakos, 1990; Boadella 1987; Boyesen, 1970).

The idealist view has an important flaw: it has a hard time explaining how such a perfect universe could generate wars, torture, exploitation and illness (Ferry, 2012: 16f). The idealist's strongest argument is that evil is produced by a lack of contact with eternal truths, empathy, the soul, natural laws or cosmic energy. For the physician Eryximachus in Plato's Symposium, our organisms are structured by conflicting forces such as the elements contained in our bodies (water, fire, earth and air). He believes that illness is a form of chaos that enhances the conflict among these heterogeneous forces, while health emerges when these elements learn a form of synergic dialectical collaboration called love[6]. Plato situates himself in dialectical opposition with the views of another Ionian philosopher, Heraclitus, who assumed that knowing how to use the conflicting forces of an organism is what leads to health and creativity. According to Heraclitus, it is only once you have learned to master the frictions activated by heterogeneous forces that you can contact the underlying unity of the universe. His texts are lost, but we still have quotes that are used as aphorisms (Heraclitus, Fragments, 2001):

> Harmony needs low and high, as progeny needs man and woman. (43)
> From the strain of binding opposites comes harmony. (46)
> The cosmos works by harmony of tensions, like the lyre and bow. (56)

From Hobbes and Hume onwards, certain British philosophers followed Heraclites' point of view, but did not always assume that there existed an underlying coherence of the universe. Charles Darwin introduced a similar argument into the new science of biology. However, in present day Darwinism one can find both philosophical stances. For example the Nobel laureate François Jacob (2000) wrote beautiful pages on the underlying unity of a universe that generates an immense variety of heterogeneous phenomena. As all these points of view remain valid possibilities, psychotherapists tend to use whatever philosophical frame they can comfortably work with. Plato is probably the most influential philosopher who developed a vision in which the soul is distinct from the body:

> The body introduces a turmoil and confusion and fear into the course of speculation, and hinders us from seeing the truth: and all experience shows that if we would have pure knowledge of anything we must be quit of the body (Plato, 1937, Phaedo, 66, vol. I, p. 450).

In the 17th century the Dutch philosopher Spinoza (1677) presented a form of pantheist idealism that assumed the universe is a creative, coherent and harmonious entity which

[6] It may be relevant to remind the reader that a dialectical interaction is not the same thing as simple harmonious coherence. Coherence emerges from the dialectics that organize the heterogeneous elements of a system. During his psychoanalytic period, Reich maintained that the interaction between body and mind was dialectic. He was inspired by Hegelian and Marxist dialectical logic. It is only at the end of his life that he talked of a functional identity of the body and the mind.

generates all of its components (galaxies, planets and organisms). In this atheist theory there is no God, as the universe created itself. If subsystems (a society, an organism, a cell, and so on) conform to the logic of nature they will remain healthy, but as soon as they deviate from these principles, disempowerment, illness and misery will emerge. Every part of the universe needs to follow these rules: the smaller phenomena (an atom) can only follow some of these rules, while the larger ones (a galaxy) contain a greater number of universal dimensions. In this vision the mind is also distinct from matter, but the vision is now more systemic. Affects as well as wisdom are not located in a dimension of the organism but in their coordination. The organism can manage a greater number of universal dynamics than the subsystems it contains and coordinates (Misrahi, 1992), such as just the mind or the body individually. This new approach to body-mind dynamics was initially proposed by Descartes at the end of his life. After years of envisaging the multiple and complex relations between mind and body in all sorts of ways, he concluded that the soul is probably "jointly" linked to all the parts of the body via the mechanisms that regulate "the assembling of organs" (Descartes, 1953, Passions of the Soul, I.30).

I situate Wilhelm Reich's Orgonomy in this movement (Boadella, 2004). During the 1940s, he claimed that we should all become aware of the logic of the cosmic energy that structures and animates the universe, which he called the orgone (Reich, 1951). He asserted that we need to be in contact with the dynamics of orgone if we want to become healthy responsible citizens capable of experiencing orgastic love, fondness for other creatures, and respect for the nature we are a part of. For him, hating oneself is equivalent to hating nature. This has led many neo-Reichian somatic psychotherapists to believe that truth is in our body, and that listening to the pulsation that emerges from our organism will generate pleasure, health and wisdom. For idealist body-mind disciplines, health can only be attained if a person's mind learns to increase his awareness of the truths hidden in his body. What is idealized in such formulations is not that an increased interaction between body and mind often brings "greater inner richness" (Selver and Brooks, 1980, p. 117), but that there is more truth in the body than in the mind. When I trained in psychotherapy in the 1970s, most body psychotherapists were influenced by Wilhelm Reich. They learned that there exists a force that is of cosmic origin and that must be close to Plato's conception of love as one of its manifestations is orgastic potency. Contacting this force activates a developmental process that harmonizes the great diversity of mechanisms contained in our organism, and allows us to experience the bliss of being a part of the universal dynamics from which we emerge in a coherent way. Chaotic forces engendered by current forms of social organization, on the other hand, generate conflict, hate, illness and sexual frustration. This mode of thinking led to a variety of body psychotherapeutic approaches that aim to help individuals become healthy, self-regulating, constructive and creative persons capable of orgasm with their sexual partners. Those of us who followed one of these post-Reichian approaches learned to express our negative and positive affects as fully as possible. Once the discharge had ended, we experienced incredibly powerful and deeply blissful moments of harmony, during which we had the impression of being a dynamic global coherent entity. It was evident from Reich onwards that these deep emotional states could only be experienced in a supportive cultural environment that was rarely available in the societies that existed in the 1970s. This view was in line with the humanistic ideology that became fashionable in the 1960s and 1970s, and the idea that certain rigid cultural norms on the management of emotional interactions could have facilitated the emergence of capitalism, slavery, racism, fascism and communism. It may be noticed that in this generation of body psychotherapists, colleagues did not necessarily believe that Reich's orgone was the best way of describing cosmic forces. They were aware that

Reich's formulations and techniques were only a rough initial sketch of what could become an incredibly powerful movement. Inspired by Jung, many preferred to refer to more refined formulations developed by spiritual movements for deepening their understanding of how nature animates us. Some began to use the term "soul" with its original meaning: that which shapes individual organisms (Boadella, 1987). These theories resonated with my youthful passion for Plato's *Dialogues*.

In the 1980s, my thinking departed from harmony and coherence as a main human (and therefore psychotherapeutic) goal, and I began to integrate the principles of Heraclitus, Darwin's original formulations, and the modular models of artificial intelligence[7]. They all stressed the impossibility of harmonizing water and fire. Even acupuncture supported this change of perspective. Hiroshi Nozaki, with whom I learned Japanese techniques derived from Chinese massage, taught us that metal is an element that can creatively regulate the conflictual forces activated by water and fire. Cooking and steam engines are well-known examples. Metal allows one to channel the antagonistic energies of water and fire without destroying the particular properties of each element. Paul Boyesen, Gerda Boyesen's son and colleague, reminded us that energy is often produced through friction, as when rubbing two flint stones against each other to light fires. A similar effect can be observed in electrical engineering: you need well-differentiated polarities (+ / -) to create and manage a strong difference of potential. An optimal differentiation is required to generate electricity without creating a short circuit that could damage an electrical installation.

Charles Darwin (1859, chapter V) was puzzled by the incredibly messy architecture of organisms who nevertheless find ways of surviving and reproducing. Learning to live within these disordered processes was for him the essence of biological evolution. Psychoanalysts like Melanie Klein posited that even infants are full of love and hate. The violent fights between brothers and sisters are a good example of a state of affairs that has been brilliantly caricatured in the 1993 second full-length film on the Addams Family: Barry Sonnenfeld's *Addams Family Values*. I do not think that nature necessarily functions in a coherent and harmonious way, but it is possible that some parts of the human mind need to expect predictability and coherence. This need appears to be particularly important for infants (Beebe, 2011). This is an example of a form of wishful thinking that seems to be imbedded in the human condition, and that can eventually be considered a symptom of psychopathology when it becomes extreme. These probably innate aims could be strong motivators to increase the quality of communication with others (Stern, 1985).

This is a summary of a long discussion on the aims proposed by psychotherapists to their patients developed and referenced in my book on body psychotherapy (Heller, 2012). Does the psychotherapist promise more harmony at the end of a successful treatment, or a greater capacity to manage the conflictual forces that structure his organism and his environment? These issues are open questions, because I do not think they can lead to a straight answer. Maybe both formulations can be blended as two complementary, albeit irreconcilable, aims. These choices are partially dependent on a psychotherapists' individual character and personal inclinations. Every therapist is more comfortable with certain types of interventions than with others. I have met brilliant and efficient psychotherapists who defend either of these options.

[7] One of the authors who introduced modular models to European body psychotherapists was Francisco Varela (1979).

Which parts of me know what?

Idealistic body psychotherapists tend to reject Descartes, because for them, he is an icon for those who believe that soul and body are unconnected distinct entities. In fact the closest classical theory that defends the options of idealistic somatic psychotherapies is Descartes' last theory, in which he wonders if the soul is not "jointly" linked to all the parts of the body via the mechanisms that regulate "the assembling of organs" (Descartes, 1953, *Passions of the Soul,* I.30). In these approaches everything happens as if becoming aware of bodily sensations is the same thing as becoming aware of the soul as defined by Descartes when he was 50 years old.

Another typical trait found among those who were influenced by Reich (e.g., Alexander Lowen and Fritz Perls) is the assumption that all forms of *habitual* organismic practices (e.g., thoughts, behaviors, gestures, emotional reactions and muscular tensions,) are necessarily destructive chronic defenses that should be removed. They have been introduced into the organism by destructive social rituals. To rediscover who one really is, one must therefore throw them away so that the organism can repair its spontaneous regulation systems. In most neo-Reichian therapies and training groups of the 1970s, every time you were sad and cried or angry and yelled, the therapist would congratulate you for being so authentic; while every time you did not cry or did not yell when you were sad or angry, you were asked why you blocked your emotions, and how you had lost your authenticity. This strategy was a quasi-Pavlovian way of imposing a so-called "humanistic" vision on patients. In my view humans are infinitely varied, have infinitely varied needs, modes of functioning and ways of expressing emotions. Most habitual schemas are skills we need to survive; others were useful once, but are no longer needed. They can be more or less useful, more or less creative. They can even be simultaneously destructive and creative. I therefore tend to call these behaviors "automatic regulators" or automatic ways of doing things. In some cases I may observe that a habitual behavior had been relevant, but does not fit with the present environment. For example sulking may have been useful with one's parents, but may be destructive in the family one has created for one's children. In other cases I may observe, for specific reasons, that some regulation procedures are used as a defense or may have a negative impact on other organismic regulation systems. But even when it is so, a schema may have several functions, in the way that a word may have several meanings. It is not because a skill is used as a defense against a treatment that it does not also have useful functions. In other words recalibrating automatic schemas is often a wiser therapeutic goal than removing them. A well-known example is the use of intelligence and intellectual integrity as a defense. In the 1920s, Jean Piaget became Sabina Spielrein's patient for a psychoanalytic process. After eight months she decided to interrupt the treatment, because — according to her — Piaget only used these sessions to express his critique of Freud's approach (Ciffali, 1986). In this situation Piaget's intellect seems to have managed to disempower his analyst, but that does not mean that the intelligence of one of the most important psychologists of the 20th century was only a defense system.

For today's psychologist, the useful part of these discussions of habitual behaviors is that they highlight how deeply imbedded in organismic dynamics such schemas can be. We know that some habitual professional postures can be destructive for spines, breathing patterns and veins (Heller, 2012, chapter 12). Their interaction with affective dynamics may also interfere with the fluidity of their regulation. It is impossible to know whether sitting uncomfortably is a sign of anxiety or a way of producing anxiety, but one can show that in many cases postural particularities and affects interact in a way that reduces the variability of certain moods. Even if one criticizes the way the psychoanalysts of the 1930s talked of defense mechanisms, one has to admit that their clinical intuitions highlighted the fact that a highly visible habitual behavior

may be the tip of an iceberg, with a web of roots beneath, deeply imbedded in organismic and social procedures. It naturally follows that initiating an analysis of habitual behaviors, with the aim of discovering how they can be leveraged to influence deeper layers, is also a possible psychotherapeutic strategy (Heller, 2012, chapter 22; Downing, 1996; Downing, Bürgin, Reck, and Ziegenhain, 2008).

Scientific Idealism

Do I contradict myself? Very well, then I contradict myself, I am large, I contain multitudes (Walt Whitman, *Song of Myself*, 1892[8]).

In the body psychotherapy training groups of the 1970s, we discovered inner worlds that no other known approach could introduce us to. However, many then continued their psychotherapeutic process using other techniques such as Gestalt therapy, psychodynamic approaches, Jungian analysis or Transactional Analysis to consciously integrate what they had discovered (Carleton, 2002). For example, at the end or our training with Gerda Boyesen in the 1970s, she advised us to accept that her work could cure certain aspects of our affective regulation, but not all. That is when I began to think that using methods based on harmony is akin to a harbor for sailors. It contains a moment during which we can rest and be thankful, which in turn allows us to become ready to climb once again onto our ships with renewed enthusiasm. However, it is not in such a harbor that we can develop the skills to face the ever-changing oceans. Being ready to climb onto a ship again is a worthwhile therapeutic aim in quite a lot of cases, even if it does not fit every need. This analysis led to a new vision which did not require that a psychotherapy method solve all the psychological problems of a patient. In the 1970s many psychotherapists chose a more modular approach, which assumed that each school had its domain of expertise, and that some people needed different forms of psychotherapy that focused on different aspects of their psychological dynamics. Approaches that claimed to encompass all the existing psychological dynamics were considered old-fashioned, utopic and/or omnipotent. This evolving context led to increasingly less ambitious and more specific aims of psychotherapy processes, which can change from one form of psychotherapy to another.

Gradually, an increasing number of psychotherapists accepted the idea that the efficiency of psychotherapy is real but limited. Some of them managed to finance empirical studies that could evaluate the relevance of specific modes of psychotherapeutic intervention for specific symptomatologies, in the hope that psychotherapy would become more efficient (Röhricht, Papadopoulos, and Priebe, in press; Savarese, 2013; Segal, Williams, and Teasdale, 2002). For the moment the results provided by this trend of research are often helpful, but not really more efficient than the more classical forms of global-depth psychotherapy. However, their realms of efficiency seldom overlap. They are therefore complementary.

It is within these scientific and/or empirical discussions that one often observes what I call "empirical scientific idealism", which appeared alongside the first researchers who explicitly presented themselves as scientists, such as Galileo and Newton. They believed that there is a single set of coherent laws that govern every phenomenon of the universe, and must respect non-contradictory laws. The causal laws that animate the universe are so coherent that they can be expressed with logical, geometric and mathematical formulas. These scientists believed that one day we could mathematically describe everything that happens, even psychological dynamics. It is in this context that Spinoza, in his Ethics (1677), attempted to describe how humans function with a logical model.

In medicine this form of empirical idealism expresses itself in a spectacular way with anatomy books. These manuals assume that all spines should have a certain shape, all muscles a

given tonus, and so on. The argument that defends this assumption is based on mechanics and thermodynamics. It supports, for example, the requirement that a correct movement is the one that makes a minimal demand on muscular tone while remaining in harmony with its purpose[9]. Any deviation from this reference model is considered pathological. The same type of reasoning is applied to psychiatric classifications developed from the 1990s onwards. The present trend is to consider psychopathological any form of psychological or behavioral discomfort as soon as it is durably embedded in the dynamics of an organism. It is this ideology that is often highlighted by the media when criticizing the DSM-5. I have the impression that this trend is another form of idealism, because it leaves no room for considerations that assume the human condition is not necessarily comfortable, or for Darwin's thoughts on the spontaneous messiness of biological evolution and of the organisms that emerge from it. Empirical idealism assumes that there is one form of adaptation that is better than all other forms of adaptation. For instance the companies that produce genetically modified organisms tend to look for an ideal apple that can survive in all contexts and facilitate industrial agriculture, while nature tends to produce a wide variety of apples that fit particular ecological niches and have distinct properties. Personally, I prefer a world in which apples can offer a wide variety of tastes and textures, even if they seem to be less "perfect" for the eye.

Research and Clinical Experience

Combining Scientific, Empirical and Clinical Observations

One point that is well known, but nevertheless has a strong impact on the difficulty of providing clear principles that define the aims of psychotherapy treatment, is that the scientific study of human psychological dynamics is a relatively young discipline. Clinical psychology and psychiatry have not yet been able to provide robust models that can be used by most practitioners in a reliable way. We do not have a well-established map of the dynamics that are activated during psychotherapy sessions. It is therefore difficult to propose a robust, reliable and explicit set of goals for a psychotherapeutic intervention after a few diagnostic interviews. That is why some talk of the art and science of psychotherapy[10].

Even if we assume that we do not yet have an adequate theory to understand what psychotherapists do, we have enough experience to know that certain forms of intervention can be useful for a wide range of cases. This is an important aspect of our expertise. Many of us have observed that paying attention to the specifics of experiences associated with bodily sensations, as well as emotions, often may foster a constructive process, and that this type of process can require different pedagogical procedures for each person. Even if we do not know exactly what a client needs or what his goals are, we know how to pay attention and help him sharpen his awareness of how he functions in his[11] cultural environment. For François Lewin (in press) a psychotherapist can use his clinical knowledge a bit like a fisherman who, sensing the currents of a river, often has a good idea of where to throw his bait. His experience allows him to know where, most likely, he can find fish. Nevertheless he knows that his intuition is not always right. He then uses optional strategies that often work.

[9] Some of my Chinese tai chi teachers also used this formulation.

[10] For example the International Body Psychotherapy Journal has the following subtitle: The Art and Science of Somatic Praxis. See also Schore, 2012.

[11] Patients and psychotherapists are either male or female. I can only regret that there exists no term to explicitly render homage to both sexes. I will use the traditional masculine form when the sex is unspecified for these terms, as an ethically fair vocabulary would make the text more difficult to read.

Empirical researchers are gathering data that indicate the procedures used by psychotherapists based on clinical know-how are often reliably efficient (Despland, Zimmermann, & de Roten, 2010). This experience is calibrated by nonconscious procedures and a few explicit guidelines (Snyder, A.; Bossomaier, T., and Mitchell, D. J., 2004). A psychotherapist will tend to use what I call "placebo theories" (psychodynamic, Gestalt, Reichian, cognitive, behaviorist, and so on) that he appreciates because they were fashionable in his training environments, and/or because he was attracted by them, and/or because they support and channel his intuitions and spontaneous creativity in a relatively efficient way. The fact that a psychotherapeutic theory may be recognized by many but never by all respected psychotherapists is a part of the ethnographic context of psychotherapy schools. However the crux of the matter is that none of these theories actually allows one to describe more than a few of the phenomena that are at work during a psychotherapy process. For example psychoanalytic theories provide rationalizations for why psychodynamic psychotherapy works at least some of the time, but I do not think that these rationalizations can be used as reliable explanations (Stern, 1995).

In my scientific studies of nonverbal interactions between psychotherapists and suicidal patients (Heller et al., 2001), I discovered that most of the interactive patterns our team observed were not predicted by known psychotherapeutic theories, and that none of the phenomena we analyzed could be easily integrated by a recognized form of psychotherapeutic intervention. For example we observed that patients who made another suicide attempt after we had filmed them were often more expressive than those that did not make another suicide attempt. This was counter-intuitive for nearly all of my colleagues, as they assumed that the more expressive patients were necessarily healthier. This may often be the case, but here we saw cases that clearly limited the scope of that generalization. It would seem that a truly scientific exploration of the phenomena that are activated during psychotherapy could lead us towards unexpected findings that will require new formulations. This will inevitably lead to new modes of intervention n and a new way of understanding what psychotherapists already do. These results may also help clinicians to revisit old strategies (Kramer, de Roten, Perry, and Despland, in press) and find new ways of explaining why they are efficient. This impression is shared by several psychoanalysts who are also involved in research (Roussillon, 2011; Beebe and Lachmann, 2002; Bucci, 1997; Stern, 1995; Haynal, 1993). One of the difficulties is that the first psychoanalysts used their conscious potential to describe phenomena that regulate the individual conscious, unconscious (in Freud's sense) and nonconscious[12]. They did their best, but given the means that were at their disposal, they could only describe how they explained for themselves what they were aware of, and then teach the theoretical models they could imagine.

What we do not have enough of is *fundamental research* on the mechanisms that structure psychotherapeutic interactions (for example, Donnellan, Hill, and Leary, 2010; Archinard, Haynal-Reymond, and Heller, 2000; Frey, Jorns, and Daw, 1980), that will allow us to create a scientific understanding of how psychological dynamics can be calibrated by interpersonal procedures. Current empirical research does not satisfy this need, as it focuses on ends rather than on an understanding of the *procedures* (physiological and psychological) that are activated by psychotherapy. What we need to analyze are the nonconscious procedures that structure a process, and that are structured by it. Such a research project requires a large community of researchers that will study the phenomena with a wide variety of methods and theoretical constructions. It is this adventure that is slowly putting itself together. It requires a combination of data on introspection, physiological phenomena, nonverbal interaction between patients

[12] My (Heller, 2012) understanding of nonconscious dynamics is that they cannot become conscious. One reason is that they manage more data and more complexity than an individual consciousness can apprehend.

and therapists, sentiments, impressions, thoughts, and an understanding of the cultural system that structures the field of psychotherapy. This research requires developmental data, as we need to know what happens to a patient and a therapist after a treatment[13]. If such a scientific exploration can gather momentum, it will not only give us much more information than standard empirical strategies that are used for evidenced-based treatments, but it may also help therapists to understand what is really happening during their treatments. Such research would allow us to combine hard data with subjective data in a unique way.

Scientific research will inevitably challenge classical psychotherapeutic assumptions. For example Ralph J. Savarese (2013) reviews studies which claim that empathy is not a coherent entity, but rather three partially dissociable systems: sentiments, cognition, and expression. They then show that autistic children are capable of experiencing affective empathy, but not the other two forms. They suffer from an "alteration of motor performance" that has a negative impact on their cognitive performance. The motor disturbance influences their capacity to express themselves (verbally and bodily), and inhibits current feedback systems between sentiments and expression, or between thinking and doing. Once this has been shown, researchers recommend "addressing motor development in early intervention treatments" with autistic children. This is a concrete example of research setting a specific aim for psychotherapeutic treatments by demonstrating the therapeutic salience of a specific issue. These observations can suggest specific options, but not concrete practical procedures. It is for people such as somatic psychotherapists, body-mind therapists and psycho-motor therapists to find ways of exploiting these results. This type of research confirms the need to intervene on a variety of organismic regulation systems (e.g., the motor system) to re-educate psychological dynamics (e.g., the intellectual capacity of certain autistic children), but it does not validate a specific form of sensorimotor intervention (Donnellan, Hill, and Leary, 2013). However, now that we know that there exists a correlation between specific motor deficits and IQ testing, we can test which forms of clinical treatment positively influence this correlation for autistic children. This will then allow us to combine information gathered by research in experimental psychology, evidence-based strategies, and the know-how developed for depth therapy to increase our understanding of autistic children and the support they need. Such studies show how experimental research can illuminate points which were previously considered secondary by clinicians but are in fact central.

Contacting the Dynamics of Intimacy in and/or Focusing on Alleviating Symptoms

Classical psychotherapy required that a therapist help a patient understand himself in such an explicit way that he could then help the therapist to understand him. The therapeutic goal of this strategy is to explore how a person coordinates his inner dynamics with that of others, as this is often a difficulty of the client. The therapist may then fit shared meanings into models while empathically digesting through his own affects the general tone of the patient's nonverbal behavior.

In somatic psychotherapies the patient is encouraged to express his experience through gestures and sounds that are explicit enough to be grasped by his therapist. They can then try to forge together an explicit web of meanings that can be associated with the patient's behavior and impressions. Today this trend still exists as a way to resonate with patients (Kignel, 2010), understand them, and produce more refined models of how humans respond to internal and external events. Today the awareness of the psychotherapist is also supported by a steadily increasing body of evidenced-based research on the efficiency of the strategies used by

[13] One often forgets that psychotherapy may also influence the way a psychotherapist regulates.

psychotherapists to tackle specific psychological, affective and behavioral procedures.

The initial aim of psychotherapists was one of understanding a shared intimacy. They noticed that offering a frame in which such a dialogue could be established could help people who were locked in their internal dilemmas. It is this basic initial aim, probably unheard of in the history of human therapeutic skills, which justified the fame of the first psychotherapies in all cultures, from Europe to Asia and the Americas. Even the refined body-mind approaches developed in the Far East, like meditation, have not produced such a clinical knowledge of a citizen's current intimate dynamics. Although meditation is an incredibly powerful way of exploring mental impressions, it was often associated with spiritual beliefs that sought to transform existing human dynamics according to spiritual requirements developed independently of the needs of specific individuals. Janet and Freud (Brown et al., 1996) wanted to understand frustration, pains and affects as they exist in everyday life. Their therapeutic aim was to find ways of improving the social support system (e.g., psychotherapy is a social support system) so that current chaotic affective dynamics could develop in less painful ways. It is this achievement that has changed the relations between social procedures and individual needs in most cultures of the planet. Knowing each other as we are is thus a basic directive for early psychotherapeutic movements. As psychotherapy is only 120 years old, most psychotherapists are still strongly influenced by this trend.

One of the difficulties that the new trend of empirically based eclectic approaches needs to resolve is that each classical approach is a more or less coherent package of techniques, methods, theory, ethics and philosophical intentionality. All these elements support each other. For the moment, taking a technique out of its context may be perilous, as the limits of a specific type of intervention may not be sufficiently compensated by the other techniques used in an eclectic context. For example some body techniques used by a somatic psychotherapy school may become harmful if the therapist has not received the necessary training to evaluate the implications of using these techniques. These methods require a certain form of awareness, respect and insight that psychotherapists trained in other modalities may not necessarily have acquired. This was for example the case of Wilhelm Reich, who had been trained in psychoanalysis but not in the use of body techniques. He was surrounded by experts in body-mind approaches, but did not use their knowledge to become familiar with his own sensorimotor dynamics. Since Reich's initial proposal in the 1930s, most neo-Reichian schools have proposed a more professional approach to body-mind connections.

Combining Ethical and Clinical Points of View to Define the Aims of Psychotherapy

Ethical Considerations Related to an Individual's Social Support Systems That Have an Impact on the Aims of Psychotherapy

I assume that I am not the only psychotherapist who often navigates between the traditional and the new strategies developed by psychotherapists. Somatic psychotherapy is well placed in this discussion, as its theoretical stance allows psychotherapists to combine exploration of one's deepest sentiments with educational and medicated forms of intervention. For example the efficiency of psychiatric drugs demonstrates the need to approach affective dynamics from a somatic perspective. Body psychotherapy is the tool that allows patients to constructively integrate somatic activations and impressions induced by exercises, medication and dreams.

The psychoanalytic model assumed that sexual malfunction activates strong psychological discomfort, and that most of these sexual perturbations are manifestly generated by social

dynamics such as beliefs that go against inescapable instinctual needs (e.g., religions that make one feel guilty about experiencing sexual pleasure or having one's own sexual style, poor working conditions that generate stress, and so on). This epidemiological approach to neurosis was at first developed by Freud and the youth movements at the beginning of the 20th century (Geuter, Heller, & Weaver, 2010). It was then developed in a more systematic way while Reich was still a psychoanalyst. He created structured political movements to demand that sexual needs be supported by social institutions. This led to the creation of powerful institutions that support family planning.

In the present economic and political context, people are often used and abused by their professional environment until they have a burnout, become depressed, or commit suicide. They are then taken over by medical care and social support systems, while employers feel free to use the same strategy with new employees who are — for the moment — still in a healthy condition. Psychotherapists can coach patients out of their present crises crisis and help them learn how to defend their interests more efficiently in the future, but they cannot modify the social dynamics that destroy individuals. However, they can inform the authorities and the media that this vicious circle is spreading as rapidly as the warming of the Earth. For me, this is not only an ideological issue, but a central ethical and therapeutic concern for all therapists. Reich would warn his patients that they cannot be completely cured in the present social context, and that one of the aims of a psychotherapy treatment is to discover why it is important that patients become active militants that demand a better world for their children than the one they were born into. This multi-generational strategy has already proven its usefulness in domains such as the rights of women, defense of children against abuse, and AIDS. Psychotherapists cannot cure patients who have suffered from abuse, but they can try to alleviate their symptoms and then support political campaigns that will fight for more constructive social environments and preventive measures. Thus, publications, public presentations and helping patients to hope and fight for a better future are also a set of crucial aims of a psychotherapy treatment.

Therapeutic Ethical Considerations That Have an Impact on the Aims of Psychotherapy

Alleviation rather than cure is a justified aim for many adults who need psychotherapeutic support, if one assumes that it is difficult to completely disentangle a set of destructive modes of functioning from organismic regulation systems that have calibrated themselves through decades of functioning in a given habitus or way of living[14]. Psychotherapists once had the ambition of definitively curing someone from difficulties such as anxiety or depression. In some cases this does happen, but today psychotherapists know that it is more realistic to aim at helping patients to live with recurring cycles of depression or anxiety (Segal, Williams, and Teasdale, 2002). They therefore seek to help the patient a) survive the present crisis, and b) improve his way of dealing with the cyclical aspect of the syndrome.

Ethical considerations recommend that therapists avoid using simplistic empirical research or ideological considerations. For example, colleagues manifestly influenced by Reich's proposals explicitly included in their goals that their treatment should help their patients to find a greater inner harmony and coherence, using tools such as the dissolution of body armor, developing orgastic potency, the spontaneous capacity for self-regulation and self-respect, and the ability to energetically pulsate (expand and contract) with ease and power (Lewin, in press; Brown, 2001; Heller, 1993; Rosenberg, Rand, and Asay, 1985; Lowen, 1975). Most of these goals are respectable, but some are more ideological than therapeutic. They can never be the only aims of

[14] This term is used in this way by sociologists like Pierre Bourdieu (1979), who studied how an organism is shaped by the social rituals that a person has practiced (sports, furniture, eating habits, profession, etc.).

psychotherapy. Even for Reich, developing one's creative professional potential was as important as orgastic potency. A patient's belief system may be quite different from those defended by his psychotherapist. Both may be equally respectable. Sometimes a patient may have more refined aims than his therapist. I have had patients I admire. They came to see me because they suffered, not to exchange intellectual ideas with me. The ethics of psychotherapy require that a psychotherapist should try, as much as possible, to explicitly discuss with a patient how they may combine what a therapist can do well with what the patient needs to integrate. When such an explicit co-construction is avoided, the patient may need to develop defense systems that allow him to survive in such a psychotherapeutic context. He may for example appreciate the anti-anxiety procedures taught by the therapist but dislike the therapist's constant need to impose his worldview (weltanschauung). In such cases the therapeutic procedures may become counter-productive, as the psychotherapist may not realize that his ethics create the defenses against the treatment.

Who Decides What the Aims of Treatment Are?

Patients that enter psychotherapy seldom know what they really need (Reich, 1949; Fenichel, 1935). They just want less pain and guidance around future choices. Most of them do not think of harmony or the integration of conflicts unless they already appreciate theories that use these notions. It is also possible that the use of such terms is a simplistic polarization of a wide range of issues that can help therapists to navigate and contain the process that the client takes to get to where he wants to be.

Other body psychotherapists use a language that is clearly not Reichian. They prefer to use recent criteria such as the reduction of symptoms (PTSD, anxiety, depression, etc.) and strategies that teach required skills, improve affect regulation, resilience, and so on. These approaches can also use a combination of body and mental techniques. They are manifestly inspired by recent trends such as cognitive and behavior therapy and/or neuroscience. These approaches tend to abandon the need to focus on specific psychological requirements, and seem to put psychological, affective, behavioral and somatic dynamics in a mixer, to observe what emerges.

Balancing the variables that will determine the aims of psychotherapy also raises ethical issues about the authority of a specialist vs. the empowerment of patients. Psychoanalysts attribute unconscious issues the patient does not perceive (e.g., an abusive use of notions such as the Oedipus complex or castration), Reichians analyze the body structure of a patient and deliver a diagnostic (e.g., Lowen, 1975), and clinical psychologists use tests that may be presented as a scientific way of determining what the patient needs. Abuse of power by psychiatric institutions and psychotherapists has a long history. Except in particularly dramatic cases that are supervised by the judicial system, the recommended position is that patient and therapist need to discover together, through a mutual co-construction, what the patient's underlying dynamics and needs really are. I sometimes have the impression that when they have a deep crisis, patients are not competent judges of their needs; but most of the time they are highly competent evaluators of themselves, even if they suffer from current psychopathological ailments.

Current psychiatric testing techniques developed by clinical psychologists are also useful, but their value is based on statistical notions that do not always provide a reliable evaluation of a particular person. For example I have used the same tests (e.g., the Beck Depression Inventory (BDI) and the Hamilton Psychiatric Rating Scale for Depression (HRSD)) to evaluate the anxiety of suicidal psychiatric patients and those who come to see me in my private practice. I noticed that a psychiatric patient who is used to extremely strong anxiety attacks may refer to his present state as being of a medium intensity, while a patient who is only used to lower

intensities may consider an equivalent intensity as extremely high. This is a current problem with psychiatric tests. Nevertheless testing techniques have become increasingly refined. When patients who come to see me already have a psychological evaluation based on tests, I have always found them useful and instructive, even if I mostly use deep psychotherapy procedures.

To deal with these issues I like to use the metaphor of layers or strata, as often used by Freud and Reich (Reich, 1940, p. 90; Breuer, & Freud 1895, p. 206ff), to analyze a psychotherapeutic interpersonal dynamic. The issues I have just mentioned can be situated in different strata of a person. A patient arrives at therapy with a conscious goal (e.g., my wife wants me to see a psychotherapist because I have increasingly violent fits of anger), unconscious goals (e.g., I need to find a father who can help me to manage my fear of mothers) and nonconscious goals (e.g., since my difficult birth anxiety tightens my breathing and this generates even more anxiety). In the same way, the therapist may want to use standard procedures for anxiety, have unconscious reactions to men who fear mothers, and feel a knot in his stomach every time this patient enters the room. It is only gradually that the implications of this dialogue of patterns will become increasingly clear, and that we can create a more explicit common representation of the issue that brought the patient to psychotherapy. Often (but of course not always) the "official" symptoms of a patient (e.g., panic and low self-esteem) depart in a few months, but then it will require another year or two to clarify the issues that really motivated the patient to come. Sometimes it is the opposite.

In All Cases Psychotherapy Combines Multiple Goals

It is also useful to distinguish aims that concern the body, affects, lifestyle, and cognition of the patient, as well as problems that others may have with him. These factors can be more or less tightly related. Assuming that all the events occurring in an organism are necessarily closely related[15] is a belief that is not confirmed by my clinical observations. Dimensions of the organism (Heller & Westland, 2011) often — but not always — interact with each other. The modalities of these mutual impacts can be highly variable, and are often asymmetric. For example, muscular tensions influence moods in one way, and moods influence muscular tensions in another way. In some cases the chronic muscular tensions of a person relax when he is less anxious, but relaxing his muscles with massage or relaxation when he is anxious may increase the level of anxiety. The interfaces among all these dimensions can be highly varied. They vary from one individual to another, or even from one moment to another. Deciding that a psychologically tense person needs relaxation is often a valid aim, but not always. The same has been observed with anxiolytic drugs.

Back pain may be due to biomechanical forces caused by the chair used by the patient in his office, they may be a way of controlling anger, and/or a back pain may activate endorphins that ease anxieties caused by a separate set of issues. Two symptoms may have independent causes, but can associate later for a variety of reasons. Thus an association between a back pain and anxiety may be strong today, but have had a different past history.

There may also be a gap between the ambitions of a therapist and those of a patient. Some patients come for a specific psychological pain, and want to stop therapy as soon as this pain has disappeared. Many psychotherapists find that this is a pity, because they were beginning to understand the deeper inner conflicts of the patient. The psychotherapist's passionate interest in the deeper structures of the mind is an important motivator, but learning to remain close to the patient's limitations and needs is even more important. This interest can also be put in the basket of implicit goals that animate many psychotherapists. Most people cannot afford to

[15] As when Alexander Lowen (1975) talks of functional identity between body and mind.

spend hours understanding their deeper selves. My way of dealing with this is to encourage the shortest psychotherapy possible; but at the end of a treatment I help the patient to understand what we have accomplished, and then mention other "chapters" that may require another set of psychotherapy sessions in a few years. I have had patients come to see me several times throughout their lives, or who later consulted with other colleagues to deal with the next chapters I outlined for them. I was amazed to notice that those patients who came to see me again often began with issues they had raised in the last sessions of the previous set of sessions. For example a patient mostly worked on her father during a first set of sessions, but mentioned a few difficulties with her mother. Five years later she came to work with these issues which had recently become increasingly intense. Separating a process into different "chapters" has several advantages:

1. A patient must digest the often complex matters that structure his life. Integrating what we discovered during a set of sessions may take years. A patient does not always need to see a therapist while this recalibration process materializes into a new way of dealing with self and others. In some cases continuing the psychotherapy may even prevent this much needed recalibration in real life.
2. Psychotherapy, in my experience, is particularly efficient when the sessions focus on themes that are manifestly problematic in the present situation of the patient. One patient came to see me a first time because she could not have sexual relations, for mechanical sexological reasons. I mostly used deep vegetotherapy, which involved the exploration of movement, muscular tensions, breathing patterns, emotional expression and the orgastic reflex as defined by Reich. Because of the dreams that appeared, we mostly worked on how she perceived her father. Ten years later she came to see me because she became depressed once all her children were at school. In the meantime she had married, experienced sexual pleasure and become a good enough mother and wife. We then worked on issues linked to her mother's intrusive behavior. Ten years later a new depression emerged when her grownup children left home. She was looking for a job, but did not have enough confidence to make relevant choices for her new career. This time she needed to work on her problematic relationship with a sister. Since then I have only seen her for three sessions, during which she needed to discuss a difficulty that arose with the institution in which she was working.

This case, as well as several others, raises the issue of whether one should try to solve all the problems of a person in one therapy, or if psychotherapists should only aim for what the client can integrate at that given moment.

Finding One's Way in the Vicissitudes That Connect an Individual Psyche to Other Dimensions of Interacting Organisms

> It is one of the mysteries of our nature that a man, all unprepared, can receive a thunder-stroke like that and live. There is but one reasonable explanation of it. The intellect is stunned by the shock and but gropingly gathers the meaning of the words. The power to realize their full import is mercifully wanting. The mind has a dumb sense of loss – that is all. It will take mind and memory months, and possibly years, to gather together the details and thus learn and know the whole extent of the loss (Mark Twain, *Autobiography,* 1896-2012, p. 165).

Many Roads Lead to Rome, but Some Are More Convenient Sometimes

As already mentioned, Wilhelm Reich's idealism, as well as the belief that we have a soul, supports the impression that a part of us can truly know. If it does not know the whole truth, it is at least closer to the truth than the other parts. Among somatic psychotherapists there is often the belief that the body knows more than the mind (well-discussed in Hull, 1997; see also Warnecke, 2011). If we consider that the mind is only a part of the organism, one can assume that the organism manages more information than its parts. However the mind is like an Internet connection. It can contact forms of knowledge that are not contained in the individual organism (Rochat, in press), as in learning breathing techniques, rituals that protect one's health, scientific knowledge, and so on.

When I want to understand where a patient needs to go, I listen to what he has to say, observe how his body moves, the texture of his skin, his gaze, breathing movements, postural dynamics, nonverbal communication, and attempt to reconstruct in myself what it must be to experience what my patient communicates about himself. This implies becoming aware of the impact my interaction with the patient has on all the dimensions of my own organism. I cannot follow all these dimensions at once, but during a year of sessions I have usually visited some of them several times. All these factors structure the general atmosphere in the room. An atmosphere for me is the brief summary of what is happening that is created by my nonconscious procedures for my conscious thoughts. This impression is structured by most of the events that have an impact on a psychotherapeutic dyad or group. Its sources are not exhaustive and it is not a neutral summary, as it includes how I insert myself into the present situation[16]. However it is a rich source of information for someone who wants to explore how our intimacies interact. As I always work in the same room, I can become highly sensitive to small variations in the atmosphere. It is this constant dialogue between my complexity and that of a patient that allows me to discover what dimensions and techniques could help a given patient at a given moment. Clinical knowledge and experience are also an important calibrator of the way I understand what an atmosphere conveys.

When it seems relevant, I may discuss with the patients the limits of my knowledge and may sometimes refer him to a colleague, or ask him to join a group in another approach while he continues his psychotherapy with me. Today, most patients refuse to do more than one session a week, even if they would need to see me more frequently and can easily afford it[17]. However, if I ask them to join a yoga group to learn how to work with certain connections between mind and body we do not have the time to explore, they may follow my advice. I can then focus on those aspects of their process for which my expertise is particularly relevant. I may also recommend certain psychiatric drugs[18], and then explore with the patient the impact of that drug on his habitual ways of experiencing himself and others.

How Much Understanding is Required?

Another issue in the aims of psychotherapy is to evaluate how much understanding can be dealt with in a specific psychotherapeutic process. Psychoanalysts require insight (Ahumada, 2011) and "making the unconscious conscious" (Fenichel, 1953b, p. 185), Gestalt therapists aim for an increase of awareness (Perls, Hefferline, and Goodman, 1951), cognitive and behavior therapists mostly look for awareness and the internalization (or learning) of relevant exercises and models (Reinecke & Ehrenreich, 2005).

[16] Nice examples can be found in Prengel & Somerstein (eds), 2013.
[17] Several hours a week was standard until the 1980s.
[18] In Switzerland medication can only be prescribed by a medical doctor.

The iconic expression "making the unconscious conscious" is often attributed to Freud, without any referencing, as if the main aim of a psychoanalytical cure could be summarized by such a simplistic iconic sentence. Freud only used this formula at the end of his life, in his 1933 *New Introductory Lectures on Psycho-Analysis*, in chapter 31[19]: "The whole theory of psychoanalysis is, as you know, in fact built up on the perception of the resistance offered to us by the patient when we attempt to make his unconscious conscious to him." Freud is actually writing about a psychoanalyst who helps a patient to become aware of specific unconscious material which "has a strong upwards drive" (1933, p. 75) to become conscious, maintained out of consciousness by a resistance that is active in a particular transferential context. He is not saying that at the end of a psychoanalytic therapy, information flows on a highway that can bring all that is in the unconscious into conscious dynamics. Yet this formula was nearly immediately used to convey that last meaning by the young psychoanalytic trainees of the time — including Fenichel (1940, p. 185) and Reich (1949, p.11), as if constructing such a highway is not only possible, but one of the main aims of psychoanalysis. Freud did not think that consciousness has the capacity to perceive and integrate all the information that circulates in the unconscious and the preconscious (Freud 1938, p. 30f)[20]. Making the unconscious conscious was for him an impossibility if one has a correct understanding of his psychological system. Transforming unconscious content into conscious thought requires "an expenditure of effort" (Freud, 1933, p. 76) that is enormous, for both therapist and patient. This enormous "expenditure of effort" is familiar to all schoolteachers. Even when a teacher tries to transfer a small and simple part of his explicit conscious knowledge to schoolchildren, the expenditure of effort is enormous. Furthermore each system has different aims, tasks and functions: "Everything conscious was subject to a process of wearing-away, while what was unconscious was relatively unchangeable" (Freud, 1923, p. 176). Consciousness adapts to what is happening in the here and now, while the unconscious is more like a library for past experiences. Nor did Freud want defense mechanisms to disappear. He wanted them to lose their rigidity: they should have enough tone to protect the consciousness from being intruded upon, but they should also have a flexibility that can channel a fluid circulation of information. This more complex formulation is, in many ways, closer to what is discussed in non-psychodynamic models such as Gestalt therapy (Perls, Hefferline, & Goodman, 1951)[21]. Even Fenichel finally agreed that the famous formula was not a realistic aim for psychoanalysis: "Conscious phenomena are not simply stronger than unconscious ones; nor is it true that everything unconscious is the 'real motor' of the mind, and everything conscious merely a relatively unimportant side issue" (1945, p.15).

I have detailed this debate to highlight the idea that psychotherapy does not require of its patients that they become illuminated beings (Freud 1933, p. 86). The self-understanding a patient can acquire during a psychotherapy is often enlightening and empowering, but of course limited. Even scientists cannot understand how humans function (Stoljar, 2005). Even I cannot fully understand my patients and how my interventions work. The crux of the matter is that individual consciousness can only manage a limited amount of truth and information. That is why science can only progress as a community that gradually integrates the sometimes explosive truths some of its members may bring forth. That is another reason why I prefer psychotherapeutic processes that advance by chapters explored at different moments in one's

[19] I thank André Haynal for his help in finding this quote. It is rarely referenced.

[20] For a recent study on the limits of conscious explicit attention see Gallivan, J. P., Chapman, C. S., Wood, D. K., Milne, J. L., Ansari, D., Culham, J. C., and Goodale, M. A., 2011.

[21] Laura and Fritz Perls undertook psychoanalytical training in the 1930s in Berlin, where they studied with Fenichel and Reich.

life. There always comes a moment when the minds of patients and therapists are saturated by the amount of data they manage. Letting this "blooming confusion" (James, 1890, p. 462) rest for a while is often useful. Once it has been digested and integrated by nonconscious procedures and has generated new skills, a person may be ready for a next meal, if he still needs it.

This does not prevent me from trusting the know-how that the community of psychotherapists has created in the past 130 years. Psychotherapists have noticed that their work somehow activates a general reshuffling in the nonconscious dynamics of a patient's organism that often allows him to develop in a more constructive way for himself and his environment. When a patient takes an anti-depressant, it often helps him to think more clearly, and to react less impulsively and destructively to what happens around him. A similar effect can also be activated by meditation. We do not really know how psychiatric drugs alleviate depressive symptoms, and we cannot always predict which drug will have a particular effect on a particular person (Krishnan, and Nestler, 2008). I have observed that often a constructive reshuffling of nonconscious procedures can emerge months after a patient has stopped psychotherapy and/or taking anti-depressants and/or going to a meditation group.

In some cases a few simple explanations or actions can trigger such a nonconscious realignment. For example touching an arm or speaking of a dream may activate in the patient's organism a set of independent heterogeneous local procedures (or modules) that are not coordinated. In other cases these modules may have an impact on more general procedures, such as breathing, metabolic activity, moods and cognitive procedures. In other words simple and clear interventions may have complex implications that a psychotherapist can learn to detect and follow. If these adjustments only slightly increase a patient's capacity to self-adapt to what happens in his environment, the therapist knows that for the moment he is going in a constructive direction.

Is There a Main Cause?

> It is not the isolated experiences that produce neurosis, however. It is the accumulation, the load of one bad experience after another that does it (Janov, 1913, The Feeling Child, p. 13).

At its beginning, the aims of psychotherapy were of two types:

I) Freud suggested that neurosis was caused by a single traumatic event. He thought that once a patient became explicitly aware of these causes the neurosis would just disappear.

II) For Pierre Janet, on the other hand, "physical and mental action range from the most primitive, reflexive, and elementary to the complex and sophisticated actions that require a large degree of integrative capacity" (Ogden & Minton, 2001, p. 131ff). These organismic mental levels function relatively independently from each other, and follow different sets of procedures and goals. Traumatized persons tend to rely on lower level responses, even when they could have used more complex ones. Learning to find ways of integrating such heterogeneous internal modalities is, for Janet, one of the goals of psychotherapy (Janet, 1890, part I, chapter III).

I still have patients who come to me thinking that they will be cured as soon as they recover the memory of an event repressed in their unconscious. Some even believe that this repressed memory is necessarily that of a sexual abuse that occurred in their childhood. Such a view was indeed presented by Freud in three articles published in 1896. He speaks of the first thirteen cases of hysteria that would have been healed after being able to recover the memory of "a precocious experience of sexual relations with actual excitement of the genitals, resulting from

sexual abuse committed by another person; and the period of life in which this fatal event takes place is the earliest years — the years up to eight or ten, before the child has reached sexual maturity" (Freud, 1896, p. 152). Somehow social myths are stuck on what Freud wrote in these articles.

I have met well-trained psychotherapists who came to see me in the hope that body psychotherapy would help them find the ultimate cause of their anxieties, which they had hitherto not been able to find during their psychoanalytical processes. I have been able to help some of them, who are now less anxious than when they came to see me, but we did not always find a core cause of their anxieties. We often arrived at a system of highly varied events which we tried to untangle together. Their anxiety was caused by a Gordian knot that was much too complex to be apprehended by conscious procedures. In most cases we managed to untangle important sets of marking events, but in the end we did not feel that we had found a basic cause. As the recurrent anxiety crises that brought them to my practice had become rarer and less intense, we nevertheless had the impression that our meetings had been useful.

When Reich (1940, V.1; 1949, I.I–III) began his character analytic work at the end of the 1920s, he was trying to solve the following preoccupation raised by Freud and Ferenczi[22]: some patients became conscious of an initial traumatic situation, but that did not help them. These psychoanalysts assumed that this was due to the fact that the patient had retrieved cognitive information from their memory, but that the emotional dimension remained in the unconscious. In other words, the defense system had managed to split the cognitive content from the emotional experience. This raised a new "technical" issue: how to ensure that the unconscious repressed memories would only reach consciousness when the cognitive and emotional dimensions of a traumatizing situation could both become a part of the emerging conscious memory. After spending several years trying to solve this problem, Reich (1949, I.II, p. 11) came to the conclusion that psychoanalytical theory cannot explain this problem, and that its approach cannot solve it. He realized the real problem is that remembering a traumatic event is not enough to repair the damage created by it in an organism. Managing to experience events emotionally as well as cognitively was a step in the right direction, but not the end of a psychotherapeutic process.

While, in the 1940s, some of Freud's pupils and trainers were still struggling with the hope that making the unconscious conscious could cure all, Freud could claim that he had clearly explained why he abandoned this goal forty years before (Freud, 1895). He, for example, had noticed that patients who suffered from what he called anxiety neuroses blended (as does hysteria) physical symptoms (excessive cardiac palpitations, respiratory and digestive problems, bodily shaking and trembling, cravings, vertigo, etc.) and mental symptoms (fear and anxiety). This type of neurosis could also a have a sexual origin, but they were caused by repetitive frustrations rather than by a single event. For instance, as there was no reliable form of contraception at the time, a husband would withdraw before ejaculating when he made love to avoid having a child. It is that repeated frustration that, according to Freud, caused anxiety neuroses. For these cases Freud proposed a model that was closer to Janet's, in which automatic instinctual behaviors were regularly inhibited by socially constructed habits.

Among professional psychoanalysts the hope of finding the initial cause of a neurosis became less central but never disappeared. With vegetotherapy, Reich innovated: he defined

[22] A more psychoanalytical discussion of this theme can be found in various parts of Haynal (1987). It would seem that Freud, Ferenczi and Balint included in the discussion of the psychoanalyst's difficulties in combining the cognitive and emotional dimensions of a transferential dynamic.

his treatment as a systematic loosening of psycho-vegetative defense systems. This type of character analysis is relatively independent from content. The therapist simply loosens the defense mechanisms and observes what emerges. Reich himself was too much of a classical psychoanalyst to perceive that his method could be used in this less biased way. He still hoped that once he had loosened all the muscular armor he would discover the initial cause of a neurosis. Still a Freudian at heart, he assumed that the pelvis should be dealt with at the end of the process, and that he would inevitably end up discovering that the origin of a neurosis was an infantile sexual trauma (Reich, 1940). However, what his clinical cases show is that largely the loosening of the armor activated a wide variety of repressed emotions and memories that were often equally dramatic[23]. Only a theoretical bias could attribute what emerged when the vegetotherapist worked on the pelvis to a deeper —or more fundamental — nature than what had been previously worked on. Near the end of his life he went beyond therapeutic aims when he claimed that only an unarmored person could contact his inner orgone pulsation and be cured (Reich, 1951). What is proposed here is a search for perfect human beings of the same type as the search for illumination proposed by the meditation processes of yoga and Buddhism.

At the end of his life Reich despaired that his therapy could transmit the qualities that, according to him, he had probably acquired by developing qualities he had had since birth: orgastic potency, no armor and a deep sensual contact with orgone energy. A striking example of Reich's idealism is revealed to us in a moving recording that he left for posterity on April 3, 1952, after a serious accident caused by his experiments on orgone and nuclear energy[24]. Clearly depressed, Reich (1952a) gives witness that he is the only one to have grasped the actual situation and to have been able to propose adequate solutions. He is desolate to be surrounded by incompetent persons (too neurotic) to understand, as he did, what was at stake. He is obviously the one through whom cosmic truth can express itself and incarnate itself in this world (Reich, 1953). This implies that even his patients could not achieve the goals he had set for vegetotherapy and orgonomic psychiatry.

If we leave Reich's idealist ideology aside, we can observe what emerges when one tries to understand and modify body-mind structures, and then decide what a patient needs to integrate to finish a creative chapter of his personal development. This stance was developed by neo-Reichian therapists in the 1970s (Boadella, 1987; Lowen, 1975; Boyesen, 1970). I remember that during my training with Gerda Boyesen, she would tell us that she had once completely eliminated the armor of a patient. He became psychotic and was sent to the psychiatric hospital where he was supported with a different type of treatment. Gerda Boyesen was also influenced by Fenichel's critique (1935) of Reich's vegetotherapy, in which he defended the utility of defense systems and the idea that armor was more complex than the rigid segmentation Reich had imagined. In an interview in 1952, Reich even became openly pessimistic that psychotherapy could modify deep human structures (Reich, 1952b). Gerda Boyesen was not the only neo-Reichian who destroyed patients using such a drastic aim[25]. I have friends who also ended up in the Geneva psychiatric hospital because of primal scream treatment (Janov, 1973). These "accidents" were not frequent, but they occurred often enough. Eliminating the armor of a person is an aim that is rarely defended today in the field of body psychotherapy.

[23] I have for example observed that working on the rigidity of eye movements could activate extreme affective discharges (Heller, 1983).

[24] I discovered this tape in Bjorn Blumenthal's library (Oslo).

[25] It is to be noted that disastrous effects of psychotherapies have been observed in all psychotherapeutic schools. For example I have friends who have suffered from their psychoanalytic treatment.

Before the Second World War psychotherapists mostly saw neurotic patients. Other character structures were rarer in a private practice. However, hysteria and other forms of neurosis are now less frequently seen— perhaps because psychotherapy can be effective. In the field of body psychotherapy, it is traditionally assumed that neurotic patients are over-armored. Loosening their armor can therefore be a useful aim (Heller 2012, p. 507f). However, by 1949, Reich (1949, chapter XV) had already noticed that schizophrenic patients do not have enough armor. He then renounced formulations that implied that no armor is the road to health. In the 1970's an increasing number of patients with insufficiently strong defense systems were seen in private practice. This required new ways of practicing psychotherapy, which generated a new vocabulary (narcissistic and borderline personalities, trauma, PTSD, etc.), and new authors (Warneke, 2011; Marlock & Weiss, 2001; van der Kolk, McFarlane, & Weisaeth, 1996; Kernberg, 1975; Kohut, 1971). This change in clientele led body psychotherapists to develop less intrusive body psychotherapy methods (Heller, 2012; MacNaughton, 2004; Levine 1997) and to revisit Janet's aims (e.g. Ogden and Minton, 2001 2001; Downing, 1996). Although most of these authors have been trained in neo-Reichian schools, they now include in their synthesis of body psychotherapy cognitive and behavior therapy methods and refined body techniques. Like Janet they tend to focus on specific sensorimotor patterns which are activated by procedures that complex conscious schemas cannot apprehend in a direct way. They are also close to Freud's aim of fluidifying the connections between the procedures of the organism, rather than believing that they should all function in a coherent way. Respecting the different requirements of each organismic procedure is for me the same thing as respecting individual particularities. As soon as automatic sensorimotor reactions are differentiated from more complex cognitive procedures, working on how explicit conscious procedures integrate actions they cannot understand becomes a key feature of psychotherapy. This implies working on the coordinations that emerge when a new repertoire of schemas modifies the old repertoire[26].

This more recent formulation, inspired by Janet, was proposed by psychotherapists working with patients who well remember their initial trauma. This is often the case when the trauma(s) occurred after the first years of life. In these cases dealing with the power of memories becomes a central issue. Traumatic memories tend to pop up at different moments, with full-blown affective charge, or to associate themselves with trivial events in ways that put the person in crisis.

Conclusion

In this article I have mostly shown why we should be careful when we use implicit idealistic principles in our discourse. However one also needs to understand why idealism has been so effective. My sense is that the idealism of Plato describes the impression we need to have to think efficiently. When I speak with someone of green grass, my consciousness assumes that those I speak with have the same definition of what is green. Without this assumption communication would soon become impossible. Because this impression is a requirement of explicit conscious procedures, we are often seduced by theories that associate this impression with deep, spiritual and/or cosmic forces. Furthermore, scientific idealism has shown that its assumptions can create approaches that describe and manage the universe with spectacular efficiency. It is only with the appearance of psychology and the social sciences that we can seriously begin to doubt that idealistic presuppositions really describe reality as it is[27]. This explains why idealism is still so popular.

[26] Once again meditation techniques are also helpful to refine the interaction between our awarness and inner phenomena we cannot apprehend.

[27] I am aware I am taking a shortcut here, but a longer more subtle paragraph would arrive at the same conclusion.

After having taken long detours, I nevertheless arrive at a conclusion that has been at the back of my mind for decades, which is that a basic aim of psychotherapy is to complete a person's education by helping his strategies to become more varied and flexible. The first step is to check what skills are available. Some required skills may be absent, poorly trained or developed in a counterproductive way. One then needs to analyze the coordination systems of skills that emerged. This is the part of psychotherapy that is not just a recalibration of the repertoire of skills, but psychotherapy in the proper sense of the term. Psychotherapy should be an experience during which one has felt protected and peaceful, and in which one has been able to experience one's capacity to address conflicting aims. The key for me is to become able to appreciate transitions that in turn allow one to appreciate variety as being a part of the creativity of life, rather than as a heap of chaotic contradictions. The patients that find transitions difficult are often those that suffer the most.

Psychotherapy also has a necessary explorative dimension, first of all, because it is an essential research tool, and secondly because some patients may find it useful to learn to continue this exploration after their psychotherapy. Exploring oneself through psychotherapy is a way of strengthening one's capacity to integrate an increasing number of "truths" about the self and others, a concept close to what psychoanalysts call insight. The focus of a self-exploration inspired by psychotherapy is to understand one's drives and the way we integrate them when we interact with others. In some schools, the explorative process is clearly differentiated from pedagogical aims. For example, psychoanalysis is an explorative process, while psychodynamic therapies are more pedagogical. Some colleagues even told me that psychoanalysis is always interesting, but not always a constructive psychotherapeutic process.

I am aware that I have covered only a small portion of the issues concerning the aims of a psychotherapeutic process. For example it is obvious that caring for what a patient needs is the first ethical aim of psychotherapy. On the other hand, supervision of psychotherapists who work with perverted patients also shows that a psychotherapeutic treatment only functions in the long-term if it induces a constructive process for the therapist. The patient is there to learn how to induce constructive relational dynamics with others. If it is not the case, the therapist has the ethical duty to discontinue work with this patient long before he is polluted by burnout, and transfer the patient to a colleague who may know better how to deal with such a person. This is an example of a long discussion that would need another article to be developed. I have also left out discussions on psychotherapeutic interventions that try to keep a person in a stable state (for example with persons who suffer from manic depression and certain forms of schizophrenia), because the psychotherapist's main aim is then often close to coaching. This type of intervention is often crucial for patients who do not want to spend their life in and out of psychiatric services heavily medicated.

After 40 years of discussions with colleagues, I do not think that there exist major differences between psychotherapists when we discuss the practical aims of a particular psychotherapy process; but as soon as we try to rationalize these aims, the differences in perspectives that structure our field become salient.

BIOGRAPHY

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REFERENCES

Ahumada, J. L. (2011). *Insight: Essays on psychoanalytic knowing*. London: Routledge.

Archinard, M., Haynal-Reymond, V. & Heller, M. (2000). Doctor's and patient's facial expression and suicide reattempt risk assessment. *Journal of Psychiatric Research*, 34: 261–262.

Audergeon, J.C. (2005). The body in process work. In N. Totton, (Ed.), *New dimensions in Body Psychotherapy*, p. 153-168. Maidenhead: Open University Press.

Balcetis, E. & Cole, S. (2009). Body in mind: the role of embodied cognition in self-regulation. *Social and Personality Psychology Compass* 3, 5: 759–774. doi:10.1111/j.1751-9004.2009.00197.

Beebe, B. (2011). Introduction to mothers, infants, and young children of September 11, 2001: A primary prevention project. *Journal of Infant, Child & Adolescent Psychotherapy*, *10*, 145-155.

Beebe, B. & Lachmann, F. (2002). *Infant research and adult treatment: Co-constructing interactions.* Hillsdale, NJ: Analytic Press.

Boadella, D. (1987). *Life streams: An introduction to biosynthesis*. London: Routledge.

Boadella, D. (2004). From passions of the body to actions of the soul: Neuroscience, Spinoza and the self. *Energy and Character*, 33, 8–12.

Boyesen, G. (1970): Experiences with dynamic relaxation and the relationship its discovery to the Reichian bioenergetic view of vegetotherapy. *Energy & Character,* 1(2), 21–30.

Bourdieu, P. (1979). *Distinction: A social critique of the judgement of taste.* Cambridge, MA: Harvard University Press, 1984.

Breuer, J., & Freud, S. (1885). *Studies on hysteria*. England: Penguin Group, 1991.

Brown, C. D. (2013). From sponge to firm container: A therapist grows in New York. In S. Prengel & L. Somerstein (Eds.), *Defining moments For therapists:* 63-88. New York: LifeSherpa.

Brown, M. (2001). The how is blood-synergic direct touch. M. Heller (ed.), *The flesh of the soul: The body we work with*: 45-58. Bern: Peter Lang.

Brown, P.; Macmillan, M.B.; Meares, R. & Van der Hart, O. (1996). Janet and Freud: Revealing the roots of dynamic psychiatry. *Australian and New Zealand Journal of Psychiatry,* 30(4), 480-489.

Bucci, W. (1997). *Psychoanalysis and cognitive science: A multiple code theory*. New York: Guilford Press.

Carleton, J. A. (2002). Body, self and soul: The evolution of a wholistic psychotherapy. *Proceeding of the 28th International Congress on the History of Medicine.* Istanbul, Turkey.

Cifali, M. (1986). Sabina Spielrein in Genf. In S. Spielrein, *Ausgewahlte Schrifte*, 255-258, Berlin, Brinkmann und Bose.

Darwin, C. (1859). *The origin of species.* London: Penguin Books, 1985.

Despland J.N., Zimmermann, G., and de Roten, Y. (2010). L'évaluation empirique des psychothérapies. *Psychothérapies*, 26, 91-95.

Descartes, R. (1953). Les passions de l'âme. In R. Descartes (Ed.), *Œuvres et lettres* (pp. 691–803). Paris: Editions Gallimard.

Donnellan, A. M.; Hill, D. A., and Leary, M. R. (2010). Rethinking autism: Implications of sensory and movement differences. *Disability Studies Quarterly, 30*(1), http://dsq-sds.org/article/view/1060/1225.

Donnellan, A. M.; Hill D. A., and Leary, M. R. (2013). Rethinking autism: Implications of sensory and movement differences for understanding and support. *Frontiers in Integrative Neuroscience,* January , doi: 10.3389/fnint.2012.00124

Despland J.-N, Zimmermann, G., and de Roten, Y. (2010). L'évaluation empirique des psychothérapies. *Psychothérapies,* 26: 91-95.

Downing, G. (1996). *Körper und Wort in der Psychotherapie: Leitlinien für der Praxis. Munich:* Kösel.

Downing, G., Bürgin, D., Reck, C., & Ziegenhain, U. (2008). Interfaces between intersubjectivity and attachment: Three perspectives on a mother-infant inpatient case. *Infant Mental Health Journal*, 29(3), 278–295.

Fenichel, O. (1935). Concerning the theory of psychoanalytic technique. In H. Fenichel & O. Fenichel (Eds.), *The collected papers of Otto Fenichel, First Series* (pp. 89–108). New York: W.W. Norton & Company, Inc, 1953.

Fenichel, O. (1940). The study of defense mechanisms and its importance for psychoanalytic technique. In H. Fenichel & O. Fenichel (Eds), *The collected papers of Otto Fenichel, First Series* (p. 183). New York: W.W. Norton & Company, Inc, 1953.

Fenichel, O. (1945). *The psychoanalytic theory of neurosis.* New York: W.W. Norton & Company, Inc., 1996.

Ferry, L. (2012). *Hegel et l'idéalisme Allemand.* Paris: Flammarion.

Freud, S. (1890). Psychical (or mental) treatment., In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 283-302). London: Vintage, 2001.

Freud, S. (1895). On the grounds for detaching a particular syndrome from neurasthenia under the description "anxiety neurosis". Pelican Freud Library, 10, 31–66. Harmondsworth: Penguin.

Freud, S. (1896). Heredity and the aetiology of the neuroses. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 141–156). London: Vintage, 2001.

Freud, S. (1900). *The interpretation of dreams.* (Vol. 4). Harmondsworth, England: The Pelican Freud Company.

Freud, S. (1923). The Ego and the Id. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud.* London: Vintage, 2001.

Freud, S. (1933). *New Introductory Lectures On Psycho-Analysis.* In J. Strachey (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. XXII). London: The Hogarth Press and the Institute of Psychoanalysis, 1964.

Freud, S. (1938). *An outline of psychoanalysis.* New York: W.W. Norton & Company, 1989.

Frey, S., Jorns, U., and Daw, W. (1980). A systematic description and analysis of nonverbal interaction between doctors and patients in a psychiatric interview. In S. A. Corson (Ed.), *Ethology and non-verbal communication in mental health.* New York: Pergamon Press.

Gallivan, J. P., Chapman, C. S., Wood, D. K., Milne, J. L., Ansari, D., Culham, J. C., and Goodale, M. A. (2011). One to Four, and Nothing More: Nonconscious Parallel Individuation of Objects During Action Planning. *Psychological Science*, XX, X, 1–9. doi:10.1177/095679761140873.

Geuter, U., Heller, M. C., & Weaver, J. O. (2010). Reflections on Elsa Gindler and her influence on Wilhelm Reich and body psychotherapy. *Body, Movement and Dance in Psychotherapy,* 5(1), 59–73.

Haynal, A. (1987). *The technique at issue. Controversies in psychoanalysis from Freud and Ferenczi to Michael Balint. London:* Karnac Books, 1988.
Haynal, A. (1993). *Psychoanalysis and the sciences: Epistemology--History.* San Francisco: University of California Press.
Heller, Michel (1987): The eye block. *Adire*, 3, 199-220.
Heller, M. (1993): The jelly fish I. *Energy & Character*, 24(2), 1-27.
Heller, M. (2005). La sexualité en tant que penchant. *Adire*, 21, 35-64.
Heller, M. C. (2007). The golden age of body psychotherapy in Oslo I: From gymnastics to psychoanalysis. *Body, Movement and Dance in Psychotherapy,* 2(1), 5-16.
Heller, M.C. (2012). *Body Psychotherapy: history, concepts & methods.* New York: W.W. Norton.
Heller, M., Haynal-Reymond, V., Haynal, A., & Archinard, M. (2001). Can faces reveal suicide attempt risks? In M. Heller (Ed.), *The flesh of the soul. The body we work with* (pp. 231–256). Bern: Peter Lang.
Heller, M. C. and Westland, G. (2011). The system of the dimensions of the organism (SDO): A common vocabulary for body psychotherapy. *Body, Movement and Dance in Psychotherapy,* 6(1), 43 – 57.
Heraclitus (2001). *Fragments. The collected wisdom of Heraclitus,* translated by B.
Haxton. New York: Viking.
Homer. *The Odyssey,* translated by E. McCrorie. Baltimore: The John Hopkins University Press.
Hull, J. B. (1997). Listening to the body. *Common Boundary* (pp. 24-31).
Jacob, F. (1998). *Of flies, mice and men.* Cambridge, MA: Harvard University Press.
James, W. (1890). *The principles of psychology.* Cambridge, MA: Harvard University Press.
Jamison, K.R. (1993): *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament.* New York: The Free Press.
Janet, P. (1889). *L'Automatisme psychologique: Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine.* Paris: Alcan.[28]
Janov, A. (1973). *The feeling child.* New York: Simon and Schuster.
Jung, C. G. (1958). *Answer to Job,* translated by R.F.C. Hull. In C. G. Princeton: Princeton University Press, 1973.
Kelley, C. R. (1992). Personal growth and psychotherapy in radix work. *The Radix Work*, 1, 263-277.
Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism.* New York: Janson Aronson.
Kignel, R. (2010). *Sense development through nonverbal signs: Early infancy and clinical psychotherapy.* Amazon: published by Kindle.
Kohut, H. (1971). *The analysis of the self. a systematic approach to the psychoanalytic treatment of narcissic personality disorders.* New York: The Psychoanalytic Study of the Child, monograph 4; International Universities Press, Inc.
Kramer, U., de Roten Y., Perry, J. C., Despland, J.N. (In press). Change in defense mechanisms and coping patterns over the course of two-year-long psychotherapy and psychoanalysis for recurrent depression: A pilot study of a randomized controlled trial. *Journal of Nervous and Mental Disease.*
Krishnan, V., and Nestler, E. J. (2008). The molecular neurobiology of depression. *Nature,* 455, 894-902. doi:10.1038/nature07455
Lamarck, J. B. (1815). *Histoire naturelle des animaux sans vertèbres* (Vol. 1). Paris: Verdière.
Levine P.A. (1997). *Walking the tiger.* Berkeley: North Atlantic Books.
Lewin, F. (In press). *La Psychologie Biodynamique: Une thérapie psycho-corporelle.* Paris : Trédaniel.

[28] I have not found an English translation of that book. If you cannot read French you can read: The Mental Janet, P. (1893), State of Hystericals: A Study of Mental Stigmata and Mental Accidents, translated by Caroline Rollin Corsin. Bristol: Thoemmes, 1998.

Lowen, A. (1975). *Bioenergetics.* New York: Coward, McCann & Geoghegan.
MacNaughton, I. (2004.). *Body, breath & consciousness.* Berkeley: North Atlantic Books.
Marlock, G. & Weiss, H. (2001). In search of the embodied self. In M. Heller (Ed.), *The Flesh of the Soul.* Bern: Peter Lang.
Misrahi, R., (1992). *Le corps et l'esprit dans la philosophie de Spinoza.* Paris: Les Empêcheurs de penser en rond.
Nietzsche, F. (1886) *Beyond good and evil*, translated by J. Norman. Cambridge: Cambridge University Press, 2002.
Ogden, P & Minton, K (2001) Sensorimotor processing for trauma recovery. *Psychotherapy in Australia*, 7(3), 42-46.
Perls, F. S., Hefferline R.F., & Goodman P. (1951). Gestalt therapy: *Excitement and growth in the human personality.* London: Souvenir Press.
Pierrakos, J. (1990). *Core energetics: Developing the capacity to love and heal.* Mendocino, CA: Life Rhythm.
Plato, (1937). *The dialogues of Plato*, translated by B. Jowett. New York: Random House.
Plato, (1997). Plato: *Complete works*, edited by J. M. Cooper. Cambridge. Hackett Publishing Company Inc.
Prengel, S. & Somerstein, L. (2013) *Defining Moments For Therapists.* New York: LifeSherpa.
Reich, W. (1949). *Character analysis*, 3rd Ed. New York: 1987.
Reich, W. (1940). *The function of orgasm: Sex-economic problems of biological energy* (T. P. Wolfe, Trans.). New York: Bantam Books, 1967.
Reich, W. (1949). *Character analysis* (3rd ed.). New York: 1987.
Reich, W. (1951). *Cosmic superimposition.* New York: Farrar, Straus and Giroux, 1973.
Reich, W. (1952a). Alone. Recording available at http://www.orgone.org.
Reich, W. (1952b). Interview de Reich par Kurt Eissler. In M. Higgins & C. M. Raphael (Eds.), Reich parle de Freud [Reich speaks of Freud]. Paris: Payot, 1972.
Reich, W. (1953). *The murder of Christ.* New York: Farrar, Straus and Giroux.
Reinecke, M. A. & Ehrenreich, J. (2005). A Cognitive-Developmental Formulation of
BPD. In Freeman, A.; Mark H. Stone, M. H. & Donna Martin, D. (Eds.), *Comparative treatments for borderline personality disorder* (pp. 151-183). New York: Springer Publishing Company, Inc.
Rey, J.M. (1973). La généalogie nietzschéenne. In F. Châtelet (Ed.), *La philosophie,* III: de Kant à Husserl (pp. 222–260). Bruxelles: Marabout, 1979.
Rochat, P. (In press). *Origins Of Possesion.* Owning and sharing in development. New York and Cambridge: Cambridge University Press.
Röhricht , F; Papadopoulos , N., and Priebe , S. (in press). An exploratory randomized controlled trial of body psychotherapy for patients with chronic depression. *Journal of Affective Disorders*, http://dx.doi.org/10.1016/j.jad.2013.05.056.
Rosenberg, J.L., Rand, M.L., and Asay, D. (1985) *Body, self and soul: Sustaining integration.* Atlanta: Humanics Ltd.
Rothschild, B. (2004). Applying the brakes on the road to trauma recovery. *Psychotherapy in Australia*, 10(4), 60-63.
Roussillon, R. (2011). *Primitive Agony and Symbolization.* London: Karnac Books
Savarese, R. J. (2013) Moving the field: the sensorimotor perspective on autism. *Frontiers of Integrative Neuroscience*, 7: doi: 10.3389/fnint.2013.00006
Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse.* New York: Guilford Press.
Selver, C., & Brooks, C. V. W. (1980). Sensory awareness: Theory and practice. In J. Kogan (Ed.),

Your body works: A guide to health, energy and balance (pp. 117–125). Berkeley: And/Or Press and Trans-formations Press.

Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures* (2nd ed.). New York: Guilford Press.

Schore, A.N. (2012). *The Science of the art of psychotherapy.* New York: W.W. Norton.

Snyder, A.; Bossomaier, T., and Mitchell, D. J., (2004). Concept formation: 'Object' Attributes Dynamically Inhibited from Conscious Awareness. *Journal of Integrative Neuroscience,* 3, 1, 31–46.

Spinoza, B. (1677). *Ethics* (E. Curley, Trans.). Harmondsworth: Penguin, 1996.

Stern, D. N. (1985). *The interpersonal world of the infant.* New York: Basic Books, Inc.

Stern D. N. (1995). *The motherhood constellation.* New York: Basic Books.

Stoljar, D. (2005). Physicalism and phenomenal concepts. *Mind & language,* 20(5), 469–494.

Tuckman, A. (2009). *More attention, less deficit: Success strategies for adults with ADHD.* Plantation: Specialty Press, Inc.

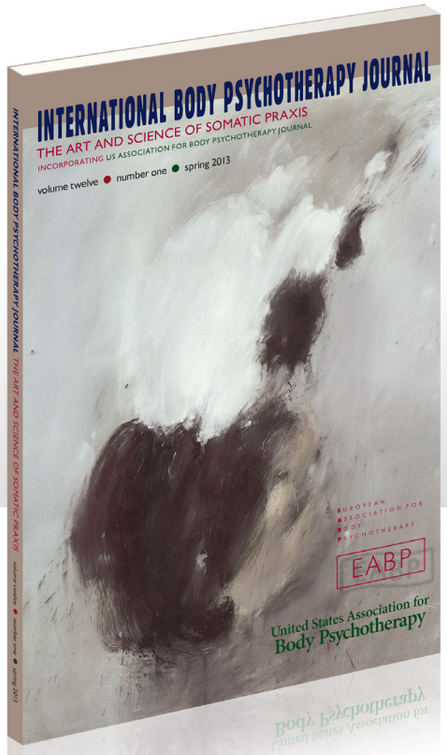
Twain, M. (2010). *Autobiography of Mark Twain, Volume 1.* Retrieved from http://www.marktwainproject.org/landing_writings.shtml

Van der Kolk, B. (1994). The body keeps the score: Memory & the evolving psychobiology of post traumatic stress. *Harvard Review of Psychiatry,* 1(5), 253-265.

Van der Kolk, B. A.; McFarlane, A. and Weisaeth, L. (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford Press.

Varela, F. (1979). *Principles of biological autonomy.* New York: Elsevier/North-Holland.

Warnecke, T. (2011). Stirring the depths: transference, countertransference and touch. *Body, Movement and Dance in Psychotherapy,* 6(3), 233–243.



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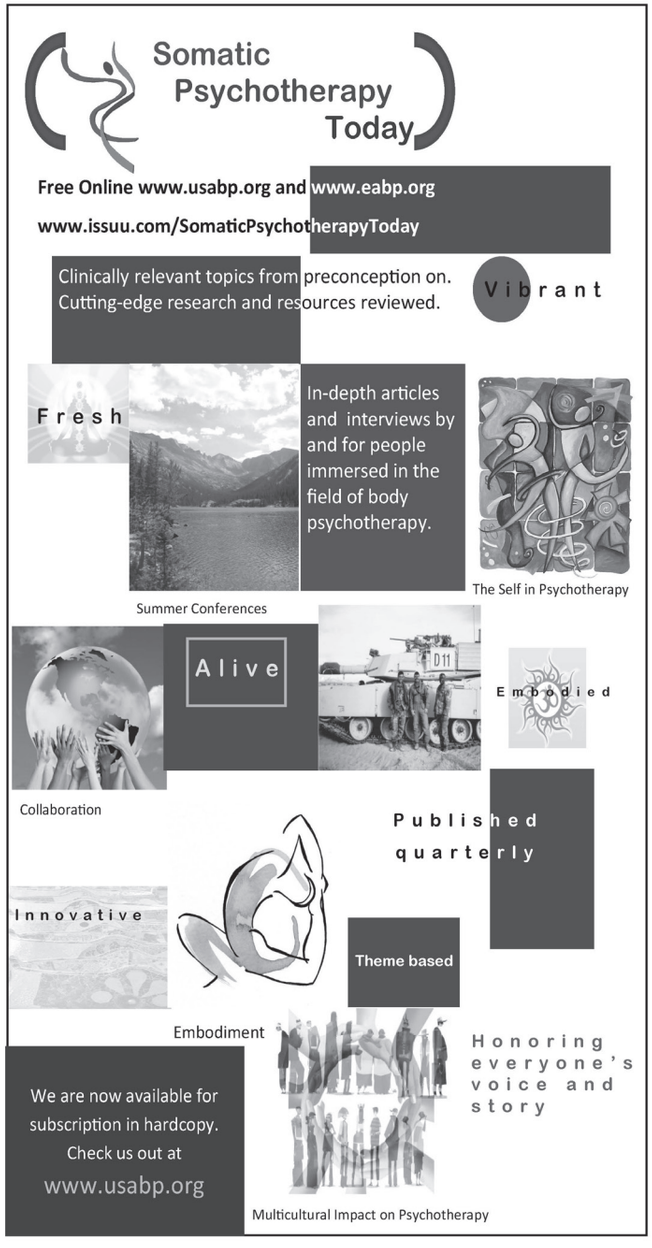

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TABLE OF CONTENTS

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BODY-
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EABP

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