

Michael Heller

Introduction: the Organism as Physiology, Body, Flesh & Soul¹

Prelude: counterintuitive facts

From time immemorial wise men have whispered that reality is nothing but illusions; and since time immemorial others have answered that this may be a fundamental truth, but that they can not deny the reality of earth and sky, sun and... flesh. This dialogue is in all of us. A part of me knows that our world is earth spread under a sky governed by one sun. This reality is experienced by all humans since they exist, every day: it is unquestionable.

However, when clouds are dispersed, every human also knows from experience that during the night no sky can be seen, and that millions of other suns also exist. Thus, what we so convincingly experience as a sky, is for an other part of us an illusion, generated each time sun rays reach the earth's atmosphere over our heads.

The body is like a blue sky: a perceptual simplification of complex interactions which allows our conscious awareness to deal with reality as comfortably as possible.

1. Copyright Peter Lang. Included on this web site with the permission of Peter Lang, Bern. This article is published in Michael Heller: *The Flesh of the Soul*. Bern, 2001: Peter Lang. The volume can be ordered on www.peterlang.net and on amazon.com.

Introducing a theme

The *European Association of Body psychotherapy* organized its 7th congress in a German port of the Baltic Sea, near Hamburg and Lübeck, called Travemünde. We met in an old Kur Hotel of north Germany, by the Baltic Sea, where Thomas Mann wrote the *Buddenbrooks*. Body psychotherapists met there to share on *The Flesh of The Soul: the body we work with*. Many valuable contributions² could not be incorporated in this volume, as limited space requires selectivity. Presenters who agreed to publish in this volume were asked to transform their presentation into an article. References are given as often as possible, as precisely as possible. Sometimes editorial rigour has been sacrificed to preserve the style of the authors. You will find many words in brackets. These have two functions:

- They stress that most authors still have their own vocabulary... which is characteristic of young fields.
- Another set of brackets are related to sentences that are typically used during practice. We use many concepts that only exist as “a way of doing things”, or “as a way of saying things”.

Although psychotherapists tend to associate “a way of doing things” to certain concepts, the concepts do not always justify or explain why and how a certain way of doing things works. This is precisely the reason why we defend the notion that psychotherapy remains an art that must still be explained³. We follow as often as possible scientific strategies to associate what we observe, what we do well, what we know, and what is currently known. Most of the theories psychotherapy has at its disposal motivate and guide therapists, helping them to carry out a difficult task; but none has yet the capacity to describe how they behave and feel what is to be done, or how moments of efficiency occur. To summarize: current theories tell

2. We are creating an International Journal of Body Psychotherapy, namely with the Support of Peter Lang. Hopefully the journal will be able to bring forward to the public domain fascinating authors which have not yet received adequate editorial support. Video tapes of these conferences, as well as others are also available.
3. See for example Young and Heller 2000.

therapists how to act and how to rationalize their behaviour and experiences, but none describe the mechanisms that influence the interpersonal dynamics between patients and psychotherapists. Only when that second step has been at least partially carried out, can psychotherapy claim to become a science.

First development: body psychotherapists

The European Association of Body Psychotherapy requires its members to complete a personal psychotherapy, a training in body psychotherapy, ongoing supervision, a practice of psychotherapy, and the acceptance of our code of ethics. Body psychotherapies coordinate a) notions of clinical psychology and b) notions of bodily techniques, blended in various proportions. Many therapists have a variety of trainings (e.g. Rolfing and Body-dynamic, Gestalt and Bioenergetics, Experimental Psychology and Biodynamic Psychology, a Focusing and Jungian Analysis...). Such combinations require a multi-disciplinarity that can only be defined pragmatically, since ultimately every practitioner should at least be aware of the major developments of his field if she or he wants to claim that he can provide up to date efficiency for his patients. This implies an awareness of relevant academic knowledge, of clinical experience accumulated through all psychotherapeutic modalities, of approaches that explicitly focus on the dynamics of the living body (e.g. physiotherapy and/or other forms of knowledge generating models and methods allowing humans to explore how they see and feel themselves to be organismic entities such as Yoga). This multi-disciplinary awareness can only be developed in institutions such as the EABP. The knowledge base of an individual is necessarily of a more focused nature. Only the combined knowledge of colleagues can generate a synthesis that is accessible for individual practitioners. The function of an association such as ours is to insure and ongoing process where such a synthesis is regularly updated, and then transmitted to individuals of the field and to all those interested. Developments in the domain will allow us

to deepen our understanding of how bodily and psychological processes associate within an individual and to help suffering individuals as efficiently as possible. In this volume, you will catch a glimpse of the great variety of point of views that we need to combine.

Scientific research has not yet invested in the domains we focus on, and cannot provide all (not even half, in fact) the knowledge we require. We hope that by presenting our findings research will be stimulated to elaborate efficient ways of deepening its knowledge base on how individual organisms experience themselves in this world. We have noticed that many of the “craziest” ideas of Wilhelm Reich and Gerda Boyesen are little by little taken up by academic research some thirty or forty years after they found a clinical formulation in the literature of body psychotherapy (the necessity to begin the genesis of character at conception, to understand cancer as a system that involves important interactions between emotions and the immune system, and the idea that we may have a second brain in the guts). Although our literature is seldom quoted, recent publications by scientists such as Antonio Damasio, Siegfried Frey, Bessel van der Kolk, Henri Laborit⁴, Candace B. Pert, Fritz-Albert Popp, Daniel Stern, and Edward Tronick⁵ confirms and amplifies themes often published by us which bring more substance to phenomena we have encountered on a daily basis. Scientific research has constantly helped us to improve how we theorized. Given the creativity of our field, we find it important to stress not only *what* we know, but also *how* we learn, and to protect ourselves from being reduced to more institutional forms of knowledge.

4. In his 1970 book on *L'Homme Imaginant*, Henri Laborit (who discovered neuroleptics) had already recognised how much modern psychophysiology owed to Wilhelm Reich's prophetic imagination. He also showed how Reich's ideas could inspire future research on the social causes of biochemical imbalances which can strengthen various forms of psychopathology.
5. He presented some of his studies at Berkeley, in the last Congress of the United States Association of Body Psychotherapy.

Second development: how physiological is flesh?

One way of describing the domain of body psychotherapy is to use the word “organism” to designate an individual human taken as a whole, and “soul” for all psychological operations. Traditionally the soul is compared to the “software” of an organism, while the “hardware” represents the body. Body psychotherapists tend to claim that this distinction may be a clear one for computers, but not in biological organisms, where levels have at least highly dynamic interactions and are all *active* participants.

Ask a body psychotherapist to describe the physiological dimension of the organism and he will talk for hours, mostly when he focuses on psychophysiology. Ask a body psychotherapist to describe the bodily dimension of the organism and he will talk for hours. Both speeches will be appropriately different in content. Nevertheless, when a child asks you as a parent what the difference between the physiological and the bodily aspects of the organism is, you might find it difficult to answer him/her clearly. An appropriate answer doesn't exist, because the body and the physiological do not exist as separate entities. You can not point out with a finger at something that is bodily and not physiological, for example. My only way to deal with this issue, when I had to answer this question at the opening of the Travemünde Congress, was to distinguish ways of approaching the reality of an organism, by distinguishing four dimensions each referring to different aspects of the same object:

- The *physiological body* is analysed in laboratories by teams who mostly use machines to analyse parts of the organism, and these can be analysed without having to take into account psychological experiences directly: cells, chemical substances, fluids, tissues, organs. Each unit is translated in data that can easily become accessible to conscious thinking. The quantity of information gathered through these methods is enormous, and can only be grasped with the help of institutional modes of thinking (e.g. universities, research teams, journals) which took centuries to produce usable synthetic theories. The main failure of physiology at present, for body psychotherapists, is its incapacity to describe “global physiological movements” that coordinate physiological structures in experienced interactive behaviour.

For the moment, theories on how the bits and pieces are coordinated vary as much as ideologies do.

- The *shared body* is made of physiological structures composed by conscious perceptions that can be shared by a human organism and the other human organisms he or she interacts with. Thus, my right hand can be perceived by my eyes and by the eyes of any person that can see me. The shared body is a construction based on the shared material of the four interactive senses (vision, touch, smell, sound). These structures automatically imply the existence of inter-personal psychological phenomena. An individual can only contact parts of his body, while others can perceive this body as totality. An individual therefore must depend on social interaction to form an approximate image of his appearance.
- The *private body* is composed of impressions that are spontaneously localised in the organism. These experiences cannot be shared directly. If someone touches my right hand, he or she may want to awaken an inner body experience, but I am the only one who can know if the aim has been achieved, and how it actually feels. Some disciplines, such as meditation, have traditionally explored dimensions that can only directly interact with intra-psychic entities such as thoughts, feelings, dreams, fantasies, affects, moods and intuition.
- *Flesh* is a combination of shared and private body sensations. The sensation of flesh requires the activation of both bodily dimensions. If my hand touches my cheek and if my mind focuses on how the cheek's skin feels to my hand, how the hand's skin feels to my cheek, and on the sensations activated inside my cheek and my hand, then the mind can contact what may be defined as a flesh sensation. This word is mostly used to describe interactive behaviour where the coordination of shared and private bodies become a subject of communication (e.g. making love, parent/child interactions, during massage, fights)⁶.

Most of the above distinctions have a history than spans at least from Jacques Lacan (1954) and Antonio Damasio (1999).⁷

Jacques Lacan mostly distinguishes the private mind from the public self, as the intersection between two polarities: the "I"/the "Me" and the Imaginary/the Symbolic. He, for example, quotes

6. Concrete examples on this notion can be found in Salveson 1997.

7. It should however be noted that for these authors the body is the physiological (e.g. Damasio 1999, pp 239-241). Thus the difference found in neurosciences between the private and the public bodies is poor in content, and the idea that authors such as Damasio support the basic hypothesis of body psychotherapy is probably a mistaken encounter. Damasio's frame remains purely psycho/physiological.

Arthur Rimbaud's verse 'I am another', to stress the difference of experience generated by private and shared selves, and how, through different processes, they can generate psychopathological phenomena. Individuals are not always fully aware that others do not always perceive them as they perceive themselves. This issue may become particularly intense amongst adolescents, like Rimbaud, the young poet. Psychotherapists accentuate Lacan's distinction when they stress how both selves are constructions based on different data extracted from the same organism. Psychologists have often, since Vygotsky at least, opposed intra- and inter-psyche theories. The tradition we are speaking of believes that intra- and inter-psyche dimensions coexist. The private self may thus be asserted as an intra-psyche dimension including not only sensations, but also conscious experience (the behaviourist's famous black box). One reason why Damasio is so important today, is that he challenges the notion that consciousness, as all other aspects of the private self, cannot be studied scientifically. He also shows that such psychological problems cannot be solve without improving the collaboration between clinical and experimental approaches: 'The study of human consciousness requires both internal and external views' (p. 83).

My only contribution to this trend has been to associate Lacan's model with clinical data on sensations. I thus use the word "flesh" to highlight certain consequences of the general model that become relevant as soon as one analyses communication issues that often occur during body psychotherapy sessions.

One can find a increasing number of books that contain in their title the words "soul", "flesh" and "body". Recent examples are *Philosophy in the Flesh* by George Lakoff & Mark Jonhson, or *Body and Flesh* edited by Donn Welton. These books recapitulate many interesting distinctions (objective / symbolic, or biological / social bodies), but they do not distinguish the body from the physiological (e.g. Damasio 1999, pp 239-241)... which is crucial not only in any profession that works with the body, but also to understand how citizens contact each other: consciousness can *experience* bod-

ily phenomena, but can only *learn* the results of physiological studies.

In Donn Welton's book, Judith Butler and Susan Bordo come pretty close to this issue when they try to specify what could be specific to a female or a male body. When, for example, Judith Butler discusses how certain bodily traits participate in the characterization of a sex and/or a gender.

Just as the physiology does not describe a body, the philosopher's symbolic body has nothing to do with the body as we feel it from the inside. Susan Bordo, talks of the sociology of the female body, of how medical knowledge is often used to implement sociological trends on a body (making it thinner, changing the shape of a nose, etc.). These levels also have a dramatic impact on how people experience their body. But, for people who work with the body (in physiotherapy, relaxation, meditation, body psychotherapy...), these are marginal issues. We mostly work with the sensations that are *spontaneously* produced by the body for consciousness as raw data: warmth, tension, streamings, vibrations, pleasure, irritation. Thus anxiety is not a bodily sensation, although it may construct itself through certain bodily sensations, such as a certain type of tension in the belly, or an ongoing inner activity in the wrist. A nose that has been modified through surgery may A) generate certain specific bodily sensations, and B) certain representations and fantasies. These two levels are for us distinct, and do not imply the same realm of psychotherapeutic technics. Only level A) is characteristic of body technics.

Interestingly, neurologists are finding that representations and experiences of certain parts of the body are constructed in different parts of the brain in function of different purposes. Rolls (1999, p. 106), for example, shows that a face is not reconstructed in my brain the same way if it is oriented towards me or not. Other modules (p. 124) 'are typically rather harder to activate strongly than temporal cortical face selective neurons, in that many of them respond much better to real faces than to two-dimensional images of faces on a video monitor.' A filmed landscape or person requires less complex neurological analysis than a lived one, and is therefore experienced in a less complex way (which

makes sense in terms of survival requirements). The implication may be that a symbolic (or two dimensional) approach of the body may be an other form of mental simplification which allows our conscious awareness to deal with reality as comfortably as possible. Experiencing the presence of a living organism sometimes requires more complex adaptations (Frey 1998).

To summarise this part of our introduction: what is worked with when one is a body psychotherapist, and what is experienced when one is attentive to one's body, are not discussed in most books on the soul, the flesh, and the body. If you consider current listings of parts of the body (nose, ears, hands, fingers...), you will notice that they do not correspond to current physiological classes. Body and physiology form different dimensions of how humans perceive an organism. Our data is facing the complexity of experienced sensations while organisms are interacting with each other directly.

Third development: the pulp of the soul

Most authors in this volume are people for whom the dynamics of movement and bodily tissues are a formative aspect of their professional experience. Describing what actually happens as they move with another's body in a written form is an impossible task... a bit like attempting to teach children how to tie their shoelace only with words. In our field, workshops are the equivalent of articles for most other forms of knowledge. In workshops we can share what we know, compare ways of doing things and of integrating them. The experiences that regularly arise in sessions lead to models and methods that can be described, using a mixture of concrete examples, movements, and words. If a model cannot be justified by writing, one can use this form present at least partially these models, as they can have strong implications for future theoretical and cultural developments.

There are many ways of touching skin muscles, hair and bones, of smelling sweat and this morning's perfume, or of holding the

weight of a leg... Every thing happens as if the pulp of one's soul is contacting the others being through his or her flesh. Looking at the skin's texture is already a way of contacting the tissues of a human soul. Experiencing this throbbing aliveness with our own aliveness, as it passes from one body to another, requires a capacity to feel how souls communicate, and respect for the needs of the flesh itself. Contacting the fat under a skin with one's fingers and exchanging odours between organisms are – for example – two highly individualised forms of communication. Each channel allows forms of contact and data-gathering that are unique. Touch does not bring forward the same aspects of the soul as smell; smell does not convey the same message as words... Each contact modality has its specifics - highlighting certain aspects of a person - but possibly also not others. Body therapists constantly work with dynamic proxemics and multimodal forms of contact, requiring specific forms of training.

Twenty years ago, in Germany, I taught *fleisch massage*. Some of my pupils were good at feeling an other person's "energy", or "soul", or "transferential" implications during body to body contact. However, they found it more difficult to remain in contact with more direct perceptions tissues. For example, in massage, you want to change the *tone* of a muscle durably. Even if the patient is happy after a massage, the therapist cannot be satisfied if the tone of the muscles he has been working on has not changed. This implies massaging the meat of the other with your knowledge and experience of the other's flesh; and feeling the qualities of a body: how it smells, the textures of the skin, the tone of muscles.

A friend once asked me: but what happens if one day I wake up and discover I cannot stand how my husband smells any more? This is a dramatic experience, which may have dramatic implications for a couple's dynamics. When working with couples, such dimensions must not only be approached as symptomatic of psychological processes, but as a central psychological process that may also have an active impact on more symbolic dimensions of the Psyche.

How many times has an adult wished to lay his/her head on the belly of someone he or she loves and been told he or she was too heavy? At what age were you told you had become too big to climb on your father's shoulders? At what age did your mother cease to carry your body with her hands, in her arms, against her breasts? What do you think happens when a psychotherapist holds someone's head in his hands for twenty minutes - without moving - in perfect silence? If, on the one hand, erotic feelings may activate smells in the room, on the other hand, parental love penetrates those hands with the result that the patient gradually re-establishes a contact with needs and desires that had long since been abandoned in dark corners.

As I touch an arm, what do I touch? An odd mixture of skin texture, bodily fluids and muscle tone wrapped around the bones. I move the skin on the surface of bones and muscles, perceiving peristaltic noises, monitoring an ever-changing breathing pattern. Who is touching whom? What type of relational dynamics are generated by such forms of contact, as session after session we begin to share conscious affective productions such as sensations, dreams, family history, affects, thoughts, ideologies, hopes, and despair? Although physiological modifications constantly occur, they are not part of the material conscious experience is made of. As my hands loosen a person's muscle and as these muscles relax, a whole range of sensations is translated to what is happening to our two organisms in a language our consciousness can at least focus on: heat/cold, pleasure/pain, feeling whole or feeling split in parts, etc. Regrettably, a catalogue of the basic sensations through which our inner body speaks to our mind has never yet been attempted.

Fugue: Organismic Avenues

Let us take a concrete example and show the sort of psychotherapeutic direction a body psychotherapist can follow. In this example, a patient is lying on a mattress. The patient is relaxed,

motionless. His right arm makes a few odd movements, then stops moving. His breathing halts. A few more odd arm movements occur once more, the chest moves more intensively, frowning betrays the patient's frustration, not really understanding what is happening. He then regains an apparently relaxed state, rubs his forehead with his left arm. His left hand drops heavily on his belly, he sighs, his right arm makes odd movements again. The therapist is attentive to all these small gestures and wonders what is happening, so he asks the patient. The patient does not really know. He feels stirred... aimlessly. Therapist and patient together explore what is happening, following old patterns. Gradually the arm movements take shape and suggest a feeling of wanting to grasp something. Once one arrives at this well known (in our practice) crossroad, several avenues may then be explored. Two avenues are described here:

- *Psychological Avenue*: Since we have defined movement associated with feeling, it is now possible to focus on the feeling exploring affects and associations that hang somewhere in midair around this desire to grasp. The patient may come forth with memories of situations that gradually take up more space on what we may call the screen of consciousness. This exploration may lead both patient and therapist to interesting places.
- *Bodily Avenue*: The therapist asks the patient to feel the places where the arms tend to make a move and to explore them, to breathe around them. Gradually both patient and therapist find ways of putting these bits of movements together, until the arm feels a recurrent movement uniting shoulder and fingertips. Once this sensation has been discovered, patient and therapist explore ways of connecting this movement to a breathing pattern supporting this movement. Until now, the therapist has purposely avoided all the side streets that lead to Psychological Avenue, since they would have prevented the patient to continue his exploration of Bodily Avenue. By now the movement has taken a shape and shaped an explicit experience. This experience may not yet associate itself to a specific series of situations or to an affect that can be described. However the experience has been shared by patient and therapist in a manner that it can be recalled in other sessions. It may lead to a movement/experience that can be qualified and at least mimed. Connecting this form of experience to those that can be found in Psychological Avenue is part of the specifics of body psychotherapy.

In both cases, the session ends without clear answers; in certain cases, however, answers may be so clear that you may wonder how they came so fast. Hopefully, whatever the avenue you have taken, the patient's process will bring about new forms of material that will help patient and therapist to understand better which regions of the patient's experiences these arm movements are trying to reach.

In this example, I have shown two ways of integrating a series of apparently meaningless movements in a psychotherapeutic process. Most body psychotherapists are familiar with these avenues and many others. They know that you cannot just put them in a mixer, because when you do this, you enter a third avenue that follows yet another road. In space, synthesis does not exist. For example, if the therapist continuously explores how movements and feelings associate, the patient will experience something that is yet different from the psychological and bodily avenues, which may lead to yet other regions of the soul. Body psychotherapists explore such avenues with their patients hoping that during this process they will find new resources and new ways of looking at things, thus helping them to live a richer and more fulfilling life.

Conclusion: presenting the volume

There are a hundred ways of ordering articles. As I read the contributions I inevitably thought of the history of body psychotherapy, and how it could be characterized by certain key words: associating "energy" and "existentialism" with the 1970s, a "clinical psychology of the unconscious" with the 1980s, and a more eclectic "psychology of the nonconscious" with the 1990s seemed to make sense.

This is a classification of specific contributions, not of their authors, who have often participated actively to all three periods of our history, and who have been chosen because they already announce future trends.

The 1970s: energy & existence

Wilhelm Reich received an in-depth training on transferential dynamics in Vienna; however, he did not integrate this knowledge in his teaching. During the 1970s, his followers were mostly involved in exploring a form of existential psychophysiology. They generally constructed models based on energetic metaphors. Gerda Boyesen, Malcom Brown, Will Davis, and Fritz-Albert Popp illustrate various facets of this way of thinking in their presentations. Will Davis updates us on how Reichian psychotherapists working with the concept of Orgone energy think and work today. Professor Popp brings us up to date on certain aspects of modern physics. Gerda and Malcom have trained at least half of the EABP and are two of the pioneers to have given a second breath to body psychotherapy after Wilhelm Reich's death. These authors often work in *Bodily Avenue*.

The 1980s: integrating affect & unconscious communication

With the coming of neo-liberalism at the beginning of the 1980s, psychoanalysis found new strength, as it integrates ethological findings in its theory of transference (e.g. studies of mother infant interaction). Reich had begun as a psychoanalyst in Vienna. After having been kicked out of the movement he was able to develop the creative originality of his views. The field now finds it is time to connect what it has found to modern psychoanalysis, which has in the mean time integrated many Reichian concepts. There is an increasing number of publications which find various ways of integrating transferential dynamics in their theories⁸. This is symbolised by the 1997 EABP Congress in Vienna, in honour of Reich's 100th birthday. This Congress is attended by founders of the Reichian movements, and is welcomed by the authorities of Vienna, who at last

8. For example, the French speaking Association of Biodynamic Psychology organises in 1984 a Congress on *Body & Transference*, published in its journal *Adire* in 1987.

publicly admit that that the discoveries of Wilhelm Reich were a major event in the history of psychiatry and psychotherapy.

The authors of this section often work in *Psychological Avenue*: Maarten Aalberse, Gustl Marlock & Halko Weiss, Luciano Rispoli, and Jerome Liss.

The reintegration of contemporary psychodynamics, family therapy and psychology in body psychotherapy was most urgently needed. Nevertheless, integrating this new material takes time and Bodily Avenue saw fewer young people walking along it. How bodily phenomena were integrated psychologically became the focus of most discussions and many forgot why bodily functions also needed to integrate psychological and social requirements⁹. This is particularly obvious if one considers the influence of affects on the general distribution of the chemical ecology and the influence of current behaviour on the biomechanical structure of postural dynamics.

The 1980s are already receiving enough feed back from psychophysiology to awaken a debate between the Freudian and the non-Freudian unconscious. The non-Freudian unconscious is an old concept, based on the assumption that individual consciousness is like a cork floating on a universal ocean. As the weather changes the dynamics of the ocean, the cork is moved in all sorts of ways. Thus, conscious content is influenced by a wide variety of mechanisms that will sometimes never become accessible to consciousness¹⁰. The Freudian unconscious is a more recent concept: memories and wishes that were conscious may become chronically inaccessible to conscious introspection, for reasons that may lead to psychopathological processes. In this section, Jerome Liss already introduces the notion that the non-Freudian unconscious could be coined *nonconscious*. Repressed consciously constructed memories (unconscious) can become conscious again (e.g. during a psychotherapy); while nonconscious

9. This theme is explicitly discussed by Gustl Marlock and Halko Weiss.

10. A stimulating review of how this unconscious was discussed in 19th century psychiatry can be found in Marcel Gachet's (1992) *L'inconscient Cérébral*. Recent applications of this concept to movement and postural behaviour are described in Gallagher and Cole 1995.

processes are not designed to become conscious: they are often much too complex for conscious awareness.

Counter transference, for body psychotherapists, implies not only psychological but also physiological reactions to a patient's behaviour. Bjorn Blumenthal follows the full implication of this line of thinking, when he shows that working with counter transference may have a dramatic influence on the therapist's psychological and physiological health.

The 1990s: the power of nonconscious multiplicities

The implication defended in the third part of this book is that body psychotherapists should include two dimensions related to the bodily aspects of their training:

- They need to acquire an in-depth knowledge in the biomechanics of posture, and in qualitative aspects of movement (Albert Pesso and Christine Caldwell).
- They should know how to observe the hidden choreographies emerging from bodies interact. This implies knowledge on how to code bodily behaviour when recorded on film, and on how to analyse such data (Siegfried Frey, Heller et al.).

Both these directions combine the developments of the 1990s, thus also increasing contacts between body psychotherapy and experimental psychology... Which brings us back, although for slightly different reasons, to requirements such as those imposed on Gerda Boyesen, who could only become a recognized body psychotherapist once she had completed her training in clinical psychology, physiotherapy, and a psychotherapeutic curriculum with Ola Rakness. For the moment, regrettably, no one is offered the possibility of training as thoroughly, but it is useful to have some notion of where we need to go. An other way of tackling this problem is to create multi-disciplinary teams, as the Laboratory of Affect and Communication, where experts on nonverbal communication, psychiatrists, psychoanalysts, psychologists, psychomotricians, body psychotherapists, programmers and statisticians participated. The authors of the article included in this volume¹¹ rep-

resent only a part of this diversity, as among the consultants and inspirators of the team one can find such diverse researchers as Guy Cellier, Jacques Cosnier, George Downing, Paul Ekman, Wallace Friesen, Siegfried Frey, Rainer Krause, Klaus R. Scherer, Daniel Stern, Laurence Tricot, and many others.

The persisting growth of neo-liberalism and informatics during the 1990s associated with psychological theories involving a renaissance of the theories of David Hume (modularity) and Charles Darwin. These theories mostly modified Freud's model of consciousness (the conscious – preconscious – unconscious trilogy) by adding a nonconscious dimension of multiple parallel modular processing. From this perspective, the Freudian unconscious can be renamed as “nonconsciously repressed conscious material”: nonconscious processes prevent consciousness to contact previously conscious memories and wishes. Nonconscious processes are the logistics behind conscious processes, the mechanisms without which conscious thinking is impossible. These mechanisms are inaccessible to consciousness (e.g., the mechanisms that allows you to take up a cup in your hands). In the year 2000 nonconscious processes are no more restricted to psychophysiological ones, as psychosocial influences have been shown by Claude Lévy-Strauss (1991), Pierre Bourdieu (through his concepts of *distinction* and *habitus*) (1979), and Pierre Moessinger (1999, 2000) to operate at this level. Siegfried Frey and Albert Pessa offer examples and models of how social and physiological mechanisms combine through gestures and influence conscious contents. Clearly, communication between patients and therapist activates not only unconscious processes (e.g. transference and counter transference), but mostly nonconscious dynamics that involve much more complex matrixes than what consciousness can deal with.

Freud (1900, p. 770ff) specifies that a ‘particular mental grouping’ can remain in a given part of the brain, regardless of how conscious or unconscious it is. However, it's status in the topic may

11. Marc Archinard, André Haynal, Véronique Haynal-Reymond, Michael Heller

be associated to different qualities: e.g.: it may have ‘a cathexis of energy attached to it or withdrawn from it, so that the structure in question has come under the sway of a particular agency or been withdrawn from it’. Wilma Bucci (1997, p. 18) aptly points out that for Freud ‘Psychotherapy can pursue no other course than to bring the unconscious under the domination of the Preconscious’.

When Freud gets into contact with the neurologist he also is, his thinking comes closer to the theories of Helmholtz¹² and Wundt, particularly when he thinks on how thoughts become movements (Freud 1900, p. 690): The outlet of the brain is a critical narrow door that imposes heavy restrictions to the conscious/unconscious dynamics. The synthesis of an order of the mind to motor circuits is constructed at a preconscious level:

We will describe the last of the systems at the motor end as ‘the preconscious’, to indicate that the excitatory processes occurring in it can enter consciousness without further impediment provided that certain other conditions are fulfilled: for instance, that they reach a certain degree of intensity, that the function which can only be described as “attentions” be distributed in a particular way, and so on. This is at the same time the system which holds the key to voluntary movement. We will describe the system that lies behind it as ‘the unconscious’, because it has no access to consciousness *except via the preconscious*, in passing through which its excitatory process is obliged to submit to modifications.

In this passage, Freud describes forms of movements that are unconscious not because of some repressed material, but because their format requires of consciousness sensitivity it does not have (e.g. not intense enough). The notion that some neurological products have a format that is inaccessible to consciousness is an intuition of today’s nonconscious processes. The “magic” often attributed to unconscious processes must today be shared by various blends between unconscious and nonconscious mechanisms. Our capacity to distinguish clearly unconscious and nonconscious processes already allows one to clarify many aspects of human interaction.

12. See Siegfried Frey’s article in this volume.

Applied to social politics of science, the focus on “neurosciences” led to a dramatic decrease of funds for social sciences, supported insurance companies and their allied political forces to deny any right to coherent schooling and social solidarity (e.g. medical aid), and to impose pseudo-scientific methods to evaluate domains for which no solid experimental design exists. These attacks against fields such as body psychotherapy activated responses of fear and cowardice among those who hoped to gain financial respectability from the new private health institutions; while those who still believe in the incredible potential of future psychotherapeutic methods have reacted with amplified creativity. For the psychotherapists of this section, avenues are modules that can be worked with, simultaneously or not, that may function in parallel following distinct logics. It becomes easier for them to integrate highly differentiated techniques and models, which are adapted to specific avenues of the human soul each time.

This volume finishes with two research projects that show the difference between *empirical* and *scientific* research on issues that are related to body psychotherapy. When Institutions ask for “scientific” evaluations on the efficiency of psychotherapeutic methods, they are asking for something that can be useful in many ways... but these ways pass through the realm of empirical studies, rather than through the mountains and oceans of science. Filling questionnaires, associating them to physiological data, and running all this in a statistical electronic mill generates empirical research. Empirical research provides data that allows a description of certain events and of their eventual utility. However, such studies do not generate a plausible *explanation* of how things happen and, therefore, cannot produce data that can test theories¹³. This position was already clear for experimental psychologists in 1927:

There is one fact that prevents all investigators from seeing the genuine state of affairs in psychology. This is the empirical character of its constructions. It must be torn from psychology’s constructions like a pellicle, like the skin of a fruit, in order to see them as they really are. Usually empiricism is taken on trust, without further analysis. (...) But this is a false idea, an illusion. (Lev Semenovich Vygotsky 1927, p. 298)

The two studies at the end of this volume describe experimental research attempting to clarify and theorise what may happen between patients and therapists at a level which is particularly relevant for body psychotherapists. The first of the two shows what can be achieved when a psychoanalytically oriented psychiatry professor and a psychiatrist collaborate with two psychologists trained in body oriented psychotherapies.

Finally, we have used George Downing as a Joker. We asked him for comments on whatever interested him in this volume. We hope that any person fascinated by the many bridges built by flesh from soul to soul will also find food for thought in *The Flesh & The Soul*.

References

- Bourdieu, Pierre (1979/1984): *Distinction. A Social Critique of the Judgement of Taste*. Cambridge, Massachusetts: Harvard University Press.
- Bucci, Wilma (1997): *Psychoanalysis & Cognitive Science*. New York: The Guilford Press.
- Damasio, Antonio (1999): *The Feeling of What Happens*. New York: Harcourt Brace & Company.
- Freud, Sigmund (1900/1978): *The Interpretation of Dreams*. The Pelican Freud Library, Volume 4. Harmondsworth: Penguin Books.
- Frey, Siegfried (1998): Prejudice and Inferential Communication. In Eibl-Eibesfeldt, Irenäus & Kemp Salter, Frank (ed.): *Indotrinability: Ideology and Warfare*. New York: Berghahn Books, pp. 189 - 218.
13. A well-known example for this distinction is aspirin. For decades, experience and empirical studies show how efficient aspirin could be, but now scientific studies have enabled to find out why aspirin was efficient. Wilma Bucci (1997, p. 51) makes a similar distinction for 'Psychotherapy Research': 'The field of psychotherapy research is increasingly concerned with theory in some form, rather than simply demonstrating differential treatment or "dosage" effects.'

- Gachet, Marcel (1992): *L'inconscient Cérébral*. Paris: Editions du Seuil.
- Gallagher, Shaun & Cole, Jonathan (1995/1998): Body Image and Body Schema. In Welton, Donn (ed.): *Body and Flesh. A Philosophical Reader*. Oxford, England: Blackwell Publishers.
- Laborit, Henri (1970): *L'homme Imaginant*. Paris: Union Générale d'Édition.
- Lacan, Jacques (1954/1975): *Le Séminaire, livre I: Les Ecrits Techniques de Freud*. Paris: Editions du Seuil.
- Lakoff George & Johnson Mark, (1999): *Philosophy in the Flesh*. New York: Basic Books
- Lévi-Strauss, Claude (1991): *Histoire de Lynx*. Paris: Plon.
- Moessinger, Pierre (1999): *Le Jeu de l'Identité*. Paris: Presses Universitaires de France.
- Moessinger, Pierre (2000): *The Paradox of Social order. Linking Psychology and Sociology*. New York: Aldine de Gruyter.
- Rolls, Edmund T. (1999). *The Brain and Emotion*. Oxford, England: Oxford University Press.
- Salvesen, Michael (1997): Rolfing. In Johnson, Don Hanlon (ed.): *Groundworks. Narratives of Embodiment*. Berkeley, California: North Atlantic Books & San Francisco: California Institute of Integral Studies.
- Vygotsky, Lev Semenovich (1927): *The Crisis in Psychology*. In The collected works of L. S. Vygotsky, volume 3. New York: Plenum Press.
- Welton, Don (1998): *Body and Flesh: A Philosophical Reader*. Oxford, England: Blackwell Publisher.
- Young, Courtney & Heller, Michael (2000): The scientific 'what?' of psychotherapy: psychotherapy is a craft, not a science! *International Journal of Psychotherapy*, 5, 2, pp 113 - 132.

