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

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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).

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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.

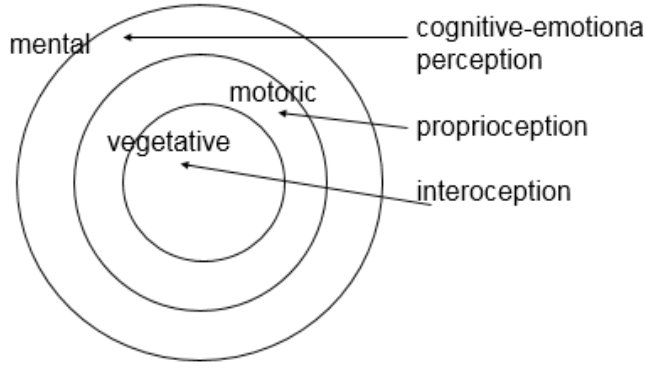

Figure 1. Three Layers of Experience.

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

Ulfried Geuter is a body psychotherapist and psychoanalyst who works in his own practice in Berlin and is also Honorary Professor of Body Psychotherapy at the University of Marburg. He is a training psychotherapist, training analyst and postgraduate teacher in psychotherapeutic training programs. Geuter has written and edited books in the field of the history of psychology (in English: *The Professionalization of Psychology in Nazi Germany*, Cambridge: Cambridge University Press, 1992) and is the author of numerous articles on body psychotherapy. He has also contributed to *The Handbook of Body Psychotherapy & Somatic Psychology*. Recently he has published a book on the theoretical foundation of body psychotherapy *(Körperpsychotherapie. Grundriss einer Theorie für die klinische Praxis - Body Psychoherapy.* A Theoretical Outline for Clinical Practice. Berlin, Heidelberg: Springer, 2015).
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