

Depression and Body Psychotherapy

A Qualitative Study from a Resilience Perspective

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ABSTRACT

The aim of this qualitative study is to find out how body psychotherapists describe their approach to promoting health, and their methods of treatment and signs of recovery in depressed clients. Using Grounded Theory, literature studies and analysis of open questions were conducted in parallel. The open questions were sent to the members of the Swiss National Association of the European Association of Body Psychotherapy (CH-EABP). The answers from 18 participants were analyzed using open axial coding with the method of constant comparison until saturation. Four main categories were identified as selective coding emerged from the data: 1) attachment and the therapeutic alliance; 2) body awareness; 3) contact with grief enabling healthy, creative aggression; and 4) self-regulation and rhythm. These categories form a theoretical core for treating depressed clients. Findings indicated that body psychotherapists have therapeutic tools to work with resilience.

Keywords: depression, body psychotherapy, resilience, therapeutic alliance, body awareness, grief, healthy aggression

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According to the World Health Organization (WHO, 2017), depression is the worldwide leading cause of ill health and disability. WHO investigated psychological problems in general health care, and found that depression and anxiety are the most comorbid diagnoses, along with somatic health problems (Sartorius, Üstün et al., 2018).

Body psychotherapists often see clients with minor or major depression. A depressive episode has usually been preceded by the loss of a significant other, the loss of a job, or the risk of losing a job, creating great emotional stress (Bauer, 2013). A depressed person's symptoms are psychological, as well as body-based and vegetative (WHO, 2017). However, research on the description of how treatment is organized is rare in the literature (Röhrich, 2009).

Definitions

Today, resilience is a common theoretical expression, describing how people can better manage life experiences based on previously developed psychosocial abilities (Richardson, 2002). In body psychotherapy, self-regulation is an essential concept (Reich 1945,

Marlock, et al., 2015) that means an organism can regulate itself despite moderate stress and challenges. Etymologically, the word resource means “to recover, to recuperate, to collect power again,” and shows a new direction. The word repair, on the other hand, means reset — getting back to something. How does body psychotherapy address creating or restoring resilience? What about repair and supporting the ability to self-regulate and recover? How are body psychotherapists engaging these different directions?

My Research Perspective

I have been working as a therapist for 40 years, and I am interested in the interplay between theory and practice. I treat depressive clients from the perspective of the reflective practitioner who regularly looks at her professional work to improve her clinical practice (Schön, 2013). The potential and willingness of clients to try new strategies to help themselves and harness their inner power by interpreting their reality in a new direction has thrilled me time and again.

I was interested in a qualitative study, because I wanted to better understand how body psychotherapists describe factors promoting health and the use of resources when working with depressed clients. Giorgi (2003) and Corbin & Strauss (2015) state that people’s experiences and know-how come from the relevant insights of their lives, and that people strive to describe these phenomena spontaneously, directly, and without bias. I wanted to know what my colleagues directly and spontaneously would say about treating depressed clients. Is it possible to state that body psychotherapists are working towards resilience? I broke the subject of resilience down to operational questions that could be answered from the perspective of clinical practice.

General Open Questions

- Why do you think people stay healthy?
- Which body psychotherapy concepts and methods do you find most valuable to support the recovery of depressed clients?
- By what signs, including bodily expression, do you recognize and confirm clinically that clients are on their way to recovery from depression?

Grounded Theory is used in different professions to explore new areas of phenomena without suggesting a hypothesis (Sbaraini et al 2011). The methodological steps of Grounded Theory are detailed in the Method and Material sections. I began with a literature study, while at the same time sending my colleagues a survey that investigated their professional data and experience working with depressive clients. The results of these open questions are presented later, and put towards existing theory and context of the resource models presented below.

Theoretical Background

The concept of self-regulation has been used in different resource models describing how people get through difficulties, get back on their feet, and learn how to manage their problems in a supported way. These models are called salutogenesis, self-efficacy, and resilience:

- *Salutogenesis (in contrast to pathogenesis)*. This term was coined by Antonovsky (1987) who first studied history and economy, and then medical sociology. The Latin word *salus* means “healthy, being saved, or in safety.” Antonovsky’s model A Sense of Coherence contains three parts: 1) comprehensibility, 2) manageability, and 3) meaningfulness. Salutogenesis describes a person’s ability to develop a certain way of “standing in this world,” to see meaning even if so much in life is difficult, to understand one’s situation within a larger context, and to be able to manage the situation in small steps. According to Antonovsky, these components contribute to health.
- *Self-efficacy*. The ability to believe in one’s own competence to handle important life situations (Bandura 1997), which contributes to health. It is based on learning theory, and contains four sources of information:
 1. Experience handling the same or similar tasks
 2. Modeling examples from significant others
 3. Verbal encouragement from significant others
 4. Perception of one’s own state of arousal
- *Resilience*. Managing difficult life experiences in a better way based on previously developed psychosocial abilities. It was first developed to explain how children with difficult upbringings could develop to maturity and become healthy adults (Werner & Smith 1982). Etymologically, it means elasticity, flexibility, with sufficient tension, and thus in a broad sense, it describes what is lacking in a depressed person. The term resilience has been in use since the beginning of the 21st century.

No studies were found in which body psychotherapists were asked about their successful treatment of people with minor and major depression. Search keywords for “body psychotherapy and depression” in PubMed and PsycInfo from 2013-2018 yielded no results, and none were found in the index of the International Body Psychotherapy Journal (2013 -2018).

Method

Today, Grounded Theory (Glaser & Strauss, 2005; Corbin & Strauss, 2015) is the most commonly used method of qualitative research. It is designed to find answers in a field in which there has been little research. Systematically observing and constantly comparing phenomena in texts, in real life, and/or in the analysis of written answers can generate a hypothesis, a suggestion for treatment, or a new theory. In the answers to open questions, patterns of meaning units can be identified that suggest interpretation probabilities.

By studying the literature, in this case the literature on depression and body psychotherapy, and by including health issues, a foundation for formulating open questions was created. General questions about the body psychotherapy profession were formulated and sent out to the members of the Swiss Association of the European Association for Body Psychotherapy, with a request for participation in the study. The study’s open questions

were then sent to those who agreed to participate. After seeing the questions, 14 out of 84 full and associate members confirmed their participation. Fourteen therapists called the information group — is considered a small sample, so the questions were also given to the four individuals in one of my body psychotherapy intervention groups called the intervention group making a total of 18 participating therapists who are presented as one group in this article. Using an Excel table, participants were asked how many clients with depressive disorder (F31–43 in the ICD-10) they had treated, and their precise diagnosis. They were also asked which body psychotherapy training they had taken, how many years they had been working as body psychotherapists, how many treatments of more than 25 sessions they had completed, and what percentage of their client list were depressed clients. The open questions were analyzed and compared in an open coding process of meaning units (Malterud, 1998, 2014) until saturation was reached. Saturation means that no more categories contributing to the understanding of the studied field are discovered. The aim in Grounded Theory is not to find every single description of the qualities in a large sample size, but to distill the central meaning of the phenomena (Glaser and Strauss, 2005).

The answers were analyzed by marking them with different colors (coding) and putting them in different categories. Triangulation (Malterud, 1998, 2014) was used to avoid biased errors in qualitative data. In triangulation, "two extra legs," as in sailing when defining one's own boat's position, support the data. The meaning units from both the information group and the intervention group were identified as open coding. One of the extra legs, called method-triangulation, is axial coding that puts the open coding into key categories. In addition, the index lists in *The Handbook of Body Psychotherapy* both in German (Marlock & Weiss, 2006) and English (Marlock et al., 2015) were consulted to find out how frequent open and axial coding were listed. This is the second leg called a source-triangulation.

Material

- The 18 therapists participating in the study came from 11 different body psychotherapy schools. The different modalities of body psychotherapy were analyzed as one group.
- 16 of the therapists had worked more than 11 years in their profession.
- All of them (n=18) had completed more than 10 treatments of more than 25 sessions with depressed clients.
- 10 therapists concluded that more than 40% of their clients suffered from depression.
- The most common diagnosis these therapists treated were: F32 (mild depressive episode), F33 (recurrent depressive disorder), F41 (panic disorder, episodic paroxysmal anxiety) and F43 (acute stress reaction).

Summary of the Steps Used in Grounded Theory

- Collecting theoretical knowledge.
- Data collection: sample of body psychotherapists and answers to open questions.
- Analysis of the answers to the open questions through constant comparison until

saturation was reached — until no more codes or categories could be found.

- Triangulation with the answers to the open questions in a second group of body psychotherapists.
- Triangulation with the index list of the *Handbuch der Körperpsychotherapie/ The Handbook of Body Psychotherapy /Somatic Psychology* to see if the codes of the most frequent answers to the open questions supplied by the body psychotherapists occurred as words in the index lists.
- Forming selective coding or core concepts for treatment.

Results

The results of the study are presented in the following four tables. Quotations from the answers to the open questions are presented after the tables. The number of people who answered is quantified, and presented as “number of people answering this open coding.” The survey showed that the participants in this study had many years of experience treating people with depressive disorders. The answers from the information group and the intervision group were extremely similar, and therefore they were put as one result for this article in tables 1-3. The contents of the recovery process are also illustrated in the quotations. Finally, phenomenological types of treatment are presented. These form the selective coding of the results, or core categories for a treatment concept of depressed clients.

Table 1. Why do you think that people stay healthy?

Meaning units	Content of the open coding	Number of persons answering this open coding	Key category Axial coding
Attachment	Healthy first years	5	Relationship
	Close relationship to oneself and own needs	13	
	to others/family/social network	12	
Physiological Rhythms	Stress-recovery rhythm	12	Self
	Pulsation in the body	5	
	Body Awareness Weakness/Depression as a stimulation of the soft sides of life	4	
Basic Needs	Financial security	10	Regulation
	Nutrition/Sleep	8	
	Movement	8	
	Respect and appreciation	7	
Fatalism	Luck/Misfortune/Genes	5	Belief
	Belief/Spirituality	4	
	Don't know	3	

- When asked about how people stayed healthy, most of the respondents mentioned healthy attachment, close relationship, and stress-recovery rhythm. The answers were most often given as nouns, such as relationship to oneself and others, stress-recovery rhythm, movement. The verbs mostly used had to do with relationships, which showed a direction or contained a rhythmical word: to be embedded (3 persons); to Gestalt, to find (2); to build up something, take turns, satisfy, fulfill something, keep something, mobilize, create, look after, seek (1 person).
- Many of the respondents mentioned the basic needs according to World Health Organization to maintain health, to have work, enough financial security, enough to eat, to be able to move around, and to experience emotional respect and appreciation.

Table 2. Which body psychotherapy concepts and methods do you as a body psychotherapist find valuable to support the recovery of depressed clients?

Meaning units	Content of the open coding	Number of persons answering this open coding	Key category Axial coding
Concept of the therapy A holistic idea of human image	Body, emotion, cognition Intuition/spirituality Social behavior as a whole	17	Idea of human image
Therapeutic Diagnosing	Condition – dynamics Minor – major depression	6 5	Diagnostic
Working modality: Therapeutic alliance	Working mindfully Resource orientated: Giving trust and hope Stimulating bodily presence Confronting negative attitudes Contracting – suicide prevention	10 12 8 7 8 4	Trustful attachment and therapeutic alliance
Inward perception Going inside Contact inside	Pulsation in vegetative NS Breathing & grounding, Instroke Fostering emotion: especially sadness Painting inner pictures and ideas	9 14 4 8 1	Body Awareness Fostering sadness and grief

Stimulating and becoming aware of rhythms	Tense up, relax, stretch	11	Self- regulation and rhythms
	Movement, rest - leisure	6	
	Demand, protect oneself	6	
	Being alone, together with others	5	
	Discover own needs	4	
Expression of feelings	Fostering emotion: especially disappointment and anger	8	Fostering healthy aggression
	Fostering healthy aggression, setting limits	9	
Supporting meaningful leisure-time activity	Social network, clubs	4	Going outside, Social contacts
	Bodily activity, sport, jogging	9	
	Creativity – painting, music	6	
Medical treatment	According to doctor's prescription	2	
General	"A lot could be said" (but is not done=author's comment)	4	

- Seventeen of the body psychotherapists expressed a holistic idea of the human condition as a guideline and understanding of their therapy: *"to appreciate body, soul, and spirit as a unity, and treat according to this"*
- Only a third of the therapists mentioned diagnosis:

"For me, depression is a diagnosis of the situation, but I am mostly interested in the dynamic between the client and his surroundings, between the client and me."

"Without a clear diagnosis and differentiation between minor and major depression, therapy becomes too general".
- Four of the therapists answered in general terms, such as:

"A lot could be said."

"This list could be extended, and would not say anything on the individual level, except that there are individual differences."

"In my opinion, there is no such thing as 'one kind of depressed-person' so I cannot answer this question."

Summary of the concepts and methods body psychotherapists found most valuable when treating a depressed client

Based on the responses, the most valuable concepts and methods that emerged were: a common holistic idea of the human condition, creating a trusting

relationship, working mindfully in a resource-oriented way, working with breathing and grounding, having deeper contact with different emotions, especially grief, and using self-regulative experiences.

The rest of the quotations in this table will be shown under the recovery process and in the phenomenological types or core concepts for treatment.

Table 3. By what signs, including bodily expressions, do you as a body psychotherapist clinically recognize and confirm that a client is on his/her way to a recovery?

Meaning units	Content of the open coding	Number of persons answering this open coding	Key category Axial coding
Physical liveliness	Breathing is deepened, Voice is more sonorous and melodious, eyes are sparkling Mimic and eye contact possible Posture, muscle tone – body elongates, is more flexible Movement has more flow Energy level/drive/initiative – sense of refueling without collapse Temperature warmer, pulsation Sexual charge is higher Suicidal danger	14 14 11 16 14 4 6 5 4 4	Movement inside
Feelings: in the client	Deepened contact to body and emotions, crying, sobbing Healthy aggression in a non-projective way, sets limits Clear gender self-esteem	14 14 4	Differentiated emotions
Feelings: in the therapist	Client is perceptible (resonance), more differentiated and is showing initiative in the session	9	Resonance in the relationship

Rhythm and body care	Regulated day/night rhythm	9	Being aware of rhythms
	Appetite, healthy eating habits	9	
	Body care, touches themselves in a more friendly way, sexual desire	9	
		4	

Content of the Recovery Process

What seems obvious from Table 3 is that more therapists had an understanding of the recognizable signs of recovery than they did about how to treat their clients:

- Nearly all participants (n=16) emphasized that they knew the significant signs of recovery on the physical level: *“breathing is deeper”, “posture is more aligned”, “eyes are sparkling,”* or *“voice is more sonorous and melodious”*. Then, more differentiated emotions were pointed out: *“deepening contact to grief, to crying and sobbing”* and *“is eventually making healthy creative aggression possible.”*
- Clients first differentiate between sadness and anger: *“Anger and sadness are now differentiated again, also consciously experienced in the body.”* In this phase, clients use anger as projection: *“It is his fault that”...*
- When clients show increasing aliveness, recognized as more sparkling eyes, flexibility in body posture, and a more sonorous and melodious voice, suicidal danger increases, and must be addressed. One therapist expressed it like this: *“You are allowed to commit suicide, but not as long as you are here in therapy, let’s meet another ten times and discuss why you really don’t want to live anymore.”*
- Healthy aggression enables clients to set limits by protecting their boundaries and stating their needs; for example, *“says ‘no’ to her husband and should do so,”* or *“I want this instead.”* Healthy aggression is physically experienced through the whole body from the feet, through the pelvis and the straightened back, up to the outstretched arms.
- Clients feel a resonance in the contact with their therapist, and show initiative in sessions: *“the client is perceptive,” “I’m sensing more than a need for protection and care during the session.”*
- It is possible for clients to show more interest in their own body: *“body care and the management of daily living is now possible,” “is touching his body more caringly and respectfully.”* They experience different rhythms in their lives: *“client sleeps better and experiences appetite again.”* Clients are also able to have perspective on the future, and sense hope in their ability to take part in social activities: *“more spontaneity and humor,” “the bearable lightness of being,” “more*

positive view of his future,” “can arrange social activities on his own again,” “has a direction towards and not against something,” “is able to take risks even if it would not work out.” 16 participants said: *“to activate themselves in movement/sport and music.”*

Phenomenological Themes as Suggestion for Treatment

The following four phenomenological themes are presented as a suggestion for treatment of depressed clients. They are based on the open and axial coding answers in both Tables 2 and 3. The themes seem to have a sequence: the therapist cannot begin to facilitate deep crying if there is insufficient trust in the therapist/client dyad, not enough containment, or contact with deep breathing.

1. Attachment and the Therapeutic Alliance

The strength of the therapeutic relationship is considered an efficacy factor in the therapeutic outcome and for clients to learn to better manage their lives. Therapists emphasize trust in their clients' ability to heal, as well as unconditional respect and acceptance of their current life situation. The client's work is to build a new trusting relationship to self and others, where frustration as well as confrontation of negative attitudes are allowed and contained, verbally and also nonverbally:

“To create a safe space, to work with respect for limits and boundaries – to the client’s body, to pain and physical distance, and offer a respectful dialogue.”

“To stay there with them, also when nearly nothing works.”

“As a therapist - to be able to stand the depression and the long moments of silence.”

“Acknowledging the expression of impulses/movements that correspond to the status of the person/the dimension of the depression.”

“To give a sense of being unconditionally accepted through listening, reflecting, mirroring without pressure.”

“What is, is mirrored, accepted, and is becoming more manageable as time goes by.”

“To mirror the often non-existing ‘letting go of illusions’ in depressive persons.”

“To seek the psychological mechanisms that maintain the depressive mode (agency, speed limits, escapements, inhibitions).”

2. Body Awareness

Most of the participants mentioned the concept of encouraging the client's internal resources as a vital function throughout the sessions, and the need to acknowledge and accept bodily sensations, thoughts, and emotions without judging them:

"To encourage mindful body sensations, thoughts, emotions, and actions."

"Depressed clients often move around in circles of negative emotions and thoughts. The shift of attention to the somatic level is a very frequently used tool in body psychotherapy to break these vicious cycles. On the somatic level, there are no circles, but rather this level always implies a minimum of movement/pulsation, which can help depressed people to gradually evoke volitional movement."

"That there is aliveness inside; in the vegetative nervous system always a little something is moved; some pulsation is there, although clients can feel dead emotionally."

"Instroke, instroke, instroke: to go inside, stay there in the breathing which is possible, and sense the fine-tuned little movements and feelings there."

"Work with deeper breathing and grounding, verbally and bodily."

"To move out of fragmentation - the loss of contact to oneself; through the defragmentation exercises, clients can get out of freeze and exhaustion."

"To work with grounding, strengthen the legs, the pelvis, and the lower back."

3. Grief and Healthy Aggression

This theme was emphasized by most of the body psychotherapists, and identified as a main factor in experiencing healthy recovery and balance between sorrow and joy. A sequence was identified: a) first contacting the hidden crying, then b) building up the aggression. Healthy aggression and not anger — is the basis for setting boundaries, experiencing limits without intrapsychic splitting, and having the strength to handle future difficulties.

The word aggression comes from "aggredi" (Lat.) meaning to "tackle" or to "attack" and also "approach" or "come closer with firm steps." Crying and healthy aggression are built through mindful contact with feelings in the body:

"The body is a resource in which Life in all its sadness and painful facets can be contained and managed."

“There is one medicine for depression, and that is grief, and there is one medication to cure grief, and that is to cry; deeply sobbing.”

The somatic tool to facilitate deep crying is to encourage breathing from the lower chest and diaphragm while keeping a loosened jaw. The body psychotherapist can put her hands on the client’s chest and keep them there in order to facilitate a deepened contact with the breath. The therapist can put some fingertips on the jaw, which, after a while, can cause the jaw to shiver. Shivering and vibrating of the diaphragm can emerge, initiating sobbing until a healthy deep in-breath spontaneously emerges.

“Of primary importance is the facilitation of breathing, because depressed people have, without exception, very flat, superficial breathing.”

Work with the client’s grounding, or conscious contact with the surface from the legs and feet, supports the ability for containment and tolerating strong feelings, instead of going back to a split state where the fear is not felt.

“Work with the legs and back must be emphasized”

“Depressed people lack power in the lower back, which results in fewer possibilities to distance oneself from, to assert oneself towards, and to carry something through to others. The chest is usually weak and hard. Before the chest can open, the legs must be strengthened.”

“The body is elongating.”

“They become more flexible in the whole body, still more aligned.”

This can be summarized as creative, healthy aggression.

4. Self-Regulation and Rhythm

In this category, personal, physiological, and social rhythms are included. Most of the therapists had something to say about this, as self-regulation is a key concept in body psychotherapy:

“Usually, depressed people are very tense inside, and very slack in the outer, upper layers of the muscles. Their feeling is that they ‘are worn out.’ Interchanging exercises of muscle activation and relaxation can help them differ between these two.”

“Can feel a difference between breathing in and breathing out.”

“The pulsating movement between inner and outer experience is perceivable.”

“To be ‘out of breath’ at least once a day.”

“The desire to meet friends again.”

“Emphasis on inner sensation and stimulation of elementary biological rhythms (muscular, vegetative, and emotional, from bodily activity and passivity, from demands and the need to protect oneself, from peace and activity and stress (positive and negative), from being alone and together with people.”

“To encourage the client to become physically active, starting with short walks towards jogging and regeneration.”

Results of the answers from the text reading and the open and axial coding, compared to the index list in the Handbuch der Körperpsychotherapie/ The Handbook of Body Psychotherapy

Source triangulation was made to the models of Salutogenesis, Self-efficacy and Resilience by studying the index lists in the Handbuch der Körperpsychotherapie (2006) and The Handbook of Body Psychotherapy (2015). The occurrence of the answers in the open and axial coding were researched from the index of these books. The words were Selbstregulation/self-regulation; Selbstwahrnehmung/self-perception; Atmung, Atem/breathing, breath; Erdung/grounding, Beziehung/relationship/relating; Therapeutische Bindung/therapeutic attachment; Bindung/attachment; Achtsamkeit/mindfulness; Präsenz/presence; konfrontierend/ confronting.

Table 4. Source triangulation of text key words and open and axial coding

Theme German and English books	KPT-Buch	BPT-book
Salutogenesis	5 times	6 times
Self-efficacy	2	4
Resilience	1	0
Depression	8	23
Self-regulation	22	17
Self-perception	6	3
Atmung,Atem/breathing,breath	12	7

Atemmuster, -rhythmus, breathing pattern - rhythm	7	29
Erdung/Grounding	9/13	8
also horizontal	2	9
and vertical	1	7
Beziehung/Relationship, relating	11	16
Therapeutic relationship	20	15
(also relational approach, relational modalities)	-	21
Attachment	2	7
Achtsamkeit/mindfulness	8	0
Präsenz/Presence	2	0
Konfrontierend/confronting	1	0
conflict	3	7
conflict resolution	1	1
Klärend psychomotorisch/ psychomotoric educative	1	2
Differenzierung/differentiation of emotions	2	0

(also breath block, breath education, breath healing, breath techniques, breath therapy, breath work, breathing awareness, breathing patterns, breathing practice, breathing stool, breathing technique, breathing therapy, breathing wave, breathwork)

The most common words, “self-regulation, breathing/ breath, grounding, relationship, therapeutic relationship” are found in both the German and the English versions of *The Handbook of Body Psychotherapy*, and correspond to the open and axial coding. Interestingly, no reference to mindfulness is made in the English version. The word resilience does not occur in the English version, and occurs only once in the German one. The method of relational body psychotherapy does not exist in Switzerland.

Discussion

O’Hara (2012) claims that we need a new epistemology in the field of psychotherapy that incorporates both research-based knowledge and practical-based knowledge. She argues that knowledge is what we agree it is from within our shared context of experience. Practical knowledge “...provides the basis for intuiting the possibility of answers to yet unsolved problems” (O’Hara, 2012, p. 68). This study is a contribution toward solving the problems of treating depressed clients.

In this qualitative study, responses from body psychotherapists to their approach to health, and to methods of treatment and signs of recovery in depressed clients were collected. First, a detailed questionnaire was created about the professional experience of body psychotherapists who treated depressed people. This revealed that the therapists in this sample had lots of experience as body psychotherapists who treated people with depression; 16 (n=18) had been in practice more than 11 years, and 18 had completed more than 10 treatments of more than 25 sessions. Since body psychotherapy includes practical methods of bodywork, it might be an advantage to have worked more years, which cannot be stated for psychotherapy in general (Goldberg et al 2016). The sample of therapists, although small, was thus perceived as a group with competency to answer the questions about the treatment of depressed clients and the signs of recovery. Nevertheless, some of the therapists found it difficult to describe their tacit knowledge — intuitive knowing for which it is difficult to find words (*“Eventually, I do answer your difficult questions,” “Big questions put too easily.”*). This type of tacit, embedded knowledge was originally defined by Polanyi (1966), who wrote that it is hard to define knowledge that is largely experience-based: it is simultaneously understood as present and hidden. However, since the 1960s, many methods within the field of qualitative research have been developed that give words to tacit knowledge.

Seventeen of the body psychotherapists expressed a holistic idea of people as a guideline underlying therapy: *“to appreciate body, soul, and spirit as a unity, and treat accordingly.”* Body psychotherapy includes body-oriented methods that can stimulate regression, healthier early attachment, an ability to form better relationships, as well as increasing the experience of self-regulation and rhythms. One of the respondents gave this description: *“Depressed clients often move around in circles of negative emotions and thoughts. The shift of attention to the somatic level is a very much used tool in body psychotherapy to break these unproductive circles.”* Stern (2000) described the so-called Representations that have been Integrated and Generalized— RIGs, which are contained within sensorimotor representations, and can be reactivated only through body awareness and movement impulses. McWhinney et al. (1997) emphasized that *“the connection between emotions and bodily states must be made at the affective and cognitive levels by the patients themselves ... helping patients to make the breakthrough to a new level of understanding, without the requirements of verbalization”* (p. 749). This is a strength in body psychotherapy when the bodily connection is made by the client, the client and the therapist (as a good role model and significant other) can find words to confirm the sensation and the emotion. Through this, the more difficult feelings, such as disappointment, passive aggression, and sadness could be recognized and understood in their context by the client. In this way, a better connection to inner resources in stress situations could be discovered. This is one of the four sources of information in the self-efficacy model, which makes it possible for clients to believe in their competency handling important life situations.

When clients reorganize their sensorimotor affect schemes, and when they are met with more respect and trust by the therapist, a new relationship to self and other can be built, which is freer from fear and a diminished self. This gives comprehensibility, manageability, and meaningfulness, the three aspects of the salutogenesis *sense of coherence* model. Some therapists stated that depression could be viewed *“as strengthening the soft side of the personality*

as opposed to persistently being strong and jolly.” This is similar to what Scheiber (1996) found women appreciated after depressive episodes: a “redefining of the Self.”

An important part of clients' recovery is their increased physical aliveness, which manifests in deeper breathing, livelier responses, increased appetite, and the desire towards movement, sport, and increased sexuality. At the same time, this can become a risk, because as clients feel stronger and more alive, they can make use of this strength, and the risk of suicide increases. At this point, the therapeutic alliance and quality of the relationship are tested. Experienced therapists underscore the importance of talking about suicide, and ask clients to agree on enough sessions to deepen this theme.

In body psychotherapy, research on depression is rare, and the findings from an exploratory randomized controlled study with chronically depressed people during a period of over two years are encouraging (Röhrich, Papadopolos, Priebe, 2013). They suggest that body psychotherapy is a feasible treatment option for clients with chronic depression who have not responded to other treatments. These authors suggest further research to analyze processes that could increase the efficacy of treatment. This study contains the respondents' descriptive data of treatment processes that include the capacity for attachment in relationship, mindful contact with bodily reactions, the ability to set boundaries by learning healthy aggression, and sensing and respecting the body's rhythms in everyday life.

Another study supported the effectiveness of body psychotherapy treatment compared to doing nothing. When clients with chronic depression were treated with body psychotherapy and compared to untreated clients on a waiting list, Winter et al. (2018) found a decrease in negative construing and body dissatisfaction. Resilience means the ability to manage difficult life experiences in a better way, based on previous psychosocial abilities. This study suggests that body psychotherapists have tools to work in such a way with the clients. Certain *life skills* are named by WHO (1997), which the organization suggests should be emphasized to support human health. These include the following abilities: coping with relationships, self-perception, emotional regulation, stress regulation, decision-making and problem-solving, which help clients develop resilience in their lives. Based on the therapists' responses, this study contains suggestions about these issues.

The numbers of colleagues who participated in this study was small. They were therefore put in one group, despite their training in different body psychotherapy modalities. The intention of this study was not to compare different body psychotherapy modalities, but to get a broad description of body psychotherapy methods when treating clients with depression. The answers from the intervention group, as one part of the triangulation, used nearly the exact same wording to the same questions as given by the information group. For that reason, their answers to the open questions were grouped with the information group.

Though the size of the sample was small, the study has descriptive validity (Thomson, 2011), in that the research process is described in detail, and thus gives accurate data independently of the size of the sample. It is not unusual that the percentage of respondents is small. Cook et al., (2010) sent out information to the 22,000 subscribers of *Psychotherapy Networker Magazine*, and got 2,200 answers after two rounds of

publication in the magazine. Dropouts in their study said that they did not have time or enough suitable clients. This problem was recognized a few decades ago: then too, therapists stated insufficient time and considered their clients inappropriate for the research (Vachon et al.,1995). Perhaps the request for their professional experience, for the number of depressed clients treated in a certain time span, and the exact ICD diagnosis could have been too difficult for those therapists who declined participating in the study. One third of the respondents mentioned diagnosis, which could be a confirmation of their difficulties with this theme.

Limitations and Future Recommendation

This study was conducted and evaluated by only one person without a computer program, which could bias the interpretations into categories. However, the answers were easy to code since they were similar in wording or meaning. As the author used the triangulation method as validation and reliability, this limitation was reduced. NVivo, CAQDAS (Computer Assisted/Aided Qualitative Data Analysis) Software to discover “meaning units” was developed after this study was conducted.

Conclusion

This study was designed to investigate the perspective of body psychotherapists on general health, treatment methods, and signs of recovery when working with depressive clients. Body psychotherapy contains treatment tools that include salutogenesis, self-efficacy, and resiliency. No conclusion was reached regarding the phenomenological types suggested as core concepts for the treatment of depressive clients, but it is suggested that further studies be conducted to verify the validity of these core concepts, and confirm or reject them through experimental studies among body psychotherapists.

Note: *This study (118 pages, in German) was conducted as a Master in Psychotherapeutic Psychology, Donau Universität Krems, Austria, 2007. A new literature study of the field was made 2018.*

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