

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number one • spring 2014



T. Marks-Tarlow 11.09

EABP

EUROPEAN
ASSOCIATION FOR
BODY-
PSYCHOTHERAPY

USABP

United States Association
for Body Psychotherapy

Awareness and Mindfulness in Consciousness-Centred Body Psychotherapy

Christian Gottwald, MD

Received 8 February 2013; received in revised form 28 June 2013;
accepted and translation begun in July 2013

Translated from the German by Elizabeth Marshall

Abstract

It is extremely valuable from a clinical perspective to make use of the processes of consciousness in a differentiated manner in body psychotherapy. The integration of a basic spiritual training with the therapeutic process can lead to sustained and meaningful change in established patterns of experience and behaviour. It also offers opportunity for the development of consciousness depending on the structure of the patient and the particular phase of therapy. To demonstrate this, a transcript is included of the first session of therapy with a psychosomatic patient who, with the help of body psychotherapy interventions, decisively achieves an awareness for the here and now. The holistic approach described here is a method in which therapy and the process of individuation are linked together. Plausible explanations from cultural history and from neuroscience, psychotherapy, and infant research are integrated. This way of working is based on an attitude of mindfulness and its related process — awareness — which are to accompany the patient's therapy. This attitude was borrowed pragmatically from the Eastern (especially Buddhist) schooling in consciousness and introduced into the non-religious context of change processes. In the later stages of individuation therapy, 'awareness' can develop with altered perceptive and experiential qualities through which one's own existence newly can be directly perceived and experienced. This condition transcends the customary patterns of experience.

Keywords: mindfulness, awareness, development of consciousness, unity of body, soul and spirit, consciousness-centred body psychotherapy.

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*
Volume 13, Number 1, spring 2014 ISSN 2169-4745 Printing, ISSN 2168-1279 Online
© Author and USABP/EABP. Reprints and permissions secretariat@eabp.org

Background

With the third wave of behavioural therapy and developments such as Marsha Linehan's Dialectical Behaviour Therapy (1996) and John Kabat-Zinn's mindfulness-based stress reduction (2011), the inclusion of mindfulness as an essential factor in the healing process is becoming increasingly widespread in various psychotherapy methods. In humanistic psychology and body psychotherapy in particular, the use of mindfulness has a certain tradition. On the basis of his experiences with Zen, Fritz Perls played a leading role in

introducing “awareness” into Gestalt therapy (Perls, 1976). By the same token, Ron Kurtz (2000) eclectically and pragmatically adopted the “mindfulness” practice as seen in Taoist meditation to support the therapy process of his Hakomi method. Gendlin focussed on the relationship of mindfulness to the body with his “felt sense” (1992, 1997). There are many more therapy forms that centre on mindfulness, for example, mindfulness-based cognitive therapy (MBCT) and Acceptance and Commitment Therapy (Halko Weiss & Michael Harrer, 2010). In the consciousness-centred body psychotherapy approach to supporting change in therapy and individuation work described here, mindfulness and, significantly, awareness as a continuing quality of existence and consciousness, are encouraged and facilitated. This contribution is meant to stimulate discussion around a differentiated initiation and supervision of consciousness processes in body psychotherapy. For each of the stages of therapy, consciousness of the here and now, as well as mindfulness and awareness, can be introduced and practiced. The approach to these states of consciousness that is espoused in this paper will be illustrated through a case study later.

Vital insights of neurobiological research will be taken into consideration when dealing specifically with consciousness processes in the framework of body psychotherapy (Damasio, 1996, 1999; Davidson et al. 2003; Hüther, 2003; LeDoux, 1996, 2001, 2003; Beutel, 2003, 2008; Singer & Ricard, 2005).

1) Mindfulness is very beneficial for change and learning. Mindfulness and awareness are variations of the state of consciousness known as attention. Ott (2008, 2010) provides a comprehensive literature on the scientific research into mindfulness and meditation.

2) Only in the present can one access and influence the experience and behaviour patterns of our body/soul/spirit, which are established in the nervous system. A plausible consequence of this is that consciousness of the here and now is essential for change processes and should be the focus of therapy from the beginning.

3) The world we experience is a subjective reality, created in each moment by the nervous system. Signals from the outside world are transformed in the neurons into electro-chemical signals and in the synapses into neurotransmitter signals. From this abundance of signals one develops the impression of oneself and the world, which one then experiences as objective truth. The patterns of these perceptions, experiences, and behaviours occur automatically and without voluntary participation. They have a fixed, repetitive structure and thus ensure the continuity of self-experience but thereby determine a limited perception of present reality.

The fact that self-experience is imprinted by history and is subjective and not directly in contact with external reality can unfortunately lead to extremely painful consequences. It is common to have no spontaneous awareness of or distance from this process and to believe that one's experience of reality is the truth. This subjective impression of oneself and of the world can be perceived and experienced in a more differentiated way through appropriate consciousness training and through experiencing the body and body contact.

A holistic understanding of healing that is based on the scientifically proven unity of body, soul, and spirit (summary in Niedenthal, 2005) strongly suggests incorporating cultural, historical, and philosophical motifs from antiquity. In the Greek asclepeia, for example, the unity of body, soul, and spirit was taken for granted in the collaboration between priests and physicians. Buddhism has, as well shown in countless cases over 2500 years, the value of offering consciousness training for laypersons. With a holistic understanding of healing enriched by elements of this basic training, we can find a connection to our own Western mystical tradition (for example, in the German language sphere, Meister Eckhart, Nikolaus

von Kues, Johannes Tauler). The background and various aspects of what I am describing here as a scientifically plausible, methodically integrated approach to working with change processes in therapy and individuation have been comprehensively described elsewhere (Barrat, 2012; Gottwald, 2004a, 2004b, 2007a, 2007b, 2010a, 2010b; Kurtz, 2002; Pessoa & Perquin, 2008).

Arriving in the Here and Now

As we see in the following case study with a completely inexperienced psychosomatic patient, clients must first become aware of the present moment. This is why they are invited, preferably right from the start, to experience the present in full awareness of all that their consciousnesses can perceive. The focus is on the body as the incarnated mind-soul, which is in contact with the environment that is perceived through the body.

In consciousness-oriented body psychotherapy, by now there are a host of interventions that help patients, clients, and students become aware of the elements of their experiences of both the body and the emotional sphere in its entirety. In the initial phases of therapy, it can be possible in some cases through body psychotherapy interventions to actively help patients become aware of the present moment and gradually perceive their own bodies (ensouled bodies) more consciously. This can be facilitated by intensifying the strength of the stimulus of the internal signals (somatic markers), through, for example, bio-energetic stress positions, an increase in generated breathing, and the use of voice.

Case Study: Mr. A

Mr. A is an intelligent, 57-year-old man who comes from a simple background and suffers from depressive moods and neuropathic paraesthesia of the hands and feet, which he experiences as extremely threatening and which tends him towards hypochondria. After an initial interview and a brief overview of his history, he comes in for his first session. Having broken off several previous treatments, he is very sceptical; it seems particularly important in his case that he should have a different experience in this first session, so the therapist decides to take a very active approach.

Transcript of the First Body Psychotherapy Session

(The figures represent the minutes and seconds of the session. Explanations and comments are in italics and parentheses. Pauses are indicated by ellipses.)

1:01 Therapist: How have you been since our first meeting?

A: What should I say, doctor? I still don't know whether I'm in good hands with you. I tell you this quite honestly. I've trusted other therapists so often and none of it has really helped. I'm ambitious and I want to achieve things. I always wanted to get on and, really, I wanted to study, but circumstances always put obstacles in my path.

1:31 Therapist (*who has already taken a detailed history, tries a very active intervention*): Would it be all right if I challenge you a bit? (*A agrees.*) I'm convinced that it wouldn't help you much if you just repeat these stories, which you know so well anyway, and which you've already at least told me in part.

1:37 A (*cleverly interrupting the therapist*): So it would be better to plan for the future! (*Evidently, he has been asked to do this in earlier treatments.*)

1:44 Therapist: No, that's not what I mean. First and foremost, what would help you most in my opinion would be to arrive in the present! Therefore my first question would be: **what do you notice at the moment... here and now?**

2:00 A: What do I notice at the moment? I feel these symptoms.

2:10 Therapist: **What do you feel and where do you feel it exactly?**

2:10 A: It feels as if my shoes are making my feet numb. And my feet are very cold.

2:20 Therapist: According to the diagnoses you brought with you, you do in fact experience both paraesthesia and cold feet, both of which could be due to the diabetes mellitus you have. (*It is important to acknowledge the somatic and neuropathic dysesthesia from the start.*) But the rest of the problem could depend on how you deal with these sensations, how you cope with them.

2:56 A: Possibly!

3:02 Therapist: Thousands of people have the same physical condition, but everyone reacts differently to it. We should try to find out what is exactly happening in the present that unsettles you so much. (A agrees.)

3:12 Therapist: **What do you notice is happening just now?**

3:15 A: What's happening now? I already told you that before...

3:17 Therapist (*actively confronting A again*): **But you're going back into the past again! The question is what's happening to you now.**

3:25 A: It was a great shock for me when my wife died so suddenly.

3:30 Therapist: But again you're back in the past! What's happening here and now in the present?

3:36 A: In the present, I've just met a nice woman.

3:42 Therapist: That's the recent past... (*Further explanation is required.*) I'm trying to make you aware of the absolute, exact, present situation here in this room, in your body, do you see? This is the only moment we live in and which we can influence directly. The past, including the recent past, is gone, we can't change it any more. And the future isn't here yet. May I continue insisting on calling your attention to the precise present moment? (*A nods.*)

4:00 A: What do I notice now?

4:03 Therapist: Yes, exactly — what do you notice, or what do you feel in your body and where, or what are you aware of through your senses?

4:08 A: You mean what's bothering me?

4:13 Therapist: No, I mean something quite simple: do you notice that you are alive and that you are living in the moment in your body?

4:15 A: Yes, I notice... that I'm alive.

4:17 Therapist: **How do you notice that?**

4:20 A: Yes... I'm breathing. (*This sounds more cognitive.*)

4:21 Therapist: **Do you notice how you're breathing just now?**

4:24 A: Maybe not.

4:28 Therapist: It seems quite possible that this simple experience of breathing as well as the many other functions of your body may go on with you hardly noticing.

4:31 A: Yes, actually, that's true. I notice what's not working, but I don't take any notice of what works well. (*A becomes thoughtful.*)

4:45 Therapist: That's possibly it. So what do you notice spontaneously in your body now and also through the senses... beyond the sensations in the foot? Try to be open about what's going on in your body apart from that.

4:56 A: Yes, exactly, for example my digestive system is functioning well...but... (*Again, this is cognition, not experience.*)

5:08 Therapist: Notice what's just happening: you mention something that functions well and in the next moment, with much more emphasis, you say "but"! Do you notice

this tendency?

5:22 A: Yes, I do!

5:29 Therapist: Can I just explain a little about some basic neurobiological principles? (*A nods.*) What we focus our attention on becomes larger and what we withdraw our attention from becomes smaller. This means that you are repeatedly less aware of what works well in your body and that instead you focus on what is not so pleasant, what doesn't work so well. (*The therapist emphasises the psychological explanation with gestures, showing how these aspects grow ever larger.*)

6:02 A: You're right there! My brain directs my attention towards something unpleasant, something negative. But you know... sometimes I have a good moment, but then it starts up again!

6:35 Therapist: And it goes on so that by force of habit you're virtually drawn to the unpleasant signals, for example, the painful sensations in the feet... Could this be the case?

6:47 A: Yes it could. I'm afraid that it could be something really organically wrong.

6:57 Therapist (*using his authority as a specialist*): There is probably some organic malfunction, such as tiny changes in the nerves caused by your diabetes. Something like that could trigger painful sensations. But these sensations are always psychosomatic: that means a part is organic, connected to the body, and another part is connected to the soul, with how that deals with the experience. But you can influence how you deal with these things. And of course at 57 you're not as young and in as good a condition as you were as a teenager.

7:40 A: Yes, that's true.

7:43 Therapist: But we can influence this at any age. I can help you to do this. That would be the beginning of the therapy, when you notice more clearly how little you participate in your life in the present moment. Then, I could help you to pay more attention to what you can perceive here and now. Would you agree to this? (*A agrees.*) Now I will ask you some questions that you might not be able to answer easily or quickly. I'll start by asking you again: How are you feeling now? But the question is really: **How are you feeling exactly in the here and now? What do you notice in the body?**

7:58 A: How am I feeling now? Yes, I notice that I'm feeling better. (*The responsiveness of the therapist has of course calmed A down a bit.*)

8:03 Therapist: **How do you notice this?**

8:10 A: Yes... my thoughts have gone somewhere else. I'm not thinking about my legs at the moment.

8:20 Therapist: Isn't that interesting? **What else do you notice? How do you notice if something is better? What is going on now in your body, while you're not following your thoughts in their usual direction?**

8:39 A: I notice that I'm more relaxed.

8:41 Therapist: **How do you notice that you're more relaxed? Where do you notice that in the body?**

8:46 A: Perhaps the heartbeat?

8:48 Therapist: But that's probably again something you're thinking about! **What I'm asking is what you perceive directly. How and where in the body do you notice that you're maybe a little more relaxed?**

9:03 A: What should I say? What I notice now? (*A is at a loss.*)

9:07 Therapist (*A needs perhaps more help and guidance in his bewilderment*): I can understand that you're perhaps not used to paying attention directly to the body. Until now, you've really only been aware of the body through bad sensations. Maybe you need more help in noticing

and becoming aware of yourself in your body. Then you could perhaps realise that you have a life beyond these bad sensations. Up until now, it's probably been very difficult to really feel this vital life of the body through the bad sensations.

9:40 A: I do notice somehow that I'm alive, but how?! ... *(A is becoming increasingly quieter and more thoughtful.)* Up until now I've been concentrating on the negative aspects!!!!

10:15 Therapist: Shall we continue practising this perception of the body in the present moment? *(A nods slightly.)*

10:40 A: If I pay attention to it, I notice that I'm breathing.

10:53 Therapist: Very good, **would you like to stay with this experience of breathing?**

11:02 A: But you know....

11:04 Therapist *(in view of the good working alliance, interrupting A before he can fall back into his usual cognitive mode)*: Do you notice how you're just about to move away from direct experience now?

11:07 A: Oh, yes...exactly! ...

11:12 Therapist: Could it be that you find this simple experience of the living breath in the here and now dull? Most people do.

11:59 A: But why is that? ... Does it all have to do with my past and all that? ... I had some very bad experiences! *(A refers to general knowledge of depth psychology he has garnered from earlier therapies.)*

12:08 Therapist: Yes, in the course of our lives we do in fact learn these habits of guiding our attention to certain things. It's good to be aware of this. But it's not really helping you in the present, when you have such pain, to concentrate on it and worry about it so much.

12:35 A: But I had too many negative experiences in the past... That's why I always expect negative things to happen. *(A slaps his thigh.)*

12:48 Therapist: Then it can easily happen that you leap from this difficult past into the future and expect similar experiences there. *(The therapist demonstrates and underscores this with the left hand symbolising the past underneath and the right hand symbolising the future high above).* But the only moment in which we are alive is here and now! *(The therapist demonstrates this through body language with the arms crossed at the centre.)* But many patients, just like you, find it difficult to be conscious of most of the aspects of the present.

13:15 A: So I have to learn to live now today?!

13:18 Therapist: Absolutely! In any case, it would be good if you became more aware of sensations and experiences in the present. Otherwise, you could very easily be so absorbed in the pain in your feet that you leap into the future with all the fears and or fall back into thoughts and worries from the past... *(A seems more present and nods his head).*

13:46 Therapist *(thinking that as A has had great difficulty in becoming conscious of himself in his body, a body psychotherapy intervention could reinforce the strength of the physiological signals)*: **We could now try to strengthen the signals from your body with a little body exercise. It would probably make it easier for you to feel more clearly what else is going on in the body apart from the pain in your feet.** Would you like to try it? *(A agrees.)*

14:01 *(The therapist stands up and invites A to do the same. The therapist moves the chairs away. Then he squats down low with legs apart and invites A again to take up the same position, which he does willingly.)*

14:21 Therapist *(while he and A are squatting, motioning that sooner or later the thighs will start to hurt)*: When the pain comes just let it be there. *(The patient breathes very shallowly at first).* Try to relax as much as you can. And if possible try to make a sound with the breathing, perhaps with an audible sigh on the out-breath. Do you notice the shallowness of your

breathing? Now I'd like to invite you to squat down lower, let the breathing gradually become deeper, and allow the voice to join in as a sigh. *(Including the voice tends to make breathing easier and deeper.)*

15:01 Therapist: I'll show you how to do it. *(The therapist demonstrates an audible sigh.)* In this way your breathing could become deeper and deeper if you will let it.

15:02 A: *(Slowly A begins to breathe more deeply and to make his breathing audible.)* Ah, yes!... *(In the end he can't keep up the low squat position and stands up straight. The therapist does the same as it seems that there is adequate stimulation of the patient's breathing.)*

16:03 Therapist: Let yourself notice what is happening now that you've done that.

16:15 A: I feel as if I'm heavier now.

16:17 Therapist: Exactly! Now you can notice how heavy your body is!

16:20 A: That's it!... I feel heavier. And I notice that I'm standing more... firmly on the ground.

16:25 Therapist *(marking the changes)*: You notice that your contact with the ground has improved?!

16:33 Therapist *(deciding to reinforce the perceptible changes in this first session, so as to bring A more strongly into contact with his breath power, "chi", his aggressive potential)*: If you like, I could show you a second exercise from a martial arts school, which trains the breath power and which should be challenging for us both. *(A agrees. The therapist stretches his arms out in front of him and offers his hands to A at about shoulder height. Then he invites A to stretch his arms out at shoulder height and to grasp the hands of the therapist.)* Now I'll try to push you towards the wall behind you. You resist me as strongly as possible, so that I can't move you. *(The therapist pushes A, who is very strong but who resists only slightly, backwards. Afterward he invites A to push him back in the other direction.)*

16:54 *(A stops breathing while trying to push the therapist backwards, which prevents him from doing so effectively.)*

17:02 Therapist *(drawing A's attention to the constriction in his breathing and showing him how much more difficult it would be for the therapist to push A back without breathing. Then he shows A what happens when he uses his imagination to send the breath through his arms and breathes freely. In this way, he can push the patient backwards with no effort at all)*: In the course of the psychotherapy you can learn and improve this skill of expanding and extending the breath. Shall we try it again now? *(A agrees.)*

17:30 Therapist: Now push me back to the wall with your breath, your life energy.

17:35 *(By utilising his breath and his voice, A actually manages to push the therapist to the wall and is obviously enjoying himself.)*

17:41 *(As A is breathing deeply, this is a good moment to let him feel what's happening.)* Therapist: **Now feel again what you're experiencing in the body at the present moment after we did this experiment together.**

17:48 A: My breathing is deeper!... Yes, it's really an improvement... Yes, the breathing is much deeper. *(A is astonished and obviously very relieved and happy.)*

17:57 Therapist: How is it for you to feel yourself in the body like that?

18:05 A *(laughing)*: Oh, so this is what it's like to breathe properly!!

18:14 Therapist: Maybe now you can be more aware of what a strong man you are... How is this quality for you just now?

18:35 A: Yes... When I move vigorously ... *(Through the experiences A just made, he is having insights which have real meaning for him.)*

18:46 A *(very thoughtfully)*: ... Yes, it's true... Yes, funny when I do yoga — sometimes I do

yoga — when I breathe more deeply, I calm down!

(These spontaneous insights are related to resources that the patient has already developed. Therefore the therapist decides to provide some more information. He explains the Eastern concept of “prana” and points out that the Hebrew word “ruach” also means the breath of life that God has breathed into the human being. A listens, intrigued. Finally, the therapist demonstrates what further possibilities there are in body psychotherapy for becoming more aware of the present condition of the body, feeling more at ease in the body, and experiencing one’s own energy flow. He shows A, for example, that he is not standing in the centre line and that he is over-extending his knees when he stands.)

23:37 Therapist: **Shall we arrive again in this new present moment?** *(A agrees.)* **What do you notice now?**

23:39 A: Very good... I notice that now I really do have more energy.

23:46 Therapist *(despite the fact that that was a relatively diffuse perception, still feeling that it should be marked)*: Exactly, you notice now how much more energy you have.

23:52 A *(very thoughtfully)*: Yes, yes. That’s true. *(He laughs and his face is glowing.)*

(In the rest of the session, A asks about a diagram, the so-called growth-energy-spiral, which hangs in the offices. It illustrates the cyclic interaction between two people. With the help of this energy-growth-spiral, A reflects on the process he has just experienced and relates it to his life. He also talks to the therapist about what consequences these ideas and experiences could have for his life. Subsequently he mentions that after he has participated in a sport, he tends to return to concentrating on the pain in his feet. The therapist and A then go through the possibilities of guided attention once more.)

39:05 A: Yes, I understand that now... Super! When can we have another session?

Deepening Mindfulness in Later Phases of the Change Process

As patients gradually achieve an awareness of the here and now, we can help them to become more conscious of their own bodies by asking again and again about the basis in the body of each pattern of experience. (“Where do you notice that in the body? Where do you get the information from the body for this feeling? How does that feel in the body?”)

Later, therapists can reduce their activity and explanations. The patients can achieve a deeper awareness of the present and learn mindfulness more independently. This state of consciousness means maintaining a conscious, attentive, accepting attitude towards all that arises in the mind moment by moment.

Basically, mindfulness can be practised in two ways: as a one-off exercise, and as an attitude of mind that is practised and encouraged in the ongoing therapeutic process. The Hakomi method has integrated such a concomitant form of inner mindfulness into the field of psychotherapy. In this process, the patients, clients, and students learn to consciously experience the present as an experiment and also to create experiments themselves, which they then follow attentively, expressing their present experiences as they are had in a mindful way. They perceive themselves in all their various, multifaceted aspects and speak at the same time from this experience without losing the connection to the present moment. This allows the therapist to participate directly in the events of this inner life, communicating simultaneously, and so support the process appropriately. Therapists can encourage patients and students to slow down the spontaneously emerging pattern of experience and behaviour, or to stop for a moment. Patients increasingly become the experts on their own worlds. Supporting the process becomes increasingly subtle. Such processes sometimes feel like a joint meditation.

Since basically every present event is considered to be an embodied experiment on a mutual playing field, experienced in all its ramifications, this experiment can be corrected at any time. According to the situation, therapist and client can consciously create new experiences together. This experimental (and therefore in principle, scientific) understanding allows for a highly creative and custom-fitted approach to interactions.

Sessions of consciousness-oriented body psychotherapy seem at first glance very different from each other, although the basic principles could be named at any time. All the options from the previous experiences of patients, clients, students, and of the therapist (including various methodical backgrounds, especially from body therapy and body psychotherapy) can be included, tested, and integrated. For a clinical, psychosomatic (body psychotherapy) practice, the use of mindfulness in such an experimental manner can become a fundamental component of an integrated, structural way of working that utilises various methods and which allows the inner space of the psyche to be expanded and experienced in a more differentiated way. In this respect, we could speak of a psycho-soma-noetic practice (the Greek word “nous” meaning mind-consciousness).

Such change processes become obvious in the mindful awareness of the psychodynamic, historical background of previous patterns of experiencing and behaviour and the corresponding representations of self and object. Together we can create corrective responses, experiences, and (of course bodily and otherwise) interactions for traumatic or deprived states of self and early deficits. Through inclusion of the body in therapy, historical experiences can be worked through in a healing manner. These new holistic experiences can be internalised and may later help patients support themselves adequately. Additionally, clients are introduced to the royal road to change in life and in consciousness.

Direct Experience: Awareness as the Training of Consciousness With a Direct Potential for Change in Body Psychotherapy

In the therapy phase (even before individuation work), patients can be encouraged in a suitable moment not only to stop the unfolding of a pattern, but also to let go of all activity in that moment of awareness. The corresponding state of embodied perception, which is connected to a certain quality of existence, can be best termed “awareness”. It signifies the opening of an inner, embodied “room of experience” in which we accept all that appears, change nothing, and simply marvel. When individuation reaches an advanced stage, states of self arise, which different therapeutic approaches name and describe in various ways. Winnicott, (1983) for example, speaks of the “true self”, Dürckheim (1975) in the line of Husserl (1913) and Medard Boss (1975) of “being”, and Assagioli (1965) of the “higher self”.

In such states, we can succeed in dis-identifying ourselves with those historically determined automatisms that are spontaneously invoked by the brain. If patterns that are deeply embedded in the body start to change or dissolve, existential experiences sometimes develop that fundamentally transcend the historically determined personality. Such transformations can be experienced as extremely impressive and surprising events in the evolution and development of the personality, and, beyond all previous expectations and perspectives, even as a miracle. Similar states of experience are described in spiritual systems: in mysticism as “awareness”, in yoga as “samadhi” (Zimmer, 1973), and in Tibetan Buddhism as “rigpa” (Dalai Lama, 2001). In these cases, they happen spontaneously but usually after long meditation. We can systematically increase the probability of such transformations in the non-religious context of body psychotherapy change processes through the appropriate

support. Our experience as therapists leads us to advocate the training of consciousness and an existential mindset not only in spiritual schools and systems, but also in therapy and individuation work. We can take the responsibility for such a step, as in a consciousness-oriented body psychotherapy such as the Hakomi method (Ron Kurtz, 2002), which also understood simultaneously as an experiment, and the effects can be noticed and corrected at any point.

Patients with no previous knowledge may find it trivial to directly experience and be aware of the present moment beyond the usual patterns of perception. But awareness requires a subtle reorientation not only of perception but also of the fundamental attitude toward the phenomena of the experienced world, which can be more and more differentiated. At first, it is easiest to understand only theoretically that the separation between subject and object disappears in pure awareness and that there is a non-dual form of perception and existence. We can comprehend that there are different qualities of awareness: the quality of the awareness can vary, as well as the quantity of the processes of which we are aware. In this way, we can have a high level of awareness of cognitive processes but at the same time a low awareness of body sensations or feelings.

In the therapy stage of the change process, with the help of consciousness-centred body psychotherapy, a mindful state of consciousness can often become a gateway for spontaneous spiritual experiences. This observation reinforces the idea of Fritz Perls (1976) and later Ron Kurtz (2002) of adopting and pragmatically integrating, from Buddhist spiritual training and meditation, the development of awareness and mindfulness as a fundamental education in change processes. Apart from the “felt sense” of Focusing (Gendlin, 1997), it seems wise to include other impulses, especially the fundamental attitude, from Eastern consciousness training, to differentiate mindfulness even further and to initiate systematic changes in perceptive and being qualities. In individuation work, which is inspired by this, it can become clearer how in everyday consciousness, cognitive processes and thought chains usually play a part in and affect how we are feeling. Thus, we teach patients, clients, and students, as a first step, how to become aware of their thoughts as such, then how to stop them, and later how to distance themselves subtly from these chains of thought without either repressing them or being absorbed by them.

Increasingly they learn to notice the quality of their thoughts and simultaneously their basis in the body with all the senses and thus to become directly aware of all the elements of these cognitively interwoven experience patterns. In the process, impressions automatically rise up out of the body cells, metaphorically speaking. We can embrace these qualities and learn to linger in them, to swim in them, while marvelling at the experience without wanting to influence or change anything. Just being able to stay with an experience creates a significant difference in the quality of the world we live in, which means direct participation in the experience and a subtle distancing from it at the same time. In this process we notice in an increasingly differentiated way how the experience changes from moment to moment. New creative ideas can come up intuitively, which can be extremely inspiring. Such states of self transcend the historically determined patterns of experience and behaviour. In a spiritual context, they would be characterised as ego-transcending experiences because they make one aware of one's connection to the immediate environment and even to what one may experience as the cosmic or divine whole. Strictly speaking, however, it is the systematic development of the consciousness of a personality. Such an experience is usually only possible after a longer preparation in therapy and individuation work. (For a relevant detailed case history with transcript see Gottwald, 2012.)

BIOGRAPHY

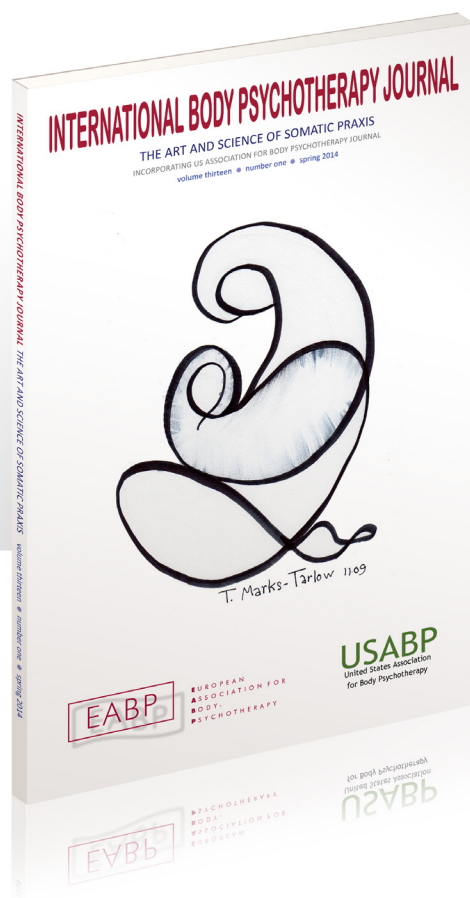
Dr. Christian Gottwald is a physician and consultant for psychosomatic medicine, psychotherapy, and psychoanalysis, as well as for neurology and psychiatry. He is a teaching analyst and supervisor. He was a postdoctoral research fellow at the University Clinic and Director of the University Polyclinic for Psychotherapy in Mainz. He was trained in Gestalt Therapy, Organismic Psychotherapy, Hakomi, Experiential Psychotherapy, and the Pesso Boyden System Psychomotor, and has had further training in other methods of humanistic psychology. As a teacher and trainer, he is a member of the teaching staff of the Hakomi Institute of Europe. He has worked in his own practice for individual and group therapy in Munich with a specialty in consciousness-oriented body psychotherapy. He also works in coaching and team development. He has numerous publications on the subject of the relationship between psychotherapy and brain research.

Email: info@gottwald-eidos.de

REFERENCES

- Assagioli, R. (1965) *Psychosynthesis. A Manual of Principles and Techniques*, Hobbs, Dormann & Company, New York.
- Barrat, B. (2013). *The Emergence of somatic psychology and bodymind therapy*. Palgrave Macmillan, Hampshire
- Beutel, M.E., Stern, E., & Silberzweig, D. A. (2003). The emerging dialogue between psychoanalysis and neuroscience: Neuroimaging Perspectives. *Journal of the American Psychoanalytic Association* 51: 773–801.
- Beutel, M.E. (2008). Vom Nutzen der bisherigen neurobiologischen Forschung für die Praxis der Psychotherapie. (The usefulness of neurobiological research for the practice of psychotherapy). *Psychotherapeutenjournal* 8: 384–392
- Boss, M. (1975) *Grundriss der Medizin und der Psychologie* [An outline of medicine and psychology]. Huber, Bern, Stuttgart.
- Dalai Lama (2001) *Dzogchen - Die Herz-Essenz der Großen Vollkommenheit* [The heart essence of Perfection]. Theseus, Berlin.
- Damasio, A.R. (1996). The somatic marker hypothesis and the possible functions of the prefrontal cortex. *Philosophical Transactions of the Royal Society, B: Biological Sciences*, 351, pp. 1413–1420.
- Damasio, A. & Kober, H. (1999). Ich fühle, also bin ich: Die Entschlüsselung des Bewusstseins [I feel, therefore I am: The decoding of consciousness]. München: List Verlag.
- Davidson, R.J., Kabatt-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S.F., et al. (2003). Alterations in Brain and Immune Function Produced by mindfulness Meditation. *Psychosomatic Medicine* 65; 564–570.
- Dürckheim, K. (1979) *Transzendenz als Erfahrung*. In: Gion Condrau (Hrsg.): *Imagination, Kreativität und Transzendenz* (Die Psychologie des 20. Jahrhunderts. Bd. XV). Kindler-Verlag, Zürich.
- Gendlin, E. T. (1992) *Thinking beyond Patterns. Body, Language and Situations*. In: B. den Ouden, M.
- Moen (Ed.): “The Presence of Feeling in Thought”, New York, Peter Lang.
- Gendlin, E. (1997) *Experiencing and the Creation of Meaning. A Philosophical and Psychological Approach to the Subjective*. Northwestern University Press

- Gendlin E.T. (1998) Focusing-orientierte Psychotherapie. Ein Handbuch der erlebnisbezogenen Methode. (Focusing-oriented psychotherapy) Pfeiffer, München.
- Gottwald, C. (2004a). Bewusstseinszentrierte Körperpsychotherapie (Consciousness centered body psychotherapy). In: Sulz, S., Schrenker, L. und C. Schricker (Hrsg.): Die Psychotherapie entdeckt den Körper (Psychotherapy discovers the body). München: CIP-Medien.
- Gottwald, C. (2004b). Bewusstseinszentrierte Körperpsychotherapie – Angewandte Neurobiologie? [Conscious centered body psychotherapy – Applied neurobiology?]. Psychotherapie Bd 9, Heft 2, Seite 185–218). München: CIPMedien.
- Gottwald, C. (2007a). Von Neurobiologie inspirierte Erweiterung der psychodynamischen Praxeologie durch bewusstseinszentrierte Körperpsychotherapie. [The enhancement of psychodynamic practice through neurobiology]. Psychotherapie Forum 15: 73–77, Wien New York: Springer.
- Gottwald, C. (2007 b). Eine körperpsychotherapeutische Sicht auf die Neurobiologie. [Body psychotherapy perspectives on neurobiology]. Psychologische Medizin 4: 4–20, facultas-wuv, Wien.
- Gottwald, C. (2008). Körpertherapie auf dem Boden von potenzialentfaltender Gestalttherapie [Body therapy on the basis of Gestalt therapy – potential development]. In: Hartmann-Kotteck L., Strümpfel U. (Hrsg.) Gestalttherapie: Berlin, Heidelberg: Springer.
- Gottwald, C. (2010a). Heilsame Begegnung in der Therapie- und Individuationsarbeit [Healing encounters in therapy and individuation work]. Psychologische Medizin 2: 26–35, facultas-wuv, Wien.
- Gottwald, C. (2010b). Hilfreiche Metaphern in der Therapie- und Individuationsarbeit [Helpful images for therapy and individuation work]. Psychologische Medizin, 4:37–42, facultas-wuv, Wien.
- Gottwald, C (2012): Dasein und Inspiration in unmittelbarer Erfahrung [Being and inspiration in direct Experience]. Psychologische Medizin, 4:70-76, Facultas-Universitätsverlag, Wien.
- Hüther, G. (2003). Die nutzungsabhängige Reorganisation neuronaler Verschaltungsmuster [The use dependent reorganisation of neuronal wiring patterns]. In: Schiepek G. (Hrsg.): Neurobiologie der Psychotherapie. Stuttgart: Schattauer.
- Husserl, E. (1913) Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie. Erstes Buch: Allgemeine Einführung in die reine Phänomenologie [Ideas: general introduction to pure phenomenology]. Max Niemeyer Verlag, Halle(Saale).
- Kabat-Zinn, J. (2011). Gesund durch Meditation. Otto Wilhelm Barth, München (amerikanische Originalausgabe: Full Catastrophe Living, New York, 1990).
- Kurtz, R. (2002). Hakomi, eine körperorientierte Psychotherapie [Hakomi: a body-oriented Psychotherapy]. München: Kosel.
- Ledoux, J. (1996). The Emotional Brain: The mysterious underpinnings of emotional life. New York: Simon & Schuster.
- Ledoux, J. (2001). Das Gehirn und seine Wirklichkeit (The brain and its reality). München: dtv.
- Ledoux, J. (2003). Das Netz der Persönlichkeit – wie unser Selbst entsteht. Düsseldorf und Zürich: Walter Verlag. Synaptic Self: How Our Brains Become Who We Are. New York & London: Penguin.
- Linehan, M. (1996) Dialektisch Behaviorale Therapie der Borderline- Persönlichkeitsstörung [Cognitive-behavioral therapy of borderline personality disorder]. München: CIP-Medien
- Niedenthal PM, Barsalou LW et al. (2005) Embodiment in Attitudes, Social Perception and Emotion. Personality and Social Psychology Review, 9;3 184-211
- Ott, U. (2008). Transpersonale Perspektiven in der Meditationsforschung. (Transpersonal perspectives in meditation research) in: Transpersonale Psychologie und Psychotherapie. Band 14, Heft 1, S. 75–82.
- Ott, U. (2010). Meditationsforschung heute – Bilanz und Ausblick. (Meditation research today) in: Visionen. Heft 10, S. 10-13
- Perls, F.S. (1973/1976). Gestalttherapie in Aktion. (Gestalt therapy in action) Stuttgart: Klett-Cotta.
- Perls F. (1976) Gestalttherapie in Aktion. (Gestalt therapy in action) Stuttgart: Klett-Cotta
- Pesso, A., Perquin, L. (2008). Die Bühnen des Bewusstseins oder: werden wir wirklich sind [Theatre of consciousness] München, CIP-Medien.
- Singer, W., Ricard, A. (2005). Hirnforschung und Meditation [Brain research and meditation]. Frankfurt am Main: Edition Unsel, Suhrkamp-Verlag.
- Weiss, H., Harrer, M. (2010). Achtsamkeit in der Psychotherapie [Mindfulness in psychotherapy] Psychotherapeutenjournal 9: 14–20.
- Winnicott, D.W. (1983): Von der Kinderheilkunde zur Psychoanalyse [Through pediatrics to psychoanalysis]. Stuttgart: Fischer .
- Zimmer, H. (1973) Yoga und Buddhismus. Indische Sphären [Yoga and Buddhism. Indian sphere) Indel, Frankfurt am Main.



INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS
INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

Online issues are available free of charge

www.eabp.org www.usabp.org

Print subscriptions are also available:

Printed single issue: Members €17.50, Non-members €20
Yearly subscription: Members €30, Non-members €35
Two-year subscription: Members €55.00, Non-members €60.

Payment through bank transfer, American Express or PayPal.

<http://www.eabp.org/ibpj-subscribe.php>

Somatic Psychotherapy Today

Free Online www.usabp.org and www.eabp.org
www.issuu.com/SomaticPsychotherapyToday

Clinically relevant topics from preconception on.
Cutting-edge research and resources reviewed.

Vibrant

Fresh

In-depth articles and interviews by and for people immersed in the field of body psychotherapy.

Summer Conferences

Alive

Embodied

Collaboration

Innovative

Theme based

Published quarterly

Embodiment

Honoring everyone's voice and story

We are now available for subscription in hardcopy.
Check us out at www.usabp.org

Multicultural Impact on Psychotherapy



This is the 14th Congress of the European Association for Body Psychotherapy (EABP), organized together with the International Scientific Committee of Body Psychotherapy.

The Congress focuses on Body Psychotherapy in its current richness, bringing together professionals from many European countries, Latin America and the United States. It covers theory, clinical practice, the embeddedness of our work in society as well as the cultural diversity of the movement.

We welcome you to this exchange and to a celebration of the many methodological approaches and cultural stances in the understanding of human beings that Body Psychotherapy represents.

Website: <http://lisbon2014.eabp-isc.eu/>

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number one • spring 2014

TABLE OF CONTENTS

04 Editorial

Jacqueline A. Carleton, PhD

08 Self-Reflections on Art and Psychotherapy

Terry Marks-Tarlow, PhD

10 Two Poems

Jeanne Denney, BS, MA

ARTICLES

03 Shadows in the History of Body Psychotherapy: Part I

Courtenay Young with Gill Westland

31 The Endo Self: A Self Model for Body-Oriented Psychotherapy?

Will Davis

52 Toward an Integrative Model for Developmental Trauma

Homayoun Shahri, Ph.D., M.A.

67 Awareness and Mindfulness in Consciousness-Centred Body Psychotherapy

Christian Gottwald, MD

80 Helping the Body Grieve: A Body Psychotherapy Approach to Supporting the Creation of Continuing Bonds After a Death Loss

Dyana Reisen, MA, CT

95 The Impact of Body Awareness on Subjective Wellbeing:

The Role of Mindfulness

Olga Brani, Kate Hefferon, Tim Lomas, Itai Ivztan, Joan Painter

108 The Enteric Nervous System and Body Psychotherapy: Cultivating a Relationship with the Gut Brain

Stephanie Pollock, MA



EUROPEAN
ASSOCIATION FOR
BODY-
PSYCHOTHERAPY

USABP
United States Association
for Body Psychotherapy