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Cover image by Ofra Sivilya

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Editorial

In centuries past, Jewish tradition held two types of spiritual knowledge. First there was the Bible, which was written down carefully, never changing a word, the order of chapters or their fonts, not even a coma. Second was the oral teaching (or, the bible-by-heart), which was not supposed to be written down, so it can maintain the fluid, ever-changing, evolving nature of dynamic wisdom.

Oral teachings became a mark of growth, of interpretive expansion, and of zeitgeist brilliance. With time, tension was created between the desire to maintain the alive, vital nature of the developing oral teaching, and the wish to put these too into writing, allowing people to benefit from the wisdom of time. In the end, the wish to document contemporary thinking preceded and oral teaching was put onto paper.

In the process of editing the supplement of the 14th European and 10th International Congress of Body Psychotherapy in Lisbon, we were faced with similar conflicts. Should we leave the poignant, affective and sometimes inspirational speeches alone to slowly change us from inside, to be digested and mulled, ingested and remembered – but then forgotten? Or should we encourage the speakers to put their ideas onto paper, to stabilise the then-dynamic into a static thing, a work of art, a theoretical or clinical paper.

We have, not without hesitation, opted for the latter option and invited keynote speakers to transform their speeches into papers, so that people who did not attend the congress could still enjoy these papers, and those who have could dip in once more and allow more time for digestion and appreciation of the writers' input.

This constitutes the Congress Supplement, and you can find here papers from seminal figures in the world of body psychotherapy, presenting impressive syntheses of their respective work.

Ulfried Geuter offers an innovative formulation of body psychotherapy as an experiential approach, at the centre of which is the experiencing human subject. ***Michael Heller*** conceptualises body psychotherapy and compares it to other psychotherapy modalities, encouraging an interdisciplinary dialogue and fertilisation within body psychotherapy modalities, as well as with the larger psychotherapy milieu. Next, ***Genovino Ferri*** presents the model he developed for supervision in Reichian Analysis, while ***Rubens Kignel*** shares his personal collaborative experience with ***Jerome Liss***. Last, ***Hans-Hoachim Maaz*** brings a socio-political exploration of narcissism and body psychotherapy.

We hope you can appreciate the work put into this supplement, while also hold in memory the bodily and verbal presentation of the writers, the way they impacted you with their spoken words. Perhaps then, you and us may enjoy the treasure of both worlds.

The cover image of the Congress Supplement, is a part of a sculpture by Israeli body psychotherapist ***Ofra Sivilya*** - ofrasivilya@walla.co.il. The whole sculpture could be seen on the cover of the IBPJ spring issue. Ofra writes about her sculpture: "The path seems longer than ever. Forty years in the desert and where do I walk?" (photograph courtesy of Nimrod Genisher)

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Body Psychotherapy: Experiencing the Body, Experiencing the Self[1]

Ulfried Geuter

Abstract

This article offers an understanding of body psychotherapy as an experiential psychotherapeutic approach. It suggests basing body psychotherapy on the idea of the experiencing human subject in his life process and conceiving body experience as the basis of self-experience. The article further proposes giving body psychotherapy a paradigmatic foundation in the theory of the embodied mind.

Keywords: Body psychotherapy, holism, experiencing, embodied mind

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Body psychotherapy is a field that embraces various approaches working with the body and the mind in one treatment. The different approaches follow different models. Some tend to understand the treatment as mainly working with the language of the body within the therapeutic relationship, others as working with awareness for body processes or with the felt meaning of body sensations, still others with an underlying energy circulating in the whole body-mind-system. Therefore Totton claims that "the existing frameworks are by no means satisfactory or complete" (2003, p. 138) and "that the core project should now be for body psychotherapy to become a coherent discipline" (2002, p. 202). Most body psychotherapists might agree that their approach addresses psychic and somatic processes in therapy by including various body related methods such as: body perception and expression; perception and regulation of breathing; grounding; holding; studying enactments; and/or studying the meaning of the signs of body communication. Yet underlying methods and models vary.

I suggest we understand body psychotherapy as an **experiential approach** that is based on the idea of the experiencing human subject in his life process, the holistic idea of the oneness of experience, and the theory of the embodied mind. This approach conceives experiencing of the body as a central pathway to experiencing the self and to self-regulation. Hence, I see our field closely aligned with "humanistic-experiential psychotherapies" (Elliott et al., 2013), which share a common focus on "client *experiencing*, defined as the holistic process of immediate, ongoing awareness that includes perceiving, sensing, feeling, thinking, and wanting/intending" (p. 495). I regard my attempt at a theoretical foundation for body psychotherapy as one proposal among others (e. g. Heller, 2012) for an umbrella theory for the various modalities in our field. The theory of the embodied mind appears to offer a framework for giving body psychotherapy a paradigmatic foundation in the context of contemporary scientific theory (Röhricht, Gallagher, Geuter & Hutto, 2014).

[1] This article is a revised version of a paper presented at the 14th European and 10th International Congress of Body Psychotherapy in Lisbon, 2014. I thank Nancy Eichhorn and Asaf Rolef Ben-Shahar very much for helping me to make the text more readable and putting it into correct English.

The Experiencing Human Subject

In my view, body psychotherapy regards the human being as a subjectively experiencing and embodied acting being that creates meaning in relating to the world. Therefore **I** put **the term human subject at the heart of body psychotherapy.** This term is in contrast to the term organism which Heller (2012) uses. For Heller, the organism is the entire system of the human being. But the term organism is often also used for only the biological aspects of this system. In cognitive science, Thompson and Varela (2001), for instance, distinguish "organismic regulation" of the processes of the internal organs and viscera from "sensorimotor coupling" between organism and environment, and intersubjective interaction with intentional meaning of actions and communications. All of these processes constitute a person's life. The term human subject clearly signifies that body psychotherapy works with a subject and not in an objectifying way with the biological body which a medical model of treatment stands for.

Philosopher Jürgen Habermas (1969) has criticized the misunderstanding of psychoanalysis as a natural science. A similar misunderstanding can be found in body psychotherapy. Today, the reception of neuroscientific findings seduces many psychotherapists to such a misunderstanding (Geuter, 2015, pp. 128-133). I favour an approach of giving body psychotherapy a theoretical grounding in dynamic systems theories (Capra & Luisi, 2014) as Barlow (2001) does and in psychology, not in biology.

I talk of body psychotherapy as a **psychotherapeutic approach**. This means that the scope for a theory of body psychotherapy is the scientific foundation of that approach. This scope is not a theory of the human being or a theory about the relation between body and mind. Hence, we should not pretend to be able to solve the question of how the mind emerges in a living being that philosophy and science have still not been able to solve. In body psychotherapy we empirically accept that a slumping body posture can go hand-in-hand with depressed feelings. We consider this relation in the oneness of experience, but we cannot explain how posture creates feelings and thoughts. Philosophy has also not solved the problem of the so called qualia that is the phenomenal character of how it is like subjectively being depressed, having a slumping posture or seeing a sunset. But in psychotherapy we address what people feel.

Since I cannot go into detail in this article, I will restrict myself to an outline of **five propositions**. A more comprehensive line of reasoning can be found in Geuter (2015). The five propositions are:

1. Humans are living beings. They subjectively perceive the world. Living beings create meaning. They do so by experiencing the world. Experience always includes body and mind. It emerges as a life process in the subject-environment relationship.
2. Experiencing the world and experiencing oneself is grounded in experiencing the body. And how one experiences the world, oneself and the body depends on the history of experiences. A special feature of body psychotherapy is to access the experience of the self, starting from body experience, using especially the senses by which a living being senses itself.
3. Body psychotherapy is more in line with the paradigm of the embodied mind than other psychotherapeutic approaches and can refer to this paradigm as a theoretical framework.
4. The more a person can experience himself the more he will be able to regulate his needs and emotions and his relations to others. Self-experience thus supports self-regulation.
5. Positioning body psychotherapy as an experiential approach jettisons biologistic thinking.

I will outline these propositions in the following paragraphs.

1. Experiencing as subjective knowing

Living beings are in permanent self-movement, and they create a subjective world of meanings. Humans interact with the world, and they establish the meaning of the world to them by a way of subjectively sensing the world. We call this experiencing. Experiencing is a way of knowing, which includes the body and the world. It is a different type of knowing than knowing facts by declarative memory. Living beings create a world of meanings, a subjective world telling them what the real world means to them.

In my understanding of body psychotherapy the central idea is the holistic idea of the oneness of experience. Experience always encompasses vegetative, motoric, and cognitive processes, which are permeated by emotions and intentions and embedded in relations. Affects determine inner states in which experiencing happens. These affects are by themselves determined by the history of experiences.

This clinical knowledge is supported by modern enactivist philosophy. **Enactivism** is a theoretical term used in the theory of the embodied mind (Varela, Thompson & Rosch, 1991). It stands for the notion that cognition is part of an active relation of an organism to its environment (Maturana & Varela, 1992). Advocates of enactivism, Hutto and Myin (2013), write: "The secret to explaining what structures an organism's current mental activity lies entirely in its history of previous engagements and not in some set of internally stored mental rules and representations" (p. 9).

According to Downing (1996) this history is alive in **affect-motor-schemas** by which a person approaches the world. The theory of affect-motor-schemas maintains that we experience the world deeply in body posture, breathing, muscle tensions, motoric impulses, gut feelings, phantasies, imagination, or dreams, not only in cognitive or sensorimotor schemas. Affect-motor-schemas of being with others are deeply rooted in emotional experiences. If I had a depressive mother I might have a pattern of not expecting reactions to my actions. This pattern can motorically show up in my inability to act, vegetatively in a flabbiness of body tissues, or cognitively in the belief that others do not respect me.

In different body psychotherapy schools, we find a model of three layers (see fig. 1) (Southwell, 1988; von Uexküll et al., 1994). Body psychotherapists sometimes regard them as layers of the physical organism. In contrast, I regard them as **layers of experience.** We experience the world cognitively in our thoughts, on a sensorimotor level in our impulses and proprioceptive perceptions, and on a vegetative level in interoceptive perceptions. All these levels are mental as we become aware how we experience a stimulus on each possible level.

A biological model of the layers of the physical organism would have to include many more levels like cells or molecules which also interact with the environment and store experiences as immune cells do. But processes on a cellular or molecular level or on any other unconscious body level are only experienced indirectly; for instance, we may get delusions as a result of a lack of oxygen, or we may feel hot when we get a fever as a result of the activities of our immune cells. If I am ill, I feel in my body heat, weakness, slack limbs. I cannot feel the activities of my immune cells or the ongoing biochemical processes themselves. Therefore, I think body psychotherapists who argue they would work on a cell level are wrong (e.g. Hartley, 1995). I see body psychotherapy as working with the experience of delusions or heat, not with cells or molecules.

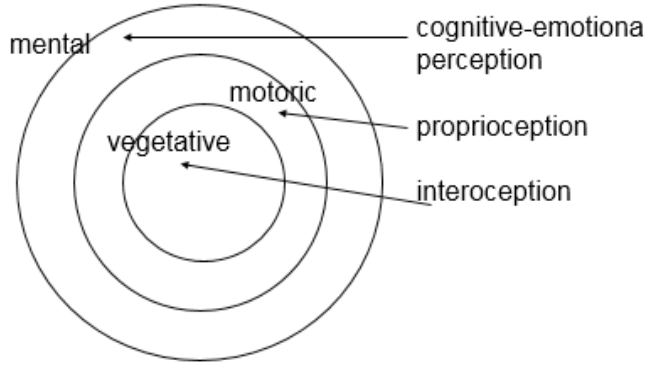

Figure 1. Three Layers of Experience.

Illness is always a subjectively perceived state, as is health (Capra & Luisi, 2014, p. 327). I can have HIV-antibodies and feel fine; then I am not ill. I can have less and feel terrible; then I am ill. Psychotherapy has no objective criterion if somebody is suffering or not. He has a problem when he suffers, and his suffering he experiences in his body-mind. Psychotherapy is also not interested in working with objective body measurements.

The model of the layers of experience implies that body psychotherapy is not only a method for mentalising bodily-bound processes; rather, it is one possible approach for therapeutically working with life-processes in the unity of all the layers of experience. I therefore relate the idea of holism to this oneness of experience. **For the experiencing subject, body and mind are only aspects of the life process:** "Mind and body are merely abstracted aspects of the flow of organism-environment interactions that constitute what we call experience" (Johnson, 2007, p. 12). If we talk about the body and the mind, we do not talk about materially separable stuff but about aspects we can distinguish from each other. In the process of experiencing they are one.

I give an example. If a person feels delighted and throws his arms up in the air, we normally say that he shows his happiness. But he does not first feel his happiness and then show it by throwing his arms up. This way of viewing the process of feeling happy claims a primacy of an inner psychic process. Rather, his gesture is his happiness. Body and mind do not interact when happiness arises, they are one within the occurrence of that happiness. I can distinguish the inner feeling "I feel happy" from the gesture of my arms, and I can talk about it independently from this gesture, and I can talk about my gesture independently from the feeling I have. But in being discriminable, they are one at the same time. The gesture is not the result of an inner feeling nor is the inner feeling the result of sensing the movement. Therefore, I oppose the notion of a bidirectional relation between body and mind to be found in embodiment research. Rather, both are one in the oneness of experience. Mental and bodily experiencing do not articulate in a dual way (Depraz, 2008).

Following Gendlin (1997), experiencing has something to do with turning our awareness inside: "Experiencing is defined as the felt datum of an individual's inward direct reference in his phenomenal awareness" (p. 243f.). Hence in body psychotherapy we foster bodily awareness. For example, if we work with tension in the shoulder our focus is on what the client feels, how he resists relaxation, if he inhibits the movement of grasping onto the world,

or if there is a conflict between longing for somebody and withdrawal. In a medical model we can be interested in what degree the outer rotation is inhibited by problems in the rotator cuff. In the body psychotherapeutic model we are interested in what the tension is about with respect to the life of the person.

Experiences are not only inner processes but they occur in **interactions** with the world and others: "Subjective experiences are not just inner reactions; they are our interactions in life and situations. They are immediate interactional meanings" (Gendlin, 1997, p. XIV). By experiencing we come to know the world in its meaning for us. Meaning is felt in the body and related to situations. That is why philosopher Mark Johnson (2007, p. 83) speaks about "embodied situations".

2. Body experiences - the basis of self-experience

My second proposition is that self-experience is grounded in body experience. In body psychotherapy we therefore deduce self-experience and meaning from sensing the body. We explore the body experience as a gateway to subjectivity. Take the example that I am pondering whether or not I like the sentence I have just written. I can only sense the answer to this question in my body. Either there is something that makes me feel that I do not like it, or I have the feeling: *Yes, that's right.* I have to become aware of my inner sensing to know if I like the sentence or not. I can't decide that alone in my mind.

Hence, subjective appraisals are reached by an inner dialogue with what is felt in the body. **Inner sensations** let a person know how he feels towards somebody, or how he is generally doing in a given moment. De Preester (2007) thus holds that the perception of the "in-depth-body" is the subjective perspective of a human being and declares the interoceptive as being the subjective. Bodily-felt experiences tell about the subjective perception of oneself, others and the world (see Johnson, 2007, p. 12). If I am downcast or untwisted, bored or curious, sad or angry, I feel in my body and I perceive in my thoughts: If thoughts and body sensations are in conflict with each other, then a feeling of coherence only ensues when both become congruent (Geuter, 2015).

Another question is how the meaning we feel in our body sensations is produced. The main generators are our emotions by which we react to situations, both inner situations, e. g. a dream, or outer situations in interactions. As emotions always happen in embodied situations, Fuchs (2014) argues that they do not exist in the person alone; rather they encompass the body, the self, and the world.

How we react to a situation also depends on our **embodied memories**. They form a matrix for the actual emotional reaction. A person's history of experiencing and the emotions connected with it thus determine how he experiences the situation. And so do his intentions. Therefore, Köth (2013) speaks about the body as storage and compass.

The bodily base for experiencing are our senses — the five exteroceptive senses and our inner senses, the so called senses of the self. In body psychotherapy, we focus our interest more on inner perceptions as they make meaning accessible.

According to Damasio (1999) we have three systems of bodily signals which inform us about our inner world:

1. The inner environment and the viscera — the sense of interoception,
2. The vestibular and the musculoskeletal system – the sense of proprioception, the kinaesthetic sense,
3. The system of the sense of touch in the skin, which is both extero- and interoceptive.

The interoceptive system informs about the state of the smooth muscles within the intestines, the blood vessels or that in the deeper levels of the skin. It bundles neuro-muscular, gastrointestinal, cardiovascular, respiratory, endocrinal, and other information coming from tens of millions of receptors within the skin, the muscles or the vessels reacting toward temperature, pressure, pain, itching or tensions. Interoceptions signal the subjective color of experience. They show if something is good or bad for us, if it feels pleasant or unpleasant, the most fundamental emotional appraisal of an event (see Geuter, 2015, p. 186). A person who cannot perceive interoceptions has problems with emotional orientation.

Proprioception informs about the body's relationship with the environment in space, about changes in the systems of movement and posture, by another tens of millions of sensors. Proprioception is essential for maintaining the functions of the body schema. It tells about locomotor impulses to approach or avoid a person and is thus part of emotional reactions.

Proprioception has been subject to theorising in some body psychotherapy schools and in dance therapy. Partly the bodily self has been related as a whole to proprioception (von Uexküll et al., 1994). But all the three senses contribute to our bodily self-perception and thus to our bodily self.

In body psychotherapy we help people become aware of their body sensations to generate meaning. As psychotherapists we can have hypotheses about this meaning, especially if we feel something in reaction to the client. But only the subject knows it. Some body psychotherapists believe that they can know what the client feels by reading the body. But we cannot understand the body like a language (Geuter, 2015). The body just behaves, has sensations and shows impulses. What we see is hypercomplex and multidetermined. There is no one-to-one-relation of anything the body shows with any event or meaning.

I shall illustrate this with a personal example. In my neoreichian training I had a symptom of burping. Others saw this as a sign of my oral character structure — maybe there was some truth in that. A psychoanalytic body psychotherapy trainer gave the interpretation that disgusting mother-milk was responsible for the symptom. One day I had the same symptom by my physiotherapist. She said, "This sounds as if you were fighting for air and getting water. Have you been nearly drowned as a child?" I knew I had. I called my mother the same evening and made my burping noise at the phone. Right away she said, "I will never forget this noise for all my life. You made it the entire night after you had fallen into a pond when you were two or three years old. And you were gagging green slime." My six-years-older cousin had pulled me out. The first memory of my life is peacefully lying on my back and seeing green above me. Today I know I was in a state of immobilisation. The example shows that one always has to explore precisely the subjective meaning of anything one observes in the body.

3. The paradigm of the embodied mind as a new theoretical framework

In recent years we see a tendency in various psychotherapy approaches to draw on the paradigm of the embodied mind or on the concept of embodiment. Body psychotherapy, however, seems most to be in harmony with it. This is my third proposition.

The term embodiment is used at three different levels (Geuter, 2014):

1. Theoretically, that the mind is inherently embodied and that it is embedded into the environment;
2. Phenomenologically, for a form of being aware of yourself by being aware of your body — in contrast to disembodiment as a lack of this ability;

3. Clinically for the process of coming into contact with all inner occurrences (Aposhyan, 2004). Aposhyan also speaks about the embodiment of the therapist.

In psychology we also find vast empirical embodiment research dealing with the interdependence between feeling and thinking on the one hand and body postures and movements on the other (Geuter, 2015). Here I will focus on the theoretical level.

Philosophically, the concept of the embodied mind opposes the notion in cognitive sciences that the mind is a computer for information processing. Rather, the mind is conceived as part of a bodily living being that interacts with its environment and creates consciousness while acting. Thompson and Varela (2001) call this "embodied and embedded" (p. 425). According to enactivism, human beings are neither information processors as in cognitivist theory nor stimulus hosts as in behaviourism (Hutto & Myin, 2013; Noë, 2009). The conception of the human being is therefore similar to that in body psychotherapy: It is seen as an embodied acting being in an affect-motor relationship to its environment.

The theory of the embodied mind supposes that we enact our perceptions and generate cognitions in embodied actions. Hence, the body determines what a person can perceive, how he can act and how the world can affect him. This can be shown by the example of the perception of colours. Humans perceive the world trichromatically, in yellow-blue-red. The experience of colours is not determined by the features of light but by our sensory system. Other beings have other forms of perception. A patient of Oliver Sacks (1995), who had lost chromatic perception after an accident, saw the world in dirty white, grey, and black. Such a change leads to a different affective relation to the world. In turn, depressive clients often see the world, metaphorically spoken, in grey and drab.

This means that not only the mind is embodied; humans as subjectively world experiencing beings, also have a **mindful body**. Body experience is always a mental process too. If I talk about the embodied mind I include this notion of the mindful body. In this sense body psychotherapy not only works with mindfulness but also with "bodyfulness" (Sugamura, Haruki & Koshikawa, 2006; Caldwell, 2014): the experience of the mindful body. If a person becomes aware of something, this is not only a mental but also a bodily act: a body-mind experience emerging in a life process.

The notion that we perceive the world and ourselves by our own body had already stood in the centre of Merleau-Ponty's (1962) phenomenology of perception. Biologists Maturana and Varela (1992) later developed the theory of the embodied mind. In contrast to the idealist notion that mental contents are projections of an inner world and to the realistic notion that they are representations of the world, they favour a "middle way" of knowing by seeing cognitions as embodied actions (Varela, Thompson & Rosch, 1991). This notion is close to psychotherapy where we always have to deal with how people create their world according to their experiences and their living conditions.

I think that this theory is also in line with body psychotherapy as we assume that human beings live in a cognitive-affective-motoric-vegetative relation to the environment and not only in a cognitive one. Following Downing (1996), body psychotherapists try to change the patterns of the lived relation to the world, the affect-motor-schemas of experiencing and behaving. If somebody, for example, draws back when another person touches him, the reason for this could be this person was rejected as a child when striving for connection. This rejection could have caused symptoms of anxiety, depression, or somatoform disorders, in the case of traumatic experiences. In order to change the symptom, we work on the level of these causing dispositions.

Newen (2013) defines dispositions as features of a system that become discernible if something happens. For instance, the manifest feature of a window pane is that you can look through it. A disposition is that it will crack when you throw a stone against it. In psychopathology, a vulnerability that leads to getting anxious when people come close is a disposition, as well, separation anxiety can lead to depression when a person loses an important other. Thus, dispositions appear as structuring causes within the interaction of a human being with the world. Dispositions can also delude a person in his experiences; for instance, when someone perceiving an excitation experiences this excitation as anxiety whereas there is a hidden anger in it.

In psychotherapy we can regard the problems of clients as problems with dispositions, which create symptoms. Following this idea we try to change dispositions for mental disorders. We do this by exploring their nature on all the levels of experiencing. The insight that you withdraw when you feel touched may help you, but it does not help enough as long as you still react with the same affective-motoric pattern of withdrawal or vegetatively by getting cold skin. If we transform entire patterns, the need to develop symptoms decreases. To change a pattern is not only a cognitive process, as the pattern has to be changed on all levels of experience. As long as somebody is still bodily shrinking back, insight has not changed his life.

4. Self-experience, self-exploration and self-regulation

Self-experience often serves the capacity of self-regulation for the benefit of the person and his important others. In experiential therapies, we go along with the client in his process of self-exploration, and we guide this process so that the client can explore and reappropriate his self (Perls, Hefferline & Goodman, 1951). We try to help clients to come more into contact with themselves so that they can better master their lives and their relations to others. This process is supported by fostering a consciousness of how they experience themselves and their social world. The basis for this is contact with bodily experiences.

In body psychotherapy we can start from exploring thoughts and feelings or sensations and motoric impulses. I can ask the client what kind of sensation a thought elicits in the body. And I can ask which sentence or picture comes into mind when he is sensing something. By doing this we aspire to work with the wholeness of experience.

Experience has vital evidence if body sensations and the meaning we give to them with words are congruent and have importance for the subject. Then somebody can say: "Yes, that's it, I'm really feeling sad, I feel it in my chest." Or: "Yes I'm hopeless, I feel it in the weakness of my legs." Or: "Yes it is true I can't let my dead lover go because I still hold him inside, and I feel how I get stiff in doing this." People understand themselves and their relations to others, and we understand them in embodied experience.

As therapists we take part in it in a 'participatory sense-making' (De Jaegher & Di Paolo, 2007), especially when I sense in my body what is going on in the client. We feel the client in our own body within a relational field (Rolef Ben-Shahar, 2014). Working in this field is a "dance of presence and mutual emergence" (ibid., p. 59).

If people start to feel again what they avoided feeling or what they were unable to feel, if they start to act what they did not dare to, and if they become able to do that when they had not been able for various reasons, maybe because they never learned it or because they had been traumatised, then their capacity to regulate themselves and to regulate their relations to others increases. Hence, my fourth proposition is that experiencing yourself helps self-

regulation.

5. Staying away from biologism

If we understand body psychotherapy as an experiential approach, we should stay away from biologistic thinking. This is the last proposition of this article. **I believe that attempts at grounding body psychotherapy in biology or physics, starting with Reich, do not suit our work.**

Reich was part of the age of the second industrial revolution of electrical technology, and his energy model metaphorically inherited the arousal of electricity. He wanted to define life by an energy that could be discovered like electric, thermic, or nuclear energy.

The theory of embodied mind defines the essence of life different from that. Maturana and Varela (1992) say that living beings are living because they create and recreate themselves continuously and that they construct autonomous entities with boundaries to their environment. They call this autopoiesis. Single-cell organisms are already active by themselves without any cause from outside, but in coupling with the environment. This model understands living subjects in their interactions with their world and that means in terms of experience and behaviour, not in natural scientific terms. The essence of life is not seen in any vital force or matter, but in nonmaterial processes and patterns of organization (Capra & Luisi, 2014).

Both ideas are on a par with different ideas of healing. Some Reichians believe they do body psychotherapy by directing energy streams in a bioelectric field. We can also notice that in the work of Gallo (1998), where we find a medical model of working with a hitherto unknown energy.

If we follow the concept of autopoiesis, we come to another picture already existing in humanistic-experiential psychotherapy: that healing is a process a living being does by itself. This is akin to Socrates' understanding of maieutic as a way of bringing to birth the inner potential of another person. According to that, psychotherapists can help remove the obstacles to self-healing. They can stimulate healing, give impulses, and provide a healing relationship and environment, but the person can only heal himself.

In a process of self-healing body psychotherapy means to experience the self, to reappropriate those experiences that have been excluded from experiencing and to reanimate a self (Marlock, 2006), which has been withheld from living, to discover subjective meaning, to gain self-regulation in both ways of autoregulation and co-regulation with others. This is a process that is deeply connected with the body and with gaining or regaining aliveness.

The notion of energy that is often still found in body psychotherapy implies that you can manipulate that energy from outside. This model of treatment is no different from a medical treatment of blood pressure by beta blockers. In body psychotherapy, however, we do not measure blood pressure or observe the concentration of oxygen in the blood by making blood tests. We rather engage in exploring with the client what he experiences, how he feels, what his sensations are, and what helps him to change. Hence, body psychotherapy is a discipline which tries to understand, not to establish data in a natural scientific way. For this reason, biological models should never be the scientific basis of psychotherapeutic work, only models of the experiencing subject. Infant research, for instance, tries to establish how the patterns of experiencing and behaving grow out of interactional experiences. This is the kind of empirical basis of body psychotherapy we need.

I suggest we set aside the concept of energy, which clings to grounding body psychotherapy

in natural sciences. For example, Greene (2013) writes speculatively about "energy bodies" and maintains that matter and energy are interchangeable without defining either matter or energy. She also talks about working with "energy frequencies" and thus uses a term for something to be objectively measured. Hence, Greene invites the reader to believe she would do something proven by the natural sciences yet without showing that. She uses the term energy only metaphorically, which is very common (see Totton, 2002).

Some body psychotherapists also speak about "energetic illnesses" (e. g. Boyesen et al., 1995, p. 96). A biological energy and an imbalance of this energy is then seen as the cause of an illness. This model of thinking resembles scientists who supposedly have found the cause for ADHD by a certain thickening in the brain (Shaw et al., 2007). After war trauma, one sometimes finds a shrinkage of the hippocampus (Smith, 2005). But the cause of suffering is not the shrinkage but the war, even if the shrinkage can later have an impact on cognitive abilities. Causes of mental illnesses are not to be found in energetic imbalances but in the life and fate of the people, in their living conditions, their life experiences, and in the way they can handle them (Marlock, 2006). The history of these experiences is what impacts their experiencing and behaving and having relations in a way they suffer from. From a psychotherapeutic point of view, mental disorders are emotional disorders of relating to and experiencing oneself, others and the world.

This does not mean that mental disorders are not also biological disorders. Life events can have severe effects on biological processes, e. g. on mortality (Brown et al., 2009). Further, every mental process is connected to biological processes because mental life is a feature of a living organism. Therefore, biological means of treatment such as antidepressants can have an effect on mental disorders, as well as biological processes like a disturbance of the organism resulting from taking immunosuppressors can cause mental disturbances. On the other side, with body psychotherapy, we also affect processes on a biological level (Liss, 2001). But we do not work through biological means like pharmacologists do. We work with disorders as how they affect the person in his entire experiencing of himself and of the world around him.

On the biological or physical level, Wehowsky (2006) suggests not to speak about a **global** energy. Rather we can establish **specific** energies like metabolic energy in the exchange between the organism and its environment. Gallese (2003) too stresses to refer to specific energies: "If we analyze at the physical level of description the relationship between biological agents and 'the world outside', we will find living organisms processing the different epiphanies of energy they are exposed to: electromagnetic, mechanical, chemical energy" (p. 1232).

On the level of describing subjective processes of experiencing, the concept of a global energy is even less useful. These processes have to be understood. On a **phenomenal** level we can, however, talk with the client that something feels **as if** an energy would increase or decrease. In this sense energy is something that can "be felt and interacted with" (Rolef Ben-Shahar, 2014, p. 164). But if we do that, we have to be aware that we talk about subjectively perceived phenomena, not objectively established processes. It can be interesting in research to parallel that. For example, in an experiment with couples, it could be shown that the more blood came into their hands and the higher the temperature was (what had been measured), the more they talked about pressure or heat (Levenson, 2003). But in body psychotherapy, we do not measure thermic energetic phenomena. We explore them, maybe by talking, maybe by touching.

Heller (2012, p. 277) points to the importance of this differentiation between **phenomenological descriptions** of "what is experienced as energy" and the **concept** of

energy. On a phenomenological level the term energy can describe the subjective experience of feeling vital or aroused or having power. But the concept of energy does not explain these phenomena. In body psychotherapy, body-mind processes like emotional arousal, the expression of feelings, a change in breathing, a feeling that aliveness returns into a numb leg, are self-regulative "processes of learning and development" of a person, not processes of "energetic transformation" (Marlock, 2006, p. 141).

Revenstorf (2013) regards the term aliveness next to growth as one of the candidates of body psychotherapeutic identity. This term points to the fact that a human being can only become consistent with itself as a lively subject in a mindfully experienced body. If we aim at both self-regulation and at aliveness, then the goal of therapy is not only a free pulsation between contradictory poles (Boadella, 2000), but is also an extension of the amplitude of life movements. Parents do this by teaching babies to tolerate greater amounts of anxiety or joy. If we support clients to experience themselves by experiencing their body, we support their capacity to feel their live movements.

I favour distancing body psychotherapy away from biologistic models and seeing it as an experiential approach that explores the self, starting from body experience. The great advantage of body psychotherapy is to look for subjectivity where you can really find it: in the way you bodily sense yourself and the world.

BIOGRAPHY

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REFERENCES

Aposhyan, S. (2004). *Body-Mind Psychotherapy. Principles, Techniques, and Practical Application.* New York: Norton.

Barlow, J. (2001). Contemporary Somatic Psychotherapy: Towards an Integrated Theory of 'Body' Psychotherapy. 8th European Conference on Body Psychotherapy, Egmond Aan Zee, unpubl. paper.

Boadella, D. (2000). Polarity and character. *Energy & Character,* 31, 7-16.

Boyesen, G., Leudesdorff, C. & Santner, C. (1995). *Von der Lust am Heilen. Quintessenz meines Lebens (The Pleasure of Healing. The Quintessence of My Life).* Munich: Kösel.

Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B. & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. American Journal of Preventive Medicine, 37, 389-296.

Caldwell, C. (2014) Mindfulness & Bodyfulness: A New Paradigm. *The Journal of Contemplative Inquiry,* 1, 77-96.

Capra, F. & Luisi, P. L. (2014). The Systems View of Life. A Unifying Vision. Cambridge, New York: Cambridge University Press.

Damasio, A. (1999). The Feeling of What Happens. New York: Harcourt Brace.

De Jaegher, H. & Di Paolo, E. (2007). Participatory sense making: An enactive approach to social cognition. *Phenomenology and Cognitive Sciences,* 6, 485-507.

Depraz, N. (2008). The rainbow of emotions: at the crossroads of neurobiology and phenomenology. *Continental Philosophy Review,* 41, 237-259.

De Preester, H. (2007). The deep bodily origins of the subjective perspective: Models and their problems. *Consciousness and Cognition,* 16, 604-618.

Downing, G. (1996). *Körper und Wort in der Psychotherapie (Body and Word in Psychotherapy).* Munich: Kösel.

Elliott, R., Greenberg, L. S., Watson, J., Timulak, L. & Freire, E. (2013). Research on Humanistic-Experiential Psychotherapies. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (6th ed.) (pp. 495-538). Hoboken, N. J.: Wiley.

Fuchs, T. (2014). Verkörperte Emotionen - Wie Gefühl und Leib zusammenhängen (Embodied emotions - How feeling and body are interrelated). *Psychologische Medizin (Psychological Medicine),* 25, 13-20.

Gallese, V. (2003). A neuroscientific grasp of concepts: From control to representation. *Philosophical Transactions of the Royal Society of London,* 358, 1231-1240.

Gallo, F. (1998). *Energy Psychology. Explorations at the Interface of Energy, Cognition, Behavior, and Health.* St. Lucie: CRC Press.

Gendlin, E. (1997). *Experiencing and the Creation of Meaning* (2nd ed.). Evanston: Northwestern University Press.

Geuter, U. (2014). Stichwort: Embodiment (Keyword: Embodiment). *Körper – tanz – bewegung (Body - movement - dance),* 2, 125-127.

Geuter, U. (2015). *Körperpsychotherapie. Grundriss einer Theorie für die klinische Praxis (Body Psychotherapy. A Theoretical Outline for Clinical Practice).* Berlin, Heidelberg: Springer.

Greene, D. (2013). Expanding the dialogue: Exploring contributions from energy medicine. *International Body Psychotherapy Journal,* 12, 56-73.

Habermas, J. (1969). *Erkenntnis und Interesse (Knowledge and Interest).* Francfurt: Suhrkamp.

Hartley, L. (1995). *Wisdom of the Body Moving. An Introduction to Body-Mind Centering.* Berkeley, CA: North Atlantic Books.

Heller, M. (2012). *Body Psychotherapy: History, Concepts, Methods.* New York: Norton (transl. from *Psychothérapies corporelles. Fondements et méthodes. Brüssel:* De Boeck, 2008).

Hutto, D. D. & Myin, E. (2013). *Radicalizing Enactivism. Basic Minds without Content.* Cambridge, MA: MIT Press.

Johnson, M. (2007). *The Meaning of the Body. Aesthetics of Human Understanding. Chicago:* The University of Chicago Press.

Köth, A. (2013). Der Körper als Speicher und als Kompass (The body as storage and compass). *Körper - tanz - bewegung (Body - movement - dance)*, 1, 59-65 & 120-126.

Levenson, R. W. (2003). Blood, sweat, and fears. The autonomic architecture of emotion. *Annals of the New York Academy of Sciences,* 1000, 348-366.

Liss, J. (2001). Maps of Experience. In M. Heller (Ed.), *The Flesh of the Soul: the Body we Work with* (pp. 173-186). Bern: Peter Lang.

Marlock, G. (2006). Körperpsychotherapie als Wiederbelebung des Selbst - eine tiefenpsychologische und phänomenologisch-existenzielle Perspektive (Body psychotherapy as reanimating the self - a depth psychological and phenomenological-existential perspective). In G. Marlock & H. Weiss (Eds.), *Handbuch der Körperpsychotherapie (Handbook of Body Psychotherapy)* (pp. 138-151). Stuttgart: Schattauer.

Maturana, H. R. & Varela, F. J. (1992). *The Tree of Knowledge.* Boston, MA: Shambhala.

Merleau-Ponty, M. (1962). *Phenomenology of Perception.* New York: Humanities Press.

Newen, A. (2013). *Philosophie des Geistes. Eine Einführung (Philosophy of the Mind. An Introduction).* Munich: Beck.

Noë, A. (2009). *Out of Our Heads: Why You Are Not Your Brain, and Other Lessons from the Biology of Consciousness.* New York: Hill and Wang.

Perls, F. S., Hefferline, R. F. & Goodman, P. (1951). *Gestalt Therapy. Excitement and Growth in the Human Personality.* New York: The Julian Press.

Reich, W. (1942). *The Function of the Orgasm. Sex-Economic Problems of Biological Energy.* New York: Farrar, Straus and Giroux.

Revenstorf, D. (2013). Körperpsychotherapie und die Integration in die Psychotherapie (Body Psychotheraspy and the Integration into Psychotherapy). In M. Thielen (Ed.), *Körper - Gruppe - Gesellschaft. Neue Entwicklungen in der Körperpsychotherapie (Body – Group – Society. New Developments in Body Psychotherapy)* (pp. 177-189). Gießen: Psychosozial.

Röhricht, F., Gallagher, S., Geuter, U. & Hutto, D. (2014). Embodied cognition and body psychotherapy: The construction of new therapeutic environments. *Sensoria - A Journal of Mind, Brain, and Culture,* 10, 11-20.

Rolef Ben-Shahar, A. (2014). Touching the Relational Edge. Body Psychotherapy. London: Karnac.

Sacks, O. (1995). *An Anthropologist on Mars: Seven Paradoxical Tales.* New York: Knopf.

Shaw, P., Eckstrand, K., Sharp, W., Blumenthal, J., Lerch, J. P., Greenstein, D., Clasen, L., Evans, A., Giedd, J. & Rapoport, J. L. (2007). Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. *Proceedings of the National Academy of Sciences,* 104, 19649-19654.

Smith, M. E. (2005). Bilateral hippocampal volume reduction in adults with post-traumatic stress disorder: a meta-analysis of structural MRI studies. *Hippocampus,* 15, 798–807.

Southwell, C. (1988). The Gerda Boyesen Method: Biodynamic Therapy. In J. Rowan & W. Dryden (Eds.), *Innovative Therapy in Britain* (pp. 179-201). London: Open University Press.

Sugamura, G., Haruki, Y. & Koshikawa, F. (2006). Mindfulness and Bodyfulness in the Practices of Meditation: A Comparison of Western and Eastern Theories of Mind-Body. *Poster presented at the 1st Convention of the Asian Psychological Association*, Bali, Indonesia.

Thompson, E. & Varela, F. J. (2001). Radical embodiment: neural dynamics and consciousness. *Trends in Cognitive Sciences,* 5, 418-425.

Totton, N. (2002). The future for body psychotherapy. In T. Staunton (Ed.), *Body Psychotherapy* (pp. 202-224). London: Routledge.

Totton, N. (2003). *Body Psychotherapy. An Introduction.* Maidenhead: Open University Press.

Uexküll, T. von, Fuchs, M., Müller-Braunschweig, H. & Johnen, R. (1994). *Subjektive*

Anatomie. Theorie und Praxis körperbezogener Psychotherapie (Subjective Anatomy. Theory and Practice of Body Related Psychotherapy). Stuttgart: Schattauer.

Varela, F. J., Thompson, E. & Rosch, E. (1991). *The Embodied Mind. Cognitive Science and Human Experience.* Cambridge, MA: MIT Press.

Wehowsky, A. (2006). Der Energiebegriff in der Körperpsychotherapie (The concept of energy in body psychotherapy). In G. Marlock & H. Weiss (Eds.), *Handbuch der Körperpsychotherapie (Handbook of Body Psychotheray)* (pp. 152-166). Stuttgart: Schattauer.

The embodied psyche of organismic psychology: a possible frame for a dialogue between psychotherapy schools and modalities[1]

Michael C. Heller

Abstract

In this article, I share general principles that allow me to situate body psychotherapy within the realm of other psychotherapy schools. The frame I use comes from experimental psychology, which has traditionally defended the vision of an embodied psyche which includes mind and affects. I will focus on French-speaking organismic psychology (Lamarck – Bernard – Charcot - Ribot - Binet - Janet - Wallon – Piaget) because this was my basic academic training, but I will also mention other trends of organismic experimental psychology. I will then argue that improving the dialogue between these two fields could be mutually beneficial, and that it is also a necessary step to create an umbrella theory for psychotherapy.

Keywords: experimental psychology, psychotherapy, body, organism, James, Charcot, Janet, Freud, Watson, Ferenczi, Reich, schools and modalities

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Introduction

The field of psychotherapy is well known for its division into heterogeneous *modalities* (e.g., cognitive, emotion, verbal, behavior, body) and *schools* (e.g., behavioral, cognitive, Freudian, Jungian, Reichian and systemic). Psychotherapy schools often propose formulations that are school-specific, self-promoting and difficult to share. Recently there has been an increasingly large movement supporting eclectic forms of psychotherapy (Norcross, 2005). The aim is to combine useful tools produced by a variety of schools, for the well-being of patients. The synthesis that emerges from the combination of sometime heterogeneous models requires a theoretical framework that provides at least some common notions and vocabulary. In this article I will try to show that one of the main difficulties to construct a common framework is a form of ignorance, based on the arrogance that specialization is enough. Psychiatrists tend to ignore psychology and psychotherapy, psychologists tend to ignore psychiatry and psychotherapy, and psychotherapists tend to ignore psychiatry and mostly psychology. I have the impression that during more than a century psychotherapy schools tried to invent their version of the wheel every time they looked for a theoretical framework. I will suggest

[1] The subject of this article is based on a keynote presentation given in September 2014, at the EABP (European Association of Body psychotherapy) Lisbon congress. I have also added useful developments presented in Utrecht, in November 2014, to the body-mind section of the Dutch Association of Psychologists (NIP), and at the psychosomatic department of the Clinique Le Noirmont (Switzerland) in November 2015. I thank Nancy Eichhorn and other members of the IBPJ for improving my English.

that by accepting to integrate existing psychological theories instead of *providing patented private theories*, as in pharmaceutical laboratories, psychotherapy schools could discover that a minimal common frame already exists.

This article presents insights on the history of body psychotherapy that I have explored since the publication of my book on the field of body psychotherapy in 2012. I will begin by proposing a short definition of body psychotherapy, and then present key issues that have marked the origins and growth of psychotherapy as a field.

1. Presenting a Short Definition of Body Psychotherapy

"There is not a single one of our states of mind, high or low, healthy or morbid, that has not some organic process as its condition. Scientific theories are organically conditioned just as much as religious emotions" (James, 1902, *The Varieties of Religious Experience:* 18).

Each body psychotherapy school synthesizes a variety of existing psychotherapeutic models in function of their own creative process. However, given their interest in the integration of body dynamics, these syntheses share a certain number of common preoccupations. Here are some characteristics that, in my eyes, justify the classification of these heterogeneous schools in the body psychotherapy modality:

1. Body psychotherapy is a *psychotherapy.*

2. Body psychotherapy is a form of psychotherapy that uses *body techniques in an integrated way*. Examples of body therapies used by some body psychotherapists are Rolfing, Psychomotor physiotherapy and Hatha-yoga.

3. Body psychotherapy is a form of psychotherapy that also uses *body-mind approaches in an integrated way*. Examples of such approaches are Gindler's gymnastics, Feldenkrais's method, relaxation techniques, and so on. What these methods can teach to experimental psychologists is a detailed practical knowledge of precise body dynamics connected to precise psychological dynamics (Bullinger, 2004).

"Integrated" means that the use of body and body-mind methods are justified at the level of psychotherapeutic theory, models and techniques. A simple *addition* of body techniques to a psychotherapy that does not necessarily require the inclusion of bodywork is not a body psychotherapy. Thus, some psychoanalysts use relaxation (Giordano, 1997), or some cognitive therapists use meditation techniques inspired by far eastern philosophies (Segal et al., 2002). Gestalt therapists (Kogan, 1980; Perls, 1978) and transactional analysts (Cornell, 1997) often use body techniques in a more integrated way.

Just as the root "psycho" is defined differently by nearly every existing psychologist, psychiatrist and/or psychotherapist, the term "body" has a variety of meanings that are relevant in body psychotherapy. For this discussion, I will distinguish three meanings:

1. For some, the body is the *whole individual system* of a creature or a person. For instance, Lamarck (1802) and Claude Bernard (1865) talk of the evolution of "living bodies." Several authors, even in body psychotherapy (e.g., Young, 2006; Carleton, 2002), still use the term body in this way. To narrow the polysemy of the term body, I tend to use the term *organism* to designate the whole being and all it contains, as proposed by most biologists since Darwin (1859).

2. The body is the *non-psychological part of the organism,* as when psychoanalysts talk of their psycho-somatic vision. This is how I understand the title of Damasio's famous 1999 book: *Body and Emotion in the Making of Consciousness*. I often use the term *soma or physiology* to designate this dimension.

3. The word body is also associated with the body techniques described by Marcel Mauss (1934). It is the system of skin, bones and muscles that allow the organism to adapt to the gravity field. Some also include external breathing patterns. I have found no synonym to designate what some colleagues call the *physical body*, so this is the meaning I tend to associate with the term body.

If one should ask which of these bodies characterizes body psychotherapy, I would answer all three, as they are rarely explicitly differentiated. In the body psychotherapy literature of this field, the meaning of the term body shifts continuously. However, in all cases, the third meaning, associated with body techniques, is present. The use of body techniques is, in one way or another, the basis for the name of this modality. The other meanings are also used in other psychotherapeutic modalities. It is probably because the use of body techniques by psychologists and psychotherapists is legally prohibited in some states of the United States that colleagues in the USA prefer the appellation *somatic psychotherapy*. The term soma has other implications than the term body, but this denomination designates similar psychotherapeutic schools and methods. Most of these schools refer to Wilhelm Reich, who combined body and verbal techniques to modify what he called *vegetative* dynamics. In the following pages, I will help you travel through the many meanings of the term body, as I will often follow the vocabulary used by the author I reference.

In this article I will explore the useful implications of using Pierre Janet's vision as a basic reference for the definition of psychotherapy. He (1889, I, part I) differentiates the body (or physical body), organic life (for soma or physiology), emotions and consciousness. Most of the time he avoids such broad categories and prefers to use more specific descriptive terms without specifying how he situates them. He rarely uses the term organism, but when he does, he refers to an individual entity, in which "an immense number of facts of consciousness" can be experienced (Janet, 1889, II, p. 16).

2. The Advent of Organismic Psychology

"The question of the relationship between mind and biological organization is one which inevitably arises at the beginning of a study of the origins of intelligence" (Piaget, 1936, *Origins of intelligence in the child*, p. 1).

To situate the different directions taken by psychotherapeutic movements, I will try to show that a possible common framework for most psychotherapeutic movements can be found in what I call *organismic psychology,* which I now define, using a historical approach.

I have often heard body psychotherapists complain that they are the only ones who defend a vision in which the body is an integrated dynamic entity of the organism that constantly interacts with all the dynamics of the organism. There may be a cultural problem integrating body and soul in cultures that have emerged from Christianity, in mechanistic scientific movements, or in the psychoanalytic methods. I will, however, try to show that most researchers in scientific *experimental psychology* are traditional allies for the creation of an embodied vision of the mind as far as theory is concerned. The only real problem that academia has with the notion of body psychotherapy is ideological: its Reichian and spiritual roots. As an example, I use the psychological movement that was the basis of my academic training, which I call *organismic experimental psychology*, as it was taught by Jean Piaget and his team in Geneva (Rochat, 2016). The content I acquired during these studies actually helped me integrate some of the formulations proposed by the body psychotherapists

I became acquainted with. They were clinicians who dared to accompany people taken by organismic storms raised by the whims and passions of human beings. It is the common underlying formulation of these two fields that I sketch in the next pages.

Reflexology: A Chest of Neurological Drawers that Centralize Impressions

"If we try to imagine an idea as persisting beneath the limen of consciousness, we can as a matter of fact only think of it as still an idea, i.e., as the same process as that which it was so long as we were conscious of it, with the single difference that it is now no longer conscious. But this implies that psychological explanation has here reached a limit similar to that which confronts it in the question as to the ultimate origin of sensations. It is the limit beyond which one of the two causal series—the physical—can be continued, but where the other, the psychical,—must end, and where the attempt to push this latter farther must inevitably lead to the thinking of the psychical in physical—i.e., material,—terms" (Wilhelm Wundt, 1892, *Principles of Psychophysiological Psy-chology,* 30, V, p. 453).

Contacting the Organization of Organs

A central area in our discussion is the web of routines situated "beneath the limen of consciousness" (see quote above), where physiological information becomes psychological data, and vice versa. Because I have not found an existing relevant word, I will refer to this crepuscular region of the mind as a web of psychophysiological *connecting devices.* In European philosophy this zone was already explored by René Descartes (1649) when he assumed that the soul is "jointly linked to all the parts of the body via the mechanisms that regulate *the assembling of organs*" (I.30). Descartes is often referred to as a proponent of a scientific version of a soul/body split. This may have been true for the young Descartes, but not for the Descartes who wrote his 1649 *Treatise on the Passions of the Soul*. There he described deep and powerful connections which become manifest when the storms of the soul and the storms of the body interact during a passionate conflagration. During this tempest, the body fluids of the cardio vascular system assail the brain like a sea raging against cliffs (Heller, 2012, chapter 4). Descartes did not have a knowledge base that allowed him to conclude his enquiry in a satisfactory way, but the direction that he pointed to inspire the next generations.

Like Descartes, Spinoza defended a vision in which mind and physiology are clearly separate parallel entities, following different laws and having different properties. However, he dropped the notion that there is a soul, and described the mind as a dimension of a global individual system. He assumed that this system can sense, influence and coordinate whatever happens in sub-systems such as the mind and the body (Spinoza, 1677, V).

This position was later developed by William James (1890, p. 1135) and Edmund Jacobson (1938). Jacobson had analyzed subjects using his *Progressive Relaxation* method, using electroencephalograms (EEG) to measure brain activity and electromyography (EMG) to measure muscular tension. He asked his subjects what they had observed within themselves when asked to focus their mind on a hand. These studies highlighted two phenomena:

1. No one can think of his hand without a slight mobilization of the muscles of that part of the body. The subject does not always perceive this mobilization, but it can be detected by EMGs.
2. The thought of the hand and the mobilization of the muscles of the hand occur

simultaneously. It is therefore not one that causes the other. Following Spinoza and mostly James's models, Jacobson assumed that nonconscious organismic regulators have coordinated the mental and the muscular activity.

Spinoza's attempt to maintain a form of coherent parallelism between mind and body within the organism did not convince French philosophers, who preferred the more chaotic vision of the old Descartes. This is manifest in the definition of the soul proposed by Diderot and d'Alembert in their famous Encyclopedia (1751):

"**The Soul:** (…) But whatever way we understand what thinks itself in us, what remains constant is that its functions depend on the organization, and on the actual state of the body while we live. This mutual dependence between the body and what thinks itself in man, is what one calls *the union of the body with the soul;* according to a healthy Philosophy and the revelation this union was created by the free will of the Creator. Or rather we have no immediate idea on the dependence, union, or of a form of relation between these two things, *body and mind*. This union is an irrefutable fact, but its details are unknown to us" (*The Encyclopedia of Diderot and d'Alembert,* 1751, p. 236, my literal translation).

For these authors, there may be intermediary organismic regulators, but the relation between mind and body is ultimately more intimate than what Spinoza had assumed. Today scientific research has made remarkable progress in psychophysiology, but not enough to propose a reliable theory on how mind and body interact, or on whether mind and body are relevant categories.

The many discussions of philosophers on how mind and body interact were suddenly reframed in 1802, when Lamarck published *Research on the Organization of Living Bodies.* The organismic stance suggested by Descartes and Spinoza became a dynamic history: *biological evolution.* As living bodies became increasingly complex, they developed ways of centralizing information, such as an increasingly complex nervous system. Pro-gressively animals enhanced their capacity to thrive. Descartes's organization of organs has become a web of dynamic procedures (Bernard, 1865, II), which explicitly coordinate metabolic activity, cells, tissues (bones and fluids are tissues), organs and global connecting physiological systems (cardiovascular, nervous, hormonal, and so on). Seventy years later, in the same *Institut de France* that hosted hot discussions for or against Lamarck's vision of nervous plasticity (Lamarck, 1809, III, introduction, p. 464), Janet (1889, 1923) developed a psycho-physiological model that modernized certain aspects of Lamarck's psychophysiology, and became a founding moment for the history of psychotherapy. Although he must have discussed Lamarck's psychophysiology, he does not refer to Lamarck. Lamarck had become, for ideological reasons, like Reich today, a dangerous person to quote[2]. Nevertheless, Janet followed in the footsteps of Lamarck and Bernard by assuming that psychological dynamics are a part of the organismic regulation systems. An important innovation introduced by Lamarck is that time has become a central property of all living organizations. Even the essence of a creature may modify its organizing power.

Lamarck was mostly attacked because he presented a highly flexible web of organismic connections that could accommodate to environmental requirements. Until the 1980s, Neo-Darwinists defended a more rigid innate organization of physiological connections. Since then, the introduction of new technologies such as positron emission tomography (PET) scans

[2] If Janet did not dare to acknowledge that Lamarck was a fundament of the tradition that he represented, his younger colleague, Jean Piaget, had no difficulty being photographed reading one of Lamarck's most controversial books. The photograph was on the website of the Piaget Foundation in September 2015.

have helped researchers to observe that physiological connections have a certain "plasticity." This large body of research at least partially confirms Lamarck's thesis that psychological procedures seem to have emerged as a bridge between increasingly complex physiological and social dynamics, with the aim of coordinating various forms of social and organic *mutual recalibrations* of initially innate organizations. Thus, human organisms contain routines that can use increasingly complex, socially constructed, communicative devices (body signs, tools, language, computers, planes and so on). Without this adaptive potential, the incredible creativity of cultural changes that characterizes the human species would not have been possible. Psychological dynamics attain a degree of complexity that seems to govern individual thoughts and moods without the person being capable of apprehending what is really happening. Most of what is calibrated by psychological dynamics unfolds without us being able to apprehend it consciously:

"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, 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. in Heller 2012, p. 162).

The Parallelism Between Automatic Nervous and Psychological Activity

In his 1992 *Cerebral Unconscious*[3], Marcel Gauchet describes the history of a neurological unconscious that was gradually defined by 19th-century psychiatrists and *neurologists.* Today, this unconscious is often referred to as the nonconscious. It has only recently been explicitly differentiated from Freud's unconscious (see also Fraisse, 1992). I tend to enlarge Gauchet's model, and assume that all somatic processes participate in the formation of an organismic psychological unconscious regulated not only by nerves, but also by hormones and cardiovascular dynamics (Brown, 2001).

Gauchet shows how neurologists and psychiatrists of the 19th century attempted to redefine what was previously called the soul, within the frame set by Lamarck. Alan Berthoz (2009)[4] coined the term "simplexity" to describe the complex set of routines that allow a mind (or a science) to forge usable relevant simplifications of what is happening. This term summarizes the spirit that animated the researchers presented by Gauchet. They noticed that *conscious* thoughts are rarely a cause of what a person does. Awareness routines can only detect and modulate certain aspects of what is activated when an organism interacts with its environment. Thus, for the English neurophysiologist Thomas Laycock, there can only exist a coincidence between breathing and mental awareness (Gauchet, 1992, p. 60). Sensory-motor circuits and psychological procedures coincide, but seldom have *direct* causal connections. The USA philosopher and psychologist William James (1890) summarized this vision by writing that "every representation of a movement awakens in some degree the actual movement which is its object. Every pulse of feeling that we have is the correlate of some neural activity that is already on its way to instigate a movement. Our sensations and thoughts are but cross-sections" (p. 1135).

[3] This is one of the many interesting books I discovered thanks to Nicole Clerc.

[4] I thank Philippe Rochat for drawing my attention to this text.

At the time, psychiatric treatments were often based on a materialistic vision of the mind. Psychiatrists prescribed showers, massages and baths, in healthy and hygienic surroundings. Psychological approaches gradually crept into these multiple forms of physical intervention (Janet, 1919). We must not forget that Wundt founded the first formal scientific laboratory for psychological research in 1879 at Leipzig, under the umbrella of Helmholtz (Frey, 2001). He was soon followed by Ribot in France and James in the USA. These early psychologists were also trained in medicine and philosophy. The development of psychological methods of cure for psycho-pathology developed in a dramatic way when Jean-Martin Charcot mobilized the resources of the Salpêtrière Hospital in Paris, to find ways of differentiating epilepsy and hysteric convulsions in a reliable way (Gauchet & Swain, 1997). At first, he thought that these two illnesses were caused by a malfunction inclusion of sensory circuits in the spine. Gradually he found that their differentiation required the inclusion cerebral mechanisms (e.g., brain le-sions that activated epileptic convulsions) in their explanatory model. Charcot and his team then discovered, through hypnosis, that in hysteria psychological routines could activate sensory-motor circuits of the same kind as those activated by epilepsy. He and his team then discovered that subconscious traumatic memories could activate nervous circuits in a variety of ways. Today, research such as the ones published by Bessel van der Kolk (2014, pp. 41f) confirm that one can observe what I call *psychological brain lesions* during a crisis such as a post traumatic attack: "We have proof that the effects of trauma are not necessarily different from – and can overlap with – the effects of lesions like strokes. (p. 43)" It could now be claimed that scientific clinical medical research had demonstrated the existence of a psychological dimension that could not be entirely explained by physiological and neurological laws, and which required a specific form of treatment.

Pierre Janet presented his famous thesis on psychological automatisms in 1889. He was then asked by Charcot to become a psychologist in his team. There he was asked to develop Charcot's hypothesis that hysteria was caused by a pathological splitting of conscious processes that could activate relevant or irrelevant (e.g., convulsions) sensory-motor circuits[5]. Janet found useful ways of intervening on this splitting of consciousness, based on recent psychological research, and what was then called *psychological analysis*. For Charcot and his colleagues, psychological analysis was not a school but a *scientific domain of inquiry* (Van Rillaer, 2010). This discipline sought to pool all available resources that could contribute to improve our understanding of how psychological dynamics unfold within a patient's organismic and social ecology, and to find ways of developing a psychotherapeutic approach of mental illness:

"Psychotherapy is a repertoire of all kinds of therapeutic methods, physical as well as moral, which can be applied to illnesses that can be physical as well as moral. These methods are determined by taking in consideration psychological data observed previously, and the laws that govern the development of these psychological facts and how they associate with each other, or with physiological facts. In one word, psychotherapy is an application of the science of psychology to treat illnesses." (Pierre Janet, 1923, *La médecine psychologique*, III, II, p.152, my translation).

These psychological modes of intervention were perceived as the top drawer of a chest of drawers that contained the whole repertoire of medical interventions, ranging from neurology

[5] This model was revisited during the 1960s by neurologists who studied "split brains" with Roger Wolcott Sperry. They (Gazzaniga, 1967) studied the impact of brains without a corpus callosum on consciousness and voluntary behavior. They confirmed that one part of the consciousness could function relatively independently from another part.

(just below) to metabolic cellular dynamics (the lowest drawer). Janet's psychotherapy coordinates a variety of methods that included the analysis of nervous lesions, reeducation of sensory-motor responses (using massage, baths, medication, gymnastics, breathing exercises, and so on), ways of curing misconnections between mind and brain, a detailed recording the history of the patient, the use of hypnosis and other psychological methods designed to reeducate and strengthen a mind that uses counterproductive procedures. These treatments were administered by a clinician supported by an appropriate team of specialists (Janet, 1919).

In Paris, Charcot claimed that the capacity of being hypnotized and of creating subconscious modes of functioning was a hysterical symptom. Hypnosis then became an accepted form of medical treatment. However, in Nancy, Hippolyte Bernheim showed that the capacity to be hypnotized could be observed in many people, and that it had therefore no necessary link with psychopathology. Hypnosis disappeared from the repertoire of treatments recognized by academic medicine as quickly as it had been imposed by Charcot[6]. A similar fate awaits Freud's idea that sexual frustration is necessarily a neurotic symptom.

Leaving aside violent ideological debates opposing neo-Lamarckians and neo-Darwinians, we could say that from the point of view of the history of science, scientific evolution theory was discovered by Lamarck, and developed thanks to new formulations and findings by Darwin and Wallace, the discovery of genes and DNA, and recent developments in epigenetics. Within that frame, a French-speaking organismic psychophysiology developed through the propositions of Claude Bernard[7], Théodule Ribot, Alfred Binet, Pierre Janet, Henri Wallon[8] Jean Piaget[9] and Paul Fraisse. The common ground of evolutionary psychology assumes that the mind did not suddenly emerge from the body as a coherent entity, sometimes called the soul. During thousands of years, a multitude of organic mechanisms participated in the formation of a multitude of psychological and physiological devices that created different ways of coordinating routines. These multiple forms of perception and feelings follow an immense variety of processes (Rochat, 2014). There are, therefore, a diversity of memories and forms of awareness that have particular ways of connecting with other psychological and physiological routines; there is no clear frontier that separates the somatic from the psychological, or psychophysiology from culture. As always, in biology, a few central mechanisms allow a minimum of coherence, but the details can be highly varied. This vision has been detailed ever since (Clarck, 1997; Varela, 1988; Hubel & Wiesel, 1963).

An Organismic Approach of Body Techniques

In 1934, the French anthropologist Marcel Mauss published a famous article on body techniques. It is a useful example of how organismic theory functions when it *focuses on a specific dimension of the organism.* Mauss refers to activities such as walking, running, breathing, swimming, jumping, massaging, giving childbirth, and so on. He defines these activities as "the ways in which from society to society men know how to use their body."

[6] I have followed Janet's description of this debate (Janet, 1923, I, 2:16–21).

[7] Claude Bernard polished the notion that fluids form the internal milieu of the organism. His model inspired Cannon (1932, p. 263) when he developed his model of Homeostasis, which in turn influenced Selye when he developed his psychophysiological model of stress.

[8] André Bullinger's (2004) work is an example of a researcher trained in organismic experimental psychology who needed the input of psychomotor therapists to produce a detailed description of the development of psychological schemas, and of their dynamic organization (Rochat, 2016).

[9] Janet is sometimes referred to as Piaget's mentor.

Mauss's analysis shows that even such basic actions vary in function of culture: "These actions are more or less habitual and more or less ancient in the life of the individual and the history of the society" (Mauss, 1934, 473). Every person has a particular way of walking and running that can be caricatured by a humorist. Although most of these skills have an innate basis, they also need to be calibrated and educated by experience.

Today, training an athlete requires sponsors, scientific medicine, teamwork, intelligence, motivation, relaxation, developing breathing and metabolic resources, having a sound cardiovascular system, and so on. An athlete requires all these dimensions support and enhance his physical performance. You should be motivated in a certain way, eat in a certain way, love in a certain way and move in a certain way, if you want to run at the next Olympic Games: "We are everywhere faced with physio-psycho-sociological assemblages of series of actions" (Mauss, 1934, 473).

Mauss's article on body techniques is a good example of how a particular dimension of the organism can only be properly understood if it is situated in its organismic and social ecological niche. I also take into account that each dimension has "imperialistic" demands: it requires that all the other dimensions involved function in harmony with its needs. In the long term, this is impossible because each dimension has distinct requirements and functions. The sometimes-conflicting agendas of biology and mind was already a central theme in early psychoanalysis. Thus, psychotherapists from Freud to Reich thought that when conscious processes cannot integrate sexual needs, they will, by necessity, disrupt a variety of other organismic subsystems: organs, hormones, breathing, muscle tone, memory and interpersonal regulation.

I use the adjective "organismic" to describe such an approach of a specific dimension of a person. For instance, I could say that Piaget used an organismic approach of the development of intelligence; or that Otto Fenichel developed an organismic approach of psychoanalysis.

The Field of Organismic Psychologies

I have for the moment only mentioned French speaking (French, Belgium and Swiss) organismic psychological approaches, because this is the tradition I was trained in. Other organismic theories exist. Classical examples are the more holistic visions of German speaking (Germany and Austria) such as those of Gestalt psychology (e.g., Koffka, 1935) and Kurt Goldstein (1939), Ludwig Von Bertalanffy, Heinz Werner[10], and Laura Perls (1978). Reich's sources were closer to evolutionary Austrian organismic medical biology, influenced by Mendel (Reich, 1940, I) more than by Darwin. I could easily include in this list authors such as James, Cannon, Selye, Laborit, Bateson in his late years (1979), as well as many others. This point of view is so widespread today that it is represented by at least a few members of most psychotherapy schools. It is particularly welcome in forms of psychotherapy that actively combine different dimensions of the organism such as: behavior, cognition and affects (for instance the schema therapy of Young et al., 2003); somatic psychotherapy (Boadella, 1987); psycho-analysts who focus on the coordination between experience and behavior (Beebe et al., 2010; Chouvier and Roussillon, 2008; Stern, 1985); or psychiatrists who treat trauma (Van der Kolk, 2014) and stress (Selye, 1978). Most of the practical methods used by body psychotherapy schools could be revisited and reframed by organismic psychologies.

[10] Werner (and Kaplan, 1963) and Von Bertalanffy (1968) created the label of organismic psychology.

To my knowledge, only Malcolm Brown (2001) and Gerda Boyesen (2001) explicitly present themselves as being influenced by Kurt Goldstein's vision of an organismic theory. Brown's affiliation to the more holistic visions of this organismic theory is manifest, as his school is registered as *Organismic Psychotherapy.* David Boadella (1991) shows his sympathy for the organismic psychology of Janet's psychological analysis when he entitles one of his articles: *Organism and Organization: The Place of Somatic Psychotherapy in Society.*

During the 1970s, Noam Chomsky orchestrated the end of general classical psychological theories such as structuralism, organismic theory, systemics and behaviorism, which reached its culmination at a debate, originally organized by Scott Atran, at the Royaumont Center for a Science of Man, near Paris (Piattelli-Palmarini, 1979). Recent developments in artificial intelligence, modular neurological models and linguistics required local models that could not fit elegantly in known general theories. For instance, the classical nature/nurture debates needed a complete reframing. The attack was remarkably efficient. It obviously said aloud what many were already thinking. The temptation to build global theories has disappeared from the landscape of academic psychology. A similar trend is developing in the field of psychotherapy, but at a slower pace. It is only since the last two decades that eclectic psychotherapeutic approaches are proliferating, but they often remain unacceptable for health institutions that are still trying to understand which psychotherapy schools and modalities they should support. What Chomsky did not predict was that his intervention fitted with the agenda of economic movements that wanted to move fundamental scientific research out of the universities, and replace it by empirical research managed by laboratories owned by multinational companies.

3. Pierre Janet (1859–1947): A First Form of Multidimensional Psychological Analysis

Stepping back from Freud to Janet as the founder of psychotherapy is a useful way of moving forward to integrate existing psychotherapeutic approaches. This step involves a series of different polarities that still frames the development of psychotherapy: academic/school specific training programs, team/individual psychotherapy, and multi- or uni-dimensional focus. I will take these issues one by one. They do not necessarily overlap.

The first theme opposes a medical model that is based on treatments developed in hospitals and in academic training programs, and treatments developed in schools that each proposes distinct therapeutic approaches. The second theme opposes treatments proposed by a team that combines different approaches and an individual psychotherapist who proposes a particular treatment. The third theme opposes treatments that focus on the coordination of several dimensions, and approaches that focus on what may be a particularly relevant modality.

An obvious spontaneous reaction to such a listing would be to assume that they should all be available, in function of the needs of the patient. This can easily be said in hindsight today, but the history of these debates shows that they are nevertheless relevant, if one accepts the underlying issues that created deep splits in the history of psychotherapy that can only now be gradually overcome. Psychotherapy emerged in a field of conflicting interests, such as marketing, ideological preoccupations, rivalry between clans (e.g., between psychiatrists, psychologists, psychotherapists and spiritual movements), and so on. There was also the simple fact that psychology is too young a science to allow an agreement on what stuff thoughts are made of. Academic psychology has supported a certain number of useful approaches of the mind, while psychotherapy schools have explored other equally useful options.

The Cognitive Ethics of Psychological Analysis and Psycho-Analysis

"Most body psychotherapists have from the start been trawling through material which will support their pre-existing experience and intuition. Probably no one has studied neuroscience in order to work out from scratch how to conduct body psychotherapy. (…) Neuroscience is such a fluid and creative field at the moment that it is not hard to 'cherry-pick' research findings to support a wide range of different approaches." (Totten, 2003, *Body Psychotherapy*, p. 33)[11]

I will begin by ethical considerations that have animated lively debates on developing psychotherapy in academia or schools. Janet spent his life in academia, while Freud needed to earn his living as a practitioner. His attempt to have an academic career had failed, but he remained a researcher at heart. It is probably the inherent logic of these two roads that created the conflicting dynamic that only became marked two decades after Janet and Freud had worked in Charcot's Salpêtrière department. I will now present Janet's point of view, and will later describe Freud's.

A way of summarizing Janet's position on scientific knowledge in modern terms is that Janet believes that scientific ethics require a sharing of all available information. This stance was highlighted when, in March 2000 "President Clinton announced that the genome sequence could not be patented, and should be made freely available to all researchers."[12] This decision was necessary because private laboratories tend to protect their findings and skills, as they are their main source of revenue. What should become common shared knowledge according to scientific ethics is now protected private property. Janet noticed that an in-depth access to the findings of psychotherapy schools such as psychoanalysis was often only accessible to those who spend time and money following an intense intimate training in that school. This remained true even if Freud, Jung and their colleagues were particularly good at publishing their main findings and observations. This privatization of discovery pro-cesses is particularly regrettable when they lead to highly useful formulations and methods.

Janet's critique of psychotherapy schools is that they a) only use scientific formulations that agree with their thinking, b) use notions and a language that other movements could only partially understand[13], and c) reduce their capacity to learn from experience by imposing a grid to patients before a therapist has had time to understand the dynamics of the patient. These traits are, for Janet, manifestations of a poor ethics of knowledge, close to the behavior of spiritual sects. To use Jean Piaget's vocabulary, Janet wants to *accommodate* his knowledge to the individual particularities of a patient when possible, while psychotherapists such as Freud, Jung or Reich mostly perceive what their imagination can *assimilate*. For Janet and many other intellectuals, psychoanalysis was perceived as a social tsunami, which tried to destroy all those who disagreed. All he could do was to become a wall that could protect the territory gained by organismic psychology.

Cure is not, for Janet (1923, p. 9) a proof that a treatment has solid scientific bases. Successful healing methods already existed in the Egyptian antiquity. Contemporary "mind cures" he discusses are proposed are those of the Christian scientists of "Mrs. Eddy" (Janet,

[11] This useful summary of the present state of affairs is not only true of body psychotherapy, but of most psychotherapy schools; and it is not only true for neuroscience, but for all other relevant scientific disciplines.

[12] Quoted from the Wikipedia article on Human Genome Project, October 2015.

[13] Dan Sperber (2010) has recently defined this strategy as a "Guru Effect." He associates this communication strategy not only to religious bibles, but also to philosophers such as Sartre and Derrida and psychiatrists such as Lacan. He targets theories that, like the horizon, do not become clearer after years of intelligent debates.

1923, p. 13), and "the psycho-analysis of M. le Dr S. Freud (de Vienne)" (Janet, 1923, p. 26). For Janet and his masters, determining what are the curing procedures included in the rituals used by healers is a subject of future research. For example, ancient Greeks already knew that the tree bark of willows had a curative effect. In the 19th century, chemists isolated the curative substance contained in the willow: salicylic acid, better known as aspirin. A scientific understanding of the impact of aspirin on physiology only began fifty years ago, when researchers like John R. Vane (Nobel Prize in 1982), discovered that aspirin inhibits the production of prostaglandins and thromboxane. Similarly, for Janet, trance activated while praying for Jesus could have important curative effects on psychophysiology in some cases, but these cures do not demonstrate that Jesus exists (Charcot, 1893; James, 1902; Janet, 1923). Janet (1913) developed this argumentation to show that it is not because schools such as psychoanalysis have cured, that their *principles* are necessarily true. Solid systematic scientific research carried out by a web of colleagues that use different methods and references[14], is the only way to improve our understanding of what really activates a cure.

Janet was shocked to read that for Freud all hysterical patients had necessarily suffered from an early sexual trauma, or that all the trees of a dream were necessarily penises, or that all humans suffered from an Oedipus complex (Janet, 1923, pp. 26, 60–61; 1913). These hasty generalizations, based on a small number of patients, were then imposed on patients from the first session onwards. Rigor requires that even when one has a plausible explanation, one should look for other equally plausible explanations before choosing an option. Most of Freud's early theses confirmed some of Janet's published observations; but Janet always showed that one of his findings is only useful for a *specific* set of patients. Thus, Charcot published on hysterical patients that suffered from a variety of traumatic events (e.g., a car accident, a sexual trauma, etc.), but only Freudians dared to publish that *all* hysterical patients suffered from sexual trauma. Janet advocates a strict clinical approach, where each patient is described in detail (verbal and nonverbal expressions, neurological and physiological medical status), as exactly as possible, while leaving interpretative options as open as possible. Psychotherapists should then advance scientifically. Which is to say that a case study should test a hypothesis that is situated in a theoretical frame. This hypothesis is necessarily as economical as possible. An observation that does not also test a theoretical theory can be useful, but it then remains a purely empirical exploration.

When attacked, psychoanalysts had the reputation to answer using personal rather than scientific arguments. For example, that the personal neurotic defense system of academic psychologists prevented them from accepting a theory that could cure their neurosis[15]. This critic is interesting, and maybe partially true; but it only becomes constructive if it goes both ways. It does not protect psychotherapy schools from making the effort of integrating new scientific findings that may force a school to reconsider some of its initial (or even founding) formulations. The fact that a researcher or a therapist is a neurotic may influence in an unfavorable way some of his conclusions, but it does not disprove the validity of robust observations that have been confirmed by other research teams. After the 1970s, the power games of the psychoanalysts were finally contained by academic scientific ethics. Janet would probably have made similar remarks to classical body psychotherapy approaches such as those of Wilhelm Reich, Alexander Lowen, or Gerda Boyesen.

[14] This is the definition of objectivity.

[15] An expert of this type of slanderous critic of others was Wilhelm Reich (for example, 1952). He repeatedly claimed that a researcher who could not experience an orgasm and the pulsation of the orgone energy, was necessarily involved in spreading the emotional pest.

As already mentioned, *psychological analysis* was an expression used by early psychologists to designate a domain of research. As he respected his teachers, Janet was saddened to hear that someone who had studied with Charcot could dare to use this expression as a personal flag. For Janet Freud's *Psycho-Analysis*[16] was plagiary. Janet was shocked when he heard that a movement with such a name could kick out respectable colleagues such as Adler or Jung, just because they did not agree with the founding figure of the movement. It then became even clearer that psychoanalysis was more of a sect than to a field of research close to what Janet respected. Often, in such discussions, academics find it difficult to be confronted by broad theoretical positions based on specific experiences advance by practitioners who are the only ones who dare to gather information on intimacy, but who do not have a form of social support that allows them to integrate all the scientific discussions that are published in all the scientific journals. Schools teach what they are experts in, not what they do not know.

Janet might have appreciated recent observations made by scientists who provide detailed analyses of what actually happens during psychotherapy sessions (as in Frey et al., 1980 and Heller et al., 2001). Daniel Stern proposed the first 'conclusions' to this type of detailed analysis of psychotherapeutic interactions in his 1995 *Motherhood Constellation*. He shows that most therapies have an outcome that is often constructive for patients, but not in a way that can be predicted by the theories used by psychotherapists. For instance, adequate behavior therapy can modify representations that are the target of psychoanalysts, and loosen muscular tensions that are the target of body psychotherapists. Stern, like other contemporary experimental psychologists who are also psychotherapists, claims that we would need more scientific research to understand what really happens during a psychotherapeutic process and what makes them efficient.

Fifty years after Janet's death younger colleagues are grateful for the creative space he has protected. Psychotherapists are feeling increasingly free to propose entirely new directions, different from those psychoanalysts had tried to impose, as in systemic, body, cognitive and behavior therapies… and in new approaches of trauma that often found Janet's perspective at least as instructive as Freud's (Van der Hart et al., 2006; Van der Kolk and Van der Hart, 1989). This led to a revival of Janet's work, and the capacity it has to encompass in a coherent way most psychotherapeutic models and methods. Janet's proposal also facilitates closer connections between experimental psychology and psychotherapy (Van der Kolk et al., 2001).

The Hypnotic Splitting of Conscious Dynamics

For Janet, psychology is a science, and psychotherapy a way of applying this science. However, even this top psychological drawer of the organism contains layers of procedures that are relatively distinct from each other. Thus, sentiments have some conscious constituents, but these are relatively simple (Gergely & Unoka, 2008). Routines that are often considered more complex, such as intelligence and explicit perceptions, can only produce partial accounts of a sentiment (Janet, 1927, p.17f). In a filmed interview, Piaget (1977, first minutes of the film) makes a similar distinction when he explains that conscious movements follow a process that conscious rationality cannot really apprehend. One can have a correct movement (it handles an object in an appropriate way), and have a wrong theory of why and how one does this movement. The same can be said of behaviors activated by a subconscious hypnotic

[16] Janet's (1913) spelling.

injunction. The more rational dimensions of thought are quasi-blind to the interfaces that connect conceptual thinking to somatic dynamics (Fogel, 2009: p.55f; Janet, 1927, p. 18). Janet and body psychotherapists share a common interest for these nonconscious *connections* between mind, affect, soma and behavior. In all these cases, being aware of even a simplified version of what is happening is experienced as highly complex, hence the relevance of notions such as *simplexity* (Berthoz, 2009). One of the chore issues of such a vision is that consciousness does not even know why it focuses on a certain issue in a certain way at a given moment.

The layers of consciousness also include phenomena such as the splitting of explicit consciousness that generate the subconscious that Charcot and his team often observed during distinct psychological states such as hypnosis, in somnambulism and in hysteria. A psychological state is characterized by a distinct coordination of particular cognitive, affective and somatic dynamics: when hypnotized, I can remember events and their associated emotions which I cannot recall once I have woken out of this state. This is an example of subconscious modes of functioning: some modes of cognitive and affective functioning are only available when one is in a particular *psychological* state. A more refined differentiation of psychological states can be observed when body psychotherapists ask a patient to begin with a tonic grounding exercise, and then lie down on a mattress. The physiology is different (e.g., the vegetative system passed from its sympathetic state to its parasympathetic state), the affective tone is different (e.g., passing from a tonic state to relaxation), and the representations that merge can also follow different tracks (different body sensations, affects, inner images, memories and thoughts). As humans are all different, the blending that occurs in each psychological state always has particular flavors. In the case of pathological states such as somnambulism and hysteric or epileptic convulsions one notices that patients may not even remember that they have entered such states, and that they cannot control how they entered in these states. There is then total dissociation. Even when they have at least some memory that the crisis occurred, they cannot prevent the sudden automatic activation of these states. Today these distinctions have been used to analyze Post-Traumatic Stress (Van der Hart and Van der Kolk, 1989). I also find them useful in the treatment of bulimia. In Janet's language, this splitting of consciousness can weaken moral judgment. For Janet, moral judgment is a psychological power that allows a person to go beyond his automatic reactions by connecting them to conscious dynamics that support rationality and will power (Janet, 1889, p. 475)[17].

Janet's formulations sometimes parallel Alexander Lowen's (1975), such as when he states that mind and body are two sides of the same coin. However, Janet talks of a more differentiated coordination of subsystems, as he would not go as far as to state that a gesture and a sentiment necessarily have the same function. They are often complementary. Intelligence, sentiments, physiology and gestures may participate in different ways in a common state, process and/or behavior (Janet, 1889, p. 481). It is because of these formulations that an increasing number of contemporary body psychotherapists, starting with David Boadella (1997), refer to Janet as one of the founding fathers of body psychotherapy.

[17] Although they use another language, this argumentation can be found in most humanistic psychotherapies. The utility of strengthening moral resources is particularly manifest when working with addiction, which often activates somatic and psychological dissociation (Caldwell, 2001; Glasser, 1965).

4. The Psychoanalysis of Sigmund Freud (1856–1939): Exploring the Stuff Dreams are Made of

Janet's critique of psychotherapy schools remains true today. The cognitive ethics and methodology used by psychotherapy schools remain poor. In Charcot's days, all available methods could be used to explore all aspects of the psyche, as long as they were supported by solid scientific clinical methods. Janet was probably sad to observe that the psy[18] world was gradually creating the sort of splitting of consciousness that Charcot and his team had observed on hysteric patients. Scientific psychology focused on those parts of psychological dynamics that could be explored with highly standardized experimental methods, while psychotherapists found ways of using their own experience and empirical tools to contact the experience of their patients. Everything happened as if academics only scrutinized regions where they could visit with their jeeps, while psychotherapists explored other regions that could only be visited by horse and camel or on foot. The use of Charcot's clinical science to explore the psy dimension was slowly dying.

Janet's dissatisfaction with Freud's cognitive ethics were expressed once this scientific splitting of the psy domain became manifest. Freud influenced the cultural development of the whole planet; while Janet became an ambassador of organismic psychology, read with respect by colleagues. The Viennese philosopher Wittgenstein was also irritated by how psychoanalysts argued, and by some of their psychological models. Nevertheless, he admired Freud who wrote the Analysis of Dreams because "he was someone who had something to say" (Wittgenstein, 2007, p. 41), which for Wittgenstein is a supreme compliment. Although Wittgenstein disagreed with most of Freud's theory, he nevertheless thought that he was one of the few authors alive worth reading (Bouveresse, 1995, chapter I). Rejecting all the formulations of an intellectual movement just because some of them are highly arguable is not, for me, a constructive way of creating a dialogue between psychological schools and modalities (Bourdieu, 1988).

In the following sections, I will highlight some of Freud's proposals that are particularly relevant to the subject of this article.

Using an Expressive Verbal Method for an In-Depth Exploration of the Psyche

After having finished a thesis in neurology on the chemical dynamics of the brain, Freud began his clinical career by working in the private practice of Josef Breuer. Breuer was using a *Taking Cure* and hypnosis to treat female hysterical patients. It is to enrich this collaboration that, in 1885 and 1886, Freud managed to spend a semester in Charcot's Salpêtrière. Together they developed a *Cathartic Method* and published the famous "Studies on Hysteria" in 1895. The method followed the fashionable trend defended by Charcot's psychological analysis, which takes into account all the dimensions of the organism that are connected to a psychological issue. Freud combined hypnosis and related relaxation methods, sent patients to physiotherapists when required, touched the forehead to enhance a hypnotic trance (the pressure technique), and integrated Breuer's talking cure. He carefully recorded all aspects of the patient's behavior, and explored in detail the patient's history, thoughts and impressions. He became familiar with the cathartic episodes that were inevitably activated from time to time when one combines organismic dimensions in a psychotherapeutic process.

[18] I use this term to designate the field that is common to psychology, psychiatry and psychotherapy, and the domain explored by these three professions.

However, Freud was not entirely satisfied. His work generated helpful information and clear improvements, but not necessarily cures. Clearly, a practitioner in a private practice could not coordinate all the information that was already difficult to manage for a psychiatric team. Furthermore, even after the publication of the book on hysteria, Freud did not have enough patients to finance the lifestyle required for his marriage. He let Breuer - as well as others - sponsor him, while he tried to reduce all the methods he was handling to a few essential techniques. For Freud, Janet was creating an *institutional* form of psychotherapy. He needed to find a method that could be used in a *private practice*. This implied aiming at the essence of psychotherapy: focusing on psychological tools to heel the psyche (Freud, 1890). This process took him five years at least. It led to the 1900 famous book on the *Analysis of Dreams* that became an immediate best-seller.

Given that hypnosis did not keep all its therapeutic promises, Freud focused his attention on Breuer's home-made technique: the *Talking Cure*. He explored various ways of using it, and gradually focused on the automatic verbal free association method developed by hypnotists. His way of using the technique introduced a central method of future psychotherapy: co-exploring forms of behavior that express different layers of what is experienced. The patient transforms implicit impressions in explicit expressed formulations, while the therapist can experience the impact of what is expressed, and fit it in the memory of a listener with professional experience. By coordinating their experiences of the same behavior, psychotherapist and patient co-constructed an emerging analysis that could not have become apparent if this information had not been combined[19]. Free association is sensitive to the more or less conscious inner atmospheres that generate various forms of impressions. Having at last found a way of using his creative powers, Freud managed to reduce the Talking Cure to an incredibly rich sauce that allowed him and his patients to taste together "such stuff as dreams are made on" (Shakespeare, 1623, *The Tempest*, Act 4, scene 1, 148–158).

The material provided by this method is so rich that it took decades for an increasing number of psychoanalysts to discover some of its most obvious implications. Afterwards, similar forms of free associations were explored, using other modalities such as gestures and drawing. As psychoanalysts had enough work exploiting verbal free association, associating with nonverbal modalities was explored in other psychotherapeutic schools after the Second World War, such as Gestalt and body psychotherapy, which were at first quite close (Kogan, 1980).

Proposing the Psyche as a Well-Differentiated Focus for Psychotherapeutic Methods

"There are also psychic truths that can neither be explained nor proved, nor contested in any physical way. If, for instance, a general belief existed that the river Rhine had at one time flowed backwards from its mouth to its source, then this belief would in itself be fact even though such an assertion, physically understood, would be deemed utterly incredible" (Jung, 1958, *Answer to Job,* p. 553)[20].

Freud and Jung were probably the most compelling advocates of the idea that there exists such an entity as the psyche, and that its mode of functioning could not be reduced to that of physiology. They managed to convince an increasing number of psychiatrists that pathological psychological dynamics could only be cured through psychological means. Interventions on other dimensions of the organism were not excluded, but they were only

[20] To be fair, co-construction was mostly a preoccupation of some of Freud's pupils who, like Sandor Ferenczi, liked to explore transferential dynamics (transfer and counter-transfer) (Haynal, 1987; Heller, 1987).

useful as contingent support. Nevertheless, the movement that was set by Wundt and James on the one hand, and Freud and Jung on the other, remained within the frame of organismic psychology. At the end of his life, Freud summarized his position in the following way:

"We know two kinds of things about what we call our psyche (or mental life): firstly, its bodily organ and scene of action, the brain (or nervous system) and, on the other hand, our acts of consciousness, which are immediate data and cannot be further explained by any sort of description. Everything that lies between is unknown to us, and the data do not include any direct relation between these two terminal points of our knowledge" (Freud, 1938, An Outline of Psycho-Analysis, I.i, p. 144).

Complexities for Individual Psychotherapy

As described above, psychoanalytic sessions yielded more information than could be dealt with during a private dyadic psychotherapeutic interaction. Further reduction of the material produced by patients and the experiences of the therapist was therefore still necessary (Braatøy, 1954, p. 110f). This led Freud to propose the following technical procedures:

1. *A standardized postural frame.* The patient is asked to lie on a couch and to avoid looking at the therapist as much as possible. The therapist sits behind the patient and refrains from interacting with patients as much as possible, even when he proposes an interpretation. Lying on a couch without interacting with others is as close as you can get to induce a quasi-hypnotic relaxation that can support the need to associate verbally as freely as possible while focusing on what is being experienced within the space occupied by the patient's organism (Braatøy, 1954, p. 335)[21]. Being protected from the patient's gaze also helps the therapist to remain in a state of floating attention, and reduces nonverbal solicitations to its essential component: the management of the atmosphere in a well-known room. It also frees the therapist from having to worry about all the bizarre automatic mimics and self-regulatory gestures that may spontaneously occur when he focuses on his inner impressions (Braatøy, 1954, p. 40).

2. *A simple (simplistic) system of interpretation.* Descartes recommends that when one begins an enquiry one should start with the simplest possible hypothesis, and only gradually use more complex ones when the simpler ones can be reliably rejected (Descartes, 1628, rule II). Freud's focus on the pleasure principle is a reasonable way to begin a verbal psychotherapeutic approach. Zeroing in on sexual issues was maybe courageous given the morality of these times, but a reasonable choice if one wants to gather as quickly as possible information on the intimate experience of a person. Furthermore, the domain could easily be reduced to the simplistic metaphors used for jokes. Understood by all, they can easily trigger complex associative chains.

These two frames were used as a way of strengthening a person's psychological resilience, by becoming able to relax, to face not only truths but also options on the sort of desire one could have. This educative stance is finally not so far from Janet's position that strengthening one's inner moral stance is a key feature of psychotherapy.

Epidemiological Psychiatry

One of the reasons why Freud and Reich became so famous was their way of showing that psychological malfunctioning was linked to socio-political issues that required an in depth

[21] Trygve Braatøy's introduction to psychoanalysis contains other useful remarks on the use of the couch.

reformulation of cultural ways of dealing with emotions, sexuality and representations. For them only a part of a person's psychological dysfunction could be solved in a psychotherapeutic treatment[22]. The psychotherapist has the duty to inform social institutions and Medias of how cultural dynamics can destroy a person's organismic regulation system, and on how they could become constructive and supportive. Regrettably, this ethical stance has nearly completely disappeared from the duties today's psychotherapist imposes on himself.

A New Nonacademic Liberal Profession: Psychoanalysis and Psychotherapy

Finally, Freud threw a bomb in the market of liberal professions, as becoming a psychoanalyst required a form of training that could only be acquired outside of university, by practicing the method on oneself and others on a regular basis. Yet psychoanalysts asked for a form of respect and payment that is equivalent to that of academically trained liberal professions. The issue was not only that relevant practical work could not be practiced in a university, but also that a psychotherapy school should be able to control the formulations of those who use that practical work. Freud created the first school of psychotherapy and the pattern that schools should respect the formulations of their founder or be expelled. This is the standard procedure in most private scientific laboratories today. Given the high status and academic training of those who were expelled from psychoanalysis (medical doctors such as Adler, Jung, Reich and Lacan), the argument that Freud wanted to protect the professional standards of psychotherapy is not relevant.

The complexity of having introduced psychotherapeutic schools, initiated by Freud, probably requires more transparent ethics in the management of self-produced knowledge, and its association with the knowledge produced by other schools and academia. I will return to this complicated issue at the end of this article.

5. The Behaviorist Therapy of John Broadus Watson (1878–1958): an Educational Mode of Psychotherapy

In the 1920s, influenced by John Watson, USA psychologists created a radical pragmatic movement called Behaviorism. This led to a form of psychotherapy based on the education of reflex behavior. One of the features of this approach was complete coherence between academic psychology and its therapeutic application on patients. These early Behaviorists did not analyze what behavior expresses, or the specific behavioral signs that can influence others. For that, we have to wait for the advent of nonverbal communication studies and systems theory (Bateson & Mead, 1947). The main goal of behavior therapy seems to have been *educational*. If a person had inappropriate automatic behavior, the therapist would try to *recondition* those mechanisms that regulate behavior in a more appropriate way (Watson & Rayner, 1920)[23]. This aim was close to Janet's notion of automatic behavior and thinking, and Pavlov's notion of conditioned reflexes (Pavlov, 1904). However, in a radical move, Watson and his colleagues threw away all forms of hypothesis testing on unobservable phenomena as unreliable. Thoughts are an example of an unobservable phenomenon, while behavior can be recorded and reliably observed by trained colleagues.

[22] It is in this context that psychoanalysts developed an analysis of how unconscious resistances could influence intellectual creativity. Regrettably, as already mentioned, this tool was often used for proselytism rather than to increase our understanding.

[23] A film on how Watson and his team worked with a child (little Albert) can be found on the net (http://www.simplypsychology.org/classical-conditioning.html, viewed in November 2015.

The mechanisms that organize verbal and nonverbal behaviors are unknown. They form a black box that cannot be studied by the scientific methods that existed at the time.

Behaviorism was severely attacked by European psychologists and philosophers (Koestler, 1968), but it won at least one battle: the use of introspection was banned from experimental psychology during the rest of the century. Psychotherapies influenced by psychoanalysis were the only stronghold that continued to use this option to explore the intricacies of the realm of impressions. Some introspection was also used in Piaget's "clinical" experimental method (Mayer, 2005).

We have seen how Freud initiated a form of psychotherapy based on verbal expressive behavior. Behaviorist psychotherapists inspired by Watson explored the possibility of using what I call levers: modifying behavior in a specific manner was a way of provoking reactions in the unknown complex territories of the organism, and then observing what behavioral changes became implemented. If these results were not satisfactory, the therapist would use a slightly different educative procedure and see how that influenced the targeted behavior.

This lever model was then used in other forms of psychotherapy. To help patients who suffered from a form of mental defect, psychotherapists looked for manageable ways of influencing what cannot be really grasped, with the hope that their intervention could (a) repair maladjusted routines of the mind, (b) repair unreliable connections between thoughts and its organismic and social environment, and (c) improve our understanding of how these mechanisms function. In other words, they looked for levers that could influence psychological dynamics, and then observe how their use can promote a constructive reshuffling of non-conscious organismic regulators. In the realm of Reichian and neo-Reichian therapists, cathartic discharges are sometimes also used as a form of lever.

6. Combining Methods and Frames: from Ferenczi to Groddeck and Fenichel

Expressive and Educational Lever Therapeutic Strategies

We have, up to now, explored two unimodal strategies based on the notion that no scientist can provide a usable model of how the mind functions and how it inserts itself in its immediate environment:

1. Free association in one modality (e.g., psychoanalysis).
2. Training corrective procedures (e.g., behaviorism).

The advantage of using a one-lever device approach, is that a practitioner can develop detailed techniques that can easily be taught and shared with other colleagues. This type of approach is also relatively easy to integrate in empirical and scientific research programs.

Introducing Active Techniques that Encourage the Free Association of Expressions

With the First World War, military institutions invested in the development of new psychotherapeutic tools designed to help traumatized soldiers. Famous medical figures such as Cannon and Goldstein, as well as psychoanalysts, were asked to provide helpful active techniques for trauma[24]. Ernst Simmel developed educational tools framed by psychoanalytic theory, which mixed spontaneous expressions such as dreams and advice. To develop these short cuts, psychoanalysts were able to create a compromise between classical psychoanalysis and more polyvalent forms of intervention.

[24] Although Janet has had a strong influence on trauma therapists since the Second World War, I have not seen his name mentioned for trauma work during the two World Wars.

In the early 1920s, Sándor Ferenczi (1920) attempted to synthesize the implications of these changes of technique, by proposing a new *Psychoanalytic Active Technique*, which even integrated certain aspects of behavioral therapy (Ferenczi, 1921). This technique encouraged Ferenczi to find ways of asking patients to explore how certain behaviors could be used as a source for free association exploration, just as dreams were used as bases for such an exploration. He then used transferential dynamics to explore the impact of new ways of doing and perceiving things. For instance, in one case, he asked a female patient to explore why she always crossed her legs on the couch. In another case, he asked a patient to explore different ways of singing a song she dreamed of. Ferenczi and these patients thus became conscious of a whole series of defenses that inhibited their capacity to lead a pleasant life. Ferenczi thinks that this content would probably have never appeared if he had followed a classical psychoanalytical approach. Ferenczi also noticed that as soon as he mixed modes of intervention, cathartic reactions became more frequent. This active approach created a major shift outside of the psychodynamic realm, creating a space for a wide range of new approaches, such as systemic, gestalt, humanistic and body psychotherapy.

At first Freud claimed that symptoms "had to disappear once its unconscious meaning had been brought into consciousness" (Reich, 1940, p. 21). However, a multidimensional approach became necessary when psychoanalysts discovered that the state of patients who could finally remember a traumatic event did not necessarily improve. Ferenczi's active technique and Reich's Character Analysis introduced the requirement that patients should not only remember a past trauma cognitively, but also re-experience its traumatic emotional impact.

The Return of Body and Somatic Phenomena in Psychology and Psychotherapy

The integration of behavior and body techniques in a psychodynamic approach was officially opened once Freud declared that, "the Ego is, first and foremost, a bodily ego" (Freud, 1923, II, p. 26). This fit well with the general spirit of European psychology at the time. To integrate what they believe to be the more interesting proposals of behaviorism in a model close to organismic psychology, researchers such as Henri Wallon (1934, 1926)[25] and Jean Piaget (1936) were embodying (to use a more recent term) their analysis of the development of psychological dynamics. Ulf Geuter and his colleagues (2010) remind us that, in 1931, the sixth congress of the "Common Medical Society for Psychotherapy" met in the German town of Dresden. Its general topic was "treating the soul from the body."

In Berlin, during the late 1920s, the psychoanalyst Otto Fenichel became involved with the gymnast Elsa Gindler, who explored movement and breathing from the outside and the inside. With his wife Clare, he (Fenichel, 1928) organized presentations at the psychoanalytic institute on the way to integrate certain aspects of Gindler's work into psychodynamic theory (Geuter et al., 2010; Reichmayr, 2015). This opened discussion on how to integrate the body and soma in psychoanalysis. When they emigrated to the USA, Franz Alexander and Alexandre Radó continued to explore this theme, and created a psychoanalytical psychosomatic medicine.

Although we only have indirect evidence, it would seem that Fenichel and Gindler observed that the spirit required to explore body movements and the spirit required to analyze dreams

[25] Henri Wallon's vision is also that of a sensory-motor development of affects and intelligence that forms character. He became communist during the Second World War. His use of dialectics made him develop considerations that are not so far from the communist Reich.

through free verbal associations is different: these approaches require different theories, a different way of relating to pupils and patients, and a different inner attitude. Fenichel and Gindler seemed to agree that it is impossible to combine high quality bodywork and psychoanalysis directly. They would have recommended that the patient receive help from a team: an expert in bodywork and a trained psychoanalyst. This direction, in line with Janet's proposal, led to the creation of psychotherapy teams in institutions. Examples of such group work are: Esalen Institute in California, founded by Fritz Perls and his colleagues; the Boston Trauma Center, created by Bessel van der Kolk and his colleagues; and the psychosomatic department of Le Noirmont clinic in Switzerland, created by Duc Lê Quang and his team.

It is in this intellectual atmosphere that Wilhelm Reich arrived in Berlin and joined those who explored ways of introducing bodywork in a multidimensional private practice. Inspired by Groddeck's (1931) use of deep massage in psychotherapy, he investigated different ways of combining psychoanalysis and bodywork. He rediscovered that combining modalities can activate cathartic experiences. It can thus be said that the Wilhelm Reich of the early 1930s was one of the first body psychotherapists.

Antidepressant Medication and Psychotherapy

Another type of lever that is often used to heal psychological sufferance is medication. Although prescribing drugs is not recognized as a form of psychotherapy, I have observed that integrating the use of medication in a psychotherapy process can be extremely useful. Being a body psychotherapist, integrating somatic and psychological dynamics in an explicit way is a part of my work. When an antidepressant is experienced as helpful, I ask the patient to describe, as precisely as possible, in what way; and then explore with him how we could find a useful similar impact without medication. Typically, some patients report an experience of having more inner space. The patient does not know how these changes came about, but he has an explicit experience of an inner capacity he appreciates. I may then show that a similar inner space can be found through breathing exercises, dream analysis, clarifying issues, orgasm, and so on. In body psychotherapy, we often have patients who report feeling whole again and more inner space after an exercise. The difficulty, of course, is helping patients to acquire this capacity in a lasting way, be it through classical psychotherapy and/or body-mind exercises. I also noticed that under medication some patients, but not all, can integrate inter-psychic conflicts they were incapable of handling before.

I have chosen the easy example of a patient who takes an efficient antidepressant medication, but there are, of course, cases that are more complex.

7. The Explosive Potential of Connecting Devices in the Organism

In the previous sections, I included body psychotherapy in the list of psychotherapies that use one or several levers to explore psychological dynamics that are integrated in the regulation system of an organism. It was inevitable that some psychotherapists would ask themselves how they could directly influence the mechanisms that *connect* the psychological and somatic dynamics within an organism. As science gradually improves its understanding of psychology and of how organisms function, therapists began to give more substance to this notion.

The theory of how specific organismic procedures can interact is still work in progress, in psychophysiology and in computer engineering. It requires an analysis of a web of *connecting devices* that function as *interfaces* between mechanisms that follow highly variable procedures.

Let us consider two types of interfaces:

1. Interfaces between different types of procedures in a computer program or in the mind (Piaget, 1975).
2. Interfaces between different dimensions of a machine or of the organism.

That one needs interfaces *between mental routines* shows how varied they are, not only in their aims and requirements, but also at a procedural level. For instance, explicit conscious reasoning follows a different type of routine than intuition and automatic reasoning; or short and long-term memory use different types of logistics, in a personal computer as well as in the brain and in the mind. These issues are relevant for psychotherapists who work with attention deficit and/or high potential patients. It is remarkable how these cognitive issues can have a deep impact on affective dynamics and self-esteem (Tuckman, 2009). Yet these issues are regrettably often forgotten by psychodynamic, humanistic, systemic and body psychotherapists. A high variability of genetic, neurological, experiential and cognitive procedures has, for instance, been well documented in research on specific clinical groups such as autism spectrum disorders (Schaer et al., 2014).

Then we have interfaces that connect *different dimensions*. In the computer world, connecting devices convert analog signals into digital information, or electrical computation into images on a screen. In a joint presentation at the 2014 Lisbon EABP Congress with Rubens Kignel, we gave the following examples to show that the influence of the mind on muscles is not of the same type as the influence of muscles on the mind:

1. An exercise taken from Edmund Jacobson's (1938) Progressive Relaxation showed how muscular relaxation can induce psychological relaxation.
2. An exercise taken from Johannes Heinrich Schultz's (1932) Autogenic Training showed how mental relaxation can induce muscular relaxation.

Having experienced these two methods, the participants could easily perceive that they were a) often efficient, and b) so different that they require a different inner atmosphere and different forms of involvement.

I call *organismic* therapies approaches that focus mainly on these connecting devices. Psychological dynamics are only one of the important subsystems to be considered. One of the interesting clinical findings of this type of approach is that they confirmed the relevance of Descartes's hypothesis that emotions and instincts are grounded in these coordinating organismic devices. Organismic therapies have had a strong influence on body and somatic psychotherapies, but they are different from body psychotherapies because it is the organism taken as a global entity that is their core preoccupation, not the psyche. The distinction may appear to be, at first, a nuance; but I will try to show that organismic therapies are a separate fascinating field. Well-known examples are Reich's Vegetotherapy, and the approaches developed by Cannon and Selye to tackle unsolved issues related to war trauma during the Second World War.

Wilhelm Reich (1897–1957) and Vegetotherapy

When, in 1934, Wilhelm Reich was expelled from the International Psychoanalytical Association (API), Reich t*urned his back on all forms of psychotherapy*. In Oslo, he created a new form of therapy that focuses on how the global organism regulates itself and how it coordinates its connecting devices. For instance, the common trait of epileptic and hysteric convulsions, for Charcot, was that both activated the same sort of dysfunctioning connecting devices that spread from the mind and the neocortex to the spinal sensory-motor reflexes.

Reich was inspired by German-speaking physiologists who were exploring new paths that went in the same direction as Cannon's. They mostly focused on what is connected by the vegetative[26] nervous and hormonal sympathetic and parasympathetic systems. This new organismic orientation was based on Reich's previous work on the orgasm reflex. Orgasm is perceived by Reich as a loose innate reflex that automatically coordinates physiology, ways of breathing and moving, affective mobilization, behavioral virtuosity, cognitive patterns, relational strategies and cultural symbols. He assumed that if such a mechanism exists in the realm of sexuality, a similar mode of functioning could also be found for all the drives that were the center of attention of psychoanalysts in the 1930s. For Reich, people like Fenichel and Gindler, when they analyzed representations and gestures, only observed the smoke produced by the fire he wanted to work with. Thoughts and movement are but the foam on top of waves that are activated by deep organic currents and the impact of social winds.

Once again Reich is confronted by powerful emotional discharges that mobilized the whole organism in an important way. His predecessors had been uncomfortable with these cathartic organismic mobilizations. Reich decided to explore them head on, to understand why catharsis inevitably emerges when you work on the deeper connections between thoughts, body, behavior and physiology. He found ways of giving them the space they needed, and ways of setting aside the fears that prevented patient and therapist from exploring how these trance states could reshape how an organism regulates itself.

Walter Bradford Cannon (1871–1945) and János Selye (1907–1982): Synthetic Forms of Organismic Therapy

Reich developed his orgone work in Maine (USA). He was close to Harvard, where Cannon had developed his homeostatic model, and his analysis of the fight and flight responses that were activated by stress (Cannon 1931, 1932). Not far from there, in Montréal (Canada), a decade later, Hans Selye (1978) developed his model on stress reactions to treat soldiers traumatized by the Second World War. He assumed that stress activates a psychophysiological circuit that coordinates cognition, affects, neurological reactions, hormonal activators situated in a variety of organs, cardiovascular responses, and the immune system. In this model, Selye shows that stress is produced by organismic regulators that malfunction and produce a negative vicious circle. He describes chronic stress as a form of pathological organismic organization that insert themselves in long-term procedural memory. These organismic therapies strengthen the impression that one cannot just change organismic connective devices in a mechanical way, as when you change a memory slot in a computer.

Later, but still in this corner of America, Bessel van der Kolk (2014), closer to Janet's formulations, refined and combined all these approaches after the Vietnam war. Stress and trauma therapists need to work with the assumption that to transform this vicious circle one must simultaneously work at the metabolic level (with medication and breathing exercises for example), and initiate appropriate affective, cognitive and behavioral changes. Once a stress circuit has implanted itself in an organism, it recalibrates organismic regulation systems in such a way that it becomes difficult to extract this circuit without reinforcing its implantation.

[26] English-speaking physiologists tend to use the term autonomous nervous system.

Conclusion

This article has two principal aims:

1. Participating in current attempts to find a general theory of psychotherapy that can provide basic common models and vocabulary, while protecting the creativity of the field.[27]

2. Trying to situate body psychotherapy in the field of psychotherapy and to find frames and metaphors that can help each modality to learn from each other.

To achieve this aim, I have tried to situate psychotherapy within the more general scientific psychological theories and have suggested that a good place to start is to look for links that exist between psychotherapy schools that implicitly or explicitly use scientific evolutionary organismic psychological theories as a main reference. I have then tried to show that psychotherapies that use this organismic frame seem to explore certain aspects of organismic theory more than others. For example, body psychotherapy is particularly good at including what I call organismic connecting devices in a psychotherapeutic process. If one wishes to combine body psychotherapy and behavior therapy, one can begin by spotting a particular schema, as defined in cognitive and behavior therapy (Young et al., 2003), and then find ways of modifying how it inserts itself in more global organismic regulators, as one would do in body psychotherapy[28]. The flexibility required to approach a person from different points of view requires a capacity to combine not only methods but also relevant frames (e.g., ways of thinking) that allow one to combine techniques in an appropriate way.

Using scientific psychology as a reference requires certain choices that not all psychotherapy schools are willing to make. For the moment, psychology cannot integrate what some psychotherapies refer to when they describe how energy circulates in the organism and how it is perceived. That does not mean that the observed phenomena do not exist or are irrelevant. Like faith or the bark of the willow tree, these models may have a curative impact that science cannot yet unravel (Totten, pp. 63–68). I do not claim that referring to Janet, and more generally to relevant scientific psychology movements, can structure all the issues that constitute the field of psychotherapy; but I am assuming that an important step towards a constructive clarification can be obtained in this way.

Many such examples could be used to show that by combining approaches one could refine existing psycho-therapeutic tools. The main difficulty of my proposal is that most founders of psychotherapy schools are not psychologists. By ignorance, or because they perceive psychologists as rivals in the case of medical doctors such as psychiatrists, or both, they assume that psychology has nothing to teach them[29]. I hope I have convincingly shown that these clan reflexes should be overcome. This would nevertheless raise training issues, as it implies that some psychotherapists at least should train in psychology. This is, of course, already the case, but these psychologists often feel the need to forget what they have learned at the university, and adhere to what is taught in their psychotherapy school. When this happens, it confirms Janet's hunch that psychotherapy schools may have modes of functioning

[27] In 1931, Saul Rosenzweig had already written an article on the need to unify the theoretical positions of psychotherapy schools, using a mode of thinking close to Janet's position. However, these psychologists were looking for a unique federative theory that did not leave much room for variety. For them variety can only be produced by contradiction.

[28] See Caldwell (2001), and my chapter on George Downing's approach (Heller, 2012, chapter 22).

[29] Fritz and Laura Perls are an example of psychotherapists creatively inspired by organismic experimental psychology into account.

that are close to those of sects. A more constructive process would be to reframe what a school has discovered with the help of psychologists. This would not only be a cognitive revolution, but an in-depth modification of the existing power games that characterize psychotherapy schools. Such a move could lead to a more transparent and creative ethics of knowledge and clearer epistemological stances; and this could create and intellectual space large enough to integrate several approaches.

In its present form, psychotherapists have been remarkably creative, developing methods and models that no experimental psychologists could even have imagined. I prefer to defend a coordination of strategies rather than a unique strategy. Human complexity deserves a coordination of points of view. Therapists who have not studied psychology and medicine tend to construct and imagine strategies from immediate experience up to broader theories, which are often based on personal (ideological, philosophical, spiritual, personal) interests more than on facts. However, their intuition has often found implicit connections between theory and observations that have helped them to develop highly innovative insights. These are still of interest when one wishes to specialize on specific issues, or when one wants to follow a form of training that begins with concrete issues, and then move upwards to form a more general knowledge base. In their laboratories, experimental psychologists tend to proceed from theory to the highly simplified data they can analyze with their methods. They can thus never grasp the human complexities that therapists need to manage every day. In between, we have the empirical procedures of clinical psychology, based on tests and statistics, which also bring interesting perspectives. When clinical psychologists attempt to validate a psychotherapeutic approach, their results can be more ideological than scientific, but they may nevertheless highlight interesting phenomena that were not perceived by their experimental and therapeutic colleagues. I have also mentioned innovative scientific studies that are trying to understand what really happens during a psychotherapy session. Finally, I can include in this list attempts to influence moods through medication, and to analyze the impact of their expression through video analysis of nonverbal behavior. It is this variety of sources that needs to be coordinated to form a valid umbrella theory of psychotherapeutic interventions. Such a project does not have, for the moment, adequate institutional support; however, it is becoming an increasingly important activity in the European Association of Body Psychotherapy (e.g., in its scientific committee).

Since 30 years, several philosophical and psychological movements talk of an "embodied mind" (e.g., Rowland, 2006; Marlock and Weiss, 2001; Brunner, 1990; Varela, 1991). Some of these movements inspire body psychotherapists, but I am not sure that all these authors are in sympathy with body psychotherapy as it presented itself in the 1980s. The term "embodiment" is a new way of exploiting the general notion that consciousness is experienced in the organic dynamic space created by human or animal organisms, and robots (Oliver, 2009, p. 209; Ziemke and Sharkey, 2001; Varela 1988). I have the impression that if body psychotherapists want to be clearly situated in the realm of psychotherapeutic approaches, they should accept that the body that characterizes our modality is an integrated inclusion of what Mauss calls body techniques in the toolbox of a psychotherapist. We propose a particular vision of embodiment, a particular way of dealing with embodiment. This is what still needs to be specified.

REFERENCES

An * denotes when the article can be found on the internet.

Bateson, G. (1979). *Mind and nature. A necessary unity.* Toronto: Bantam Books, 1988.

Bateson, G., & Mead, M. (1947). *Balinese character. A photographic analysis.* New York: Special publication of the New York Academy of Sciences.

Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P., et al. (2010). The origins of 12-month attach-ment: A microanalysis of 4-month mother-infant interaction. *Attachment & Human Development, 12*, 1:3–141.

Bernard, C. (1865). *An Introduction to the Study of Experimental Medicine.* Dover Books, 1965.

Berthoz, A. (2009). *La simplexité.* Paris: Odile Jacob.

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

Boadella, D. (1991). Organism and organization: The place of somatic psychotherapy in society. *Energy and Character,* 22: 1–58.

Boadella, D. (1997). Awakening sensibility, recovering motility. Psycho-physical synthesis at the foundations of body-psychotherapy: the 100-year legacy of Pierre Janet (1859–1947). *International Journal of Psychothe-rapy,* 2, 1: 45–56.

Bourdieu, P. (1988). *L'ontologie politique de Martin Heidegger.* Paris: Editions de Minuit.

Bouveresse, J. (1995). *Wittgenstein Reads Freud: The Myth of the Unconscious.* Princeton: Princeton University press.

Boyesen, G. (2001). Body psychotherapy is a psychotherapy. In M. Heller (Ed.), *The flesh of the soul: the body we work with:* 33–44. Bern: Peter Lang.

Braatøy, T.F. (1954). *Fundamentals of psychoanalytic technique.* New York: Wiley.

Breuer, J., & Freud, S. (1895). *Studies on hysteria.* Pelican Freud Library, 3. Harmondsworth: Penguin, 1986.

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

Bruner J.B. (1990). *Acts of Meaning.* Harvard University Press.

Bullinger, A. (2004). *Le développement sensori-moteur de l'enfant et ses avatars.* Paris: érès.

Caldwell, C. (2001). Addiction as Somatic Dissociation. In M. Heller (ed.), *The Flesh of the Soul. The Body We Work with:* 213–230. Bern: Peter Lang.

Carleton, J.A. (2002). Body, Self and Soul, Evolution of a Holistic Psychotherapy. *Journal of the International Society for the History of Medicine,* 2: 30–39.

Charcot, J.-M. (1893). *La foi qui guérit.* Rivages, 2015.

Chouvier, B., & Roussillon, R. (2008). *Corps, acte et symbolisation. Psychanalyse aux frontières.* Louvain: De Boeck.

Cannon, W.B. (1931). Again the James-Lange and the thalamic theories of emotion. *Psychological Review, 38*: 281–195. doi:10.1037/h0072957*

Cannon, W. B. (1932). *The wisdom of the body.* New York: Norton.

Clark, A. (1997). *Being there: Putting brain, body, and world together again.* Cambridge, MA: MIT Press.*

Cornell, W. (1997). Touch and Boundaries in Transactional Analysis: Ethical and Transferential Considerations. *Transactional Analysis Journal,* January, 27, 1: 30-3. doi: 10.1177/036215379702700108

Damasio, A. (1999). *The feeling of what happens: Body and emotion in the making of consciousness.* New York: Harcourt Brace.

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

Descartes, R. (1628). *Règles pour la direction de l'esprit.* In R. Descartes, Œuvres et lettres: 33–119). Paris: Editions Gallimard, 1953.

Descartes, R. (1649). *Les passions de l'âme.* In R. Descartes, Œuvres et lettres: 691–803. Paris: Editions Gal-limard, 1953.

Diderot, D., & D'Alembert, J. Le R. (1851). *Encyclopédie ou Dictionnaire raisonné des sciences, des arts et des métiers,* I. Paris : GF Flammarion.

Fenichel, O. (1928). *Organ libidinization accompanying the defense against drives.* In H. Fenichel (Ed.), O. Fenichel, The collected papers of Otto Fenichel, First Series: 128–146. New York: Norton.

Ferenczi, S. (1920). *The Further development of active therapy.* In: Further Contributions to the Theory and Technique of Psychoanalysis: 198–216. London: Hogarth, 1950.

Ferenczi, S. (1921). Psycho-analytical observations on tic. *International Journal of Psychoanalysis*, 2:1–30.

Fraisse, P. (1992). Le Non Conscient, interview d'Anne Fraisse. *Adire*, 7–8: 173–182.

Freud, S. (1890). *Psychical (Or Mental) Treatment.* White Press. 2014.

Freud, S. (1900). *The interpretation of dreams.* Harmondsworth: The Pelican Freud Library, Penguin Books, 1978.

Freud, S. (1923). *The Ego and the Id.* In J. Strachey (Ed. & Trans.), The standard edition of the complete psy-chological works of Sigmund Freud (Vol. 193–67). London: Vintage, 2001.

Freud, S. (1938). *An outline of psychoanalysis.* In J. Strachey (Ed. & Trans.), The standard edition of the com-plete psychological works of Sigmund Freud (Vol. 23: 141–207). London: Hogarth Press, 2001.

Frey, S. (2001). New directions in communications research: The impact of the human body on the cognitive and affective system of the perceiver. M. Heller (ed.), *The flesh of the soul: The body we work with:* 257–282. Bern: Peter Lang.

Frey, S., Jorns, U., & 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 nonverbal communica-tion in mental health:* 231–258. New York: Pergamon Press.

Gauchet, M. (1992). *L'inconscient cérébral.* Paris: Seuil.

Gauchet, M., & Swain, G. (1997). *Le vrai Charcot. Les chemins imprévus de l'inconscient.* Paris: Calmann-Lévy.

Gazzaniga, M.S. (1967). The Split Brain in Man. *Scientific American,* 217: 24 - 29

Gergely, G., & Unoka, Z. (2008). The Development of the Unreflective Self. In Busch F.N. (ed.), *Mentalization. Theoretical considerations, research findings and clinical implications:* 57–102. London: The Analytic Press, Taylor and Francis Group, New York, London.

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.

Giordano, E. (1997). Relaxation Training as a Long-Term Psychodynamic Psychotherapy. In J. Guimón (Ed.). *The body in psychotherapy.* Basel: Karger.

Glasser, W. (1965). *Reality Therapy. A new approach to psychiatry.* New York: Harper & Row, Publishers.

Goldstein, K. (1939). *The organism.* New York: Zone Books, 2000.
Groddeck, G. (1931) *Massage and psychotherapy.* In L. Schacht (ed.) The Meaning of Illness: Selected Psycho-analytic Writings by Georg Groddeck. London: Maresfield Library, 1997.
Haynal, A. (1987). *The technique at issue. Controversies in psychoanalysis from Freud and Ferenczi to Michael Balint.* London: Karnac Books, 1988.
Heller, M. (1987). Introduction. *Adire,* 2 & 3: 3–21.
Heller, M. (2012). *Body psychotherapy. History, concepts, methods.* New York: W.W. Norton & Company.
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*: 231–256. Bern: Peter Lang.
Hubel, D. H., & Wiesel, T. N. (1963). Receptive fields of cells in striate cortex of very young, visually inexperi-enced kittens. Journal of *Neurophysiology,* 26:944–1002.
Jacobson, E. (1938). *Progressive relaxation, a physiological and clinical investigation of muscular states and their significance in psychology and medical practice.* Chicago: University of Chicago Press.
James, W. (1890). *The principles of psychology.* Cambridge, MA: Harvard University Press, 1983.
James, W. (1902). *The varieties of religious experience.* Electronic edition published by The Anonymous Press.*
Janet, P. (1889). *L'Automatisme psychologique: Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine.* Paris: Alcan.[30]*
Janet, P. (1913). Psycho-Analysis. XVIIth International Congress of Medicine, London. London: Henry Frowde Oxford University Press and Hodder & Stoughton.*
Janet, P. (1919). *Les médications psychologiques. Etudes historiques, psychologiques et cliniques, sur les méthodes de la psychothérapie.* Paris : Librairie Félix Alcan.*
Janet, P. (1923). *La médecine psychologique.* Paris, Ernest Flammarion Éditeur. I used the web edition, original-ly proposed by Jean-Marie Tremblay, professor of sociology at the Cégep of Chicoutimi.*
Janet, P. (1927). *De l'angoisse à l'extase. Tome II, première et deuxième parties.* I used the web edition, origi-nally proposed by Jean-Marie Tremblay, professor of sociology at the Cégep of Chicoutimi.*
Jung, C. G. (1958). *Answer to Job.* Princeton: Princeton University Press, 1973.
Koestler, A. (1968). *The ghost in the machine.* New York: Macmillan.
Kogan, G. (1980). *Your body works. A guide to health energy and balance.* Berkeley: Transformation Press.
Koffka, K. (1935). *Principles of Gestalt Psychology.* London: Lund Humphries.
Lamarck, J.B. (1802). Recherches sur l'organisation des corps vivants. Paris: Fayard, 1986.*
Lamarck, J.B. (1809). *Philosophie Zoologique* [Zoological philosophy]. Paris: Flammarion, 1994.[31]*

[30] References of Janet's work are taken from the editions published on the web at http://classiques.uqac.ca
[31] T. Elliot's 1914 translation is not reliable.

Lamarck, J. B. (1815). *Histoire naturelle des animaux sans vertèbres, vol. 1.* Paris: Verdière.*

Lamarck, M. de (1820). *Système analytique des connaissances positives de l'homme* [Analytical System of Positive Knowledge of Man]. Paris: Presses Universitaires de France, 1988.*

Lowen, A. (1975). *Bioenergetics.* New York: Coward, McCann & Geoghegan.

Marlock, G., & Weiss, H. (2001). In search of the embodied self. M. Heller (ed.), *The flesh of the soul. The body we work with:* 133–152. Bern: Peter Lang.

Mauss, M. (1934). Techniques of the body. *Economy and Society,* 1973, 2:70–88.*

Mayer, S. J. (2005). The Early Evolution of Jean Piaget's Clinical Method. *History of Psychology,* 8, 4: 362–382.

Norcross, J. C. (2005). A primer on psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp. 3–23). New York: Oxford.

Oliver, K. (2009). *Animal lessons: how they teach us to be human.* New York: Columbia University Press.

Pavlov, I, (1904). *Nobel Lecture.* http://www.nobelprize.org/nobel_prizes/medicine/laureates/1904/pavlov-lecture.html, November 2015.

Perls, L. (1978). An Oral History of Gestalt Therapy: Interviews with Laura Perls. *The Gestalt Journal, 1*, 1: 8–31.*

Piaget, J. (1936). *Origins of intelligence in the child.* London: Routledge & Kegan Paul, 1953.*

Piaget, J. (1975). *L'équilibration des structures cognitives: problème central du développement* [The develop-ment of thought: Equilibration of cognitive structures]. Paris: Presses Universitaires de France.

Piaget, J. (1977). Piaget on Piaget. A film by Luis Lam. You Tube: https://www.youtube.com/watch?v=0XwjIruMI94.

Piattelli-Palmarini, M. (1979). *Language and Learning: The Debate between Jean Piaget and Noam Chomsky, at the Royaumont Center for a Science of Man. Cambridge,* MA: Harvard University Press, 1980.

Reich, W. (1940). *The function of orgasm: Sex-economic problems of biological energy* (T.P. Wolfe Trans.). New York: Bantam Books, 1967.

Reich, W. (1952). Interview de Reich par Kurt Eissler. In M. Higgins & C. M. Raphael (eds.), *Reich parle de Freud [Reich speaks of Freud].* Paris: Payot, 1972.

Reichmayr, J. (2015). *Otto Fenichel. Psychoanalyse und Gymnastik.* Giessen: Psychosozial-Verlag.

Rochat, P. (2014). Roots of typical consciousness. Implications for developmental psychopathology. In D. Cic-chetti (Editor), *Handbook of Developmental Psychopathology.* Hoboken: Wiley Publisher.

Rochat, P. (2016). Engagement global du corps et connaissance précoce. Enfance, 4: 453-462.

Rosenzweig, S. (1931). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, July, 6, 3: 412–415. http://dx.doi.org/10.1111/j.1939-0025.1936.tb05248.x

Rowlands, M. (2006). *The New Science of the Mind. From Extended Mind to Embodied Phenomenology.* Cam-bridge, MA: MIT Press.

Schaer, M., Francini, M., & Eliez, S. (2014). Latest findings in autism research. How do they support the im-portance of early diagnosis and immediate intervention?. *Swiss Archives of Neurology and Psychiatry, 165*, 8: 277–289.
Schultz, J. H. (1932). *Autogenic training: A psycho-physiologic approach in psycho-therapy.* New York: Grune & Stratton, 1959.
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.
Selye, H. (1978). *The stress of life, 2nd edition.* New York: McGraw-Hill.
Shakespeare, W. (1623). *The Tempest.* Oxford: Oxford University Press.
Sperber, D. (2010). The Guru Effect. *Review of Philosophy and Psychology,* 1, 4: 583–592. doi : 10.1007/s13164-010-0025-0
Spinoza, B. de. (1677). *Ethics* (E. Curley, Trans.). Harmondsworth: Penguin, 1996.
Stern, D. N. (1985). *The interpersonal world of the infant. A view from psychoanalysis and developmental psy-chology*. London: Karnack Ltd., 2003.
Stern, D. N. (1998). *The Motherhood Constellation.* London: Karnak books.
Totton, N. (2003). *Body psychotherapy: An Introduction.* Maidenhead: Open University Press.
Tronick, E. Z. (2007). *The neurobehavioral and social-emotional development of infants and children.* New York: Norton.
Tuckman, A. (2009). *More attention, less deficit: Success strategies for adults with ADHD.* Plantation: Specialty Press, Inc.
Van der Hart, O, Nijenhuis, E.R.S., & Steele, K. (2006). *The Haunted Self.* New York: W.W. Norton & Compa-ny, Inc. ISBN 0393704017.
Van der Hart, O., & van der Kolk, B.A. (1989). Pierre Janet's Treatment of Post-Traumatic Stress. *Journal of Traumatic stress, 2,* 4: 1–11.*
Van der Kolk (2014). *The Body Keeps the Score: Memory & the Evolving Psychobiology of Post Traumatic Stress.* New York: Viking Press.
Van der Kolk, B.A., & van der Hart, O. (1989). Pierre Janet and the Breakdown of Adaptation in Psychological Trauma. *The American Journal of Psychiatry,* December, 146, 12: 1530–1540.*
Van der Kolk, B. A., Hopper, J.W., & Osterman, J.E. (2001). Exploring the nature of Traumatic Memory: Com-bining Clinical Knowledge with Laboratory Methods. *Journal of Aggression, Maltreatment & Trauma, 4, 2*: 9–31.*
Van Rillaer, J. (2010). Analyses psychologiques et psychanalyses: un capharnaüm. *Science & Pseudo-Science*, 293, hors-série Psychanalyse: 4-11.*
Varela, F. J. (1988). *Connaître les sciences cognitives. Tendances et perspectives.* Paris: Gallimard. (This book has not been translated into English).
Varela, F., Thompson, E., & Rosch, E. (1991). *The Embodied Mind.* Cambridge, MA: MIT Press.
Von Bertalanffy, L. (1968). *Organismic Psychology and Systems Theory, 1966 Heinz Werner lecture series, vol. 1*. Worcester: Clark University Press.
Wallon, H. (1926). *Mouvement et psychisme.* In H. Wallon, Ecrits de 1926 à 1961, psychologie et dialectique. Paris : Messidor/Editions sociales, 1990.
Wallon, H. (1934). *Les Origines du caractère chez l'enfant. Les préludes du sentiment de personnalité.* Paris : Presses Universitaires de France, 2002.
Watson, J. B., & Rayner, R. (1920). *Conditioned emotional reactions. Journal of Experimental Psychology, 3*, 1: 1–14.

Werner, H. and Kaplan, B. (1963). *Symbol formation: An organismic developmental approach to language and the expression of thought.* NY: John Wiley.
Wittgenstein, L., & Barrett, C. (2007). *Ludwig Wittgenstein: Lectures and* Conversations *on Aesthetics, Psy-chology and Religious Belief.* Oakland: University of California Press.
Wundt, W. (1907). *Outlines of Psychology.* Translated with the author by Charles Hubbard, third revised edition. London: Williams & Norgate G.E. Stechert & Co.*
Young, C. (2006). One hundred and fifty years on: The history, significance and scope of body psychotherapy today. *Body, Movement and Dance in Psychotherapy, 1,* 1: 17–28
Young, J.E.; Klosko, J.S. and Weishaar, M. (2003). *Schema Therapy: A Practitioner's Guide.* Guilford Publica-tions: New York.
Ziemke, T., & Sharkey, N. E. (2001). A stroll through the worlds of robots and animals. *Semiotica*, 134, 1–4: 701–746.

SUPERVISION IN REICHIAN ANALYSIS

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Abstract

Research-based clinical-analytical supervision models can contribute to clinical-analytical research in body psychotherapy when validated by therapeutic evidence evaluated over time in numerous supervision sessions conducted worldwide with psychotherapists from various backgrounds and schools of psychotherapy. This article proposes an 18-step post-Reichian supervision protocol based on the interdependence and contemporaneousness of the ontogenetic, evolutive stages, the bodily "relational" levels and the character traits, deposited in the Self by the interactions with biological-biographical history. In line with the lenses of "Embodied Mind" (1972), and "Enactive Mind" (1991), the article proposes a new lens – the "Trait Mind" (2015), which orders ontogenesis according to its becoming over time. It also offers the new operational concept of "Embodied Activation" added to the concept of "Embodied Simulation" that is translated in the Setting to the appropriate trait and bodily relational level counter transference applied and realized by Character-Analytical Vegetotherapy of the Relationship (CAVR).

Keywords: character-analytical vegetotherapy of the relationship, clinical supervision, embodied simulation, embodied activation, appropriate analytical-therapeutic project

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Introduction

Wilhelm Reich developed Vegetotherapy while living in Oslo (1935-1939) as his contribution to psychoanalysis. Character-Analytical Vegetotherapy (CAV) acts on the autonomic (vegetative) nervous system (after which it is named), on the muscular system, on the neuroendocrine system, and on the energetic pulsation, which are the more direct expressions of emotional, affective, and instinctive life. From a Reichian analytical perspective, CAV tends to create "eutony," meaning well-balanced muscle-tone and well-balanced tone throughout the other above-mentioned sub-systems. It induces neuro-vegetative phenomena such as muscular activity, breathing, autonomic nervous system function, and nonverbal interactions a well as emotions, which constitute messages-expressions of the language of the body that are absolutely necessary for the reading of personality aspects. The Verbalization of the sensations, of the emotions, and of the free associations produced, as well as the diagnosis of the object relations of the patient, represent the successive steps of this methodology.

Reich (1933) delineated seven corporeal levels and defined them as the set of those organs and groups of muscles that are in functional contact amongst themselves and reciprocally capable of inducing an emotional-expressive movement. He initially identified seven consecutive, top-down levels. Reordering them in a bottom-up direction on the negentropic arrow of time, provides a different sequence that starts from the sixth bodily relational level, (umbilical area), and goes to the second (mouth), the fourth (chest and arms), the third (neck), the fifth (diaphragm), the seventh (pelvis and legs) and then to the first (eyes, ears and nose); therefore, with the bodily level corresponding to associated, functional dominance of successive prevalent evolutionary phases over the life story of the individual.

Character-Analytical Vegetotherapy (CAV) was specifically systematized compared with the seven corporeal levels by Ola Raknes and Federico Navarro. Navarro assembled Reich's main techniques (exercises), which he named 'actings', and introduced new ones, defining ways to use them (time, rhythm, direction) with patients. In essence, he developed a new clinical methodology.

Thus, CAV investigates the body's psychic and energetic significance through this series of 'actings' that function on these seven corporeal levels (most of which are ontogenetic movements). These 'actings' are for the appropriate evolutive stage and bodily level (the fractal elevators of internal time) in double directionality. They join the "then and there" to the "here and now", the depths to the surface, the unconscious deposited in the corporeity to the metacognition deposited in the pre-frontal cortex (PFC), implicit memory to explicit memory, the bodily levels to the areas of the corresponding encephalon, and the body to the arrow of time of relationships. Through 'actings', Vegetotherapy informs, forms, and reforms the mind with insights of a new order that are also based on feeling.

With the indispensable appropriate intersubjective-intercorporeal frame (which bears in mind the embodied simulation marked yesterday 'from outside' of the real, even pre-subjective, story of the person, today, through its 'actings'), CAV performs an 'appropriate embodied activation' for that patient, for his story, for his trauma and for his unease. It modifies the patient 'from inside' his life experiences and his trait mind, with its relational style, starting from his bodily levels that are the peripheral areas which bear those marks incised by the arrow of time of his relationships.

At the Italian School of Reichian Analysis (S.I.A.R.), we integrated Navarro's CAV with the time of the biological-biographical evolutive stages and with the appropriate intersubjective-intercorporeal frame for the patient in the analytical-therapeutic setting. resulting in what we call Character-Analytical Vegetotherapy of the Relationship (CAVR). We see this as an appropriate, intelligent structural coupling of CAV with the Analysis of the Character of the Relationship and, thus, with the Trait Mind of the Relationship. We offer the combination of these two fundamental elements of therapeutic intervention as an advance in body psychotherapy, which creates a new way to complete the appropriate analytical therapeutic project guided by the ontogenetic Trait Mind.

In this paper, we detail the 18 fundamental steps (see figure 1) practiced in our model of clinical-analytical supervision in Reichian Analysis. Our teaching and supervision process is aimed at practicing, psychotherapists from various schools of body psychotherapy thought and from other currents of psychotherapy, organized nationally and internationally, who study their own complex cases, in group settings. Proposed outcomes from this rigorous training process are said to transfer to clinical care in the participant's own patient care practice.

SUPERVISION IN REICHIAN ANALYSIS
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1. Case History from an Analytical-Psychodynamic Perspective
2. Remote Pathological Case History
3. Current Pathological Case History
4. Socio-Economic Case History
5. Prevalent Fixations
6. Diagnosis of Prevalent Traits and of Prevalent Transitions
7. Diagnosis of Prevalent Bodily Levels and of Prevalent Evolutive Brains.
8. Prevalent Fractal Aetiopathogenesis
9. Scene Analysis and Relational Diagnosis
10. Clinical-Psychopathological Diagnosis
11. Differential Diagnosis
12. Analysis of the Explicit and Implicit Questions
13. "State, Trait and Bodily Level" Transference
14. "State, Trait and Bodily Level" Counter-Transference
15. The Degree of Progression of the Analytical-Therapeutic Relationship
16. The General, Targeted Analytical-Therapeutic Project
17. The Validation of Negentropy Over Time
18. Character-Analytical Vegetotherapy of the Therapeutic Relationship

Figure 1 – Guidelines for Supervision in Reichian Analysis

The aim of the paper is to provide a clear outline of our procedure, or 'protocol', for our method of group supervision. It is written with a reader in mind who possesses a foundational understanding of Reichian Analysis and its specific terminology. The following definitions are offered to clarify the core terms used within our protocol:

- *Object Relations* defines the how of the relationship a subject has with their world, which is the complex result of their specific organisation of personality. It should be interpreted in terms of an inter-relationship and reciprocity (excluding-including, persecutory-welcoming). In Reichian Analysis the object, which may be partial or whole, is real. It is present in the biological-biographical history of the person and has marked, even on the bodily level, a prototypical how of trait.
- *An Evolutive Stage* is a period of ontogenetic evolution in which the Self receives imprintings and incised marks from the partial object of that time. It is an interval between two stage transitions and is marked by clear biological boundaries. The evolutive stages are inscribed in the background of the three successive fields of the other-than-Self (the fourth, cosmic, field is a "meta-field" for the evolutive stages – "The stars are always there, before and after us").

- *A Character Trait* is the history that we each have from that particular stage. It is an overlapping set of patterns and modes of behaviour, which were received from the relationship with the partial object at that time.
- *Relational/relationship Bodily Level* is the somatic source. It is the area of the body in which the imprintings of the relationship with that stage's partial object are marked, and it is the first receiver of the relationship with the other-than-Self. It is also the peripheral interface of the evolutive stage that has been passed through; it is the solid substrate which is the terrain from which the relative trait thought and trait mind emerge.
- *Our Encephalon* is the result of the recapitulation of phylogenetic evolution within the ontogenetic process. It is the central interface where the imprintings from each stages' partial object relationships arrive, penetrating from the periphery, and are deposited.
- *Negentropy*[1], in accordance with the theory of complexity, deals with a negative variation in entropy from an original value, such as the birth of an individual, the origin of life, the beginning of biological evolution or the birth of a relationship.

In Reichian Analysis we believe the connection between object relations, evolutive stages, stage and field transitions, character trait, relational/relationship bodily level, evolutive brain and brain areas is fundamental— this connection represents a turning point because their interconnection defines the specific Trait mind in that ontogenetic time for that person's biological-biographical evolution. The successive, imbricated trait minds, constitute the series of platforms on which the enactive, embodied mind of the self is successively organised and structured, along side the ontogenetic, biographical-biological development of the individual. It allows us to bring biology back into psychoanalysis, to bring the body into psychoanalysis, and psychoanalysis into the body, and, so, to three-dimensionally design every analytical-therapeutic 'project' for the trait mind.

In the first part of the analytical-clinical supervision, the psychotherapist provides a detailed description of the case history. Four different viewpoints from the anamnesis are evaluated: analytical-psychodynamic, remote pathological, current pathological, and socio-economic.

Next, the 'incised marks' determining Character, the evolutive stages, and dominant personality traits, the bodily levels and stage and prevalent field transitions, the evolutive brains and object relationship styles are identified, even for 'beyond threshold' pathology. Analytical-characterological, clinical-psychopathological, and relational diagnoses are made; a differential diagnosis is also examined. Finally, the explicit and implicit questions expressed in the narration of the case are considered.

During the second part of the group supervision process, the patient's psychodynamic state, and bodily and trait transferences are clarified. The same is done for the psychodynamic, state, trait and bodily level counter-transference of the analyst-psychotherapist. Subsequently, the degree of progression of the analytical-therapeutic relationship is then defined. In the group supervision protocol, the psychodynamic state counter-transference of traits and bodily levels expressed in the group are also evaluated.

Based on this information, appropriate psycho-corporeal guidelines are proposed to integrate psychic content or levels of experience (body, sensations, emotions, thoughts, and

[1] The words negentropic and negentropy were deleted based on research into common word usage. In 1943 Erwin Schrodinger gave a "famous lecture, 'What is life?'" and said that life is something that feeds on negative entropy. In 1950 Leo Brillouin noted that negative entropy was abbreviated as negentropy. He coined the term but it is not found in common usage.

imaginations). Clinical interventions are specifically designed to leave the psychotherapist with 'incised-marks' that are reproducible in the patient's trait mind within the therapeutic relationship to support inter-subjectivity and intercorporeity, thus proposing a more sustainable style of interpersonal relationships (object relations) in the here and now.

Supervision in Reichian Analysis: An 18-Step Protocol Outline

There are five modes of data collection within our process:

(1) We listen to the content of the patient's story (narrative of the case history).

(2) We listen to how the words are said (the language of traits)

a. Information is concealed in the patient's way of expressing words

b. Emotional attitudes may be concealed in the patient's word choice, the sound of his voice, facial expressions, posture, gestures, movements, the color of the skin, breathing and ANS functions.

(3) Transference and counter-transference
The importance of awareness of transference and counter-transference reactions, and of the consequent behavior of the analyst, is stressed.

(4) Identification of the bodily levels involved in the narration of the case by the analyst
The analyst whose case is being examined learns to identify through their own corresponding bodily levels what their patient is feeling.

(5) Identification of the bodily levels involved in the narration of the case by the members of the group.

The group members observe and learn to identify their own bodily levels involved in the narration of the case.

We hold the case history to be fundamental and indispensable because it necessitates the careful collection of the 'incised marks' (which are determined by the emotional and relational impressions and that may be positive or negative) derived from the object relationships, from the how of evolutive stage transitions and from the atmosphere of the other-than-Self fields of that person. These form our Character (etymologically Character is our 'incised marks'), which is our combination of traits, which are stratified in the segments of the evolutive stages, and marked on the bodily levels corresponding to those stages.

Step 1: Case History from an Analytical-Psychodynamic Perspective

May genes be considered as the "intelligence of the living" and like "time-capsules" in which 'incised marks' have been deposited by relationships throughout evolutionary phylogenesis?

Taking genes as being historically-incised "character", the case history, from an analytical-psychodynamic viewpoint (Ferri, 2012), involves the careful collection, from the person's narration, of the other 'incised marks' from ontogenesis such as:

- The how of the scene from when the person came into the world and the why they came into the world: "In which implicit project in the scene?"
- The dialogue between the embryo-foetus-new-born and the mother in the primary object relationship, its density and the thickness of its reciprocity "from the intrauterine to weaning – from inside to outside, from water to air, from darkness to light, from the uterus to the breast, from the umbilical to the lips," is a genuinely biological dialogue. It represents a fractal prototype for subsequent dialogues along the arrow of evolutive time and is also the terrain for

and, probably, the main factor in determining resilience, which will be decisive in the person's capacity to endure future adaptive stress.
- The how and the when they came out into the light (birth), which will resonate with and influence the possible modalities of the various "birth-passages" during their life.
- The how and when of their weaning, another incised mark, which will resonate with and influence the possible modalities of their separation from the "first-field" mother, and from their own future "pair-relationships".
- Birth order (first-born, middle, youngest or only child).
- The how of the relationship in the "second-field" family, with the father, and with their siblings and other family members.
- The Oedipal scene, which is an extraordinary cross-roads and turning point for the vectors which determine trait patterns.
- The leader of the couple, the leader of the scene and their personality traits, which will influence the terrain of our relationship with authority.
- The respective positions of the parental relationship, the family atmosphere and its dominant subsystems.
- The how and the when of puberty and adaptive stress specifically in third-field—sociality.

Step 2: Remote Pathological Case History

Next we consider the Remote Pathological Case History, which will reveal the pathologies the person has been affected by during their life, but which do not directly concern the reason or reasons for their current visit. Some questions follow for clarification:
- Which remote pathologies has the patient had?
- At which evolutive stage?
- In which enlarged systemic scene?
- Which bodily level or zones-apparatus were involved?
- What resilience and what vulnerability are derived from it?

We define resilience as our capacity to adapt under stress. We believe it is directly related to the evolutive stages and bodily levels. Thus, in our opinion, it defines the degree of vulnerability of each stage and level.

Step 3: Current Pathological Case History

The Current Pathological Case History is then examined, which will clarify the motivation for the current consultation, which may be beyond-threshold symptoms or syndromes, or may be normal difficulties in dealing with events in their lives, or the untroubled desire for greater awareness of themselves in the context of their lives. A series of explanatory questions follow for clarification:
- Does the patient display anything that is clinically 'beyond threshold' symptomatologically?
- Which are the first 5 main symptoms?
- Which portrayal of these, even corporeally, is expressed?
- When and where did they appear?
- Are they connected to any external concomitant events?
- Does beyond-threshold pathology emerge due to structural vulnerability of the personality?
- Which trait (or traits) does the vulnerability belong to?

Step 4: Socio-Economic Case History

The Socio-Economic Case History is considered, which should be interpreted as paying attention to other significant historic-biographical variables that have contributed to determining that person in their unique, unrepeatable being:

- Gender and sexuality
- Weight and weight variation
- Regional culture
- Religion
- Education
- Economic ease or difficulty
- Occupation
- Home Relocations
- Social status

Step 5: Prevalent Fixations

We examine the marks incised by the object relationships and by decisive other-than-Self variables along the arrow of time, which establish the prevalent fixations in the story of the person. There are six stages of development to consider: the intrauterine stage (as autogenous and trophoumbilical stages); the orolabial stage; the muscular stage; and the first and second genito-ocular stages. Therefore, understanding the brain's role in human behaviour, thought, and emotion is necessary.

Brief descriptions of our three brains follow:

The large nuclei at the base of our brain forms the reptilian complex; it is considered the most ancient formation in the brain. Certain functions including defence of territory, competition for rank within the group, copulation, and ritualised or compulsive sequences, can be attributed to it. Everything that is not recognised is treated aggressively and is therefore seen as being hostile. We are in an area that is close to entropic zero (disorder or uncertainty) and difference is threatening to the living system (MacLean, 1981, 1984, 1990; Valzelli, 1976).

The limbic cortex, which first appeared in ancient mammals, has functional prevalence in ontogenesis from the third or fourth month of intrauterine life onward, as indicated by the sucking reflex and the production of prolactin (the quintessential maternity hormone in mammals). It adds the emotional-affective dimension with the care of the young and of the species, as well as audio-vocal communication (the call of separation), and it introduces play. It is responsible for what an individual feels or experiences (Ibid).

Most of the evolutive stages and the greater part of character formation, with all the associated baggage of 'incised marks' received from the object relationships, even from pre-subjective time, are inscribed on the arrow of limbic time. This represents "the place of the world of relationships" and is the dominant time of fundamental importance in the analytical-therapeutic setting (Ibid).

What the individual knows or recognises is a function of the neopallium, or 'new cloak'—the unmyelinated neurons forming the cortex of the cerebrum, which wrapped itself around the limbic system two million years ago. It developed in response to the three-dimensional stereoscopic vision necessary for the upright stance. The neopallium or neocortex, is responsible for space and time, for before and after, for cause and effect, for higher, logical, meta-relational and

meta-communicative cognitive processes, for the consciousness of the Ego, and for the awareness of the Self (Ibid).

Certain significant areas of the brain should be borne in mind for appropriate supervision in body psychotherapy. Knowledge of these central areas and their correlated psycho-dynamic themes permit us to propose appropriate actings (which produce embodied activation of the psycho-dynamic themes in the corresponding peripheral areas—the seven Reichian levels).

Brief descriptions of the significant areas of the brain follow:

The prefrontal cortex (PFC)—the anterior part of the frontal lobe—belongs to the neopallium. The dorsal-lateral portion (seat of the working-memory) governs the organisation of complex behaviour, such as abstraction and meta-cognition; the mesial portion plays a role in cognitive-emotional motivation. Lastly, the orbital portion has the task of controlling instinctive urges. The PFC is the seat of ethics and decision-making processes. It plays an extraordinary role as the centre regulating voluntary movement, of the eyes in particular, which have always been mirrors of the soul, even in psychopathology. (Mancia, 2007); (LaBar, & LeDoux, 2007).

The almond-shaped amygdala, a mass of grey matter deep within the midbrain of each cerebral hemisphere, manages fear and is part of the limbic system (MacLean, 1990). It is situated above the brainstem and is an integrative centre that evaluates the emotional value of events, providing the right degree of attention, and starting the process of storage as memory. The amygdala may be considered the main archive of implicit memory. It can react even before the prefrontal cortex knows what is happening, and it can send impulses to the locus coeruleus. It would seem that fears of annihilation-castration from external dangers are deposited here (Ibid).

The locus coeruleus (or blue dot) is a nucleus situated in the brainstem. It is the source of most of the action of noradrenaline (NA) in the brain, being the main site for its synthesis. It is the site responsible for reactions of fear in extreme situations. Activation may be provoked either by impulses from external dangers to the Self via the amygdala or by impulses arising from internal dangers to the Self via the anterior cingulate gyrus (Ibid).

The anterior cingulate gyrus is the anterior area of the limbic lobe, situated above the corpus callosum. It elaborates the dangers in the normal course of day-to-day life at an unconscious level and is a sort of silent alarm that becomes apparent when we are aware of "a strange feeling about I don't know what" when encountering a danger which has not yet revealed itself to the consciousness of the Ego. It would seem that fears of exclusion-abandonment, of angst from separation, and from external object losses are deposited here; however, they are recorded as internal dangers (Ibid).

Step 6: Diagnosis of Prevalent Traits and of Prevalent Transitions

We identify the prevalent traits and the how of the prevalent transitions from one evolutive stage to the next and from one field to another, in the person's characterological make-up. These traits may be intrauterine, oral, muscular, hysterical, genital, and their relative sub-types. Identifying the specific trait patterns of the person means drawing closer to defining the Trait Mind for that trait in that person.

The prevalent transitions are birth, weaning, Oedipal and puberty.

So we must ask:

Which combination of traits and fields define the person?

Which transitions from one stage to the next predominantly defines the person before us?

How do these combinations of traits interact with each other and with the specific transitions in the person's structural make-up?

For example, we may identify a prevalent oral trait, which owes its prevalence in the character structure to difficulty during the period of weaning, which represents the transition from the first-field mother to the second-field family. Suffering during this transition, leading, as it does, from the oral stage to the muscular stage, may lead to consequent inhibited expression of successive, non-prevalent muscular traits?

Step 7: Diagnosis of Prevalent Peripheral Bodily Levels and Prevalent Evolutive Brains

If the Object Relationships pass, primitively, through the bodily-sensorial periphery before also being deposited in the central nervous system and the corresponding areas of the brain, we must also ask:

- Which combination of bodily levels and evolutive brains are prevalent in the person before us and in their structural make-up?
- Which bodily level does the person use most in their relationship with us? (Somatically, the person may predominantly express themselves through the abdominal area, with the mouth, with their chest and arms, with the diaphragm, with their neck, their eyes, or with their legs and pelvis.)
- And which brain are they facing us with? Is it limbic, the pre-frontal or the neopallium?
- Which areas of the brain are they presenting to us - with alarm from the amygdala, with the abandonment of the anterior cingulate gyrus, or with panic from the locus coeruleus, for example?

Step 8: Prevalent Fractal Aetiopathogenesis

A decisive sign incised during a stage of development must, surely, leave a pattern and an implicit trait question. The form of the resulting character trait may be compared to a fractal. In accordance with the theory of complexity, a fractal is defined as being "a pattern of the whole which is repeated, similar to itself, on different orders of magnitude." When we observe a fractal form it always presents the same global characteristics on whatever scale we are considering. For example, the theme of inclusion, which is so dear to the psychotherapeutic world and which has its origins in the intrauterine stage, will always appear to be similar in its architecture even through its various expressions of differing stages of development and prevalent bodily levels.

"It is thought that fractals, in some way, have correspondences with the structure of the human mind ... this is why people find them so familiar" (B. Mandelbrot, cited in Gallio, & Masciarelli, 2013, p.153).

So we must ask:

- Which prevalent fractal aetiopathogenesis led to the recursiveness, to varying degrees, of the style of relationship of the person?
- Which prevalent fractal aetiopathogenesis led to the recursiveness of their psychopathological beyond-threshold?

Step 9: Scene Analysis and Relational Diagnosis

The scenes in which the patient has lived must be considered in order to complete the Relational Diagnosis. The analysis of the scene involves enlarging the careful observation to the whole psychodynamic horizon of the field around the person, not only in the 'here and now', but also of the fields in the 'there and then' of the historical environments during the patients' stages of evolutive development. The analyst must highlight any similarities, and, at the same

time, evaluate the how, and the current state, of the patient's relationships with meaningful close relationship figures and his position in those relationships (up, down, meta, symmetrical, or in alliance) (Ferri, 2012).

Step 10: Clinical-Psychopathological Diagnosis

The clinical-psychopathological diagnosis takes into consideration the available diagnostic systems including the following: DSM-V; ICD-10; as well as by the PDM. Obviously all of the diagnoses taken into consideration, from a complex perspective, must be convergent because they represent different lenses to achieve high-definition supervision - a single, disparate reading should not be taken in isolation until it is confirmed from additional perspectives to obtain a three-dimensional, spherical overview of the object in its entirety.

If the patient displays clinical psychopathology, remembering that in Reichian Analysis the symptom is a 'beyond-threshold' of trait, we ask:

- What intelligent sense does it reveal to us?
- What kind of economy is it supporting?
- What outcome does it indicate to us?
- How does it relate to the then and there?
- How does it relate to the here and now?

Step 11: Differential Diagnosis

Careful attention paid to the case history (anamnesis) on the arrow of evolutive time allows us to evaluate both the psychopathological risks and the vulnerability of the patient and, with the symptomatological-syndromic beyond-threshold presented, to concur on the definition of the spectrum in the differential diagnosis and on why it is this pathology itself and not one of the other possibilities.

Step 12: Analysis of the Explicit and Implicit Questions

The explicit questions, which are the reasons why the patient has turned to the therapist, can be directly extrapolated from the material collected during the previous steps. However, importantly, we can also identify the implicit questions that have been stratified along the arrow of time and that emerge from the narration of the case and from the representation of the phantasm by the psychotherapist.

The verbal expressivity and linguistic competence represent the subjectivity of the person. They reveal to us the explicit questions that they are aware of, but, importantly for the psychotherapeutic questions, there are also implicit questions that they are unaware of, unconscious questions, which have been deposited throughout the story of the person in their traits and trait minds. These often belong to the implicit memory, which cannot be accessed by the subjective memory.

Step 13: "State, Trait and Bodily Level" Transference

Transference defines the process with which our unconscious desires and our implicit questions express themselves within the scope of the analytical relationship. It represents the repetition of infantile prototypes of object relationships.

Step 14: "State, Trait and Bodily Level" Counter-Transference

Counter-transference defines the analyst's sub-conscious reaction to the patient being analyzed and, in particular, to their transference. It represents the ground over which the

questions of the analysis are spread.

In Reichian Analysis we pay great attention to transference and counter-transference. We break them down into sub-types, using the special 'observational lenses' provided by the Analysis of the Character of the Relationship. From a complex perspective they define the degree of progression of the analytical-therapeutic relationship:

- Transference of state, characterological trait and of bodily level of the phantasm of the patient analysed.
- Counter-transference of state, characterological trait and of bodily level of the analyst (and of the group in group supervisions).

From a complex perspective they define the degree of progression of the analytical-therapeutic relationship, which is explained in great detail in the following step.

Step 15: The Degree of Progression of the Analytical-Therapeutic Relationship

Analysis of the Character of the Relationship is fundamental in the Reichian Analysis setting. It permits highly-specific structuring of the analytical-therapeutic relationship.

We consider the Architecture of the Relationship to be the privileged partner. It is Architecture "which contains" any therapeutic act, from listening to the transferential elaboration of a trait and from the interpretation of a dream, a gesture or a liberating fantasy to the suggestion of a Vegetotherapy acting or, even, the simple prescription of a psychotropic medicine.

We consider the relationship to be "a living form", the third participant, in addition to the analyst, and the patient being analysed, which is able to create triangulation and to expand the dialogue to a 'trialogue'.

The relationship responds to the laws of living systems – it has its own character, its own evolutive stages, its own trait mind and its own 'incised-marks', which are all influenced by the analyst-analysed meeting, by the analyst-analysed meeting, by the compatibility of their respective incised marks, by their traits' implicit questions and by their respective trait minds.

It is our specific approach and contribution to the theme of intersubjectivity and intercorporeity and of the appropriateness of the relational frame in the setting and should clearly be interpreted epistemologically with the language between traits and trait minds.

The language of traits is a meta-meta language, in the sense that it includes both body and verbal language, and is above them. It includes de-codification of trait mind, of trait intelligence, of trait thoughts and, even, of their ground, which is expressed by the various corresponding bodily levels that have been marked over time by the object relationships of the various stages. It pre-supposes the capacity of the Self to simultaneously interpret them, which is something our pre-subjective Self automatically does. Our Ego doesn't normally interpret this language in that it is attracted to the contents, (Watzlawick, Helmick Beavin, & Jackson, 1971) since it is not used to connecting to feelings and even less so to meta-cognition based on feeling-thought.

The language of traits is a language of the Self-system, while the other two are sub-systemic languages of that Self – the phylo-ontogenetic history will tell us of their continuity over time and of their current contemporaneity. In communication and in relationships the language of traits is expressed contemporaneously with verbal language and body language, which represent sub-systemic indicators of trait (Ferri, 2014).

Reichain Analysis is based on Character Analysis of the Trait Mind – a guiding fractal of a greater order of magnitude and we enter the world of intersubjective-intercorporeal relationships.

By using this special lens that Reichian Analysis represents, we discover that, as well as verbal communication and body language, with which traits express themselves on the outer

surface of interactions, traits also reveal this other, third, trait language, which is unknown and extraordinary. It is expressed by the implicit questions of traits that automatically elicit answers / implicit questions in the other than Self from their own "baggage" of traits.

It is on the basis of this dialogue between one unconscious and the other, between these fractals, between these meta-messages of the respective Selves, that people construct possible communications. If these communications are confirmed over time, then they can evolve into relationships, but also simply into sensations of sustainability, of alliance, of liking, and of pleasure in being together.

However, when there is incompatibility in the dialogue between the implicit questions and the answers (which always contain their own implicit questions) of the various Selves' traits, then there may be antipathy, unsustainability and symmetrical reactions, with little or no possibility of any communication and even less of a relationship.

There is also, of course, the whole intermediate range of the spectrum between these two extremes of polarity. Each of our entropic-negentropic directions, silhouetted in the background, are outcomes of energetic dialogues and the grounds for our feelings. They are decisive factors that govern our sub-conscious choices, an apparent oxymoron.

Step 16: The General and Targeted Analytical-Therapeutic Project

The observational lens of the 'trait mind' orders the ontogenesis of the biological-biographical history of the person, which reveals a series of highly-appropriate implications for the psychotherapist, so facilitating elaboration of general and targeted projects.

Defining the Ubi sum — where I am, the Ubi est — where he is, and the Ubi sumus — where we are, is used in our protocol for intelligent structural coupling between traits and for appropriate projects in the analytical-therapeutic setting.

The relationship will develop from the meeting between the analyst's traits and the traits of the patient being analysed and, like strands of a new piece of DNA, they will permit a new, complex living system – this relationship, its self-organisation, its self-poiesis, its development its progression, and its own negentropic intelligence. "Negentropy deals with a negative variation in entropy from an original value, such as the birth of an individual, the origin of life, the beginning of biological evolution or the birth of a relationship" (Schroedinger, cited in Che cos'è la vita, 1995, p.67).

The relational architecture sees the analyst in a position determined by functional, dynamic, empathic collocation on the trait of his own personality and on the corresponding bodily level. In this way the analyst can meet and contact the internal time of the patient being analysed, helping him to move on from his position of trait and bodily level (or at least to read them).

The relational architecture also requires the appropriate how of the analyst, which is determined by the analogue of the position and generates the right atmosphere for evolutive insights of the patient analysed.

The position and the how are foundations of a relational architecture and of a counter-transference of trait and of bodily level, which are appropriate for the patient and for any beyond-threshold disturbance.

This makes appropriate intersubjectivity-intercorporeity possible, or, in other words, 'today's functional therapeutic embodied simulation', which is able to form and/or to reform any patterns from 'yesterday's dysfunctional embodied simulation', with embodied simulation defined as "a specific mechanism through which our body-brain system models its interactions with the world" (Gallese & Ammaniti, 2014, p.2).

In the Reichian Analysis interpretation of counter-transference, a degree of flexibility in the analytical position is present, which permits functional, empathic contact in co-evolution and in complexity.

Some explanatory questions follow to clarify what we are saying:

- When we meet a patient, which bodily level resonates and which trait is calling out to us? Does it touch our chest, our solar plexus, our pelvis or our eyes? Does it make us stretch out our necks, seal our lips or contract our shoulders? Are we on a phallic-narcissistic trait, on an oral trait, anal, hysterical, intrauterine or genital? And which is the most "therapeutic" in the structural coupling with this person?
- When we encounter a psychotic state, which trait and which bodily level does it resonate with? Where is the psychotic emptiness? Isn't it also in the deeply visceral? And, with which counter-transference trait/state proceed? Is it the most therapeutic in the relationship?
- When we encounter a depressive state, which bodily level and which trait does it resonate with? Isn't the depressive withdrawal also in the crushed chest while exhaling?
- Isn't the persecutory alarm of paranoia also in the persecutory terror in the shoulders?
- Isn't the obsessive person's fixedness also in the rigid look in their eyes?
- Isn't the borderliner's anger also in that chin stuck provocatively out to constantly challenge the other?
- How does the anxiety of unsustainability of a tired chest resonate with our own breathing?
- How do the pallor and the terrified expression of panic surprise us?
- Which trait and bodily level counter-transference do we proceed with in these specific psychopathologies? Are they the most appropriate for these disturbances?

(Ferri, & Cimini, 2012, p.187)

Step 17: The Validation of Negentropy over Time.

In this way the setting is set out as a field, or a small biosphere, which is capable of intercepting the negentropy, and we validate the negentropic evolution of the person being analysed, of the analyst and of the analyst-analysed relationship, over a period of time (the usual period is around 6 months, on average the time it takes for new trait patterns to emerge or to repair important affective losses).

In an elementary mathematical code, for example, considering on a scale of self-evaluation from one to a hundred, well-being to be from eighty to a hundred, we photograph the initial state "value" from zero to a hundred and we review it at six months to evaluate the entropy, negentropy or stasis of the condition of the patient and of the psychotherapeutic relationship.

Step 18: Character-Analytical Vegetotherapy of the Relationship

Given that the Analysis of the Character of the Relationship is *our* intersubjective-intercorporeal frame in the current setting, and which represents appropriate therapeutic **embodied simulation,** then we can affirm that Character-Analytical Vegetotherapy of the Relationship represents specific **therapeutic embodied activation in our model.** The CAV actings, in structural coupling with embodied simulation (which arrives from outside onto the bodily self), lead to the emergence of new and modified trait patterns (from within the bodily self, outwards). Through 'actings', Vegetotherapy informs, forms, and reforms the trait mind.

Generally speaking could all body psychotherapy be considered to be a form of therapeutic embodied activation? Could body psychotherapy complete general psychotherapy through activation of the cortical-spinal pathways?

"When the action is performed or imitated, the cortical-spinal pathways are activated… when the action is imagined, the motory-cortical network is activated... the action is not produced" (Gallese, & Ammaniti, 2014, p.28).

After all data is collected and diagnoses are made, the appropriate Vegetotherapy 'actings' for the patient are proposed by the supervisor leading the group training and these actings are performed by the analyst presenting the case. The analyst-therapist will, thus, be incisively-marked by the Analysis of the Character of the Relationship and by Character-Analytical Vegetotherapy, which is considered valid:

- Both for the appropriateness of the intersubjective-intercorporeal frame to be transferred in the setting to the patient presented (which is to say to fix the position and the how for that specific analytical-therapeutic relationship),
- And to re-propose alternative, suitable, more sustainable, relational and psycho-corporeal styles on the patient being analysed and, at times, real, new, relational prototypes toward negentropy.

Conclusion

This work was born from an observation made by Wilhelm Reich in 1933, which represented a challenge in psychotherapeutic research: "A certain analytical situation has only a single possible optimal solution and, in a specific case, only one use of a technique is the correct one" (Reich, 1933, p.28). This affirmation has accompanied four generations of analysts in a fascinating debate on the most appropriate development of the setting, to design a project targeted on the life story of the person and his disturbance. This work, which includes the addition of the latest developments in the field, Analysis of the Character of the Relationship, and Character-Analytical Vegetotherapy of the Therapeutic Relationship, represents a further contribution in response to that challenge, in line with, the lenses of embodied mind, enactive mind and *our* new lens – the Trait Mind.

The clinical-analytical model of supervision represented in this work is partly inspired by the theory of complexity, which makes "possibility" (Prygogine, 1997) one of its research guidelines, and which is clearly far from self-reassuring certainties. The briefly-illustrated 18 steps simply define a high-complexity field of investigation, in which moving intelligently should give rise to an increase in appropriateness of the narration and the supervision based on the evidence supplied. Its primary aim is to propose research into the common factors that can be found in different styles of supervision and to create a dialogue between separate currents of psychotherapy, which could lead to useful reverberations on a practical level. The attempt to include a widening of horizons is not extraneous to the model, oscillating, in full awareness, between science and pseudo-science. This modality is well known to those occupied with epistemology in the world of the mind, which "don't have a well-defined falsificationist code of honour, not by fault or misadventure, but by necessity" (Rossi-Monti, 1984, p. 46)... the world of the mind is, still, in fact, more complex than the code. The attempt to make an innovative contribution is also not extraneous to the model, implicitly risking a certain degree of self-referencing, but always bearing clearly in mind, on one hand the fallacy of a counter-position between intuition and reason and the indispensable role of the first in the progress of science (Russell, 1972), and, on the other hand that "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy" (Shakespeare, 1601, Hamlet, Act I, Scene V, p.159-167).

BIOGRAPHY

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REFERENCES

Alliance of Psychodynamic Organisations. (2006). *Psychodynamic Diagnostic Manual* (PDM), The Interdisciplinary Council on Development and Learning.

American Psychiatric Association. (2014). DSM 5. Milano Raffaello Cortina.

Ammanniti M., & Gallese V. (2014). La nascita dell'intersoggettività. Lo sviluppo del sé tra psicodinamico e neurobiologia. Milano: Raffaello Cortina Editore.

Baltes, P.B.. (1984). L'arco della vita come prospettiva in psicologia evolutiva. Translated from *Developmental Psychology: An Advanced Textbook.* Hillsdale: Herlbaum.

Bateson, G. (1972). *Steps to an Ecology of Mind.* New York, Ballantine.

Capra, F. (1984). Il punto di svolta. Milano: Feltrinelli.

Capra, F. (1997). La rete della vita. Milano: Rizzoli.

Damasio, A. (2012). Il sé viene alla mente. Milano: Adelphi.

Darwin, C. (1872). *The expression of the emotions in man and animals.* Torino: Boringhieri, 1982.

De Marchi, L. (1970). Wilhelm Reich. Biografia di un idea. Milano: SugarCo.

Ferri, G. (2012). Anxiety and Panic in Reichian Analysis. *International Body Psychotherapy Journal, 11*(1), Spring 2012.

Ferri, G. (2014). Una Persona, una Storia, tre Linguaggi. *The Body in Relationship. Self-Other-Society.* Body Psychotherapy Publications. Edited by Courtenay Young.

Ferri, G., & Cimini G. (2012). Psicopatologia e Carattere. L'AnalisiReichiana. La psicoanalisi nel corpo ed il corpo in psicoanalisi. Roma: Alpes.

Ferri, G., & Cimini G. (1999). Analytical setting: Time, relation, and complexity. *Annals of the New York Academy of Sciences, Vol. 879.*

Galbusera L., & Fuchs T. (2013). Comprensione Incarnata: Alla riscoperta del corpo dalle scienze cognitive alle psicoterapia. *The inquisitive mind,* Italy, May 2013.

Gallagher, S., & Zahavi, D. (2009) *La mente fenomenologica*, Raffaello Cortina Editore, Milan, Italy.
Gallese, V. (2006). Intentional attunement: A neurophysiological perspective on social cognition and its disruption in autism. *Brain Research,* 1079, pp. 15-24.
Gallese, V., & Ammaniti, M. (2014). *La nascita della Intersoggetività,* p.2. Raffaello Cortina Editore, Milan, Italy.
Gallio, F., & Masciarelli, A. (2013). *Il principio di significatività,* p.153, Italy, Youcanprint Editore, p.152.
Heidegger, M. (1927). Essere e tempo. Milano: Bocca, 1953.
Heller, M.C. (2012). *Body psychotherapy: History, concepts, methods.* NY: W. W. Norton & Company.
LaBar K.S., & LeDoux J.E. (2007). *Neuroscienze: Basi biologiche delle emozioni.* Enciclopedia delle scienza e la tecnica, Rome, Italy, Treccani.
MacLean, P. D. (1981). *Una mente formato da tre menti. In Cervello e comportamento,* a cura di Oliverio, Rome, Italy, Newton Compton.
MacLean, P. D. (1984). *Evoluzione del cervello e comportamento umano.* Turin, Italy, Einaudi.
MacLean, P. D. (1990). *The triune brain in evolution.* NY; Springer.
Mancia, M. (2007). *Psicoanalasi e neuroscienze.* N.Y; Springer.
Mandelbrot, B. (2004). *Fractals and chaos: The Mandelbrot set and beyond.* N.Y. Springer 2004.
Moselli, P. (2011). *Il nostro mare affettivo.* Rome, Italy: AlpesEditore.
Navarro, F. (1988). *La somatopsicodinamica.* Pescara: Discobolo.
Prigogine, I. (1997). *La fine delle certezze.* Turin, Italy: Bollati-Boringhieri.
Prigogine, I., & Stengers I. (1981). La nuova alleanza. Turin, Italy: Einaudi.
Raknes, O. (1972). Wilhelm Reich e l'orgonomia. Rome, Italy: Astrolabio.
Raknes, O. (1985). Presentation to the 13th Congress of Psychology. Stockholm, 1913. In: Energy, Character and Society.
Reich, W. (1933). *Character Analysis.* Milan: SugarCo, 1973, p.28.
Reich, W. (1942). *The function of the orgasm.* Milan: SugarCo, 1975 (New edition, Esedras.r.l. April 1994, Tascabili SugarCo).
Reich, W. (1948). *Listen, little man!* SugarCo Edizioni S.r.l., Milan (New edition, EsedraS.r.l. April 1994, Tascabili SugarCo).
Reich, W. (1949). *Ether, God and Devil.* SugarCo Edizioni S.r.l., Milan (New edition, EsedraS.r.l. April 1994, Tascabili SugarCo).
Reich, W. (1951). *The Murder of Christ.* New edition, EsedraS.r.l. April 1994, Tascabili SugarCo Edizioni S.r.l., Milano.
Rossi-Monti, M. (1984), *La conoscenza Totale. Paranoia. Scienza e pseudo-scienza.* Il Saggiatore, Milan, Italy, p.46.
Russell, B. (1972), *Misticismo e logica e altri saggi.* Longanesi Editore, Milan, Italy.
Schrödinger, E. (1944). *What is Life?* Cambridge, UK: Cambridge University Press.
Schrödinger, E. (1944). Cited in *Che cos'è la Vita?* Milan Italy: Adelphi, 1995, p.67.
Semi, A.A. (1990). Trattato di psicoanalisi. Milano: R.Cortina, pag. 33 and sgg.
Shakespeare, W. (1601). *Hamlet, Act I, Scene V,* p.159-167.

Tiezzi, E. (1996). Fermareil tempo. Milano: R.Cortina.
Valzelli, L. (1976). L'uomo e il rettile. C. G. Ed. Med. Scient.Turin, Italy.
Varela, F. J., Thompson, E., & Rosch, E. (1991). *The Embodied Mind: Cognitive science and human experience*. Cambridge, MA: MIT.
Watzlawick, P., Helmick Beavin, J., & Jackson D.D. (1971). *Pragmatica della Comunicazione Umana*. Astrolabio, Rome, Italy.
World Health Organisation. (1992). *The ICD-10 Classification of Mental and Behavioural Disorders: clinical descriptions and diagnostic guidelines.*

Reciprocal collaboration with Jerome Liss
Rubens Kignel

Presented at 14th European and 10th International
Congress of Body Psychotherapy,
Lisbon, September 14, 2014

Abstract

The sharing experience of mutual collaboration created by Jerome Liss, shows how deep and supportive an exchange between psychotherapists or other people can be.

Keywords: collaboration, mutual, psychotherapy

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I met Jerome Liss many years ago and we would get together at least once a year in Rome.

He would promote these encounters with friends and besides that his projects went beyond clinical experience and were directed to the social world that fascinated him. He wrote several important articles, recently regarding neuro sciences, which are all to be found on the Internet.

Whenever we met, there was a ritual we liked to follow. It was a practice to which Jerome gave the name "reciprocal collaboration". Wherever we were, very often in his studio in Rome, we locked ourselves in the workroom, lay on the floor with our legs resting on cushions or on a chair so that we could be as relaxed as possible.

Jerome took a stopwatch, which he always carried with him and allocated 10 minutes for each of us. We started off by holding hands (as I'm doing with my partner, Maurizio, at the moment). Each of us had ten minutes out of the hour to speak or do whatever we wished, while the other simply listened. We couldn't speak unless permitted. We usually listened.

This was an opportunity to reflect on important life issues in the presence of a friend, colleague or collaborator. For one hour we took turns every 10 minutes, controlled by the stopwatch. As time went by, we arrived at places of great quality within ourselves. With the passage of time, eventual interruptions from the other became more frequent and welcome. This gave rise, where necessary, to a more complete form of expression of what was occurring.

These were unforgettable moments of learning, sharing and reciprocal collaboration. Friendship gives meaning to relationships. Without friendship there is no meaning.

The more the time we spent sharing, the more profound was the narrative. On many occasions it was possible to share very intimate parts of our lives. Small secrets, each of which had been carried within for a long time. The complete silence generated allowed the other to overcome shyness, which involved some personal emotion or fantasy.

Later, when the time for speaking was coming to an end, the protagonist could ask those listening for feedback. However, this request could only come from the protagonist. The listener could only give a subjective emotional response. No judgment or interpretation, technical or theoretical commentary would be given. The feedback was a type of emotional "colouring-in" by the listener.

"What he said in the beginning was very powerful...it scared me. Later on, I felt better about his decision...." This was evidently a typical "phenomenological" sharing by the listener.

I now stress that feedback can only be expressed at the request of the protagonist. It is a type of inversion of the traditional therapeutic setting.

This is in fact, one of two elements that differ radically from a situation of normal psychotherapy. It is one in which the patient speaks and the therapist listens.

In the reciprocal collaboration, which Jerome taught, the listener (the therapist) listened but did not intervene. The power relationship remained in the spotlight with the protagonist leading the process.

This state of affairs may bring a smile to whoever thinks that psychotherapy might be a constant struggle against the defense of a patient. Yet it might convince whoever considers an aspect of a cure to be the sense of leadership over one's own difficult and intolerable inner state.

The other obvious difference from the traditional setting was the fact that the two "collaborators" could also be friends! This contrasted with our entire conviction. At the same time it also helped to shed light on the reality of the relationship nullified by "therapeutic simulation".

In fact, there is a fundamental difference in sharing an intimate part of oneself with a therapist and sharing with an acquaintance or friend. These have clear advantages and disadvantages.

Should the therapist take no further personal interest in the experience of the patient, he gives free reign to the inner world of the patient. Should it be someone we know, there are more obstacles blocking our freedom of expression. It reveals him/her to be our ally. This is not so much from the point of view of content, but from the point of view of the general sense of existence. The other person is, in fact, together with us.

What is a congress if not a reciprocal collaboration amongst us? What purpose does a family, group, or team serve, if not one of reciprocal collaboration of the highest order?

At this congress, which is nothing more than a large-scale collaboration, I would like to perform a simple experiment. I want like each of you to hold your neighbour's hand, to close your eyes and share anything you feel. You have one minute, which is all the time we have. I shall tell you when to stop and change over. We're not going to discuss anything, only share.

Now I would like you to stand with your hands joined and repeat a sound that Jerome liked to practice whenever he needed to raise his energy levels.

BIOGRAPHY

Rubens Kignel has a PhD from the University of Bologna, Italy. He is an International Trainer for Biodynamic Psychology and Biosystemic and teaches and trains his own methods in several different countries including Brazil, Europe, Japan, South America and North America. He is Founder and Director of the Japanese Institute of Body Psychotherapy.
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Jerome Liss, PhD (1938-2012) studied at the Albert Einstein Medical School (New York) 1960–64 and went on to study psychiatry at Harvard 1965-1968. He joined the anti-psychiatric movement of R. D. Laing and David Cooper and then collaborated with Prof. Henri Laborit in the study of the neurophysiology of emotions in Paris. Jerome had several qualities, one of which was to be involved with social and political issues. He always connected the internal personal world with the external social one and developed several systems to work with communities, one of them called "reciprocal collaboration", which is a deep experience of learning about relationships in communities. Listen and experience what he meant by that!

Social Normopathy – Narcissism and Body Psychotherapy
Hans-Joachim Maaz

Keynote presented at 14th European and 10th International
Congress of Body Psychotherapy,
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Born during National Socialism, growing up in "really existing socialism", and arriving in a growth and performance oriented society that I understand as a narcissistic society, I have always wondered about the context of mass psychology.

Inspired by W. Reich`s *Mass psychology of Fascism*, I struggled intensely with how social structures mould people through psycho-social norms, values and education who, in turn, act out their alienation through social misdevelopment. It is clear to me that people are not only the victims of their conditions but also the agents who shape their own pathological way of life. All people have the government they deserve! And each government takes care of manipulating people for their power interests. In my opinion, democracy is also a dictatorship of the majority, where the interest of politics is how best to influence majorities. Here it is especially difficult to acknowledge how early development conditions mould the personality in such a way that in later adult behaviour the early experiences are re-enacted. People who suffer early attachment disorders and a narcissistic acknowledgement deficit will always unconsciously make sure they live unhappy relationships and suffer from the conditions that they themselves create and sustain. Every social system creates pathological norms and values. And pathological norms make large numbers of people ill, who continue and reinforce social misdevelopment without even noticing the pathology – this is what I understand as normopathy.

Normopathy therefore means disturbed social conditions, a social misdevelopment, whose pathology is no longer recognized as it is represented, experienced and defended by the majority. What everybody does, what is politically desirable, the mainstream of opinion and positions cannot be wrong. Majority views supersede truth. In psychodynamic terms, normopathy is a socially accepted reality for collective neurotic denial and defence against emotional injury, which is present in the majority of the population.

The "turning point" in Eastern Germany had unexpected effects on the symptomatology of psychosocial diseases. During the German Democratic Republic, neurotic conflict dynamics with anxious and depressive symptoms predominated, triggered by politically forced repression and confinement, which led primarily to adaptation conflicts between dependence and autonomy. Mainly efforts of individualization were strongly impeded. By the end of the GDR, most citizens were convinced that political conditions were solely responsible for their confinement and alienation; the most personal misdevelopments were usually not perceived any longer. And their hopes for a better life through changed external conditions only, contributed to the mere and rapid political accession to the Federal Republic of Germany without taking the different psychosocial conditions in the East and West into account, which in a true reunification process should have been seen, understood and considered. In doing so, the structural personality problems of many

GDR-citizens became clinically relevant. The identity, attachment and narcissistic deficits as a result of the previous educational conditions in the German Democratic Republic were suddenly manifested clinically in the form of existential fears, depressive symptoms and psychosomatic diseases. The ideological confinement of the system, the obstruction of individual expansion and State public welfare had covered the structural disturbances of people until then, keeping them with few symptoms, while these symptoms were acted out and denied in neurotic secondary conflicts of forced adaptation and complaints about the economy of scarcity.

While socialisation pressure in the East forced adaptation through confinement, intimidation, and orientation toward collective social relationships with an ideological focus, after the turning point adaptation to western dominant socialisation norms was expected: individual affirmation, assertiveness, competition, and willingness to perform with material rewards. Other forms of neurotic defence against the structural deficits were expected, and before the new adaptation could become successful, the existing symptoms – which corresponded to previous compensation - of dependence, helplessness, confusion, protest or over-adaptation became apparent.

I understand narcissistic personality disorders mainly as the result of early love deficits, which I summarize as the lack of mother syndrome. During National Socialism the results of early attachment disorders were acted out in a highly pathological way, perverted by war and extermination, which after the breakdown was not recognised as normopathy, a collective misdevelopment of Germans as a result of their serious personality disorders on a huge scale. The division of Germany reinforced a collective neurotic defence against the bitter truth: in the West, narcissistic deficits were compensated by the new megalomania of economic miracle, assisted by the unilateral perception of the bad economic situation in Eastern Germany. In the German Democratic Republic, narcissistic deficits were compensated by the new megalomania of the socialist system's ideological superiority, supported by criticism of the capitalist-imperialistic, socially unjust rule. In this way, the two different conventions have both used and cultivated narcissistic deficits of social conditions: in the West, the "magnitude of self", and in the East the "magnitude of smallness". In the West, compensation of narcissistic deficits by performance, effort and distraction involving the risk of addiction, and in the East compensation through dependence – a mentality of being cared for, involving the risk of ideology.

Abnormality as mass phenomenon becomes the norm: politically required, economically forced or seduced by fashion in a manipulative way. The origins of the psychodynamics of normopathy lay in the quality of the child´s early relationship experiences caused by dominant education in the form of widespread motherliness and fatherliness disorders.

From the child´s point of view, six questions are involved regarding its own development:
Am I desired?
Am I loved?
May I be like this?
May I blossom?
Am I supported?
Are my limitations accepted?

For this purpose I found typical motherliness and fatherliness disorders in the quality of the relationship with the child:

1. Threat by the mother: I do not want you! You shall not be!
2. Lack of mother: I do not have enough love for you.
3. Mother´s poison: I can only like you when you correspond to my expectations.
4. Father´s terror: You disturb me! You are a competitor!

5. Father´s escape: I take no interest in you.
6. Father´s abuse: Be especially proud, so that I can be proud of you.

These describe common parent and child relationship disorders which, when wide-spread because of political-ideological or economic reasons, create structural personality disorders that are no longer perceived as an individual misdevelopment within mass behaviour. To me, Normopathy is the most important reason for passive collaboration and complicity and for the fact that wars, extermination, social injustice and crimes against the environment are not only tolerated, but actively or enthusiastically supported and shaped.

It's hard to swim against the tide, especially when there are self-esteem disorders. But: only dead fish swim with the stream – this saying draws our attention to the lifelessness and deadly risks of mass behaviour.

A major mistake is made in the general discussion on early childhood care. It's not the point of whether day nurseries or parental care is better. The measure for early childhood care can only be what is best for each individual child. There are bad or even mean mothers, and there are completely insufficient day nurseries. Children in the situation of bad parental acknowledgement and care should be offered optimised external care, and therapeutic help and counselling should be offered to parents. But external care should not be pushed for the sake of narcissistic career ambitions, because of economic pressure or feminist and political ideologies. Many mothers in the German Democratic Republic accepted the ideological pressure of early care day nurseries as part of their "magnitude of smallness". Nowadays, day nurseries are fed by "magnitude of self" symptoms in favouring education instead of bonding and professional careers instead of a relationship culture.

The narcissistic personality disorder is mainly caused by the lack of mother and abuse by the father. Early lack of love leaves the child with a self-esteem disorder, thinking that he/she is not good enough for mother's love and wanting to earn "love" through performance – especially when the father´s abuse requires unlimited performance ability.

This becomes a collective misdevelopment in performance and growth-oriented societies. Market economy requires special effort and performance, a special individual bloating in order to exist and survive in the market. The narcissistic lack may also be compensated by cultivated weakness and dependence – which (in the former socialist system) had elicited their parents´ wish to be cared for, and later would mould the dependence syndrome of passive collaboration with a mentality of being cared for. "Really existing socialism" bred the "magnitude of smallness syndrome" through ideological intimidation and the really existing scarcity of acknowledgement and supply. Thus, in divided Germany the wide-spread narcissistic "magnitude of self" and "magnitude of smallness" disorders were being moulded on a huge scale in a nearly polar way, reducing the process of reunification in the sense of collusion between dominant and dominated to a mere accession. This process did not put narcissistic deficits into perspective on both sides but strengthened them instead.

The treatment of narcissistic disorders is a difficult and long process. The therapy of deficit and trauma stemming from the child´s pre-verbal development history – from an early lack of mother and abuse by the father – also needs treatment rooms and techniques not linked with language so that essential relationship contents may be expressed non-verbally, a process in which the body is the "via regia". But one shouldn't forget that body work and first of all the therapist work with the patient´s body will revive affectively connoted relationship qualities of the patient´s early history: we are referring to longing merging desires, hateful slander, painful disappointment and unfathomable forlornness and helplessness. Such emotional qualities can no longer be dealt

with in a relationship of psychoanalytical transference and projection - the affect is too existential. Yet in body psychotherapeutic work the inevitable positive transference of idealization (Help me! Redeem me! Make me whole!), and the negative depreciating transference (you don´t understand me, you can´t help me, you are not good enough, I can´t trust you, among others) must be sufficiently discussed and clarified until the therapist is accepted as a third party, as an expert and witness in a triangle, and until the existential emotions to be activated can be conducted – no longer directed at the therapist. According to my experience, many hours of therapeutic relationship work are needed until the transference relationship becomes a professional partnership.

A **narcissist who suffers from "magnitude of self"** must be practically led to humbleness so that he or she learns how to perceive, express and integrate his or her own limits, weaknesses, insecurities and anxieties. Here we're talking about the deep pain of not having experienced enough mirroring, acknowledgement and acceptance. Beneath all the great achievements and successes, behind the awards, external distinctions, and inflated ego achievements we see the primarily unfulfilled longing for love that can't be satisfied by anything anymore. Along with the pain of lack comes the acceptance of limitations and disillusionment through facing reality. The **narcissist who suffers from "magnitude of smallness"** is filled with justified aggression due to life-long intimidation, subjugation, and adaptation to alienation. The interdiction of individual expansion and autonomous lifestyle, which the person defends against by depressive self-depreciation, must be looked at and overcome. In order to achieve this, much therapeutic encouragement, activation and support is needed. Step by step, the autonomous growth potential must be freed from the "magnitude of smallness". In terms of relationship dynamics the narcissist who suffers from "magnitude of self" tends to depreciate others – including the therapist – in order to protect his or her grandiosity and to shield against the dangers of his or her needs becoming perceptible: "I am great – You can´t really give me anything!"

The narcissist who in terms of relationship dynamics suffers from "magnitude of smallness" tends to become dependent and to idealize the therapist in order to avoid the once experienced fear of autonomy and individualization: "I am small and needy – you must tend to me and help me!"

In terms of body psychotherapy, it is important for the narcissist who suffers from "magnitude of self" to learn how to feel the early pain of unfulfilled acknowledgement. According to my experience, this only becomes possible after achieving a good professional relationship in which the patient no longer needs to depreciate the therapist and to know everything better than the therapist, when the patient allows herself to be told something. It is necessary that she or he has remembered and understood the heavy implications of early life circumstances before he or she can admit the pain of lack. Depreciation of others is a negative transference toward relationship partners by the narcissist who suffers from the "magnitude of self" in order to avoid suffering the individual lack of mother. Only after having elaborated a biographic understanding of these circumstances, where the therapist is no longer kept in negative transference but accepted as a third party, a benevolent expert, only then can the early pain be re-activated via bodywork.

The narcissist who suffers from "magnitude of smallness" will need to biographically understand his or her dependence, passivity and submission, and let go of the therapist as saviour and redeemer – who is supposed to tell us what to do, eagerly followed by the patient – from this projection, by feeling his or her own possibilities and accepting personal responsibility.

The liberation of narcissistic rage must no longer be understood as the therapist's task for [the patient´s] recovery, but rather experienced as the patient´s own impulse from his memory of intimidation and oppression. In transference dynamical terms, the therapist is no longer a

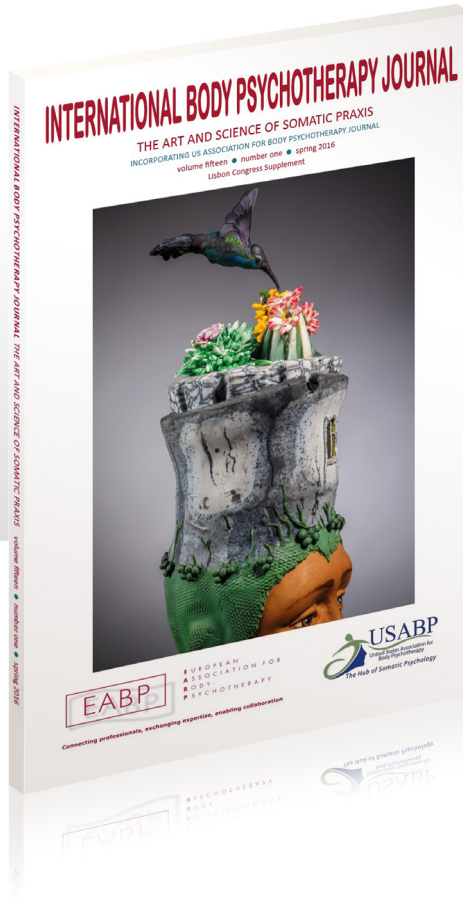
potential agent or liberator, but an expert companion who accompanies the patient´s steps to autonomy, and supports and acknowledges her aggressive emotional expression.

It's not possible to sufficiently delimit "normopathy" through individual therapy as an effective danger in mass psychological terms that leads to social misdevelopment. Here, therapists are asked to critically analyze society and, mainly, to engage in prevention. Due to the knowledge in the field of infant research, the psychoanalytical concept of man had to be revised. The infant is admitted "competence" (Dornes 93), because he knows how to take care of himself from the start, and actively shapes the relationship with his mother. Essentially, a person can no longer be understood as the object of his education but as a subject in a relationship. In this way, regression is understood as an interactive process. Infant researchers are convinced that early interaction experiences are imprinted accordingly as representations in the brain which permanently cause – depending on the early imprinting – certain relationship expectations regarding other people and, naturally, also in relation to therapists. These early experience structures are pre-verbal and are registered as sensory-motor representations, which can't be re-activated and re-enacted without body perception and movement impulse. This justifies the great significance of body psychotherapy for this work, and also the responsibility of the body psychotherapist for prevention in order to create the best possible conditions for optimised early interaction between parents and the child.

Through appropriate socio-political understanding and adequate promotion we need to engage with schools for parents, a science of emotion and the significance of motherliness and fatherliness as important bases for early childhood care. It is about the quality of early childhood bonding, not education. The quality of early childhood care decides on the form and dimension of "normopathy" and, therefore, on the future of society.

BIOGRAPHY

Hans-Joachim Maaz, M.D., psychiatrist, psychotherapist, psychoanalyst. Head physician at the clinic for Psychotherapy and Psychosomatics in the Diakoniewerk at Halle (Saale) from 1980 to 2008. Long-serving Chair of the German Society for Analytical Psychotherapy and Depth Psychology (DGAPT) and of the section 'Analytical Body Psychotherapy'.



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Connecting professionals, exchanging expertise, enabling collaboration

USABP United States Association for Body Psychotherapy

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