



PhD thesis

**Forming form: how movement shapes psychotherapists' practical knowledge**

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# **Forming Form**

**How movement shapes psychotherapists' practical knowledge**

A thesis submitted to Middlesex University in partial fulfilment of the requirements for the degree of PhD in Psychotherapy

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## **Abstract**

How do psychotherapists discern when and how to act in relation to the moment-to-moment unfolding situation, in order to optimally support the therapeutic process for each client? In this dissertation, I explore this often-elusive and unspoken aspect of knowing.

This research project investigates the role that kinesthesia, movement and the lived body play in shaping experience and knowledge. The specific aim is to examine, make visible and verbalise how movement shapes the practical knowledge of psychotherapists. The Aristotelian concept of *phronesis* is highlighted, referring to practical wisdom and the capacity to relate to situational specifics.

The study is positioned within the theory of practical knowledge, employing a method that weaves together three threads: 1) Focus groups and individual interviews with psychotherapists, 2) Autoethnographic writing from my psychotherapy practice, 3) Theoretical concepts. Central to the dissertation are the following: Edmund Husserl's *longitudinal* and *transversal intentionality*, the *speaking* and the *spoken speech* as defined by Maurice Merleau-Ponty, and Nicholas of Cusa's descriptions of two aspects of reason, *ratio* and *intellectus*. I also elaborate on Jonna Bornemark's concepts of *pactivity* and *arches of paradoxical values*. Through a dialogue between empirical material and theory, questions are posed and responses are formulated.

I describe the psychotherapists' capacity to create holding of the therapeutic situation as a bodily knowing and a pivotal professional skill that can be cultivated through practice. Holding is characterised as a pactive movement, indicating the capacity to be receptive to situational specifics and based on these, judge how to act to progress the therapeutic process. Verbalisation of lived bodily experience is a central theme throughout the study. I conclude that clearly defined concepts that are anchored in a thought system are needed in order to give ontological weight to *phronesis* and bodily knowing.

**Keywords:** Practical knowledge, movement, *phronesis*, psychotherapy, lived bodily knowing, kinesthesia, gestalt therapy.

*At the still point of the turning world. Neither flesh nor fleshless;  
Neither from nor towards; at the still point, there the dance is,  
But neither arrest nor movement. And do not call it fixity,  
Where past and future are gathered. Neither movement from nor towards,  
Neither ascent nor decline. Except for the point, the still point,  
There would be no dance, and there is only the dance.*

(T.S. Elliot, Burnt Norton, No. 1 of Four Quartets)

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## 1. Introduction

*Energy moves in waves. Waves move in patterns. Patterns move in rhythms. A human being is just that; energy, waves, patterns, rhythms. Nothing more. Nothing less.*

Gabrielle Roth.<sup>1</sup>

“We must begin our examination with movement”, Aristotle said (2008, p. 19 [405b: 33]). This dissertation is about movement, and I explore the role of movement in experience, language, knowing and specifically its role in psychotherapists’ professional practice. Movement is a broad term, and I will soon say more about what I mean with movement and how I will approach this matter in my research – but I will first give a brief overview of this study.

The main and overarching aim with my research is to explore and verbalise how movement shapes psychotherapists’ practical knowledge. I am inquiring into how their practice is informed by micro-movements, affect and that often elusive knowing which resides in the lived body. Further, with this study I want to contribute to a wider understanding of the concept of knowledge, and explore the role that movement, the lived body and non-verbal communication has for professional practice and knowing. My study concerns the fields of psychotherapy, practical knowledge and philosophy.

I am basing my study on inquiries with 28 gestalt therapists from Europe, the USA, Russia and Mexico, and on reflections from my professional experience as a therapist. I have gathered the empirical research material through focus groups and individual interviews, combined with autoethnographic writing from my own psychotherapy practice. I have situated my research within phenomenology, which is a philosophical movement that studies and deeply values lived subjective experience (Merleau-Ponty, 2012), and within the theory of practical knowledge. In line with the research tradition of practical knowledge I approach the subject matter by both empirical and theoretical means. The material is analysed as I engage in a dialogue between the empirical

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<sup>1</sup> I have searched in vain for the original source of this quote by Gabrielle Roth, founder of the 5Rhythms. It is likely to be from one of many recordings with her, and it can for example be found on [www.5rhythms.com](http://www.5rhythms.com)

material, my own professional experience, theory and philosophy. Through the process of weaving together these threads, I aim at coming close to the psychotherapists' lived experience, and specifically to understand the role that movement has in their work. The theoretical and philosophical frameworks that I use support me to illuminate and verbalise nuances and aspects of the psychotherapists' practical knowledge that can easily become concealed, hidden and devalued. In my writing I will refer to the research participants alternatively as psychotherapists, therapists and gestalt therapists. Psychotherapist is the professional title in most countries where they practice, therapist is what they often call themselves, and a majority of them have trained in gestalt therapy.

In this first chapter I introduce the reader to the research topic and to themes that are central for the project. A background to the study is given, including what made me interested in researching this field. I argue for why I find this subject relevant to research, and I present the aim and my research questions, as well as the structure for the dissertation. Some of the theoretical frameworks and concepts that are of key importance to this study will be presented in this chapter. The reason for presenting them so early on is that they are an integral part of the background, from which my research questions and choice of methodology has been formed. Therefore, being introduced to them will help the reader to better understand the questions and my research rationale.

### **1.1. What is movement?**

Yes, what "is" movement? I am beginning with this question, as movement is the most central theme for the whole study. Exploring what the concept of movement entails will run like a thread throughout this dissertation, and I will return to it in the final chapter and discuss what I have found. Considering the broad range of interpretations of movement, I believe it's necessary, to begin with, to provide an overarching framework and clarification of my understanding of movement within the context of my research.



We often think of movement as something that relates to a locational shift, like moving something from one place to another, or when we travel or when someone takes a step to move closer or away from us. Sometimes we refer to, for example, political or cultural movements. It can also relate to physical activity, like exercise and sport. But movement is more than this. Movement also relates to what we feel and how we perceive the world around us – as we move our perception changes, which changes how we feel, and vice versa. We are moved by one another: when I meet, hear and see you something shifts in me. It is not uncommon to say that we feel moved or touched by someone or something, meaning that the other, in a certain and felt way, has impacted us.<sup>2</sup> And in our everyday language we often refer to qualities of movement; my heart is beating fast, I feel lightness in my chest, there is a weight on my shoulders, and so forth. In fact, every movement that we make is to some extent felt – both by ourselves and by the other. This aspect of movement is called kinesthesia. Kinesthesia is the impression of our self-movements upon us as we move, and I refer to this throughout the text as the feel of our self-movements. I will return to this later in this dissertation, as kinesthesia is one of the main concepts that I use in my research.

Einstein famously said, “Nothing happens until something moves,”<sup>3</sup> pointing at how movement is crucial for all activity. That widens the concept of movement even further. I wonder, what does his statement really mean and say about what movement “is”? When Aristotle says that we need to begin our examination with movement, my understanding is that he is pointing towards movement as the origin of life, human and non-human, and as essential for all experience. And it is this living-connecting-expressing aspect of movement that I am interested in looking into and exploring. So, now one can wonder – how does this relate to psychotherapy and to the role of movement in psychotherapists’ practice? I will explain.

Often when I say that I am interested in the role of movement in psychotherapy it is assumed that I dance or use cathartic experiments with my clients. Those aspects of working with movement can surely be considered, but the creative expressions *as such*

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<sup>2</sup> This is based on lived experience and phenomenological method and is also supported today by cognitive science, for example, Gallese and Lakoff (2005).

<sup>3</sup> I have not found the original source of this quote.

are not where my main interest lies. My curiosity is to reach beyond that, and further understand how our way of moving and being moved by each other contributes to how experience, feelings, expressions, relational meaning and knowing develops. One reason that prompted me to embark on this research journey was that I was searching for a language that could help me articulate these processes. In order to bring life to and better illustrate the movement processes that I am trying to describe, I will begin with two brief sequences from my psychotherapy practice. They exemplify two very different scenarios, and I think their difference can help clarify and give a felt understanding of what I refer to with “working with movement in psychotherapy”.

### **1.1.1 I won't let you come close**

Isabelle and I are meeting for our second session. Already, as she enters the room, I notice that I am tensing myself, and that there is a subtle holding in my belly. Her movements have a bound quality and she is holding herself tightly, as she brings her thin and light body through the room. To me it seems as if her feet are barely touching the floor, and she is raising her shoulders up towards her ears, keeping her arms stiffly hanging to her sides. I am wondering to myself; is the environment so frightening that she is even trying to hold herself away from the air that surrounds her? She curls up in the chair, with her legs in front of her, folding her arms firmly around her knees. She is pressing herself towards the back of the chair and away from me. Her eyes are wide open, and she is evenly staring into the floor and clenching her jaw.

I feel as if she is pushing me away, and despite her tiny body it is as if she is creating a lot of space around her. It is as if she is saying, “I won't let you come close to me”. Yes, my felt sense is that she is saying exactly that to me, and maybe also to herself – as if making herself certain about that boundary that she won't let me in. My immediate response is that I want to back off and leave her alone. But maybe more prominently, I feel a pull towards her, and I can feel the beginning of a reach for her in my arms. I hesitate, and of course I hold back my impulse. But I notice it, as I imagine that me moving closer would feel intrusive to her. Instead, I rest my hands on my thighs, and I feel their weight and how I am lightly softening and widening in my chest. She moves even further back in the chair and I wonder, did she notice my subtle coming towards her?

I wonder, what is it that makes her hold herself so tightly around me? I am softly biting my lips, as I am holding back my question. I feel a fluttering in my chest, like an anxiety or worry of some sort – a hesitation. I imagine that whatever I say could potentially be bounced directly back at me. The silence between us feels thick and airless, and it seems to only contribute to a distance between us. I want to break it, as I don't think it is useful. I glance outside the window for a second, taking a moment to feel myself as I formulate my question. I notice my body in the chair, my weight, my shoulders, my breathing, and my face – and then I turn towards her. I ask, "Isabelle, what is it like for you to come here today?" After a pause she shortly retorts, "I don't know," swiftly shrugging her shoulders. Her head drops and she glances down at her knees. I feel the high intensity pushback that I imagined. It is as if she is saying, "I won't let you know". I move back a bit in my chair. As I let myself really feel her words I ponder; what if she really does not know? Holding herself so tightly, is she at all feeling herself, or me with her? What would happen if she allowed herself, and me, to know what she feels? And not least – does she even have the words for her experience? I notice a sinking feeling in my chest, and as if tears are beginning to well up behind my eyes. I don't know how to proceed right now, so I wait and I breath.

We are only a few minutes into the session, and although we have not verbally said much, there is already a lot happening between us. I am aware of a theme arising; keeping me at a distance seems important to her. I assume she has good reasons.

### **1.1.2 Moving into confusion**

This example is from a session with Sara, a long-term client of mine. I meet her in the waiting room, and she instantly and vividly begins to tell me about a sudden argument with a friend. Conflict is a reoccurring theme for our sessions. We enter the room, she walks towards her chair and she continues to speak fast and loud. Sitting in the chair she frequently changes position – as if she is never really settling in one place before she shifts. She looks up and down, and she is moving her gaze towards one side of the room and then to the other – never really looking at me. Telling me of the event, she brings her arms up in the air, making abrupt and snapping gestures with her hands.

We are not sitting far from each other, but she feels miles away from me. I am trying to follow what she says, but I foremost feel impacted by the intense storm of expression that meets me. I feel vigilant and as if I am trying to find her. Suddenly she brings her sentence into a question, she pauses and she raises her head a little bit. Looking straight at me with wide-open eyes she says, "Do you know what I mean?" I feel her reaching for me with her eyes and with her voice. Her voice is clear and sharp as it moves up and out, and towards me. It feels like her words forms a question mark that is hanging in the air, like a hook, waiting for me to catch it. And almost instantly I do, as if I quickly want to take the opportunity to meet her – and possibly also feel met myself? I lean towards her, I inhale and I nod – just a little bit. As I do, her shoulders drop, and we are both softening.

We are allowing a very sudden moment to be with each other, before she once again goes back to the storm of vividly recalling the event. Again she comes to a pause, and once more I feel her reaching for me, and once more I instantly respond by leaning towards her. This pattern repeats; she speaks, pauses and I move towards. The exchange continues for some minutes and I am feeling more and more empty and distant from her. We are going around in circles, I am thinking to myself. In subtle ways she is seeking my approval, and although I am not verbally giving her this, I am repeatedly, in ever so slight ways, moving towards her: sometimes nodding, smiling or humming. I wonder, what is happening? I acknowledge a frustration and a kind of irritation rising in me.

Now I notice that I am holding my breath and that I am sitting on the edge of the chair. I move back so that I can feel the support from the backrest, and I allow a fuller breath – feeling my chest expand and my shoulders drop. Sara once more makes one of those tiny pauses. As I feel the familiar situation arise, I take a moment to feel the weight of my body, my feet on the ground and the movement of my breathing as my ribcage slightly expands and contracts. For a moment I let the question mark hang in the air. I just sit there feeling myself and with her – I am here, you are there. I am not moving either towards or away from her, and I breath. My impulse to move towards her is still there, but resisting it I notice a hollowness in my chest and an uncomfortable tingling feeling of

something pressing in my chest – could it be sadness? Or anger? Or anxiety? A few more moments pass and Sara is looking anxiously to one side and then the other. I am wondering what she is feeling, and I ask her.

She replies that she is feeling confused. As she says this she firmly grasps onto the armrest and abruptly moves back and away from me. “Did I do anything that confused you?” I ask her. “No” she instantly responds, and her words are sharp, like a slap.

I wait for a few moments, and then I ask her again, “Sara, it seems like something just happened, and I am wondering if maybe I did something that confused you?” This time something shifts in Sara; it is as if she shrinks a little bit in the chair and she looks down. After a little while, and with tearful eyes, she glances up at me, “I don’t know, but it feels as if you think I have done something wrong.” she says, as she releases into a deep sob.

Following this episode, we slowly began to unpack what had just happened between us, and gradually and over time in our coming sessions, we began to explore the anger and fear that she felt when she sensed that the other was not present enough for her. The non-verbal exchange between Sara and I was loaded, for both of us. I felt insecure when I did not feel met by her, and she felt rejected when she wasn’t sure of my approval. Somehow, meaning was made in how we moved together.

### **1.1.3. Tacit knowing and silent knowledge**

As the reader may have noticed when reading these examples, the described sessions have different rhythms to them. In both situations the felt qualities of experience unfolding between the client and me are inevitably essential aspects of the therapy and how we come together. We are communicating through subtle movement interactions, and these hold information about how we are experiencing the situation and one another. In these examples I am not actively seeking to make something happen, but I am noticing the movements that are already happening between my clients and me. Based on what I feel and see I make adjustments. I am for example moving back in my seat, holding back an impulse to reach-for and I imagine into what my clients could be experiencing and how they might be responding to me. I am wondering, what more

precisely is it that I am doing in those situations? When I refer to “working with movement in psychotherapy” I am interested in exploring how psychotherapists are attending to gestures, posture, felt qualities of experience, shifts in rhythm and tone of voice that emerges between them and their clients. What role does such subtle movement interactions have in psychotherapy and how do they impact the psychotherapist’s work?

Reading the examples above, psychotherapists might recognise themselves in the vast detail that is communicated non-verbally in sessions. Often, however, this kind of immediate knowing and pre-reflective understanding of a situation remains elusive and unspoken. I wonder if there is a risk that this “silence” contributes to the undervaluing and lack of acknowledgment of significant professional skills for their actual and lived importance? I find myself asking, how, if at all, does this *tacit knowing* inform the therapeutic encounter? How does it contribute to the therapist’s assessment of the situation and to how treatment and interventions are graded and shaped? How, if at all, can this tacit knowing be verbalised?

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Tacit knowing is a concept attributed to Michael Polanyi, who stated, “we can know more than we can tell” (Polanyi, 1966, p. 5). It refers to an implicit bodily knowing that is embedded in our actions and that can be difficult to articulate. Tacit knowing is for example inherent in the way the carer respectfully approaches the elderly woman who refuses to take a shower, or how the police officer delivers a difficult message to parents who just lost their child in an accident, how the nurse knows that something is not right with the patient although the medical test results are good,<sup>4</sup> and how the pre-school teacher knows precisely how and when it is time to break up play that is about to lead into a fight. Often, tacit knowing is described as a *silent knowledge* because it is rarely articulated and mostly becomes evident in action. In this dissertation I will further define this kind of knowing and refer to it as *practical knowledge*, I will get back to that soon.

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<sup>4</sup> The example is borrowed from Ingela Josefson (1991, p. 28)

Philosopher Kjell S. Johannessen refers to three categories of silent knowledge; *skill* (for example, how the psychotherapist knows how to accommodate a client who is disassociating); *intuition* (for example, the ability to recognise patterns and predict something about the client's process), and *judgement* (the psychotherapist's ability to evaluate which intervention is needed and when) (Johannessen, 1999, p. 80). These forms of knowledge are all difficult to capture with words, but as I just showed in the examples from my practice, it is to some extent possible. This leads me to ask; is tacit or practical knowing really silent, or are we less used to recognising and listening to its expressions? What are the consequences when aspects of knowing that reside in lived bodily experience is not articulated and given ontological weight?

There is a risk that forms of knowledge that in principle are verbally expressible can become *silenced*,<sup>5</sup> and referred to as vague and unreliable. What effects does this have for humanistic psychotherapy approaches, which lean on philosophical and theoretical foundation that hold closely that the living overflows that which can be measured?

The main area of study for this research is the field of psychotherapy, and specifically relational and somatic psychotherapy. However, approaching the topic of working with movement in psychotherapy it has become clear to me that I cannot sidestep that this theme closely relates to the concept of knowledge, and more specifically to what is and what isn't regarded as trustworthy and reliable knowledge. I believe that understanding the role of tacit and bodily knowing goes beyond psychotherapy practice, as it relates to interaction in general – with others as well as the environment. Consequently, this study will also be relevant to other professional fields in which interpersonal relationships are key components, and I propose that this theme is relevant also for society at large. I will continue by giving a background to how I think this study is relevant for the field of psychotherapy, and situate how it contributes to widen the common view of what knowledge is.

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<sup>5</sup> See for example: Molander, 1996, p. 44; Svenaeus, 2009, p.15; Shutzberg, 2020, p. 27.

## 1.2. Relevance of this study: What is knowledge?

My academic background before becoming a psychotherapist has involved both qualitative and quantitative approaches to science, including studies in Ethnology and Public Health Science. My interest in the limits and advantages with both of those forms of establishing knowing began during these times, and my previous academic dissertations focused on issues concerning health care and health promotion seen from a gender perspective – subjects that by default call for interdisciplinary research.

But yes, what is knowledge? This is obviously a huge question to ask, and I will of course not be able to respond fully to it. Yet, in order to situate the relevance of this study I think that I need to pause and look into this concept further. Investigations into the limits of knowledge, and claims about what can be regarded as knowledge, has varied over time and within traditions and cultures. These are also ongoing and pressing questions in our current society, particularly in regards to how we comprehend the role of artificial intelligence, fake news and which scientific views and research studies are valued as trustworthy. The criteria for determining what is to be regarded as reliable and not reliable knowledge extends far back into history. Plato distinguished between true knowledge (episteme) and opinions and beliefs (doxa). For him, certain and genuine knowledge was that which was universal and could be grounded in reason. It was unchanging and objective, in the sense of being independent of the individuals' perceptions. For something to be true it had to be true for everyone. Mere opinions were seen as unreliable as they draw on the physical senses, which relate to the continual flux and thus can always change. Plato's criteria are still with us today, and evidence-based and so-called objective knowledge are the main characteristics of what is thought of as scientific knowledge (Gustavsson, 2002, p.18).<sup>6</sup>

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<sup>6</sup> Evidence originally meant "proof" or "obviously apparent", but today, within scientific fields, it rather means "proven effect". The term evidence-based research is often associated with systematic quantitative research, typically involving methodologies such as randomized controlled trials, meta-analyses, and systematic reviews to synthesize findings and draw conclusions. Within medicine, for example, there is an established hierarchy of study types, including levels of evidence. It is with this meaning that the term evidence-based will be used in this thesis. However, one can, of course, claim that there are different types of evidence and that the type mentioned is focused on outcomes rather than process (see for example Bornemark, 2018c; Angus, 2015; Levitt, 2016).



But, there are other ways of approaching what knowledge is, and Aristotle, Plato's student, connected knowledge to different activities; *theoria* (to see), *poiesis* (producing) and *praxis* (put into action). Aristotle's definition of knowledge does not only value theoretical and rationalistic knowledge, but also practical and situation-specific knowledge. I think that his view can contribute important perspectives on our contemporary era, and help us see what we might have lost in our search for true knowledge. I have therefore given Aristotle's theory of knowledge a central place in this study. For this reason, and to give a background to what motivates my aims and research questions, I will now describe some main characteristics of his theory.

In his text *Nicomachean Ethics*, Aristotle defined *nous* (insight), *sofia* (wisdom) and *episteme* (scientific knowledge) as theoretical knowledge, and *techne* and *phronesis* as practical knowledge (Aristotle, 2011 [350 B.C], book VI). *Episteme* relates to *theoria*, and is closest to what probably is the most common understanding of knowledge: that which generates exact conclusions, facts and truths that can be applied in every context. This kind of knowing can be transferred from one person to another. It is thus independent of the individual and its ideal is abstraction, generalisation and transferability (Aristotle, 2011, pp. 118-119 [1139b: 14-36]; Bornemark, 2020, pp. 37-42).

But, not everything can be generalised, Aristotle emphasised (Aristotle, 2011, p. 119 [1140a: 1-5]). There is also *practical knowledge*, which relies on when, how and by whom something is performed. *Techne* relates to *producing* (*poiesis*) and *phronesis* to *acting* (*praxis*). For *techne*, the product is the achievement, and it is in some ways independent of the person performing the act. However, the experienced craftsman is likely to produce a better product than the amateur. Aristotle probably mainly referred to the producing of physical products, like baking bread or sewing a coat. But, *techne* can also be understood as a technical skill involved in professional action (Shutzberg, 2021, p. 28). In the case of therapy, such technical skill could, for example, be the use of a method or a technique to facilitate the client's process and/or to treat a certain symptom. But, and to stay with therapy as an example, no therapeutic encounter is alike, and every situation requires adjustments to present circumstances. *Techne* is not

enough in these situations. For that, *phronesis* is needed, as it concerns acting in relation to the unique situation.

Aristotle said:

Matters of action and those pertaining to what is advantageous have nothing stationary about them, just as matters of health do not either. And since such is the character of the general argument, still less precise is the argument concerned with particulars, for it does not fall under an art or any set of precepts. Instead, those who act ought themselves always to examine what pertains to the opportune moment (when it presents itself). (Aristotle, 2011[350 B.C], p. 28 [1104b: 4-9]).

Wisdom was a central virtue in Aristotle's philosophy, and *phronesis* relates to the individual's capacity to act wisely and ethically. Philosopher Martha Nussbaum highlights how Aristotelian ethics combines the universal with the particular; an act of wisdom can be related to a particular situation, but it is also to be understood in relation to the idea of *eudaimonia*, or human flourishing that has a universal meaning (Nussbaum, 2001, p. 31). *Eudaimonia* includes the search for what is good for all, and it goes beyond that which is only good for the individual. Aristotle described two wisdoms: *sofia*, the highest form of theoretical wisdom and *phronesis*, practical wisdom. However, *episteme* alone won't reach *sofia*, Aristotle claimed. It also requires that we can keep a sense of direction in life and acquire skills to manage the challenges that life presents us with (Aristotle, 2011, pp. 122- 126 [1141a: 9 - 1141b: 32]). In other words, theoretical wisdom is not enough, we also need to be able to *act* wisely.

### **1.2.1. Relevance of this study; taking a wide perspective**

In his report to the Swedish National Agency for Education, Bernt Gustavsson (2002), states that the prominence of scientific knowledge in modern times has resulted in the receding status of practical knowledge, which has become marginalised. Modernity is characterised as a time when we believe that it is possible to gain knowledge about everything, and even what we don't know, the elusive spheres and horizons of "not-knowing", are being regarded as "not-yet-known" – as if it is possible to identify exact

areas where knowledge is missing and then search to find it (Bornemark, 2018a, p. 242). The time we are living in has become an era where a rationalistic understanding of the world is trumpeted as the highest source of knowledge (Weber, 1946, p. 139). From this perspective there can be a tendency in our society that only what we can quantify and measure is considered real and reliable, which raises the question; have we devalued other kinds of knowing on the way?

We are experiencing a time of major shifts, and our current pathologies are often related to lacking a sense of belonging, alienation, stress, and loss of meaning. Some stress relates to an immense fear for the future, to extreme polarisation between people and ideas, to climate change and to what we have done to our planet (Rosa, 2019). During the course of working on this dissertation, for example, the world has been confronted with the uncertainty of the present moment, and the limitations of our familiar ways of knowing as we, on an individual and global level, were adjusting to the COVID-19 pandemic. The brutal invasion of Ukraine has shaken the world in unforeseen ways and we hear about arising and ongoing horrifying conflicts and environmental disasters all over the globe. I find myself asking – what’s now and what’s next? And what capacities do we need to develop to increase our understanding of the world that we create?

Technology makes it possible to meet online, but how does this medium impact the quality of contact between people? We have developed great tools to measure efficiency, amazing medical discoveries that save lives every day and computers that can do incredible things. But what happens with the living and with valuing what it means to be a human – to feel, relate and have existential concerns? It seems like everything is happening faster and the tempo is rising. Sociologist Hartmut Rosa (2010, 2019) argues that reducing speed will not be enough to meet the pathologies and challenges of our time. He calls into question the dichotomy that slowing things down is inherently positive, while speeding things up is negative. Instead, he advocates for our capability to resonate. He defines resonance as a way of encountering the world and moving with uncertainty (Rosa, 2019, pp. 164-174). How can we be with, and respond to, the ever-changing stream of life that binds us together, both as living beings and with the natural world? Which leads me to ask: how can we practice this capability?

These are enormously big questions I am asking, I know, and they reach far beyond what is possible for this dissertation. However, they all concern aspects of life that relate to our ability to adjust to the specifics of a situation and judge how to act for the good. They also refer to the capacity of valuing others, the surrounding world and ourselves not as objects but as living, experiencing subjects – intra-acting with other humans, non-humans, and the flux of nature and culture (Barad, 2007; Haraway, 1988). Following Aristotle’s definition, those capacities concern phronesis, and our ability to relate to the specifics of a situation and judge how to act wisely not only for our own benefit, but also concerning eudaimonia; the universal good.

Clearly, scientific knowledge and technical skill alone is not enough to build a society in which people can lead good and meaningful lives. (And please understand that I am not saying that they are not useful! I just want to highlight that there could be other important aspects of knowing that require attention). So, how can we develop our phronetic skills, and what constitutes phronesis? Those who work within healthcare, education and social support – for example nurses, doctors, teachers, police officers and psychotherapists – have often, by necessity, needed to develop decisive professional skills of attending to the unpredictability of interpersonal relationships and to “be with” and adjust to the specific of a situation. What, more specifically, do they draw on? I wonder; what can we learn from their practical knowledge?

### **1.2.2. Relevance of this study; for the field of psychotherapy**

Another set of questions that I am asking relates more specifically to psychotherapy. For example, what are the consequences for psychotherapy when episteme, and the rationalistic understanding, has become that which is considered most reliable? Has this contributed to a greater trust in manual-based approaches and techniques that leans on that which can be measured? These approaches aim to help the practitioner to “know” how to solve specific problems in line with desired results, which mostly correspond to seeing the client “improve”. Could a consequence of this be that both client and therapist expect to know, even before therapy begins, what the process will include and what the result will be? How much room does this leave for “not knowing” together and for

unforeseen insights to develop? As many psychotherapists know from experience, a human being is manifold and rarely present with only one symptom that can easily be cured.

Psychoanalyst Irvin Hoffman claims that the privileged status that is given to systematic quantitative research and neuroscience compared to in-depth studies on the psychotherapeutic process is “unwarranted epistemologically and potentially damaging” to the development of psychotherapy and to the quality of the clinical work (Hoffman, 2009, p. 1044). He says:

I am not arguing that systematic research and neuroscience are of no value to the practice of psychoanalysis, but only that granting them superordinate status relative to other sources of knowledge, including case studies, is unjustified and potentially destructive. (Hoffman, 2009, p. 1044).

Over the years, research has confirmed what many psychotherapists know, that the therapeutic relationship is the most important factor for successful outcomes (Lambert & Barley, 2001; Sandell, 2003; Stamoulos et al., 2016). Studying the essence of relationality and how this can be practiced is thus relevant for psychotherapy in general, independent of orientation. Still, approaches to psychotherapy where the therapeutic relationship is at the heart of theory and practice are under researched (Olsson, 2009). Consequently there is a lack of scientific studies describing *how* psychotherapists’ attend to the unfolding therapeutic relationship.

By inquiring into how movement shapes psychotherapists’ practical knowledge, I aim at studying and articulating details within this process. I acknowledge that it is a challenge to verbalise these experiences. Yet, I claim that the risk with not doing it is that knowledge which concerns so-called human factors in psychotherapy remain undervalued, and possibly are referred to as weak and as not trustworthy. Perspectives from qualitative research, such as phenomenology, can contribute to additional understanding in this area, and highlight processes that previous research has shown are essential, but that we still need more detail and nuanced knowledge about.

With this as background, I find it utterly relevant to explore and verbalise psychotherapists' practical knowledge, and especially those non-verbal aspects of their practice that are at risk of remaining hidden and not valued as important skills.

I will now turn to how this research topic became relevant to me, give a background to my research questions, and why I decided to commence this study.

### **1.3. Background: An introduction to gestalt therapy and my interest in researching movement**

I work as a gestalt therapist in private practice in Stockholm, and I teach psychotherapists internationally in a movement-oriented approach to gestalt therapy called Developmental Somatic Psychotherapy, founded by Ruella Frank. I came to the world of therapy early in my life, as a client. A few years later, still as a client, I met gestalt therapy and ever since it has greatly influenced and inspired me, not only in what became my profession but also in terms of values and life choices. Movement has also had an important role in my life, and for as long as I can remember I have been involved in sports, outdoor activities and various movement practices. My interest in researching this theme thus springs from my own lived experience, and it has developed and clarified over time.

In her PhD thesis, Maria Pröckl uses the term theory impregnation (Pröckl, 2020, p. 71) to account for the inherent closeness of the researcher, which undoubtedly will influence the perspectives taken and the way a phenomena is approached. Gestalt therapy is like this for me, I have been swimming in it for a long time. Gestalt therapy is not the main theme of my study, and I won't use gestalt therapy theory terminology (which I will address in chapter three). However, values within this theory are important to me and have greatly influenced and impacted this study. I want to be transparent about those roots – so that the reader can better follow the choices I have made during my research process. I will therefore begin with an overview of gestalt therapy – briefly presenting its historical and philosophical origins, and give the reader

an introduction to key concepts. I will describe how movement and non-verbal process in psychotherapy became an interest of mine and led me to study Developmental Somatic Psychotherapy, which greatly informs all my work. I will also in short introduce this modality, which has also been studied by all research participants.

### **1.3.1. Gestalt therapy: the therapy of the forming of forms**

Exploring how we experience is central in gestalt therapy, where experience is defined as always occurring in relation to another (living being or object) and the environment. The word gestalt means form, and in the context of gestalt therapy theory form refers to how meaning is created through that which we experience. Another way to describe forms is as individuals' creative adjustments to their environment, reflecting how we actively adapt in relation to possibilities and constraints. Our sense of identity, emotions, behaviours, symptoms and ways of relating are examples of forms – all which describe figure/ground relations, and that can be more or less open to adjustment and growth. The dynamic threshold where experience emerges is described as *contacting*, which is a central concept in gestalt therapy. Contacting is thought of as the boundary experience of one and another/the environment. This contact-boundary is not a place that can be localised, nor is it a boundary of division, rather it is the overall and aesthetic (the felt and sensed) experience of the emergence of “I and the other” (Perls, 1992, p. 84).

The founders of gestalt therapy strongly questioned the Freudian idea that one isolated mind, the analyst, was entitled to make objective observations and interpretations of another isolated mind, the patient. Rather, their interest was in how suffering exists in the relationship between the subject and the world. (Francesetti, Gecele & Rubal, 2007, p. 60). Gestalt therapy holds a radically relational perspective in that self is defined as a process, emerging through contacting. Thus, self is always relational, contrasting with a more traditional view of self as something static and intrapsychic, existing within the individual (Robine, 2015, p. 146).

In line with this gestalt therapist Jean-Marie Robine highlights that gestalt is not the name of the approach, but the object of the approach – just as psyche is not the method,

but the object of psychoanalysis (Robine 2015, p. 148). Gestalt therapy is thus the therapy of the form, or rather of the forming of the form. I have even heard senior colleagues referring to how the founders were thinking of calling it *gestaltung* therapy to emphasise the aspect of the forming. From this perspective, health is regarded as:

/.../the ability to create forms that are adapted to situations, and pathology as the loss of this potential which leads to reliance on fixed forms, which are inadequate or obsolete – scribbling (Robine, 2015, p. 155).

From a gestalt therapy point of view, psychopathology or suffering is not only regarded as a suffering that exists inside the individual. Although perceived by the individual, the suffering emerges and develops within a relationship, and is thus understood as a suffering off the relationship between the subject and the world (Francesetti, Gecele & Rubal, 2007, p. 61). The therapeutic process is centred on what unfolds in the therapeutic relationship, where the client and therapist explore the function of the symptom: how it has creatively formed in relation to the client's environment, and how it has been, and maybe still is, a useful and/or habitual support for being in contact with another. That which becomes figural in the present moment, or in the "here and now", is thought of as also including the "there and then" (past experiences), and the "now for next" (the anticipated future). So, gestalt therapy seeks to find both the origin and the "cure" of the suffering through heightening awareness of that which appears and becomes obvious within the therapeutic relationship.

Introducing gestalt therapy, I think, requires a brief historical background to give a sense of the context, underlying values and philosophy that has shaped the development of theory and practice.<sup>7</sup>

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<sup>7</sup> For a comprehensive overview of the history and philosophical roots of gestalt therapy see these books, which have been my main references and sources to the outline that I am giving in this chapter: *Gestalt therapy. History, Theory, and Practice* (Woldt & Toman, 2005) and *Fritz Perls in Berlin 1893-1933. Expressionism, Psychoanalysis, Judaism* (Bocian, 2010).



### **1.3.2. Gestalt therapy: history and philosophical roots**

The founders, Fritz and Laura Perls and Paul Goodman were impacted by various philosophical, political and aesthetic movements of the time. Fritz and Laura studied with the first generation of psychoanalysts, for example, Otto Rank, Alfred Adler, Paul Federn and Sándor Ferenczi, whose challenging contribution to Sigmund Freud's original theory had a significant impact on the later development of gestalt therapy. The Perls' were interested in the role of body and movement: Fritz was a patient of Wilhelm Reich, a pioneer within body psychotherapy, and he was inspired by Charlotte Selver's sensory awareness work. Laura was a dancer and studied, for example, with Elsa Gindler, a somatic bodywork pioneer (Bowman & Nevis, 2005).

Fritz and Laura met at the Kurt Goldstein Centre in Frankfurt, while Fritz (who was a Medical Doctor) was working in the laboratory and Laura was completing her PhD in Gestalt psychology. Goldstein was one of the leading figures of the Gestalt psychology school. Originating in the work of Max Wertheimer, Gestalt psychology was in part a response to structuralism and behaviourism and proposed an alternative view to the leading objectivist and analytical science. Instead of breaking down psychological matters into their smallest possible parts, they investigated human experience as the totality of mind and behaviour, studying perception and meaning making as a holistic event. "Figure and ground" is a concept that derives from this school, describing how figures of interest emerge from and are always related to a background.<sup>8</sup> Figure and ground cannot be separated, but attention can be shifted – we can focus on the black letters on this paper, or on the white paper and the shapes created in the space between the words. Goldstein's work addressed the significance of applying phenomenology in science, and while working for him Fritz and Laura were introduced to the work of both Franz Brentano and Edmund Husserl. Brentano was a psychologist and philosopher, and Husserl who was the father of phenomenology, was greatly influenced by him (Bowman & Nevis, 2005).

Laura studied with Paul Tillich, an existential philosopher, and she was well acquainted with the philosophies of Søren Kierkegaard, Martin Heidegger, Husserl and Max Scheler.

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<sup>8</sup> Similar to what I earlier described as the relationship between forming and form.

She was a student of Martin Buber, and was particularly influenced by his ideas about “I-Thou” and dialogue. Likely this has contributed to that contact, presence and dialogue are fundamental principles of gestalt therapy. Although Fritz was familiar with the philosophers mentioned, he was more fascinated by the work of Salomo Friedlander and of what he called “creative indifference” (Bowman & Nevis, 2005). According to Friedlaender, this represents a sort of balanced “zero-point” from which differences can emerge (Friedlaender, 1918, in Lagaay, 2015). In gestalt therapy theory, this state of being is referred to as “middle mood, neither active nor passive but accepting the conditions and growing towards a solution” (Perls et al., 2003, pp. 245-246). The theory suggests that when attention is widened and one is not positioned at either polarity, spontaneity arises, as it does in child’s play or for an artist in the midst of creation. Spontaneity is seen as a characteristic of health in gestalt therapy, and defined as the capacity to respond appropriately to a new situation, or to respond in a novel way to a familiar situation (Robine, 2011, p. 294).

Gradually, and in line with what they learnt and discovered through theory and practice, the Perls’ began to develop their own view on psychotherapy and the psychotherapeutic relationship. This led to a departure from Freud and the psychoanalytic school. During the Second World War, the couple, who were Jewish, fled to South Africa where they continued developing their own psychology, now also influenced by the ideas of South African Prime Minister Jan Smuts. In his book *Holism and Evolution* (Smuts, 1926) he advocates the interdependence of all systems in nature and the universe. After the war the Perls’ moved to New York where they met Paul Goodman, an author and public intellectual who is most known for his social criticism and anarchic ideas. Together with him, and Ralf Hefferline, professor in psychology at Colombia University, they founded gestalt therapy.<sup>9</sup> The founding text *“Gestalt therapy. Excitement and Growth in the Human Personality”* (Perls et al., 1951/2003) weaves together threads from the philosophies and theories referred to above, including, for example, field theory as developed by Kurt Lewin (1952), Jacob Moreno’s psychodrama, philosophical ideas and practices from Zen and Taoism – with the countercultural values of the time.

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<sup>9</sup> Ralph Hefferline contributed to the founding text but later disappeared from the gestalt psychotherapy scene. Laura Perls writes briefly about their relationship in her book *Living at the Boundary* (Perls, 1992, p. 27).

The founding text by Perls, Hefferline and Goodman became very popular, and with that, gestalt therapy had entered the psychotherapy scene. The approach is often known as one of the leading modalities within the so-called *Human Potential Movement*. This arose as one of the counterculture movements in the 1960s – holding that a change for a more conscious and sustainable society would necessarily have to begin with cultivating the individual’s potential to take responsibility and actively engage in creating a more peaceful, meaningful and connected way of living together on this planet. For the founders of gestalt therapy, who had fled the war and the tyranny of the Nazis, political and societal aspects were naturally and necessarily important. Although the theory and practice are constantly developing, the importance of raising awareness of the interconnection between individual and environment was, and still is, at the heart of gestalt therapy theory and practice. I am hoping, in my own little way, to join this endeavour as I aim, with this study, to hold in mind both that which can be relevant for the individual psychotherapist, and for a wider context.

### **1.3.3. Aesthetics and the role of the lived body in gestalt therapy**

Gestalt therapist Dan Bloom writes that the seriousness of gestalt therapy theory “has always been threatened by dilution into some discovery of the New Age or some permutation of the human potential movement” (Bloom, 2012, p. 3). With this, Bloom is pointing at the fact that the philosophical and theoretical rigor and depths in the approach at times has been overlooked. But as described, gestalt therapy theory is fundamentally and profoundly rooted in phenomenology.

Phenomenology attends to the structure of experience, and exploring the unfolding process of experience and contacting between client and therapist is key in gestalt therapy. The aim is to support the client’s awareness of how they are creatively adjusting and modifying contacting processes with another. Just to clarify, this stance is different from therapeutic approaches that aim at fixing, changing or analysing the other’s behaviour. The applied theory of change in gestalt therapy suggests that, “change occurs when one becomes what he is, not when he tries to become what he is not” (Beisser, 1970). With a heightened awareness of familiar, but not necessarily comfortable ways of contacting, a gradual exploration of novel ways of relating can be

introduced. The aim is to, through awareness building, support an expansion of the client's contacting repertoire. Laura Perls argues that the therapist shall give the client as much support as necessary, but as little as possible – with the aim of supporting the development of the other's sense of agency (Perls, 1992).

Laura's influence on gestalt therapy has long been diminished. But her contribution to the development of theory and practice has been immense, and it is being acknowledged more and more in contemporary gestalt therapy. For a long time, the Perls' and Goodman taught gestalt therapy in New York, at the founding institute *New York Institute for Gestalt Therapy*. Fritz later began to teach in Cleveland and California, and became known as a charismatic celebrity therapist. Interpretations of his work often led to gestalt therapy appearing to be driven by techniques, and confrontational and cathartic work. Laura remained in New York, where she emphasised gestalt therapy as aesthetic and philosophical, and argued for the importance of support as the necessary foundation for all contacting (Bloom, 2005). Aesthetics in this context is not the same as in beauty, but as per the meaning of the Greek *aisthetikos*, which means “of or for sense perception”.

Laura described gestalt therapy as follows:

The basic concepts of gestalt therapy are philosophical and aesthetic rather than technical. Gestalt therapy is an existential-phenomenological approach and as such it is experiential and experimental (Perls, 1992, p. 131).

The existential, experiential and experimental approach is apparent in gestalt therapy theory foremost through the phenomenological perspective and the emphasis on experience. And, how can one experience other than through the *lived body*? This, the bodily and sensuous aspect of experience and contacting,<sup>10</sup> was central for the way Laura taught and practiced. That which is qualitatively felt in the flow of contacting is a

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<sup>10</sup> For Husserl, sensuous intuition means that we reach the object of perception without mediation, and sense is not mere sensation but it is constitutive of our meaningful engagement with the world (Williams, 2015). It is with this meaning that I am using the word sensuous.

crucial aspect of how gestalt therapists diagnose the situation, and in the theory it is referred to as the *aesthetic criterion* (Bloom, 2003).

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The phenomenological concept of the lived body (Leib), first described by Husserl, is very central to gestalt therapy. Husserl described the lived body as the zero point of orientation (Shimizu, 2011; Husserl, 1989 as cited in Sheets-Johnstone, 2020). Maurice Merleau-Ponty, student of Husserl and belonging to the same phenomenological tradition, is known for further developing the theory of the lived body (Taipale, 2014, pp. 16-17). He is also one of the phenomenologists who have most systematically challenged Cartesian dualism. Cartesian dualism refers to ideas by the French philosopher René Descartes (1596-1650) who coined the famous sentence “I think therefore I am”. Distinguishing what was reliable and certain knowledge in an uncertain world was important for him. For Descartes, thinking (cogito) and body/matter (extensa) were two strictly different substances that could not be mixed. He considered cogito higher (and as also incorporating the soul) than extensa; the body was considered as an extension – as mere matter. This, so-called, “Cartesian split” is often referred to as setting the ground for the rationalistic tradition where knowledge is reached through thinking rather than through felt experience.<sup>11</sup>

Merleau-Ponty, however, emphasises that the body is not just an object in the world but the very medium through which our world comes into being; the lived body connects us with the world (Merleau-Ponty, 2012 (1945)). His theory describes how we can experience our bodies as objects (extensa) that we can observe, control and aim at fixing. But we also have an immediate feeling of how we move and feel ourselves moved by the other; this is our subjective experience, *res cogitans*. The lived body is our primary knowing and understanding of the world that can experience and be experienced, touching and be touched. From this perspective, the objective body

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<sup>11</sup> It is questioned if even Descartes himself fully believed in an absolute division between body and mind. In his late book *The Passions of the Soul* (1649), Descartes refers to six passions that weave together body and mind (Brown, 2006; Voss, 1993).

(Körper) is just another aspect of bodily experience. To “be a body” is to be physical, and intrinsic to lived experience is to be both subject and object, available to external gaze and validation. In fact, this double sidedness shows the intertwining of self and other – the meaning is neither in the world nor in the body, but in their encounter (Merleau-Ponty, 1968, pp. 9-10).

This double sidedness of touch, how we are simultaneously touching and being touched by the world, is inherent in what is probably the most central concept in gestalt: *contacting*, which literally means, “to be in touch with” (Perls et al. 2003, p. 227; Kearney, 2015, p. 19). Basically, the concept recognises the notion and importance of “otherness”, and to how we are active and receptive, informing and being informed by our surroundings. The therapy aims at bringing awareness to how we creatively adjust our ways of contacting. Sometimes our contacting repertoire becomes diminished or too habitual. That is often when we come to therapy – when our ways of contacting are not satisfying for us (or others). The process of contacting describes what I earlier named as forming of forms. Gestalt therapy largely involves inquiry into lived bodily experience, for example, through experimentation that aims at making that which is familiar unfamiliar.

#### **1.3.4. A background to my interest in researching movement**

The emphasis on body process was also what stood out for me when I met gestalt therapy. My therapist and I did not just talk about what I was feeling, but I learned to discover and feel what I was really feeling. Like many others I had made a split between “me” and “my body”. In therapy I was invited to notice what I felt in my body, and encouraged to listen to this as information about my experience and not just lean on reasoning and my cognitive understanding. The experiments we did revealed my immediate and authentic response, which could at times surprise me. To start with, I felt confused. This approach was scary and a relief at the same time, and incrementally I began to trust my body and what I was feeling more and more.

It was also crucial for me to discover that my therapist was genuinely interested in me and in exploring my experience – what I later understood was the phenomenological

and relational attitude. I was no longer just a project that should be changed, treated and fixed – which had very much been my previous experience of therapy through other modalities. What I felt and experienced was now valued, and I understood that the only way through for me was to feel myself more. It was not an easy journey, and I was not given answers about what was right or wrong. But, I discovered that getting more into my body helped me to become aware of and tolerate what I was feeling, and that made a significant difference in my life.

A few years later, when I was still in gestalt therapy, I met a dance and movement meditation practice called the 5rhythms. The founder of this practice, Gabrielle Roth, was strongly inspired by gestalt therapy (Roth, 1998, p. xxi). “Do you have the discipline to be free,” is a famous quote by her, and the movement practice she developed has a clear structure consisting of five different movement qualities. The dancer moves through these rhythms, the structure, as they discover their dance in relation to other dancers and in space. Essentially the 5rhythms practice teaches the dancer to move with what is already happening; if you are feeling heavy you move with heaviness and you give heaviness your full attention, including your resistance to feel it and how you move with this in relation to others, etc. And, most often, like the paradoxical theory of change teaches us, through the process of staying with what is, experience will change (Beisser, 1970). I have written about the connection between 5Rhythms and gestalt therapy in an article that was published in the British Gestalt Journal (Kallner, 2013).

I fell in love with the dance, and dancing was a relief for me, as I did not have to translate my experience into words. Through dance I discovered (or maybe rediscovered) a language through which I could more directly feel and express myself – more clearly and authentically than I could through verbal sentences. I became interested in how my dance was impacted by other peoples’ dance, and how I impacted them. Excited by my discoveries, I took this interest away from the dance floor, and I began to attend to rhythms and movements in other parts of my life as well. I was fascinated to explore the dance that was already happening, in everyday life. Without knowing it, I was discovering what Laura Perls calls *supports for contacting*. According to her, we are always in contact with someone or something, but the extent to which we can be in

contact depends on the supports that we have available (Perls, 1992, p. 132).

Coordinated movements, she said, primarily and fundamentally support the process of contacting. She taught that there could be no contacting without “sensory motor” support, and that the quality of contacting was influenced by the quality of “sensory motor” support – and the other way around.

When I began my gestalt therapy training I was surprised to discover that movement and body process was not as present as I had thought it would be. From my years in individual and group therapy, I was used to the experiential aspect, but in my training the focus was more on talking and the verbal dialogue. This confused me. We had separate modules that focused on body process, and this work made a lot of sense to me. But still, I did not know how to bring this into my own therapy practice. I would notice that there was so much happening in the non-verbal between my clients and me, but how should I work with this? I could try to do experiments my therapists had done with me, but what was I really doing? I often struggled, both in the training situation and in supervision, to translate my felt experience into spoken language; it was as if I did not have a vocabulary that was close enough to what I felt. I understood that I needed something more than what my gestalt therapy training could offer, and I began to search for more body and movement-oriented approaches to psychotherapy.

For the founders of gestalt therapy, body process was essential for therapy, and as described earlier, attending to the lived body is a core aspect of the theory and practice. Yet, I understand that many gestalt therapists, just like me, are searching for a theory and a system that can help them to attend to the lived body in sessions. Many turns to modalities outside of gestalt therapy, like Bioenergetics, Alexander Technique, the Feldenkrais method and in recent years, approaches leaning on neuroscience have become popular. This leads me to wonder, what are the therapy students missing in their trainings, and what can be improved to include this aspect? And further, how are those other body-oriented methods compatible with the relational and phenomenological approach inherited in gestalt therapy?



My search led me to the work of gestalt therapist Frank (2023), as previously mentioned, called Developmental Somatic Psychotherapy. The theory that she has developed is an expansion of gestalt therapy and describes the bodily roots of experience (Frank, 2023). Frank was a student of Laura Perls, and in her work she expands on Laura's theory on supports for contacting by highlighting the relational dimensions. Frank's work further contributes with a developmental theory to gestalt therapy, and her theory is inspired by, for example, the work of developmental psychologists (e.g. Beatrice Beebe & Frank L. Lachmann (1998), Allan Fogel (1993), Daniel Stern (1985) and Edward Tronick (2007)), motor theorists (e.g. Janet Kestenberg-Amighi (1999) and Esther Thelen, (2005)) and somatic educators (e.g. Bonnie Bainbridge Cohen, 1993). Frank's work strongly emphasises gestalt therapy as a clinical phenomenology, drawing on Husserl (1964), Merleau-Ponty (2012), Maxine Sheets-Johnstone (2011) and others.

Developmental Somatic Psychotherapy does not offer a specific technique for working with body processes, rather it teaches the practitioner to break down contacting into its most basic elements. Attending to kinesthetic experience is at the heart of this work.<sup>12</sup> Frank has developed an experience near vocabulary describing: the *action* of movement (referred to as the six fundamental movement patterns), the *how* of movement; the felt quality, and the *where* of movement; the dimension in which we shape our body in space and the relational field (Frank & La Barre, 2011). The system offers the practitioner a framework for observation, formulation and therapeutic intervention, which is dialogic, phenomenological, field sensitive and experimental. A more detailed description of this system will be given in later chapters.

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After completing my training with Frank, I continued to study and apprentice with her, and I am now teaching this work in workshops and training programs internationally. My experience from both practicing this approach clinically, and from teaching and

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<sup>12</sup> Kinesthesia means the feel of our self-movements – it is our immediate and felt response to a situation (Frank, 2023).

supervising it, has brought me to this research. When I have been teaching, I have met other practitioners and students of Developmental Somatic Psychotherapy, and this has made me wonder; how are they integrating movement into their practice? The more I have been teaching and practicing, the more I have wanted to gain a deeper understanding of what movement is and its role in psychotherapy. Frank's theory, and applying a movement perspective, have significantly impacted my clinical practice, but I have often struggled to articulate how. In addition, I have for a long time been intrigued by that which we call the aesthetic criteria in gestalt therapy, wondering what that really entails and how it can be described and explained. Arising from this curiosity, my wish to learn more has grown. Bringing together those mentioned threads of interest have brought me to formulate the following research questions.

#### **1.4. Aims and research questions**

With my research I aim at exploring and verbalising how movement shapes psychotherapists' practical knowledge. It is important to note that this study is not primarily about exploring the therapeutic process as such. I won't evaluate efficiency of therapeutic methods, or specifically describe how therapists work in order to diagnose and treat their clients through movement. As mentioned, the purpose of my study is to come close to the psychotherapists' practice and understand how movement contributes to the practitioner's ability to judge how to act in relation to the specifics of the situation. Further, I want to contribute to a wider comprehension of the concept of knowledge, and explore the meaning that kinesthesia and non-verbal communication has for the shaping of professional experience and knowing. Exploration and verbalisation of this process can lead to a greater understanding of that which supports professional skills and ethical judgement – which can enrich the advancement of therapeutic practice, in favour of the care and treatment of clients.

I acknowledge that there is a paradox and a challenge in capturing and describing movement and non-verbal experiences with words. However, I have concluded that articulating tacit knowing, and continuously reflecting on the demands that this entails, in itself is a central feature, aim and important contribution to this research. I intend to

explore the aspect of knowing that Aristotle called *phronesis*. *Phronesis* exceeds that which can be measured and quantified, and does not always live within a strictly definable language. Describing these processes thus requires another language than, for example, the language used within the natural sciences. Hence, finding and using a descriptive and explorative language that is capable of moving closely to the lived, actual and tangible experience will be at the heart of this study. This language demands its space, as generalisations and summarisations will lead to a loss of its explorative and illuminating powers. However, finding words and constructing new concepts for this aspect of knowing can reveal how psychotherapists are using movement in their practice, and empower recognition of the role of bodily knowing in professional judgement and ethics.

I further wish to contribute to the development of the theory of practical knowledge, which aims at closely and critically examining and verbalising different forms of professional knowledge, specifically in fields in which interpersonal relationships are decisive professional skills. This is an under-researched area, and with my study I want to add to the knowledge base of this research tradition, and I hope to inspire other practitioners to embark on in-depth studies within this field. This research tradition emphasises the art of developing pure qualitative and experience-near methods, and it claims humanistic research as a necessity for advancement of the overall scientific field.

So, my research objective is to explore, verbalise and analyse the role that movement has for psychotherapists' practical knowledge. It became clear to me that before stepping into a more precise analysis of the therapists' practical knowledge, I needed to deepen my understanding of movement, the lived body and its relation to knowing. And thus, the early phases of my research aimed at creating a theoretical base and platform for this. The specific research questions that guide my study clarified for me during the course of the research process. Before I present them, I want to briefly describe how they emerged.

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When I began to interview the psychotherapists in the study group I was wondering; what had made them interested in the role of movement in psychotherapy? How did they become interested in the moving-feeling-sensing body? How did the lived body appear to them? They had all, as mentioned earlier, completed post-graduate training in an approach that clearly focuses on working with movement. I wanted to bring light to the background from where their interest in studying this had been formed. I wanted to do this in order to better understand what “working with movement in psychotherapy” meant to each of them. What had shaped and inspired their interest, and what was important for them regarding integrating this aspect to their clinical practice? I wanted to unpack the theoretical concept of the lived body, understand its relation to movement and consider its role in psychotherapy, and not least in everyday life. With these questions we began our investigation, and our conversations formed the ground from where other themes emerged.

One theme that stood out from the interviews concerned verbalisation of lived bodily experiences. This was an issue that the psychotherapists were confronted with in their clinical practice, and this theme also became very evident for us during the interviews as we tried to explore and describe their tacit knowing. As the reader may have noticed, I had to consider this theme already at an early stage of my research, as I was reflecting on how to study and illuminate the often-elusive dimensions of phronesis and lived bodily knowing. This led me to ask; how, if at all, can felt experience be verbalised?

Verbalised or not, and as the sequences from my practice described earlier in this chapter exemplify, a lot of information is communicated non-verbally between therapist and client in sessions. As this kind of tacit knowing is commonly thought of as diffuse or unreliable, I found it important to explore the relation between the lived body, movement and the formation of knowing. I wondered; how does that which is sensed and felt and often communicated beyond words and articulated content contribute to shape the therapist’s knowing of the situation at hand?

During the course of my study, I became increasingly interested in the therapists’ lived bodily knowing, and specifically in how they acted to frame and hold the therapeutic

space. When I say holding, I mean judging how to create circumstances that aim at best supporting each unique therapeutic process. This, I think, is a highly central and core aspect of the therapeutic work. The ability to hold space is also crucial for other interpersonal professions – for example within pedagogy, caring professions and all sorts of leadership. To create holding concerns phronesis, and I wondered; how do the therapists create holding in relation to the specifics of each situation? I wanted to move close to the flow of their lived and actual practice and explore the details of their work, and I asked myself; what are the components that they draw on when they create situation-specific holding? It became clear to me how this aspect of holding isn't, and can't ever be, static. In line with my overall research interest, to explore and expand our understanding of what movement is and how it relates to knowing, I found it important to ask; how can we describe and understand holding as movement?

This led me to formulate the following four main research questions, each of which will be explored in its own chapter.

1. How does the lived body appear to us?
2. How, if at all, can lived bodily experience be verbalised and what is the relation between movement, the lived body and knowing?
3. How do psychotherapists create phronetic holding within the therapeutic situation?
4. How can we describe and understand holding as movement?

In the individual chapters, each of these questions will be divided into sub questions that will help to guide my exploration of the present theme.

### **1.5. Structure of the dissertation**

This introductory chapter will be followed by: **Chapter 2: Literature review** where I locate existing knowledge in the research area of body and movement-oriented psychotherapy. Thereafter, in **Chapter 3: Method, Materials and Theory**, I present the overall strategy and rationale for how I have approached my research questions and

conducted this study. An overview of the theoretical frameworks that are relevant to my research and how they have been chosen are given.

In the following five chapters I present my findings. The first two of them, chapter 4-5, includes dense theoretical discussions, which are interwoven with the empirical material. The theories presented in those chapters serves as background and a necessary foundation for the questions that are explored and further developed in Chapter 6 and 7, which describes holding as phronesis and processes involved in the psychotherapists' ability to create situation-specific holding.

**Chapter 4: The lived body appears.** The main question that I will explore in this chapter is: how does the lived body appear to us? The question is answered through reflections on my own and the research participants' professional experience. These empirical findings are investigated in light of different theoretical perspectives on how we can understand the appearance of the lived body, such as: the body as absent (Leder, 1990), the habitual body (Merleau-Ponty, 2012), body memory (Fuchs, 2012) and the notion of kinesthesia (Sheets-Johnstone, 2011; Frank, 2023).

**Chapter 5: Verbalising felt experience and moving into knowing.** In this chapter, I explore the second research question, which can be divided into two questions. First I discuss: how, if at all, can lived bodily experience be verbalised? The question is answered through an exploration of my own and the research participants' professional practice. Husserl's thinking on *longitudinal* and *transversal intentionality* (Husserl, 1966 in Bornemark 2009, pp. 69-105; Husserl, in Bornemark, 2018b), and Merleau-Ponty's phenomenology of language, including the theory of *the speaking* and *the spoken speech* (Merleau-Ponty, 2012, pp. 202-203) will assist me with this inquiry.

Then I connect the question of verbalisation to the question of knowledge and ask: what is the relation between movement, the lived body and knowing? The empirical material from my own and the interviewed psychotherapists' practice continue to be the foundation through which I approach this matter. The philosophical concepts that I have already introduced remain important in the exploration, and I also add Nicholas of

Cusa's *Ratio* and *Intellectus*, as described in Bornemark's phenomenological, or phenomenologically inspired reading of his theory (Bornemark, 2018a; 2018c).

**Chapter 6: Holding as phronesis.** In this chapter, I explore research question four: How do therapists create phronetic holding within the therapeutic situation? In order to answer this question, I aim at getting close to the details of the therapists' practice. Thus, I begin with an example from my own clinical practice, followed by descriptions from the therapists' work. I bring together all concepts from previous chapters and relate them to phronesis, which is the central theoretical concept in this chapter.

**Chapter 7: Holding as movement.** In this chapter I continue to explore holding as a phronetic capacity, and I deepen my exploration of how movement shapes psychotherapists' practical knowledge. The main research question is: how can we describe and understand holding as movement? Drawing on the theoretical background that I have presented in previous chapters, and the empirical material from my own and the therapists' practice, I am exploring and outlining the inherent structure of the movement that characterises situation-specific holding. To help me answer the research question I introduce *Pactivity* and *Arches of paradoxical values*, two concepts developed by philosopher Jonna Bornemark (Bornemark, 2016; 2020; 2022).

**Chapter 8: Findings and concluding reflections.** In this chapter I give a summary of my research and reflect on some of the findings that I have made. I also look ahead and consider some implications that these findings have for psychotherapy and future research.

## 2. Literature review

During the early phases of my research journey, I began to orient myself within the field of body and movement psychotherapy. I wanted to investigate what had already been written and researched, and situate my research interest within this field. Initially, my literature search was unstructured – I followed my curiosity as I began to bring light to my research interest, reading academic articles and relevant psychotherapy literature. In parallel, I investigated the essential features of a literature review, and I carefully considered its purpose for this study. I was especially inspired by writings by Simon du Plock and Linda Finlay on conducting a literature review as a practitioner researcher (du Plock, 2014; Finlay, 2011). They both emphasise that the purpose of a literature review is not only to show to the reader that you have read and explored relevant publications and research. Rather, most important, they say, the literature review is a process through which the researcher familiarises themselves with existing knowledge, as the scope and focus of their specific research clarifies. For me, that was how the process of looking into literature naturally unfolded.

In addition, I found Yu Xiao and Maria Watson's (2019) article *Guidance on Conducting a Systematic Literature Review* helpful in guiding me on how to proceed with this process, as it clearly describes different forms of literature reviews. Broadly speaking, they say, a literature review can take two forms: a review that serves as background for an empirical study, and a stand-alone piece. The way a review is conducted, of course, impacts its results, and influences the main research. I concluded that for this study, a comprehensive summary and analysis of findings and effects of existing research, or a thorough comparison between different studies could be interesting. This would not, however, be relevant for the direction I had in mind for my study: the psychotherapists' lived experience. Therefore neither what Xiao & Watson describe as meta-summary, textural narrative synthesis, meta-narrative or scoping review were applicable. Rather, the review would serve as a background for my empirical study. The purpose was to locate my study within the wider academic field and engage with literature related to body and movement in psychotherapy, aiming to further identify my research focus. From the categories presented in the article mentioned above, I identified the narrative



review as most compatible with this purpose; gathering and describing information that provides context and substance for the research question (Xiao & Watson, 2019, p. 95).

Kastner et al. (2012) describes the narrative review as “less concerned with assessing evidence quality and more focused on gathering relevant information that provides both context and substance to the authors’ overall argument” (Kastner et al., 2012, p. 8). In accordance with this, I sought to create a map describing academic work on body and movement in psychotherapy. I carried out a thorough search to identify available literature on this theme. I performed general searches using electronic databases that I accessed through Metanoia Institute and Middlesex University. I completed specific searches using databases such as PsycINFO, PubMed, JSTOR and DiVa. I also used researchers’ networks such as Researchgate and Academia, and the search engine Google. Reference lists of articles and books were also examined. Search terms included body psychotherapy, body and movement in psychotherapy, movement psychotherapy, embodiment, somatic psychotherapy, psychotherapists’ practical knowledge, and praktisk kunskap. The search terms were used on their own and combined.

My initial research interest, the role of movement in psychotherapy, was broad. As mentioned a prominent aim of the literature review was to identify a specific research focus within this broad area and to formulate questions that need further investigation. In conducting my literature search, I adopted a flexible and exploratory approach that reflects my subjective interest in the multifaceted nature of this topic. I allowed myself to wander through various disciplines, including somatic psychology, dance therapy, cognitive science, movement practices and even historical perspectives on working with body and movement in psychotherapy.

While locating existing knowledge within this research area, I began to identify themes within the field of body and movement psychotherapy. Below, I present a selection of my findings, which I have clustered according to these themes. I acknowledge that this is by no means an exhaustive description of this extensive area of practice and research. Nevertheless, my intention is to provide the reader with an overview of the tendencies

and traditions within this field. This will be followed by a concluding summary, where I relate my findings to the scope of my research project.

## **2.1 Body psychotherapy**

Body psychotherapy is the most frequently used term for describing psychotherapeutic treatment that equally considers psychological and bodily means, and not only the cognitive and verbal (Geuter, 2015). The field of body-oriented psychotherapy is diverse and brings together a range of modalities and theories of practice.

Nick Totton argues that body psychotherapy is “verbal psychotherapy plus” – a modality that recognises that there is no human mind without a body and no human body without a mind (Totton, 2005, p. 3). Loew et al. (2006) distinguish body psychotherapy from body therapy. They define the latter as techniques aimed at enhancing the person’s physical and psychological wellbeing, while body psychotherapy adheres to similar standards as verbal psychotherapy, but also incorporates interactions between therapist and client on a bodily level. I have found that there is extensive writing and research within both of these fields. What Loew et al. (2006) refer to as body therapy is also known as somatic practices or body awareness education, encompassing methods such as Feldenkrais, Alexander technique, yoga, conscious dance practices etc. Generally, these practices do not make explicit psychotherapeutic claims, but suggest that through raising awareness of bodily processes, they can have therapeutic effects. They have often inspired psychotherapists’ wanting to broaden their practice to include somatic experience (Geuter, 2015; Johnson, 1995). In my research, I have primarily focused on modalities that work psychotherapeutically by integrating bodily experience.

I began my search by exploring the origin of body and movement psychotherapy. Ulfried Geuter (2015) has made significant contributions by presenting outlines of the history and development of body psychotherapy. He gives a well-structured overview of this in *The History and Scope of Body Psychotherapy*, a chapter included in *The Handbook of Body Psychotherapy and Somatic Psychology* (Marlock et al., 2005). Geuter writes that body psychotherapy has its origin in early psychoanalysis and the reform movements in

gymnastics and dance. He further says that some of the early psychoanalysts, such as Ferenczi and Rank, would attend to bodily expressions in their practice. However, this was not recognised or approved as part of the treatment. It was with Wilhelm Reich, a student of Freud, that this work found its own path, and Reich is often named as the father of body psychotherapy (Geuter, 2015).

Reich's interest in his patients' resistances led him to conclude that a person's long-term defence mechanisms establish character structures, which would often manifest through characteristic bodily patterns. Reich came to associate repressions with muscular tensions, which he called *character armor* – habitual bodily defences (Reich, 1933). His understanding was that society played a role in shaping character structures, and his work aimed to liberate what had been suppressed, and break through the character armors. Reich coined his method Vegetotherapy. His students, Alexander Lowen and John Pierrakos, further developed Reich's work, founding Bio-energetics in the 1950s. This approach is renowned for its techniques targeting muscular blocks, and the use of cathartic exercises in which chronically tensed muscles are put under stress until they release the tension that they hold. Lowen proposed that character structures are created in childhood as a response to how needs are met and persist into adult life (Lowen, 1958). Pierrakos later developed his own work, Core Energetics, which focuses less on early experiences and more on liberating the person's life energy (Pierrakos, 1987).

During the same era as Reich developed his work, various body-awareness practices also began to develop. This soma-educational work focused on raising awareness and supporting participants to experience their own bodies and attend to their feelings. One of these teachers was Elsa Gindler, mentioned in the introduction chapter, with Laura Perls being one of her students. Like many other body awareness educators, Gindler never developed a structured theory, but her approach was passed on to other movement teachers, who developed it and integrated it into their own methods of bodywork. Through this process of transferring practical knowledge, Gindler's work has influenced many body psychotherapy modalities. For example, her work has influenced Bainbridge Cohen, the founder of Body-Mind-Centring (Bainbridge Cohen, 1993). Frank, the founder of Developmental Somatic Psychotherapy (with whom I and all research

participants of this study have trained) studied with Cohen, and her work is present, for example, in Frank's (2023) theory on the six fundamental movement patterns.

Inspired by the work of Reich and Lowen, and the traditions of somatic awareness work, many approaches to body psychotherapy (sometimes called somatic psychology) have developed. To mention some: Gerda Boyesen's Biodynamic Psychology (Boysen, 1987), David Boadella's Biosynthesis (Boadella, 1987), Ilana Rubenfelts work Rubenfelt Synergy (Rubenfelt, 2001) and the Chiron Approach (Hartley, 2009).

With the social movements of the 1960s – which championed creativity, self-actualisation and the emancipation of the individual – body psychotherapy and somatic awareness practices reached a peak in North America and Europe within the Western context (Geuter, 2015; Hartley, 2009). In particular, the so-called human potential movement, which had its centre at Esalen Institute in California, contributed to an increased interest in embodied practices.<sup>13</sup> During this time, a multitude of new psychotherapeutic and somatic approaches were born and flourished. Gestalt therapy was one of those, and Fritz Perls lived for long time at Esalen Institute, as did Gabrielle Roth, whose work I mentioned in the introduction. This was also the starting point for humanistic psychotherapy, strongly influenced by the work of Carl Rogers (Rogers, 1978). Humanistic psychotherapies, and especially Rogers' work, have had a strong influence on the understanding of the psychotherapist's role. Reich had applied the classical "one-person psychology" and Lowen and others continued this tradition of the therapist as the knowing expert. But since the 1970s, Geuter claims, body psychotherapists have more closely followed Roger's emphasis of the psychotherapist as an available other (Geuter, 2015).

From searching the field of body psychotherapy, I gather that, in general, these approaches emphasise *the body*. This can, but doesn't have to, imply that the therapy is focused on facilitating change in and awareness of the client's body. I have been clear from the outset that this study concerns *movement*. My intention in being so clear about

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<sup>13</sup> Esalen Institute is a retreat centre in California, known as the birthplace of the human potential movement.

this is that I am interested in the relational and dynamic aspects of experience emerging between client and therapist. With my research, I aim to emphasise the very root of experience – which is movement (Frank, 2023). Therefore, I concluded that I needed to broaden the scope of my literature search, and include sources specifically highlighting the relational dimension of bodily experience.

In my search, Irma Dosamantes-Beaudry's (1997) writings on somatic experience in psychoanalysis caught my interest, as I think she points to what could be a distinction between working with the body and working with movement in psychotherapy. She states that within the psychoanalytic school, those who have been interested in exploring the relationship between the body, soma- and self-development has, broadly speaking, taken two different paths. The first, influenced by drive theory, focuses on the connection between bodily experience and ego development and has mainly developed from the work of Reich. The second path is informed by an object-relations perspective (for example the work by Melanie Klein, Donald Winnicott and Harry Guntrip), and centres on the relationship between somatic experience and early relational patterns between the infant and its caregiver, and the implication this has on adult treatment (Dosamantes-Beaudry, 1997). With its emphasis on relational dynamics this latter path more closely resembles the scope of my study, and therefore, I continued my literature search by examining the relation between developmental perspectives and working with movement in psychotherapy.

## **2.2 Developmental perspective on movement**

For a long time, the research by Arnold Gesell and Myrtle McGraw, which showed that infant movement development stemmed from brain development, stood as the leading and unchallenged theory in this research field (Frank, 2023). The Gesell Maturation Theory stated that the rate at which children develop predominantly depends on the growth of their nervous system, which, in turn, would contribute to a development of the mind followed by behavioural changes (Dalton, 2005). Experimental studies, by, for example, motor developmental psychologist Ester Thelen, later challenged this theory, showing that development is intertwined with movement and with the infant's active

engagement in the world (Thelen & Smith, 1994; Thelen, 1995). Thelen was inspired by the work of Russian physiologist and biomechanical researcher Nikolai Bernstein, who had found that the processes through which movements are executed are far too complex for the brain to be solely responsible, as we are also constantly adjusting to the universal forces of the field: gravity, earth and space (Bernstein, 2006; Bongaardt & Meijer, 2000; Frank, 2023). For example, Thelen says:

Development is the product of the child's everyday and continual efforts to make things happen in the world (Thelen, 2005, p. 263).

And she further says:

Every act in every moment is the emergent product of context and history and no component has causal priority (Thelen, 2005, p. 271).

Thelen emphasises that development occurs continuously throughout life. She suggests that developmental patterns are nonlinear, as they depend on conditions and situations, and they are dynamic in the sense that they are continuous in time. Her Dynamic Systems Theory builds on the interaction between stability and instability, and that we must lose stability to shift from one stable mode to another. For example, a classical view of the crawling pattern is that it is an important stage as we progress to walking, suggested by McGraw (1945) as a consequence and evidence of brain maturation. From a dynamic view crawling is how the baby, who lacks strength and balance to walk, discovers that they can move. The way a baby crawls differs widely, with each individual baby combining a variety of useful patterns to self-transport depending on the environment. As infants discover themselves and their environment, they develop strength, acquire balancing skills, and new ways of moving occur, as they go from stability to instability. Over time, the infant discovers that walking is more efficient, but that does not mean that the crawling pattern disappears. For instance, as adults, we might sometimes find ourselves crawling under the table in search of a lost pen. Both a baby and an elderly person walk in a similar manner, not due to regression in the elder, but because both have discovered a solution to reach balance and stability (Thelen,

2005, p. 265). According to Thelen's theory, development emerges through the interaction between a person and their surroundings or another individual

Frank complements Thelen's thinking in that how the infant interacts with the world and experiences universal field forces is primarily through the bodies of significant others (caregivers) as they are fed, hugged, picked up, gazed at, talked to, played with and so on (Frank, 2001). Adding a bidirectional perspective, Frank highlights how both parent and child impact each other through movement dynamics. The child attaches to the caregiver for emotional and psychological survival, but the child's behaviour also impacts the parent who might not feel met in a satisfying way by the child. This can be wounding, possibly trigger re-traumatising responses and be a threat to the parent's self-esteem (Frank, 2023). This perspective brings forth a trans-subjective experience, diverging from classical attachment theories, which mostly focus on the parent's influence on the child's social and emotional development. The relational foundation that is set early in life surfaces in adult contacting and, of course, in psychotherapy sessions. Similar to the caregiver-baby dyad, therapists and clients will inevitably impact each other (Frank, 2023).

Beebe is another prominent researcher in this area who has been examining non-verbal communication between infant and mother. Together with Lachmann, she has published books and articles demonstrating how infant research on non-verbal communication can be applicable to adult treatment (Beebe & Lachmann, 1998; Beebe et al., 2005). Alan Fogel (1993), Stern (1985), Tronick (2007), Meltzoff and Moor (1977), Trevarthen and Aitken (2001) and others, have all contributed with important research on how the infant discovers and learns about themselves, others, and the environment through movement. Their findings have influenced psychotherapy practice and inspired approaches that explore the unfolding relationship between client and therapist. These studies on infancy show how movement is present from the very beginning of the beginning of life – as the origin of experience, and as essential for development and communication.

Studies on fetal movement are also contributing to this knowledge base (Sparling, 1993). In her articles *Life beyond Individuality: A-subjective Experience in Pregnancy*, and *The genesis of empathy in human development: a phenomenological reconstruction*, Bornemark brings forth interesting perspectives on mother/fetus experience, which, for example, illuminates the role of kinesthesia and the sensuous already at this stage of life (Bornemark, 2016; Bornemark, 2014). Bornemark argues that there is a lack of philosophical studies on pregnancy, and she claims that one reason is that women, and especially women who themselves have given birth, have been underrepresented in this area of research (Bornemark, 2022).

I find that the developmental somatic perspective strongly supports the scope of my research, pointing at movement as the very source of experience and knowing.

### **2.3 Dance- movement therapy**

In the introduction, I asserted that this is not a study on the use of dance in therapy. However, I want to mention Dance Movement Therapy in this review as it holds a significant place in this field, with its early roots dating back to the 1940s (Geuter, 2015). This branch of psychotherapy uses expressive movement as a core element of the therapy, and it was founded by dancers, who brought dance to their psychotherapeutic practice. Since its inception, this approach has been used in psychiatric clinics (Geuter, 2015). Based on my research, I gather that even today it is frequently used in treatment of psychiatric disorders (Merritt Millman et al., 2020; Tomaszewski, 2023), and in therapeutic work with, for example, patients with Parkinson's (Michels et al., 2018; Lihala et al., 2021)

There is an ongoing debate about whether dance movement therapy is one of the body psychotherapies, or whether it should claim its own discipline. Some see benefits of moving towards integration and collaboration, whilst others address the differences (Schaub-Moore & Heller, 2016; Tanita, 2015). Professor Helene Payne has significantly contributed to research on dance movement psychotherapy. She has, for example,



completed a comprehensive overview covering contemporary theory, research, and practice within the field (Payne, 2006).

## **2.4 Neuroscience**

Totton writes that there has been a growing interest in body psychotherapy within various disciplines since the 1980s, including philosophy, sociology, anthropology, and cultural studies (Totton, 2005, p. 4). He claims that one reason for this is the striking confirmation that contemporary neuroscience has given to body and movement oriented psychotherapeutic work. Neuroscience research supports what practitioners have long known: that attending to bodily experience effectively impacts the therapeutic process and that emotions are embodied, as shown, for example, by António Damasio (1994), Allan Schore (1994), Jaak Pankstepp (1998) and Dan Siegel (1999).

Neuroscience within psychotherapy is a vast and expansive field, and my literature search only scratched the surface of this complex and rapidly evolving area of study. The intersection of neuroscience and psychology explores how the brain and nervous system impact mental health and therapeutic processes. For example, neuroscience examines how neural pathways, neurotransmitters, and brain structures influence thoughts, emotions, and behaviours. Understanding neuroscience can inform therapeutic techniques, offering insight into trauma, mood disorders, and other psychological conditions (Javanbakht & Alberini, 2019).

The impact of research findings from neuroscience is currently influencing many schools of psychotherapy, particularly those in the field of trauma therapy. Examples include trauma-oriented work by Bessel van der Kolk (2014), The Polyvagal Theory (Porges, 2001), Sensory Motor Psychotherapy (Ogden, 2006), Somatic Experiencing, founded by Peter Levine (1997), and the work of Babette Rothschild (2000). Their work focuses on how trauma affects the nervous system. Attention is given to resourcing and teaching the client to regulate their nervous system's responses through techniques aimed at supporting cognitive and emotional functioning. The claim is that when integrated into psychotherapy, neuroscience can enhance treatment effectiveness by

targeting underlying biological mechanisms and promoting neuroplasticity for positive change (Javanbakht & Alberini, 2019).

There is ambiguity towards neuroscience within the psychotherapeutic field, stemming from classical epistemological divisions of the body as subject as opposed to the body as object: the former relating to the lived body and the individuals' experience of the situation they are living, and the latter connecting to the objective body studied within natural sciences. Neuroscience contributes important learning and understanding that can support psychotherapeutic treatment (Cammissuli & Castelnuovo, 2023). Research in this field has provided valuable scientific data that facilitates understanding of specific psychological conditions. This can be helpful and informative for practitioners who seek to implement efficient methods and techniques in order to promote change. However, the applicability of neuroscience to psychotherapy is also widely questioned for its orientation towards a mechanistic view of cause and effect. Critics argue that a human being is far more complex, and that this approach reduces human experience into identifiable categories where certain reactions of the individual indicate specific treatments (Fuchs, 2004; Bott et al., 2016; Vacariu & Vacariu, 2013). The risk is that results from science are regarded as an overarching truth, rather than as a theory of what might be, and that the individuals experience is missed.

The purpose of this study does not align with the neuroscientific orientation. I aim to explore psychotherapists' practical knowledge, which values subjective experience and cannot be reduced to measurement and causality.

## **2.5 Psychotherapy of the lived body**

Influenced by phenomenology, many psychotherapeutic approaches consider understanding the patient's subjective experience to be at the heart of therapy. They emphasise that subjective experience does not reside in the brain, nor is it stored within the psyche (Hoffman, 2009). Rather, it is an experience of the lived body and therefore always shaped in relation to others and the environment. Gestalt therapy is one of the

schools that apply such orientation, and with my research, I aim to continue this tradition.

Philosopher Eugene Gendlin, the founder of Experiential psychotherapy and the awareness-raising method of *focusing*, highlights how our bodies are always interacting with their environment. According to Gendlin, we directly experience our situation in a bodily way. He calls this pre-reflective knowing “felt-sense” (Gendlin, 1997). Exploring literature in this area of body-and movement-oriented literature led me to the research by Thomas Fuchs, a psychiatrist and philosopher whose work lies at the intersection of phenomenology, psychopathology, and cognitive neuroscience, emphasising embodiment and intersubjectivity (Fuchs, 2007; 2010; 2012). For instance, he has edited *Body Memory, Metaphor and Movement*, a comprehensive volume with authors who all share an interest in the lived body in psychotherapy (Koch et al., 2012). Fuchs argues that “phenomenological psychotherapy” should not be regarded as yet another therapeutic school, but that it offers “the foundations for an experiential and unprejudiced attitude which any therapist should seek to gain” (Fuchs, 2007, p. 437).

I have briefly explored literature within the exciting and growing area of ecopsychology and ecopsychotherapy, which I believe could belong to the lived body cluster of psychotherapeutic modalities. These are methods aimed at promoting reconnection with our senses and with nature. Developments in this field are influenced by the research of philosophers such as Arne Naess and Theodore Roszak, and psychologists like Joanna Macy and David Abram.

## **2.6 Gestalt therapy**

Several articles have been published on gestalt therapy and body processes in the professional journals *British Gestalt Journal* and *Gestalt Review*, and many authors of books are integrating this theme in their writings. In this review, I will only mention a few of the most known publications: James Kepner’s books describe the role of body process within therapeutic work (Kepner, 1987, 1996). Michael Clemmens has written about the embodied field, and body and culture (Clemmens & Bursztyn, 2005;

Clemmens, 2011). I have already described the work of Frank. Her theory presents the first comprehensive system for working with movement from a developmental perspective in gestalt therapy. Miriam Taylor has written about trauma, and she integrates neuroscience and the sensory motor approach in her work (Taylor, 2014, 2021). Julianne Apple-Opper is also a renowned practitioner in this field, highlighting the role of what she describes as “the living body” (Appel-Opper, 2008).

Additionally, to mention a selection of other interesting academic and scientific contributions in this field: Veronica Lac has published several academic articles based on her research and psychotherapeutic modality focusing on equine therapy and the bodily relation between horse and client (Lac, 2017). Based on experience and her PhD research, Andrea Juhan has developed Open Floor dance and movement practice, and Therapy in Motion – an approach to Dance Movement Therapy with roots in gestalt therapy theory (Juhan, 2004). Instituto di Gestalt HCC Italy are currently involved in a research project aiming to study the process of change in psychotherapy by considering the flow of reciprocity between therapist and client. As part of this, they have developed a scale (ARKS) to measure psychotherapists Aesthetic Relational Knowledge. In order to validate this scale, they conducted a study measuring the development of the intuitive capacity of psychotherapists in long-term (4-year) programs. The results have been published in academic journals (Spagnuolo-Lobb, 2023).

## **2.7 Practical Knowledge**

As I reflect on my findings, I conclude that psychotherapy has a long tradition of working with body process. From what I gather, the practical knowledge of integrating somatic awareness and bodily oriented perspectives has often been passed from one practitioner to another. I have also found that there is a vast amount of literature available on somatically-oriented psychotherapy practices. However, body- and movement-oriented approaches are fairly young within the academic world. Nevertheless, there is a growing interest from practitioners to publish and research their work. Despite both practice-based clinical studies and empirical studies on body-oriented psychotherapy pointing towards efficiency and strong benefits for a wide

spectrum of psychological suffering (Rosendahl, et al., 2021), this does not provide sufficient evidence for body-oriented psychotherapists to be recognised within mainstream health care services (Röhrich, 2009). Rather, there is a call for more so-called high-quality studies with bigger samples in order to prove efficiency.

This puzzles me, and I believe it points towards one of the concerns I raised in the introduction: that aspects of knowing are valued differently, and that knowledge that can be measured is regarded as the highest. I believe my literature review demonstrates the importance of better understanding and researching other possible ways of gaining knowledge. After all, what if there are aspects of psychotherapy that cannot be fully captured and represented solely through outcomes research? If so, isn't there a prominent risk of missing the opportunity to learn from a long tradition of wisdom?

Reflecting on my literature review I felt inspired to contribute with research that can widen our understanding of the concept of knowledge. I therefore continued my literature search and looked specifically into the theory of practical knowledge to see what has been published regarding psychotherapists' practical knowledge specifically, and practical knowledge and bodily processes in general.

I found that the Centre for Practical Knowledge at Södertörn University has published an anthology on the psychotherapist and psychoanalyst's practical knowledge (Nilsson 2009). The aim of this collection is to reflect on psychotherapy practice from a practitioner's perspective. Themes explored include, for example, what characterises a skilful psychotherapist (Landerholm, 2009) and the tension between the two praxis forms of psychotherapy and research (Olsson, 2009). Many authors in this anthology point to difficulties and emerging dilemmas associated with aligning their profession with existing evidence-based science. Although bodily knowing in relation to subjectivity is mentioned in the anthology (Reeder, 2009, p. 88), none of the chapters attend specifically to the subject matter of my research questions. Therefore, I also decided to explore what has been written on bodily processes and practical knowledge, focusing my search on studies conducted at, or connected to, the Centre for Practical Knowledge at Södertörn University.

The theoretical and methodological approach in Martin Gunnarson's PhD dissertation

*Please Be Patient. A cultural phenomenological study of haemodialysis and kidney transplantation care* closely concerns a phenomenological understanding of the lived body and how a persons' experience of self is embodied and intertwined with the surrounding world (Gunnarson, 2016).

Sofia Wiberg explores dimensions of dialogue and listening in her PhD dissertation on citizen participation dialogue. One of her key findings points to the importance of relating to not-knowing, which she describes as an embodied practice. Wiberg thereby connects dialogue and listening to a bodily knowing (Wiberg, 2018).

Mari Zetterqvist Blokhuis' PhD dissertation concerns the *Interaction between rider, horse and equestrian trainer: a challenging puzzle*. She describes "equestrian feel" – a tacit knowing between the horse and the rider. Zetterqvist Blokhuis concludes that there is a need to develop teaching strategies that emphasise the importance of developing this skill amongst riders (Zetterqvist Blokhuis, 2019).

The lived body plays a central role in Maria Pröckl's research on pre-school teachers' practical knowledge. She closely examines the process by which pre-school teachers engage with children. Pröckl verbalises and discuss aspects of their practical knowledge in relation to theory, to make their bodily and practical knowledge more visible and better understood (Pröckl, 2020). This resonates with the purpose of my research.

In his dissertation *Encountering Depression In-Depth: An existential-phenomenological approach to selfhood, depression, and psychiatric practice*, Patrick Seniuk refers to the existential-phenomenology of Merleau-Ponty, arguing that disclosing the basic structure of depressed experience requires disclosing how self-experience is inseparable from depressed experience. Seniuk characterises selfhood as a developmental phenomenon that is expressed as an embodied-style. (Seniuk, 2020).

As part of my literature search, I also want to mention Lotte Alsterdal's *The Duke of Uncertainty – Aspects of Professional Skill*. This PhD dissertation was one of the first within the field of practical knowledge and focuses on tacit knowledge within various

occupational groups. Alsterdal's research highlights the rhythm within professional work as a particular aspect. She found that these rhythms unite occupational groups regardless of educational background. Occupational skill is considered as a capacity developed to find rhythm in action when confronted with situations that are challenging to handle (Alsterdal, 2001).

Further, Lotta Tillberg's PhD dissertation is a study on skills among healthcare workers, which highlights bodily aspects of practical knowledge. The study focuses on how healthcare workers handle difficult caring contexts. Tillberg draws an analogy between caring dilemmas and performing knowledge in professional artwork. The study shows how terms from professional artwork such as presence, interpretation and reflexive techniques are useful in understanding the skills of healthcare workers (Tillberg, 2007).

I also conducted a brief overview of PhD dissertations at the Centre for Practical Knowledge at Nord University, Norway. I found that several PhD dissertations in practical knowledge have been published from the Science of Professions programme at this university. I limited my search to those specifically related to my research theme of the lived body and movement. Among many interesting themes, these include studies on the relevance of physical activity (e.g.: Kjösen Talsnes, 2023; Mjøsund, 2022; Mikalsen, 2021), embodied professional knowing within childcare (Pape-Pedersen, 2022) and movement as an aspect of public health work (Jægtvik, 2021).

## **2.8 Concluding summary**

Looking at the academic landscape of body and movement psychotherapy provided by the literature search, I discern that my research will be situated within the relational and phenomenological traditions. From my literature search, I gather that the practical knowledge of psychotherapists, particularly how movement informs their practical knowledge, is an under-researched area. I further conclude that there is a need to verbalise other aspects of knowing beyond those relying on a rationalistic understanding. I am intrigued to explore how these alternative forms of knowing are shaped and organised. I am inspired by how, for example, Wiberg and Pröckl have

managed to verbalise tacit knowing. With my research, I aim to continue this tradition by studying and illuminating psychotherapists' practical knowledge.



### **3. Method, Materials and Theory**

In this chapter, I present the overall strategy and rationale for how I have conducted my research. The process of exploring and answering the research questions I am asking in this study has by no means been linear, the different phases have overlapped and fed into each other. When describing this journey, I aim at doing it in such a way that the reader can easily follow the path I took and the decisions I made.

I start by describing my search for a method, and the theoretical points of departure – the ontological (the nature of existence) and epistemological (the philosophy of knowing – what we can know about the world) positions that informed my choices. The materials and methods for this study will then be presented. This includes the procedures I have followed when gathering data, an overview of theoretical frameworks, as well as reflections on the methods and procedures through which I analysed the material. I end by presenting my ethical considerations.

#### **3.1. Searching for a method**

The starting point for this project was, of course, my emerging interest in researching this theme. During the course of reading relevant philosophical, theoretical and thematic literature and meeting with my informants, my research questions clarified. But to start with, they were broad: I wanted to explore psychotherapists' use of movement, and I was intrigued by the role of movement in the shaping of experience and knowing. When looking into what methods I should use to investigate this, I needed to consider the theoretical points of departure that would influence my choice.

My background in gestalt therapy, with its strong influences from phenomenology, coloured my view on what kind of understanding and knowledge I was looking to gain, and it also informed how I saw my role as a researcher. Phenomenology explores the world as it subjectively appears to us, as opposed to seeking an objective and universal truth. "Phenomenology is the project that tries to describe the pre-reflective meaning of the living now", says phenomenologist Max Van Manen (2014, p. 34). He also

acknowledges that we are always too late to capture that living now, as when we stop to reflect on our experiences they have already passed. And, through the very process of reflecting, our lived experiences are already transformed and distanced from “the living now”. However, our lived experiences are mostly taken for granted, as they pass by and remain pre-reflective. Through the process of reflecting, describing and naming, we can gain awareness of details in the living that we might otherwise not notice. The phenomenological researcher attends to this, and the methodology values the inter-subjective nature of experience – considering that our experience is always shaped in relation to another and the environment, emphasising that we are influencing and being influenced by one another (Van Manen, 2014).

To clarify the precise role phenomenology plays in this thesis, I would like to say a few words about the difference between phenomenology in philosophy and psychotherapy, as these practices share common roots but diverge in their application and focus. Phenomenology in philosophy seeks to describe and analyse the structures of experience as they are lived, examining how things appear to consciousness. It focuses on perception, imagination, and memory without imposing preconceived notions of what reality is (Van Manen, 2014). Philosophers use the phenomenological method to set aside assumptions about the external world, focusing on subjective experience – a process known as "phenomenological reduction" or the epoché (Van Manen, 2014).

In psychotherapy, phenomenology centres on understanding the client's subjective experiences of the world. The therapist seeks to engage with how the client perceives, feels, and experiences their life situation, aiming to understand the person's lived experience without imposing interpretations. This approach avoids pathologising the other, instead focusing on their experience rather than labelling it as a disorder. The therapist adopts an empathic and non-judgmental stance, where authenticity and presence are valued (Fuchs, 2007).

The task of psychotherapy is to explore and understand the patient's lived space in order to reopen their horizon of possibilities (Fuchs, 2007, p. 437). Phenomenological psychotherapy strives to help the client gain deeper insight into their feelings,

behaviours, and experiences, facilitating personal growth and self-awareness (Fuchs, 2007). Phenomenology, as applied in psychotherapy "overcomes the dichotomy of internal and external by emphasising embodiment and being in the world as fundamental modes of existence" (Fuchs, 2007, p. 424).

An important point to underscore is how these two levels – philosophical and therapeutic – can interact. Getting close to the lived experience, as done in psychotherapy, provides essential material for understanding the deeper structures of experience that philosophical phenomenology seeks to reveal. However, it requires careful analysis of these lived experiences to discern the fundamental structures they rest upon. In the context of this thesis, this interaction between the two levels becomes central to the research process itself. Phenomenology here functions not only as a philosophical framework but also as a research method guiding both the collection and analysis of data. By engaging deeply with the lived experiences of research participants, as well as my own, I aim to gather rich empirical material that will be subjected to analysis. This involves a process of carefully verbalising and interpreting these experiences to uncover the underlying structures that shape them. In doing so, I move from concrete lived experiences to more abstract, theoretical insights, bridging the empirical and the conceptual.

I would like to emphasise that while phenomenology prioritises the lived experience, it is the analysis of these experiences that reveals broader existential and structural insights (Van Manen, 2014). This means that the phenomenological research process, as applied in this thesis, is not limited to description; it also involves critical reflection and interpretation.

To summarise, philosophical phenomenology provides the theoretical foundation, while phenomenologically informed psychotherapy uses insights and methods of phenomenology, and applies these ideas to cultivate understanding and empathic presence, in order to treat a particular person and alleviating their suffering (Fuchs, 2007; D. Bloom, personal communication, September 2024). In this thesis, phenomenology serves as both a theoretical and methodological guide, ensuring that

lived experiences are not only described but also analysed in depth to verbalise and reveal the underlying structures of psychotherapists' practical knowledge.

In my psychotherapy practice I am used to exploring the client's lived meaning; how this is structured and intertwined with the world and with their past, the immediate present, and their anticipated future. I am also familiar with recognising the relational and co-created dimension of experience, understanding that which the client does and says is shaped in relation to me, just as what I do and say is shaped in relation to them.

Approaching this study, I had a similar orientation in mind; my ambition was to gain knowledge of psychotherapists' lived experience of integrating movement in their work.

My initial questions were: how was movement relevant for them and how did they use this in their practice? I did not believe that I could make an objective observation of this, nor was that my interest. I had a pre-understanding of the field, and I understood that this would impact my research questions and how I engaged with the participants and them with me. Husserl, and even more so Merleau-Ponty, highlights the role of perceptions and the lived body in shaping experience. As mentioned, this perspective is key in gestalt therapy – and not least, it is the theme of my research project. Thus, it was essential for me to find a method where I could naturally integrate the lived body.

In accordance with my research interest, psychotherapists' lived experience, it appeared natural to position my study within the field of qualitative research. At an early stage, I came to consider phenomenology as my main methodology; the phenomenological attitude is, as mentioned, congruent with contemporary gestalt therapy practice. However, as part of my initial literature review, I included a thorough search for alternative research methodologies asking: how can the interests of my research of “bodily knowing” in psychotherapy translate into my research and epistemological positioning?

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I have carefully considered the benefits and disadvantages of different approaches, both with the research question and my research impact in mind. I contemplated different methods, for instance: *co-operative enquiry* (Heron, 1996; Heron & Reason, 2008), which is an approach to action research in which the research participants are fully involved throughout the research process as co-researchers. I investigated *heuristic inquiry* (Moustakas & Douglass, 1985) and *grounded theory* (Sutcliffe, 2016), which both study subjective experience – grounded theory aiming at identifying a theoretical understanding and heuristics to identify themes that can guide an understanding of essential features of the phenomena of study. I thought of the potentials of a *mixed method* and combining phenomenology with survey (Hesse-Biber, 2010; McBeath, 2022 & McBeath et al., 2023). I acknowledged that there is a paradox and a challenge in trying to capture, and describe non-verbal experiences with words, and I considered using complimentary media (film) for gathering data. For example, I looked into Sarah Pink's writing on *Sensory Ethnography* (Pink, 2009) and I studied Laura L. Ellingson's take on embodiment in qualitative research (Ellingson, 2017).

All of the methods seemed interesting, but I struggled to settle with any of them. I experienced a dilemma; on the one hand, in order to gain a depth of understanding and for reasons of validity and reliability, I needed a clear strategy to approach the subject matter. On the other hand, I needed to consider that, inevitably, the method I chose would impact, and limit, both what I studied, those involved, and the findings I could get. I had noticed that my excitement diminished when I considered following a step-by-step structure. My concern was that such structure would imply rigidity and a mechanistic stance towards beforehand-decided phases in the method, and that “following the method in the right way” would become superior to listening to the material. In line with my research interest to study movement, and with the process-oriented approach in gestalt therapy, I wanted to have the possibility to remain responsive to that which would emerge during the course of the study. I wanted to be able to creatively adjust my method and approach according to the material, and stay open to being surprised. The risks with a step-by-step method were that it could limit such possibilities, and contribute to me becoming less attentive to nuances and facets of the emerging

situation. My concern was whether a standardised and pre-structured method could lead to me missing important information about the therapists' experience, and whether previously unarticulated, and underverbalised, aspects of their tacit knowledge that I wanted to learn more about would remain silent.

I acknowledged that there is great importance in both scientific rigour and outcomes research. But, the questions that I wanted to study concerned process and experience. In addition, I was interested in both the particular and the general, both in the therapists' subjective experience and in wider and structural phenomenon. This led me to consider where within the field of qualitative research that I wanted to position my study, and to further think through which methods would best help me to answer my research questions. In retrospect, I think that at this stage of the process, I was confronted with what Finlay defines as a common dilemma amongst psychotherapy researchers: should I concentrate my research effort on process or outcome, or a combination of both? (Finlay, 2023) Related to this dilemma, Finlay points at an important issue when she asks; why has there been a lot of effort invested in justifying the value of psychotherapy? The answer, she says, lies in the wider economic and political contexts, which sets up this competitive field where scientific evidence is assumed to lie in measurable and comparable variables. Yet, she argues, the qualitatively-oriented researcher is asking different questions and can actually step out of this competition (Finlay 2023, p. 49).

Finlay further says that compared to earlier forms of qualitative research, that sometimes bypassed scientific rigor, the qualitatively-oriented psychotherapy researcher of today has many choices. We can either, as she says:

*/.../ "play the game" and opt for mixed method approaches and meta-analytic studies, and in addition clearly justify and apply qualitative methods. Or, we can play a different game and for instance explicitly focus on our expertise in researching "process" instead of outcome. We can shape a new game, which unequivocally embraces artful, reflexive components and celebrates how meanings are embedded in specific social contexts. (Finlay, 2023, p. 50).*

Based on my own personal and professional experience, the latter option appealed to me. I wanted to challenge assumptions that only quantitative evidence is needed and counts. In my opinion, both are needed, and they serve different but equally important purposes. I felt that I wanted to be earnest and transparent that this was my agenda, and I understood that embarking on such a research process would demand that I remained reflexive about my research process and continually evaluated its strengths and limitations. And, on this note, I continued my search.

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During this time, I was also studying various literature on phenomenology, and I came across Max Van Manen's writing, which inspired me. He advocates a phenomenological attitude in research and writing, but he also says that phenomenological methodology can be particularly challenging since "its method of inquiry constantly has to be invented anew and cannot be reduced to a general set of strategies or research techniques" (Van Manen, 2014, p. 41). He refers to how Heidegger and Merleau-Ponty warn against reducing phenomenology to precisely this. "Phenomenology is only accessible through a phenomenological method", and "phenomenology allows itself to be practiced and recognized as a manner or as a style", says Merleau-Ponty (Merleau-Ponty, 2012, p. xxi). Van Manen suggests that we understand this as the basic method of phenomenology, which relates to an attentive awareness, and an attitude of surprise and wonder towards the world. As mentioned, it was important for me to find a method that was congruent with my gestalt therapy practice, and the attitude towards research that Van Manen described reminded me of this. Phenomenology in its original sense, he said, reflects on the living meaning of lived experience (Van Manen, 2017, p. 813), and explores the depths and structures of meaning that are beyond that which is immediately experienced (Van Manen, 2014, p. 355). That was what I wished to do, and in this thesis I aim at adopting a phenomenological attitude towards the theme of study and the research participants' experience.

I was also curious about what, for example, Sofie Bager-Charlesson (2014) and Michael Barkham et al. (2010) describe as practice-based research, as it seemed to fit with the

prospect that I had in mind for my study: to research my own professional practice and make active use of my subjective and lived experience from this. Practice-based research encourages the practitioner to study their practice from “within” and that was exactly what my research questions prompted me to do. Embracing reflexivity and subjectivity, this stance to research aims at producing knowledge that can shed new light on professional practice. Clearly, this approach would allow for the creative use of skills that I have acquired in my psychotherapy profession. I was also inspired by what Finlay describes as reflexive-relational approaches to phenomenology, as they transparently attend to and involve the relational dynamics between the researcher and the research participants (Finlay, 2011). It became clear to me that I wanted to find a way of combining a phenomenological attitude with a reflexive practice-based research approach. But, the question remained: how could I do this?

### **3.2. Exploring Practical Knowledge**

In my search for a method, I came across the theory of practical knowledge, a fast-growing research tradition in Scandinavia. It first developed at the Senter for praktisk kunskap at Nord University in Norway, and at the Swedish Centre for Working Life at the Royal Institute of Technology in Stockholm. In 2001, the Centre for Studies in Practical Knowledge was established at Södertörn University in Stockholm. There are some slight philosophical variations between the schools, and I felt drawn to what was taught and researched at the Centre for Studies in Practical Knowledge, representing a tradition that draws on a phenomenological methodology. Jonna Bornemark, who is a professor at the Centre for Studies in Practical Knowledge, introduced me to this research field. Bornemark has been my main academic supervisor throughout this project. I contacted her early on in my research process, asking if she would be willing to supervise me. In her ongoing research and philosophy, Bornemark remains grounded in an understanding of the sensuous as a key source of knowing. I wanted to learn and develop my critical thinking on this matter, and this inspired me to approach her.

Exploring this research tradition and finding out what practical knowledge “is” and how it can be researched, became a parallel research process for me. I began to participate in



higher research seminars at the centre at Södertörn University, and I read doctoral dissertations and vast amounts of literature describing the research field. And, there was “something there” that captured what I was searching for. I was tentative to begin with, but I became more and more curious; could this be the home for my research that I was looking for? This context seemed to hold similar relational values that I recognised from gestalt therapy. The researchers’ interest in closely exploring and verbalising professional practice inspired me. I began to wonder if this approach could be helpful to further shape my research focus. I understood that many of the researchers had a professional background other than as an academic researcher, and like me they were studying their own profession from “within”. All of this felt supportive and interesting to me – the research field was inspired by phenomenology, it embraced practice-based research and it would allow for my professional experience to be included in the research. The pieces fell into place, and I decided to situate my research within the theory of practical knowledge.

Consequently, my research spans over two academic fields – the Swedish and the British. It was important for me at the time to relate to the academic field in Sweden, the country within which I live – and this was a minor, but not the main, reason for me to choose this approach. I completed my MSc in gestalt psychotherapy in the UK, where I am a registered psychotherapist. However, these qualifications are not recognised within the Swedish system. This time, embarking on another academic journey, I wanted to create ground that could help validate my work in both countries. Working within two academic fields has been both interesting and challenging, and required that I found my own path. One day, I might write about this journey.

I will now proceed with introducing the research approach of practical knowledge, and describe its research focus and general take on methods for researching.

### **3.3. Researching Practical Knowledge**

Practical knowledge is an interdisciplinary field of research that incorporates philosophy, the humanities and the social sciences. It aims to closely and critically

explore and verbalise professional knowledge, especially within professions where interpersonal relationships are a core professional competence – such as in the caring professions and education, but also for actors, police officers and others. The name, practical knowledge, refers to the form of knowing which, according to Aristotle, “belong to what admits of being otherwise,” namely that which is uncertain and cannot be generalised (Aristotle, 2011, p. 119 [1140a: 1-5]). I described how Aristotle defined different aspects of knowledge in the introduction chapter. But to repeat, practical knowledge becomes evident within praxis (action) and poiesis (producing). It is a bodily knowing that is inherent in professional competencies, and that often is referred to as tacit. Fredrik Svenaeus, professor at Södertörn University, gives the following definition:

Practical knowledge is held as a personally captured knowing that has been integrated within the individual person – and within the community where he or she is practicing – and it is performed intuitively. It is not a knowledge that excludes theoretical knowledge – there is no conflict between being a good practitioner and using scientifically based knowledge, to the contrary, that kind of knowing can often be necessary – but it is a kind of knowing that has other and more dimensions. Therefore it will often be the case for those advocating practical knowledge to defend the role and value of wisdom, empathy, attentiveness, reflection or craftsmanship within the profession up against those who emphasise that all knowledge must be evidence-based (Svenaeus 2009, pp. 13-14, my translation).

Practical knowledge is thus embedded *in* the very action; as the doctor skilfully examines the patient’s heart, the baker bakes the bread and the dancer engages the audience in the performance. Or the nurse who attends to her worried feeling, which helps her to recognise the state of the patient’s well-being that has not been captured through medical parameters. Yet other examples are; the psychologist’s ability to ask a sensitive question at exactly the right time, the teacher who patiently reaches a student who has lost interest, and the head manager who predicts from the atmosphere in the team that an argument is about to emerge and acts to resolve the tension. This kind of knowing is different from what is traditionally known as scientific knowledge – as it

cannot be captured through measurement or evaluation.<sup>14</sup> In fact, the very nature of practical knowledge is that it shifts according to situation, person and context – and often this kind of knowing slips away from articulation. So, how can it then be researched?

There is no set structure or clearly defined method on how to conduct research within the theory of practical knowledge. A step-by-step method would be antithetical to the very questions that it concerns. For example, the processes involved in the above-mentioned examples could not be captured through standardised methods. We can measure efficiency and impact of the practitioners' actions, and we can describe their experiences. But, their practical knowledge appears as an instant knowing in the very moment of their action, and understanding that goes beyond descriptions and measurement. It demands reflection and articulation, and methods that emerge in relation to, and are closely intertwined with, the research questions in mind and the specific research context (Gunnarson, 2019, p. 10). Although this research field lacks precise methods, there are certain features that characterise how a question is examined. As this fairly young research tradition develops, there are more and more studies available that contribute to the advancement of theory and methods. In addition, there are ongoing discussions and reflections on how to approach and implement research in this area which can guide the interested researcher and point towards possible paths to take (Gunnarson, 2019, pp. 7-21).

Fundamentally, studies in this field explore specific situations where the practitioners' practical knowledge shows. But, as associate professor Eva Schwartz highlights, these situations are not necessarily clear or obvious to begin with, as in the professional practice this knowing is integrated in the natural flow of the practice (Schwartz, 2019, p. 156). It is concealed and tacit. Thus, the typical starting point for the research is often narratives and examples of lived practice. Research questions emerge from these descriptions. The researcher then contemplates methods to investigate those questions,

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<sup>14</sup> Aristotle claims " /.../all things are not in accord with law: it is impossible to set down a law in some matters, so that one must have recourse to a specific decree instead. For the rule (or measure) of something indeterminate is indeterminate too, just as is the case with the lead rule used in house building in Lesbos: the lead rule changes in relation to the shape of the stone and does not stay the same; and so too the specific decree changes in relation to the matters at hand (Aristotle, 2011, p. 112 [1137b: 25-35]).

and reflects on the narratives and examples through theoretical and philosophical frameworks. During the course of this process, the researcher engages in a dialogue between theory and practice.

In essence, this research aims at coming as close as possible to the professional practice; it strives to reach processes that have not yet been seen, and that might not yet have a language. In order to do this, it is of crucial importance that the researcher applies openness and sensitivity to that which is in focus for the study, and carefully considers how to best approach the specific area of professional practice that is being explored. Often, the researcher has a pre-knowing of that which is being studied, and from this pre-knowing the research question arose in the first place. Hence, the researcher's closeness to the subject matter is actively used as a way of accessing the field of interest. Instead of avoiding researching that which is close to oneself, this tradition takes advantage of the possibilities that closeness to the field can offer. This includes seeing processes, questions and features of the profession that those from outside the field would never access.

But, of course, researching from "within" also brings problems, obstacles and challenges that must be carefully considered and brought into light. Scientific analyses require that the researcher can distance themselves from the material. This is necessary in order to create objectiveness and an absence of favour or prejudice towards outcome and processes, which is essential for the validity and reliability of the research. Consequently, the described research process demands that the researcher can move between closeness and distance – which requires reflexivity and awareness of one's own process and biases. I will soon return to how I dealt with and considered this process in my study, but I will first say a bit more about the process of closeness and distance.

### **3.3.1. Closeness and distance**

The dialectic movement between closeness and distance reminds me, for example, of Paul Ricoeur's *critical hermeneutics*. Hermeneutics is a theory and methodology of interpretation. Hans-Georg Gadamer, student of Heidegger, is a well-known front figure of this philosophical school. In his work, Ricoeur introduces a dimension of critical

distancing, and he suggests a fusion between explanation (generated through distance) and understanding (generated through closeness) (Jahnke, 2012). He says:

To understand is not to project oneself into the text but to expose oneself to it; it is to receive a self-enlarged by the appropriation of the proposed worlds that interpretation unfolds (Ricoeur, 1991, p. 298).

To immerse oneself and move close to the material thus becomes the dialectic otherness to distancing. Carla Willig (2012) further clarifies this when she proposes:

To interpret something, to make sense of something, we need to be close enough to it to be able to find meaning in it, while at the same time we need to be distant enough to be able to reflect on it and evaluate it (Willig, 2012, p. 17).

Both of these statements resonate with the stance often taken within the theory of practical knowledge, as the researcher engages in an ongoing and reflexive process of moving between closeness and distance. Reflection is itself an action of distancing, as when reflecting, one moves out of the immediacy of the lived situation. This distancing process is, however, a necessary part of describing the experienced action and situation. For example: the therapist's practical knowledge appears within a situation. It is embedded in it and manifests in the very action of doing something; it is part of the flow of the lived unfolding situation. But, as Schwartz highlights, in order to see this happening as a *knowing*, reflection upon the action is needed (Schwartz, 2019). As mentioned earlier in this chapter, the reflection is always "too late", and thus the description of the action is always at risk of being an after-construction. However, from this more distanced position we can see things that we could not see when we were in, and at one with, the situation. It becomes possible to look closely into details, reflect on our reflections, and so forth. Husserl emphasises the temporality in reflection, and how reflection in itself is an experience happening "here and now" that is directed towards the "there-and-then" (Husserl, 2012, in Schwartz, 2019, p. 146). This is also the paradox in reflection, as there will always be a blind spot. This paradox is not possible to repeal, Schwartz says, but the most basic insight about the process of reflection is that it is never complete.

For reasons of clarity, it is worth underlining that the core research focus in practical knowledge is to produce new knowledge. It is therefore not enough to merely describe the lived experience of the practitioners' practical knowledge. Rather, the researcher has a question in mind concerning this practice that they want to gain a deepened understanding of. Closeness to the material can give access to lived bodily experiences about meanings and how meanings are constructed. By actively separating from and looking at the material with fresh eyes and, for example, reflecting through theoretical frameworks, new knowledge can come forward. I will now proceed by looking at some possible ways of gathering data when researching practical knowledge.

### **3.3.2. Methods of researching practical knowledge**

Researchers within the field of practical knowledge often use *interviews* and *focus groups* (I will soon return to describe these methods) to gather data. But often these methods are used in combination with methods that can come close to that tacit knowing, which easily eludes articulation. For example, through *participant observations*, *dialogue seminars* (Ratkic, 2006), or other opportunities where professionals can meet and explore their practice together and possibly with an external researcher, and/or through *autoethnographic writing*.

Traditional ethnography studies "the other", but autoethnography turns back the gaze towards the one who is studying. Carolyn Ellis, Arthur Bochner and Tony E. Adams (Ellis et al., 2011) are front figures in developing this approach. In brief, autoethnography is a reflexive process of examining and addressing the researcher's personal experiences, and the method acknowledges how personal experiences connect to meanings and understandings of that which is studied. This type of research encourages creative writing that captures the lived situation. Through its aesthetic components, these essays give the reader a felt sense of the phenomena that is studied. Critique of this research is twofold; either that it is not theoretical enough or that it is not artistic enough (Ellis et al., 2011). However, it is exactly this duality that autoethnography aims to bridge (Ellis et al., 2011).

Studies in practical knowledge use autoethnographic explorations to enter the tacit domains of a professional field. Both the researcher and the research participants can apply this method to capture examples from the practice that is studied. Alsterdal, a researcher who played a central role in developing the Centre for Studies in Practical Knowledge, brought forth that practical knowledge becomes evident in situations when the practitioner is facing a dilemma, or some sort of challenge that makes them stand out from the usual flow (Alsterdal, 2014, p. 113). It is often those kinds of situations that autoethnographic writing or interviews within the research field of practical knowledge search to grasp and explore. Manuals or techniques are not enough to meet the demands of these situations, and this is what makes them interesting. Instead, they require that the practitioner acts in relation to the specific unfolding of the moment-to-moment (phronesis), and thus those situations can help reveal aspects about this wisdom.

I have given an overview of general procedures applied in the research field of practical knowledge. In the following section, I will describe the methods that I used and reflect on obstacles and problems that I faced, as well as how I handled these.

### **3.4. Methods of gathering data**

I have considered how to best investigate my research questions and gather material about therapists' practical knowledge of working with movement. As already mentioned, within the research tradition of practical knowledge the researcher engages in an active dialogue between theory and empirical data. In line with this tradition, I wanted to approach the theme of my study by both empirical and theoretical means.

Interviewing psychotherapists about their lived experience of working with movement seemed like an appropriate starting point for gathering empirical material. I further concluded that my closeness to the field was a valuable resource that could help accessing important nuances within the lived experience of working with movement in therapy. Through autoethnographic writing from my own therapy practice, I could actively use my professional experience and pre-existing knowledge of the subject matter. It would facilitate my understanding of the lived dynamics of therapy sessions,

and it would also demand that I rise to the challenge of verbalising this tacit knowing. So, the process of conducting autoethnographic writing would in itself contribute information that could help me answer one of my main research questions; how, if at all, can felt experience be verbalised?

As a third thread in my research method, I would use philosophical and theoretical frameworks. Of course, this is not a thesis in philosophy, and it has never been my intention to engage in internal philosophical discussions concerning certain concepts, theories or ideas. Rather, my research strategy would be to give philosophical perspectives and theoretical frameworks a specific task; namely to ongoingly be in dialogue with the empirical material. My interest is in bringing these philosophical perspectives and concepts into lived everyday experiences, and I wanted to explore how they could help illuminate processes within the empirical material. And likewise, I would let the empirical material speak back to the theoretical and philosophical frameworks. This dialogue, and to bring life to theory and philosophy, would be at the heart of this study. Theoretical concepts, for example from phenomenology, would support me to verbalise often-elusive processes in the psychotherapists' work.

To conclude: in order to answer my research questions, I decided to use interviews to gather material on how movement shapes psychotherapists' practical knowledge, autoethnographic writing as a means of actively using my own experience and coming close to nuances within the lived practice, and theoretical and philosophical frameworks in order to illuminate and verbalise aspects within the empirical material that can be difficult to grasp. The weaving together of these three equally important threads is my method.

I will return to describe this weaving process soon. But the procedure for one of these threads, the interviews, was more complex than the others as it included selecting, organising and meeting with a study group, and planning for and conducting the interviews. Because of this complexity, describing the procedures for this thread requires more space than the others. The procedure for my autoethnographic writing and use of theory will be described after this section.



### **3.5. Study group: Procedure**

In this section, I will describe how I went about selecting the study group, and the processes through which I decided how to organise the interviews. Adjustments that I made to my original study plan during the course of the study, for example, in relation to the COVID-pandemic, are also described.

#### **3.5.1. Selecting study group**

I thought about who would be suitable for interviews and how to recruit participants: I wanted to limit my study group to practicing psychotherapists, who had at least two years of supervised experience of clinical practice. For reasons of ethical boundaries, none of them should currently be in training, supervision or therapy with me. I considered approaching practitioners from various psychotherapy modalities, and include both those with and without training and/or specific interest in working with movement. I settled with inviting psychotherapists who had graduated from the two-year training program in Developmental Somatic Psychotherapy. This would limit the study to only include practitioners who had a pre-existing knowledge of, and interest in, working with movement.

A limit with this choice was that I would not get a general understanding of what working with movement meant for psychotherapists across modalities, or for those with a background in other movement-oriented approaches, and I would not reach those who did not claim a special interest in this area. On the other hand, I would reach participants who were familiar with the theme, and who probably had reflected on the role of movement in their practice. This could support my access to material that could help to answer my research questions. Further, the research participants pre-existing knowledge and established interest could possibly make verbalisation easier, and contribute to a co-creation between them and me in producing new knowledge. Another important factor for choosing this study group was that I could reach them easily. As I am myself a graduate of the training program in Developmental Somatic Psychotherapy, I had access to a register of all graduates of this training program. The list is available on a secure section on the Centre for Somatic Studies' (organiser of the training program)

website, which can only be accessed by other graduate students. People listed on this page have given their permission for other graduate students to contact them. My personal connection to this study group and its implication for the interviews will be discussed later.

I sent an invitation email, including a brief introduction of me and my proposed research, and the planned procedures for the individual interviews. The email was sent to 270 people, and to my surprise, 32 of them swiftly responded saying that they would like to participate. Taking into account that participating would require active engagement on their behalf, I thought that this was a surprisingly great response, and as I received their replies, I found myself becoming interested in their interest. They moved towards me with great enthusiasm not only saying that they were *willing* to participate, but rather they were actively expressing that they *wanted* to. I felt that I wanted to acknowledge this response. I realised that the way they responded held relevant information that could contribute to my study. In fact, their response had already impacted me, as I was curiously moving towards them – they reached for me and equally I wanted to reach back. The enthusiastic response was a type of finding in itself that I did not want to ignore. However, I became acutely aware of my dilemma; interviewing 32 people would give me a lot of material, and probably more than I needed. But how would I conduct the election process for my planned in-depth interviews? I wanted to find a way of being transparent about this issue, and brought it to my supervision. As I explored my response to their enthusiasm, a new idea emerged. In addition to my original study plan, I wanted to invite those who had responded to participate in focus-group interviews. This led me to submit an amendment to my ethical application to the ethical committee. To my delight, it was approved. Below I will describe my rationale for using focus groups, but I will first describe my research design and give an overview of the study group.

### **3.5.2. Final study group**

I sent another email to the interested participants to inform them about the changed research design, and what had led to my decision. Those who were interested in participating lived in different time zones, and I was planning to conduct the interviews

online. I understood that it would be difficult and time consuming to divide them into groups and find times that worked for everyone. I therefore suggested a number of time slots for the participants to select from, and that was how the groups were formed. In the end, 28 participants joined the research. Four of them joined at a later stage and participated in the interviews I did during the COVID-pandemic (described below). Six of the participants were men, and 22 were women. Altogether, seven groups were formed. The participants live in different parts of Europe, Russia, Mexico and the US. Most of them were gestalt therapists, and a few had a psychodynamic or integrative psychotherapy background. Following my study plan, all of them had practiced clinically for at least two years, and none of them were currently in training, supervision or therapy with me.

### **3.5.3. Learnings from the pilot study**

Awaiting the ethical committee's response to my proposed amendments, and eager to commence the study and explore how to conduct the interviews, I initiated a pilot study with a colleague. Our dialogue focused mostly on how he initially became interested in working with movement, and how, if at all, he included movement and kinesthetic resonance in his practice. During our conversations it became obvious how phenomena that used to be in the background for him – his tacit knowing – became figural when we spoke. We agreed to add two follow-up meetings, as he expressed an interest in reflecting on what we had discussed and then continuing our exploration. He wanted time to pay closer attention to how he was using movement in his practice. In the time between meetings, I noticed an enhanced awareness of how I used movement in my practice as well. I began to write down sequences from my practice, and spontaneously engaged in autoethnographic writing. I noticed that the awareness I gained through these reflections supported me to tap into nuances when inquiring about his practice. Our conversations mostly focused on *his* practical knowledge, but I contributed with my experiences – adding to our collaborative and shared task at hand. As we were breaking down his moment-to-moment experiences with clients, we began to see the root of how interventions took shape, and on what information he grounded his situational and relational diagnosis. The pilot study inspired me to invite the participants/focus groups to follow-up meetings.

While researching the literature, I found that both Pröckl (2020) and Alsterdal (2001) used focus groups in their studies, and that they met the groups over time. This made it possible for them to unpack themes that arose in the groups, and use the time in-between to reflect how explored phenomena applied in their practice. This was similar to what my pilot study had revealed. Reoccurring meetings seemed like a brilliant opportunity to come closer to the therapists' practical knowledge, and for me and the participants to move from practice to verbalisation together – and then back to practice, and so on. I suggested this to the focus groups and was met with a keen interest. However, it proved practically difficult to arrange re-occurring meetings for all except two groups. One of these groups I met two times, and the other on four occasions. As an alternative way for everyone to continue reflecting on their practice, I offered those who wished to, to engage in autoethnographic writing on their practice. I sent them examples of how this could be done. Six of the participants submitted written material to me. Three of them had written in-depth descriptions from their practice, and three submitted shorter reflections. I was still interested in the opportunity to follow up the focus group discussions, and I initiated in-depth interviews with ten of the participants. The participants that I selected for those in-depth interviews had raised themes or said something that stood out and that I wanted to explore further.

During this time, I also considered potential alternatives for data collection, such as filming or observing therapy sessions and/or conducting workshops where participants could demonstrate their work with each other. All of these options could have been interesting, revealing aspects of how the therapists worked with movement. However, after contemplating these alternatives, I concluded that they would present more obstacles than benefits for my study at this stage.

My rationale for not inviting participants to exploratory workshops was that the research participants lived in different parts of the world. I could have facilitated an online workshop, but this was before the COVID pandemic, and neither I nor the participants were accustomed to working online in such an advanced way as conducting a workshop would have required.

My rationale for not pursuing filming or observation work was based on ethical considerations. Filming therapy sessions would have required additional consent from clients, further ethical approvals, and raised concerns that I did not have the resources to address within the scope of this project. Additionally, from experience, I know that showing a piece of filmed work from one's practice to a colleague or supervisor adds another level of trust and relational complexity. I felt this might divert attention from my primary focus: to verbalise the often-elusive processes in the therapists' practice. Verbalisation and articulation of movement dynamics and situational specifics were at the heart of my study, and I believed that meeting in dialogue would be the most effective way to achieve this, as the therapists and I would be compelled to search for experience-near language that matched our lived realities in therapy sessions.

#### **3.5.4. Amendment to the study; the COVID-pandemic**

Shortly after I had finished my interviews, the COVID-pandemic broke out. I asked myself: how do we adjust when a radical shift in the environment forces us to restructure our familiar ways of practicing? The pandemic challenged us to engage in this question, and for many psychotherapists this meant moving their practice online. Holding in mind what Alsterdal highlighted, that our practical knowledge sometimes becomes evident when we are in situations that are novel to us, like when facing a dilemma, this peculiar situation could be of interest for my study (Alsterdal, 2014). Neither my research participants nor I had experienced this situation before – not the COVID-pandemic, nor having to move our entire practice online. I was left wondering; what can this situation teach us about our practice, and specifically how psychotherapists work with movement and kinesthetic resonance online? What happens when aspects that we might have taken for granted are no longer available to us?

I was quick to grasp the opportunity to explore this, and early on in the pandemic I emailed all research participants inquiring about their interest in further focus group meetings. Sixteen of them agreed to participate, and four of those who joined hadn't

been able to join the first rounds of interviews. This round, I offered regular time slots, allowing the participants to join whenever it was convenient for them. As a result, the composition of the group varied almost every time. Nevertheless, some participants participated in every meeting, which I believe helped to establish a sense of consistency. In total, we had six meetings between April 2020 and July 2020. The results from this are included in my discussions, and were also published in a separate article in the British Gestalt Journal (Kallner, 2020).

#### **3.5.4. Transcribing the interviews**

All of the initial focus group meetings and in-depth interviews were transcribed in full. As I was not going to make a detailed analysis of the participants' manner of expressions, such as intonations, pauses, sounds, searching for words and so forth, I did not transcribe verbatim. The focus group meetings during the COVID-pandemic were partially transcribed. At that point I already had a lot of data, and as I had begun the analysing process I was listening for key themes and moments that were most relevant to my study. I selected situations, conversations and examples that stood out as significant to me. I took notes immediately after our meetings.

Partial transcriptions and "cleaning up" transcripts can simplify the data collection process. I acknowledge that full transcripts allow for transparency in how conclusions are drawn, while partial transcriptions may raise doubts about whether important aspects of the data were ignored or excluded. My rationale was that I wanted to improve readability; I wanted to facilitate understanding of what the research participants had said. To make the transcripts easier to read when I quote from them, I chose to sometimes correct the grammar, so that the sentences would flow more easily. I also considered confidentiality, and that full transcripts might expose more personal and sensitive information than necessary. Most of the participants spoke English as their second language, and as mentioned the gestalt therapy field is relatively small, so chances were they would be recognised.

But, I acknowledge that this has included the risk of missing important nuances in the participants' communication, introducing bias and selectively misrepresent or misinterpret the participants' experiences.

I will say more about the transcribing process when I present how I analysed the material. But, I will first return to the unanswered question about my rationale for focus groups.

### **3.5.5. Rationale for focus groups**

My rationale for using focus groups was, above all, rooted in my felt response to the situation – I became curious in the strong interest that I received from people wanting to participate in this study. My wish was to hear all the voices. Apparently, meeting and exploring this theme was exciting for many of them. I had a hunch that this was in itself connected to my research question, and I did not want to miss an opportunity to investigate this. Further, a core theoretical frame in gestalt therapy relates to the connection between figure and ground, and by inviting everyone who responded to my request I would have a broad ground from which figures of interest would emerge. And, not least it would be congruent with the relational approach I wanted to apply, as themes would arise in dialogue. Focus groups are, simply put, group interviews where the participants have been selected because they have certain features in common. But, a focus group is not just an interview with individual people in a group, as the purpose is to encourage interaction between the participants (Bradbury-Jones et al., 2009).

The use of focus groups in a phenomenological study can be questioned. Originally, the purpose with a phenomenological study is to describe and seek to understand the essence of a phenomenon, and therefore phenomenology often focuses on describing personal lived experience (Van Manen, 2014). Arguments against focus groups are that the participants will influence each other and that the essential characteristics of the subjective experience will then be lost. However, the purpose of my study was not only to describe a phenomenon, it was never going to be a pure descriptive

phenomenological study. I wanted to apply a phenomenological attitude of attentive awareness to lived experience, but I also had a specific research question in mind that I wanted to further unfold and answer.

In their article *The Phenomenological Focus Group: An Oxymoron* Caroline Bradbury-Jones, Sally Sambrook and Fiona Irvine discuss the use of focus groups in phenomenological studies (Bradbury-Jones et al., 2009). Drawing on their own experience and views of other researchers, they conclude that focus groups and interactions between participants could enhance the quality of a phenomenological study in ways that is not possible in individual interviews.

They say:

First, they (focus groups) do not privilege the lone researcher and single participant, but instead support the notion of collaboration and dialogue as being part of the phenomenological endeavour. Second, the group approach applies to descriptive phenomenology (as well as to interpretive). Indeed Halling and Leifer (1991) and Halling et al. (1994) argue that the group approach helps phenomenologists to bracket prejudices because other group members challenge their assumptions. Finally the group approach to phenomenology holds the same benefits as focus groups because it stimulates discussions, opens up new perspectives, encourages exchange and enriches and complements” (Bradbury-Jones et al., 2009, p. 667).

Through interaction, the informants can become aware of each other’s experiences, to which they can add their own perspectives – and through this dialogue new insights can develop. I imagined that a group context would enable the research participants to, together with me, explore their practical knowledge in ways that would not be possible only through individual interviews. I also considered that the focus group setting would make it possible for the participants to meet with other colleagues, not only me as a single interviewer. This situation could provide an opportunity to uncover their individual and collective practical knowing, and would be less dependent on



perspectives that I brought – it would open up possibilities for surprise. Exploring together could support a deeper understanding, and the group situation could help us to transform our practical knowledge into communicable language.

For these reasons, I decided on using focus groups, and as mentioned, combined this with in-depth interviews. The group dialogue could help me to select participants for in-depth interviews. I would hold the overall responsibility and direction for all the interviews, but I wanted to hold an open attitude, allowing for the participants to raise questions and themes that concerned them and that was close to their practice and lived experience. In addition, I would use autoethnographic writing to capture nuances of my own practice. The core attempts of the autoethnographic method, to bridge art and science, inspired me, and in accordance with these values I believed that research could be “rigorous, theoretical, and analytical and emotional, therapeutic, and inclusive of personal and social phenomena” (Ellis et al., 2011, p. 283).

In the following section, I reflect on the three threads that inform my study: focus groups/interviews, autoethnographic writing and theory. When describing these, I will focus on the manner in which I balanced closeness and distance as I gathered and analysed the material. I will also give an overview of the theoretical frameworks that I used. As mentioned, the weaving together of these three threads is my method.

### **3.6. Three threads: balancing closeness and distance**

In the research field of practical knowledge, it is common for researchers to actively use their own experiences and pre-existing knowledge to access the field. Frequently, this entails researching from within their profession. However, it can also involve bringing a certain perspective to that which is being explored. For example, if a dancer were to study pre-school teachers practical knowledge and actively draw on her pre-existing understanding of rhythm, movement and choreography, it will likely uncover aspects of the pre-school teachers practical knowledge that someone else would not see.<sup>15</sup> As I

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<sup>15</sup> The example is inspired by Pröckl's research that I described in the literature review. Pröckl has a background in practices of dance, and coming from this perspective she describes pre-school teachers' practical knowledge in terms of *groove*, *weight* and *empathetic timing* (Pröckl, 2020).

have also mentioned, the scientific elements of practical knowledge involve using the closeness to the field to reach and grasp that which can be elusive, *and* to create distance from the subject being studied. The researcher needs to be able to step back from the material and look at it with fresh eyes. From a scientific standpoint, this distance is a fundamental component in the research process, as it enables for the uncovering of previously unknown insights.

I have studied a field that is very close to me: I am researching my own profession, *and* I am looking at it through the lens of movement, which is a special interest of mine. This has required reflection on my role as a researcher and on how I relate to the material. In the next section, I will describe how I handled the process of closeness and distance when gathering data through focus groups and interviews, autoethnographic writing and weaving this together with theoretical and philosophical frameworks.

### **3.6.1 Focus groups and interviews**

Early on, it became apparent to me that I needed to be aware of the impact I would have on the interviews, and on what the informants felt they could share with me – and equally, me with them. I had met many, but not all, of the research participants before, in training situations where I had either taught or assisted another teacher. And even if we had not previously met, they all knew about me, as being a senior teacher in Developmental Somatic Psychotherapy – the modality within which they had studied. This could mean that they saw me as someone who “knew more”, which might limit what they felt comfortable sharing. These relational dynamics, and my closeness to the field, provided both advantages and challenges. But undoubtedly, I had to consider the impact of this background, and how to frame this particular research situation.

Reflecting on the role of boundaries is familiar for a psychotherapist, and it is not uncommon to consider the role of dual relationships. Dual relationships are when the therapist/supervisor/trainer has a different relationship with the client/supervisee/student in addition to the primary professional relationship. These can be situations where their private lives collide, like having children in the same school or sharing mutual friends. But it can also occur in professional situations, like attending the same workshop as a client or supervisee, or that your supervisor is also

your trainer. Some professionals are very strict with these boundaries and won't, for example, attend a training situation where they will meet a client or supervisee. Others are more flexible with this. The overall principle is to carefully follow ethical guidelines and maintain healthy boundaries.

The field of gestalt therapy is relatively small, and it is likely that individuals will encounter this issue at some point in their professional lives. The solution is often dialogue and openness regarding the situation at hand and its potential implications. But nevertheless, it is a hierarchical situation and the responsibility for such dialogue lies with the teacher, supervisor or therapist. Although none of the research participants were currently in training, supervision or therapy with me, I still needed to consider our current, past and potential future professional roles, as well as the consequences these may have on the research situation. This led me to ask: how should I frame this situation, and what was our current dynamic and mutual relationship at that time? Who did I become with them now, and who did they become with me?

I understood that I would have to put my supervisor, therapist and teacher's hat to the side. I had to make clear to myself and to them what the difference would be with meeting them as a researcher, and not as one of my other professional roles. Taking this into consideration, I began each focus group and in-depth interview by defining the framework for our meeting explicitly. I told them that I was not going to teach or supervise, and that my primary interest was to learn *with* them. I briefly described Aristotle's system of knowledge (as presented in the introduction chapter), and that I wanted to explore their professional wisdom – phronesis. I told them that my interest was not only in hearing what they did well, or to evaluate if they were using the theory of Developmental Somatic Psychotherapy or gestalt therapy in “the right way”. Instead, and significantly, my focus lay in understanding how they *practically* integrated movement into their practice.

I shared my genuine belief and desire that by exploring this together we could learn with and from each other, and simultaneously develop our individual practices. I reminded everyone of Laura Perls' words, highlighting that “gestalt therapy is gestalt

therapists” (Perls, 1992, p. 133). She points to how each and every practitioner will shape their own way of working according to their background, interests and talents – resulting in each person’s practice being unique. I made it clear that I would lead the meetings, but that I would also be part of the explorations. In addition, I encouraged that we, as much as possible, would put theoretical terminology and jargon to the side, and instead try to be as descriptive as possible. I understood that just because I had said these things, it did not mean that potential problems wouldn’t arise. But, at least now, it was out in the open for us all to relate to and for me to refer back to as I guided the direction of our meetings.

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In his dissertation on practical knowledge amongst general practitioners, Mani Schutzberg, who is himself a Medical Doctor, reflects on how interviewing colleagues can imply a situation where a level of trust is already present at the start of the interview, even if the interviewer and the interviewee have not met before (Schutzberg, 2021, p. 71). His reflection resembles what I experienced when I met the focus groups. I was partly struck by their willingness to engage from the start, and in a very personal way, disclose information about their practice and their relationship to working with movement. This phenomenon was also familiar, and something that I recognised from other occasions when psychotherapists came together. Empathic listening and experience of self-disclosing is part of the profession, and in this context it revealed itself as a well-practiced readiness to respond to each other with interest and care. However, what stood out and moved me was the degree of authentic presence and risk taking that I noticed from many of the participants. This included sharing about both personal and professional experiences, but also engaging in opposing dialogues and different takes on theory and practice.

The extent to which they shared, and the level of trust and involvement that arose between the participants, led me to consider ethics and my responsibility as a researcher, or what Finlay refers to as my duty of care (Finlay, 2011, pp. 190- 220). Before beginning the interviews, informed consent had been given by all research

participants, agreeing on the details given in the participant information sheet which describe the purpose of the study, procedures around confidentiality and how I would analyse and use the material.<sup>16</sup> However, as Ruthellen Josselson points out, I needed to be aware that our contract involved both explicit and implicit aspects (Josselson, 2007). The explicit contract outlines roles between the participants and me, specifying that the interviews will be recorded, transcribed and securely stored, and that volunteering to participate includes the right to withdraw at any time. The implicit contract is that which emerges within the relationship between us, and involves issues of expectations, trust and assumptions. This can be more difficult to narrow down and express in terms of rights, and instead must evolve from an ethics of care (Josselson, 2007).

We cannot foresee all the eventualities in the relationship that will unfold. Therefore we have an ethical obligation to be aware of the implicit aspects of participants' consent – all those unstated expectations they may have of us – and to manage these in the dynamics of the relationship we form with each participant, both during the personal contact and in our handling of the material thus obtained. (Josselson, 2016, p. 23)

The research situation had the potential to put the participants in a vulnerable situation where they might disclose more of themselves than they intended or felt comfortable with. In light of these concerns, I paid close attention to the specifics of this study group. While I was sensitive and attentive to their wellbeing, I did not want to be overly protective. All of them were practicing psychotherapists, they had experience from personal therapy and all of them were in clinical supervision. Knowing the nature of gestalt therapy training, I could also assume that they had all experienced group-process situations. I had good reason to take for granted that they were well accustomed and used to handling situations of self-disclosure. I trusted their ability to set boundaries and, if necessary, seek support.

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<sup>16</sup> See Appendix.

However, as part of the implicit contract, I felt obliged to remind them of how confidentiality applied to this specific situation. As mentioned, the gestalt therapy community is relatively small and guaranteeing anonymity would be hard. The participants were aware of this matter when joining the research, but I would of course commit to doing my best to secure their anonymity. The explicit contract included information about the procedures for how I would protect the data they provided. However, we also had to agree on how we would handle the information shared amongst us. Confidentiality is an intrinsic aspect of a psychotherapist's practice and as such, I think there is a risk that it is taken for granted, and/or that practitioners forget to negotiate and remind ourselves of it when we ourselves come together. With this in mind, I began each group by explicitly asking for consent for all personal information shared to remain within the group and within the scope of the research contract.

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Despite the level of trust that I experienced in the groups, I felt inclined to consider the reliability of what they shared about their practice. I was wondering if, although my invitation to move beyond right or wrong, some of the participants described how they believed they should be working, rather than how they were actually working. I could understand them; it was almost certain that I would meet most of the participants, and that they would meet each other, in other professional contexts. This, in addition to seeing me as a senior teacher, could of course imply that it became important for some of them to show themselves as competent and professional. This led me to consider; what was my responsibility here? How could I contribute to hold the situation in such a way that the level of exploration that I invited and encouraged also became possible and felt "safe enough" for them?

I felt that the situation required of me to step in there with them and disclose experiences from my practice – in particularly those that were not perfect, and when I had struggled. They would be taking a risk, and equally I needed to risk with them. I

would still lead the explorations, but when appropriate and when I judged that it was supportive for the investigation, I gave examples from my practice, and I shared feelings and genuine responses to that which they shared. As I opened up and more fully entered the explorations with them, I felt that we came even closer to our actual and lived practice. We were “in it together”, sometimes fumbling to find “the right” words, and sharing about situations that had caused us to reflect and that stood out to us. I often felt fortunate to learn alongside my colleagues. Engaging in this research process, our boundaries were sometimes blurred, and the explorations would also lead to the participants asking me, and each other, questions. I acknowledge that this degree of closeness is a complex situation within science that can seem controversial and could be criticised for depleting the material.

Ellis et al. (2011) describe *reflexive dyadic interviews*, as an approach to interviewing within the autoethnographic method. Such interviews are collaborative and focus on the meanings that are produced through the interaction between researcher and participants. Similar to my approach, they allow for the researcher to share emotional responses, feelings and personal motivations (Ellis et al., 2011, p. 278). The researcher’s experience is not the main focus of such interviews, however, Ellis et al. suggests that this level of intimacy can provide an in-depth understanding of peoples’ experiences (Ellis et al., 1997). The emphasis in these interview settings is on what can be learnt through the interaction between participants. In general, the autoethnographic approach acknowledges that as we tell our stories, memory might fail us, and that it is not always possible to verbalise and give an exact report on what “actually” happened. However, the autoethnographer refers reliability to the narrator’s credibility, basically referring to the researcher’s professional judgement, and asking questions like; is it likely that this has happened, and is this the narrator’s actual and subjective experience of what happened?

James Holstein and Jaber Gunbrium describe a similar take on the interview situation, for example, in their book *The Active Interview* (Holstein & Gunbrium, 1995), where they support an active dialogue between researcher and participants. This stance,

they say, can empower the participants and enhance the validity of the material. The risk with the traditional interview scenario, where the interviewer aims at neutrality by maintaining distance from the field, is that the interviewer becomes a facilitator and the participants are basically seen as passive “vessels of answers” (Holstein & Gubrium, 1995, p. 11). Holstein and Gubrium argue that an interview situation where both researcher and participants are active will enhance the inter-subjective production of knowledge, as both parties are acknowledged as sources of knowing.

During my interviews, I applied aspects from both of those approaches, holding in mind the purpose of my study: to come as close as possible to the therapists’ practical knowledge. In my view, the use of those methods enables the researcher to acknowledge the role of the lived body as a source of knowing, which is congruent with the prospect of my study. By actively attending to my kinesthetic experience, I could imagine into the situations that they described. Further, my lived bodily experience from similar professional situations enabled me to be attentive to nuances within their descriptions. Thus, based on my pre-existing and bodily knowledge I could ask for deeper and more specific descriptions of how movement shaped their practical knowledge. When I shared my kinesthetic response, or formulated my questions from a felt place of genuine interest, I also created space for them to pause and delve deeper into their lived bodily experience of a specific situation. I believe this is similar to what Holstein & Gunbrium refers to as “establish a climate of *mutual disclosure*” (Holstein & Gunbrium, 1995, p. 12). It would have appeared strange for me to ask of them to be open while my role was only to observe them, and I don’t think it would have been effective or beneficial in terms of answering my research questions. However, I cannot overlook the fact that this approach also presented challenges and problems that required my attention. I will now provide examples of such situations.

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One significant ethical dilemma emerged for me during the final series of interviews, which took place during the initial phase of the pandemic. The focus group met during a time that was difficult for many, and we found support and meaning in exploring our online work together. There was a point when I felt that the supportive aspect took precedence over the purpose of our meetings – my research. We had booked a number of meetings and as this series came to an end, I felt a pull from the group to continue. However, I knew that I had arrived at a place where I had more than enough data, and because this was the agreed timeframe, we needed to conclude the interviews. It was not easy for me to close the group, and I feared that I disappointed some participants. But, to continue would possibly have been to violate both the explicit and the implicit contract – and thus the trust we had established.

Stepping away from teaching or supervising for the duration of the interviews was mostly a great relief for me, and it was crucial for the study that I did so. Doing so liberated me, and I could allow myself to be genuinely fascinated by the participants' experience and knowledge, without the responsibility of providing commentary or intervening in a teaching or therapeutic capacity. However, there were a few occasions where I slipped, and on those occasions the direction of the conversation changed and led us into theoretical discussions rather than focusing on our practice. I also noticed that the flow of the other person's sharing changed, perhaps as they felt judged by me. When this happened, and when I was aware of it, I tried to name what had happened. My researcher role definitely required self-reflection on my part. For example, as one participant shared about her work, I found myself tensing and narrowing. I was moving back and away from her, and my breathing was shallow. I was responding to her way of working, which I did not agree with. Luckily, I became aware of this tendency just before I slipped into a teaching mode. Quietly admitting to myself what was happening, and remembering my research focus, helped me to settle. This enabled me to return to being open to exploring her experience and practical knowledge – which proved to be very interesting and provided valuable perspectives that I had not considered.

During a significant moment in one group, I found myself thoroughly invested in a participant's narration, when suddenly, he moved back and became quiet. I was surprised by the abrupt withdrawal, wondering what had happened. "You are so still," he said, "and I am not sure if what I am saying makes sense or if it is at all interesting for you". I shared that my stillness was because I was fully concentrating and attentive to what he was describing, nothing else. I was glad that he had brought this to my attention and that we could explicitly describe what had emerged between us. This situation was a good reminder of the impact I had on what the others felt that they could and could not share, and that everything that was expressed during the interviews was situational and relational.

On another occasion, I felt that my conversation with a participant was very open and fluid. The depth of kinesthetic detail in her way of describing her practice excited me. I could easily imagine how she worked, and I felt that we understood each other. However, listening to the recording, and reflecting on our conversation, brought to my attention that I had not asked her for specifics about her practice. Instead, I had assumed that we understood each other. This discovery highlighted how the advantages that come with the insider perspective also entail obstacles. Sharing the same professional field brought with it the risk that the participants and I took for granted that we knew what we meant when describing situations from our practice. It is likely that we did often understand each other, but we could not know for sure that we knew what the other meant. Schutzberg describes this dilemma in terms of the pre-understood and the misunderstood (Schutzberg, 2021, p. 72). The former relates to what happened in the example above, when I assumed that I understood the participant. The misunderstanding occurs when I think that I have understood something, but have not. Both situations, of course, have implications for the research, as aspects of the participants' practical knowledge will be missed and remain implicit. In the case of a misunderstanding, it will further risk impacting how the material is interpreted and analysed.

Turning to skills that I have acquired in my profession as a psychotherapist often supported me, and hopefully helped me to mostly avoid such situations as described above. Although I joined the explorations, I was also actively aware of my role as a leader. In practice, this meant that I shuttled between being closely engaged in the lived experiences that were shared, and temporarily distancing myself in order to gain perspective on the process. It was my responsibility to lead the explorations, keep focus on the research questions, and deepen that which was being explored. This is similar to the reflexive process in therapy, where I continuously need to reflect *in* and *on* the situation. Further, the focus in therapy is to come as close as possible to the clients lived experience, and explore its meaning and structures. In doing so, I engage in a phenomenological inquiry, breaking down their experience into finer details and asking for specifics in order to reach the client's lived bodily experience.

I brought this attentiveness and method of inquiry to the interviews. For example, when a participant became abstract in their descriptions, I would ask them to give examples from their practice. When someone used gestalt therapy terminology or when I sensed a risk of "taking a situation for granted" or a possible misunderstanding, I would ask the informant to give more detail. Sometimes it was difficult to verbalise an experience, and I would then encourage us to not rush. Similar to my interactions with clients, I encouraged participants to describe their felt experiences, find metaphors or even use gestures. From there we could collaboratively articulate their experiences. However, my way of inquiring was of course also different from when I intervene as a therapist. In this situation, I did not have the responsibility to create and hold a therapeutic space, nor to explore and unfold the participants' existential processes. I further learnt that some more abstract descriptions of their work could convey underlying values of how they wished to practice, which were often fundamental relational aspects that were important to them, but that sometimes proved difficult to integrate in practice.

### **3.6.2. Autoethnographic writing**

In parallel with conducting interviews, I began to write down sequences from my own practice – a process that proved to be interesting and rewarding, and also fostered humility towards the challenges of describing lived experience. Ylva Waldemarson, associate professor of history, says that in order to gain knowledge from our experiences we sometimes need to return to that which we would most rather forget (Waldemarson, 2014, p. 156). I found that some of the situations that I chose to write about were those that for some reason had lingered and stayed with me. Often because there had been some kind of friction or dilemma that was still puzzling me and as if calling for my attention. Other situations I selected came to mind during the interviews, or as I was reading transcripts, theory and philosophy. The situations were inspired by themes that emerged during this process, and that I wanted to look closer into and better understand through the lens of my own lived experience.

Not all of the situations that I wrote about are included in the dissertation, but writing about them and exploring them contributed to my choice of theoretical frameworks and my understanding of the empirical material – both the participants' and my own experiences. One example, that is not included in full, was written from a session I had with a supervision group closely after Russia invaded Ukraine. It was a powerful situation that painfully moved and challenged me. Despite this, I allowed myself to stay with exploring it for a longer time, and through writing and reflecting I gained a deeper understanding of what had happened. Writing about this and other situations pointed me towards theories and concepts that I would then further explore and look back at the empirical material through – both my own and the therapists' experience. Through this process the theory opened up and was brought to life for me, and the material could ask questions in response to the theory and thus lead my exploration forward.

Situations were also selected with the specific aim of being looked at through the lens of theories, concepts or themes that I wanted to explore and gain a deeper and lived

understanding of. I picked situations that I thought would be suitable for this task and that could highlight the specific theme, concept or theory. When I reflect on how I selected situations, I realise that it was rare that I found myself searching for the “right” situation from my practice to write about. Rather, I trusted that the one that came to mind was the one that pushed for being written, and that it had something to tell. I believe that the situations emerged as a result of a dialogue between the material, the theoretical frameworks and me.

Writing down situations from my work required me to slow down and carefully address the specifics of the moment I sought to recall. What had I felt, how had the other moved, what specifics of the situation had informed me about what was happening in the moment? I had to, in a sense, re-enter and “live” the situation again. In my writing, I committed myself to staying as close to the details as I possibly could, and to use a descriptive language and stay away from common and therapeutic terminology as much as possible. Through this process, I experienced closeness to my own practice, but most importantly, it felt as if I were discovering it anew. I became aware of dynamics that I had not articulated previously, and I recalled details that I pre-reflectively knew about but hadn’t seen so clearly before – not even in my clinical supervision or through my regular note taking. As I read what I had written, it appeared as if the text gazed back at me. I will quote Van Manen at length, as his words speak to this process:

Evoking worlds, insights, emotions, understandings. Even our own words, especially our own words, can have this mesmerizing effect. We are writing these words and as they stare back at us they pull us in, carrying us to a special region. The etymology of “draw” does have associations with pulling, bearing and carrying (Klein, 1979, p. 228). As words draw us and carry us away, they seem to open up a space: a temporal dwelling space where we may have reality experiences, “realizations” that we never imagined possible”. (Van Manen, 2014, p. 360)

For me, reading my own text meant that I could look at my practice with a researcher's eyes, and themes began to emerge from the text. Ellis et al. says that writing about personal experiences makes "witnessing" possible, a metaphor that I can thoroughly relate to (Ellis et al., 2011, p. 280). Both producing and then reading the text enabled a different perspective, like becoming a witness and observer to my own practice. However, writing was sometimes challenging, and I would have to navigate doubts and self-criticism, trusting that there could be something of interest within the chosen example. But there were definitely moments when I questioned the way I had acted with my clients in the recalled sequences, and when I wanted to change the storyline into "good therapy practice". However, I knew that doing that would make the examples uninteresting from a researcher's perspective. In fact, it was often those situations when I had struggled or done something that, at first glance, wasn't the best therapy, that I found gold for my study. As a result, writing was sometimes like being in a dialogue between me as a researcher and me as a therapist.

In fact, writing could completely absorb me, as I accessed my lived bodily experience of that moment-to-moment unfolding of the situation that I tried to capture. I was often frustrated, as I couldn't find the exact words. This process also opened a pathway to better attune to what the research participants shared. When hearing their stories and later reading the transcripts, I could relate to the degree of detail that is inherent in lived bodily experiences – and to how much that cannot be captured through words.

### **3.6.3. Theory**

In this section, I will give an overview of the theoretical frameworks and concepts that I am using in my research and describe how I selected them. I start with presenting how I use theory in this study.

The word theory stems from the Greek *Theoria*, or *Thea*, which means looking at, or to view. Theories are ways of seeing and looking at the world, a situation or phenomena

and help us to understand, describe and explain these. There is a well-known quote, often attributed to Kant, saying, “theory without practice is empty, and practice without theory is blind”. This quote speaks to the interconnection between the map and the terrain, and that the validity and reliability of the map depends on whether they are in communication with each other. Theories from this point of view are not absolutes and truths. However, they can provide a structure and a direction that can help us to see and understand new things. Theories can open up the world and give new perspectives, and new discoveries can be brought back to contribute to the development of the theory, and so forth.

In this dissertation, I occasionally refer to very complex philosophical ideas. I want to be very clear in saying that I don’t claim to know these ideas fully, nor will I provide a comprehensive account of them. In other words, I do not hold a degree in philosophy and this is not a thesis in philosophy; it concerns the field of psychotherapy and the theory of practical knowledge. The primary function of theory and philosophical concepts in this thesis is to illuminate, verbalise, discuss and develop an understanding of the therapists’ practical knowledge. I use theory and concepts as means to access aspects within the empirical material that can be difficult to grasp, as it is so embedded in lived experience. In this sense, I apply theory in a manner akin to the use of metaphor. The word metaphor means to transfer, and Aristotle said, “a good metaphor implies an intuitive perception of the similarity in dissimilars” (Aristotle in *Poetics* [1459a: 9] as cited in Driscoll, 2012, p. 28).

As previously stated, the purpose of this project is to shed new light on the therapists’ practical knowledge. In order to do so, I am not only using theory to describe the empirical material, but I am also letting theories and philosophical concepts speak with each other and the empirical material to illuminate and develop the theories. I am giving myself permission to let concepts by different philosophers meet each other and move together. Sometimes the concepts I use may appear as if they are describing the same thing, but they are not. Each concept represents their own understanding of the world, and by letting them talk I aim at letting new insights emerge. Engaging in this dialogue, the theories unfold, and they are explained alongside the empirical material. That is, as

stated, my method. In order to avoid repetition, I will not explain the theories and their content in depth in this section. However, I will name some of them, along with the philosophers that I am referring to, and how I found and selected them.

I have already introduced a few of the theoretical frameworks that have an important role in this project, including Aristotle's notion of knowing and specifically the concept of phronesis, the capacity to act in relation to the specificity of each situation. I have also introduced phenomenology, and in particular the lived body – first coined by Husserl and then further developed by, for example, Merleau-Ponty. I have also described some characteristics of gestalt therapy and Frank's theory of Developmental Somatic Psychotherapy. These ideas were presented early in the dissertation to provide background and clarify my research interest.

Embarking on this research, I wanted to explore my own and other therapists' practice from a fresh perspective. For these reasons, I have chosen to refrain from using gestalt therapy theory in my writing, and it has been crucial for me to step out of and avoid the use of familiar terminology and explanations and see my own practice from new angles. An additional reason was that I also wanted to make this study available to those without experience of gestalt therapy, or indeed any psychotherapy.

Phenomenology and the lived body, as mentioned, are an integral part of gestalt therapy and have influenced me, my psychotherapy practice and not least the research for this dissertation where I have aimed at applying a phenomenological stance, exploring, describing and verbalising psychotherapists' practical knowledge of working with movement. This research project prompted me to study philosophical writings on these matters. Merleau-Ponty's book *Phenomenology of Perception* (2012) seemed like a good place to start. His thorough focus on the lived body as intrinsic to all experience, and for example, its role in speech and habit has largely inspired me. Both verbalisation and habit were themes that stood out from the empirical material, and from my reflections on my own professional experience. In order to deepen my understanding of the concept of the lived body, I also turned to other sources. For example, I discovered philosopher Drew Leder's book *The Absent Body* (Leder, 1990). Leder argues that Cartesian dualism



is rooted in our everyday experience. Our bodies, Leder says, are present to us as being-away, as absent, as our awareness is directed *from* the body and *to* the world. I found his theories interesting in relation to how and when the lived body appears, a topic that is explored in chapter four.

Verbalisation has been a central theme for this study and as I researched this from a phenomenological perspective, I came across Dimitris Apostolopoulos' (2019) and Hayden Kee's (2018) writing on Merleau-Ponty's phenomenology of language, which offered a detailed and accessible account of this theme.

Reading Merleau-Ponty inspired me to explore selected parts of Husserl's extensive philosophy. I did this primarily through the reading of Joonas Taipale's writing, focusing on phenomenology and embodiment (Taipale, 2014). I have also accessed Husserl through Bornemark's writing, particularly her writing focusing on Husserl's take on intentionality and time consciousness – concepts that I use to further elaborate on the role of movement in the shaping of experience and knowing (Bornemark, 2009; 2016a; 2018b).

As mentioned earlier in this chapter, phenomenology values the inter-subjective nature of experience; recognising that the experience of the world is both personal and shared, and that our experience is always shaped in relation to others and the environment. There is a vast discussion within the phenomenological tradition concerning the theory of intersubjectivity. It is also a debated and frequently used concept within psychotherapy, and especially within the psychoanalytic school (Orange, 2010, p. 3). I have chosen not to enter these discussions, or use intersubjectivity theory in this thesis. The main purpose of this thesis is to explore bodily knowing, and highlight how we are influencing and being influenced by one another through movement. Intersubjectivity theory tends to emphasise cognitive and mental aspects, and I therefore did not consider it to be the most suitable theory to capture bodily dynamics.

I am, however, including Edith Stein's theory of empathy. Stein, a student and later assistant of Husserl, and her doctoral thesis was called *On the Problem of Empathy*

(1917/1989). Stein's theory involves the relation between the lived personal body and the environment, and her thinking on empathy has helped me to articulate felt bodily dynamics at play when feeling oneself and with the other. Her theory describes the act through which the experiences of the other person become accessible precisely as the "experience of the other person." According to Stein, the ability to feel into the other's experience, and differentiate between oneself and the other, is connected to one's body (Bornemark, 2014; Svenaeus, 2018).

Maxine Sheets-Johnstone, phenomenologist and professor of dance, has a background as a dancer and choreographer, and she argues with and against both Husserl and Merleau-Ponty in her writings. Sheets-Johnstone has a deep knowledge and understanding of the tactile-kinetic-kinesthetic body, which permeates all her writing and research. I began studying her books and articles long before I even thought about starting this research project. Reading her work has undeniably stimulated my own research interest and I will refer to her theories about the animate body in this thesis.

As mentioned, I found Aristotle's theory about knowledge via the Centre for Studies in Practical Knowledge, and this helped me to sharpen my research focus. I have primarily accessed Aristotle through sources other than his own original writings, for example, through texts by researchers active at the Centre for Studies in Practical Knowledge. I have been especially interested in the connection between phronesis and the lived body. This brought me to, for example, Professor Fredrik Svenaeus' articles on phronesis and empathy (Svenaeus, 2009a; Svenaeus, 2014). It was through his writings that I became curious about Stein's phenomenology on empathy, which I discuss in chapter seven. It was also through reading about Aristotle's philosophy that led me to read Martha Nussbaum, philosopher and professor of law and ethics, who shows how the notion of practical wisdom connects to emotions (Nussbaum, 2001). I have been especially interested in her philosophy on the intelligence of emotions, viewing emotions as containing knowledge about the world.

Another thinker who, similarly but differently to Aristotle, has theorised on the concept of knowledge, was Nicholas of Cusa: a philosopher, mathematician, theologian,

astronomer, jurist and cardinal who lived in southern Germany 1401-1464. He was one of the first Renaissance philosophers, and he is sometimes called the first modern thinker – as he placed the human being’s ability to know at the heart of his philosophy. Cusa thought of knowing and not-knowing as inseparable and intertwined, an idea that connects theory and knowledge with the lived and the sensuous. This way of thinking has deeply inspired my method and research focus. I want to emphasise that I have accessed Cusa through Bornemark’s phenomenological reading of his philosophy (Bornemark, 2018a, 2018c, 2020). I also refer to other theoretical concepts developed by Bornemark: *Pactivity* and *Arches of Paradoxical Values*. (Bornemark, 2016; 2020; 2022). I have long been interested in Bornemark’s philosophy, and I asked her to supervise me on this research project because I wanted to develop my understanding of her theories and the philosophical tradition that she belongs to. I wanted to actively work with these frameworks in my research, as I believed that they could be useful for my project. I have found joy in using and elaborating on these concepts in my own way, and according to the theme and context of my research questions.

So, I have presented the three threads that together form my method. I will now describe the weaving together of those – my analysing process.

### **3.7. Analysing process**

As the reader might have already noticed, the process of gathering, interpreting and analysing the material was not linear. Instead, these phases occurred simultaneously, and they were intertwined. Therefore, part of my process of analysing the material has already been described. Already during the interviews, I noticed that themes stood out. Each focus group and interview had its own processes and topics, but certain themes kept emerging consistently across all groups. When I selected participants for the individual interviews, I did so based on significant themes that I wanted to explore further. Thus, I had already initiated the process of narrowing down and focusing on key figures of interest. During the course of the interviews, I took notes on my reflections. I documented and saved these. The phase of transcribing the material deepened my reflections, and notes I took during this time

were also saved. The next layer of reflection emerged when I read through the transcribed material, and once again, themes of interest stood out to me.

The ongoing reflection on the interviews, transcripts and my autoethnographic writing was, however, not happening in isolation. I was, at the same time, reading theoretical and philosophical literature, some of which I have already presented and some which will be introduced in the following chapters. Theoretical frameworks and concepts that I found in this literature inspired and influenced the interviews. They became a lens through which I could look at the material, and through which I could shift perspective and gain distance, providing a more “outside” view of psychotherapists’ practical knowledge. Furthermore, the theoretical frameworks influenced how I came to narrow down my specific research questions, and they impacted my reading of the transcripts, my procedural notes and autoethnographic writing. However, what I discovered in the theoretical frameworks and how I made sense of them were directly influenced by what the empirical material revealed. I had begun to weave those different threads, and through this weaving, new knowledge could emerge.

Van Manen says: “Phenomenological writing is not just a process of writing up or writing down the results of a research project. To write is to reflect, to write is to research” (Van Manen, 2014, p. 20). I couldn’t agree more. Writing has been a central feature of this research process, and in particular, as I have analysed the material. A key objective was to verbalise lived experience, which prompted me to write and write, and write. Practical knowledge, which Aristotle called *phronesis*, necessitates a different language than that used for example within the natural sciences. It exceeds that which can be measured and quantified, and it does not “live” within strictly definable language. Rather, it requires a descriptive and explorative language that is capable of moving closely to the lived, the actual and tangible experience. Hence, finding and using such explorative and descriptive language has been part of both the researching and analysing process. Theory and philosophy, and my own lived bodily experience, inspired me on this quest – and I used writing to help me articulate and

reflect. Through reflective writing, I engaged in a thorough dialogue between the empirical material from the interviews, my professional experience and theory. The weaving together of these threads *is* the method – aiming at coming closer to the professional practice while simultaneously enriching and bring, life to the theory – shedding new light on both aspects. The theory and practice are thus continuously asking new questions of each other. Through this reflexive method, my findings emerge.

Sheets-Johnstone (2015a) asserts that the phenomenologist's attitude is one of being present to the phenomenon, fully and wholly (p. 8).

Through his description of lived experience, he is able to elucidate structures apparent in the phenomenon, forms existing within the total form of life. Thus, if dance is the phenomenon, the phenomenologist describes the immediate encounter with dance, the lived experiences of dance, and proceeds from there to describe the analysable structures, such as temporality and spatiality, inherent in the total experience (Sheets-Johnstone, 2015a, p. 9)

The “improvised dance” that I aimed to study is that which emerges between therapist and client.<sup>17</sup> I wanted to engage with their lived practice and understand how movement and their felt experiences of gesture, posture and micro-movements inform their situational-specific knowing and ability to judge how to act. To describe and analyse these structures I would use theoretical concepts, for example from phenomenology but also other suitable sources, which could help me verbalise and explore this dynamic. This process of moving from the lived experience to theoretical analysis mirrors the phenomenological approach, where close attention to lived practice provides the empirical material needed to uncover the deeper structures of understanding and action.

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<sup>17</sup> Sheets-Johnstone (2015a) describes dance improvisation as a paradigm of thinking in movement. “To say that in improvising, I am in the process of creating the dance out of the possibilities that are mine at any moment of the dance is to say that I am exploring the world in movement; that is, at the same time that I am moving, I am taking into account the world as it exists for me here and now in this on-going, ever-expanding present” (p. Xxviii). I think this resembles the experience of phenomenologically informed psychotherapy practice.

As the reader will see, my study interweaves quotes and descriptions from my own and the interviewed therapists' practice, with theoretical reflections. These writings are a necessary part of the research and cannot be easily relocated to the appendix. This would not make sense. However, I have found myself in an unwanted dilemma: I am exceeding the recommended word limit set by Middlesex University, but staying true to the purpose of my research requires finding and using a descriptive language, which is necessary to capture phronesis. This language demands its space, as generalisations and summarisations will lead to a loss of its explorative and illuminating power. I have concluded that finding words and establishing new concepts for this aspect of knowing can reveal novel insights about how psychotherapists are using movement in their practice. Therefore, I have determined that in this situation, I need to prioritise this purpose, even if it means exceeding the word limit. With the descriptive examples, I would like to invite the reader to feel and imagine those situations, connecting with their bodily experience. This may facilitate a felt understanding of the therapists' practical knowledge and assist the reader to judge the reliability and validity in the findings that I have made.

I have chosen to use the APA reference style.<sup>18</sup> However, in order to help the reader to find the source of concepts, arguments and discussions that I am referring to I have chosen to refer to specific page numbers even when this is not a direct quote. In particular I have done so when the source is a book and when it thus can be hard for the reader to find what I am referencing.

### **3.8. Ethical considerations**

With my choice to closely and continuously listen and respond to the specifics of the emerging research situation, an ethical reflection becomes inherent within the method. This stance has made it possible for me to continually adjust my method and approach when meeting the participants and gathering data. I have been able to

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<sup>18</sup> APA stands for American Psychological Association.

pause and reflect on situational-specific ethical considerations in ways that might not have been possible in a standardised method.

Before I recruited participants for this study, I applied for ethical approval from the ethical committee at Middlesex University. I submitted an amendment to this application when I changed my research design. All informants were given an information sheet, which included a presentation of my research project, its purpose and what participation would involve.<sup>19</sup> In this information sheet, I also told them that the intention with the study was not to give an accurate account of their lived experience. But rather, that I wanted to engage in a dialogue with them which could give us a deeper understanding of the phenomenon of “working with movement in psychotherapy”. Before the interviews, the participants were provided with a consent form.<sup>20</sup> This was either signed by them, or approved verbally or through email.

I have already written about my ethical considerations in relation to the participants and the procedures involved in the interviews, concerning both the explicit and the implicit contract. Each quote or example that I have used in this dissertation has been chosen in order to best further the research exploration and illuminate aspects of the therapists’ practical knowledge and/or theoretical concepts. To protect confidentiality, the identity of the informants has been anonymised and their names have been replaced with pseudonyms. I kept the original names during the initial phases of my writing in order to facilitate easier recall and connection to the participants’ descriptions and our dialogue. During this time, Bornemark was the only person who read my writing. As an additional measure to anonymise participants and ensure confidentiality, I have chosen not to explicitly state in the body of the text whether the excerpts and participant quotes are from focus groups, interviews, or written submissions by the participants.

Throughout the process, all texts and digital recordings have been securely kept and stored on a password-protected computer. The autoethnographic examples from my

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<sup>19</sup> See Appendix.

<sup>20</sup> See Appendix.

own professional practice raise an ethical concern in relation to clients, supervisees and students that feature in these: they have not been asked for consent. I therefore clearly want to emphasise that all examples are based solely on my subjective experience and on how I recall the situations. I have been very careful to protect the integrity of the clients, students and colleagues that feature in those examples, and I have written them in such a way that their identities remain hidden.

The consent forms and documents that include personal information of the participants are being kept in a locked drawer, accessible only by myself. All data, including recordings, notes and transcripts, will be kept until publication of the study.



#### 4. The lived body appears

In this chapter, I begin my exploration of how movement shapes psychotherapists' practical knowledge, and I start with an inquiry into the concept of the lived body. By exploring how the lived body appears to us, I want to bring life to the theoretical concept of the lived body, and in line with my research interest – psychotherapists' practical knowledge of working with movement – gain understanding of its relation to movement and knowing. The empirical material is related to different theoretical perspectives on how the lived body appears. Concepts and theoretical frameworks that are presented in this chapter serve as a foundation for investigations in the following chapters.

As I have described, my interest in studying this theme stems from discoveries that I have made through my personal and professional experience. When I began to interview the therapists, I wondered; what sparked their interest in the role of movement in psychotherapy? How did they become interested in the moving-feeling-sensing body? How did the lived body appear to them?

They had all, as mentioned earlier, completed postgraduate training in an approach that clearly focuses on *movement* dynamics. Most psychotherapists continue their professional development after graduating and they have a vast choice of training opportunities to select from. Far from all of them explicitly integrate somatics or bodily aspects in their theory and practice.<sup>21</sup> Amongst those who do, as described in the literature review, there can be a tendency to orient towards *the body* – which might mean that the focus is on the client's individual body. In particular, I wanted to shed light on the background from which the therapists' interest in studying the role of movement had been formed. I wanted to do this in order to better understand what “working with movement in psychotherapy” meant to them. What had shaped and inspired their interest, and what was important for them when integrating this aspect

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<sup>21</sup> Thomas Hanna, philosopher, movement theorist and somatic educator says that soma is “the body of life”, and he refers to the Greek meaning of the word soma, which is “the living body in its wholeness” (Hanna, 1980, pp. 3-15).

with their clinical practice? With these questions, we began our exploration, and our conversations provided the foundation from which other themes emerged.

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The lived body connects us with the world, and “the world is not what I think, but what I live,” Merleau-Ponty says (Merleau-Ponty, 2012, p. xxx). Fundamentally, it is only through our lived body that we can experience. Husserl calls it the zero point of orientation, as it is the very origin for subjective experience (Husserl, 1989 as cited in Sheets-Johnstone, 2020). Subjective means *my* experience, and as we are experiencing through our individual and separate (yet connected) bodies, we can only have *our* experience of the world, and we can never know exactly what the other feels. Stein emphasises this perspective in her theory on empathy, essentially saying that there is always a consciousness of the difference between oneself and the other, and this difference is connected to one’s body (Stein, 1989; Bornemark, 2013, p. 261).

To be alive *is* to be embodied, and it is such a given that Sheets-Johnstone strongly criticises the extent to which the term “embodied” is being used, for example: embodied minds, embodied action, embodied experience, embodied language and even embodied dance, yoga – and embodied therapy. This, she says, is “epistemologically and ontologically improper practice verging on phenomenological malpractice” (Sheets-Johnstone, 2015, p. 23).

Her point is, that in their everyday meaning, the verb “embody”, or the noun “embodiment” can be used in order to highlight that “bodily dimensions” are being recognised and taken care of. But at the same time, this use of language can lead to an assumption that certain methods inherently address the body, while in others, the body isn’t present. But what about the bodily nature of cognition, mind, knowing, experience, self-awareness, and so on? (Sheets-Johnstone, 2010, p. 111) Our bodies are not mere containers or instruments of our agency, Merleau-Ponty claims. (Merleau-Ponty, 1962, p. 87). “I am conscious of my body via the world” just as “I am conscious of the world through the medium of my body” (Merleau-Ponty, 1962, p. 82). The tendency to

habitually refer to “embodying” risks generating static rather than dynamic understandings of everyday life, and thus bypassing the crucial role of the lived body.

Both Husserl and Merleau-Ponty say that we both *have* a body (Körper) and *are* our body (Leib) (Taipale, 2014, pp. 11-17). With this claim, they are bringing together our physical body, that which Descartes thought of as merely matter and extensa, with the conscious, sensuous and experiencing body. In Descartes theory, the intellect or the soul (res cogitans) was separated from the extended body (res extensa). But Husserl, Merleau-Ponty, Sheets-Johnstone and many others emphasise that this separation does not exist. Truly, we are animated beings, and meaning and movement are not separated, Sheets-Johnstone (2011a) says, highlighting that we are mindful bodies, not embodied minds.

But, how often in our everyday lives do we actively pay attention to “being a body”? Our bodies are mostly in the background, and we forget about them as we are busy with living our lives and doing what we are doing. Sometimes, however, bodily experiences move to the foreground. When this happens, it mostly seems to be because something is wrong or stands out from “the normal”. Like when we are in pain, are suffering from illness or experiencing intense feelings. Or when our body makes a noise or smells, or when we feel tired or a lack of energy. And of course, our body becomes present when we evaluate it for being too much or not enough. However, for the therapists that I have interviewed, the lived body was important. Psychotherapy has traditionally been known as the talking cure, but they wanted to bring the non-verbal to their practice. What had they discovered that made them interested in bodily experiences? How had the lived body appeared for them?

So, in this chapter, I will engage in an exploration where I look at different ways of how the appearance of the lived body can be described and understood. Examples from the interviews and reflections on my own experience will be connected to theoretical perspectives.

The main question that I will explore in this chapter is:

- How does the lived body appear to us?

The following questions will guide the exploration:

- What made the therapists in the study group interested in the lived body, and particularly in a movement perspective?
- What made them want to integrate the lived body and a movement perspective in their clinical practice?
- What brought them to begin post-graduate training in a movement-oriented approach to psychotherapy, what were they hoping to learn?

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The lived body is a philosophical concept pointing towards the body as precisely living, and as different from a not living or experiencing object. But as a theoretical concept, the lived body can risk being abstract. In order to bring us closer to its lived meaning, I will begin with an example from my everyday life. It is not an example from therapy, but it describes how the lived body can appear. With this example, I want to invite the reader to imagine the nuances of the felt and the lived.

#### **4.1. The lived body at the sauna**

So, our lived body connects us with the world as we are simultaneously touching and being touched by the world. Aristotle claims that touch is the discriminating sense, our bodies, or “flesh”, is the medium through which we can discern between different experiences – between cold and hot, what we desire and what we do not, between hard and soft (Aristotle, *De Anima* Book II, as cited in Kearney, 2015, p. 19). But “proximity is not immediacy”; there is not a fusion into sameness, but rather, experience happens as

our bodies meet the world. Every time I visit my local sauna, this touching threshold is tangibly brought to my awareness. Situated close to the city, in a sheltered glade with trees and cliffs and right by a lake, this sauna offers a space for contrasts. Entering the wooden gate, the rich beauty and dynamic stillness of nature comes right to the fore, yet with the buzzing city life as a visible but distant silhouette. On the sauna side of the gate, the custom is for clothes to be removed, as opposed to being dressed – that is of course taken for granted on the other side.

My favourite place in the sauna is on the top shelf, in a corner from where I can look out through the window. From there I can watch how nature always shifts and changes. Every visit is different. Löylö is the Finnish word for steam, and waves of steaming heat meet my skin every time someone throws water on the heater. In the sauna we have our ways of communicating and agreeing, humming and nodding whether to throw one, two or three scoops of water. It is an important communication between the thrower and those sitting on the leveraged benches in the small room. The number of scoops, and not least how they are thrown, will immediately be felt and impact everyone, and especially those on the top shelf. I have learnt to predict how the steam will touch me depending on who the thrower is and how she enters the room and picks up the scoop. I am almost always right. But yes, everyone has their personal style. Sometimes the steam hits me so hard that I need to fold myself as a protection, to then open up incrementally as the intensity of the heat gradually softens around me. Other times the air is gradually filled with embracing and soft warmth.

I love that feeling when the sweat is just about to break through my skin. As it does it is as if I am almost at one with the heat, and my muscles soften. I know exactly when it is time to leave, when the heat gets intense and before it gets hard to breath. This is a bodily knowing. When I step out of the sauna, my steaming body meets the sharp winter air. As I climb down to dip myself into the frozen lake, I feel the slippery ice on the ladder. Is it pain or is it pleasure? I don't know. I *know* that the water is cold, yet at first, I don't *feel* it as cold. What I am most aware of is an intense feeling. My impulse is to hold my breath, but I know it is better if I don't, so I breathe. Suddenly the cold gets me, and

as I leave the water there is a rush of a needle-like buzz moving through my body. Is it pleasure or pain?

After soaking myself in the lake I often sit on a bench outside for a while, just “being with” the aftermath of this sequence, and to catch my breath. I savour this moment. It is as if *I am* my heartbeat. Everything around me slows down, and as I look out over the lake, I get the sense that the world comes to meet me with almost exactly the same quality as I am meeting the world. I am here, and you are there – touching with a silk-like quality. Beauty is the word that comes to mind. And presence. Maybe that is the same – a fullness of experience. In this moment, the air around me does not feel cold. I am experiencing the “almost at one” feeling again, until the icy temperature in the air takes over and I can more clearly feel my skin. I know that I am getting cold, yet I don’t freeze. I like to sit a bit longer, allowing the cold to penetrate me further. Suddenly, the exact right moment to return to the heat again arrives. Now it is my turn to look around, feel myself and with the others, and to throw – one, two, or three scoops?

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When I write down and recall my experience, I am struck by how the intensities and qualities of experience are felt just before, or almost simultaneously, as I evaluate and categorise them. I feel the temperature as a kind of pressure, a resistance of otherness that heightens my bodily experience of where I end and begin. For example, I feel as if I am “hit by” something, and although I know that it is cold, initially, I become aware of a sharp and intense feeling. I feel myself softening, and narrowing or widening, and I cannot immediately tell if it is pain or pleasure. And in the moment that is not even important, what stands out there and then is that I am my body – yes, my lived experiencing body is at the fore.

In our nakedness, me and the other people that I meet at the sauna are so evidently both receptive and active – we are vulnerable living bodies in the presence of life and of each other. As you stretch your legs, I fold mine to make space for you – or I don’t, and then you have to adjust to me. As I enter, you predict from my way of moving and looking

around where I want to sit. Will you make space for me? Distance is negotiated, and often non-verbally. Sometimes I enjoy engaging in conversations, other times I need silence – I don't always get what I wish for. Whatever it is, it is felt.

Simultaneously, as we engage in our sweating-bathing-resting routines, lurking just underneath the surface is the potential of wounding and being wounded. Living bodies are fragile. An act or a word can lift spirits or make the other shrink. At any moment, someone can slip on the wooden floor, or cut themselves on the sharp ice. One too many scoops of water can hurt sensitive skin, sitting too long in the heat or staying too long in the frozen waters can be dangerous. The vulnerability and excitement of being alive comes close, precisely in those moments when the intense contrast exaggerates the pulsation of life that is streaming through me. I become aware of the continuous flow of breath and of my heart, as it is beating the rhythm of me. In this fullness of experience, I am touching the very edge of being alive and not – that fine line that is always only a breath and a heartbeat away.

#### **4.2. The natural and the phenomenological attitude**

The sauna is a place that invites the sensuous and awareness of both being and having a body, in a very different way than what it is like when, for example, being on the underground train during rush hour. In such situations, one might even want to feel less. When we move around in our everyday life, we often don't reflect as much on what surrounds us – it is all “just there”, as a part of our ordinary and natural way of being in the world. Husserl described this as the natural attitude, which for him manifests in our natural way of just approaching the world as if it exists “out there”, independent of our existence (Merleau-Ponty, 2012, p. xxi; Luft, 2002; Steinbock, 2017, p. 6). When I stand on the subway, I might simply observe the people on the train and the stops that pass – they are just there as objects. The phenomenological attitude invites an openness to “the things themselves” and to how we are experiencing what is, as if for the first time. In the context of the sauna, my lived experiencing body appears for me, my senses are open, and I am open to feeling myself moving with the others and the environment. However, that way of living is not always practical or possible.

My sauna experience highlights the phenomenological attitude and shows how an awareness of lived bodily dynamics informs me of *how* I am, *where* I am and *that* I am (Frank, 2023, p. 2). When attending to our lived bodily experience, we don't only attend to the physicality and objects in space, but to how we are experiencing space and time. Lived space is our experience of and within space, indicating that the subject and world don't exist separately but rather constitute each other (Merleau-Ponty, 2012, p. 293). When I place myself in relation to another person in the sauna, I am open to feeling what kind of distance is right in that moment and with that person. The experienced distance is different from the distance that can be measured, which the case examples in the introduction chapter also showed – I felt as if I was miles away from my client, who was only sitting a metre away from me.

“Space is not the milieu in which things are laid out, but rather the means by which the positions of things become possible”, Merleau-Ponty says (Merleau-Ponty, 2012, pp. 253-254). Husserl argues that our lived body is given to us as a practical kinesthetic horizon (Husserl as cited in Taipale, 2014, p. 43). This means that how we perceive the environment is not isolated from our experience of what we can and cannot do. My way of approaching and moving on the slippery ice on the deck outside of the sauna is not separate from my physical ability to balance. How I feel that I can move in the sauna is not unrelated to my experience of what is possible for me and how I will impact and be impacted by others. Furthermore, my experience of time shifts in relation to what I am sensing and to the surrounding world – sometimes it appears to slow down or speed up, and I know exactly when to move in or out of the sauna. This *lived time* is different than clock time.

So, with this as a background, I will now turn to the psychotherapists' experience and explore how the lived body appears to them, and what made them interested in working with movement in their professional therapy practice.



### **4.3. The absent body**

Many of the therapists I met described that their interest in movement had begun before they started their psychotherapy training. Some had been involved in arts or movement practices, which had brought their attention to non-verbal and bodily expressions. Others had been introduced to body process within a therapeutic setting: in therapy, psychotherapy training or supervision. But many referred to experiences in everyday life, and often to early experiences, as having influenced their interest in movement, body process and the non-verbal.

Jan described that his interest began early, and through the arts. He said:

I became interested in the connection between my body and how I could express myself long before I had even thought about becoming a therapist. My mother wanted me to play the piano, so that's what I did and I even became a professional musician. I was a fast learner, and I was good! But, I never felt good. I had some kind of block. I tried to explain this to my teachers, but no one could help me. It was also difficult for me to explain what I struggled with. But, it was really hard for me. I felt the music inside of me, but I could not express it in the same way that it felt to me. I was angry with myself, and my body, for not doing what I wanted it to. This was very painful, and finally I dropped music as a profession and started another career.

Jan struggled to express what was felt on the "inside" to the "outside". The arts often serve as a bridge between these experienced poles, but Jan couldn't find a satisfying way of bridging these. Many years later, during a life crisis, he was introduced to a martial arts practice. This practice, he said, taught him to move and be with his body in new ways. He was very surprised to find that as he practiced martial arts regularly, his piano playing improved. Jan explained:

I could feel more of my feelings going through the piano. I used to be so robotic, now I became more expressive. I did not have a clue what this was about, but it

fascinated me, and I embarked on a journey exploring all sorts of bodywork, and that's how I met gestalt therapy and years later DSP<sup>22</sup>.

So, how can we understand the process through which the lived body appeared for Jan? One possible way of analysing his description could be in terms of the Cartesian division between the trustworthy mind and the unreliable body. Jan's experience shows how this is not only a theoretical concept, but also rooted in a felt and lived dynamic – his body did not behave in the way he wanted it to. As already mentioned, it is mostly when we are ill or in pain that we become aware of being a body, and we could say that his attention was drawn to his body as a result of its limitations and inadequacy. His body became like an obstacle, and not being able to trust its ability to perform, he became uncomfortably aware of his lived body. Later, the martial arts practice introduced him to a novel way of feeling himself. I will return to that soon, but first let's reflect on what initially occurred for him; it seemed like his lived body first appeared to him because there was some degree of experienced dysfunction or discomfort. How can we understand this phenomenon? We can propose that this was a consequence of him living in a culture and society that favours the mind and thinking, and that he was thus less aware of his moving-feeling-sensing body.

Can we blame the rationalistic worldview for our general lack of embodied awareness? Philosopher Drew Leder does not agree with claims that the Cartesian dualism is shaped by ontological commitments at the expense of attending to lived experience (Leder, 1990, p. 3). Instead, he says, we can find its roots precisely *in* our lived experience. In his book *The Absent Body*, Leder draws on Husserl, Merleau-Ponty and Heidegger as he explores the "absent presence" of the lived body (Leder, 1990). Absence comes from the Latin words *ab*, or away, and *esse*, that means being. Leder argues that our lived body is mostly absent from our attention, as our awareness is directed *from* the body and *to* the world. He describes this state as bodily *dis-appearing*; the body is present to us precisely in a state of being absent or being-away, dis-appearing from our direct attention. For instance, if we were to attend to every feeling when meeting a friend, there wouldn't be much of an exchange happening between us, as our focus would be tied to our feelings. It

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<sup>22</sup> Developmental Somatic Psychotherapy.

is by means of the lived body that we have access to the world, but our lived body must necessarily recede from our attention, Leder says.

Leder distinguishes between bodily dis-appearance and *dys-appearance*; our body dys-appears when we experience some kind of pain or when we, like Jan, can no longer perform a skill in the way we want to or are used to. In those situations, he claims, our attention is sharply drawn to our bodies, as the movement *from* our bodies *to* the world is reversed. When we are in pain or experience some dys-function, our body emerges from its absence and we have no choice other than to attend to it. In dys-appearing, the body becomes as if apart from oneself, at the same time as it is acutely felt – almost as if we are trapped in it (Leder, 1990, pp. 69-99). I imagine that what Leder describes can resonate with many peoples' everyday relationship to their body – that it appears when something goes wrong, when in pain, suffering from illness or when flooded by emotion or having an “embarrassing” reaction like blushing, sweating or shaking.

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But Jan also describes the joy of discovering his body in martial arts, and my sauna experience speaks of something different from dis-appearing or dys-appearing. How can we theoretically explain this? Many phenomenological studies have focused on how the body appears when there is illness or some kind of dysfunction. Few focus on when the body appears in pleasure (Zeiler, 2010, p. 333). In response to this, Kristine Zeiler coins the term *Eu-appear*, derived from the Greek *Eu*, which means good or well. In contrast to analyses that assume that we only attend to our body when something is wrong, she suggests that the body can eu-appear as something positive. The body, she says, can eu-appear in three situations: 1) when we are pre-reflectively aware of the body as pleasurable, when the body appears as positive without this being an explicit focus for attention or a disruption for our way of performing or being; 2) In situations when we are reflectively aware of our body as positive; and 3) in situations of intense bodily pleasure when we cannot attend to other things than our bodily presence without the pleasure being diminished (Zeiler, 2010, p. 341).

Could we say that the body eu-appeared to Jan later, when he met martial arts and began to feel himself in novel, joyful and more flexible ways? The practice likely expanded his movement repertoire, which seems to have impacted both his feeling and contacting repertoire. Being more connected to his moving-feeling-sensing body, the music flowed differently through him. We could thus say that his lived body appeared to him, not only when there was a dysfunction, but also when he experienced the pleasure of discovering its, or rather *his*, expressive powers. The martial arts practice enhanced Jan's sense of being a body, precisely in the sense of bringing him "back to his body", which is the literal meaning of the word *em*-bodied. However, he was brought back to his body in a different manner than what Leder's dys-appearance suggests: Jan became aware of being a body; not as having a "misbehaving" body, but through being a body that was open to interaction.

So, following Leder and Zeiler's theories, we could say that strong experiences, which both pleasure and pain can be, can make us aware of our bodily felt selves. But if we return to my sauna experience, doesn't that exemplify something different from what both Leder and Zeiler suggest? My lived body appeared to me as I noticed different felt qualities and intensities of experience, rather than to what could be categorised as pain or even pleasure. And although Jan had both painful and pleasurable experiences, is that enough to describe how the lived body appears to him?

When I listen to the psychotherapists' descriptions of how they became interested in bodily processes, it doesn't seem like either Zeiler's eu-appearance or Leder's definition of the absent body fully captures their experiences. The therapists aren't exactly talking about their processes in terms of illness or pain, nor even as pleasure. Illness and dysfunction, and even pleasure and joy, are evaluations that easily make us cluster experience into good or bad. One purpose with this thesis is to contribute to a wider understanding of the concept of knowledge, and to examine how, if at all, felt experience is an aspect of knowing. Based on this, and as I want to apply a phenomenological perspective, I am curious in coming even closer to the felt and the lived. In my endeavour to articulate tacit knowing more closely, I wonder: are there more nuanced and experience-near ways of describing how the lived body appears? In the following

section I will take us on a little tour to explore this. So, let's return to the research participants' descriptions and see what they reveal.

#### **4.4. The habitual body**

Many of the therapists said that their interest in bodily processes had begun when they realised that their habitual patterns of moving and gesturing revealed powerful information about their experience of the situation and what gestalt therapist and psychoanalyst Lynne Jacobs calls enduring relational themes (Jacobs, 2016). Enduring relational themes are recurring patterns or issues that consistently appear in a person's relationships over time. These themes often reflect underlying beliefs, values, emotional needs, and behavioural tendencies that significantly influence how individuals relate to others. As mentioned, the therapists had made these discoveries either in their everyday lives, or in therapy, psychotherapy training or supervision. Alfons and Vera gave the following examples:

Alfons said:

In my culture we move a lot, we use our bodies and movements to communicate. It's like we dance with each other. I have always liked to move and to dance, and as a teenager that was a way for me to feel myself connected and to express myself. But at some point I stopped. I became aware that through my way of moving I was going to show my gayness. Where I live this could be truly very dangerous. This made me conscious about my way of moving, thinking that maybe others will notice? I diminished the way I connected with the world, and I began to think more about it and restrict myself and how I moved. I got used to doing this. But later in life I struggled in relationships as I was holding myself back so much. I lived as if I could not trust people. I went to therapy. That helped me to find a way back to my body, and slowly I could find my own way of moving in the world that feels like me.

Alfons' example is first of all striking and moving in its content, and I certainly don't want to bypass that. How we move in the world is undoubtedly political. It goes beyond the purpose of this study to cover this important topic of body politics and how cultural

norms and political and religious powers regulate and control the human body. Staying with the main thread of this chapter, how the lived body appears, I will focus on the process through which Alfons learnt to diminish himself, and how he discovered new possibilities. I will first add an example that Vera described and then discuss both.

Vera said:

When I started my psychotherapy training people began to point out to me that I was moving a lot, often shifting how I was sitting and using gestures when I spoke. That made me aware of how I had a lot of movement in me, and I was touched that they noticed in a curious way. Historically I know that I have been stopped, and I remember as a kid how teachers in school were telling me I had a lot of energy and that I had to restrict myself. And I skilfully learnt to do so, especially in school.

When I did a workshop during my gestalt therapy training we did experiments where we paid attention to small movements with others, in dyads for example, and I could feel how I was holding myself back from others all the time. But for me it was huge that I felt the movement in the holding back! It became so strong for me how I no longer wanted to move in a way that I was told to move, I wanted to move like me. I did not want to hold myself back anymore. And I understood that I needed to... just take the risk and move out of my habit. And as I did it, it was like I landed. It made sense to me and I understood that I needed to investigate this more. I wanted to find out about what it was that I was trying to say, to myself and to others, with not moving forward.

Both describe how over time they had developed ways of holding back from the other and the environment, and how this had become an integral part of their way of being, moving and feeling themselves in relation. They both said that a therapeutic setting helped them to become aware of these patterns, which opened the possibility for them to shift these well-practiced ways of relating. I will return to explore what happened in therapy soon, but first let's examine the phase when they learnt that they needed to restrict their movements and way of being in the world. One way of theoretically describing their process is that they developed habitual ways of moving and relating.

A habit is commonly thought of as an action that we perform almost automatically; without much thought or feeling, we just do what we have become accustomed to do. In fact, most of our movements are habitual. Habits develop through repetition and practice, and so much of our everyday movement is so ingrained that we “just do it”: we walk, sit, eat and write. We don’t need to re-learn every time we perform these movements, just as we don’t need to rediscover the floor underneath us every time we walk on it, as we know it is there. Because a lot of our movements are habitual, we can attend to many things at the same time, trusting that our bodies “will do their thing”. We walk down the street, just knowing how to navigate the passing bikes and the people we encounter at crossings, adjusting seamlessly to someone who suddenly slows down in front of us. Knowing this frees us to think about other things, talk to a friend or notice that we are hungry.

It might appear as if the habitual movements are automatic responses, and we often tend to think of habits as either good or bad. But, both Husserl and Merleau-Ponty claim that habits are not only passive acts (Taipale, 2014, pp. 56-59; Merleau-Ponty, 2012, pp. 143-148). In his exploration on the habitual body, Merleau-Ponty says:

If habit is neither a form of knowledge nor an automatic reflex, then what is it? It is a question of a knowledge in the hands, which is only given through a bodily effort and cannot be translated by an objective designation. (Merleau-Ponty, 2012, p. 145)

In his theorising, Merleau-Ponty argues that habits are not mental constructs but rooted in lived bodily experience and as a bodily knowing. To illustrate how habits develop, he refers to the typist and the organist, who both initially need to discover how to use the instrument and the keyboard. They must attentively practice until their playing and typing flows spontaneously, and until they no longer need to explicitly think about the series of movements that is included in the task. When they have reached this point in their practice, they don’t need to know the exact location of each key, nor do they always have to play or write on the same instrument. Rather, their movements are guided by an intention to write what is to be written and play what is to be played (Merleau-Ponty,

2012, pp. 146-147). Having actively attended to coordinating their movements in relation to their instrument, this attention incrementally fades into the background. Habit, Merleau-Ponty says, resides neither in thought nor in the objective body, but in the body as a mediator of a world (Merleau-Ponty, 2012, p. 146). In his article on reason, knowing and self-presence in habitual action, James McGuirk argues that this perspective prompts us to rethink classical notions of mind and consciousness and what is understood by the notion of “understanding”, simply because we cannot bypass the fact that the world is known to us through the body (McGuirk, 2016, p. 152).

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Through their moving bodies, Alfons and Vera were mediating the world as they learnt how to constrain themselves in relation to the situations they were living. Gradually, they had learnt how to move “safely enough” in their world, and to such a degree that they became habituated to restrict their previously spontaneous movements. They were no longer actively aware that they were doing this, it had become how they knew themselves to be. Habits can become *as if* automatic, and when they do, we may pay less attention, if at all, to present possibilities. It could be that there were situations that had welcomed Vera to not hold back and Alfons to dance, but neither of them was open to see that.

Taipale says that our habitual movements involve a sense of “mineness”, like we know what our integrated way of walking and gesturing feels like (Taipale, 2014, p. 58). Husserl’s phenomenology describes how our sense of personality is connected to the habitual manner in which we act in the world (Taipale, 2014, p. 95). And, although maybe not comfortable, the manner in which both Vera and Alfons related to others became familiar. It shaped their style of being in the world, as both Husserl and Merleau-Ponty would define it (Taipale, 2014, p. 95; Heinämaa, 2011). The habitual body reminds us of Leder’s definition of the absent body, that it is in the background and away from our attention. So, how does habit relate to how the lived body appears?



From Merleau-Ponty's perspective, habits are never completely mechanistic or static, there is always some degree of adjusting to the situation. For example, I write my name with this pen, which is different from writing with another pen, I walk differently in snow than when I walk barefoot on grass, and maybe the manner with which Vera was holding herself back was different when she was with a friend than when with a teacher. When Vera and Alfons, later in life, were confronted with situations where they discovered that their habitual manner of being was no longer useful for them, their lived body became focal – as if there was an “irritation” at the threshold of experience. What was familiar and retained from their past appeared in contrast to the situation at hand where old patterns no longer worked. This initially happened for them in everyday life situations, and was clarified and worked with in therapeutic settings where they could unpack the relational meaning that lived in their habitual movements.

This process could of course be described through Leder's lens: that their bodies came forward in dys-appearance from their dis-appearing state. However, although I imagine that the realisation wasn't smooth for them, I hesitate to equate what they describe with pain or dys-function. Nor do I understand their descriptions as if attention was completely focused on the body and away from the world. As to how I understand it, it wasn't becoming aware of their bodies that caught their attention as much as the *relational meaning* in the habits. What appeared to them was a movement dynamic, as they became aware of how they are touching the world as the world is touching them.

In psychotherapy literature, the habitual body has often been described as a kind of memory that resides in the body, *body memory*. Can that concept support a description of how the lived body appears for the research participants? I will proceed to look at the research participants' experience through the lens of that concept.

#### **4.5. The remembering body**

Similarly to Alfons and Vera, Sam, one of the therapists, shared how he had learnt early in life to numb himself in order to cope with a chaotic and violent environment. During his psychotherapy training, one of his teachers spoke about what he called a “frozen”

process. The word “frozen” resonated for Sam, “That’s exactly what I was. I was frozen and had been for a long time,” he said. He brought this to his therapist, and they carefully began to address how he experienced his frozenness in their sessions.

Sam said:

I became aware of how I held myself rigid and away from her, and I was vigilant to every move she made. If she moved forward in a certain way, then immediately I would hold myself tight again.

Sam became aware of how his body instantly responded to his therapist’s movements, and he recognised that this had probably been his habitual response for a long time.

Henri Bergson, French philosopher, was one of the first to make a distinction between two types of memory. He described *mémoire-image* as the “voluntary” recollection of place and events etc., and *mémoire-habitude* as having a more involuntary form of memory that enacts our past (Bergson, 2007/1896 as cited in Fuchs, 2012, p. 10). The latter is similar to what Sam describes, and reminds us of what Merleau-Ponty refers to as the habitual body. Modern cognitive psychology has explored this kind of memory as *implicit memory* (Fuchs, 2012, p. 11). Residing in the tacit domain, this memory forms a *knowing how*, which is differentiated from explicit memory, which can be reported and described – a *knowing that*. Explicit memory is our capacity to, in the present, recollect and describe the past. Implicit memory does not represent the past per se, but instead refers to how the past can be re-enacted in a present situation. This type of memory is sometimes described as *body memory*, to emphasise that memory is not information stored in the brain, but endures in the lived body.

Sometimes the term body memory is understood as a memory that is stored in the individual body – like sealed boxes in the basement that at any time can be brought into the light and unpacked. When that perspective of body memory is applied in therapy, it often suggests an individualistic approach, or what is sometimes referred to as one-person psychology where one separate person (the therapist) analyses another separate

person (the patient).<sup>23</sup> This is a different perspective from, for example, Merleau-Ponty's relational definition of habit and memory.

The phenomenal body, Merleau-Ponty says, is connected to the world through intentional threads; an invisible network that creates a kind of remembering, which is of a whole-body dynamic and based on the perception of moving in relation (Merleau-Ponty, 2012, pp. 131-132). This kind of memory is not localised in the individual body, but emerges in relation and in the present moment – like when Sam becomes rigid in response to his therapist's sudden approach towards him. In Sam's habitual and immediate response to her movement lives his remembering of that which has been. Based on this immediate and felt experience, he is anticipating what might be next.

Merleau-Ponty describes how he, as he moves around in his house, has an immediate bodily knowing that walking towards one room means passing by another room, and that looking out the window involves that his fireplace is to the left. "In this small world, each gesture is immediately situated in relation to a thousand virtual coordinates" (Merleau-Ponty, 2012, p. 131). He knows because he has moved there before and there is "sedimentation" of past experiences. This bodily knowing allows him to rely upon the things that are there and given, without having to repeat and relearn their synthesis at each moment. In his writing, Merleau-Ponty reflects on the word sedimentation, saying that this word must not trick us, "this contracted knowledge is not an inert mass at the foundation of our consciousness" (Merleau-Ponty, 2012, p. 131). Rather, he knows his apartment because he is remembering, as he is moving. Thus, his remembering is a happening. From that perspective, a definition of memory as dynamic and relational emerges, rather than as mass stewed in our bodies. Sam's response is happening in relation to his therapist, she is not separate from his remembering.

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<sup>23</sup> In traditional psychoanalysis, one isolated mind – the analyst – was claimed to make objective observations and interpretations of another isolated mind, the patient. The analyst was seen as the expert, a power distribution that in psychotherapy is referred to as a one-person psychology. This is different from a two-person psychology that emphasises the importance of how meaning is formed in the relationship between the patient and the therapist. The concept of the unconscious has a less figural importance in modern psychoanalysis. According to Storolow and Atwood, contemporary and relational psychoanalysis has not abandoned the unconscious but are more "concerned with the structures that pre-reflectively organize individual worlds of experience and, in particular those that give meaning to emotional and relational experiences" (Storolow & Atwood, 2019, p. 58).

Psychiatrist and phenomenologist Thomas Fuchs writes about body memory in relation to psychopathology (Fuchs, 2012). He highlights that body memory does not represent the past, but re-enacts it through the body's present performance. This tacit know-how can be difficult to verbalise. "We would have some difficulty describing, for example, how to waltz," Fuchs says, pointing out that what we have learnt explicitly is forgotten as it sinks into an implicit, and what he names as, an unconscious knowing (Fuchs, 2012, p. 11). Philosopher Edward Casey and Fuchs have both elaborated on and defined different types and forms of body memory to help guide psychotherapists in their work with patients (Casey, 2000; Fuchs, 2011; Fuchs, 2012). Fuchs' approach includes six forms: *procedural, situational, intercorporeal, incorporative, pain and traumatic memory*.

These six forms are not completely separate from each other but derive from different dimensions of bodily experiences. All of these forms of body memory can be retrieved and made conscious, for example, when a present situation reminds us of the past – like for Sam. Fuchs does not want to make a clear separation between implicit and explicit memory, but says that body memory can give access to the past not only through words, but also through immediate experience and action. Addressing body memory can reveal what Fuchs calls *a meaning core* (Fuchs, 2012, p. 20). This is, for example, what Alfons described when he said that he lived "as if he could not trust people". Fuchs' theory of body memory can be one way of understanding how the lived body appeared for Sam, Alfons and Vera. From this perspective, the therapy situation helped to make the implicit explicit, revealing the lived body to them.

On reflection, the concept of body memory seems to follow a similar logic to Leder's definition, considering the lived body as absent. I find Fuchs' system clear, and it provides helpful tools for therapists to diagnose, treat and value their patients' lived bodily experiences. However, I am left wondering; in addition to what I have described so far, are there less dichotomous ways of understanding the lived body than either absent or present? Listening to the research participants, what seems to have captured their interest the most was discovering that habits and their familiar ways of moving in relation to others carried a meaning. I would like to gain a deeper understanding of this

process – what, more precisely, *is* this movement? I will continue with some more examples that the therapists shared, before proceeding to a theoretical discussion.

#### **4.6. Discovering the moving-feeling-sensing body**

I mentioned earlier that some of the therapists had a background in the arts. Many had experience of some kind of movement practice: sports, yoga, martial arts, dance etc. In the interviews, they spoke of how this had impacted their interest in body and movement. Maria, for example, used to work as a choreographer at an opera before she trained as a psychotherapist. She said:

I was specifically interested in a particular era and style of classical music. I worked intensely with the singers to teach them how to integrate their bodily expression with the music. It was so fascinating! How they moved had an impact on how they were singing, and that completely fascinated me! We worked on bringing together the movements with the singing, and with the content.

Discovering that how the performers moved influenced their singing had fascinated Maria, and working with the connection between their physical movements and vocal expressions contributed to a “whole of experience” that enhanced how this special style of music reached the audience. She knew that she wanted to bring this awareness into her psychotherapy practice. Maria’s discovery reminds us of what Laura Perls called supports for contacting, which I wrote about in the introduction chapter. Coordinated movements, she said, primarily and fundamentally support the process of contacting (Perls, 1992). Another therapist said that she, during her previous career as an actor, had been encouraged to find the characters through her body – moving like them helped her feel like them. Others, who also had a background in arts or movement practices/activities, described how this had helped them to connect with their bodies and with their feelings. These practices/activities had provided them with ways of expressing themselves creatively and not only through the verbal. This had importantly contributed to their personal and professional growth. They had all sought ways to integrate this awareness into their therapy practice, which had led them to develop an interest in working with body and movement in psychotherapy.

Some of the participants described how they had been sensitive to relational and felt dynamics for a long time – like noticing the overall atmosphere as they entered a room or situation, or as there was a mood shift between them and others. They had learnt this early in life, they said. Some described how there had been much left unsaid in the milieu where they grew up, and to navigate this elusiveness, they learnt to feel into and make sense of the unspoken. For example, one participant, Jacquie, grew up in a home where there could be sudden and unexpected outbursts of anger. She had learnt to anticipate and feel into what was coming next, by noticing exactly how doors opened, how steps were taken on the kitchen floor, the holding of breaths and subtle movement interactions at the dinner table. She recalled how she used to know that something was about to happen in moments when it was “as if the feeling-temperature shifted in the house and the air incrementally got thicker”. Through accumulated experiences, she learnt to be very alert, and thus make the seemingly abrupt less surprising. Back then, she never even considered putting words to this, as it was simply her world and how she made sense of it. As she moved through and with her immediate environment, she discovered limits, and on a felt level she knew what she could do within these constraints.

Lisa shared that there had been struggles in her family of origin, and that she had been encouraged to take dance classes as a means of support. She said:

Dance gave me a world to express myself through. When I was walking down the street I dreamt that I was dancing – as if I kept moving inside of me, and I think that helped me to keep sane in all craziness.

She said that having a movement practice supported her to stay somewhat in touch with her feeling self. Now, when she was a therapist, she wanted to support her clients to also find that connection. When reflecting on this memory, along with the focus group, Lisa suddenly paused, looking down for a moment as if really feeling into herself, and then said:

It might sound strange but I think growing up in an unpredictable field has become one of my main resources.

She described how she, through therapy and reflection, had come to develop a felt knowing of when there are “mixed messages” in the field. She said that she had come to recognise certain kinds of holding back, feeling dizzy and being confused, as signals telling her that she was responding to something in the field that was “familiar”.

When we explored the role of this kind of tacit “knowing how” in the focus groups, I noticed that the conversations involved a deep level of sharing and connection between the participants. I got a sense that they recognised themselves in one another, and that hearing others resonating with their lived experience was validating and gave them a sense of belonging. I shared my reflections, and yes – it was important for them to verbalise and share these kinds of experiences. This helped them to recognise that their early-developed sensitivity of noticing moods and felt but unspoken shifts in the environment were valuable skills, which could provide knowing about the world.

I would like to mention Stein’s theory of empathy in relation to what’s been described. Stein describes empathy as an act through which the experiences of the other person becomes accessible, not in the same way as for the other person but exactly as the experience of the other person (Stein, 1989). The lived body is central to Stein’s theory, and she highlights the role of feelings as bodily experiences. The connection between the lived personal body and its world becomes evident through sensory feelings that are felt in the body and thus separate the lived body from the surrounding world (Svenaesus, 2018, p. 747). I will return to Stein’s theory on empathy in chapter 7, where I will explore it more in-depth, in relation to the empirical material.

In the above examples, the therapists describe a knowing that emerges through their moving-feeling-sensing bodies. The lived body is tangibly present for them, although their experiences are not always articulated or categorised as either good or bad. Basically, the lived body appeared for them as a felt knowing, informing them of the situation they are living. How can this kind of knowing be further described? This leads

me to consider the role of *kinesthesia* – central for all writing by Sheets-Johnstone, and to the work of Frank.

#### **4.7. Kinesthesia**

Sheets-Johnstone criticises the distinction between explicit and implicit, as well as the tendency to categorise memory according to different types. She claims that these are often classified as opposites, creating “either or” systems that “in the most basic sense are without intermediates” (Sheets-Johnstone, 2012, p. 44). Her critique raises that these classifications are hierarchical and that they fundamentally derive from classical oppositional pairs such as; body and mind, mental and physical, the conscious and unconscious, the verbal and non-verbal, which in turn leads back to the split between cogito and extensa. In her philosophy, Sheets-Johnstone aims at going beyond these dichotomies by turning to the “root soil” of experience – to use Husserl’s phrase (Husserl, 1989, p. 292 as cited in Sheets-Johnstone, 2015, p. 24) – addressing the experiential features of “the animate body” as she frequently refers to, meaning the always-moving body. The lived body is not just alive, she says, but also always moving (Sheets-Johnstone, 2020, p. 28).

Sheets-Johnstone argues against Fuchs when he describes implicit body memory as unconscious. Memory, she says, is first grounded in the felt dynamics of movement, and those felt dynamics are to some extent always available to us (Sheets-Johnstone (2012, p. 44). What does she mean by this? I will return to her theory, but first let’s turn to the research participants and explore what this can look like in practice.

Hannah spoke of how her interest in working with movement emerged in supervision.

She said:

I was talking about my client who had difficulties in making choices, and my supervisor said: What if you ask your client to find something in the room that interests him and then invite him to reach towards it? I did not get her point with me doing that, what would that do? So my supervisor suggested that I reached for something in her room, just to try. She guided me to first feel myself and then to



slowly reach towards something of my choice. And as I did, I flinched and quickly brought my hands back. My response was so immediate. It was like I felt something like that I did not have the right to reach or even have desire. I remember being deeply touched in that session, and wondering; where did that come from? I had no idea, but I started to cry and I felt grief. My supervisor and I did some work around what happened.

The lived body moved into the foreground for Hannah as she was feeling herself selecting and reaching for something in the room. Simultaneously, as she moved, she felt what she could and could not do within the situation, and to this she had an instant emotional response. Even though she could not immediately make sense of her experience, it carried some kind of felt meaning for her that she later defined as grief.

Feelings and emotions are, due to the same hierarchical classification that Sheets-Johnstone refers to, often considered as weak and unreliable. However, philosopher Marta Nussbaum promptly argues that emotions are a crucial aspect of human intelligence, closely intertwined with our cognitive processing (Nussbaum, 2001). Our emotions, she says, tie together the situation (or object, living being etc.) we are experiencing with a value, telling us that there is something that is important for us. Hannah's flinch, her abrupt retreating and the qualitative intensity in her experience brought tears to her eyes – as she understood on a bodily level a core existential message, or what Fuchs called meaning core; she had learnt that she should not desire the other, or express her needs to the other. It was as if the there and then (her history), emerged in the present situation of the here and now. So, how is this different from the concept of body memory that Fuchs talks about? In order to respond to that, I will need to do a detour via theory, as I introduce the concept of kinesthesia.

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According to Sheets-Johnstone, memory is fundamentally entrenched in movement. The dynamics of movement, she says, are felt as they unfold (Sheets-Johnstone, 2011). The backbone of our knowledge of objects, motion, space, causality and time derives from a “physical knowledge” rooted in bodily experience. Underneath what we call here and

there, near and far, hard and soft, fast and slow is a dynamic felt knowing of what “that is”. These dynamics are felt *kinesthetically*. Kinetic means movement, and stems from the Greek word *cineo*, to put in motion. *Aesthesis* means “to feel”, and kinesthesia is the feel of our self-movements. We become kinesthetically aware as we experience our moving body in relation, as we are touching and being touched. It is interesting to note, in relation to this, that Aristotle, in his book *De Anima*, views touch as the primary sense – a *sensu communis*, or, to play with words, a common sense (Levin et al., 2019). Touch is one of our senses, but also the condition for the other senses – as we are touching and being touched in hearing, vision, smell and taste. So, touching also happens at a distance. Thus, what we essentially feel and experience are pressures, and qualities of pressures, that set us in motion (Sheets-Johnstone, 2011, p. 86). I wrote in the introduction chapter that contacting means to be in touch with. From this perspective, contacting *is* essentially movement – an aesthetic experience of how we feel ourselves and with the other.

When Hannah’s supervisor invites her to feel herself as she is reaching towards something in the room, she is inviting kinesthesia to the foreground. The way Hannah described her experience doesn’t tell in detail what her felt experience consisted of. But we can imagine that it might have been a tightening in her belly, a sudden rise of a vibrating feeling in her chest, a holding of her breath, a tingling in her arms and fingers, and so forth. These felt qualities would be her kinesthetic experience – her immediate and felt response to the situation. Similarly, the rigid feeling that Sam describes as “frozen”, and the “held back” that Vera and Alfons describe, derives from kinesthetic experiences. Kinesthesia is how we are feeling ourselves in relation to various qualitatively felt pressures, or resistances, of otherness.

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Movement can be experienced as both an “internal” and “external” phenomenon. This double sense means that I can turn my attention “inside” (kinesthetic) and feel my response, and I can perceive the “external movement” (kinetic), for example, as someone makes a gesture or shifts their position. All movements are kinesthetically experienced;

they are felt. Kinesthetic means *my* experience of *my* movements, in other words it resembles my subjective experience of the situation. Further, all my movements, even the tiniest, are experienceable by the other, just as theirs are to me. Our movements are kinetic, kinesthetic and tactile – moving, feeling and sensing – which means that they are simultaneously experienced individually and socially. What we experience is fundamentally the qualitative dynamics of movement. Frank says that through kinesthesia we listen to our self-movements and feel our very subtle adjusting within the situation (Frank, 2023, p. 22).

In other words, kinesthesia is a kind of pre-reflective knowing. It is that “root soil” of experience that Husserl refers to (Husserl, 1989, p. 292 as cited in Sheets-Johnstone, 2015, p. 25). Merleau-Ponty writes about the experience of movement as a “praktognosia”, an original and “perhaps originary” way of knowing the world (Merleau-Ponty, 2012, p. 141). Exploring movement in relation to knowing is a central concern for this study, and I will therefore proceed with giving an overview of the origins of kinesthesia. I don’t intend to cover this topic in full, but the information will serve as a helpful background for the reader and I will draw on it in later chapters.

#### **4.7.1. Kinesthesia, a developmental perspective**

Kinesthesia is the first sense modality to develop, already in the womb. Although we cannot have a first-person account of the fetal experience, phenomenology can contribute with important perspectives on what these are *likely* to be, Bornemark argues. In her article *Life Beyond Individuality: A -Subjective Experience in Pregnancy*, Bornemark refers to how this period of life teaches us about the origin of experience and subjectivity (Bornemark, 2016). There are good reasons to suppose that the fetus and its mother together form a system of resonance; the womb provides containment, like an enveloping and sustaining space in which the fetus is surrounded by the mother’s bloodstream and hears and feels the mother’s pulse. Intimately connected with the mother’s body, the fetus is embedded in a continuous stream of movement. For the fetus, there is likely no experience of distance, or of here and there. However, some rhythms are always present and form patterns of continuity:

/.../the rhythm of the mother breathing, of her heartbeats, of the fetus' heartbeats, and more sporadically of the mother's intensities. These rhythms are felt and heard in a perception where touching and hearing are not separated (Bornemark, 2016, p. 255).

For the fetus, movement is everywhere and everything. Within this resonating sphere, there is probably an emerging kinesthetic feeling of moving and being moved. However, it is different from how we experience – as there is not yet a knowing or experience of “other” to feel “a self” in relation to. But, nevertheless, this pre-experience is the substratum of what later will form subjective experience.

The artist, psychoanalyst and feminist theorist Barcha Ettinger has coined the word “feel-knowing” to describe the formation of (inter) subjectivity as emerging already in the womb (differently than after birth), and in relation to the development of kinesthesia (Ettinger, 2006). In her theory, she is stretching and problematizing a clear distinction between “I” and “not-I”.

They (mother and foetus) share and are shared by the same vibrating and resonating environment, where the inside is outside and the outside is inside. The borderline between I and non-I as co-poetic poles of the same vibrating string are transformed into a threshold and transgressed (Ettinger, 2006, p. 185).

Ettinger calls this a matrixal border space, a sphere that binds together subjectivity and pre-subjectivity. In this sphere, the senses are as if fused together and what is essentially experienced is various qualities of pressure; the sound of the heartbeat is felt, taste and smell are not separate. The emerging pre-I and pre-other are separated only through the smallest movements of touching and being touched, which creates a “feel-knowing”. This “feel-knowing”, or kinesthesia, is thus a primary and originary knowing that is with us from the beginning of the beginning. (For more in-depth reading on this matter I refer to Bornemark, 2016, 2022; Ettinger, 2006).

Hence, from the outset of life we fundamentally orient through movement. From birth there is suddenly a distance between one and the other, there is a here and a there. We

basically need to learn our bodies, as they don't come with a manual. And as babies we discover ourselves, for example, in sucking, biting, swallowing, reaching towards, being picked up, pushing against, grasping onto, kicking, babbling, and so on – in a myriad of combinations, and always in relation to another living being, object or the environment (Frank, 2023). We learn, for example, about distance, effort, rhythm and what feels pleasant and unpleasant. Over time, we learn to distinguish and evaluate our experiences, and to measure how and what to express. With language comes the ability to bridge our experience and communicate with concepts and forms that are recognisable to others. With language, however, a split is inevitable, created between what we are feeling and all that is possible to “squeeze into” the verbal – this will be the theme of the next chapter.

Naturally, over time, our movements become habitual. And just like Merleau-Ponty described, we forget that once we had to learn and practice how to accomplish all tasks; once we had to find out that and how we could move our fingers, that we could curl them into a grasp and also push and squeeze into something, and further bring what we had found towards us. We practiced, and that is how we learnt to make sense of our bodies and of our surroundings. This sense making, Sheets-Johnstone highlights, is of a qualitative nature; we feel and sense our body parts in relation, not as separate units – I have a feel of both of my hands, I don't count them. Through our moving bodies we learnt to recognise certain dynamic synergies of movement – for example, what it feels like when I walk towards or away from, bend my knees to pick up a ball, cycle, brush my teeth or swipe the floor. These qualitative dynamics of movement, Sheets-Johnstone says, are not only the root of experience but also of memory (Sheets-Johnstone, 2012).

I said in the literature review that the leading idea for a long time was that infant movement development was a result of brain development, but that experiential studies by, for example, Thelen, have shown the connection between movement and the infant's engagement with the universal forces of the field (Thelen, 2005). Kinesthesia is central for Frank's theory, which explains how the movement repertoire that develops early in life, and in relation to our primary caregivers, serves as a foundation for our expressive and psychological functioning. Our movement repertoire cannot, she says, be separated

from our feeling and contacting repertoire. Jan's story, for example, illustrates this connection: expanding his way of moving shifted his ability to feel and express himself.

With this information about kinesthesia, let's return to the research participants and the questions: how is this perspective different, if at all, from earlier mentioned ideas of the body as absent and body memory? What can it tell us about how the lived body appears?

#### **4.7.2. Kinesthetic remembering**

Veronica, one of the research participants, described how her interest in the lived body started when she, in her psychodynamic psychotherapy training, was studying developmental theories. She was interested in understanding more about her early attachments, and she began therapy. Her therapist was a movement-oriented gestalt therapist.

I came from an academic place really, but something made me curious and I wanted to know more about my own process and turned to personal gestalt therapy. This was the first time I felt my body. I was blown away really. We did an exercise and it touched me so deeply. How could I understand so much about my attachment style just by passing a ball with my therapist and not speaking? It felt radical to me and right there and then I knew I wanted to learn more.

A theme around giving and receiving had emerged in their session, and her therapist had invited her to join an experiment where they had slowly passed a ball between them. In the act of feeling herself with her therapist – as she was reaching for, grasping onto and pulling the ball towards her – much unfolded for Veronica. What she describes reminds us of the process Hannah experienced with her supervisor. Attended to with awareness, what might appear as a simple interaction was filled with relational meaning for both of them; how much do I hesitate when I reach for you, and how deeply do I trust that I can truly embrace what you are offering me? Hence, the lived body emerged to both Hannah and Veronica as a meaningful and relational dynamic – rather than as painful, pleasurable or that something “was wrong”. The meaning was made and discovered within a subtle movement interaction with another.

Jacquie's description can also be described through the lens of kinesthesia. She had learnt to move within an unpredictable environment. She knew that she had to be attentive to patterns and rhythms, in order to predict what was coming next and adjust accordingly. Her lived bodily experience was not articulated, but still present in the sense that they provided a crucial source of knowing, which helped her to orient within her immediate environment.

Jacquie's description highlights how, essentially, our sense of agency is intertwined with movement; through our moving bodies we adjust to our environment, and come to learn what we can and cannot do with another or in a situation. Husserl describes development through the sequence of "I move", "I do" and "I can" (Husserl, 1989, p. 273 as cited in Sheets-Johnstone, 2015). First, we move, and as we move, we discover *that* we do, and feeling the impact of our movement, we come to realise that we *can do*. Husserl refers to these as if/then relationships (as cited in Sheets-Johnstone, 2015, p. 28). A classic example is that if I close my eyes, it gets dark; *knowing how* to close our eyes also means *knowing that* it gets dark. Daniel Stern applies this theory to infant development, and he calls it consequential relationships (Stern, 1985). To give an example: if my experience over time is that I will mostly be welcomed by another, I will move towards you very differently than if I expect that I will be rejected – just like the reports given by Alfons and Vera show.

Sheets-Johnstone leans on Husserl as she emphasises how moving comes prior to "I move".

Kicking, for example, is there before *I* kick; stretching is there before *I* stretch. In effect, movement forms the *I* that moves before the *I* that moves forms movement (Sheets-Johnstone, 2011, p. 119).

Frank adds to this perspective, emphasising that the experience of movement occurs in relation, and how moving with another shapes the felt experience of "I" – of whom I experience myself to be with you (Frank, 2023).

Through the course of our ongoing development, we learn to recognise how doing this or doing that feels; we recognise the rhythms, textures and qualities of performing everyday tasks and what it feels like when we are engaging in different relationships. Sheets-Johnstone refers to these felt dynamics as *kinesthetic melodies*, a term she has adopted from Russian neuropsychologist Aleksandr Romanovich Luria's research, which shows how kinetic melodies are both neurological and experiential dynamics (Luria, 1973). By changing kinetic to kinesthetic, Sheets-Johnstone emphasises the subjectively felt experience of these moving fluctuations. These melodies are learnt relationally and create familiar dynamics that, like undercurrents, are present in the process of our everyday life. We know what it feels like to walk down the stairs, open a door, draw our fingers through our hair, give and receive a hug, take someone's hand or shrink when we feel exposed. We know these because we have moved.

I would like to pause for a moment at the word melody. Melody is a commonly used metaphor in philosophy and literature, probably because it illustrates so well the stream of life. A melody both carries the notes already heard, and opens to the unfolding of what is to become. The notes are not heard as separate entities, rather they create a synergy of a meaningful whole. In his famous theory of *inner time consciousness*, Husserl describes our living experience as a melody, a continual flow where what we are about to experience becomes that which we have experienced (Husserl, 1964). The notes that we have heard, but that are still reverberating, he calls retention. He uses the term protention to describe what would correspond to the notes that are to come. Our living present is the vibrating threshold where protentions continuously move into retentions.

Kinesthetic remembering is thus a dynamic happening that emerges in the here and now. Like for Hannah and Veronica, based on their previous movement experiences they are predicting the coming next. Their lived body appeared on that very threshold of discovering what was and what is. That living moment, which also holds the potential for growth. Husserl distinguishes memory from retention, in brief saying that retention is more of a passive and immediate awareness of what "just was", whereas memory includes more of an active awareness (and recalling) of something that happened in the past (Bornemark, 2016a, pp. 76-77).



### 4.7.3. Kinesthetic awareness

Our body is present in its being away from our awareness, Leder says (Leder, 1990). Implicit body memory can be made explicit, Fuchs says (Fuchs, 2012). Sheets-Johnstone sees it differently, saying that most of the time we don't pay attention to felt dynamics but still there is always a *marginal awareness* (Sheets-Johnstone, 2012, p. 45). What does she mean by this? Well, unlike other sense modalities we can never completely shut off or totally suppress our kinesthesia (Sheets-Johnstone, 2012, p. 45, based on Jeannerod, 2006, p. 56). We can close our eyes and our mouth, and shut out sound or smell – but for as long as we are moving, we are also, to various degrees, feeling our movements. Neither body nor world is static, as shifts and changes are constantly happening, and thus we are always adjusting. Like when I reach for my cup of tea, and as my palms touch the cup, I feel a stronger heat than I anticipated, and I quickly adjust my grasp according to this new information. Or when the distance between the steps in the staircase is longer or shorter, either I notice and adjust, or I stumble or fall. Or when the hug moves into a kind of touching that feels too intimate, and rather than advancing, I retreat, tense up or push away. In those moments, what usually passes unnoticed becomes prominent.

Kinesthetic experiences can remain elusive, concealed or diminished. But, as the examples given by the research participants show, they can also be made focal – and, as they are being brought to awareness, valuable information about our state of being and our environment can become available. So, looking at the lived body from the point of kinesthesia is different from the other perspectives I have presented; it states that our lived body is always present to some degree, and available for us. In any moment we can chose to bring our attention towards it, and when we do it reveals information about how we are experiencing the situation we are living (Frank, 2023). To give an example, Eva shared a moment from her psychotherapy training that had impacted her a lot.

Eva said:

I remember once in my therapy training when a senior teacher was visiting to teach us. I was looking at her, but I could not make myself say anything or move

towards her although I really wanted to. You can relax, I'll come to you, she said. I was so moved by that. I did not have to do all the work. And it was as if finally someone heard me without me having to speak.

Eva's non-verbal expressions were seen, heard, felt and acknowledged as a vital aspect of communication. And her lived bodily experience was valued and brought to the fore when the teacher recognised, verbalised and acted on the immediate and felt meaning that she imagined lived in the way Eva moved in relation to her. The teacher had attended to how she perceived Eva's gesture, and to her own kinesthetic experience of the situation – and from there she imagined into Eva's experience. Similar exchanges are happening all the time, where we instantly and often pre-reflectively make meaning based on minor gestures and movements in relation to one another. For Eva, this experience with her teacher was profound; it made her feel felt and understood. Following this event, Eva felt that she wanted to learn how to address that which was expressed non-verbally, she wanted to develop similar skills that her teacher mastered.

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Many of the therapists that we have met so far already had some interest in body and movement when they began their psychotherapy training. Others did not, but in their therapy training they were introduced to attending to their bodily experiences, and this made them curious to learn more. In the following section, I will look into a few examples, and then discuss what these reveal about how the lived body appeared to them.

Lottie said:

I've been cognitive all my life; my main goal with starting my psychotherapy training was to know my emotions better and become more aware of my inner life. Bodywork was a surprise, but it became an add-on.

She told the participants in the focus group that the experiential approach in gestalt therapy caught her interest – it delved deep, while also being exciting, and useful in helping her to explore theory experientially and experimentally, she said.

Lottie continued:

Focusing on awareness and to practice feeling myself was incredibly important to me. It made such a shift for me that I was able to feel that I had a body! I remember at first it made me so sad to realise how I had not been taking care of myself for so long, my body and health. But most surprising was how much that came up...so much! Everything was right there. It is really one thing to talk about something and another to experiment and really listen to what my body tells me.

Others nodded, they recognised what she said, and Kristine replied:

I see it as if I have always been ahead of myself in a way. In the therapy training I had to pause and come into my body. To really feel what I said for example, and to feel how others responded to me. It was not easy for me to slow down, it still isn't. But it was always so powerful for me when we did these things and I knew I had to learn how to work with the body with my clients.

In their psychotherapy training, Kristine and Lottie had been invited to feel themselves and in relation to the other group members. This, they said, had provided useful insights for them. They used to think that something big should happen when they attended to their bodily experience, like that they would feel a strong anger, or sadness or something that would stand out clearly. What they discovered was that bodily signals could be very subtle, while yet being relevant. As for many of the research participants, this personal discovery was illuminating and they wanted to learn how to bring this to their own practice.

Vera, and a few others, recalled that they had thought that in order to become skilful in bodily-oriented work, they first needed to learn more about “the body” – which for them

included studies in anatomy and physiology, the nervous system as well as in various bodywork approaches.

Vera said:

I even thought it might be too late for me to learn working in this way, as I imagined that I needed to really specialise and I did not have that kind of bodywork background anyway.

However, she had attended a workshop for psychotherapists on the theme of bodily process and relationality, where participants had been invited to try movement experiments. Such experiments could, for example, involve two people standing in front of each other. One of them would take a tiny step either towards or away from the other. Both of them would feel the impact of this movement, and then the other person would respond by either moving towards or away from their partner. Through this seemingly simple moving dialogue, both of them would notice that they could feel shifts within the relational field. Their responses held important information about themselves and the other, and as they moved with awareness, deeply rooted existential themes could surface. Vera realised that she did not have to “become an expert in anatomy or study character styles,” as she said.<sup>24</sup> She could practice paying attention to that which was already there, to her kinesthetic experience and how the other person impacted her.

Elena said that she had discovered that explorations in therapeutic settings that included body and movement contributed to a degree of awareness that was different than to, as she said, “just having a cognitive insight”. This kind of awareness seemed to somehow “stay longer”, to use her expression. Elena remembered when there was a heightened situation between her and another student in her psychotherapy training group. Habitually, she tried to avoid the conflict, and she became silent, hoping it would just pass. But their teacher insisted that she stayed with her experience, and encouraged her to express what she felt.

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<sup>24</sup> Body psychotherapy practices that are based on Reich’s work are often based on a system describing character styles.

Elena said:

First I felt so powerless. My teacher asked me how I was feeling the floor underneath me, and I did not feel it at all. But just her asking made me interested, and I began to push into the floor and felt that I found my strength. Wow. I could feel that I had so much to say to him (the other group member). I was a bit scared to start with but then I spoke and as I heard my own voice I got a “this is me and I have the right to feel things too” kind of feeling. I didn’t know I had all that power! And I could return to that memory and that feeling even after class, and that was so incredibly supportive.

Her teacher invited her to notice the floor, and to find the environmental support that in some sense was already there for her – although not yet recognised. Pushing against the floor made her feel herself differently, and also perceive her environment and possibilities to act within it differently. Elena could keep a bodily felt remembering of this experience, and in situations outside of the training context, find support and act differently than she was habitually used to. What Lottie, Kristine, Elena and others describe is that when their habitual movements were slowed down, or performed with a different manner or quality than what they were used to, that which was familiar could become unfamiliar and in this contrast also more clearly felt. In those situations, their attention was brought towards their lived body and to that which was already happening for them.

In all of the above situations, the psychotherapists had been invited to bring their awareness towards how they were feeling themselves with another and/or the situation. This “feeling themselves” is not the same as primarily noticing their emotional state, such as if they are feeling angry or sad or happy – but rather to pay attention to “inner stirrings” and bodily-felt qualities of experience. Their kinesthetic experience, which is always and already there, was brought to the foreground of their attention. On a bodily level they had felt that there was a connection between how they moved and what they felt and perceived. Although this inter-connection had not been explicitly and theoretically framed for them, they had gained a bodily knowing of this.

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I think that Sheets-Johnstone's notion of "marginal awareness" is an important contribution to how we can understand the role of the lived body. Although, as Leder says, our lived body necessarily recedes from our direct attention, Sheets-Johnstone's theory shows that the lived body is always and already there. In response to Fuchs' comment about remembering how to waltz, which I quoted earlier in this chapter, Sheets-Johnstone says:

We can thus pay attention once again to the kinesthetic dynamics of waltzing and describe how to waltz. We can do so because ourselves once learned how to waltz, and now, if we wish, we can turn our attention to what we once learned and analyse the components of the kinaesthetically felt dynamics of waltzing: its tensional, linear, areal and projectional qualities (Sheets-Johnstone, 2012, p. 45)

We are always moving, and there is a pre-reflective knowing in how we are moving in relation to another and the environment. As to how I see it, Sheets-Johnstone's perspective does not dismiss Leder's theory of our body as naturally dis-appearing from our attention. But we have, Sheets-Johnstone says, the possibility of realising that we, at any time, can bring the dynamics of habitual movements to the fore. Discovering this had captured the participants' interest, and the lived body had appeared to them as they discovered that the way they moved in relation held important information about how they were experiencing and making meaning of the situation they were living. For some, this discovery had begun before they started therapy or training, but therapy had helped them to reflect and deepen their understanding of these processes. The therapists had thus needed some help to first bring their awareness towards their kinesthetic experience.

Their interest had led them to study in a postgraduate program (DSP) specifically focusing on working with movement and teaching a theory informed by phenomenology (Frank, 2023). They were clearly seeking to learn how to integrate movement and the lived body in their practice. To once more refer to the practice, but also metaphor, of

dance, Sheets-Johnstone (2015a) states that the lived experience of any dance comes alive for us only as we ourselves have a lived experience of the dance (p. 2).

Moving in concert in a circle – as in any and all spatial forms – involves not only simply an awareness of the movement of others but a sensitive attunement to their qualitative dynamics (Sheets-Johnstone, 2015a, p. xxvii).

It appears that the arts and movement practices that the therapists are referring to help cultivating their kinesthetic awareness and with that a more clear sense of how and that they were impacted by (and impacting) the other and their surroundings. With that came a curiosity in better understanding how to apply this in their psychotherapy practice. Please note that this is not the same as saying that any form of body attention is automatically beneficial for psychotherapy. However, and in line with Stein's theory on empathy, (1989) and what Sheets-Johnstone argues, cultivating bodily and kinesthetic awareness can enhance the practitioners' empathic ability. This can be ground for a phenomenological stance, which includes a theoretical framework for conceptualising processes such as embodiment, spatiality, temporality and inter-subjectivity (Fuchs, 2017, p. 437).

In line with my research focus, to study how movement shapes psychotherapists' practical knowledge, I find it relevant to ask; what, more specifically, were they seeking to learn when they began this program? Apparently, they had already discovered the value of attending to the lived body, what did they miss and/or what did they want more of that they hoped would help them to integrate this aspect into their practice? What kind of knowing were they searching for?

#### **4.8. Searching to learn the magic**

I will begin this section with Julia's words, as they crystallise what many therapists said in response to the questions I am asking above. What led them to a postgraduate training programme that specifically focuses on movement dynamics?

Julia said:

Sitting with my clients I saw so much and I felt so much and I knew from my personal therapy how powerful it could be to work with the body – but I didn't know how to do this. I didn't feel confident enough.

The therapists knew from experience that working with body and movement was powerful. They knew that there was more to their client's process than that which was expressed verbally, but they felt insecure about how to integrate the non-verbal in their work with them. Basically, they didn't feel that their fundamental psychotherapy training had provided them with enough "tools" to work with bodily experiences. The degree to which their therapy training had included teachings on how to work with bodily processes depended on the interest and knowledge of their primary teachers in this field. Some training institutes had involved more teachings on bodily processes, and others less. Some had built their teachings on other bodily-oriented approaches than gestalt therapy, and others had stayed closer to the relational and phenomenological theory. Independent of which orientation that had been taught, it had stirred their interest to learn more. Many also said that a valuable source for their learning and growing interest on these matters had been through their personal therapy and supervision,<sup>25</sup> and through personal interests in body and movement-oriented practices outside of their psychotherapy training.

Richard said:

I used to imitate experiments and interventions that my therapist or supervisor or teacher had done. But, did I really know what I was doing when I did that with my clients? No, not always.

Sometimes this worked well for him, but often he felt like he did not really know what he was doing, and as if he were merely applying a technique. He was searching for a

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<sup>25</sup> As a mandatory requirement, students in gestalt therapy training programs need to be in regular (often weekly) personal psychotherapy throughout their studies. After reaching a certain level in their training, they begin to practice their clinical skills, seeing clients either in placements or privately. As they do this, they commit to having their practice being overseen in clinical and teaching supervision. The regularity of supervision depends on training standards at the institute, and/or clinical hours.



theory or something that could help him better see and discern what he could do, and comprehend his actions.

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Another factor that had been important for the therapists' choice to continue their training was to increase their competence in handling risky and emotionally charged situations. Drawing on personal experience from their training group, personal therapy and clinical practice, they knew that strong emotions could easily arise when attending to bodily processes. They had considered the potential risks when bringing forth bodily experiences, and they had been searching for a framework that could help them to risk assess, manage and hold heightened situations.

Paul said that his psychotherapy training had made him cautious to attend to address bodily processes. This had become a struggle for him, as he knew on a personal level how deep and beautiful such therapeutic work could be.

Paul said:

The first module we did in my training on "working with the body" as it was called, we were mainly taught how potentially dangerous it could be to work with body process. We learnt that the client, or the therapist, could be re-traumatised and that the risk of shame was high. And not to forget of course, the risk involved in the use of touch! That's a "don't go there". I almost felt frightened of doing anything that involved working with "the body".

Paul wanted to overcome this fear, and he thought that increasing his professional competence would help him regain his creativity and trust in applying this kind of work in his clinical practice.

What Paul had met reminds us of the Cartesian idea of the body as not reliable, and to the dys-appearing body that Leder refers to – almost as if something threatening could suddenly appear from the unconscious and overpower the client and the therapist. But,

it also refers to a reality that psychotherapists are facing, which concerns ethics and how to judge when and if certain interventions are appropriate. Nevertheless, the consequence for Paul and others who had experienced similar highly risk-alert teachings was that they had been left feeling inadequate and fearful to work with bodily experiences.

So, to conclude, they were searching for a theory and a framework that could guide their work, and from their descriptions it seems like they were orienting towards a phenomenologically informed psychotherapy that was experiential and insight oriented, valuing subjective experience. To use Aristotle's system for knowledge that I presented in the introduction, they were searching for episteme.

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But they were also searching to acquire a skill, a kind of knowing of how to hold situations that required them to adjust to specifics. What had actually influenced and inspired many of the therapists to continue their professional training in the direction of movement and the lived body was experiencing senior psychotherapists work with bodily processes. Witnessing their work, and being exposed to their teachings, had been something special. Some recalled that their training institutes would invite an external trainer who was specialised in working with bodily processes, and those modules were often very rich for the therapy students.

Jan said:

Once you had experienced this way of working, when the body was so included, it was like something was missing in the other modules, when it wasn't in focus.

He left wanting to learn more, and he continued:

The psychotherapy training I did was fascinating, but I realised that body process was not as present. I had a deep feeling that something was missing. We read

about it and learnt in the theory sessions how important it was – but we did not really work enough with it. I did bioenergetics at the same time, but the more I learnt about phenomenology and gestalt theory, that work did not fit with how I wanted to practice. Like the catharsis stuff, it just did not fit with the relational approach...or for me.

He had been intrigued by how the visiting teacher and other senior psychotherapists included themselves and their responses in the therapeutic process, and how they noticed fine details about how someone said something or moved, and so on. But he couldn't grasp how they were doing what they were doing. However, he knew that he wanted to learn what they did.

Josephine said something similar:

I used to be reluctant towards any body type of stuff, and I hated when I felt that my therapist was looking at me and interpreting me, coming from a mental place and knowing things about me. I was not comfortable with that. I felt exposed. That was not how I wanted to work.

She wanted to learn more about “using her body as an instrument”, as she expressed it, which she had seen some therapists and teachers in psychotherapy trainings and workshops do. Both Jan and Josephine had a felt knowing of the difference between two ways of exploring bodily process; observing and exploring what happens in the individual body, or attending to the emerging and relational dynamics of the moving-feeling-sensing body. Witnessing experienced therapists attend to the latter had fascinated them.

Angelika said:

What they did seemed like magic to me.

The word magic was frequently used in the interviews when the therapists described their experience of the senior therapists' work. Magic often makes us think of the

supernatural, of witches, wizards and shamans. And the therapists had been truly fascinated by how artfully the experienced therapist had attended to that which appeared in the present moment, and from that brought forth so much meaning. On a felt level, it all made so much sense to them, but they couldn't grasp what the therapist had done – what did they perceive that they could not see? What information did they draw on, and how did they know how and when to act? This undoubtedly seemed like magic to them, and they were left not knowing how to break the spell or how to apply this to their own practice. They wanted to learn this magic.

I think we can understand this magic as the experienced therapist's practical wisdom. What the therapists had been experiencing was this person's applied skills of bringing together threads and seeing patterns, and not the least their ability to attend to the specifics of the situation. Aristotle calls this practical wisdom *phronesis*. *Phronesis* is a knowing that closely relates to the lived body, and I will return to this concept in coming chapters. This tacit knowing can be challenging, if at all possible, to grasp and verbalise. Consequently, and as the therapists had experienced, it can be difficult to transfer such professional wisdom from one practitioner to another. This brings us to a dilemma that I think needs to be explored, which leads me to formulate my next research question and the focus for the following chapter: how, if at all, can lived body experiences be verbalised?

#### **4.9. Summary of the chapter**

In this chapter I have explored perspectives on how the lived body appears to us. In doing so I have discussed the lived body as being “absent present”, or as dis-appearing from our direct awareness (Leder, 1990). Due to this perspective, our awareness is naturally directed from the body to the world. However, when experiencing pain, illness or when something goes wrong, this directedness is reversed. Thus, our body emerges from its absence, or it dys-appears, as Leder says. As a contrast to this theory, I referred to how the body can appear when we are experiencing joy or pleasure, which Zeiler describes as eu-appearing (Zeiler, 2010). I concluded that neither of these perspectives are enough to capture how the lived body appeared for the therapists in the study

group. They did not describe their process either in terms of illness or pain, nor even as pleasure. Further, both of these perspectives refer to a dichotomy of the lived body as being either absent or present. I therefore continued my search, asking if there are other and more nuanced and experience-near ways of describing how the lived body appears.

In order to answer this, I explored the appearance of the lived body through the notion of habit. I arrived at a description of habit, not as something static and automatic, but as a bodily knowing that includes degrees of adjustment to the present situation. This led me to analyse the role that kinesthesia has for experiencing and knowing. I concluded that kinesthesia is crucial for our ability to experience ourselves and with our world from the beginning of life, and that we can never completely shut out kinesthesia. Based on this, I answered my research question, stating that through kinesthesia, we always have a marginal awareness of our lived body. Hence, it is always, to some degree, present for us. Drawing on what emerged from my empirical material I further proposed that we can practice bringing our awareness of the lived body to the foreground. When we do, it can reveal important information about how we are experiencing the situation that we are living.

In this chapter, I am further asking; what made the therapists in the study group interested in the lived body, and particularly in a movement perspective? I conclude that becoming kinesthetically aware, and discovering the extent to which subtle movement interactions could reveal their habitual ways of finding and making contact with another, strongly impacted them. They had realised that attending to that which was expressed and felt nonverbally held valuable information, and they wanted to bring this insight to their clinical practice. All of them had been introduced to bodily-oriented work in their psychotherapy training. This had stirred their interest, and they wanted to learn more.

One of their main interests as they began postgraduate training in a movement-oriented approach to psychotherapy was to learn a theory and a framework that could support them to work with body-to-body dynamics emerging within the therapeutic relationship. In other words, they were searching for episteme. Many of them had been

fascinated by the work of senior therapists. Experiencing their way of attending to subtle nuances of unfolding rhythms and movement patterns seemed like magic to them. Seeking to learn this magic was another prominent reason that brought them to continue their professional development in this direction. I think we can understand this magic as the experienced therapist's practical wisdom, akin to what Aristotle called phronesis. This tacit knowing can, like lived bodily experiences in general, be challenging – if at all possible – to grasp and verbalise. This led me to formulate the research question that will be studied in the following chapter: how, if at all, can lived bodily experiences be verbalised?

## 5. Verbalising felt experience and moving into knowing

“Words are clunky,” said Jacquie, one of the therapists. She referred to her experience of how words could never fully capture the vastness of information that is exchanged in therapy sessions. As she and her clients move towards and away from each other, or as either of them change their gaze or voice, makes a tiny gesture, or tense or soften themselves – even if just subtly – essential nuances of experience are communicated between them. Often this is pre-reflective, and it is not always that she has words for this moving-feeling-sensing experience. Jacquie sometimes questioned if she should even articulate these aesthetically felt movement dynamics. And she also wondered; what happened in those situations when she did? What is lost and what is found when kinesthetic experience is verbalised?

This theme, verbalising felt experience, frequently emerged in the focus groups and many participants asked themselves similar questions as Jacquie did. There is inevitably a paradox inherent in this thesis that I cannot bypass; I intend to illuminate the role of movement and the lived body and I have chosen to do it through text and verbalisation. But how, if at all, can lived bodily experience and movement dynamics be verbalised? The premise I have taken is that it *is* possible, but what happens in this activity and how can this verbalising process be described? Furthermore, how is knowledge related to this process?

Polanyi’s assertion that “we can know more than we can tell,” comes to mind when the psychotherapists describe their practice (Polanyi, 1966, p. 5). As we have seen, there is much that they come to understand during sessions that transcends words and is shaped and expressed through movement interactions with their clients. I recently observed a colleague conducting a therapy session in a group context. There was a moment when she reached with her hands and eyes towards the person she was working with. It was a very subtle movement, yet her gesture made a significant difference for the other. Somehow, my colleague knew that, and when to move exactly like she did. Psychotherapists make such interventions every day, adjusting their approach according to the unique situation with the person they are working with.

These are not random actions; they reflect the psychotherapists' practical knowledge. But how can this aspect of bodily knowing be verbalised, and what are the consequences when it is not?

With this background, the focus for this chapter involves two key questions. First, I ask: how, if at all, can lived bodily experience be verbalised? Then, I will connect this to the question of knowledge, asking: what is the relationship between movement, the lived body and knowing? Let us begin with the question of verbalisation.

All living forms are animated, i.e. moving and perceiving, and as such they have the capacity to respond. They are primed for meaning and to express themselves. The cat purrs, the flower blossoms, trees exchange information through their roots, the bee stings. We saw in the previous chapter how for humans, the movement repertoire that develops early in life in relation to another is our first language – which conveys desires, needs, intentions and feelings (Frank, 2023). Through movement we come to know *that*, *how* and *where* we are (Frank, 2023, p. 2), and it is through movement that from the outset of life, we begin to communicate with the world. The word infant literally means “unable to speak”. But infants, Sheets-Johnstone says, are not pre-linguistic – it is language that is post-kinetic (Sheets-Johnstone, 2016, p. 262.). As we learned in the previous chapter, our understanding of the world is primarily rooted in a lived experience – in kinesthesia. However, as we develop our capacity to communicate with words we are introduced to a world of concepts and representations. What happens with our lived body experience when we move in a landscape of concepts and established meanings?

In the previous chapter, I described how therapists were searching to develop their professional skills of working with unfolding body-to-body interactions. They had been fascinated by the work of senior practitioners, but how to bring this to their own clinical practice remained elusive and mysterious for them. They were searching for a frame, a structure and a theory that could support them to acquire these skills and better understand how to work with the lived body in therapy. What they describe is a known dilemma in the field of practical knowledge. Phronesis, or practical wisdom, is a form of



personal and bodily knowing which often resides in the tacit domain. Therefore, it can also become difficult to transfer from one practitioner to another. By this I mean, how can therapists explain with words why they decided to make that exact intervention in exactly that moment?

The dynamic, relational and situational synergies of meaning that constitute our lived bodily experiences often exceed our everyday language. Just as watching the sunrise, greeting a friend on the street, sitting with a client who has lost a parent, or leaving your crying child at pre-school early in the morning; “For all this, names are lacking” to paraphrase Husserl (1964, p. 100). Husserl speaks to a similar dilemma that Jacquie described; how can words do justice to the complexity of kinesthetic experience? Yet, one aim with this thesis is to articulate such processes and I therefore think that it is important to look closer into what it is that we are doing when we verbalise felt dynamics. This topic raises questions such as what are the limits of language and what happens when the elusive is thematised? Are there risks with *not* verbalising felt experience? And are there risks *with* verbalising it?

I want to add that although it may sometimes be difficult to find the right words, expressing ourselves through language is nevertheless a central feature for human communication. Not least is it central for psychotherapy practice, which is often based on that emotions and inner experiences are verbalised. One of the questions that clients are most frequently asked in therapy is probably “what are you feeling – right now/about that/as you say that to me?” I wonder if this isn’t also one of the most difficult questions to answer. Because, how do we know what we feel? What are we naming when we label an experience as anger or joy? As Husserl highlights, how do we name that which is felt? And when we do, how well does the chosen word resemble the trembling, tightening, widening or glittering quality that was moving us? So, I think exploring this theme is highly relevant for psychotherapy in general.

Further, in the introduction chapter I said that practical knowing could become silent and even silenced – as it is commonly regarded as vague, and not as reliable as the kind of knowing which we can measure. Many of the psychotherapists that I interviewed

voiced that despite their rigorous psychotherapy training, they experienced that they were being less respected by national health systems, and in general regarded as less professional than colleagues who had been trained in so called evidence-based approaches.<sup>26</sup> I wonder if at the heart of this situation there is a conflict of ontology, and of what is prioritised as real and reliable knowledge. I think it is very unfortunate when aspects of knowing are placed in a hierarchy or put against each other. However, I can also understand the mistrust in methods that draw on subjective experience – especially when there is a lack of knowing about the foundations and values that these rely on. It is also important to acknowledge that there are methods based on felt and lived experience “out there” which are less reliable and potentially harmful to vulnerable people presenting for therapy.

This, I think, brings forth the importance of exploring and articulating how knowledge based on lived bodily experience is shaped and cultivated. It is important to enhance our understanding of how this bodily knowing is different from random feelings, and how professionals can develop their practical wisdom and better meet the needs of the people they work with and that seek their help.

The research question that I will explore in this chapter is:

- How, if at all, can lived bodily experience be verbalised and what is the relation between movement, the lived body and knowing?

The following questions will guide the exploration:

- How can we understand the process that happens when felt and lived bodily experiences are verbalised?
- What is the psychotherapists’ experience of articulating felt experience?
- What is the role of the lived body within everyday established language?

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<sup>26</sup> These are often approaches that lean on outcomes research.

- How can we understand the process through which knowing is formed, and how, if at all, does this relate to the lived body, kinesthesia, the longitudinal intentionality and the speaking speech?
- How do the psychotherapists in the study group approach and relate to different aspects of knowing in their clinical practice?

The questions will be explored through my own and the research participants' experiences,<sup>27</sup> and further elaborated on through three pairs of concepts: Husserl's *longitudinal* and *transverse intentionality* and Merleau-Ponty's *the spoken* and *speaking speech*. I will also draw on Bornemark's phenomenological reading of Cusa's theory and include *ratio* and *intellectus*.

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But first, in order to bring this theme to life, I will begin with an example from my own practice. It is captured from an occasion when I, as a visiting tutor, taught a three-day module on contacting and movement to a group of gestalt therapy students in their first year of training. The example I am presenting is from a brief piece of therapeutic work that I did with one of the participants in the group. It is a commonly applied method within gestalt therapy trainings to teach through process. The purpose with this is to facilitate a felt understanding of theory. Hence, both teacher and students engage in an experimental attitude where insights about theory and practice may develop for all. The students in this group were all aware of this, and exploring through personal and therapeutic process is part of the teaching contract.

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<sup>27</sup> For reasons of space, transcripts from the interviews have been moved to the appendices.

### **5.1. Exploring the formation of anxiety**

A colleague greets me as I arrive at the training institute on the first day. He informs me, in haste, that he had heard that the students have had “mixed reactions” to the topic I am going to teach this weekend. Some were anxious about “working with the body”, as he phrases it. As I am walking up the steep and narrow stairs to the room where the group and I will meet, I wonder; what did that mean? There was something in the tone of his voice that gave me a hesitant feeling. I feel tense as I enter the empty room but as the students arrive, my excitement grows. I am really looking forward to teaching this weekend, but I also feel a bit nervous. Teaching often comes with a mixture of anxiety and excitement for me, so although uncomfortable, it was not an unfamiliar mix of feelings.

We gather in a circle and the room felt still, and loudly quiet. I introduce myself, and to what we would do in this module. It is still quiet. After that, I gently guide them to find themselves and bring attention to how they are sitting in the chair, and to notice what is happening in their bodies and in the room. As I guide them, I feel more settled. I invite them to check in with a few words, so that we can get a sense of how we are feeling as we come together and what they expect from the module. No one says a thing. I wait and wait. “What is happening?”, I wonder to myself. My heart is beating faster, and I am getting cold. Can they hear how my heart is beating?

After what feels like a long silence, one of the students, Ellie, begins to move in her seat and says, “I need to speak now. I am so anxious, and that annoys me because I don’t even know why I am anxious. Or maybe I do, but I don’t want to be feeling this”. As she speaks, her eyes tear up. Sometimes she looks at me, and sometimes down at the floor, but never into the room and towards the group. She is tilting her head slightly forward, at the same time as her shoulders move up and in, creating a hollowing in her chest. Her legs are tightly crossed, and she has tucked her hands firmly between her thighs.

I can imagine what “it” is that she describes as anxiety. To me, it feels as if it lives in the whole room. It is not pleasant, and I don’t want it to be here either. My fast heartbeat is a response to this experience, as is my narrowing and tensing up – which makes me cold. I

am holding my arms close to my body, and I find myself wondering how much space I can take in the room; shall I stay sitting in my chair or can I stand and move into the centre of the room? I rarely feel this tensed, rigid unpleasantness when I meet a new group. I could be wrong, but isn't everyone's breathing shallow and held? I think all of this to myself as I look around. They are all sitting so still, one woman is holding onto herself, and a few others are retreating further into the back of their chairs. Some are looking at Ellie, as if they are expecting her to continue. I am wondering what is happening, and if it is something that I bring with me to the room that they are responding to? Whatever it is, I know I need to make a move. I am the teacher and I need to act.

I wish we could just stand up and shake this out, but I pace myself – silently wondering; what's in this holding back, what does it speak of? I feel the chair underneath and behind me, I notice my breathing trembling and I feel my feet and how they are touching the floor. I need to make a move and Ellie has started something, and that is what feels most available to me right now, so that's where I will begin. I don't know this group and maybe she is someone who often speaks up for the group. I don't know this yet, and I don't feel like asking them yet. But as I turn towards Ellie, it is as if I feel myself more. I notice that I am softening, and I feel a widening in my chest. And, it is as if not only my chest widens, but also my vision and my thinking. It is probably a response to me feeling more connected.

“Shall we stay with your anxiety a little bit?” I ask Ellie, and she nods. Yes, she would like to. “Do you know where in your body the anxiety lives?” I ask her. She responds, “It's everywhere, but mostly here,” she says while she places her hand on her chest. “And it is in my arms”. I ask, “How do you feel it, is it possible to describe it to me so that I understand better what the anxiety is like for you?”

“It's so tight. I feel so tight,” she says, clenching her fists into a tight grasp. I look at her hands, and I nod a little bit and point lightly at them with my gaze, raising my eyebrow just a little – as if to say, “that tight?” She nods back. I imagine she is saying “yes, this tight”. Her nails are pressing into her palms. “I just don't want to feel this,” she says.

“I can understand that, it looks uncomfortable,” I say, and continue, “This might sound strange, but what could the tightness be saying to you? Take some time and let yourself feel it”. She looks down, as she draws her attention closer to herself. I quickly glance out in the room. Some are moving forward, others sit back – but from the way they are looking at us they seem engaged. Is there a little more breathing happening in here now? I wonder to myself.

“It’s not easy to formulate this, but it’s something like that I really need to hold on to myself.” Ellie says and looks at me, still with tears in her eyes. I feel open and soft as I meet her gaze. She tilts her head to one side and bites her lips. “I really don’t know what happens if I don’t,” she says with a quiet voice. I take a moment to feel what she just said. I am aware that she is saying this to me, and that there is probably a message for me in her words. I hesitate for a moment, not knowing exactly how to phrase my question, and I ask her, “Could the tightness be saying something to me? Or to us?” I say, making a small and sweeping movement with my hand out into the room. Her eyes are tearing up again, and she puts her hands in front of her face and whispers, “Why is it so hard to say this?”

Hearing and feeling her, my breathing slows down and it is as if my attention becomes more focused. I imagine that this is both difficult and important for her. “Take your time, Ellie,” I say. After a pause I continue, “I am wondering what you could imagine happening if you did not hold yourself so tightly? What could happen between us if you didn’t?” I hesitate for a moment, feeling cautious; I don’t want her to interpret me as if I am asking her to let go of the tension or as if she must relax.

“I am really interested in hearing from you Ellie”. It was Susanna, sitting directly across from her in the circle, who spoke up and reached towards Ellie. “Yes, me too,” Ivan said, and Sonya nodded and added that she is also feeling tight. Ellie looked up and as she met Susanna’s eyes, she seemed to release a little. They stay there, looking at each other. I imagine that the two of them know each other well. There is a lot communicated in that deep gaze. After some time, I ask her, “What happens for you, Ellie, when you hear and see them?”

Ellie does not respond with words to my question, but her breathing seems deeper, and she slowly ceases the intense eye contact with Susanna. She turns towards me and our eyes meet. Her face appears more open now. I think she was reminded of the support she has in the group; they have a history together and there are dynamics here that I am not aware of. Ellie and I hang there for some time, just looking at each other. I notice a gentle, warm and as if sinking feeling in my chest and the beginning of tears behind my eyes. It could be something like sadness or tenderness, and I have an impulse to widen my arms as if to embrace her, but of course I don't. She smiles, just a tiny little bit. Maybe she felt my impulse? "What do you see when you look at me?" I ask her. "I see that you want to hear me, if that makes sense," she says.

I feel moved, and I am not sure how to respond. As I am seeking for words she says, "I need to be able to say no to you. I am really interested in this topic and I want to be here with you all, but I need to know that I can say no and not do things I don't feel ready to do". I take her words in, feeling myself as I respond to her, "Thank you for letting me know. I appreciate that you're telling me this". There is a pause, as if we all need to let her words sink in.

After a while I ask her, "What's it like to tell me?" She responds with a deep sigh, "It feels good, actually". I feel myself smile with warmth, and I inquire, "Good as in....?" I am wondering what "good" means for her right now. "Well, it's like I feel more space to breath, it's a relief now that I've said it. Yes, this is really important to me. I want to know myself better, but I am afraid of what might come up for me in bodywork," she says, and again there are tears in her eyes. I imagine there is a story here that is painful for her.

I also notice that her voice is clear as she speaks, and it cuts right through the room in a way it did not do before. "Do you feel your voice as you are telling us this?" I ask her. "Yes, yes, yes, I do. I feel clear about this now," she says. "This is important information for me as well, Ellie. Thank you for telling me. Really, you never have to participate in any experiments in this module if you don't want to. But, I am left wondering, will you know when to say no?" She looks at me and tilts her head to the side again. "I am not

sure, and that's the thing. I am afraid I won't know". After saying that, she looks down again. "I'm a bit worried now what you all will think of me," she says, again biting her lip.

It seems like she is withdrawing. I want to remind her of the connection with the group that she had just discovered. "What just happened Ellie? It seems like you are moving away from us". "I feel I am taking up too much space, she said". I look out in the room; the others still seem to be engaged. Susanna is gently shaking her head as if to say, "no, you are not taking up too much space". Others have tears in their eyes. I think they know something about Ellie's story that I don't. Whatever it is, they seem to be moved by what is happening.

"What if you let yourself look around the room and see what you see?" I ask her, and I add, "I suggest that you do it slowly so that you can really see and also feel us".

As she looks around in the room, I move back in the chair and as I take in the whole room it appears to be more open now. The others seem to have softened too, and one by one they meet her eyes – some with a gentle smile, others with a tear in their eye or a subtle inhale.

We sit in silence for a while. I decide to name what I experience, "I feel as if something has now changed in the room, and between us, can you feel that as well?" Many nodded. "Yes, I feel more as if I am here now, and as if I can breathe," Ivan said. "Ellie, I felt that you spoke for me as well. I don't feel exactly as you, but I've also been apprehensive about coming to the training this weekend", Sonya said.

Others in the group spoke as well, and we took some time to name the mix of dread, desire, resistance and ambivalence that was held in the room. We found that it was related to meeting me, a new teacher, but foremost connected to the various meanings that "working with the body" had for them. I acknowledged that I had not clarified from the outset what we were going to do together and that they of course never needed to participate in experiments if they did not want to. We did not conclude this initial group process on a completely harmonious note, not everyone felt settled about approaching



the theme of the module or working with me. But at least we knew a bit more of where we stood with each other.

## **5.2. First reflection on verbalisation of experience**

In this section I will identify some themes related to verbalisation that stood out during my work with this group. As the reader may have noticed, in the process described above I am drawing on both that which is said verbally *and* expressed through gesture and posture to inform my interventions with Ellie and the group. I attend to these elements as a whole of expression. I am also attending to how I am moving, and to my immediate and felt knowing of what is happening between us – to my kinesthetic experience. Sometimes I seek words to articulate feelings, and sometimes I try to connect the expressed words to our lived body experience.

The group example shows how words can both connect and separate us from each other. I will explain what I mean by that. Prior to our meeting, the group had heard that I would be “working with the body”. This carried several connotations for the participants. My colleague had mentioned this, and I brought my response to the room. Our anticipations of what might be was not verbally spoken, but lived in our postures, gestures and breathing patterns and created a kinesthetically resonating sphere in the room. Kinesthetic resonance is the reverberating feeling tones that are generated from one person to another (Frank, 2016, p. 373). Simultaneously, as this “not said” enhanced a distance between us, we were also somehow joined, or maybe more entangled, in an overall felt experience. This, our immediate response to the situation, was filled with affect and non-articulated meaning for all of us – the feeling was all over, as if it was scattered. I experienced the feeling-situation as unsettling and unpleasant, but what was it like for them, I wondered? In the silence we could assume that we knew what others were feeling, but we could not know for sure and in the uncertainty, we were also distant and isolated from each other.

When Ellie named her experience, the situation shifted, and we were offered an opportunity to explore and connect differently to each other. We can say that language

provided a distance to the immediately felt, as it offered generalisations that we could all relate to, and thereby it bound us together. With language, Husserl says, comes a “new kind of validity, accessibility, recognisability” (Husserl, 1973, p. 225; cited in Taipale, 2014, p. 104). And as Ellie and I began to search for words that matched and described her experience, others were able to relate their experience to ours – how it was similar and different. The words became like threads between us, and how we felt ourselves in the room and with each other incrementally changed. If before we had been captured by our feelings, as if at one with it, verbalising the experience gave us something to grasp onto that enabled another way of orienting with each other than when we were verbally silent.

But, in naming the experience I am wondering; what was also lost? How well did that which was articulated embrace the whole of the lived experience, for Ellie, me and the other group members? How did we go about finding words for our lived experience and what happened when we did? In this chapter I will explore these themes. I will begin by asking, how is language formed in relation to the lived body?

### **5.3. Longitudinal and transverse intentionality**

Frank describes kinesthetic resonance as the reverberating feeling tones that are generated between us (living beings, a situation and objects). As mentioned earlier, kinesthesia means the feel of our self-movements and the word derives from *Cineo*, to put in motion, and from *Aesthesia* that means sensation. Any movement we make has a certain qualitative character, which is felt, as impressions of our self-moving as we move with the other. Arriving together as a group in the situation above, there was a “setting in motion” – a vibration and pulsation that moved between and through us. Our individual and immediate responses informed us of the situation; we all moved and shaped ourselves in relation to each other’s responses, which in turn contributed to the overall feeling tone between us – a kinesthetically resonating sphere of experience. Within this sphere of what was directly given to us, that which was seen and felt were intertwined as a whole of experience.

The implicit meanings formed through moving-feeling-perceiving are not always made explicit, or even possible to articulate (Sheets-Johnstone, 2016, p. 269). Sheets-Johnstone argues that the experience of movement, our kinesthetic experience, is the root of emotion. She says:

When serious attention is turned to kinetic form and to the qualitative complexities of movement, emotions are properly recognized as dynamic forms of feeling, kinesthesia is properly recognized as a dimension of cognition, cognition is properly recognized as a dimension of animation, and animation is no longer regarded mere output but the proper point of departure for the study of life. (Sheets-Johnstone, 1999, p. 274)

If we relate this to myself and the group, we all pre-reflectively knew something about the situation – both as individuals and as a collective. We were feeling both our own and the others' responses; the bound and still quality, the narrowing of shoulders, the held breath, the hollowed chest, the biting of a lip, the moving back in the chair, etc. All of these movement interactions generated felt qualities of experience, like vibrations that we were resonating with. I previously referred to this as “feeling tones”, which Frank says is the substratum of emotion, and we can also call it “affect” (Frank, 2023, pp. 22-23). Frank makes a difference between feeling and emotion – a feeling being our kinesthetic response, the “inner stirring” that we are experiencing. The emotion, Frank says, is how we make meaning of the kinesthetic experience in the situation – like that which Ellie named as anxiety in the previous example.

As I am inquiring about the connection between lived body and knowing, I find it interesting to link Sheets-Johnstone's and Frank's notion of 'emotion and the feel of our moving body' to Nussbaum's theory on 'the intelligence of emotions' which I began to introduce in the previous chapter (Nussbaum, 2001). Nussbaum is critical towards common ideas that view emotions as passive and unthinking forces without connection to evaluations, plans or cognition. Emotions, she says, are always about something – they have an object and a direction. But they are not about the object in the sense of just being pointed towards the object, rather their “aboutness is more internal, and embodies a way of seeing” (Nussbaum, 2001, p. 27). We can also say that the emotion is

filled with feeling – with felt qualities – that impacts how we see the situation at hand. Nussbaum exemplifies this by demonstrating that the grief she felt after her mother’s death depicted her mother as invaluable and irrevocably cut off from her. What distinguishes one emotion from another – fear from grief, fear from hope, love from hate – is not so much the identity of the object, which might not change, but the way in which the object is seen (Nussbaum, 2001, p. 28). Emotions, she says, are thus concerned with a value, and they tell us something about what is important to us.

What Sheets-Johnstone argues, and Frank develops in her theory, expands this perspective and highlights that before there is an emotion, there is a kinesthetic experience. Returning to the example with the training group, the situation revealed itself to us through a variety of felt qualities. If we look at Ellie’s experience as an example, she was kinesthetically resonating with the situation, and her aesthetic evaluation of her kinesthetic response resembled an experience that she, within this situation, labelled “anxiety”. As we unpacked and de-structured “anxiety” we discovered the “aboutness” of her affective response; it was vitally important for her to be able to say no to me. However, she did not trust that she could do this with me. This presumably entails an existential dilemma for her, concerning her felt ability to differentiate and remain connected with the other, and maybe it speaks of an experience, or experiences, where her boundaries have not been respected.

When Ellie named what she felt, she was drawing from the background of lived bodily experience; the reverberating vibrations in the field (kinesthetic resonance) were felt by her (kinesthetic experience) and the emotion was the situational meaning she made of this – which also describes the process of forming form which I discuss in the introduction chapter. Sheets-Johnstone argues that we need to tell apart sensations from feelings; sensations are localised events, like itches and pains. But we don’t sense our self-movements, we *feel* them; they have an affective quality and are a whole-body dynamic (Sheets-Johnstone, 2010, p. 115). Felt dynamics, Sheets-Johnstone says, are the key to understanding the relationship of affect and movement – movement creates affect and affects shapes movement. All movements have a spatial and qualitative dynamic, or as Daniel Stern phrases it, we experience intensity, timing and shape (Stern, 1985, pp.

146-149). The feeling tones generated between us in the group created variations of felt tensions that we also moved with – we narrowed, widened, lengthened, moved towards or away from each other, etc. To clarify; all those movements are felt, and how we in the situation make meaning of them is the onset of emotion (Sheets-Johnstone, 1999, p. 265). So, how is this relevant for the creation of language?

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Frank (2023) and Sheets-Johnstone (1999) both distinguish emotion from affect, or feeling tones, in order to highlight the kinesthetic and pre-linguistic intelligence within the living body. If we break this down, beginning to recognise her lived bodily experience as an emotion, Ellie is at a kind of threshold where her pre-reflective experience is beginning to clarify. In the moment of articulation of that which is immediately felt, there is also a shift in experience, both for her and for others in the room. And as she spoke, a clearer focus was created between us, and our attention was directed towards this emerging figure. In phenomenology, the term intentionality is used to describe how experience is always directed towards something, and continuously orders the world. I think it could be helpful to bring in Husserl's analyses of two types of intentionality, *transverse* and *longitudinal*; to further tease out what happened as our immediate and sensuous experience was on the threshold of being given form (Husserl, 1966, in Bornemark, 2009, p. 76; Husserl, 1970, in Bornemark 2018b).

As mentioned in the previous chapter, Husserl describes how experience flows like a melody; new tones come as others disappear. But experience is also that which stays and is retained. *Transverse* or vertical intentionality constitutes the tones, as they go through protentions (expectation), the immediate presence and retention (non-thematised memory) (Husserl, 1964; Bornemark, 2009, pp. 69-105). What is experienced is shaped into objects, or forms – in this case, like “anxiety”. The forms can be distanced from the experiencer and recognised in time. That is, understood as existing before we became aware of it, after it has been experienced and as it moves into retention. This transverse intentionality gives us a sense of continuity and of a stable

world. It provides us with concepts abstracted from our direct experience that we can manipulate (do something with) and reflect on (Husserl, 1964; Bornemark, 2018b). With the word “anxiety” Ellie labelled her experience in a way that made sense to us – we all had an idea of what anxiety “is” before she mentioned it. In the very moment that she said the word, we could instantly relate to it, and afterwards we could recall and talk about what happened. The immediate experience was no longer just hers. According to Husserl, pre-linguistic sharing is limited to the present, whereas linguistic communication enables sharing over time (Taipale, 2014, p. 104).

*Longitudinal* or horizontal intentionality is pre-reflective, a consciousness of the streaming continuity of lived experience (Husserl, 1966, in Bornemark, 2009, pp. 69-105). This stream of continual experience is not thematised and it is as if it is merged with the experiencer – it is our immediate and subjective experience of light, texture and rhythm etc. The longitudinal intentionality is that which is always there, and which in its everlasting presence can also seem as if it is absent for us – we easily become blind towards that which we take for granted as constantly “being there” for us. This stream both binds us together and separates us. As living beings, we are embedded in this stream, we move with it and it moves through us and exceeds us as individuals (Bornemark, 2018b, p. 443).

Life, within the stream of life, also strives at shaping and maintaining its own unique form – for example, the human being, the bird, the snake, and the tree. In common among all living beings is that we derive from other living bodies, and that we have a membrane – a permeable boundary – that allows an exchange between outside and inside where some substances are allowed through, and some are released. This exchange keeps us alive and allows us to reproduce new life; air and food goes in and are then released in another form. Our forms can only be maintained and alive as long as there is exchange through this boundary. We are separate bodies but yet we are sharing the same stream. Similarly, as living bodies we are separate and connected through kinesthetic resonance. For example, I don’t necessarily need Ellie to verbally tell me how she is experiencing the holding-back. Seeing and hearing her gives me a felt sense, a whole-body experience, as I resonate with what it might feel like for her. I know because

I have moved myself. I don't know exactly how this feels in her body, but when I, for example, see her tightly clenching her fist, I know enough to imagine the quality of sharpness when nails are pressing into my own palms.

Husserl's theory shows how life overflows that which can be named. From the previous chapter we can recall how Sheets-Johnstone argues that we can never shut off our kinesthesia – the experience of our self-movement is there, any time we care to notice them, as she says (Sheets-Johnstone, 2012, p. 45). Our kinesthesia is always moving in relation to the continuum and ever-present background of non-thematised experience – the longitudinal intentionality. It is always there, and through kinesthesia always within our marginal awareness. The longitudinal does not disappear. However, as soon as we study it or name it, we make it an object in time and thus we turn it into transverse intentionality (Bornemark, 2018b; Husserl, 1966, in Bornemark, 2009, pp. 69-105). Language then, is inevitably always within the transverse intentionality. As we create a distance between our immediate and sensuous experience, we gain the possibility to abstract, communicate, reflect and organise our world. The transverse intentionality gives us concepts that we can share and relate to.

So how can we understand the relation between that which we verbalise and the longitudinal intentionality? I will stay for a bit longer with the training group before I introduce the psychotherapists' experiences.

#### **5.4. Speaking and spoken speech**

A few times during the work I did with Ellie, I asked her to tell me how she was experiencing her feeling states, that which she named as “anxiety” but also “good” and “relieved”. What, more precisely, am I doing in those cases? Merleau-Ponty, who originates from the same phenomenological tradition as Husserl, devoted his life's work to the role of the lived body as the locus of all meaning – that is, to how we relate to the stream of life that is always already there, the longitudinal intentionality. This theme was of course also a central thread for Merleau-Ponty as he engaged in the

phenomenological quest of how experiences, appearances and objects can be described and articulated in language.

Merleau-Ponty was especially interested in a form of expression that he defined as authentic, originary, or *speaking speech*, which he differentiated from what he called *spoken speech* (Merleau-Ponty, 2012, pp. 202-203). Spoken speech is where our everyday usage of language mostly operates. It refers to the sum of previous acts of expression and to the sedimented meanings associated with the specific word or phrase. When I did not want to settle for the common meaning of anxiety, but rather explore what constituted Ellie's experience and the meaning she made of this, I challenged the spoken speech and invited a speaking speech.

Speaking speech is sensitive to the specifics of the situation, and it draws closely on the longitudinal realm. It is an active and transformative use of existing linguistic meanings – aiming at rooting language in authentic felt experience. Like shaking it out of its habitual form and asking: what is the lived meaning of this word in the here and now? I am inviting this realm of speech by asking Ellie to locate her experience in her body and describe how anxiety moved through her *now*. Inquiring about her subjective experience, I am aiming at coming closer to the longitudinal intentionality and to how the stream of life is setting her in motion and moving her to be moved in this moment. Attending to how she is living this present situation with the group and me is different from staying with retained assumptions and narratives related to the concept. Opening the form “anxious”, we can explore how that which is retained is stimulated now, and the future that is anticipated from that. Heightening kinesthetic awareness can invite the possibility for novelty and growth. Frank highlights that the forming of emotion relies on its predecessor, the background of felt qualities, for its clarity to be felt and expressed (Frank, 2023, p. 22). When the kinesthetic experience is diminished or not so clearly felt, there is a risk that we guess what we are feeling, or that we evaluate and rationalise rather than feel what is happening now. When this happens, we are not drawing on the sensuous information given in this present situation – and maybe more easily, we then express ourselves through spoken speech?



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The two concept pairs, Husserl's transverse and longitudinal intentionality and Merleau-Ponty's speaking and spoken speech, cuts experience differently and they focus on different phenomena – yet they can be related to each other. On the one hand, subjectivity is constantly moving and changing, and central for phenomenological investigation is that the structure of life cannot be reduced to the study of an object. However, as Bornemark states:

*.../in order to study subjectivity we must first turn it into an object, and once we have done this, it is no longer the living stream but one object within the stream. We no longer examine subjectivity as “perceiving”, but as something “perceived” (Bornemark, 2018b, p. 435).*

Feeling and affect comes and goes, often as a pre-reflective bodily knowing, moving in the living stream. As soon as we reflect on these ‘happenings’ we make them objects within time, and the stream and longitudinal intentionality has then been turned into transverse intentionality. This means that when we reflect on the experiencing of subjectivity, it turns into one experience among many within time. And it is no longer the subjectivity as experiencing (Bornemark, 2018b, p. 435).

This also means that both of Merleau-Ponty's modes of speech rest within the transverse intentionality, as both of them are linguistic expressions and thus thematised experiences. However, the speaking speech is closer to the longitudinal intentionality and to lived bodily experience. The speaking speech is the process of creating an object, whereas the spoken speech uses an already created object. With the latter term, Merleau-Ponty refers to established meanings and how words are commonly used in everyday language. Let's look at an example from the training group to further clarify the difference between spoken and speaking speech and how it can present in practice.

This particular situation with the training group presented me, as a teacher, with a choice point; I could assume that I knew what the concept of “anxiety” meant, based on

my own lived experience and the meaning which we commonly ascribe to this word. Early on, I could have asked the group if others felt anxious too, and it is likely that many would have said yes. But, where would this have taken us? How much would we have learnt about how meaning was created within this specific situation? When I heard Ellie speak, I was alerted to the fact that “anxious” came with a tail for her; she said that it was annoying for her that she felt it. I think that she, in that moment, expressed both her own experience and a common evaluation of that experience; that anxiety is something that should be fixed, and as if it is “wrong” and should be gotten rid of. I could have followed this interpretation, assuming that the meaning was similar for everyone. I could have invited the group into an intervention aimed at changing this, and make us all feel “better”. For example, shaking out the anxiety, or resourced them through some kind of grounding intervention. Or we could have reasoned ourselves out of the feeling. I didn't, so what informed my choice?

The topic of the module was to explore our lived body, and in congruence with the theme I wanted to explore our authentic and lived bodily responses. Changing our behaviour in order to get rid of the experience would have been a cognitive shift based on how we think we should be – that is probably “anxious free”. I don't think that leads to long-lasting and supported change, and in my choice of intervention I was leaning more on what is referred to in gestalt therapy as the paradoxical theory of change.<sup>28</sup> From this perspective, resistance is acknowledged as assistance for contacting, and its function needs to be recognised and understood. By going in the direction of “making it better” I also believe that we would have missed essential information about the actual and present situation we were living; we would have missed the opportunity to uncover and bring forth the multitudes of living and vibrating meanings that were streaming between us.

My choice did not feel easy at the time, as it required that I took a leap into the unknown. I was part of the “anxiety”, and I felt it too. This was my way of moving with and through it together with the group, and in the moment this was the choice that called me. The

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<sup>28</sup> This approach is at the heart of gestalt therapy and emphasises that change cannot happen unless we embrace what is (Beisser, 1970).

group could welcome or resist this exploration, and I had no idea what we would find. But, the pressing feeling in the room was striking and uncomfortable for me and from what I felt and perceived I imagined that others experienced something similar – and I wanted to uncover what the implicit “holding back” in the group entailed. What was given to me to work with was the silence, the participants’ postures, gestures and Ellie’s words. The latter became most figural and so that was where I started. I wanted to open the form “anxiety” and explore the lived experience, as I was wondering: what was the background to the meaning she made, and how were we all contributing to this?

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To repeat: it was apparent to me and to the participants that the feeling in the room shifted as we engaged in verbalising and entered the transverse realm. Although we were anchoring words in felt experience, there was also a separation from our immediate response. Our lived body was residing more into the background, and we were able to reflect on our experiences, which also drew us closer to each other. The group participants and I had the opportunity to linger a bit longer in the sphere between the felt and the spoken than what we normally have in our everyday life. We could pause and engage in the process of attentively listening to each other, aiming at finding a genuinely expressive speaking speech. But often, and in our everyday use of language, we are more involved in what Merleau-Ponty calls *spoken speech*. This realm of language is more distant from the longitudinal intentionality, and it is constituted of a vocabulary that has an established meaning for us, like in this case, “anxiety”.

The psychotherapists I interviewed did not use Merleau-Ponty’s vocabulary, but the way they referred to the role of language reminds me of his theory. In their psychotherapy practice, and personal life, they were often confronted with how to articulate experience and as mentioned, some questioned if it was at all possible. Some described how their clients often *talked about* their experiences rather than were present with their feelings. Elena (one of the interviewed therapists) said that when her client’s “talked about” their words became “as if numb”, not carrying the lived. However, and as other therapists highlighted, that their way of expressing themselves also conveyed something important

about the client and probably carried a function for them. The spoken speech can provide a sense of certainty, making us stay with rationalising and something “known” to grasp onto. Having practiced our thinking in words more, attending to the longitudinal realm can be unknown, or feel unfamiliar and frightening. And, again, how do we even verbalise the felt? If psychotherapists who have trained to be attentive to experience and feelings struggle with this, what must it be like for those who have not? For some clients and those who are new to therapy, “What are you feeling?” is not an easy question.

I will now return to the research participants experience and further explore how the spoken and the speaking, the transverse and the longitudinal are related.

### **5.5. From lived body to words**

I quoted Jacquie earlier, and how she found words clunky. Later in our interview, Jacquie said that she trusted animated expression more than words, and she often preferred to engage in movement-based conversations with her clients. She had a background as a movement therapist, and she felt that inviting her clients to bring feelings and responses into gestures or expressive movements brought them closer to “what was really happening without having to mess around with finding words”, as she said. And certainly, she has a point in that the lived body exceeds that which is possible to express. When the longitudinal stream of experience that Husserl describes is articulated, it becomes “something else”. It is transformed into a representation that can never fully fathom the whole of experience.

Like Jacquie, Eva struggled with words and verbalisation of feelings. She highlighted how we easily can take as a given that we mean the same thing with a word or expression, although we might not.<sup>29</sup> She described an incident from a session where she had shared her understanding of the client’s process. She remembered hesitating before she decided to speak, but that as she spoke, she felt authentic and very clear that she was “coming towards” her client with a caring intention. But as she was speaking,

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<sup>29</sup> To read what Eva said, see Appendix 3, example 1

she noticed that her client was closing in and withdrawing from her. In response, Eva had felt uncomfortable, and a sense of shame, and she had moved away from her client, realising that she had missed her. The words she used had been a significant mismatch to what the client felt. This incident had led them to explore her client's experience of being missed. As Eva's example shows, a chosen word can touch each of us differently, and although the intention is to share my resonance with you, this might not resemble your experience, and the word I chose to express myself with might have a different meaning for you than it has for me.

The example also accentuates how verbalisation itself is a moving happening; Eva's experience was different before, during and after she spoke – showing how the longitudinal intentionality flows through the process of articulation. The lived body is thus also present within the transverse realm. I have an additional comment regarding Eva's example: her client dared to speak up in this situation. I think it is important to note that the power dynamic within the therapeutic relationship can give precedence to the therapist's articulation of the situation. This could be at the risk of interpreting and/or labelling what is happening in such a way that it diminishes the client's experience and/or becomes part of the client's personal narrative. Bringing the longitudinal into transverse consequently includes the power to define the theme. The power lay with the one who formulates the word and settles which words to use. Who decides what is good or bad, anxious or depressed?

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Articulating that which is felt is undoubtedly an important part of therapy, and although some of the therapists said that they often struggled with this process, I was wondering; how did they handle this dilemma? What supported them? Many referred to what they had learnt during their training in Developmental Somatic Psychotherapy (DSP), which had been helpful for them. In the following section I will describe how. To clarify, my interest in this exploration is to tease out the components that they found helpful and how this relates to verbalisation of felt experience.

The training program teaches a theory of how to attend to movement dynamics within the psychotherapist-client dyad, and it facilitates an understanding of the psychological and existential significance of these body-to-body communications. Learners study the theory through movement investigations, and they practice their kinesthetic awareness and ability to feel themselves and in relation. They are taught a theoretical system for how to observe, feel and verbalise subjective experience. As described in the introduction chapter, Frank, the founder of this work, has developed an experience near vocabulary that expresses the action, direction and qualities of movement interactions.<sup>30</sup> During the program, students actively practice finding descriptors for lived bodily experience, using metaphor, qualities and gesture rather than commonly used concepts.

Eva and Vera said that they used to easily be overwhelmed by feelings and sensory information, and that this could be chaotic for them. Studying the DSP- theory helped them to organise their felt experience.<sup>31</sup> Returning to Merleau-Ponty, we can say that the theory helped them to find a speaking speech, which allowed them to clarify their experiences and communicate themselves with others. The flow between experience and theory, the longitudinal and transverse, supported a distance from that which was immediately felt and allowed for reflection and sense making.

During our interviews another factor also prominently stood out as significant for their ability to express their lived bodily experiences. Eva and Vera said that most important with the training was that the non-verbal sphere of communication had been valued; it made them feeling seen, heard and connected to others in a way they described as “rare and genuine”.<sup>32</sup> According to their report we can say that having to pretend as if the longitudinal stream and the relational and situational dynamics do not exist highlights the separation and isolates the person as if saying, “this is something that is only happening within you and independently of me”. That is an individualistic perspective, referring to as if feelings are of the person and not of the situation.<sup>33</sup> By defining feelings

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<sup>30</sup> I will describe this system further in the following chapters.

<sup>31</sup> To read what Eva and Vera said on this matter, see Appendix 3, example 2.

<sup>32</sup> To read what the therapists said in relation to this theme, see Appendix 3, example 3.

<sup>33</sup> Gestalt therapist Georges Wollants describes situation as the “intertexture of interactions of a human

and emotions as fundamentally of the lived body naturally follows a relational perspective. Eva and Vera remind us that verbalisation is relational and that the listener impacts what they feel they can say, and how they sense it is possible for them to express themselves.

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So, let's pause and look at what has been explored so far and how the longitudinal and transverse intentionality is linked to the speaking and the spoken speech. Thematizing the continual stream of subjective experience consequently turns longitudinal intentionality to transverse intentionality. Being introduced to an experience near vocabulary supported Vera and Eva to express themselves. They found that this speaking speech could help them to better organise and reflect on their felt experiences. The speaking speech, which is closer to the longitudinal intentionality, was easier accessed for them in contexts that held an awareness of the lived body and acknowledged that there was more to that which they expressed than what could be formed into words. Contexts where a spoken speech was mostly dominated made them feel distant and isolated from the other.

As I am writing about the process of verbalisation an image comes to mind: <sup>34</sup> I see the emergence of thematisation as if bubbles are formed within the longitudinal stream, floating in, adjusting to and encapsulating parts of the stream. The bubbles are the beginning of transverse intentionality. The speaking speech is that which begins to create a form within this bubble, and it aims to move as close as possible to the bubble-membrane. The more certain the word becomes, the more its shape gets clarified. During this continuum we are moving closer and closer to a spoken speech, and the shape within the bubble might no longer resemble the contours of the bubble. Maybe it has turned into a polygon, or a square or even a triangle – only just, and with its corners lightly touching the membrane. How much does this shape remember the stream of life?

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being and the environment that is relevant to him over a given time interval" (Wollants, 2008, p. 10)

<sup>34</sup> Inspired by a metaphor used by Bornemark (2022, p. 95).

I will now move on and ask, how is the spoken speech related to the longitudinal intentionality and the lived body?

### **5.6. From words to lived body**

Richard described how he, before starting the DSP-training, used to be very much “in his head” and rationalising about most things. He said that he didn’t feel himself so much back then. His relationship to his body was more as “something he had” – the objective body. His supervisor alerted him to how he often missed his clients, by not grading his interventions according to their emotional state. Rather, he was quick to interpret what they told him and he tried to intellectually solve their problems. Following Merleau-Ponty and Husserl’s concepts we can say that he was more familiar with the transverse intentionality and relying on the spoken speech. And as he pointed out himself, his kinesthetic awareness was diminished. Not feeling himself so much in relation to the ongoing flux of life (the longitudinal intentionality), the background from which his emotions and habitual responses were formed was not so clear to him. As a consequence, he was repeatedly caught in instant reactions towards his clients’ presentations, and rather than being with what was emerging in sessions, he often needed to cognitively predict the coming next. He was advised by his supervisor to develop his sensory awareness and become more “embodied”, and that’s why he began the movement-oriented training.

For Richard, practicing his kinesthetic awareness altered plenty, he said.<sup>35</sup> Relying on cognitive concepts used to give him a sense of certainty and stability, something to grasp onto. He had often found that so-called bodywork felt scary and “airy-fairy”. However, he found that the theory in the training program offered a structure that acknowledged his habitual way of orienting. I understand it as if he recognised, within the theory, the transverse intentionality, which is more familiar to him. He could relate to concepts and spoken-like speech, and this made him feel safe enough to widen towards additional and novel ways of orienting. We can return to the metaphor of circles and shapes; Richard felt safe with clearly defined shapes. The theory that was provided in the training

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<sup>35</sup> To read what Richard and other research participants said on this matter see Appendix 3, example 4.



allowed room for him to reflect and reason around the relation between shapes and circles and stream. This brought enough safety and curiosity for him to unpack the structure of the shapes and explore the space between the shape and the bubble-membrane. For Richard, this opened up a new world, as he was introduced to the possibilities of a speaking speech in addition to the spoken speech.

Frank defines gestalt therapists as clinical phenomenologists, exploring the philosophy of the obvious or “what is immediately accessible to the patient’s or my own awareness” (Perls, 1992, p. 134). Clearly, Richard experienced that the world became more alive as his kinesthetic awareness increased. What enhanced the development of this was not only the movement exercises he had done in the training (aimed at bringing the participants into their moving-feeling-sensing bodies) but also being supported to verbalise that which was seen and felt in an experience near way. During the training the therapists had been invited to become curious in the background from which this figure, the spoken speech, had developed – the longitudinal stream. Richard, and other research participants, reported that their capacity to notice their kinesthetic experience<sup>36</sup> increased as they could also describe this through felt dynamics, gesture or metaphor.

When the therapists got access to feel more nuances of experience, that also enriched the way they could express themselves and vice versa. When they could feel themselves more, they could also perceive more, and as they could perceive more they could feel more. Their moving, feeling, perceiving *and* verbalising repertoire expanded. Being introduced to a more experience near and speaking speech also brought them more clearly in touch with their subjective experience and the longitudinal intentionality. Further, they discovered how they could move between the spoken and the speaking speech. They said that this supported their psychotherapy practice. It gave them helpful “tools” to facilitate their clients to develop their kinesthetic awareness, by opening up commonly used forms and exploring how frequently and habitually used concepts, the spoken speech, had been shaped. They learnt to wonder about the felt dynamics that

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<sup>36</sup> For example, noticing the difference between their muscles being released or gripping onto their bones, or if they felt themselves open or closed, held back or sprung forward with excitement.

went into the concepts. They did not use these terms, but I hear it as if they were inquiring: how did the “forms” relate to the longitudinal stream, and what was the subjective experience?

So, we have seen how some of the therapists highlight the importance of finding a language to organise and express their lived body experience, and that others emphasise how finding an experience near way of expressing themselves enhanced their kinesthetic awareness. In all cases it seems that as long as the thematising feature of the transverse intentionality stayed close to the living, it actually helped them to better know, feel and express their lived bodily experiences. But, when does speaking speech turn into spoken? How do we know the difference?

### **5.7. Enchanting the wor(l)d**

The function of verbalising experience is to connect and communicate ourselves with others and to create a shared world that we can locate ourselves within. Of course we want to be understood, and in doing so aren't we always using words that to some extent are recognisable to the other? So then, isn't all language to some extent relying on spoken speech, on acquired meanings that we all can relate to?<sup>37</sup>

When I reflected on Richard's description of his experience before and after the training, I identified these as two different events. First the spoken speech, when he was more oriented towards known concepts – a speech event that was rigid, and also constrained what was possible to communicate. As he later developed both his kinesthetic and verbal repertoire, his use of language also had implication for feeling and perceiving, and vice versa – this I have defined as a speaking speech. The example showed that practicing using an experience near vocabulary allowed Richard to include nuances within the felt, a creative language that included openness to the possibility of being

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<sup>37</sup> Merleau-Ponty states: “But the act of expression constitutes a linguistic and cultural world, it makes that which stretched beyond fall back into being. This results in spoken speech, which enjoys the use of available significations like that of an acquired fortune” (Merleau-Ponty, 2012, p. 203).

surprised. However, the language that he discovered was still based on existing meanings, a spoken speech.

In his analysis of Merleau-Ponty, Hayden Kee suggests that rather than defining the spoken and the speaking as two different speech events we need to look at how they are related – to the flow between speaking and spoken, and to what degree the spoken is open for creativity (Kee, 2018). Kee highlights that even the most genuinely responsive or poetic speech achieves its expressive function within the context of spoken speech. It is always the background against which speaking speech unfolds, he says. In order to be included in the system of meaningful language at large, speaking speech must have been taken up by, and sedimented into, the configuration of the spoken speech, he argues (Kee, 2018, pp. 423-424). Further, as expression is always relational, to some degree even the spoken speech involves creativity. Just as all speech is spoken speech, all speech is also speaking speech – because it draws its meaning from a context that is never the same. “Only the machine ever says “the same thing” – precisely because the machine says nothing at all”, Kee states (Kee, 2018, p. 426).

How I understand Kee’s analysis is that speaking and spoken speech represents different shades of expressive experiences that to different degrees allows for novelty. Merleau-Ponty said that “speech takes flight from where it rolls in the wave of speechless communication” (Merleau-Ponty, 1964, p. 17), and he thought of the verbal speech as a continuation of bodily expression and as gesture (Merleau-Ponty, 2012, pp. 199-200). It is in relation to this background that I find the concepts useful, to distinguish between a language that remembers its relation to the longitudinal stream and that which is more numb and distant from the present and lived experience. And like in the bubble-and-shape metaphor I gave earlier, I think of these forming forms as appearing on a continuum.

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So as shown so far, distinguishing between the spoken and the speaking is not straight forward. But I think that for the therapeutic situation it can be a useful guide, in the

sense of helping the therapist to listen for that which expresses the present experience and that which describes the habitual and acquired. For example, Eva and Vera state that they feel better listened to and understood in situations that allowed for a truly expressive and genuine speech, compared to that which is more separated from the living present. For Richard, the descriptive language wasn't only creative in its expressiveness, but also in how it contributed to opening up the world for him – identifying and naming the elusive, which otherwise easily remained in the tacit domain or became as if absent and in the background. And certainly, what Richard describe is a world full of life, an enchanted world, opposite to a rational and “flat” experience. As the reader may notice, we are gradually entering a bridge in this exploration now, as we begin to make the link between language and knowing.

Max Weber is well known for his theory of the modern world as being *disenchanted* (Weber, 1946). According to him, this is a consequence of an increased intellectualisation and rationalisation, and the belief that absolute knowledge can be gained about everything. This idea relates to transverse intentionality, to the study of objects and a scientific language. But, Weber states that this escalating trust in that what is considered as “real” is that which we can measure and calculate, has not increased our knowledge of the conditions under which we live. He states that the modern world is disenchanted, as we no longer have the “resources to magical means” (Weber, 1946, p. 139). Going to the roots of the word enchantment, it means *to be in singing* – a translation that can easily be linked to our ability to resonate and “be in singing” with the living – that is with the longitudinal stream of life. Maybe we could call the language that put the world in motion for Richard and Angelika a singing speech, that which is braiding kinesthesia, the longitudinal stream and words? I will return to what Weber raises about the modern era and knowledge soon, but first let's stay a bit longer with how words can be felt and thus, enchanted.

During the interviews the therapists also discussed how words not only contain a cognitive meaning for us, they are also felt – we are kinesthetically resonating with words. This topic came up as the interviews were conducted in English, which for most

of the research participants is their second language. We recognised that we feel ourselves differently when speaking our language of origin than when we speak English. We acknowledged that when working with people from different countries it could be powerful to invite them to speak in their mother tongue and notice how it touches them differently (not necessarily more or deeper) than their second language does. Another example is that a commonly used word in psychotherapeutic contexts is “trauma”, and Jacquie recalled a supervisee who often would start the supervision session by saying how traumatised her clients were.<sup>38</sup> Many of us recognised what Jacquie described, and as a group we were wondering what the overuse of, for example, the word “trauma” or other diagnostic labels, does to psychotherapists’ ability to be with, listen to and receive our clients present and subjective experiences? These words are at the same time spoken and speaking, representing acquired meanings but evoking immediate responses.

Words can, indeed, be clunky, and the question remains; can they ever be fully true to lived experiences?

### **5.8. Name the unnamed**

During the second day in the training group, as mentioned earlier in this chapter, one of the students confronted me with upset. She had an ongoing movement and meditation practice and she objected firmly to my teaching. She did not want to bring theory, structure or words – not even experience near words – into the, for her, sacred and non-verbal sphere. Well, she caused me to reflect – is it possible to name the unnamed?<sup>39</sup>

Sheets-Johnstone is clear in her position that the dynamics of felt experience cannot be reduced to a word or a series of words, and that there are a multitude of kinetic and kinesthetic events that never lead to articulation or that even are articulable (Sheets-Johnstone, 2016, p. 262). Similarly, in the focus groups the psychotherapists reflected on how that often in the therapeutic situation there is much that can’t, and probably even shouldn’t, be articulated. Often they felt that they “just knew” what was going on,

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<sup>38</sup> To read what Jacquie said see Appendix 3, example 5.

<sup>39</sup> See Appendix 5 for a poem by Rilke that brings this theme to light.

sometimes feelings are already expressed non-verbally and words are needless and flawed or can risk sabotaging what has just emerged.<sup>40</sup>

There are also moments when we as therapists are speechless, when names cannot do justice to dynamics or when we are stunned by the situation. In those moments we might be absorbed by our lived body experience, or for some reason our capacity to feel ourselves is diminished and we might feel nothing (which in itself is a lived body response) or we might need some time to reflect. So, I think that the student in the training group had very good reasons for being upset with me and she had a significant point in that it is complicated, to say the least, to name the unnamed.

As I have discussed, both the speaking and the spoken speech are, to different degrees, drawing on the stream of experience – the longitudinal intentionality. But, as language is thematised it always resides in the transverse intentionality. However, I am left wondering; does that mean that longitudinal intentionality is always silent? What about poetry, art and dance? And, what about those moments that the therapists refer to – when they listen beyond words and the content, letting themselves be moved by the movements, rhythms and intensities that the articulated words ride on? In those moments I imagine that they can hear and feel the living stream. But yes, how do they name this – and shall they even try? On the other hand, if they don't, isn't there a risk that they interpret their client's experience, guessing what they are experiencing rather than checking this out? Apparently, there is no straightforward answer to how to handle this; it all comes down to their professional judgement.

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So, I have looked at what happens in the process of verbalising felt experiences. I state that there are limits with language, as it can never fully grasp and communicate the fullness of lived experience. However, I also conclude that it can be important to find experience near ways of articulating felt experience. Contexts that allowed for this supported the research participants to feel listened to and understood, and helped them

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<sup>40</sup> For example of what research participants said on this matter see Appendix 3, example 6.

to verbalise experiences that they might not otherwise have expressed. I am interested in this, and in the link between kinesthesia, language and knowing. I am left wondering; what are the implications if the speaking speech and attempts to verbalise and express the wisdom of the lived body and the longitudinal stream is not recognised and valued as an aspect of our knowing and understanding of the world? I briefly mentioned Weber's definition of the modern era as a time when we give great trust to that which we can measure and calculate. I am asking, what aspects of our knowing are lost in this narrow perspective? This takes us to the second set of research questions, concerning the relation between movement, the lived body and knowing.

### **5.9. Longitudinal intentionality and the spoken speech**

In the disenchanting world, as Weber called the modern era, we tend to think of knowledge as facts, and place a lot of trust in that which we can quantify and measure. In regards to healthcare professions and psychotherapy, it is important to know if a method is safe and beneficial for patients/clients. In order to judge this, evidence that can measure outcome and efficiency is often asked for. However, everything cannot be measured. Practical knowledge, for example, which mostly becomes evident in the way something is done, cannot be measured. This kind of knowledge concerns situational ethics, professional judgements and other competencies that can be crucial for psychotherapeutic treatment. Often, this knowing relies on a bodily knowing and subjective experience, and there is a prominent risk that it is not valued accurately for its importance. Lived bodily experiences require an explorative and descriptive language, and sometimes that we constitute new concepts. The speaking speech relates to something other than what the spoken language that is used in the natural sciences does. It relates to felt insights and lived bodily experience, and that is not the same as knowledge that can be quantified and generalised. We cannot quantify that which isn't an object, and as soon as we turn it into an object it is transformed into something else. So, practical knowledge is something *other* than knowledge about objects. What are the consequences when the speaking speech and attempts to verbalise the wisdom of the lived body are not recognised and valued as real knowledge?

I will begin exploring this theme by referring to an example that Anna, one of the interviewed psychotherapists, shared. She described an incident when she had brought a situation from a session to a mixed modalities supervision group.<sup>41</sup> Anna had drawn on movement-based and felt information emerging between her and her client, and she had suggested an intervention that focused on her client's bodily experience of standing up with her. She had described this sequence from the session in her supervision group, and apparently that stirred critical and apprehensive responses from her colleagues. What Anna described happening to her in this supervision session is an example of what can occur when the realm of the spoken speech and the rationalistic understanding, based on transverse intentionality, is considered as the "real" and only reliable knowledge. Although Anna's intervention drew on experience, extensive training and a thorough theory, it was questioned as being vague and based on her subjective experience, rather than on facts and evidence. She was criticised; did she *really* know what she was doing? Her colleagues' reaction made her wonder the same; well, did she *really* know? It seems like in this situation, the spoken speech and a rationalistic understanding based on transverse intentionality was sought for – representing real and reliable knowledge.

Anna left this incident questioning her psychotherapy training background, thinking that it probably wasn't enough and that it would be better if she learnt the scientific and spoken speech, so that she could refer to evidence-based psychotherapy approaches and practice in "a safe way". I am however wondering; would that make her practice safer? If so, what do we mean by "safe"? But of course, we can also ask: *did* Anna really know what she was doing? If so, how can we understand the process through which her knowledge was formed?

Nussbaum (2001), whose theory I have mentioned earlier, writes about the intelligence of emotions and their significance for ethical practice. I think her theory becomes very interesting when unpacking Anna's experience. Nussbaum says:

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<sup>41</sup> To read what Anna said see Appendix 3, example 7.



A lot is at stake in the decision to view emotions in this way, as intelligent responses to the perception of value. If emotions are suffused with intelligence and discernment, and if they contain in themselves an awareness of value or importance, they cannot, for example, easily be side-lined in accounts of ethical judgement, as so often they have been in the history of philosophy. Instead of viewing morality as a system of principle, we will have to consider emotions as part and parcel of the system of ethical reasoning. We cannot plausibly omit them, once we acknowledge that emotions include in their content judgments that can be true or false, and good or bad guides to ethical choice. We will have to grapple with the messy material of grief and love, anger and fear, and the role these tumultuous experiences play in thought about the good and the just (Nussbaum, 2001, pp. 1-2).

Following Nussbaum's theory, ethical practice requires the capacity to attend to the wisdom inherent in emotions. As previously described, emotions draw on our kinesthetic experience, and thus relates closely to the longitudinal intentionality. Now, attending to this information demands something different than what the study of objects and facts does. The situation Anna experienced favoured the latter, the rationalistic and scientific understanding, and it called for the transverse domain and the spoken speech. But what capabilities does attending to the longitudinal and the speaking speech require from the practitioner? And what can valuing and attending to these aspects contribute to?

Nussbaum claims that there can be no adequate ethical theory without an adequate theory of emotions (Nussbaum, 2001, p. 2). From her perspective, this involves an understanding of the cultural and historical sources of emotion, and of how they present in our daily lives. For instance, when the therapist feels strongly about something that the client says or does, he or she needs to discern if or how the emotional response relates to their personal core beliefs and messages that they are carrying with them from their historical and cultural past. The emotion still signals that something is important, but a reflexive stance in relation to the root of the response is needed. We need to cultivate our desires and emotions, Nussbaum (2001) argues. Following her argument, a safe and ethical practice demands that the practitioner is able to critically

reflect on subjective experiences and their impact on the other, and how the other is impacting them.

However, if trust in the reliability of emotional intelligence is lacking and if there is not enough knowledge about how this can be cultivated, then there is no wonder that attempts to bring this aspect to the fore is met with scepticism, criticism, rejection and even denial. In the supervision group, Anna had described a sequence of work with a client, where she had drawn on her felt sense and suggested an intervention aiming at heightening her client's awareness of their lived bodily experience. Well, I think that the response that she received from her colleagues in the supervision group is an understandable consequence within a worldview that has favoured one aspect of knowing, the rationalistic, more than others – and thus mystified and degraded these spheres of sensuous intelligence.

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So, how does this matter relate to verbalisation of felt experience, and to how knowledge is valued? Bornemark points towards two tendencies within phenomenology – either to think that the stream of experience, the longitudinal intentionality, can be thematised and thus verbalised (Bornemark, 2018b, p. 439). The other tendency is to deny access to the longitudinal intentionality. This tendency argues that this dimension cannot be thematised or named, and emotions and the sensuous is referred to as “subjective feelings”, commonly thought of as weaknesses and not “real”. These tendencies, Bornemark says, has political consequences where the first one relates to the ontology of religious societies, and the second to secular societies (Bornemark, 2018b, p. 439). The names given to that which always escapes reflection are often metaphysical or religious, like “God”. These names and words are given a privileged place in language. But within their divine status, they lose touch with their origin and become objectivised – a spoken speech.

The other tendency, to deny thematisation of the longitudinal, was what Anna was being exposed to. This tendency is common in societies with a strong faith in scientific

evidence and leans on the study of objects, which is done through transverse intentionality. Within this rationale, the longitudinal intentionality is regarded as if not existing (silenced) and the feature of the spoken speech, to define clear concepts, is seen as more reliable than the speaking speech.

Apparently, in a culture where the longitudinal is either described in religious terms or denied, verbalisation of felt experience is a controversial topic. Again, this brings me back to questions I raised in the introduction chapter: within such structures, what are the consequences for what is considered to be knowledge? What are the impacts of such societal order on psychotherapeutic approaches that build on theories that value the relational and subjective experience?

As we have seen, the longitudinal and transverse intentionality, the spoken and the speaking speech are interwoven and not so easily separated. We have looked briefly at Husserl's theory of time consciousness, and that it describes how objects in time are constituted through the process of protention, presence and retention (Husserl, 1964). We can now add that weaving through this process of forming objects (the transverse intentionality), and always present in the background is the experience of the continuity of movement itself, the longitudinal intentionality, of which we are always to some extent marginally aware – as we can never shut off our kinesthesia. So, even if treated as if absent or not reliable, isn't this stream nevertheless to some degree always impacting us? This makes me wonder; are there other ways to regard the role of longitudinal intentionality, besides these dichotomies of religious and scientific, and between what is regarded as reliable knowledge and "vague feelings"? Could we find novel and contemporary ways of relating to longitudinal intentionality? In a time that urgently calls for the ability to adjust to rapid shifts and existential and environmental uncertainty, could the role of a speaking speech be given a new position, as closely related to and carrying information about the emerging presence?

I won't respond to all of the questions above, but as the reader may have noticed, I have started to link verbalisation of felt experience – longitudinal and transversal intentionality, the spoken and the speaking speech – to the notion of what we call

knowledge. How is this related, and can reflections on this contribute to giving the lived body a new status? In the following section I will continue to investigate this theme. I will first look a little closer into what kind of knowledge Anna's colleagues might have been asking for.

### **5.10. Knowing and not-knowing**

To reiterate: the theory and practice that the psychotherapists I interviewed were trained in draws on phenomenological theory and practice, which are relational and process-oriented. Furthermore, they had all been trained in working with movement and the lived body. This approach was important for them and informed how they met their clients and structured their clinical work. However, similar to Anna, some of them mentioned feeling insecure about applying this way of working at times. When they were in sessions, they could often feel drawn to give the client a solution, to facilitate ease and a quick change for their clients rather than exploring process, subjective experience and the relational/existential function of habitual ways of contacting. They could feel that quick change was what their clients expected, and it was also what they sometimes expected from themselves to facilitate in order to feel like a good therapist.

Some said that they felt insecure and uncomfortable when they invited their clients to body-oriented work. Although the therapists were personally familiar with this dimension, they could find it challenging to introduce this to their clients. They hesitated, as they didn't want to make the other uncomfortable, or feel uncomfortable themselves (something that is not easily separated). Some said that they had doubts about whether this way of practicing would be helpful for their clients, and that they sought a more "reliable and scientific knowledge" than the phenomenological and movement-oriented theory provided. Lottie, one of the interviewed therapists, clearly stated that it was important for her to know about the physiological implications to certain bodily interactions. It was important for her to know exactly how to ground a traumatised patient, what signs to look for to detect certain stages of arousal, and how to interpret these signs and treat her clients.

Therefore, after completing the DSP training, she had chosen to continue her professional development within a psychotherapy modality that is based on neuroscience. These methods often specialise in treating various trauma responses, and they teach the practitioner how the nervous system is affected by certain life events and how this impacts the individual's psychological well-being and behaviour.

Psychotherapeutic interventions are taught that aim to finely regulate the nervous system and facilitate the client with tools and expertise to access physiological resources in potentially re-traumatising situations. This can help clients to understand, cope with and overcome trauma responses. Lottie said that she “wanted to know what she did”. For her, that meant knowing that the interventions she made would take her clients from one state to another, and she wanted to be able to adequately predict the effect her intervention would have. This is similar to what Anna's colleagues asked for. We can describe this as an *order of causality*. I will return to Lottie's experience and explore it in more in depth later in this chapter. But first, let's pause for a moment and look at what causality means.

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*Causality* refers to when one event leads to another, often described as cause and effect – where a change in one of the variables (the cause) leads to a change in the other (the effect). It can, for example, be supportive and important for clients to establish a story and find their own reason and cause for why things are the way they are. This can help to develop a sense of coherence and identity.<sup>42</sup> Husserl's theory of time consciousness describes how experiences are retained and support us to predict the coming next (Husserl, 1964). If/then relations are also cause and effect – like the example given earlier; if I close my eyes, it gets dark. However, within these causal relations there can be room for variation and emergence of experience: I know that the ground underneath will hold me, but sometimes it is hard, other times it is soft. Pushing against you, I

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<sup>42</sup> In my work with anorexic clients, for example, it can be an important phase in the recovery process to gain insight into what caused the suffering. These clients often blame themselves for the illness, and finding a cause can help them see that it is likely a field phenomenon – a symptom emerging as a response within a system. Anorexia can have a multitude of causes, for example: historical, cultural, societal, major or minor traumatic or unpleasant events, changes in lifestyle, illness and biological and genetic sensitivities. Rarely is it just one cause. Over time, it is likely that the person will realise that the identified cause(s) is not the only one, and that it is a complex process.

discover how you are pushing back. Through cause and effect, we learn who we are with the other, and what we can and cannot do with them. This can give a sense of continuity, meaning and stability.

*Mechanistic theories of causality* suppose that human behaviour can be explained in the same way as mechanical and physiological processes – that A always leads to B. Such theories specify key variables and the relationships amongst them, and further explain how specific variables, structures and processes interact to produce a phenomenon. Great advances within the scientific understanding of genetics and neuroscience have made theories that build on biological mechanics increasingly popular within psychology and psychotherapy – and it was those kinds of theories that Lottie and some of the other therapists found confidence in.<sup>43</sup>

In their article *Causal Reasoning Without Mechanism*, Dündar-Coecke et al. (2022) concludes that mechanistic orders that tie causes to their effect seem to help people to make sense in an otherwise complex world. In other words, that they provide a sense of stability. They also state that such theories “possibly allow us to bypass deep understanding in order to come to satisfactory conclusions in a cognitively economic manner” (Dündar-Coecke et al., 2022, p. 16). I don’t dismiss the understanding that theories and research based on a mechanistic order can give. It is likely that a multitude of perspectives are necessary to provide understanding of phenomena and contribute to beneficial and wholesome therapy. Working with anorexia, for example, I am challenged to attend to both of these. If the patient does not eat, she is at risk of developing severe complications and even dying. Essentially, she won’t recover unless she gains weight,

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<sup>43</sup> Other examples of mechanistic theories are, for example, contemporary cognitive theory of hypochondriasis states that a person with high levels of the personality trait of neuroticism start to pay excessive attention to negative health information – especially if they have had a significant illness experience as a child (e.g., a seriously ill parent) (Research Methods in Psychology, 2010). Further examples are the so-called stage theories, for example, Freud’s vision of the human psyche and Piaget’s theory of cognitive development, amongst many. These describe human development as a linear process with certain stages that people pass through. Theories that describe typologies have become increasingly popular, and they are yet another example of mechanistic order of causality. These theories categorise people and behaviour into certain types; if your answers to these questions are such and such, and consequently you are like this and behave like that – and because of these factors (A) we can know the exact treatment (B).

*and* at the same time, recovery demands understanding of the relational function of starving and careful attention to the uniqueness within each case. It is never either or. What I find essential to emphasise, though, is that psychotherapy approaches that build on a mechanistic order of causality lean on *other* philosophical underpinnings and values about our existence than those who seek to attend to experience and the relational function of symptoms and behaviour. In the following I aim at exploring how knowing is organised within the latter methods, as that is an under-researched area – and because in our modern time it has often been devalued and neglected. Therefore, I think it needs to be given attention and space.

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Gestalt therapy and Developmental Somatic Psychotherapy are examples of methods that deeply integrate aesthetic and bodily knowing in their theory (see the introduction chapter). These theories encourage the practitioner, as much as possible, to withhold interpretations and instead practice their sense of wonder about the situation with their clients, holding in mind that what appears to us is more than can ever be said (Waldenfels, 2011). Rather than investigating cognitive features, the clinical phenomenologist explores exactly what is here-and-now. They “listen for what cannot be heard” (Bloom, 2019, p. 3); that is, discovering what is elusive or hidden in what appears most obvious (Frank, 2023, p. 32). By lingering together in not-knowing, they aim at allowing for insights to develop.

Frank’s theory clearly integrates the longitudinal intentionality as always informing subjective experience. For all interviewed psychotherapists, this was, as mentioned, an important perspective. However, they didn’t find it a simple task to bring this to their clinical work, and as we will see later, it demanded practice on their behalf. However, some expressed other reasons for their hesitation that was more related to their own, their colleagues, supervisors, clients and societal ideas of what “real therapy” should be. I wonder; what does their hesitation reveal about what is considered as real and reliable knowledge? Practicing psychotherapy within a culture that relies on transversal

intentionality can lead to expectations that the psychotherapists and client will know, even before the therapy begins, what the process will include, what the treatment plan is and what the results will be. This is a perspective that values facts, mechanistic causality, problem solving and measurable results. It can definitely be efficient and helpful, but how much room is there for “not knowing” together and for unforeseen insights to develop?

As we know, one overarching aim with this dissertation is to contribute to a wider understanding of the concept of knowing. Wider, in the sense of exploring additional aspects of knowing than those which are based on episteme and mechanistic causality. But, just like “you don’t know water until you’ve left your fish bowl” (Wallace, 2009), it can be difficult to see beyond the paradigm within which we are living. Bornemark argues that studying how earlier thinkers viewed the world can provide us with tools to better analyse and discover our own time (Bornemark, 2018a). In her writing and critique towards the current measurement-culture, Bornemark turns to the fifteenth-century philosopher Nicholas of Cusa and his broad understanding of reason (Bornemark, 2018a; 2018c; 2020). To clarify, I will base my writing and reflecting on Bornemark’s phenomenological, or phenomenologically inspired reading of Cusa.

Cusa embraces both a calculating knowing, which he called *ratio*, and a capacity to relate to horizons of not-knowing that he called *intellectus*. In the following section, the research participants’ experiences will be explored in light of this theory and linked to verbalisation of felt experience – to transverse and longitudinal intentionality, and the spoken and speaking speech. This exploration will require that I first describe some characteristics of Cusa’s theory, as I introduce this third pair of concepts – ratio and intellectus. Thereafter we shall return to the research participants’ experiences.



### 5.11. Ratio and intellectus

Cusa was influenced by the tradition of negative theology that thought of God as within and beyond everything. This meant that for Cusa, God was not some almighty “mover” that made things happen, God *was* movement. Transferring Cusa’s philosophy into a secular reading, we can think of God as representing the continuous stream of life that we are embedded in – the movement without which nothing happens and that connects us to everything living. Cusa was fascinated by this dimension, and especially of what we don’t know. His most famous text is *De Docta Ignorantia* (original work 1440), which could be translated into something akin to the “teaching of not-knowing”.

Cusa’s approach to not-knowing was very different from how we usually think of it; that is, as a missing piece that we don’t yet have. As mentioned, a disenchanted world, as Weber termed modernity, is characterised by a belief that we can make everything known and that we persistently insist on solving what we don’t know (Bornemark 2018a). Cusa, however, believed that we never reach absolute understanding; we are always surrounded by horizons of not-knowing, he said. To illustrate, as we progress towards acquiring knowledge about something, our position shifts, leading us to discover new things. With each movement and every step, the world will appear differently to us. There will always be something that we don’t know, and we will never reach the horizon (Bornemark, 2020).

Horizons are readily associated with the vast infinite, but to Cusa, not-knowing also exists within the concrete and smallest thing, what he called *minima*. This is not to be confused with the physically smallest part of an atom. What he meant was the very uniqueness and particularness within a situation or a person. As minima always has a uniqueness to it, it can never be fully generalised. Minima relates to the specifics within the situation, precisely what informed Anna to carry out the intervention that she did. It was, of course, difficult for her to find words for this, and when she tried, her colleagues questioned if she *really* knew what she did? And yes, they were right; she didn’t know – not from the aspect of knowing they were drawn to, what Cusa called ratio. I will explain further.

Intellectus and ratio operate differently, and like Husserl's longitudinal and transverse intentionality they are drawn in different directions: intellectus is widening, ratio is narrowing. Intellectus is not the same as not-knowing, but it moves closely to the elusive spheres of not-knowing. It has a delicate sensitivity for stirrings within this sphere, and it perceives qualities and directions and even shades of emerging feelings and values – like empathy or the capacity to listen and to be present. Cusa referred to the stirrings that intellectus registered as *quidditas*. This can be translated to *whatnesses*, highlighting that not-knowing consists of a multitude of “somethings” rather than nothing. To illustrate, we can look at what happened in the training group at the beginning of the previous chapter. This example shows how the students and I actually knew plenty about the situation, before we rationally knew what we knew. Kinesthetically resonating with each other, we were gathering information about the situation – feeling qualities, intentions and rhythms – the whatnesses that were emerging between us. Intellectus was prominent before we began to verbalise and reflect on what was happening. The longitudinal stream, and that which is beyond what we could rationally know, were continuously informing the students and me. As the reader might have noticed, we can begin to see the similarities between intellectus and kinesthesia – both have the capacity to register information based on qualities and shades of experience.

Ratio is alert to the whatnesses and receives and gathers them. For example, when we as a group began to verbalise our experiences, ratio became more active and present. In its gathering process, ratio efficiently sorts and divides perceived information into categories – clearly defining what is what. “Anxious”, for example, consisted of a multitude of whatnesses that intellectus gathered within the situation. Bringing these together, ratio identified the form “anxious”. Ratio loves order, and to specify, shape and define the categories that it creates. Novel information that is received from intellectus is placed by ratio into already existing categories. Ratio deals with what is between minima and maxima, between the unique and the infinite. This aspect of knowing is drawn towards fixating and making the concepts and categories as certain as possible, similar to the kind of knowing that Richard, as described in a previous chapter, used to rely on. Ratio's job is to create forms and establish stability from what intellectus

perceives in relation to the always-moving horizon of not knowing. It is ratio that makes language possible. We can see the similarities with the spoken and the speaking speech here – all language is ratio, but it can be more or less open to information from intellectus.

Anna presented her work with speaking speech whereas the culture in the group was relying on spoken speech. For Anna, it was like trying to fit a round peg into a square hole. The intervention she shared was based on her intellectus capacity and on bringing the lived body to the fore. In this supervision context, the aspect of knowing that ratio represents was valued higher, and thus her intellectus-oriented work appeared vague and as if she did not *really* know what she was doing. They asked for more certainty, and the kind of knowledge that they could measure and link to a mechanistic order of causality – which could provide a sense of solidity.

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But ratio is not only that which can be proved through controlled studies, ratio structures our world. Thus, the theory that Anna had studied also builds on ratio – as do all theories and structures. It is thanks to ratio that we have a world that is possible to live and orient in. Intellectus world is more chaotic. Whilst intellectus perceives shades of light or dark, with intensities such as sharp or soft, ratio categorises it as colour and further specifies it as green or blue, and even further as light-green and dark-blue, and so on. While ratio tends to find clear answers like “yes” or “no”, “this” or “that,” and is busy with generalising, intellectus sees the complexity and variability in-between categories. Intellectus does not perceive dichotomies, but rather what binds them together. Ratio quickly divides distances into metres, centimetres, millimetres and so on, while intellectus sees the connections between opposites such as far and near, hot and cold.

Recall how Eva shared that she could be overwhelmed by feelings and sensory information, and that this could be chaotic for her? The theory and vocabulary that she

learnt in training helped to organise sensuous experience. Intellectus without ratio would be akin to a confused turmoil. Maybe Cusa would have said that Eva had a strong intellectus capacity, and that ratio helped her organise overflowing experience? Richard, on the other hand, relied on a ratio that was more closed – where the process of specification had defined, clear and stable concepts. This kind of ratio was what Anna’s supervision group was comfortable with. But remember how, by practicing his kinesthetic awareness, Richard could be more comfortable with not-knowing, and this opened up the world for him. So, ratio can be more or less receptive to information from intellectus. One of Cusa’s main theses is that ratio and intellectus need each other. My purpose with introducing this perspective is to shed light on the role of the lived body and longitudinal intentionality for the shaping of experience and knowing. In the following section I will look at how ratio and intellectus operate together.

But first, let’s summarise what we know so far about the three pairs of concepts, which I have discussed in this and the previous chapter. Firstly, as a reminder, they carve out reality slightly differently – just as words and concepts always do. The longitudinal and transverse intentionality describes how experience is always directed and continually orders the world – either as a pre-reflective and always-present stream, or as constituting objects. The speaking and spoken speech describe how verbalisation, which occurs within the transverse intentionality, can be closer to or further away from the longitudinal – and within a spoken speech, the lived body is more in the background. Ratio and intellectus describe the creation of knowing as a continuous movement between not-knowing and knowing, between forming and form. Intellectus relates to the longitudinal and also to horizons of not-knowing, which is the substratum for what becomes ratio and that which we commonly think of as knowing. All aspects of articulations are, quite literally, forms and as such they belong to ratio.

The therapists valued intellectus and believed that it was important to attend to lived body intelligence in therapy. However, sometimes they found this challenging and some of them described how they had sought something that could give them more certainty,

and clear guidance of how to work with their clients – for them, a stronger ratio. I will now go on to describe how they dealt with this dilemma, and the function this kind of ratio had for them.

### **5.12. Structuring ratio**

Lottie and Elena, who were in the same focus group as Anna, listened to Anna’s story with great interest. Elena said:

When we meet practitioners who don’t have a background in movement or bodywork or gestalt and that sort of therapy, there can be a lot of assumptions that we are just doing things randomly. We need to put some justifications in. Once I’ve done that I can feel safer to say what I am doing with my clients.

With regards to justifications, she meant referring to theory or terminology that is known by others outside of the gestalt and humanistic psychotherapy circles, she said. Preferably these justifications should refer to evidence-based knowledge or psychological theories and concepts that are widely known and accepted within the present medical/political/societal field – that is, to a (so called) scientifically-oriented ratio. Being able to communicate in this way contributed to feeling accepted, which enhanced her confidence. In most focus groups this theme was touched upon in one way or another. Many shared the experience of not being recognised as having equal professional status as colleagues who had trained within evidence-based psychotherapy approaches.

Lottie had a background in the academic and medical field, before she trained in gestalt therapy. She wanted “science behind” what she was doing, which she didn’t feel that she had received enough of within either her gestalt therapy training or in DSP.<sup>44</sup> When it came to working with the body she needed more ratio – clear techniques and treatment interventions. She explained that neuroscience helped her understand what happened physiologically with her clients, and that she could fairly quickly apply those learnings to

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<sup>44</sup> To read what Lottie said see Appendix 3, example 8.

her practice – they made sense and had a clear and noticeable effect on her clients. This made her feel safe as a practitioner.

Ratio has the capacity to create patterns and order between concepts and thus link data into cause-and-effect relations. This can create a sense of predictability and give a framework within which it is possible to orient and state what the appropriate action could be. For Lottie this was a huge support to her practice and she experienced that she could efficiently help her clients to improve. We can see that the spoken speech and the scientific concepts create a ratio that offers the experience of stability and control.

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Nevertheless, Lottie added that she had gained many valuable insights through her trainings in gestalt therapy and DSP. What had foremost stayed with her was what she had learnt experientially and through her lived body. Evidently, awareness of the lived body and the capacity to access the sensuous remained important for her – her intellectus capacity. However, a more ratio-oriented theory and measurable facts tied in better with her desire “to know” than what the theory she had learnt in the gestalt therapy-informed trainings had given her. She described how, before the neuroscience training, she used to hesitate to attend to her clients’ movements and gestures, or suggest interventions that included body and movement. She used to fear that she would do something wrong or that her interventions would go nowhere. Nowadays, this is no longer an issue for her.

To summarise what we have seen so far: clearly, the scientific ratio facilitated a kind of knowing that was experienced as reliable for some of the therapists. Further, the scientific ratio had the function of providing a structure that enhanced confidence and ability to attend to the lived body. I also consider whether the confidence Lottie describes impacted her presence in the room. If so, this could to some degree be kinesthetically experienced by her clients, and maybe contribute to a felt stability from which her clients could take support. Having enough scientific knowledge behind her

and being capable of using the appropriate spoken speech seem to have increased Lottie's repertoire and reliance in attending to the body. This shows how ratio can provide a structure that supports intellectus.

However, what needs to be remembered is that Lottie had previously practiced her kinesthetic awareness. She brought this capability with her, as she found her unique way of combining the scientific ratio with intellectus. I am left wondering though, to what degree do these ratio-oriented practices in themselves relate to the longitudinal intentionality? They are based on the study of objects, and thus founded in transverse intentionality and address cause and effect rather than the emergence of inter-subjective experience. How much room does that leave for the lived body and for not-knowing and unforeseen insights to develop? Referring back to Nussbaum's theory, how well do these theories contribute to facilitating awareness of the intelligence of emotions?

### **5.13. Closed ratio**

Jenny, a senior therapist, had always oriented towards integrating body process in her practice. As part of her continual professional development, she had completed several gestalt and other humanistic psychotherapy trainings. However, none of the approaches she had studied were recognised in the country where she lived. She was fed up with not being regarded as a serious and professional practitioner, and decided to train in a body-oriented method that was recognised by the healthcare system. In brief, the method taught patients to map their bodily sensations. "It's a technique and it is very efficient", she said.<sup>45</sup> Efficiency is a feature of ratio, and often highly valued in our culture. What can become problematic, though, is that ratio can be excellent at being efficient. Eager in narrowing, categorising and measuring, it can completely lose touch with the horizons of not-knowing and with the stream of life.

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<sup>45</sup> To read what Jenny said see Appendix 3, example 9.

I am playing with a thought: maybe it was resonating with a longing for this efficient narrowing that made Anna wobble and question if her intellectus-oriented way of working *really* was professional? The tension began for her when she was confronted with a very confident ratio, clearly stating what knowledge *really* was. She became drawn towards that, towards certainty and belonging. It could be that the closer she moved towards this ratio, the more she also started to consider not-knowing as something weak, unreliable and distant. In its eager ambition to organise the world, ratio tends to believe that it holds the ultimate and final truth – and that can be very seductive. However, reaching far in its quest to “really know,” ratio becomes closed, and it is thus no longer open to the whatnesses and the information about the living that intellectus provides. In fact, taking it further, it is as if it no longer needs intellectus – a closed ratio is no longer open to reflect on its own limits (Bornemark, 2018a). When Jenny is teaching people to map their experiences, I ask myself; how much room does that leave for intellectus and the lived body, for delving with uncertainty, and for feelings and judgements to arise from the present situation? Clearly it is the spoken and established speech that is at the forefront. And, as she points to, she is working with the other’s body, not the dynamics of movement between them. The former could be called an individualistic approach, focusing on causality within the objective body rather than on the relational dimension of experience.

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A closed ratio has similarities with the rational cogito (the mind, that for Descartes also incorporated the soul (Brown, 2006)) in the Cartesian dualism. Within this division, the body (*res extensa*) is seen as mere extension, as matter. This heritage from Descartes and others holds a mechanistic view on matter and thereby also on bodies, leading to even feelings being described as the result of causality and physiology. This is an aspect of a scientific ratio, which is at risk of becoming a closed ratio. In such a worldview there is no relation to a speaking speech, which is in relation to longitudinal intentionality. The focus for this approach to science is the transverse intentionality. Experimentation, creativity and new inventions are prominent features within this form of science. New discoveries can require novel ways of articulating – although as the focus is on that



which can be measured, rationalised and quantified, it does not align with a speaking speech related to longitudinal intentionality. In fact, within this realm it is as if the longitudinal does not exist (Bornemark, 2018b). Coming from a scientific ratio perspective, these kinds of interventions that aim at mapping or regulating feelings and responses are appropriate. Responses can be linked to causal relations, for example, within the nervous system, and reducing or amplifying interventions can facilitate desired outcome.

Advances in neuroscience help solidify some psychotherapeutic theory. It contributes, for example, to insights of how brain, body and mind are linked up and how chemical processes in the brain impact behaviour and psychological function. Further, it provides findings about how certain conditions and life events affect mental health and behaviour. Combining this knowledge with psychotherapy can help psychotherapists to diagnose, risk assess and treat their clients, and it can guide clients to efficient changes. However, incorporating neuroscience into psychotherapy is also questioned and controversial (Fuchs, 2010). One critique is that the field of neuroscience is rapidly developing and that what is brought into psychotherapy practice can already be out of date and even proved wrong (for example: Bott, 2016; Norton, 2007). Another critique is that it emphasises a split between body and mind, and reduces the body and feelings to physiology and *res extensa* – diminishing the role of the living, flowing life, and the relational knowing acquired through kinetic and kinesthetic experience. Sheets-Johnstone summarises this as follows:

The brain – the notable and highly revered human one – is like the brain of any other animate form of life. It does not and cannot experience affect; it does not and cannot feel. (Sheets-Johnstone, 2019, p. 92).

The focus in such an approach is knowledge *about* the other, rather than on experience and relationality; we can observe neurons firing, but we can't have a direct experience of them doing so. We might feel the effect, but how is that therapeutically interesting without attending to what just happened within the here-and-now relational experience? Through neuroscience, even the *cogito* has to some extent been reduced to

matter and to physiological processes that can be measured. I am left wondering; what does such a dominant ratio do to our understanding of life and the living, and to how we comprehend our capacity to sense and feel? How is that kind of practice safer for our clients? Isn't there an apparent risk that we miss the unique way in which the individual experiences and conceptualises the world?

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The specific method Jenny applied in her practice did not theoretically and officially give space for the moving-feeling-perceiving element of experience, although, and as she acknowledged in the interview,<sup>46</sup> it was there all the time. Therapeutic approaches that rely on manuals and techniques are at risk of losing touch of intellectus, and become a closed ratio. I am reminded of Bornemark's words, which I think speak for themselves: "a conversation that follows a manual is no longer a living conversation" (my translation, Bornemark, 2018c, p. 137).

But clearly for some of the research participants, there seem to be obvious benefits with a strong ratio. Some have expressed that it can be satisfying "to know," and ratio could enhance self-confidence. I would like to acknowledge the presence of the lived body in these situations – the certitude that ratio gives *is* also a felt experience. This could be likened to the experience of grasping onto something, which can give a felt sense of stability in an uncertain world.<sup>47</sup> Our modern understanding is so ingrained in the dualistic view that it is easy to fall into the trap and see ratio and intellectus as each other's opposites. Within this view we tend to underrate and misunderstand intellectus' role for sense-making, reason and the development of knowledge, Bornemark claims. This leads me to wonder; what is required to bring justice to intellectus, and what would occur if we did? Sheets-Johnstone's words come back to me when she says that:

We have all been nurtured by an original capacity to think in movement, a capacity that does not diminish with age but merely become submerged or hidden by the capacity and practice of thinking in words (Sheets-Johnstone, 2016, p. 263).

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<sup>46</sup> See Appendix 3, example 10

<sup>47</sup> For a metaphor describing the relation between ratio and intellectus see Appendix 4.

Ratio is a familiar and well-practiced domain for most of us, and transverse intentionality and the knowing of objects is regarded as the only reliable knowledge – communicated through a spoken speech. But according to Cusa, what we are missing within that paradigm is information about the specifics of the situation, that which is related to novelty, the longitudinal and horizons of not-knowing.

The models which Jenny and Lottie applied relate to body and physicality, but how well do they account for the phenomenal body – the moving-feeling and always-situated body? Attending to the latter requires exactly that which intellectus does well. But, how can we develop our intellectus capacity and our thinking through movement? This question was relevant for the therapists, and as described, many found it challenging to integrate the non-verbal and the lived body in their therapy work. Maybe this could be linked to a diminished reliance on intellectus, as a consequence of not having practiced this capacity so well? As described, some of them solved this dilemma by turning to more ratio-oriented frameworks, but most of them did not. How did they go about it? What supported them to integrate movement and the phenomenal body in their practice? How did they develop their intellectus capacity?

#### **5.14. Practicing intellectus**

Most of the therapists I interviewed emphasised that it was important for them to continuously practice their kinesthetic awareness, as a support for bringing the lived body to the foreground.<sup>48</sup> They all emphasise the importance of practicing in order to keep the movement theory alive, be aware of their kinesthetic experience and to stay open to longitudinal intentionality, as well as horizons of not-knowing.

Intellectus requires practice, especially in a culture where we are adept at mastering ratio. Bornemark writes that even Cusa himself highlighted that we need to practice our intellectus capacity – so that we can see and feel beyond that which ratio has taken for granted (Bornemark, 2020). The therapists found that it was supportive to have a

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<sup>48</sup> For examples of what they said see Appendix 3, example 11.

regular movement practice: the arts, dance, yoga, meditation, running, tennis, martial arts or being in nature – to mention some of the things that they referred to. All of these practices have the potential to support the development of kinesthetic awareness.

But there are also frameworks other than movement practices that help us to connect to the sensuous. Poetry, philosophy, arts, crafts and the humanities also support us to reach beyond the familiar (Bornemark, 2020, pp. 197-199). These are all intellectus practices, facilitating an elasticity to respond and relate to that which we don't know. We can also say that they enable reliance and a confidence in staying longer with not-knowing. Intellectus practices do not take away that being with not-knowing can be uncomfortable, but they help develop reliance and confidence to endure these situations. The etymology of the word practice is to do something repeatedly, and to perform a certain act in order to train oneself and to acquire a certain skill. This demands resilience, and often a structure. The latter requires ratio. This is interesting – intellectus needs ratio, just as ratio needs intellectus.

Carl had discovered that our focus group meetings greatly supported his awareness of how he integrated movement and the lived body in his work. Articulating that which easily could remain elusive and within the tacit domain made him aware of what informed his interventions. That which intellectus had registered became clearer to him, as it was articulated and organised into words and theory – a ratio. Becoming more aware that he had registered so many details in the session, and that these had informed his interventions, made him curious and more confident. Carl became aware of how intellectus contributed to the shaping of ratio, and it was reassuring for him to find a speaking speech that was a flexible and responsive ratio, informed by that which he kinesthetically knew (intellectus). We can begin to see how ratio and intellectus operate together in practice, not as separate units, but with different tasks and capacities – and as part of a whole.

Carl said that when he went about verbalising “that which he knew before he knew he knew it,” he found support in the movement vocabulary that is a central part of the DSP theory. As we are aware, all of the therapists that I have interviewed have studied this

theory, and so have I. It therefore appears natural to use this system as an example when exploring components that can support the practice of our intellectus capacity. What can this theory teach us about the relation between longitudinal and vertical intentionality, the spoken and the speaking speech, and the relationship between ratio and intellectus? And foremost, what can be reviled about verbalisation of felt experience and to formation of knowing?

In order to do this, I will first give the reader a brief introduction to the movement-based vocabulary. This description will also serve as supports when reading later chapters, as I will be referring to it when discussing how the therapists integrate movement in their practice.

### **5.15. Intellectus and the sub-verbal; an experience-near vocabulary**

The structure or the ratio that DSP teaches is formulated through a vocabulary that describes components that kinesthetic resonance rides on. We are kinesthetically resonating with qualities of movement, and with nuances, gestures and expressive forces within the longitudinal intentionality. The vocabulary that Frank has formulated aims to move closely to these experiences while thematising them in order to help us better organise our experience. Hence, it is a speaking speech and a ratio, closely informed by intellectus.

I will briefly describe this experience-near vocabulary, but for a more in-depth understanding of this theory I refer the reader to Frank's writing (2023). Central to the theory is what is described as six fundamental movement patterns: how we experience ourselves *yielding-with*, *pushing-against*, *reaching-for*, *grasping-onto*, *pulling-towards* and *releasing-from* the other. Developing already at the beginning of life, the movement patterns emerge and are co-created within the early relational field as responses to the other (kinesthetic resonance), and they continue to be essential to all communication throughout life. The patterns are psychophysical; they organise an experience that is spatial as well as social, and they are not only of the literal moving body but also of the phenomenal body (Frank, 2023, pp. 39-44). They do not develop in a linear fashion.

Rather, working in concert they are interacting with one another as an expression of a whole experience. However, they are invited out in a variety of ways and in different combinations. Each pattern has a psychological function, which concern the meanings that are found and made through the experience of relational dynamics. But again and importantly, they are not separate from each other, although some might be more figural in some situations than in others.

The system also outlines how all our movement patterns and gestures are expressed with a quality – a felt dynamic. We can for example reach-for the other in an abrupt or gradual manner. Essentially these qualities are the vibrations and pulsations with which we are resonating. Learners of DSP study how to use descriptors, rather than well-known concepts, in order to come closer to the felt experience of these qualities. For example, by using metaphor, gesture, or adjectives like soft, hard, bouncy, free, bound, abrupt, gradual, high and low intensity, and so on. Furthermore, students learn a vocabulary for analysing postural dynamics and how bodies are shaped in relation to space; we are narrowing, widening, lengthening, shortening, hollowing and bulging in relation to and as a response to the other and our environment.

So, this movement vocabulary creates a ratio that can help the practitioner to organise that which is often elusive, and better feel, hear and observe how movement is shaping subjective experience. Developing kinesthetic awareness is central in the DSP training, and the core of the learning is experiential and emphasises an in-depth personal exploration of the movement dynamics. In other words, the theory and the movement vocabulary are explored and learnt through movement experiments.<sup>49</sup>

Importantly, all of the movements described in the DSP theory are *of the field*, not the individual. Furthermore, the movement vocabulary doesn't only describe overt movements of the physical body, they also refer to the experiencing body. I can reach for the other physically, for example, with my hands, eyes and lips. I can also reach for the other through my words, thoughts, intentions and desires. Thus, they form a ratio that

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<sup>49</sup> See Appendix 3, example 12, for a description of how the movement vocabulary supported one of the therapists.

can also help the practitioner to listen, and feel into the situation through movement.<sup>50</sup> The movement vocabulary helps the practitioner to diagnose the situation. And, as the attentive reader may have noticed, I have already used it in my case examples.

Many of the therapists described that attending to these movement dynamics and feeling into the psychological functions of the movement patterns helped them to go beyond the content that the client brought, the spoken speech and the story they had about themselves, and attend to how enduring relational themes emerged in session (Jacobs, 2017). It seems like the theory become an undercurrent for them, a sub-verbal language – a language moving between the longitudinal stream and that which was articulated. The theory became a ratio that both supported the therapists to better organise that which they felt and perceived in the moving dynamic, and to formulate interventions and verbalise experience with their clients.

So, the sub-verbal vocabulary seems to support a movement between ratio and intellectus.<sup>51</sup> I will continue to explore this dynamic and what that means for the notion of knowledge, as well as for the relationship between lived body and that which is being articulated.

### **5.16. Gestures of meaning and knowing**

Merleau-Ponty says that “the word has sense,” it isn’t just a representation of an object, it has its origin in experience (Merleau-Ponty, 2012, p. 182). He further argues that when we speak, our words do not just translate and articulate a pre-formed thought, as if something is first prepared internally and then expressed externally. Rather, “speech

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<sup>50</sup> To give an example: one of my clients, Linda, frequently ends a sentence with “...or, I don’t know,” and she often includes words that diminish what she just said, like “maybe” and “so stupid of me”. In her use of words, and from the intonation and quality in her voice, I feel as if her words sometimes drop to the earth before they reach me, and it is often as if they are turned back towards her. This repeated pattern makes me interested in how she is experiencing herself with me. I am further asking myself questions like: what makes her hold back, and how am I part of this process? How available do I seem to her (reaching-for)? How much does she feel that she can allow herself to be with (yielding-with) and separate from (pushing-against) me? How does she anticipate that I will receive her desires, feelings and intentions (grasping-onto, pulling-towards)? What does she imagine could happen between us if she didn’t use a vocabulary that diminished her? What does diminishing herself do to her experience of me?

<sup>51</sup> For an in-length description see Appendix 6.

accomplishes thought” (Merleau-Ponty, 2012, p. 183). What does this mean? Well, he points towards speech as always being a process emerging in relation. That which is expressed and how it is expressed is situated, it is formulated to, with and for someone (Frank, 2023, p. 46). This requires both ratio and intellectus. And, thus, even a spoken speech can be used creatively as long as we listen beneath its surface, or as Merleau-Ponty says:

Our view of man will remain superficial so long as we do not return to this origin, so long as we do not rediscover the primordial silence beneath the noise of words, and so long as we do not describe the gesture that breaks the silence. Speech is gesture, and its signification is a world. (Merleau-Ponty, 2012, p. 190)

Susan, one of the therapists, shared an example from her practice. She and her client had explored a habitual gestural pattern: the client often crossed her arms over her chest. Exploration revealed that the client thought this meant that she was a closed person, but staying close to the client’s lived experience they discovered how the gestural pattern was a relational support.<sup>52</sup>

In this example, which I think speaks to Merleau-Ponty’s words above, Susan listens to what is expressed both verbally and through gesture, attending to this as a whole expression. Let’s look at what she did. Being alert to her kinesthetic response, Susan followed her curiosity; feeling drawn to the client’s firmly crossed arms. She further listened to her own subjectively felt response, as she heard the client’s story about herself and how this was linked to the gesture – this narrative is the client’s ratio. Susan brings the story and the gesture into the present situation – thereby inviting intellectus and ratio to work together.

Arms crossed over the chest could be interpreted as if distancing oneself from the other. A quick search on the internet tells me that approaches aimed at decoding body language define crossed arms as “a gesture of defensiveness or a response to threat, that usually manifests as shyness, insecurity” and so on (a mechanistic order of causality).

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<sup>52</sup> For a full description see Appendix 3, example 13.



But, Susan is interested in what it actually feels like for her client to do this gesture now, and with her. In order to examine this, Susan had to put aside her assumptions and prior understanding of what that gesture might mean. On the contrary, Susan's client had a firm idea of what the gesture meant, which seemed to originate from a lived experience. This had sedimented into a story, and the spoken speech informed her sense of identity – a continuity of both what others said about her, and what she said about herself (Merleau-Ponty, in Kee, 2018, p. 422). Exploring this in relation to the felt present, to the longitudinal intentionality, they could find a more experience-near way of describing the experience, a speaking speech. The client's story was an out-of-date ratio, a representation, which was separated from the present and lived situation. As they stayed with the kinetic and kinesthetic experience, exploring the situation together, an enduring relational and existential theme emerged that had a significant meaning for the client. They both used their intellectus capacity to attend to the emerging present.

In this example, Susan did not separate speech from gesture. Remember, in the Merleau-Ponty quote above, he stated: "speech is gesture". What does that mean, and from what Susan's case shows, can we not also say that gesture is speech? I will briefly say a few things about gestural expression before I link this back to aspects of knowing.

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In her article, *Embodiment and Expressivity in Husserl's Phenomenology*, Sara Heinämaa refers to Husserl's understanding of the lived body as primarily *sensuous* (Heinämaa, 2010: 1). As we learnt in the first chapter, we are, through our lived body, sensuously connected to others. Husserl says that we experience the other as a whole; the person and his body are merged together and we feel and perceive an expression of that person and as belonging to them (Husserl, in Heinämaa, 2010, p. 9). As Susan perceives her client's gesture, she can recognise the dynamic, it is familiar to her as she herself has moved, and she recognises her client's body as *belonging* to her client. Belonging in the sense of being founded in her experience – that she, just like Susan, is a living person, capable of experiencing and having intentions. Susan experiences her client as a whole

living dynamic. This attitude, Husserl says, is the very foundation for all communication and verbal exchange, as it is only possible on the condition that we (the listener and the speaker) take the other as a person who can give and receive (Husserl as cited in Heinämaa, 2010, p. 10).

Husserl argues that human beings appear as two-fold realities – composed of the reality of the physical body and the reality of the soul/mental. But, he says, we primarily experience our bodies as *expressive units*, where those two realities cannot be distinguished (Husserl as cited in Heinämaa, 2010, p. 11). The example from the training group I mentioned earlier, as well as Susan's exchange with her client, show that we feel and perceive the unity of postures, gestures, micro-movements and words as a whole of meaning. This might sound obvious, but from a dualistic point of view it could easily occur that we fail to explicitly acknowledge that this is how we create meaning. Rather, words are linked to the mental, to the cognitive intellect (*ratio*) and thus valued higher than physical expression (*intellectus*). In opposition to this perspective, Husserl states:

The body is, as body, filled with the soul through and through. Each movement of the body is full of soul, the coming and going, the standing and sitting, the walking and dancing (Husserl, 1952, p. 240, cited in Heinämaa, 2010, p. 8).

In other words, he says that each expression is rooted in a sensuous experience, and that there is meaning in movement. We are gesturing all the time, and our gestures convey our feelings and desires. I am reminded of the question that I asked at the end of the last chapter; is the longitudinal always silent? Well, it seems like it speaks through our gestures.

Frank's theory shows that as we move through the world, gestural patterns inform us about what we can and cannot do with another (Frank, 2023). "The gesture does not make me think of anger, it is the anger itself," Merleau-Ponty says (2012, p. 190). *Intellectus* would inquire in response; what about this gesture informs you that it denotes anger? *Intellectus* would encourage an exploration of the situational and

relational kinesthetic dynamics at play. Merleau-Ponty describes gestures as bodily enactments of meaning, and just as with linguistic speech, the gesture accomplishes thought. Or like Frank says:

As kinesthetically experienced gestures change meanings shift and as meanings shift, gestures have the possibility of changing. *How* movement happens is fundamental to the creating of meaning. (Frank, 2023, p. 67)

When Merleau-Ponty says that speech is gesture, he brings to the fore that on a fundamental level, language is rooted in the lived body. Not only are the words we use when articulating our felt experience important, but also the tone of our voice, as well as the gestures and micro-movements that accompany what we say. If I am tired, that colours my feelings and perceptions, and for the attentive listener, it might be heard and felt through my voice, posture, the theme of the conversation and words that I use. It is our experience that comes with that which is said that creates meaning, not language as a readymade construct of representations (Cayne, 2020). So, just as our bodily gestures can be seen as an expression of how we are resonating with that which has not yet been conceptualised, so can our linguistic expression. When we speak, we are also conveying something about how we relate to this sphere. This naturally leads to the question; can the verbal and the lived body be separated at all? Let's return to Cusa and discuss this from the lens of his theory.

### **5.17. Non-aluid, a relational perspective**

In the example above, Susan illustrates a capacity to move between ratio and intellectus, attending to the verbal and the non-verbal, to established forms and to the forming of forms. According to Cusa, ratio and intellectus need each other; they are separate *and* closely intertwined. Intellectus is drawn to what we don't know, and to those peripheral presentiments that move us towards or away from. Intellectus does not only provide ratio with whatnesses and information for *new* categories and forms, it can also sense if the *already created* concepts are still valid and match the situation they are representing, or if they need to be reshaped – like Susan did. If so, intellectus signals this to ratio, which transforms the category according to the new information. Working well

together, ratio and intellectus weave in and out of each other, creating forms that are close to the complexity of existence and sensitive to the specifics of the situation. We need the categories that ratio creates, but they wouldn't exist without intellectus' sensitivity to the horizons of not-knowing and the longitudinal intentionality. Ratio does not have the capacity to perceive qualities of experience, so without intellectus it would starve and die – or live on old and outdated information. This happens when ratio moves too far away from intellectus, as with the rigid idea of identity that Susan's client expressed.

Intellectus and the sensuous is precisely that rawness in the immediately felt – that like kinesthesia, it exists beyond evaluation and order. It does not in itself represent an object, it does not tell us that we are experiencing wet grass under our feet or the other's crossed arms – it perceives the qualities of experience. We are immersed in an immensity of whatnesses, and intellectus is sensitive to those, feeling into how these constitute each other's *otherness*. Sharp is sharp just because it is not soft – sharp is *nothing else* than sharp. Similarly, ratio and intellectus are different, but not in the sense that we are used to thinking about differences and opposites. They are not separate as if there were a boundary between them that defines and isolates each as a clear unit. Neither do they just overlap each other. They are precisely each other's *non-otherness* or what Cusa formulated as *non-aluid* (Bornemark, 2022, p. 90).

Non-aluid is radically different from the Cartesian duality. It describes how something can exist without an opposite and simultaneously be connected and separated. Non-aluid describes an intelligent ratio, and how there is always forming – as a formed ratio can be reshaped. Attending to the verbal *and* the moving-feeling body as a whole expression is another example of non-aluid. Knowing emerges just because Susan attends to both the verbal and the moving-feeling body – not at as opposites but as a unified whole of meaning. Non-aluid invites us to see that there is a tension-field created between different aspects, such as knowing and not-knowing, longitudinal and vertical intentionality, speaking and spoken speech, verbalisation and lived body. Neither of the

aspects captures the whole, but their non-otherness invites movement between them, where new knowledge can emerge.

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Before moving on to the next chapter, I would like to bring together a few threads. Early in this chapter, I quoted Nussbaum, who argues that we need to cultivate our ability to distinguish the intelligence inherent in emotions. In this and the previous chapter, I have discussed how emotions ride on kinesthesia, which is our immediate response – the setting-in-motion, which relates to the longitudinal stream and to horizons of not knowing. In addition to the longitudinal and transverse intentionality, the speaking and the spoken speech, I have introduced ratio and intellectus. In their own specific ways, all of these concepts describe the movement and interrelation between forming and form, the living and the object. When I refer to working with movement in psychotherapy I mean having sensitivity to this process. What I would like to do now is to look closer into how the therapists apply this in their practice.

I began the chapter by quoting Jacquie, saying that words are clunky. In our conversation, she explained how she could find it difficult to phrase what she felt and observed about the client. It often happened, she said, that the client felt exposed and embarrassed and even objectified when she tried to articulate something that she sensed in their way of gesturing or speaking. Alfons recognised this and said that he often needed to take time before he shared what he noticed. Together Jacquie and Alfons articulated the dilemma I raised already in the previous chapter; there are moments when it is very important to use words to describe experience, to validate and unfold what is happening.<sup>53</sup> But then, in some situations, words are not required, and/or can create an unwanted distance and/or bring the person into reasoning about what they experience. What can be useful in some situations is not in others. How do psychotherapists navigate this delicate dilemma? How do they know when and how to act? This comes down to their practical wisdom, and I have arrived at what will be the

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<sup>53</sup> See Appendix 3, example 14, for their descriptions on this matter.

theme for the two following chapters – the relation between phronesis and the lived body.

### **5.18. Summary of the chapter**

In this chapter I have explored how, if at all, lived bodily experience can be verbalised. I conclude that it can, which is not surprising as it is the premise of my thesis, as I am writing about lived experience – that it is possible. But, there are limits to what language can capture. In order to gain a deeper understanding of what this limit contains I chose to look into the process through which felt and lived bodily experiences are verbalised.

To assist in reaching and verbalising these processes, I utilise Husserl's concepts of longitudinal and transverse intentionality, which I integrate with Merleau-Ponty's speaking and spoken speech. I describe how language draws on our kinesthetic experience of the longitudinal stream, and that as soon as this experience is thematised and named it is transformed into an object in time and thus belongs to the transverse intentionality. The speaking speech refers to the process of creating an object, whereas the spoken speech uses an already created object. Speaking speech is the language that moves close to the longitudinal stream, and in our everyday language we often use a spoken speech – which refers to already established meanings.

In my discussion I have shown that language always resides in transverse intentionality, and that even the speaking speech achieves its expressive function within the context of spoken speech. On the other hand, spoken speech draws its meaning from an ever changing context and thus includes degrees of the longitudinal intentionality. Hence, I answered one of the research questions by stating that there are always degrees of the lived body within everyday established language. I describe that I find Merleau-Ponty's concepts useful to help distinguish between a language that remembers its relation to the longitudinal stream and that which is more numb and distant for the present lived experience.

I have explored the psychotherapists' experience of articulating felt experience, and in doing so I have identified two main functions that the speaking speech has for them. For some, finding a speaking speech helped them to organise and communicate their lived bodily experience. For others, being introduced to a speaking speech helped them to access their kinesthetic experience. The therapists described that being together with others who also valued lived bodily knowing supported them to find a speaking speech, and thus to verbalise their felt experiences. Such situations, which moved close to the longitudinal intentionality, also contributed to them feeling listened to and understood. I have described that knowing when, how and if to verbalise felt experiences with their clients is not straightforward for the therapists, but rather comes down to their professional judgement.

Furthermore, in this chapter, I have explored the relationship between movement, the lived body and knowing. In doing so, I introduced the concept pair ratio and intellectus, which come from Cusa's theory describing the intertwining of knowing and not-knowing. In their own specific ways, these three concepts-pairs describe the movement and interrelation between forming and form, the living and the object. None of the poles in each pair can exist without the other; in Cusa's terminology they are non-aluid – ratio is simply *non-other* than intellectus, neither more nor less (Bornemark, 2022). Through this lens, I have answered my research question, stating that movement and the lived body are essential for the formation of knowing as a ratio. I have shown that intellectus resembles kinesthesia, with the capacity to relate to horizons of not-knowing and gather information from the longitudinal stream of life. Ratio gathers this information and organises it into categories that can give structure and help us navigate our world. All language is ratio, for example, but it can be more or less open to intellectus – spoken or speaking.

I have discussed how some of the therapists were more drawn to ratio-oriented theories, leaning on the natural sciences – for example, neuroscience. The scientific ratio gave them a sense of stability and predictability, and enhanced their confidence in carrying out body-oriented work with their clients. Discussing this made me ask if such modalities attend more to cause and effect, rather than to the lived body, emergence of

unforeseen insights and intersubjective experience? I further discussed how ratio can become closed, and forget its relation to intellectus and the living.

Most psychotherapists in the study group relied on bodily knowing in their clinical practice. They described how they ongoingly needed to practice attending to the lived body and their kinesthetic experience. In relation to this, I have mentioned the need for intellectus practices, which aim to support trust and faith in not-knowing. In relation to this, I have described the function of a sub-verbal and experience-near vocabulary that, like ratio, supported the therapists in knowing through movement. Another aspect of knowing through movement that I have highlighted is the role of gesture as an expression that conveys a bodily knowing and creates meaning.

The therapists bodily knowing will become even more evident in the following chapters, as I move on to explore the relation between practical wisdom, movement and the lived body.



## **6. Holding as phronesis**

So far in this thesis, I have looked at how movement and kinesthesia are intrinsic to the lived body, and I have explored the role of movement and the lived body in verbalisation and knowing. I needed to outline these theories and processes first, in order to create a platform for my further explorations. As I continue in this and the coming chapter, I will delve deeper into how movement informs the psychotherapists' clinical practice, and I will look at this through the lens of phronesis – Aristotle's term for practical wisdom.

For many of the psychotherapists that I interviewed, movement is always in the background, as a pre-reflective knowing that guides their work and how they shape and grade their interventions. When we explored how they integrate movement and bodily experiences in their clinical work, they highlighted that being aware of the sometimes subtle movement dynamics that emerge between them and their clients is paramount. Some of these therapists seem to have acquired a way of thinking, listening and diagnosing the situation through movement, and through attentive awareness to kinesthetic experience.

For example, at the end of the previous chapter, I describe how Jacquie and Alfons navigate and assess when to articulate and share what they feel, and when not to do this. Their assessment is rooted in their kinesthetic experience of the situation, and they are attentively listening to what they are feeling. Their kinesthetic experience becomes a tool, helping them to discern what is important to attend to within the specific situation. In other words, for them, working with movement includes a sensitivity to the longitudinal stream of experience. Each situation with their client is new, and in the process of judging how to respond and direct the work, they lean into their intellectus capacity – gathering “whatnesses” and information about the unique minima of the situation at hand. There is rarely only one “right way” of responding and intervening, rather, the psychotherapist will experience multiple possible choice points throughout the session. Jacquie and Alfons can, for example, choose to share or not share with their client what they are feeling and perceiving. There is no exact manual that can tell them what to do, and another therapist might have chosen to intervene differently in a similar

situation. But whatever direction they choose to take the work in, it will undoubtedly contribute to shaping the therapeutic encounter.

We can of course argue that their choice of action is random, and maybe sometimes it is. But I will claim that in the case of skilful and professional psychotherapy, and when making such situational-specific decisions, the practitioners are drawing on their professional judgement. This often-tacit knowing is based on *phronesis*, their practical wisdom – which I will examine more closely in this chapter. I am asking: what informs the psychotherapist’s situational-specific knowing? What are the details within the flow of experience that they attend to? What are the components that support the formation of their knowing, that which they draw on when they judge how and when to act?

As previously mentioned, there is a common view that emotions and processes considered “bodily” rather than “mental” are seen as unintelligent forces that capture us and simply push us around, and therefore should be controlled. In this thesis, I explore how living bodies *are* intelligent, and I argue that the capacity to move, feel and sense is indispensable for intentionality, verbalisation, reason and cognition. One purpose with closely exploring the psychotherapists’ situational-specific knowing is to illuminate what it is that makes feeling-based choices intelligent, and how, if at all, the psychotherapists’ interventions are informed by a knowing rather than a random emotional reaction. I wonder, wherein lies the wisdom in their subjective and felt knowing? In order to describe this, I will study the details of the psychotherapists’ work and try to articulate that which happens in the living flow of their practice.

In the previous chapter, I introduced Cusa’s system, which shows how experience and meaning making is organised through an intertwining of *ratio* and *intellectus* – two aspects of knowing that are valued as equally important. But often in our culture and everyday life, we have a narrower understanding of what knowing “is”, and we tend to define it as that which can be generalised and objectively true, what Aristotle called *episteme*. But if we turn to Aristotle’s theory of knowing we can see that this is not

necessarily the only definition.<sup>54</sup> He thought differently and more widely about knowing than we tend to do. Looking into his theory can give further perspective to our time, and possibly help us see beyond our habitual view. For example, Aristotle's definition includes both theoretical *and* practical knowledge. I described his system in the introduction chapter, but I will give a brief reminder, as this will be the main theoretical concept in this chapter.

Aristotle defined *nous* (insight) and *episteme* (scientific knowledge) as theoretical knowledge, and *techne* (producing) and *phronesis* (practical wisdom) as practical knowledge (Aristotle, 2011 [350 B.C]). So, he described two forms of wisdom, and both as being needed equally – the theoretical *and* the practical. In order to reach *sofia*, the highest form of wisdom, it is not enough to only have the highest form of theoretical knowledge, *episteme*. It also requires the capacity to keep a sense of direction in life and to handle challenges and dilemmas – which involves the ability to relate to the specifics of the situation. This demands *phronesis*, which is the highest form of practical wisdom. Professional judgement, the theme for this chapter, relates to how the therapists judge how to act wisely – and it foremost concerns *episteme* and its relation to *techne* and *phronesis*. This chapter will clearly focus on *phronesis*, because I believe that the importance of this wisdom tends to easily be overseen and forgotten in contemporary contexts that praise *episteme*. My interest in this chapter is to verbalise and highlight the practical wisdom. As already stated, skilful psychotherapeutic practice relies on the capacity to adjust and act in relation to present circumstances, and *phronesis* relates to precisely that. Inherent in *phronesis* is the art of being open to not-knowing – to *intellectus*, which I have shown closely concerns the lived body, *kinesthesia* and the longitudinal intentionality. But, as we shall see, *phronesis* also relates to *ratio*.

*Phronetic* capabilities vary between professions; the competencies embedded in the practical wisdom of a pre-school teacher is different from that which a nurse, policeman, lawyer or physician draws on in their practice. When I am exploring psychotherapists' practical wisdom, I am not aiming at giving a complete picture of *all* *phronetic* capabilities, as that would exceed the scope of this study. The theme that I will focus on

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<sup>54</sup> Aristotle's theory of knowledge is described in *Nicomachean Ethics*, book VI.

is the psychotherapist's capacity to create what I will refer to as *holding* of the therapeutic situation. This theme stood out for me when I analysed the empirical material – and in fact, that it did is actually not at all surprising. So, what do I mean by *holding*?

The therapeutic relationship is by nature asymmetrical. It builds on explicit and implicit agreements between the client and the psychotherapist, which essentially entails that the psychotherapist has more responsibility for keeping the direction of the work, holding the space and applying a duty of care. There are several formal components that contribute to framing and holding the psychotherapeutic space, like agreements about frequency and length of sessions, fees and payment, where the therapy takes place, etc. However, the therapeutic holding goes beyond these agreed boundaries. When I closely explored the psychotherapists' use of movement, I became interested in how they were continuously engaged in shaping their work in order to support the therapeutic process. This aspect moved like an undercurrent in their practice – and related to how they perceived, sensed and acted in relation to felt and situational-specific dynamics.

For example, therapy is not only supportive and confirming – growth and awareness includes elements that can be awkward. A characteristic for each therapeutic situation is that it needs to be both supportive *and* challenging, and thus the psychotherapist continuously needs to judge how to act in order to create this. This process often operates in the background to the therapeutic work; it is experienced but not always explicitly articulated. Yet, it ultimately and fundamentally shapes possibilities and constraints within the therapeutic process, which impacts the treatment and the outcome. The therapist needs to create a unique holding within each therapeutic relationship. So, what I refer to as holding is a central feature for all aspects of psychotherapeutic work, and maybe even so fundamental that it is taken for granted. I found that it was often unspoken or mentioned in vague terms. It actually took some time until I found a fitting word for it. But, I became curious about how the psychotherapists created holding, what it consisted of and how it relates to phronesis.

The expertise to create holding is not unique for psychotherapists. It is a crucial professional skill that applies to, for example, all pedagogic professions, for leaders of organisations and teams, policemen and for healthcare professionals. In this and the coming chapter, I want to highlight this professional competency. By doing so, I will move close to the living stream of their work, to the longitudinal and to that which can easily remain within the tacit domain – and thus be at risk of being a silent, or even silenced, knowing. In this chapter, I will begin this exploration by looking into the details of how psychotherapists create holding and search for components that inform their ability to relate to situational specifics. In the next chapter, chapter 8, I will continue this exploration and study holding as movement.

The main research question that I will explore in this chapter is:

- How do therapists create phronetic holding within the therapeutic situation?

In order to answer this question, I will break it down into the following questions, which will guide my exploration:

- Fundamentally, what does therapeutic holding consist of?
- What characterises phronetic holding?
- What are the components that the therapists draw on when they create holding, what supports and informs their situational-specific knowing?
- Can we use Aristotle's forms of knowledge to understand how therapists create phronetic holding?

In order to introduce the reader to how holding can appear in a therapy session, I will begin with an example from my therapy practice.

## **6.1. Navigating challenge and support**

Alice, a 15-year-old girl, came to me for therapy mostly because her parents wanted her to. She struggled with friends and social connections. Alice was self-harming and in recovery from an eating disorder. In addition to seeing me, she was involved in a specialist eating disorder treatment at a hospital, seeing a medical doctor and a dietician. Having these arrangements in place was a pre-requisite for our work, and a necessary aspect of the overall holding of the situation. I wouldn't have been able to adequately hold the therapeutic work without knowing that Alice was also under medical and psychiatric care, knowing this held me to hold.

Alice hated to see herself in the mirror, and she did not want others to see her body. She dressed in oversized clothing, and during our sessions she would often pull her hoodie up and cover her head. She would typically sit with her head dropped down and with her chin close to her chest, so I couldn't see much of her face. Her hands would grasp tightly onto her sweater sleeves. She would hollow her chest and narrow her shoulders. Alice often sat far back in the seat, and it seemed as if she wanted to continue the movement back and into the wall. Every muscle in her body seemed tensed, and she was holding on tightly to herself. I mostly felt as if I was intruding into her space and as if no matter what I did, even if I moved back in my chair, I came too close to her. I felt big and clumsy, and when I made attempts to reach for her, I felt as if there was nothing to grasp onto and as if she did not want me to find her.

She appeared to be uncomfortable in our sessions, and I felt a discomfort in contributing to making her feel this way. The asymmetry between us felt sharp and like a wide gap between us. I struggled to know how to establish a sufficient holding situation and questioned if therapy was at all useful, or mainly a pain for her. We would often sit in silence together. Doing that is not unusual for me in my therapeutic work. Silence can be rich, and I often wait until the client is ready to speak or until I find something to say. But with Alice, the silence felt more like an empty void, and she seemed to become even more anguished by it. I imagined that it was too awkward and challenging for her and that she felt that something was expected from her in these moments, and that she, probably for good reason, did not want to reach out but now felt pressured to do so. In

this ambivalence, she held on even more tightly to herself. When this happened, I would interrupt the silence and speak into it, sometimes naming what I was experiencing or asking what was happening for her, to fill the emptiness with something that at least offered a possibility to push against, reach for or grasp onto. With this, I sought to create a support for her to be with me. But often, I just felt clumsy and when I spoke it was as if I couldn't find the right words. Sometimes Alice responded with a word or two to my questions, moved in her chair or looked up a little.

We had been seeing each other for a few sessions, and the same pattern would repeat. I had explored it in supervision and with my supervisor, we concluded that I needed to be patient and wait for her. But, sitting with her in that manner simply didn't feel right. In this particular session I noticed how her breathing was held, and yes – so was mine. I moved to find myself in the chair, and to feel my feet on the floor. Paying attention to my kinesthetic experience, I felt a fluttering in my chest and that my arms were heavy, as if I wanted to reach her but did not know how to. I felt hesitant and as if there were eggshells or thin ice between us, where a misplaced step towards her could mean that something fragile would break. Was I afraid of doing something wrong? Yes, most likely I was. The risk was that she would withdraw even further. I found it hard to navigate the situation and know what a tolerable awkwardness for her would be. Just being with me seemed challenging for her, maybe even too much of a challenge.

I took a breath, and decided to take a risk and name what I was feeling. "It seems like neither of us knows what to say right now. I imagine that both of us feel a pressure to say something, although we can't find what to say. What happens for you when we are silent, Alice?" I asked. She looked up, just a little bit and then looked to the side. With a quiet voice she said, "I don't know what to say either". "So we have that in common, neither of us know," I said. She nodded, with a small and slow gesture. "I am sorry..." she whispered. Her words hit me right in my chest, like something simultaneously warm and sharp. I felt for her. "You don't need to be sorry for not finding words, Alice". I knew when I spoke that I probably should have phrased myself differently. I should have asked something such as, what made her feel sorry, instead of rescuing her, but I really

didn't want her to feel bad for not being able to speak. I was searching for ways of establishing more support for her to come forward.

"I just don't know what to say...." Alice whispered as a reply to my question. I was wondering if there was something familiar for her with this, something that would happen in other situations too. I gently asked her. She nodded under her hoodie. This felt like new territory for us, she seemed to engage with a little bit more interest in what I said. It seemed to me as if we were right at that edge now, where she had one foot in the familiar way of being with me, and one on unfamiliar ground (Perls, 1992, p. 155). I was wondering how we could maintain this wobble between familiar anxiety and a tiny growing excitement.

On a few occasions, I had seen her through the window before our sessions, standing in the street outside of my practice and talking on the phone. She had looked more relaxed then, and she had moved with more ease. She had been lengthening her spine, holding her head up and looking around in the street. I was wondering to myself: what am I doing, or what is it that she anticipates that I could do to her that makes her feel like she needs to hide? "Is it often like this for you?" I asked. "Or are there moments when it feels easier for you to talk and be with others?" There was a pause before she responded, now with a tiny bit more push in her voice. "I like the bus ride to school," she said. "What about that do you like?" I asked, feeling both surprised and excited that she had responded with such clarity to my question. Maybe we were close to something that actually interested her? "It's easier to talk on the bus". "What makes it easier on the bus, Alice?" She shrugged her shoulders and whispered, "Because they don't look at me then". I realised that she had just shared something very important about herself, but in the moment, I did not know what to do with that information – and we were coming to the end of our session.

After our session, I placed myself in her seat, taking on the position of how she usually sat. Feeling myself in this position, imagining the therapist sitting opposite, I had an impulse to narrow myself even further, as if saying, "I don't want you to look at me, I feel I have nowhere to go". This, together with the information she had shared about the bus



ride, gave me an idea. In our following session, I placed our chairs next to each other instead of opposite. Entering the room, Alice hesitated, and glanced at me. “I thought we could try to sit next to each other today, as if we were on a bus. Would you like to try that?” I asked. She nodded, and I think I saw a little smile, and we sat down. In this configuration we were not looking directly at each other, and I came to understand that for Alice, that made a big difference.

This intervention marked a turning point for our work, and we continued to meet like this for some time. Sitting alongside each other appeared to be supportive for Alice; it helped her to access more support to feel herself and to be with me. Amongst the things I noticed was that Alice moved all the way back in the chair, accessing support for her back. As our session progressed, her spine lengthened and her chest widened. My breathing felt fuller and more flowing, and I sensed that something similar happened for her. She confirmed my observation, saying that it was better now when we didn’t look directly at each other. Not having to be so concerned with how I saw her made it easier for her to pay attention to herself and notice what she was feeling. I understood this as if it helped her to differentiate from me more clearly. Over time, she found more of her voice, and it was easier for her to initiate themes that were relevant for her and to engage in our therapy. Later in our work, we experimented with incrementally moving our chairs so that the angle between us would change, as we slowly began to face each other. We were playing with that boundary where she could still feel herself and be with me.

## **6.2. What is holding?**

In this chapter, I ask what holding is, and what specifically characterises what I refer to as phronetic holding. Furthermore, I aim at identifying key components that support psychotherapists to attend to situational specifics – that which they draw on when they create holding. In my quest to answer these questions, I will closely examine the details of the therapeutic work. I will begin by articulating what it was that prompted me to suggest that Alice and I sat alongside each other. How, if at all, is that an example of phronetic holding?

First of all, what was initially missing in my work with Alice? Early on, I recognised that there was something in our being together that was different from how I usually engage with clients. All meetings are different, of course, but there was something that stood out in a particular way – calling me to act. Phronesis moves to the fore precisely in those kinds of situations when we are noticing that which is beyond “routine”. I sensed that the situation was too awkward for Alice, and I was struggling to create an environment from which she could take support. Initially, what was missing was adequate holding – the tension between challenge and support wasn’t appropriate for therapy to move forward. What did I notice that made me aware of this?

It could seem as if Alice was making herself small with her shrinking posture, but I had also felt her “bigness” and strength through an intense push back from her – non-verbally telling me that I should not come close. I had noticed that she was not taking much support from the chair or the floor, rather, it seemed as if she was drawing herself up and away from the environment – as if she was moving inward and holding herself tightly at the core. I imagined that she was not fully receptive to me either. It appeared as if the world was pressing in on her, and that she had practiced well to retreat from it. Her hands were grasping onto her sleeves. I wondered to myself if maybe she was actually grasping onto an idea that the other wouldn’t be there for her, or could overwhelm her, if she reached out. I did not know, but seeing and feeling her posture and the bound quality in her movements, I imagined that her kinesthetic awareness, her ability to feel herself in relation to the environment and me, was diminished.

I wasn’t thinking of all of this in a clear and articulated way, but it was there as a pre-reflective knowing for me. In the description above, the reader might recognise some of the movement vocabulary that I introduced in the previous chapter, and yes, the DSP theory was informing me of how I made sense of my kinesthetic experience. I brought together what I felt and saw with the psychological functions in the movement patterns, which I described earlier. Based on this, I imagined that it would be difficult, if at all possible, for her to tell me what she was feeling. Did she even know what she felt, I wondered? I concluded that asking her too much about this could risk enhancing an already existing distance between us; I would have asked her about something she could

not give me, which possibly would have exposed her even more. All of this was like a felt knowing for me, not just a cognitive reasoning. It was a knowing that was very much based in the unfolding of the situation.

The asymmetry between us appeared as if exaggerated to me; Alice did not seem ready to give me, nor the therapeutic situation, her trust or interest. My professional responsibility was to create enough holding in order for therapy to be at all possible. I did not initially know how to do this, and we were stuck right there, in my not-knowing. Every therapeutic meeting has several choice points, and in another situation, I would probably have stayed longer with the “stuckness” and discomfort – exploring the experience of what was already happening at that threshold of experience. I might have frustrated that which was already figural. But now I didn’t, as that simply did not feel possible. Instead, I decided to initiate an intervention that altered our being together. What led me to do this? What more precisely did I attend to and draw on?

Movement was my primary lens, and feeling myself with her, I assumed that her postural and gestural patterns carried a meaning and that they were shaped in relation. In other words, I assumed that they disclosed what she felt that she could and could not do with another – in this case me. She clearly knew how to *not* let me in, and how she did that also disclosed her probably well-practiced way of differentiating: to move away from the other. In some sense it worked, as she kept me away. However, she seemed to be stuck and isolated in this way of contacting and being with me. Allowing to give herself to and receive from me and the situation (yielding-with) appeared to be frightening for her, and she had to work hard to push-against me. The psychological issues inherent in yielding-with concern how safe we feel to give ourselves to and receive from the other. The psychological issues inherent in pushing-against concern differentiation. It appeared to me that Alice did not feel safe enough to be open with me, as if she anticipated that I could either take her over or not be there enough for her if she did. Yielding-with and pushing-against are inseparable and constitute a rhythmic pulsation that is the foundation for contacting, as we are almost simultaneously separating from and including the other in our experience (Frank, 2023, pp. 38-65).

Yielding-with enables the felt experience of being-a-body, and pushing-against enables us to move in the world and feel ourselves and with another; as we push-against, we feel the other's pushing back. Alice was pushing-against me, but it was also as if she was pushing-against herself. Her ability to yielding-with me was diminished, and I thought that she probably was not so open to take in and feel the quality of my pushing back. It seemed as if she was not willing to risk exploring how I could potentially be there for her, as if she was so certain that I would not. She was holding back from me. I was doing something to co-create this, but I did not yet know what that was. I imagined that Alice did not see nor feel what could potentially be available enough for her "out there" that would be worth her effort of more clearly reaching-for me. I experienced this diminished liveliness between us as a hesitation, and as if walking on eggshells. This was my movement-based and aesthetic diagnosis of the situation.

With this background, I assumed that there wasn't enough support for excitement or desire to build for Alice, and for a fluid reaching-for to develop. Frank's theory suggests that we are always reaching-for the other, measuring how available the other is, and perhaps asking: how close or far away is that which we dread or desire? In this situation, I was that other whom Alice was ambivalent to reach-for and be with. The aim with our therapeutic work was to heighten awareness of her experience and enhance her contacting repertoire. But within existing circumstances, I judged that there wasn't enough support for her to even begin to be curious in herself, the surroundings or me. She was busy protecting herself from me. I wanted to respect that, yet I also wanted to invite an alternative and challenge what seemed to me like her habitual pattern.

### **6.2.1. Creating holding**

The therapeutic situation needs to offer as much support as necessary and as little as possible, Laura Perls said (Perls, 1992). The ongoing process of navigating this is an essential aspect of what I call holding. Exploring the threshold between that which is familiar and that which is novel cannot happen without some degree of anxiety. However, if there is too much anxiety for the patient to assimilate the experience, then

growth cannot happen.<sup>55</sup> On the other hand, if there is too much support, the therapist does not contribute to the development of the client's awareness, autonomy and growth. In fact, too much support can diminish the client's ability to develop a sense of agency.

Holding is *not* the same as attempting to create a safe and harmonious situation. Firstly, relationships are never completely safe and secondly, therapy isn't and shall not always be comfortable. When I say "challenge", I mean inviting something that frustrates the habitual relational pattern in order to heighten awareness. However, in the case with Alice, I sensed that the discomfort she experienced was too high for her, she seemed to struggle to even be in the room with me. The situation did not offer enough support for her to either become aware of or share her experience. I needed to do something to provide this for her in order to make therapy possible. So, what was my thinking when I suggested that we sat alongside each other?

In fact, it was Alice who gave me "the sitting-alongside-each other" experiment. In retrospect, I can see how all the details I needed were right there. I did not have to dig deep for them, but I had to pay attention and listen to the obvious – which wasn't necessarily easily immediately accessible.<sup>56</sup> It took some time for things to come together for me. Seeing her move outside of my office and hearing how she described the bus ride made me curious as to how she could access alternative supports for contacting. In these configurations, she seemed to be able to give herself to and take support from (access more of her ability to yielding-with and pushing-against) the environment, as a resource for her excitement and desire to build. In addition to this, my idea to place us alongside each other were rooted both in a theoretical and lived bodily knowing. The DSP theory has taught me that the horizontal dimension can assist exploration of narrowing and widening with another, and of refusing and opening up to. I had also learnt that the horizontal dimension can help fostering the capacity to be in touch with one's body and the environment, and access a sense of weight with the other (Frank & La Barre, 2011, p. 59). In addition to this, I was also drawing on my own lived experience, both personal and professional, from which I know that sitting side-by-side

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<sup>55</sup> In gestalt therapy, this is referred to as *safe emergency* (Perls et al., 2003, p. 288)

<sup>56</sup> Laura Perls says: "I work with the obvious, with what is immediately accessible to the patient's or my own awareness" (Perls, 1992, p. 134).

with someone can make me feel less exposed and enhance my capacity to give myself to and receive from the environment. So, as I was adjusting how to create holding of the situation, I was drawing on theory, experience and that which emerged in the situation.

Right there, in the session, I was primarily attending to what I felt, and my felt experience was as if merged with my theoretical knowing. It wasn't until after the session that I could more clearly make cognitive sense of all these impressions. I needed space and time to reflect. We can also say that during the session, the longitudinal stream of experience and intellectus was in the foreground for me. Afterwards, this information began to cluster into forms of meaning, and I began to see patterns and anticipate what was possibly coming next, based on the movements that I imagine were held in the stuckness. I took a risk when I brought my idea to my next session with Alice. I did not know how she would respond. I presented the form I had made, based on what I had gathered through our meetings. This form was the beginning of a ratio, which she could then respond to. I had to be open to her response, and to be with intellectus and ratio, the longitudinal and the transverse – moving from forming to form to forming, and so forth.

My idea of how to improve the quality of holding proved to work quite well; sitting side by side gave Alice a different experience with me where she felt less exposed. Changing how we were positioned in the room altered our horizons of possibilities – meaning, the subjective experience of the environment and sphere of action (Fuchs, 2007, p. 426). This configuration offered different affordances, to use Gibson's term, providing an environment from which Alice could easier take support from (Gibson, 1979). She didn't have to work so hard to move away from me. Feeling less pressure from me, she could release some of her inward holding, and give more of herself to the chair underneath and behind. As her capacity to yielding-with and pushing-against moved more to the foreground, her kinesthetic experience also became more available for her. When feeling herself more clearly, she could, to a higher degree, access the support that the environment provided; she could push-against the resistance of otherness and experience its pushing-back. Through this shift, which occurred on a micro-movement level, it became less threatening for her to find other and more fluent ways of

differentiating from me. In our following sessions, we incrementally began to explore her sense of agency, and what she felt that she could and could not do in ours and other relationships.

### **6.2.2. Phronetic and structural/formal holding.**

What we can see from this example, from my meeting with Alice, is how the therapeutic holding streams through every aspect of the work; I had to ongoingly search for and find how to adjust my work with Alice. This is what I call phronetic holding. I am specifying it as phronetic in order to clearly emphasise the sensitivity to the situational specifics that this requires, and that this aspect of holding involves something additional and different from a merely structural and formal holding. I will explain and relate this to the therapeutic situation.

A person who seeks therapy does so because there is something in their life that is hurting or not working in a satisfying way. Attending to this demands a space that can hold vulnerability. The therapeutic room is in this sense different from many other rooms. It has to be framed in such a way that conditions are established where the client can explore themselves in ways they might not do within other circumstances. There are, as mentioned in the introduction to this chapter, several important formal components that help constitute a frame and a structure for the therapeutic work. For example, therapy sessions are often held in the same physical room, which creates routine and familiarity. There are agreements around regularity for the meetings, length of sessions, fees and payment methods. Confidentiality and risk are addressed and contracted for. There are also clear boundaries regarding roles, as the therapeutic relationship is not symmetrical – one person seeks therapy and the other is responsible for providing therapy. Furthermore, the therapist undertakes fidelity to professional codes of ethics, and aligns with an honest intention to do no harm. These formal aspects create a container for the work, and they are like walls for the therapeutic space – like a ratio. We can call this a “structural holding”, which entails components that are applied more or less in the same way in all therapeutic relationships.

But obviously, and as shown in the case with Alice, these formal aspects are not enough to create sufficient holding – and that is why I am emphasising the importance of phronetic holding. This holding requires the capacity to relate to the unique situation, and based on this, assess how to move the work forward in the direction of growth and awareness. The phronetic holding can in fact involve adjustment of the structural holding, in order to better meet the needs of the unique situation. For example, structural holding could be to meet the client at the same time and same place for 50 minutes weekly, to create consistency and reliability. However, circumstances may occur when it is better to meet twice a week, monthly or to lengthen or shorten the session, or to meet online or over the phone. A phronetic holding can never become a static structure, as it continuously needs to move with and adjust to the specific situation. The structural/formal holding leans more towards ratio, whilst a phronetic holding draws on intellectus.

As I stated in the introduction to this chapter, it took some time for me to name this process “holding”. Holding was not a term that the therapists I interviewed used, but it was an aspect of their work that I began to grasp when I listened carefully to their descriptions of how they used movement in their practice. I understood that they are continuously listening, thinking and diagnosing through movement and that this often-elusive knowing is crucial to how they adjust their work. For example, Vera, one of the therapists, described her view of how a therapeutic room differs from other rooms – and in doing so, she also articulates how a certain attitude of “being-with” is important for her capacity to hold.

Vera said:

In the therapy room I am more focused and slowed down. It is another sense in there. How I work in there does vary, of course, from client to client. I am struggling to find the words but yes I am definitely more focused. And it [movement] is generally the first lens I look through: when I am assessing a client, and when I am meeting them. Well, at any time really when I am listening to them I am feeling them and seeing their movements, and hearing their movements. I don't really do that in my normal life. It is much more focused, because in therapy



it's much more of a "concentration" between us, it is much more intense than outside. So therefore movement can be much more heightened.

Vera isn't even mentioning the formal frame. It is such a given for many psychotherapists, I think, that it falls into the background. What is more figural for her is the difference in rhythm and in the felt quality of experience that is possible in the therapy room, and that she is more focused compared to in her everyday life. Applying this focused way of being-with the other, she establishes a space where that which is familiar can be explored as unfamiliar, and where movements and the lived body can come to the fore in a way that it normally doesn't. Vera also states the apparent; that her work varies from client to client – she needs to be alert to the specifics of the situation and to when something stands out from "the normal". Just like I did in my work with Alice, she needs to adjust the quality of challenge and support as she creates appropriate holding of the situation.

To summarise, there needs to be enough stability to support not-knowing, and creating this within the unique situation constitutes a phronetic holding. Holding as phronesis involves creating a situation that affords a tolerable awkwardness, which enables awareness and growth for the client. Thus, the therapist needs to navigate challenge and support and keep a sense of direction for the work. The tension between challenge and support, this non-aluid, to use Cusa's terminology, is like a pulsation that constantly moves through the therapeutic work – like the underlying rhythm of therapy.

So, how are therapists doing this? What components do they draw on and what supports them to relate to the situational specifics?

### **6.3. Components of holding**

In order to explore how the psychotherapists create phronetic holding, I will now break down the concept of holding and look at central components that support the therapists in attending to situational specifics. For instance, in the example I gave from the session with Alice, what supported me to understand the situation and judge how to act within it? To condense this into fundamental components, I was drawing on *theoretical*

*frameworks* and *previous experience*. There was no possible way for me to follow a manual, as I had to continuously *listen to the situation*. There can, of course, be a multitude of other components involved in the process of creating holding, but I have identified these three as central to both my own and the therapists' work:

1. *Theory*
2. *Professional experience*
3. *Sensitivity to situational-specific knowing*

In the lived psychotherapy practice, these are of course closely intertwined. But in order to see them and explore how each of them informs the psychotherapists' capacity to create holding, I first need to separate them.

### **6.3.1. Theoretical knowledge**

The psychotherapists are, of course, not orienting blindly in their work with their clients. They have all been trained within one or more theoretical frameworks. For example, my initiative to move the chairs in my work with Alice did not come from nowhere, nor was it only a spark of creativity from my side. My theoretical understanding of the situation supported me.

Episteme, theoretical knowing in Aristotle's system, is that which we can look up in a book and read about. It concerns that which "does not admit of being otherwise" (Aristotle, 2011, p. 118 [1139b: 21]). This theoretical aspect of knowing is independent of a person, and in principle everyone can study it. *Theoria* means to see or to spectate. Theories are ways of seeing and looking at the world, a situation or phenomena and help us to understand, describe and explain these. Therapeutic approaches have different theoretical underpinnings, and these reside on core values about how, for example, to relate to the other. Those values resonate through the theory and give a certain perspective, which guides the practitioner and gives a direction for their work. The majority of the interviewed therapists expressed that they valued subjective experience, the aesthetics and the relational perspective – and that they did is not random. We are all drawing on our understanding of the theoretical frameworks that we have chosen,

and within which we have been trained. Gestalt therapy's emphasis on experience, dialogue and phenomenology clearly influenced the therapists and the direction in which they oriented their work. This theoretical framework suggests an attitude of openness and wonder towards the other, informed by inter-subjective values that understand the person as always in relation to others and the environment.<sup>57</sup>

I will now look at how the psychotherapists experience the role of theory and how it informs their capacity to hold the therapeutic situation.

### **6.3.1.1. Theory as a bodily knowing**

Sam said:

The relational is what I really take with me from the DSP training. That's core to gestalt, I know, but now I feel I really have it under my skin. Like understanding what that really means. It is so obvious that we are impacting each other, that every little move you do is felt, and that a tiny thing as in reaching towards someone in a certain manner can evoke so much. That is breathtaking to me. And, that we can have such different experiences of a situation. I can feel that I was open when I reached for my peer (in a movement experiment in the DSP training), but he experienced me as distant. It's interesting, and important to acknowledge that *both* of us are right.

The movement experiments in the postgraduate DSP training had given Sam a felt sense of what was meant with subjective experience. He brought this felt knowing to his clinical work as an awareness of how he and the other would always impact each other. Many expressed how the movement work (DSP) helped them to understand what the relational and phenomenological perspective really was, in lived practice. Some used to think that relational meant self-disclosing, or being very confirming or gentle towards their client. Exploring the theory experientially through movement led them to discover that they were impacting and being impacted by the other all the time – even through

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<sup>57</sup> This is a general definition of this concept. For example, Beebe et al. (2005, pp. xix-xx) found that the term inter-subjective is used with a range of meanings within the psychotherapeutic literature. It is further a complex philosophical field that I have chosen not to further explore and develop in this dissertation (see chapter 3).

micro-movements. This bodily understanding gave a new depth to the previously unclear theoretical concept of working relationally for them. Many said that having a bodily understanding of that and how we are always influencing each other was the most important learning they took from the training. Understanding the value of the relational and phenomenological perspective through experiential learning contributed to them better trusting their aesthetic – their felt and sensed – experience of the situation.

Lisa said:

The DSP theory increased my professional capacity. Before, I had many sensations and feelings in sessions, but it could be difficult for me to find a place for them in the situation and even to value that they were an important part of the situation. The theory has been very helpful, especially in my work with clients who were suffering a lot, with psychotic or disassociating process, for example. Now I know that the way they move or don't move is impacting both them and me, and how we relate to the environment. And I can trust more what I feel in my body. It becomes less disorienting for me to be with them knowing this.

Like for Sam, the relational theory was integrated as a felt bodily knowing for her. The theory became a structuring ratio, helping her to navigate and orient within the stream of sensations and information that intellectus was open to. Attending to the specifics of the situation could actually be disorienting for her when she worked with clients that had a psychotic and disassociating process. She could easily become confluent with their confused and disoriented process. The movement theory helped her to see and acknowledge that the disoriented and confused feeling could be part of the field. This helped her to be curious in the situational specifics, yet not get lost in her felt experience. The theoretical knowing helped her to maintain a direction for the work and thus hold the situation. I discussed in the previous chapter how the movement vocabulary can become like a sub-verbal language; a speaking speech that is not always articulated, which can help the therapists to orient. Lisa's description is an example of this. The theoretical framework supported Lisa to value the intelligence within her

feelings, and we can also say that it helped to cultivate her emotions, to refer to Nussbaum's theory (Nussbaum, 2001).

Carl said:

I think a familiar struggle for many therapists is to know what the right intervention is, and when to do it. This was so difficult for me when I was in my gestalt therapy training, I remember. But I think getting to the kinesthesia and having the movement theory has been helpful in also getting beyond the right and wrong thing for me. For example, I have a client and in every session he tells me more or less the same story. And he speaks with such an even and unchanging rhythm. It is very boring. In another system we would say that he has a narcissistic style. He won't accept anything from me, unless he feels he is the one proposing. Before I would have been too bored. If I did not have gestalt and the movement theory behind me, I have no idea what would happen. Maybe I would have been more anxious, feeling that I needed to do something to treat him. But now, with this man, I can be there and see that there is actually movement all the time.

Applying a phenomenological attitude supported Carl to tolerate his frustration with his client and to hold the situation. He could be interested in his response to his client (feeling bored) and discover that maybe it was he, Carl, who needed something more to happen in the session, not the client. Later in the interview, Carl said that his initial impulse had been to abruptly confront his client, challenging "his boringness". However, with support from his theoretical knowing, he could first pause and reflect on how he and his client probably had different movement styles, and that this triggered his impulse. Carl's preferred rhythm is high-intensity and changing, he seeks for things to happen and to happen fast. His client has an even and low-intensity style, and this initially irritated him. Carl attended to the aesthetics of the situation, to the qualitatively-felt dynamics emerging between him and his client, and that is how he applied a movement perspective in his case.

The theoretical frameworks he had been trained in reminded him of the phenomenological attitude. He could thus be curious in his own response and in what he experienced as "boring", and further listen for the meaning that lived within the

dynamics of his client's repeated patterns. This curiosity helped him to hold the space; he became more present with his client and could respect him for who he was and how he expressed himself. Remaining at that threshold could feel awkward for both Carl and his client. But from this place, Carl could gradually initiate ways of confronting and frustrating the client in a manner that the client could receive – as he incrementally gained new ground and with it more support (Perls, 1992, p. 155).

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In the example, Carl also mentions how another theoretical and diagnostic framework, such as gestalt therapy (based on categories described in DSM-5), would possibly have seen the situation.<sup>58</sup> He made an active choice to not look through that lens, and the chosen theoretical framework helped him to discern what to value as important. Had he leaned into the other, he would possibly have seen and valued different things. I will return to that theme soon. But I will first stay with the theme that he initially names in the quote above, which relates to doing right and wrong, and the role of theory early in his career and when he was still in training.

Hannah refers to this theme when she describes how she remembers what it was like when she had just started to study the DSP theory.

She said:

I wanted to teach my clients how to yield and push and reach. I wanted to help them. Now that I began to see so much more in their way of moving I just wanted to fix them! I can see now that I was using the theory as a technique.

When she thought that her client wasn't supported enough, she would, for example, quickly put something under their feet, as an attempt to make the space safe – with the intention of creating holding. She described how she saw something she recognised from the theory, became excited and attempted to "fix" it. Hannah was orienting towards

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<sup>58</sup> DSM is short for Diagnostic and Statistical Manual for Mental Disorders. The latest edition, DSM-5, was published in March 2022 by the American Psychiatric Association. DSM is one of the main books for treatment and diagnosis within the field of psychiatry, providing classification of mental disorders.

ratio and had turned the theory into a spoken speech. This made her feel like she knew something special, like an expert or the kind of magician she perceived senior psychotherapists to be.

Reflecting with the others in the focus group, we concluded that the “fixing” was an important phase in their learning process, which also needed to be honoured. Often, they had been imposing experiments on their clients, rather than letting experiments emerge from what was already happening. This hadn’t always been so fruitful, they admitted. But this process had also helped them to integrate and understand the theory. They had observed how the six fundamental movement patterns manifested in their clients’ process, and they had looked for them as separate movement units – like if the client was or wasn’t yielding, or pushing or reaching.<sup>59</sup> They had recognised their clients preferred postures, and had been aware of felt qualities in their clients’ way of being in the world. Often, they had forgotten the relational dimension and merely focused on what they saw happening in the client’s body. Based on what they had observed, they had suggested movement experiments, often in order to facilitate a change to their clients’ movement styles. This way of working had led to their observations seeming more tangible to them. Although in retrospect they could see that they had applied the theory as a technique, they also acknowledged that doing-to the other had been, and could still be, an important step in daring to begin to move with their clients and bring the lived body to the fore.

Richard described how this had changed over time for him, he said:

It’s not that I sit there and think: how is he pushing, where is the reach and is his chest narrow? No. The theory is there yes, but I don’t think of it. I do that after.

Theory can act as a filter between the psychotherapist and their clients. Being preoccupied with doing things right and trying to analyse the situation, they might miss what is actually happening. When the theory has become integrated and falls more into

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<sup>59</sup> We always move in relation to the other, and implicit to the six fundamental movements are the prepositions *with, against, for, onto, toward* and *from* the other (Frank, 2023, p. 44).

the background, it can help the psychotherapist to see patterns and be alert to the specifics of the situation.<sup>60</sup> We can also say that it supports their intellectus capacity and enables them to better tolerate staying longer with not-knowing – whereas earlier they were quickly reaching for ratio-oriented knowing as a way to provide holding both for themselves and the other. Theory, or episteme, is not in itself enough to orient within the situation. But theory can support the development of phronesis. The process that the psychotherapists describe is an example of how theory needs to be learnt and understood “in the flesh” in order to support phronesis. Sofia, the highest form of theoretical wisdom, is a combination of episteme and nous. Phronesis is the highest form of practical wisdom and entails the ability to orient within the living flow of a situation, and therefore theory needs to be integrated as a bodily knowing that can be accessed immediately and as if pre-reflectively.

During the course of my study, I noticed that some therapists were more often searching for answers and generalisable interventions. I recognise this from my teachings of DSP theory in trainings and workshops, when participants can be eager to know exactly how to apply the theory to their practice, asking questions like, “if my client does this, how can I work with that?” In their questions, I hear an eagerness to learn quickly, and I can readily understand this longing “to know how to do”. However, what they risk missing in their eagerness is that the essential core of the DSP theory is to develop kinesthetic awareness. But for sure, doing this takes time, and demands commitment, resilience and ongoing practice, which can be tedious and frustrating. In this longing to “know,” I also hear a reach for a static ratio, rather than trusting that practicing intellectus will support the development of a more flexible ratio – which can facilitate openness to the specifics of a situation. In fact, in those moments they are asking for a manual and a technique, which turns episteme into techne.

The word techne can be translated into craft, skill, expertise and art (Angier, 2010, p. vii). In brief, techne is the practical knowledge of producing something. According to Aristotle, techne does not deal with particulars in the same way as phronesis does

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<sup>60</sup> The Dreyfus model, developed by the brothers Stuart and Hubert Dreyfus, describes five stages of learning that people go through when they acquire new skills (Dreyfus & Dreyfus, 1980).



(Eikeland, 2014). Phronesis relates to how a person acts, whilst techne concerns the product that is created. The end goal is predetermined, such as making the client relaxed, or to treat depression or panic attacks. Reaching this goal can require technical skills, which can be written down in a manual that can be applied similarly, and used like a technique by several psychotherapists. The goal lies beyond the process of producing and techne is thus, to some extent, independent of the person who is acting. For Aristotle, techne probably meant that the end goal was distinct from the making itself (Schutzberg, 2021, p. 28). Like when the baker bakes bread, in the end the product and the taste of the bread is the most important factor. However, if techne strictly relates to following theory in a fixed cause and effect manner, then it would be episteme (Bornemark, 2020, p. 43). The use of technical skills also involves elements of art, and in baking the bread, the individual baker might change the recipe and decide to reduce the amount of flour to make the bread lighter.

I want to acknowledge that there can definitely be a place for both of these ways of working, and sometimes techne is a necessary component of therapy and creating a holding space. Some of the therapists did, for instance, mention that they would teach severely anxious clients how to find support, for example, through grounding and breathing exercises – aiming at reducing the client’s anxiety so that they could better integrate experience and be more available for therapy. In those situations, they would sometimes apply techniques and step-by-step methods that they had learnt. They had a goal in mind, but they were adjusting the technique to the specific situation. I think this shows that there is certainly a place for techne within a phronetic holding, and that the phronetic skill is to judge *when* and *how* techne is appropriate.

### **6.3.1.2. Theory as a way of seeing the situation**

As previously mentioned, the original meaning of the word theory, or theoria, is to look at, to view. I will now continue by exploring; how can theoretical perspectives support the therapists to see the situation at hand, and judge what is important to attend to? Theory was very important for Tanja, a senior therapist who had studied and trained in several approaches to psychotherapy. I asked her to define how theory was important to

her and she said that theoretical knowledge gave her self-confidence – it helped her to know what to do and look for.

All the personal therapy and supervision that I have had, my professional background also outside of therapy, and my age – and especially all the theories I have studied, bringing it all together gives me such security in the therapy room. And I have never received feedback as good as from those I work with as I do now. I feel skilful and I trust my competency. I just enter the therapy room without any goal, and attend to what is there, and I know that it will be good. I just know.

I wonder if what she describes as “just knowing” speaks of her professional wisdom, where everything she brings to the table comes together, helping her to judge when and how to intervene. As she had highlighted that theory, in particular, was so important for her, I wanted to get closer to how this knowledge supported her practice. I asked Tanja if she could describe something from her clinical work that exemplified how theory influenced her choices. She swiftly found an example: a young girl that had been referred to her by a colleague, a psychologist. He had told her that, according to his clinical diagnosis, the client had ADHD, and his assessment was that therapy should address her concentration difficulties and aim at supporting her in establishing structure. But there was something else that stood out for Tanja when she first met the girl.

She said:

When I walked towards her to greet her in our first session I saw how she tensed up. She got very stiff; she looked down at the floor and the colour in her face changed. I stopped immediately, and then when we sat down I asked her about this. I completely ignored the ADHD diagnosis! We worked very slowly, the distance between us, what that was like for her etc. Later our work revealed abuse. We worked with saying no, and yes so that she could begin to trust her body.

Tanja and her colleague drew on different theoretical foundations, which also led to them making different observations. The relational process was more figural for Tanja, and the DSM categories were in the foreground for her colleague. Tanja had a pre-

understanding of the case, based on her colleague's diagnosis, which could have blinded and diminished her intellectus capacity and her openness to listen to her subjective experience of the situation. However, she did not let that pre-understanding limit her. Tanja was open to be moved by her patient, and that made all the difference for her work. The theoretical perspectives that informed her were based on phenomenology and inter-subjectivity, whereas her colleague was likely more oriented towards behavioural changes. They saw the situation differently, and thus their judgement of how to create holding was also different – the perspective that strictly applied DSM would likely have oriented more towards ratio in its holding, whereas the perspective that informed Tanja was more open to intellectus. We can also say that to strictly apply DSM categories would represent more of a structural and formal holding. A phronetic holding would have awareness of the categories but hold them lightly, and make the meeting between client and therapist within the specific situation figural.

Tanja shared another example, from a personal development group for leaders to illustrate how her theoretical knowledge informed her how to hold a situation.

She said:

I attend a lot to what I see and feel, to their body language, tone of voices, if the colour in their face shifts – that informs me of where I shall focus and if there is something that I shall deepen or if I need to help them regulate. In this group it was suddenly very still. Someone shared something and after that it was as if the energy dropped and no one responded. The activity was going down, they were zooming out and I understood that as if the social engagement was low. They were no longer in their window of tolerance. I knew that the best way to bring them back was to stimulate them to engage with each other, so I suggested a short game and then another one. That brought back laughter and their voices got louder again. I guess we could say they found their push.

Tanja refers to *the window of tolerance*, a theoretical concept first coined by Daniel Siegel, used to describe the zone of arousal in which a person or group is able to function most effectively (Siegel, 1999). When people are in this zone, they are typically able to

readily respond to demands fluently and without much difficulty. During times of stress or trauma, people are either responding with hyper- or hypo-arousal, bringing them outside of the window of tolerance, and the psychotherapist uses different techniques to help their client regulate. This concept was important for Tanja, and relating to it helped her to see what was happening and judge how to adjust and grade her interventions.

We can compare Tanja's work to the work I did with the training group described in chapter five. My approach was different; I decided to not stimulate them when the energy dropped and the felt quality between us in the room became tense. Instead, I chose to stay with that experience to explore what it entailed. I was orienting towards phenomenology and gestalt therapy theory.

Both Tanja and I worked with process, and we acted in relation to what emerged in the situation. We were both creating holding for our groups, balancing challenge with support. However, our ways of judging how to do this differed as we were orienting with different ratio, with different theoretical frameworks. From my perspective, the theory she drew on is more oriented towards providing change in order to reach a goal, whereas the one I chose allows more room for uncertainty and for change to emerge. Our choices were most probably based on personal preferences, but our groups were also different in character. It is possible that a group of psychotherapy students need, and benefit from, a different kind of holding than leaders in a personal development group. But, in common for both of us was that our theoretical perspectives held us – and supported us to create a holding space within for us challenging situations.

In his essay *The Philosopher and His Shadow*, Merleau-Ponty quotes Heidegger, and writes:

“When we are considering a man's thought,” Heidegger says in effect, “the greater the work accomplished (and greatness is in no way equivalent to the extent and number of writings) the richer the unthought-of element in that work. That is, the richer is that which, through this work and through it alone, comes towards us as never yet thought of.” At the end of Husserl's life there is an unthought-of element

in his works which is wholly his and yet opens out on something else. To think is not to possess the objects of thought; it is to use them to mark out a realm to think about which we therefore are not yet thinking about. (Merleau-Ponty, 1964, p. 160)

Later in that passage, Merleau-Ponty highlights the importance of attending to that between thoughts, and to “articulations between things said” (Merleau-Ponty, 1964, p. 60). What I read from Merleau-Ponty’s words is that a theory never holds the ultimate truth and that it is never finished. The richness of a theory lies in its closeness to practice, and to its openness to the living – from where new forms can be created.

I conclude that episteme importantly influences the psychotherapists’ capacity to create holding. But I also conclude that theoretical knowledge that is rigidly attended to can, like a closed ratio, limit their ability to be open for what is emerging in the situation. Theory can thus be used as a manual, similar to the original meaning of episteme, or as stepping stones in a technique, taking the person from one place to another, which is then *techne* rather than *phronesis*. However, a thoroughly studied theoretical framework that is integrated and known “in the body” can help them see what is important to attend to. It can provide a direction for their work, give them confidence in practice and help them to creatively judge how to act for the good – which taken together supports their holding capacity. Integration of theoretical knowledge does, as we have seen in this section, overlap with professional and lived experience – which will be the focus for the next section.

### **6.3.2. Professional experience and habits**

*Phronesis* is, according to Aristotle, an intellectual capability that is brought to excellence through experience. In fact, he says that *phronesis* comes with age and that only old men can have it (Aristotle, 2011, p. 125, p. 130 [1142a: 15-21, 1143a: 11-13]; Svenaeus, 2014, p. 295). That is of course not accurate, but experience and practice within the concerned professional field is crucial for the development of *phronesis*. *Phronesis* is, as stated, a knowing of the lived body. Tanja’s sensitivity to the aesthetics of the situation, and Richard’s ability to let theory linger in the background when he

brings himself to be as fully present as he can with his client, aren't skills they've learnt from books and manuals. Well, they have probably read about it in theory books and heard about it during lectures in their psychotherapy training. But nevertheless, these are skills that they have needed to learn through clinical experience and that over time have become integrated as a bodily knowing. To have practical wisdom, one needs to acquire a lived understanding of the situation within which one is acting. In this section, I explore how professional experience influences the psychotherapist's capacity for holding. Are there typical patterns and features that develop through professional experience, contributing to their capacity to hold?

#### **6.3.2.1. Developing forms to support holding**

When I asked the psychotherapists how they were integrating movement in their practice, it appeared that some of them had developed experiments and forms of working that they frequently used in their practice. These had developed as a result of their clinical and professional experience, and they had discovered that these ways of working supported them to hold the therapeutic situation. In the following section, I will describe some of these, and discuss their relation to phronesis.

Sofie and Veronica spoke of how they would clearly articulate to their clients, right from the outset of therapy, that they included the lived body in their work. Sofie used to tell her clients that she would pay attention not only to what we are saying with words, but also to how they are moving. When Veronica invited her clients to experiment, she would explain the not-knowing element and clearly state that she did not have an agenda with the experiment, and that she knew that it could feel silly or awkward. But maybe they could be silly together and see what would come up? With these interventions, Sofie and Veronica wanted to show their clients what could be possible in the therapeutic space.

When being explicit about these matters, they are both framing *and* opening up the room; stating how they work to hold, and emphasising that this includes inviting not-knowing and creating space for surprise and new insights to unfold. Sofie and Veronica had learnt through experience that when they were transparent and explicit with their

phenomenological, movement-oriented and relational approach, their therapeutic method could become less mysterious for the clients. Both of them hoped to engage their clients in the therapeutic method and support them to become curious in their own process. In the long run, this way of working can possibly help the clients to bring this attitude of wonder with them outside of the therapeutic space, which can support their resilience and capacity to find and take support – and create holding for themselves within their present life situations.

Veronica's and Sofie's interventions also remind us of something that can easily be forgotten by psychotherapists: we know how it works within the therapeutic space, but our clients are often beginners in therapy, and sometimes they need to be explicitly introduced to what applies and is possible within this space. Experience can also make us blind towards the present situation, and thus not provide appropriate holding for our clients. It wasn't uncommon for the psychotherapists to miss and overlook that attending to their body and felt experience was a novelty for many of their clients. For the psychotherapists, awareness of bodily processes and feelings was familiar, and they could risk missing their clients when forgetting that for many it is unfamiliar territory.

Hannah had arranged her therapy room in a special way to facilitate exploration of the lived body.

Hannah said:

I always have two big yoga balls available. I sit on one, and the client can sit on the other if they wish. If they do they will immediately feel themselves differently and be aware of their adjustments – noticing their feet, and the core.

Hannah explained that the configuration was hugely helpful for her. With this intervention she wanted to invite her clients to access their lived and present experience. She knew that she could easily get lost in cognitive reasoning and familiar stories with her clients. But since she started to arrange her room in this way, it had been much easier for her to introduce her clients to attending to the lived body. This

configuration with the balls was something that she had gradually introduced, she had tried it with some of her clients and learnt that it worked well both for her and for them. As a result of this, she always had the balls readily available in her office. She felt more fluid and competent in her work when the lived body was in the foreground, and that also made her more confident in holding the space and supporting the client's process. We often assume that the therapeutic space shall be configured in a certain way, with the therapist and client sitting opposite each other in chairs. But is that the only way? Hannah is challenging that assumption, and so did I in my work with Alice. I think this is a very interesting and important theme, and I hope to address it in my future writing and research.

Carl described an experiment that he frequently used, which he called "sculpture". He had developed this over time, and he had borrowed ideas from Bert Hellinger's family constellation work (Hellinger, 2001). He found this experiment to be especially useful when his clients were struggling or stuck in relationships. He would, for example, ask his clients to shape him (Carl) as if he was the person or the situation the client struggled with. Then the client would place and shape himself in relation to this shape that Carl now held. They would both feel into this configuration, describing what they experienced, and from there, they might enter a dialogue, swap places, or experiment with what happened if one of them moved differently.

Vera had created another experiment that she often initiated.

Vera said:

When people are talking about being stuck I invite them to stand up with me. Just that can be a thing! I ask if we can stand next to each other. I then ask them to visualise whatever it is that we are working with, and notice what they feel. Then I invite them to, if they want to, move towards or away from that which they are imagining. Maybe I move with them, but that depends. There is so much information coming up from just that very simple exercise. Like, where I am now and where I might want to be, and the relational experience of moving with me. And then we explore the fear, the excitement, and all the feelings that emerge.



Once they have had that experience and we've explored it they are often more open to explore movement in other sessions too.

Vera had discovered that most of her clients would accept this invitation to move out of the chair and begin to explore their lived and felt experience with her, rather than to stay with familiar ways of talking about their experience. In addition to the forms described above, other psychotherapists also described experiments and interventions that they would frequently use. These could be minor things, like suggesting that the client placed their hand where they felt that their feeling lived, inviting the client to dialogue with their conflicting interests, or having a certain frame and order that they would keep in mind when inquiring about a felt experience. Some had found ways of starting and ending sessions that they noticed they often returned to, etc. This reminds us of what Aristotle calls *techne*.

What are the holding-functions of the experiments and ways of working that the therapists had created? What first comes to mind, especially when looking at the descriptions Sofie, Veronica, Hannah, Vera and Carl shared, is that these practices support them in guiding their work in a certain direction – towards including the lived body in their work with their clients, and transitioning from a spoken to a speaking speech. Their interventions also provide a frame and structure for the therapeutic situation. It appears to me as if they are creating a room within the room, a *ratio*, which can hold not-knowing and within which new insights can emerge. Furthermore, I believe that the described forms of holding helped the therapists to maintain their own capacity to hold. They were holding them to hold. They had become familiar ground for them, they knew how to suggest and structure them without having to create them anew each time. This left the therapists feeling confident in what they were doing, which likely translates to their clients and potentially contributes to creating stability and holding within the therapeutic situation. So, the therapists had developed familiar ways of intervening that they often returned to – doesn't that mean that they had developed habitual ways of working? This brings me to reflect on the relation between professional experience and habit, how can we understand this connection and its impact on *phronetic* holding?

### **6.3.2.2. Habits**

A common understanding of habit is as something that we do out of routine, and we often value our habits as either good or bad. Habits are something we repeat over and over again, and that we can get stuck in. I wrote about the habitual body in chapter four, and of how, for example, Husserl and Merleau-Ponty emphasise that our habits are not purely passive (Taipale, 2014, pp. 56-59; Merleau-Ponty, 2012, pp. 143-148). The reader might remember that Merleau-Ponty claims that habits are never static, as there is always some adjustment to the environment and present lived situation. This perspective highlights that habits are not solely automatic and completely out of our awareness. Or, as McGuirk writes:

Habits constitute us as having a certain style and are the horizon of our capacity to know the world and to personalize this knowing. But this is a moving, dynamic horizon. Habits are not mechanisms but tendencies or dispositions within which imagination, creativity and spontaneity come to expression. Habit as a capacity for discovery is, as such, belied when it is described in terms of automatism (Ricoeur, 1966, p. 284). Habits can degenerate into automatism but they are not predominantly this (McGuirk, 2016, p. 153).

Through repetition, we learn how to move our bodies and how to perform a task. Over time, we don't need to actively attend to our co-ordinating of these movements, however, just as when we actively initiate a movement, our movements will passively be experienced by us through kinesthesia and the feel of our self-movements. Taipale highlights that this kinesthetic experience gives a sense of selfhood – that these are my movements (Taipale, 2014, p. 58). So, habit can establish a felt sense of how and who I know myself to be in specific contexts and relational configurations.

I have already discussed these matters regarding habit in chapter four, and I will now expand on this perspective to explore how habit relates to phronesis and the psychotherapist's capacity to hold the therapeutic situation. Aristotle recognises that habit (*hexis* or *ethos* in Greek, *habitus* in Latin), is of key importance for the development of practical knowledge, as repetition of good actions helps to build

“character” (Moran, 2011, p. 53).<sup>61</sup> In other words, practice makes perfect, and habits are that which we have practiced over and over again. For the practitioner, a task that has been performed and practiced repeatedly can develop into a skill, which is so deeply integrated that it moves into the background. When we don’t have to actively think about how to do this task, we become free to widen our perspectives and attend to details within the situation.

For example, Tanja is adept at greeting a client for the first time, and organising her work with a group of consultants. She has practiced and developed basic patterns for how she does this, which makes the process fluid for her. When these skills are integrated as a bodily knowing, like habits, she can be more open to perceive and feel nuances within the present – like the shifts in her client’s face or minor gestures amongst the group participants. Habits can thereby help to further deepen and develop the phronetic capacity to attend to situational specifics. In this context, it is also interesting to think about the relation between habits and *techne*. As mentioned, *techne* can be condensed into a manual and performed independently of the practitioner. However, *techne* also require a bodily knowing of how to perform the technical skill, which has to be learnt through repetition. *Techne* is like an acquired habit, a bodily knowing of how to do something in order to achieve a predetermined result (Gustavsson, 2002, p. 85). In addition, how the therapeutic technique is delivered matters, and there are different ways and nuances within how a manual can be followed.

Furthermore, it is possible that clients over time begin to recognise their therapist’s habitual ways of working, which might contribute to creating a sense of predictability and consistency – a bodily-felt background support which can allow for surprise and risk taking. Both Vera and Carl, for example, described their experiments as structures within which uncertainty was welcomed. They had a direction for the work, but could be open to alter this. The aim with using experiments in gestalt therapy is to heighten awareness. Experiments are, in its literal sense, meant to be experimental, which means

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<sup>61</sup> “It has been suggested that *hexis* in Greek never means mindless routine but suggests a degree of awareness and self-possession in action. Aristotle also uses both *hexis* and *ethos* and some have suggested that *hexis* is better rendered by disposition while *ethos* is translated as habit. However, in the tradition, *hexis* was translated as *habitus* in Latin whereas *ethos* was translated as *consuetudo*.” (Moran, 2011, p. 71). The word *consuetudo* means custom or habit.

that they need to emerge from and be relevant to the situation and offered without the therapist being invested in a particular result. When used in this way, they can be a ratio that can hold not-knowing.

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Evidently, developed habits and experiments can contribute to enhancing the psychotherapists' phronetic capacity to hold – providing a frame that holds uncertainty, and making the psychotherapists more free to attend to situational specifics. However, isn't there also a risk that they suggest the experiments out of routine, rather than from what the situation actually presents them with? Habits can become formalised, and thus turn into what Aristotle describes as *techne*. How do the therapists know when they are offering the experiment in order to allow for novelty to emerge, or when they have a goal in mind for their clients and the process (*techne*)? This leads me to wonder, when does a habit support *phronesis* and when does it become a technique that narrows and closes down on the situation? Anna reflected on her process in relation to this theme.

She said:

I know that I need to manage my excitement in the therapy room. Sometimes I am too quick to join things up in my head and then I have the impulse to go like “oh, I've seen something let's do a reaching experiment here” or something. I need to pause then, and get my energy down a bit to see what is mine and what is helpful for the client. I can overuse experiments, like in a panicky way of not wanting to stay in a stuck place or feel as if we are not doing anything. But, it's double edged I guess because moving and experimenting with the client brings me more into the work, and I feel that I am better attending to the relational than and that's important to me. When we experiment we're right there in the relational and feelings are present, and that is easier for me to relate to than when we are in a lot of content – because then I feel I need to resolve stuff.

But it's important to know where I'm coming from when I invite an experiment. Like, you can sometimes feel something change in the room just before the client is about to disclose something huge, and in those moments it is so important to feel

close to the ground. To be there, being solid and anchored. But because I have done a lot of experiments and movement myself in training and therapy I feel comfortable with it.

It is difficult, if at all possible, for Anna to be certain where her impulse to initiate an intervention is coming from – is it hers or the clients? In his teachings, I have heard gestalt therapist Jean-Marie Robine wisely say, “who started this intervention?” to acknowledge that whatever informs an intervention springs from that which is moving in the field and emerges between therapist and client.

It says something about me, about the other, about the situation, about the atmosphere, about the encounter (Robine, 2015, p. 41).

Anna describes that listening to the situation is key for her when judging how to grade her interventions. She does this by attending to her kinesthetic experience; noticing how her excitement builds and diminishes. She also attends to her sense of weight in relation, a theme that I will return to and discuss later in this chapter. Anna further refers to the importance of developing self-awareness and to continuously reflect on her own process. She is aware of her familiar theme; to avoid the risk of feeling stuck. Awareness of this makes her observant when it comes to noticing the situations when her excitement builds quickly. She knows from experience that these are points in the work when she needs to be particularly alert and open to the situation and evaluate whether she needs to hold back her excitement and wait for her client, or if taking a clear lead and initiating an experiment can be helpful to the process. In each situation, she also needs to consider what can help her to hold. I imagine that there are situations when, for example, uncertainty is too high for her to endure, or when she is tired or not feeling well – situations when she might need to make something happen in order to better be with the client. She can never know for sure what action is “the best” in the specific situation, but experience helps her to pay attention to signs that guide her.

Her description makes me think of a sailor, who is paying close attention to the ripples in the water and the changes in the wind, and gracefully shoots the sails and steers his

boat accordingly. His lived body is the mediator, as if pre-reflectively connecting that which he perceives with the action he makes – as if one movement, performed in order to move the situation forward. This, I think, speaks of habit and the sailor’s well-practiced and integrated bodily knowing to navigate the boat, the waters and the wind – what Merleau-Ponty refers to as *praktognosia*, that our bodily experience of movement “provides us with a way of access to the world and the object” (Merleau-Ponty, 2012, p. 141). Wondering about the movements of the field, Anna can see and feel patterns emerging between her and the client, and sometimes predict the coming next. Other therapists described something similar.

Alfons, a senior therapist, said:

You know Helena; in most sessions I don’t know why I did what I did. I can know I did something that worked but I don’t know why I did it. I can reflect on it afterwards and maybe find words, but in the moment I just do. Similarly when I teach, I follow a process with a person to demonstrate to my students how I do therapy. Sometimes there are many questions like; how did you know that, how did you do that? I don’t know how to answer. I was being there. I was seeing so many things, but my students could not see what I saw. Something happened between the client, and me... but how do I explain that? Something emerged in that moment. It is, in those moments, just like I don’t know cognitively but I know. I bring all that I know to the moment when I work with the other.

Alfons describes how his knowing is in his body and before articulation, as a thinking and knowing through movement. We sometimes call this intuition. I think of intuition as a pre-reflective knowing, that draws on layers of experience and that helps us to see patterns in the living dynamic.<sup>62</sup> For example, I imagine that behind Alfons’s competency and Anna’s self-awareness, there are hours of clinical practice, personal

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<sup>62</sup> The Swedish philosopher Hans Larsson (1862-1944) said that “our theoretical activity in its highest form is of an intuitive nature”. He defines the concept of intuition as the human ability to perceive diversity as a whole in one view. This occurs when a material is sufficiently processed for thought and feeling to be united. Intuition, according to him, relates to the aesthetics, and he argues that this ability is valuable in all intellectual activity as well as in the practical tasks of life (Larsson, 2012).

therapy and supervision – an extensive process of reflecting on personal and professional experiences.

The tendency to orient towards certainty could be more prevalent amongst psychotherapists in the beginning of their professional career. But, it could also relate to personal preference, theoretical frameworks and to how one apprehends the professional role. And of course, there are situations that require a solid ratio. Judging when and how more stability and certainty is needed, as well as the ability to reflect on when a habit has lost its function, are in itself phronetic capabilities. This includes humbleness towards one's own capacity, and the ability to reflect on limits and consult colleagues and supervision on a regular basis. These are capacities that develop with professional experience, and experience also helps to enhance a confidence in one's capability of lingering with not-knowing. Can we say that this aspect of professional experience, the confidence in one's capacity to be with uncertainty, becomes like a habit? I discussed intellectus practices in chapter six; these are practices that support us to open up to that which is beyond what we know. Intellectus practices assist the process of developing resilience to staying open at that threshold where the familiar ratio dissolves and new forms are forming. Now, does this link intellectus practices to habit, do they help establish a habit to sit with not-knowing?

### ***6.3.2.3. Habit and intellectus practices***

Later in the interview, Alfons said that he had learnt to be “okay with being confused”. This did not mean that it was always comfortable, but he somehow knew that he could ride this experience, despite its discomforts and frustrations. He knew from experience that his confusion was often important, and that if he stayed with it and listened to his kinesthetic experience, something would emerge and cohere into a figure that grasped his curiosity. The word confusion means “thrown into disorder”, and isn't that what therapy sometimes does – as it makes the familiar unfamiliar and explores habitual patterns? This process can literally need to include throwing familiar ground into disorder. What Alfons refers to as confusion could be a speaking speech, drawing on his kinesthetic experience of being with this “thrown into disorder,” as a new and unfamiliar order (a new ratio) is being shaped. Alfons had developed a bodily knowing

that he could help him to navigate through this process. Furthermore, he had learnt to trust that his kinesthetic experience of the situation, pleasant or unpleasant, was important – providing him with a pre-knowing of the situation and its forming direction. Through exploration between him and his client, this elusive experience could gradually clarify. He could, in other words, allow for intellectus and ratio to flow into each other.

Bornemark writes that previous experiences make being with horizons of not-knowing familiar, but without closing them (Bornemark, 2020, p. 60). Having lived through confusion and not-knowing many times, the psychotherapist can, with experience, develop a kind of resilience and a felt-knowing that they can navigate the experience of not-knowing yet again. This contributes to an openness towards that which is not familiar. With less experience of enduring such situations, the psychotherapist might have a greater need to feel in control and “know” what they are doing, which could make them rigid and diminish their ability to resonate with the potential within the situation. This can, of course, also happen to the experienced practitioner when, for example, in an overwhelming situation and/or when they are re-traumatized by what is unfolding in the therapeutic relationship.

Drawing on my own professional experience, I want to emphasise what Alfons says, that staying open to not-knowing is not necessarily an effortless process, nor does it come without friction and doubt. In such situations, intellectus demands a fullness of presence, which includes listening with one’s entire being. This listening is directed towards that which is moving in the longitudinal and within horizons of not-knowing. I think that being able to live through the pressure that comes with not-knowing, and still being open to listening to the situation *is* a central phronetic skill. Now, can we understand this capacity as a habit?

As previously discussed, ratio can support intellectus and provide a structure that holds and frames not-knowing. We have seen how the psychotherapists’ habitual ways of shaping their work gave them a ratio and a sense of stability, which in turn enabled them to be open to not-knowing and allow for new insights to develop. Likewise, intellectus practices aim to support a capacity to be with not-knowing – but can we say



that they are a holding ratio? No, I don't think we really can, as fundamentally, intellectus practices have another function. Intellectus practices do not aim at giving a structure or a form, rather, they aim to support us to not have a structure and form. Intellectus practices cultivate a deepening faith, or a bodily knowing, which allows the practitioner to leave and let go of known ratios and be open to horizons of not-knowing. In fact, giving oneself to this process includes the actual risk of getting lost and/or having to formulate a completely new ratio.

Repeated experiences of living through these kinds of situations can lead to sedimentation, or a building of familiarity of what this is like. This is similar to how Merleau-Ponty describes how the organists learn how to find the keys without having to know the exact location of each key or to play on a familiar instrument (Merleau-Ponty, 2012, pp. 146-147). The organist is guided by an intention to play what is to be played. When the experienced therapist is facing a situation that calls for not-knowing, there is a recollection, a remembering, that they can endure the situation. We can call this remembering *confidence*, but I also believe it relates to how they gradually come to know themselves in such situations over time. McGuirk highlights that for Merleau-Ponty, it is through our personal habits that we appear as unique subjects to ourselves, and that essentially, subjectivity is a lived bodily experience (McGuirk, 2016, p. 151).

Drawing on this, I think that intellectus practices support development of a habitual bodily knowing, rather than providing a structure or a ratio. However, I think there is a paradox inherent in this confidence, or reliance on one's capacity, as it cannot exist without doubt. Giving yourself fully to not-knowing has to inevitably include that you cannot know for sure. Previous experiences are a support but not a guarantee, which can render an attitude of humbleness in relation to one's experience, the other and the situation. The complexity of this bodily knowing fathoms a reliance in that even if there is no emerging form, that that is something in itself – emptiness, nothingness and confusion is also an experience that has a felt quality, a value and a direction. Nothing speaks of something. So, this faith is not something that you develop and then have, I think it is continuously developing – like a deepening faith.

Alfons says that he cannot explain to his students why he is doing what he is doing, but I wonder if watching him work isn't still teaching them a lot. Observing senior practitioners and experiencing them being with uncertainty has certainly taught me plenty and opened possibilities for me to discover this aspect as well. This leads me to a discussion that, due to space constraints, I won't go further into, but which relates to how professional experience can be shared, and to how phronesis can be cultivated through learning from others' experiences.

So far in this chapter, we have seen how theory, professional experience and habits impact the psychotherapists' capacity to create holding within the unique situation. But what, more precisely, is it that they attend to within the specific situation? What is that which is precisely not theory, habits or experience – but knowledge of the situation? In the next section, I will ask: what in the here-and-now of the session do the psychotherapists draw on when they judge how to act in order to create situational-specific holding?

### **6.3.3. Situational-specific knowledge**

Phronesis is based on a person's subjective experience of the situation; it is rooted in feelings and in our sensuous and kinesthetic experience of the relational field. So, phronesis closely relates to the ability to listen to that which is felt, and based on that information, discern what is at stake in the situation and judge how to act wisely and "towards the good". During the course of a therapy session, the therapists are, of course, noticing and feeling many things. The interviewed therapists are, as previously described, trained in a theory that has taught them to notice movement patterns unfolding between them and their clients. This includes paying acute attention to both that which they see and feel. Many of them are able to finely describe details about their kinesthetic experience and relate this to emerging movement patterns. But I wonder, within the living flow of the session, what is it that stands out to them? In the moment-to-moment of the session, what within the stream of the felt and sensed is it that they attend to when they judge how to create situational-specific holding?

### **6.3.3.1. Sense of weight**

Earlier in this chapter I reflected on Anna's description of how she listens to the situation in order to adjust her holding, and I promised to return to that theme. Anna reveals something core to her practical wisdom when she says, "there are moments when it is important to feel close to the ground. To be solid and anchored." She is using a speaking and experience-near speech to describe her situational-specific knowing – a knowing that reflects a particular way of being-with the other in order to hold. I wonder: how does this live in her practice? How is she doing this?

This theme, which pertains to a certain way of bodily-being-with their clients, emerged in conversation with other therapists as well, and in the following section I will look closer into its function for phronetic holding. Vera describes something akin to Anna's experience. Her way of verbalising this experience is different, yet it also speaks of how her kinesthetic experience of the present moment informs her of how to adjust her way of being-with the other.

She said:

Vera: I feel and see movement in everything the client says. I tend to really notice where there is an invitation or a stopping, and where that stopping might be in the process of contacting.

Helena: How?

Vera: That might be a person talking about a relationship or about something that is happening in the room. I am noticing how I am moved, what happens inside of me and if there is a rising of energy or not. For me working with movement is not just about getting the client to move, although that sometimes also happens. But essentially it is about how I can understand their experience of being in the world through movement.

Helena: Can you say more?

Vera: There is the literal movement, but it is also how we breathe, and how we talk about our experiences and how we move as we are feeling. Like in shame, I think it's often some kind of pulling back, a withdrawing, isolating. In that kind of process I absolutely know that I need to hold steady and be with the client, whether I say something or not. It is so important then to really hold steady and to give them a sense of not leaving them on their own. Movement, I think, is in every activity, also when I am still with them.

As Vera notices hers and her clients' movements, and the feelings they stir in her, she is attending to the flow of the contacting-rhythm arising within the situational-specific relational dynamics. Sometimes a change in this flow appears significant to her, and calls for her to act. The process is similar for Anna – there are moments when both of them “just know” that they have to “be anchored” and “hold steady”. For both Vera and Anna, holding relates to movement and to an immediate response of their moving-feeling-sensing body, like: “moving closer to the ground” and “being with”. It concerns a certain qualitatively-felt experience of how they need to be present with their clients. “To hold steady” and “to be anchored” is a speaking speech that illuminates the quality of holding they judge is required. Capturing the essence of what they are describing, they refer to a felt weightiness and the importance of yielding stability. In other words, for them to create holding means to provide *a sense of weight* to the situation. Continuing the process of breaking down this theme into finer details leads me to ask: what, more precisely, is this experienced weight, and what function does it have for therapists' holding capacity, and not least – how do they “do” this?

Maria verbalised her experience like this:

It is so easy to get lost with clients, it happens all the time. The way I easily get lost is that I go into the content, the story the person is telling me. And then I'm lost. I can almost feel it, like a rising of my awareness into my head. Like I feel the pressure of my thinking. Sometimes in those moments I remember that I need to notice myself in the chair, feel my back and my feet on the floor. Yes, I especially need to sit back. Like I forget that I have a back body, as if I am only a front body with the person.

Maria describes how when noticing an upward movement and her awareness feels centred in her head, it's like a signal indicating that she is lost in abstraction and reasoning about the content the client is bringing. This suggests that she is not as attentive to the relational and situational process. In those situations, she knows that she needs to actively return to feeling herself in relation to her immediate environment. Anna speaks about something similar, that in such situations, she needs to bring herself closer to the ground. It seems like both of them know when they need to make the connection to gravity and earth more figural, in order to better hold the situation at hand. Furthermore, both of them say that the way they find their sense of weight is in relation to that which is holding them.

Clearly this experienced sense of weight is not the same as the weight that we measure on a scale, rather, it refers to how we are losing and finding our experience of being present with the other.

Frank writes:

Gravity presses downward and through the body, while the earth thrusts upward and in this way, the interaction of pushing-against-pushing back appears. Every move we make as we shape space requires something or someone for us to push-against. /.../ Without the pushing-against-pushing back, we cannot move and without moving, we cannot feel (Frank, 2023, p. 71).

Fundamentally, our sense of weight is related to the issue of trust, and to how we find and take support with the other. We explore this as we allow ourselves (or risk) to yield with the other and find how, and if, we will be received. The degree to which we can allow ourselves to be with and give ourselves to the other/the environment is a response to how we experience the resistance of otherness.

If I continue to use the movement vocabulary I have introduced, this experience is discovered through the process of pushing-against and pushing back; as we push-against the other we find how they are pushing back, as the other pushes-against us we find how we respond. This reflexive movement speaks to what Husserl and Merleau-

Ponty describe as the “double sensation of touch” – how I feel you feel me (Taipale, 2014, pp. 48-49; Merleau-Ponty, 1968, p. 261). Through this process, the other forms a ground in relation to which we feel ourselves and discover what we can and cannot do with them – and/or the environment and the situation, as these three factors cannot easily and always be separated. Similarly to how we experience the earth underneath us as being there or not, we are also always measuring the availability of the other. In other words, the other *is* our environment. The quality of our experienced weight is related to the degree in which we feel that the other/the environment is there to hold us, which informs how much of ourselves that we can give to the other/the situation.

When anticipating that the other won't be there, I might be holding more tightly onto myself, for example, like Alice initially did with me in our sessions. This holding tight will give a different kinesthetic experience of weight than when I can release my muscles and allow for experience to flow from periphery to core to periphery. Through kinesthetic resonance, the experience of weight is shared, as all movements are felt both by me and by the other – a shift in one person's movements will also alter the other person's overall felt experience (Frank, 2023). When the therapists find their sense of weight, they also provide an environment from which the client can take support. Vera, Anna and Maria knew that they needed to first feel themselves and find their sense of weight in order to hold the client and the therapeutic space. I will continue with this theme and explore how the sense of weight provides the therapist with information about the specific situation as support for phronetic holding.

### **6.3.3.2. Attending to the movements of the field**

If we return to the example with Maria, it seems like even in her “lostness” she has a marginal awareness of her lived body, to paraphrase Sheets-Johnstone (2012). “Lost” does not imply that she is not feeling herself, but rather, it indicates that she is noticing a shift in her experience of weight – as a rising up and away from the chair and the floor. Recognising this state of experience opens the possibility for her to make a change and access available supports, and in doing so, she brings her lived body to the fore. Maria is familiar with attending to her kinesthetic experience, and she consistently practices

returning to notice her lived body. She has a bodily knowing of what it “normally feels like” for her, her baseline, which also allows her to notice when she is feeling herself less or differently in relation to another. Maria is diagnosing the situation by attending to how she is experiencing herself in relation to the environment. I want to highlight that this attentiveness is not some magical quality that Maria possesses. Rather, it is the result of her devoted and ongoing practice. She is also, outside of the therapeutic space and in her everyday life, regularly paying attention to how she is feeling herself in relation – this is how she is actively practicing intellectus. When in her professional role, this practiced attentiveness becomes enhanced. Her finely tuned awareness of kinesthetic experience is part of her phronetic sensibility, and it helps her to orient within the uniqueness of the situation.

Carl was in the same focus group as Maria, and when she described how she used the moments of feeling lost as information about the specific situation, he said:

Those moments are key, when I am lost and feel that I need to feel myself. I used to think that it was only about me, but now I am becoming more interested in what these moments are telling me about the situation. I am practicing this, to notice my kinesthetic resonance and use that as information. What I do is that I kind of go into myself. I don't do that throughout the session but every now and then. Checking my breathing, my body and waiting until that informs me of something that is relevant. It's important to notice that I am breathing! This used to be confusing for me. When I heard a teacher or supervisor say that they knew if someone was breathing or not I was wondering; how could they know that? I could not see it. But then I realised that if I notice how I am breathing, then that probably also says something about how the other is breathing. I start with myself, and then I see and feel the other. If the client is anxious it is so easy for me to also breath in an anxious way, and probably vice versa. When I notice where I am, that helps me to better be with the client.

Carl describes how he practices to attend to his kinesthetic experience, to notice it, but withhold from evaluating it as good or bad. Rather than striving to have some kind of “ideal” quality of weighted presence, he is trying to stay curious about exactly what he is

experiencing and he tries to actively refrain from evaluating his response. He asks himself: what might the shift in his sense of weight disclose about the specifics of this situation? Attending to his kinesthetic experience helps him to see and feel the other. The paradox is that accepting “what is” makes him more present than when he tries to be or feel different.<sup>63</sup>

Others spoke about this too, and of how they use themselves and their bodies as instruments. For all of them, this is an ongoing practice, and not at all always easy. Many would forget to practice this regularly, or not know how to do it. Some said that it was easier for them if they attended a structured practice, or did it together with others and, for example, in supervision. They could often feel drawn to evaluating or wanting to change themselves. But Carl, Maria, Anna and Vera are essentially describing that through awareness of their sense of weight in relation, they are diagnosing the movements of the field – noticing that and how they and their clients are influencing each other (Frank, 2023). Listening to their kinesthetically-felt experience of weight helps them to judge what is at stake within the specific situation and adjust their holding accordingly. Some therapists acknowledged that this way of working and holding the situation could be demanding. It required full attention and presence, and although it might seem as if they were just “sitting there” with their clients, they would be putting a lot of effort into their work.

Now, how can the therapists know that their kinesthetic experience of the situation isn't a response or reaction that relates more to their enduring relational themes (Jacobs, 2017), rather than to the here and now of the situation? Or, that they aren't projecting their own unacknowledged needs onto their clients, and adjust the holding according to that? How can they tell if their kinesthetic experience is a wise response? The answer to those questions is that they can probably never know for sure. I think Taipale speaks to this dilemma when he says:

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<sup>63</sup> In the introduction chapter, I described the paradoxical theory of change (Beisser, 1970), which is central for gestalt therapy theory. This is an example of how this theory can live in practice.



We can be conscious of the environment only insofar as we are bodily self-aware, and our bodily self-awareness correlates with, and thus also outlines, our awareness of the environment (Taipale, 2014, p. 33)

The therapists' own enduring relational themes will inevitably emerge in relation to their clients. But to avoid this from pressing in and taking over, they need to continuously strive to be as self-aware as possible, and continuously reflect on their reactions and responses. The self-awareness that Taipale refers to requires that the therapist is able to move through familiar patterns and adjust to the here-and-now with their clients. They need to reflect on how they might be contributing to the client's experience of weight and ability to take support within the unfolding situation.

According to Nussbaum's theory, living bodies and emotions are intelligent, however, we need to cultivate our emotions. In fact, not doing that, she claims, is to diminish the potential of our intelligence (Nussbaum, 2001). I have discussed this matter in relation to intellectus practices, and argued that in addition to how we practice theoretical, cognitive and abstract abilities we need to practice and develop our sensuous and kinesthetic capabilities. The therapists had practiced attending to what I describe as their sense of weight, their felt quality of being-with the other. Noticing this experience in sessions helped them to yield presence and stability to the situation. Attending to shifts in their experience of weight during the course of the session also enabled them to diagnose the movements of the field. Theory and experience would linger in the background for them; they have a bodily knowing of the DSP system and the psychological functions of the movement patterns, which likely informs their kinesthetic experience. However, in the here and now of the session, they are not thinking about theory, but they are thinking through movement as they listen to their felt experience. This language of experience does not speak in clearly defined words and sentences, saying that this means that. Rather, it speaks of qualities, patterns and directions – of light, heavy, solid, loose, narrow, wide, towards and away from and so forth. For the therapists, this is most directly felt as a shift in their experience of weight.

#### **6.4. Reflecting on Aristotle's forms of knowledge and phronetic holding**

Holding as phronesis refers to the psychotherapists' capacity to meet the needs that best serve the unique therapeutic situation, orienting towards growth and awareness. One of the research questions that I am exploring in this chapter is: can we use Aristotle's forms of knowledge to understand how psychotherapists create phronetic holding? I have referred to this matter in my discussions, but as this is an important theoretical question for this thesis, I would like to pause and bring together some of the threads that I have mentioned before I proceed to the next chapter.

Aristotle defined two types of wisdom: *sofia*, which is the highest form of theoretical wisdom, and *phronesis*, which is the highest form of practical wisdom. *Sofia* aspires to the exact – it is *episteme-plus*, meaning in addition to theoretical knowing (*episteme*), it demands *nous* (often translated to intellect or insight). *Phronesis* relates to that which cannot be exact, and guides action within the living and thus always changing situation. In fact, *phronesis* becomes relevant when we are already in a situation, and it guides us how to act within it. So, *phronesis* exists and holds value in relation to a concrete situation that demands us to act, whereas *sofia* seems to relate to a kind of pure logic and a reasoning concerning universal truths that operates somewhat independently of the situation. By the end of book VI in *Nicomachean Ethics* Aristotle states that the highest form of wisdom requires both *phronesis* and *sofia*.

We have seen how theoretical frameworks, *episteme*, guide the psychotherapists' phronetic holding. Theory helps them to navigate the situation, to see patterns and judge what to attend to and how to act. So, *episteme* is also important for *phronesis*, but as more intimately connected to the lived situation – and as a knowing of the lived body, rather than as an abstract idea and a reflection about the situation. Hence, *phronesis* is by default always dynamic, relational and situational.

The three components supporting phronetic holding that I have described are in practice, of course, not separate. Examples from my own and the psychotherapists' practice illustrate that holding binds together all of these, and that it is a phronetic competency to know when and how to draw more or less on one or the other. Knowing

how to do this closely connects to experience, and I have also described how experience can be retained as a bodily knowing and as habit. Habits can close down on the situation, and make us blind towards the unique within a situation. When that happens, holding becomes more based on a technique. That is not the same as a phronetic holding as it aims at a pre-determinate result, rather than being open to not-knowing and sensitive to that which might unfold. Aristotle described this as *techne*. Importantly though, sometimes knowing when to apply *techne* can be part of the phronetic holding.

However, we can also understand habits as experiences that stay and help to develop phronesis. When knowing how to act within certain situations is deeply integrated as a knowing of the lived body, it can also make the practitioner more open and responsive to nuances within the living stream – and consequently able to relate more finely to the unique within a situation. From this point of view, habit can support the development of phronesis, and the psychotherapists' capacity to stay with and tolerate horizons of not-knowing. Seen from this perspective, phronesis relates to the unique situation, but it also exceeds the situation as it can be retained. For example, in the session with Alice, I suggest that we sit alongside each other. By doing so, I have an idea of what this can contribute, and I am anticipating a direction for the work. However, I don't know where the intervention will lead us. I need to stay open to not-knowing. By doing this, I am leaning into a bodily-felt confidence that I will be able to feel my way and be with not-knowing. I am giving space for a speaking speech, a verbal and/or gestural expression of the present and lived situation to emerge. Habit in this sense is like a retained bodily knowing, or faith, that one can endure being with not-knowing. This is similar to the purpose of an *intellectus* practice, to support the letting go of established ratio – which is a crucial competency for graceful phronetic holding.

Through experience and habits, new theories about the practice will inevitably emerge, and hence I assume that phronesis can develop episteme. As to how I presently understand it, *sofia* and phronesis represent two wisdoms that are inter-related, and it seems to me that phronesis can incorporate *sofia*, and that *sofia* can reflect on phronesis. Holding as phronesis also relates to the psychotherapists' capacity to expand their vision and look beyond the present situation. As I described in the introduction chapter,

phronesis is directed towards eudemonia, the universal good. It is not enough to only attend to what might be easiest and good for now, but also direct the work towards that which will lead to growth and awareness, in service of the client's best. The easiest option for Alice and me might have been to end therapy when we were stuck. That could supposedly have been a wise decision, however, seeing and feeling her held back potential that would have felt wrong to me. But again, phronetic holding cannot be pinned down to a certain way of acting. Rather, it relates to subjectivity and the lived body – and to how the individual practitioner brings together that which has preceded the immediate situation with the here and now, holding in mind a possible direction towards awareness and growth.

Holding as phronesis is in other words never static, it can exceed the situation, but it is always intimately connected to a situation. The phronetic holding is thus a movement, and I will now continue and more specifically explore this movement. How can we understand and describe phronetic holding as a movement? What constitutes this movement?

## **6.5. Summary of the chapter**

In this chapter, I have explored how movement informs the psychotherapists' clinical practice, and I have looked at this through the lens of phronesis – Aristotle's term for practical wisdom. My exploration has centred on how therapists act to create holding of the therapeutic situation.

I have stated that psychotherapy is by nature asymmetrical, and that it is the therapist's responsibility to hold the work. Fundamentally, therapeutic holding consists of both formal and phronetic aspects. Formal aspects include, for instance, agreement of regularity, time, fee and confidentiality. In this chapter, I explore phronetic holding, which relates to how the therapist acts in order to create a therapeutic space that contributes to enhancing the client's awareness, autonomy and growth. I have discussed that holding is not the same as attempting to create a safe and harmonious situation. As Laura Perls said, the therapeutic situation needs to offer as much support as necessary

and as little as possible (Perls, 1992). The ongoing process of navigating this is central to what I call holding.

I have identified holding as a phronetic competency, as it requires sensitivity and continuous adjustment to situational specifics. Phronetic holding is characterised by the psychotherapist's ability to relate to the unique situation, judging and grading what is appropriate in order to facilitate awareness and growth for the client. In order to better understand how psychotherapists do this, I identified three components (amongst many possible) that supported and informed their situational-specific knowing. These are: theoretical knowing, professional experience and habits, and situational-specific knowing.

I concluded that episteme significantly influences the psychotherapists' capacity to create holding. However, I also said that theoretical knowledge that is rigidly attended to can, like a closed ratio, limit their ability to be open to what is emerging in the situation. Theory can thus be used as a manual, similar to the original meaning of episteme, or as stepping-stones in a technique that guide the person from one place to another, which aligns more with *techne* than *phronesis*. But a thoroughly studied theoretical framework, when integrated and known "in the body", can help them discern what is important to attend to.

I have discussed that professional experience and habits can enhance the psychotherapists' phronetic capacity to hold. However, there is also a risk that professional experience and habit can reduce the therapist's capacity to attend to situational specifics. Habits can become formalised, and thus turn into what Aristotle describes as *techne*. But, professional experience can also facilitate a bodily knowing that makes being with horizons of not-knowing familiar, but without closing them. I further discussed that the therapists had practiced attending to what I describe as their sense of weight, their felt quality of being-with the other. Noticing this experience in sessions helped them to maintain presence and yield stability to the situation. Attending to shifts in their experience of weight during the course of the session also enabled them to diagnose the movements of the field.

I have further explored how Aristotle's forms of knowledge can be used to understand how therapists create phronetic holding. I conclude that episteme and techne can be important aspects of phronetic holding, and that it is a phronetic competence to judge when and how to draw on these.

I will end this chapter by stating that holding as phronesis is never static, it can exceed the situation, but it is always intimately connected to a situation. The phronetic holding is thus a movement, and in the following chapter I will delve deeper into this movement. How can we understand and describe phronetic holding as a movement? What constitutes this movement?

## 7. Holding as movement

In this chapter, I continue to explore holding as a phronetic capacity. I have described three components that support the psychotherapists in attending to situational specifics and shape holding. As we have seen, when creating holding, the psychotherapists are guided by theoretical frameworks and experience, as they attend closely to the specifics of the situation – to the aesthetic and qualitatively-felt dimensions of contacting. Drawing on these findings, I have concluded that phronetic holding is dynamic, relational and situational. In other words: it is never static, it is a movement and a continuous process of adjusting to the situation at hand. I will continue with my overall quest to gain a deeper understanding of what movement “is”, as I specifically explore how movement shapes psychotherapists’ practical knowledge. As I expand on this search, I will look closer into the movement that informs phronetic holding. How can this dynamic process be described? What characterises the inherent structure that shapes the movement of phronetic holding? How, if at all, can we conceptualise this holding-movement?

In order to create phronetic holding, the practitioner needs to move closely to the living stream of experience – to the longitudinal intentionality. Doing this requires the ability to be surprised and to have faith in intellectus. Intellectus opens to the situation with a sense of wonder, and relates to horizons of not-knowing. It perceives nuances within the longitudinal and living stream of experience. The whatnesses that intellectus gathers cluster into forms of meaning which guide how the psychotherapist shapes the situational-specific holding – a process that moves from forming to form, to forming, and so on. I have, as a thread running through this thesis, described how the experience of the continuity of movement itself, the longitudinal intentionality, is always lingering in the background of our experience. This stream of life weaves through the formation of objects, which is transverse intentionality. And as we can never shut off our kinesthesia, we are to some extent always marginally aware of the longitudinal intentionality, it is the ground from where contacting is shaped.

I have also described (in chapter six) how in our culture we tend to either deny the longitudinal or relate to it as being divine. The former is the primary take within a

secular society, which values the transverse intentionality and knowing about objects – ratio. This order leads to a structural depreciation of, for example, psychotherapeutic approaches that build on theories that value the relational, subjective and aesthetic experience. But in this thesis, I argue that even if the longitudinal is treated as absent or not reliable, it is to some degree always impacting us, through our lived body – an aspect of our intelligence that relates to kinesthesia and intellectus. One can of course wonder, what makes it so difficult within our culture to acknowledge this aspect and invest time and space to develop intellectus?

I think it is time to return to questions that I asked earlier in this thesis, namely, are there other ways to regard the role of longitudinal intentionality, besides dichotomies of considering it divine (religion) or denying it (science), and between what is often seen as reliable knowledge and what might be dismissed as “vague feelings”? Could we find novel and contemporary ways of relating to longitudinal intentionality? In a time that urgently calls for the ability to adjust to rapid shifts and existential and environmental uncertainty, could the role of a speaking speech be given a new position, as closely related to and carrying information about the emerging presence? In this chapter, I will explore one possible contemporary way of relating to the longitudinal, and I will search for a speaking speech that can do justice to this process. I will stay with Aristotle’s forms of knowledge, as I believe his system clarifies and adds weight to the complexity of what knowing entails – revealing that it is so much more than what can be generalised.

Phronesis will continue to be the focus for my exploration as I believe that phronesis, in particular, can be a useful concept to meet ontological discussions and conflict concerning what is regarded as real knowledge. How so? Well, phronesis can be defined as a capacity to act in relation to the longitudinal intentionality, and it includes both the ability to stay open to horizons of not-knowing *and* to apply ratio-oriented knowing when that is needed. Phronesis is, as I mentioned earlier, a crucial aspect of our intelligence – as neither *sofia*, nor *episteme* or *techne* alone are enough to meet the demands and challenges that life, as streaming and always changing, confronts us with.



Professionals for whom inter-personal relationships are at the core of the work already know this. Relating to the flux of the living is essential for the professional roles of doctors, nurses, teachers, policemen, leaders of organisations, and so on. They know this from experience, and they tacitly know that developing these skills improves the work they do. But, as they often lack the words and frameworks to articulate and describe this, it is at risk of not being acknowledged and accounted for. Holding is an example of such professional skill. Holding as phronesis is a capacity to act in relation to the longitudinal and to the ever-changing stream of life, and it is a central feature for many professions. Yet, it is often taken for granted. But, what do we really know of what it entails, the efforts and expertise that it involves and consequences of when it is lacking? As it is rarely articulated, it is at risk of becoming a silent and even silenced knowing.

I believe that in order to give a new and contemporary position to the longitudinal stream, we need concepts that can give ontological weight to the phronetic capacity (Bornemark, 2018b, p. 445). When ratio, which concerns knowing about objects and the transverse intentionality, is highly valued, the spoken speech is generally trumped as the intelligent language. However, concepts that describe phronetic capabilities need to be expressed through a speaking speech, which moves close to the lived experience. In this chapter, I will explore such dynamic concepts in order to help me describe the movement within the phronetic holding.

The main research question that I explore in this chapter is:

- How can we describe and understand holding as movement?

The following questions will guide the exploration:

- What characterises the dynamics within the movement that shapes phronetic holding, and how is it structured?
- What is the role of the lived body in phronetic holding?

- How does the specific holding-movement manifest in the concrete and living situation of the psychotherapists' practice?

The empirical material from the interviews and my professional experience will be explored through the theoretical concepts that I have already introduced in previous chapters, and I will add Bornemark's concepts of *pactivity* and *arches of paradoxical values*, and Stein's theory of *empathy*.

### **7.1.Pactivity**

So, how can we understand holding as movement, and how can the structure of this movement be described? Let's begin by looking at what we already know. As the psychotherapists evaluate how to act to provide holding and appropriate levels of challenge and support, they draw on at least three components, which I identified as: theoretical knowledge, professional experience and habits, and situational-specific knowing. In practice, these components are intertwined, they need each other. For example, theoretical knowledge about how to work with trauma alone won't help when sitting with a client who has experienced deep wounding, and only being very attentive and present with the person won't be enough either. In a similar manner, to only be supportive would not be therapeutic, nor would only challenging and frustrating habitual patterns. Phronetic holding moves between those values. It requires a continuous responsiveness to the living stream, and simultaneously being able to make sense of that which is experienced and judge how to act.

For the psychotherapists, this also includes finding and losing their own stability. It can, as we have seen, be tempting to move towards theories and facts that can create a sense of certainty and/or to use techniques – and sometimes that is suitable and relevant. But, as mentioned, a rigid ratio is not sensitive to the unique nor open for novelty and growth. On the other hand, we can also drown in the sensuous stream of experience. Intellectus alone can be chaotic, and it does not in itself provide holding, or a clear direction. The phronetic competency lies in knowing what to draw on and when. It is thus not enough to feel into what is happening in the situation, the phronetic

competence also includes the ability to judge how to act wisely and for the good – and further, to put that action into motion. In other words, the therapist needs to be both responsive *and* active. The therapist needs both ratio and intellectus, and they also need to be responsive to the movement in-between. When leaning on ratio, they need to remember intellectus, and when with intellectus and surrendering to be open to horizons of not-knowing, they need to trust ratio’s organising capacity.

Based on this, we can conclude that in order to create phronetic holding, the psychotherapist needs to be both actively passive, and passively active. At this juncture, I believe that we’re getting closer to the essence of movement within the holding. The psychotherapists actively surrender to an attitude of wondering, passively receiving information as they resonate with the situation. They listen to their response, and gradually that which they have passively received is clustered into meanings and transformed into an action. Bornemark defines the intertwining of passivity and activity as *pactivity* (Bornemark, 2016, p. 268; Bornemark, 2022, pp. 160-175). I think that this concept well captures the movement that is inherent in phronetic holding; it is a speaking speech for it. In the rest of this chapter, I will explore *holding as a pactive movement*.

Bornemark calls pactivity the movement of life – a movement that continues, and gives shape to, a movement that comes from beyond the conscious self. She exemplifies with the experience of giving birth:

Just like pregnancy, giving birth is a paradoxical experience: if I try to take control, every kind of control will disappear. If I try to fight or escape pain, I will become tense and pain will increase. Midwives instead advise mothers in labour to work with the pain, to follow, and to let go of the urge for control. Paradoxically, only through letting go can a certain kind of control take place. Only through actively choosing passivity can one work with and not against labour pains. Passivity is here not “to do nothing”, but to follow what comes from beyond consciousness. I cannot by pure will push ahead. Instead I can only use the breaks that are given, and push when the opportunity is given. I can only be active by an attentive passivity. I would even claim that the opposition between passivity and activity is

not in place here; another word is needed, maybe pactivity. (Bornemark, 2016, pp. 267-268, my translation.)

We are passively receiving life and the living stream of experience, the longitudinal. It moves through and is experienced by us. Each of us actively continues this movement and gives it a direction through our specific way of living in the world. We can't, as the example shows, control or stop this movement, but we can be more or less responsive to it, and more or less active in how we engage in shaping its coming direction – pactivity is *one* movement.

If we relate this to holding of the therapeutic space, it involves both being open to not-knowing and even confusion, while not getting lost in it and instead feeling it and giving it a direction. Let me illustrate with an example: the therapist and client meet. At this point, no clear figure has formed, as the therapist is open to being moved by the client and all they bring to the session. However, within this stream of experience, figures of interest begin to emerge and coalesce into felt but not always articulable meanings – whatnesses. Drawing on this kinesthetic knowing, but also on their theoretical knowing and lived experience, the therapist moves from wondering to curiosity, from intellectus to ratio – as clusters of felt meanings are beginning to take shape. These emerging structures form an understanding of what might be at stake in the situation. This feel-knowing guides the therapists' action. As the intervention unfolds the therapist frequently returns to noticing and making their kinesthetic experience foreground – gathering information about the ongoing dynamics of the field. In this process, one action becomes ground for the next, in a continuous flow of responses. Seen from a movement perspective, the therapist engages in a pulsating rhythm, shuttling between yielding-with and pushing-against, or being-with and differentiating-from (as background for reaching-for and desire/a figure of interest to build). As described earlier, these aspects (yielding-with and pushing-against) are like two sides of a coin, and sometimes one is more in the foreground and sometimes the other. Within the seeming passivity, there is a degree of activity, and in the activity, a degree of passivity. This process describes the role of the lived body in phronetic holding.

We can, for instance, examine the example I shared in the introduction chapter, from a session with my client Sara. As I feel into the rhythm and quality of her pushing-against me and my pushing back, patterns of meaning are gradually taking shape for me. I am yielding-with the situation, I am not submitting to what is, but I am actively receiving her. I feel my response as a growing frustration, like an “irritation” and a rising awareness that I need to act. In this moment, a figure is becoming clearer to me, and I am beginning to differentiate from the immediate happening. Pushing-against moves to the fore, and I am getting closer to the threshold of turning that which I have received into a clearer action. My intervention is a direct consequence of what I felt, as I chose to not continue with the rhythm we have created. My action, in this case, manifests in my physical movements, as I pause and sit back. Sara responds to my response; it is immediately felt by her – she can’t continue that habitual and relational rhythm without me. She is not feeling me there in the same way as she did a few moments ago, and it takes a while for her to know how to make her next move.

The situation Sara and I are experiencing *is* confusing, and it can’t be otherwise. We have both entered a place of not-knowing as we find ourselves in this unfolding situation. I don’t know what the next step will be either, however, for me, this is an aspect of my work that I have experienced before. I have some reliance that I can endure this, and my professional training has taught me to sharpen my attention in such situations and open up to, pre-reflectively, notice that which shows itself. I feel and receive her experience of this shared confusion through the shift in her overall movements – in her gestures and posture. Almost simultaneously, as I see and feel Sara grasping-onto the chair for stability, I am actively reaching-for her with a question. By doing so, I am also enhancing the quality of my presence, my pushing-against, to provide an environment that she can feel and find herself in relation to. My action is not merely cognitive; I am not thinking “Sara needs stability so therefore I should ask her a question”. No, my response builds on my aesthetic evaluation of the present moment, it is as if pre-reflective. And so, this session continues, feeling her response informs me of how to grade my next intervention. Throughout this process I am balancing the tension between support and challenge – feeling into what would be appropriate to hold her and provide an environment for growth.

This is pactivity, and through this dynamic process, the therapist feels and knows the situation – a feel-knowing that then shapes their situational-specific holding. I will now continue and bring us deeper into an exploration of how the therapists do this kind of holding, and the role that the pactive movement has in this process.

## **7.2. Arches of paradoxical values, the holding conditions for phronesis**

As we are beginning to see, in the process of creating holding, the psychotherapists are continuously relating to values and forces that drive in different directions – to ratio *and* intellectus, challenge *and* support, the speaking *and* the spoken, theory *and* lived experience, and so forth. In fact, the wisdom lies precisely in the ability to judge how to move within these paradoxical values. There wouldn't be a therapeutic space without the tension between challenge and support, for example. I will explain. According to Cusa's theory, choosing between ratio and intellectus is not a dilemma that shall be solved, as both are needed in the formation of knowledge and neither exists without the other. As described in chapter six, Cusa would call them non-aluid, each other's otherness. Remember, relying solely on intellectus would be like floating in space, and relying solely on ratio would close down on lived and present experience. And on a different but similar note, Frank's theory suggests that without movement, we wouldn't feel, and that the only way we can move is through pushing-against and pushing back (Frank, 2023, p. 71). Hence, movement and experience can only happen because of the existence of otherness. In a situation that only provides support, there wouldn't be room for novelty, excitement and growth. And if there is only challenge, there isn't space for integration and sense making. The therapeutic space needs both of these values, it cannot be without one or the other.

Bornemark suggests a metaphor of an arch to illustrate how the tension between paradoxical values creates room within which we can act (Bornemark, 2020, pp. 81-86; Bornemark, 2022, p. 19). I will explain this further. Imagine, for example, challenge at one end and support at the other. Now think of the tension between them as if it is creating an arch, like an arch in an ancient dome with rounded walls, creating an oval shape rising from the ground. Both of the corners are needed for the tension to exist, and within the arch there is a space where we can move. Only holding on to *either*

support or challenge would mean that the arch collapsed. The point is that we cannot remove either of them. The phronetic skill is to be receptive to both, and pactively move within this space – passively receiving information and, based on this, actively moving the situation forward.

If I had continued the repetitive rhythm with Sara in the example above, then nothing would have happened. I would have continued to support and confirm her habitual way of seeking approval. When I challenged this, a space was created wherein we could explore her simultaneous dread and desire for a deeper connection with others. I could also have been more direct, for example, saying that I experienced that she was manipulating me into confirming and agreeing with her. Most likely, that would have plunged her into a deep shame and withdrawal. In this specific situation, my evaluation was that it would have been too much for her and not facilitated her growth. I graded how I challenged Sara in a way that allowed her to still feel that I was with her.

Throughout this exploration, I continuously needed to judge what degree of support and challenge that was appropriate to move our work forward. It is likely that she felt degrees of shame as a response to how I acted, but it was manageable for her. My judgement there and then was based on a pactive movement: receiving her and feeling into the situation, and furthering that into an action, and so on.

Pactivity relates to a movement, where receiving gives rise to action – as one movement. The tension arches, on the other hand, describe that there can be different ways of solving a dilemma. You can, in a certain situation, orient more towards support *or* challenge, for example, but whatever the chosen action is, the tension needs to still be there. The key element with the arches of paradoxical values is that without the tension between the values, there is no longer an arch within which action or movement is possible. I think that the pactive movement within the arches of paradoxes describes the process that characterises holding as a situational-specific knowing. These two concepts are, in my opinion, suitable to theoretically frame and illuminate the processes involved in the therapists' phronetic holding. They relate closely to the longitudinal stream of experience, and to how the practitioner acts in relation to this – drawing on intellectus.

Every profession and activity has their own arches of paradoxes; when the firefighter runs into a building ravaged by fire, he or she needs to consider the risk involved in rescuing those in the house. The values concerned in such situations are me *and* other. Fully protecting one's own life would mean to not run into the building at all. Running into the building and completely ignoring one's own safety could be akin to suicide, but nonetheless, running into the building cannot happen without some risk. The pre-school teacher is confronted with a dilemma when one of the children is cold and wants to return from the forest to the pre-school, but the other children are still having fun. The values the pre-school teacher needs to balance are the individual and the collective: how can he or she comfort the frozen child *and* let the other children play?

I have already mentioned some of the paradoxical values that the psychotherapists need to orient within; ratio and intellectus, the speaking and the spoken, challenge and support. We are so habituated to think in dualities and either-or scenarios, so I want to really emphasise that these are *not* opposites or polarities to each other. As non-aluid, they are each other's otherness, and both are equally needed for the other value to exist. Between them, there are sliding scales, and the professional wisdom lies in how one orients and moves in this space. In addition to above mentioned values that the therapists navigate, I have identified two other tension arches that the therapists are orienting within as they adjust their holding:

- Authentic *and* formal
- Being-with *and* separating-from

I will proceed with looking more closely into these conflicting forces, and how the therapists are judging, through pactivity, how to move and act within these tensions. The two arches that I am presenting stood out as prominent for me when analysing the material, but of course these are only two amongst many possible examples. I am using these to describe the structure and moving dynamics involved for shaping the holding conditions of a therapeutic space. I explore pactivity and arches of paradoxical values as two possible concepts amongst many, to help articulate and acknowledge the role of phronesis and the longitudinal intentionality.



### **7.2.1. Authentic and formal**

I will introduce the tension arch between authentic and formal through an example from a situation that profoundly affected me. Only a few days after Russia's brutal invasion of Ukraine, I met a supervision group with participants from countries directly affected by the war. We knew each other from before, and had been working together online on a regular basis for quite a long time – but this session was not like any other session. We all arrived in a state of shock, and we were horrified. We were living the trauma as it was happening, they to an extensively higher degree than me of course! As I met them, I was nevertheless confronted with a professional concern; how do I hold a group in times of war? I had not done that before, and I had never personally felt so close to a war in my life. Friends and colleagues that mattered to me were directly impacted, and the rupture in the world frightened me. It was as if the known ratio had collapsed, and I found myself in a place of not-knowing how to hold the professional space. Normally, we would follow a certain structure where they briefly checked-in, saying how they arrived at the session and what they wanted to bring to supervision. We would then agree on how to prioritise between interests and divide the time between them. I would lead the work, and inquire into their process with their clients and add teaching elements. This was our formal structure and known ratio.

But as I felt my own and their despair, I instantly knew that the usual frame was outdated. Our personal and lived experience of the horrendous situation was right at the fore, and talking about clients felt far away. It was a kind of rawness in how we came together; their faces and postures were radiating their pain and anguish – as if there was no filter between feeling and expression. Right there and in the very moment of our meeting, I found that all I had to fall back on was my authentic and genuine response to what was happening. I felt that in sharing this quality of vulnerability, we could at least be together.

Yet, my professional responsibility was to hold and lead our being together. I could not just give into the trembling, ripping and as if tearing-apart-from-inside feeling that was grasping onto me. I could not fall apart, I had to at least yield some sense of stability to the session and allow space for them to share their experiences. I simply had to find a

way to be available and present with the participants. But doing this was not easy for me, I did not feel stable and all I wanted was to cry and scream. I had to actively bring my attention closer to myself and my physicality, finding and feeling my body in relation to what was underneath and behind me. I had to find my sense of weight, as discussed in the previous chapter, so that I could be open to feeling them and myself. I knew from experience that speaking about what was happening for me and authentically naming what I felt could help me to settle, so I did. I did not share everything that was happening for me, but I named some of it. As I heard my voice and allowed my eyes to tear up, I felt myself becoming more present, and although still trembling inside, I also felt more solid and anchored. From this place, I could be available to move with the roaring storm of the suffering situation.

I found that only through a speaking speech, where I could let my kinesthetic response shine through, was it possible for me to be present with the group. I didn't completely give in to or share what I genuinely felt, but nor did I hold it back. In fact, if I had been completely transparent with my response, the professional contract between the supervision group and me would have ceased to exist, the tension arch would have collapsed. But I took a risk when leaning into my authentic response, as I could have ended up immersed in the resonating sphere of experience. On the other hand, if I hadn't, I would have closed down on the living that was so obviously pressing in on us. That kind of response could have led to the space between us feeling numb and distant. Within the immediacy of this intense situation, authenticity felt like the only appropriate response for me. But there are situations when it isn't, and when it is not useful for the psychotherapist to share their genuine experience.

Sometimes being more formal, and staying with structures, firm boundaries and professional regulations can be necessary in order to hold the therapeutic space. Personal preferences in how to work impact how psychotherapists navigate between those values, some prefer a more formal stance whereas others bring themselves in more, and psychotherapeutic modalities advocate different takes on how to approach this tension. But, always in the case of that which I call a phronetic holding, situational specifics have to be considered. This can lead to dilemmas for the therapists, where they

have to evaluate how, if, when and what to disclose – and always in relation to what they consider will be useful for the client and the therapeutic work. Aristotle would claim that they had to seek the “middle term”.

In everything continuous and divisible, it is possible to grasp the more, the less, and the equal, and these either in reference to the thing itself or in relation to us. The equal is also a certain middle term between excess and deficiency. I mean by “a middle term of the thing” that which stands at an equal remove from each of the extremes, which is in fact one and the same thing for all; though in relation to us, it is that which neither takes too much nor is deficient. But this is not one thing, nor is it the same for all.” (Aristotle, 2011, pp. 33-34 [1106a: 25-35]).

In the following section, I will look at how the psychotherapists pactively moved between authenticity and formality to find this “middle term”, and the rationale that informed their choices. What guides them and what factors become important to consider within a phronetic holding? But before I step into this exploration, I want to acknowledge that I have introduced a term, “authenticity”, which can have several connotations. I therefore want to provide a background to how I am using it. This explanation will lead us back to the theme for this section and the questions I just raised.

#### **7.2.1.1 Authenticity, authority and asymmetry**

Throughout this thesis, I have explored how kinesthesia informs psychotherapists’ practical knowledge. I have concluded that the knowing of felt qualities informs them of how they are living the situation they are living with their clients. Their kinesthetic experience and their accompanying expressive movements (vocal and bodily gestures, posture etc.) convey their immediate response of the moment. I call this response their *authentic response*, rooted in their authentic lived bodily experience – their expression of the longitudinal intentionality, the living stream that they are vibrating with and that is moving through them and the other/situation. However, authenticity is sometimes understood as a kind of core and real self, that is, for example, how some suggests that Heidegger uses it (Orange, 2010, p. 89). He wrote about *Eigentlichkeit*, which is translated into English as authenticity. It consists of the German words *eigen*, which

means one's own, and *eigentlich*, which means really. Authenticity in this sense refers to a truthful and resolute being-in-the-world, and resisting the pull from the inauthentic existence of the "crowd", and of social norms and constructs (Orange, 2010, p. 89; Critchley, 2007, p. 36). Psychoanalyst and philosopher Donna Orange highlights that this definition has been criticised for its individualistic emphasis (Orange, 2010, p. 89).

Merleau-Ponty, for example, sees it differently when he describes the authentic and genuine speech as that which carries the sense of the world (Merleau-Ponty, 2012, p. 182).

He says:

We are true through and through, and have with us, by the mere fact of belonging to the world, and not merely being in the world in the way that things are.  
(Merleau-Ponty, 2002, pp. 529-530, cited in Orange, 2010, p. 66).

In other words, from this perspective, to be true and genuine is to be the lived body that we are, which already connects us to the world through the sensuous – through our moving-feeling-perceiving capacity. Authenticity from this point of view is relational. Psychologist Roger Frie puts forward yet another critique towards Heidegger's view, saying that it doesn't take into account one's responsibilities for the other – it does not include ethical obligations of care and "do no harm" (Frie, 2002, in Orange, 2010, p. 89). This definition of authenticity doesn't, according to Frie, "include the possibility of achieving authenticity through dialogue with another" (Frie, 2002, pp. 645-646, cited in Orange, 2010, p. 89).

Relational psychotherapy relies on a dialogic stance and the psychotherapist's willingness to take in and respect the other as other. However, there is a power difference inherent in the therapeutic relationship; it is asymmetric, and the psychotherapist bears a professional responsibility of caring for their clients. Fundamentally, the therapeutic relationship is symmetric and horizontal – we are all human beings with equal rights and value. But, therapy builds on a mutual agreement between the parts where the therapist has more responsibility for holding the space and

a duty of care. The client is not responsible for making sure that the conditions within the therapeutic space, such as the relationship, the dialogue and therapeutic explorations etc., are working. The mutual agreement between the parts is a basic necessity for therapeutic practice.

As a subset within this asymmetry, the therapist is given authority to lead the course of the work. In her text *What is Authority?* Hannah Arendt acknowledges that the term authority is complicated in our modern society, as it has become a misused concept. She says, “the very term has become clouded by controversy and confusion” (Arendt, 1961, p. 91).

Since authority always demands obedience, it is commonly mistaken for some form of power or violence. Yet authority precludes the use of external means of coercion where force is used, authority itself has failed! Authority, on the other hand, is incompatible with persuasion, which presupposes equality and works through a process of argumentation. Where arguments are used, authority is left in abeyance. Against the egalitarian order of persuasion stands the authoritarian order, which is always hierarchical. If authority is to be defined at all, then, it must be in contradistinction to both coercion by force and persuasion through arguments (Arendt, 1961, pp. 92-93).

I think Arendt is highlighting an inherent tension in the concept of authority. It can commonly be related to “authoritarian”, which has a different meaning than authority necessarily does (and as Arendt points out). To be authoritarian is to cling onto the formal. It is a closed ratio, which does not see or reflect on its own limits, and it has lost the capacity to listen to the novelty of the situation. I wonder if the authoritarian leadership is even interested in or capable of pactivity, as intellectus is so diminished? And there can't be much space to move within, as the tension arch has collapsed. The authoritarian leadership leads through fear and makes the other follow, as they don't experience having other choices – maybe as the leadership can be using force and the threat of violence. Authority, on the other hand, as Arendt describes it, builds on mutual respect, and it is something that is earned. Authority, as a concept, carries this wide tension between fear and trust. It always includes asymmetry, but how one acts in relation to this power dynamic is very different depending on which side of the tension

one orients towards. I will explore the aspect of authority that is still capable of moving within the tension arch, keeping in mind that moving too far towards the formal side includes the risk of turning into a closed ratio, and moving too far towards authenticity involves the risk of inviting confluence, violating professional boundaries and dissolving the asymmetry between psychotherapist and client.

Authority from Arendt's perspective is that which yields a sense of power and stability within the relationship. This notion reminds me of what I describe in the previous chapter as a sense of weight; how we are losing and finding our experience of being present with the other. Providing weight to the relationship refers to a quality of presence that mediates reliability and consistency. Through this weighted presence, the therapist can create an environment from which the client can take support. As mentioned, the quality of our receptivity is expressed and experienced through yielding-with, and depends on our mutual adjusting with the other and the environment (Frank, 2023, p. 50). Authority, from this point of view, is of the lived body and it is a felt experience; the person that holds authority has a kind of "inner" weight, which makes them come across as solid and reliable enough for the other to allow themselves to give to and receive from the relationship.

To illustrate with an example: in her research, Pröckl found that pre-school teachers hold authority through a weighted presence; the quality and manner in which they move and speak frames the situation in such a way that the children understand what is expected of them (Pröckl, 2020, pp. 135-152). When this happens, the pre-school teachers do not need to argue with the children unnecessarily and forcefully, but they hold authority through the way they body forth clarity and direction. Other examples include the actor, dancer or acrobat who, through their movements, come across as convincing – they yield weight and presence in their performance. Their way of bodying-forth attracts attention and opens a space through which we can feel, follow and understand their movements as a whole expression.

By default, the authoritarian relationship is asymmetrical, but "when force is used, authority itself has failed," as Arendt says (in the quote above). This is obvious in the

therapeutic relationship; the psychotherapist needs to earn and deserve their authority. When this mutual and asymmetric agreement is ambivalent, holding of the therapeutic space can become challenging. Mine and Alice's relationship, described in the previous chapter, exemplifies such an ambivalence. Alice was not forced by law or regulations to see me, but it was initially her parents' wish that she came to therapy with me, not hers. She had not initiated the asymmetric relationship between us, her parents and I had. I had to earn her trust to give me authority, and until that had happened, we did not have much room within which we could move. For Alice to feel safe enough to give me authority, she first needed to know that she could differentiate from me. I had to respect her right and agency to not trust or rely on me, and that it was necessary for her to first find her boundary with me. This example importantly points out that authority does not mean that one person blindly follows what the other says or does. In order to merge with the other, we also need to feel able to separate.

As we can see, awareness of the asymmetrical nature of the relationship is an important factor for the phronetic holding. There are different ways of relating to the asymmetry and offer authority, one can orient towards formalities such as firm professional boundaries and regulations or as I did with the supervision group, through authenticity. I will now continue and look at some examples from the therapists' practice and explore how this tension appeared to them and how they moved within this arch.

### ***7.2.1.2 Authority and speaking speech***

Carl described a case that he found challenging. His client would easily and quickly swing between liking and hating, and in another system, her process was described as borderline.<sup>64</sup>

Carl said:

She was upset in the session and told me that she wanted to sit on the floor with me. But I really did not want to sit there with her. I had no cognitive reason why not to, but I so clearly felt in my body that I did not want to join her. I told her I did

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<sup>64</sup> DSM-5

not want to, and my honesty about that settled her. With her it is so important that I trust what I am feeling, even if it is uncomfortable. That's actually clearer than the verbal as that can be confusing and we can get into circles. With her I have to work with my presence. How do I react? We rarely talk about her past, more about our relationship. She is very fast to respond to my reactions, she will notice...and I just have to be there authentically. A technique does not work with her. When I become a "psychotherapist" she gets furious and says that I was not being present. I have to be in contact deeply with what I am feeling. Even say that "you're right, I wasn't being present and you are helping me with that now". Body sensations are the way with her, when I go mental she directly feels that I have abandoned her.

Working with this client had taught Carl that she would quickly notice when there was a shift in his presence. He had to be there authentically, he says, and a technique would not work. She would immediately notice if he tried to "do something to her" and react when she did not feel him "being-with" her. The situation speaks to how the experience of weight is shared; for Carl's client, feeling fully understood is a bodily experience, it does not just happen on a cognitive level. She needs to feel felt, and in his intervention, Carl holds authority in the situation by remaining true to his genuine response. In this context, authority means that he is yielding stability and maintaining the direction for the work as he is holding the therapeutic space. I hear the importance of sincerity in his description,<sup>65</sup> both towards himself and to his client. Carl is balancing authenticity and formality through clear boundaries, and he is communicating his stance through his movements and gestures, and not least by using a speaking speech. Through staying close to his authentic response and carefully attending to how he truthfully is and isn't willing to be and move with the client, he earns her authority. He is pactively responding to the situation by sensing into the present and responding according to what feels right and truthful for him. With awareness of the asymmetric agreement, he is grading his authentic response in such a way that it contributes to creating an enough held space for his client to explore that which is unfamiliar.

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<sup>65</sup> Orange writes that *sincerity* was the word that Emmanuel Levinas preferred to use instead of authenticity (Orange, 2010, pp. 88-90). "Sincerity, Levinas seemed to be saying, is our open-handed and open-hearted response to the other" (Orange, 2010, p. 90).



Carl's client gets furious when he becomes a "psychotherapist," he says. I suspect that he is referring to the traditional role of the psychotherapist, as observing and analysing the other, aiming at keeping one's own personality and responses outside of therapy. In other words, valuing formal aspects and leaning far into that side of the tension arch. This client would instantly react if Carl became too formal and used techniques or a spoken speech, as then she would not feel that he was with her. I think this speaks to the risk of orienting towards the formal; that the relationship loses its liveliness and becomes numb and distant. This client was sensitive to this. With her, Carl had to be firm with boundaries, yet he had to let his personality and his authenticity shine through his firmness. He had to find the middle term, to use Aristotle's words, not too little and not too much – as he pactively moved within the tension arch of formal and authentic, continuously feeling and sensing how to adjust.

Reflecting on my work with Alice, I assume that something similar was happening between us. Her background was in psychiatric care, and she had experienced treatments that would lean on formal authority, and at times being forcefully authoritarian (for reasons of saving her life). Drawing on this (and probably other previous significant relationships in her life), I think she anticipated that I would meet her in a formal way, as the expert that would analyse her and tell her what to do. Authenticity was not a possibility that she considered with me, and consequently she had to protect herself from me as I could potentially take over her. We had to gradually find our way within the tension arch between formal and authentic. It took some time for me to organise the information that I received and understand that I had to clearly take the lead and provide circumstances that I judged were appropriate. As we found new ways of being together, the therapeutic room became possible – it opened up and we could more fluently move within the tension arch of authenticity and formality.

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The examples given so far illustrate an asymmetry where the tension yields more into the authentic part of the arch. However, there are also those situations when the therapist needs to emphasise the asymmetric conditions by underlining formal values,

in order to appropriately hold the therapeutic situation. For instance, in my work with anorexic clients, there are moments when my holding of the therapeutic space demands that I assert my hierarchical position, pointing the client in a certain direction. When starvation is life threatening, I won't negotiate around the fact that the client needs to eat and that additional treatment from the medical profession is necessary. My authentic response in these situations is often frustration, fear, anger and sadness. I can feel myself holding tightly in my belly, heaviness in my chest can make it hard to breathe and I can feel as if I want to shake the person. Or I can feel myself softening and have an urge to hold and comfort the other.

But whatever my kinesthetic response is, I need to find support to keep that to myself and not immediately share it with my client. So, to some extent, within our relationship I need to diminish authenticity and emphasise the formal. Nevertheless, my interventions will be doomed to fail if I don't come from an authentic place of care. I need to approach the other with a sincere respect for how difficult the direction in which I take the work is for the person. I have to listen to my kinesthetic experience as information about the unfolding situation, as I judge how and what to say and do. It is like I need to be firm and solid simultaneously, as I move close to the longitudinal and respect that the stream of life moves through us differently. I need to stay humble and remember my own vulnerability and struggles in life – and speak from this lived bodily knowing. The situation requires that I hold with a firm authority, which at times may verge on being authoritarian and forceful. However, I must also communicate through a speaking speech that vibrates with and conveys genuine care, respect and a willingness to take the other in.

Working with this client group has taught me that the mutual agreement of asymmetry is often ambivalent. The client wants help and doesn't at the same time. My metaphor is that we need to be alongside each other, as opposed to opposite and against each other – which the relationship can easily turn into when the client fights the therapist/carer instead of the illness. In my experience, I need to yield a sense of weight and stability – authority – that is trustworthy and equally as strong as the seductive messages from anorexia. I have found that this includes me holding a kind of “inner knowing” that

genuinely acknowledges and respects the client's fear. The client's anticipation of breaking with starvation is that he or she will feel as if they are losing not only their ground, but also the sense of who they are, with me and in the world. In theory, the anorexic client can break starvation, but in my experience, the fierce "I won't eat" can become like a closed ratio that the person needs help to open. My reflection on working with anorexia is the theme of an article, to be written at another point.

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There is apparently a tension embedded within the whole concept of authority, which also refers to that there can be different qualities within the asymmetrical relationship. When the asymmetry is reinforced by the formal, there is an authoritarian leadership. But becoming an authority for someone is something one deserves, for example, by being authentic. Both can represent ways to hold, and both can draw on situational specifics. However, the risk with the authoritarian approach is that it becomes akin to a closed ratio that is no longer open to reflect on its own limits. A phronetic holding requires openness to not-knowing, and it is directed towards "the good" and towards growth. Therefore, the phronetic holding cannot only be authoritarian, as it always needs to remember its relation to authenticity and be open to shift according to situational specifics.

### ***7.2.1.3 Authenticity and kinesthetic awareness***

As we can see, the pactive movement that holds the tension between authentic and formal requires that the therapist is aware of their authentic response, which I have described as their kinesthetic experience. They need to listen to their kinesthetic experience of the resonating situation, but share only as much of their response as is useful for the client while holding in mind the asymmetrical nature of the relationship. In fact, I believe that balancing movement is an art. The "middle term" is not something we find and then have; it moves and changes all the time. Like Aristotle said, "it is easy to miss the target, it is hard to hit it" (Aristotle, 2011, p. 35, [1106b: 30-35]). Carl reflected on how he used his kinesthetic experience and how this informed him to move his interventions in a certain direction. He wrote down some of his reflections and shared

them with me. I think he pins down some interesting details describing the pactive movement between formal and authentic.

The client in the example below had ended therapy with Carl, but returned to therapy after some years, because of a recent life event. This is from their first meeting upon her return, and from the end of the session. The overall theme that emerged for the client during the session was “trying to get better” or “improve”, as if the sorrow she experienced was something she should get rid of. They ended the session, and as the client was walking towards the door she suddenly stopped and turned towards him.

Carl described the meeting as follows:

Her expression has changed. There is a hesitant-like tone to her, as if she is shy and has a question. She looks up at me – because I’m taller than her, but also because she seems to shrink in her posture. Her arms are attached to the sides of her body. She is narrowing. I am holding still, like waiting for her to say something. Her voice changes and she uses a soft tone in a child-like manner. She asks me shyly: “Can you give me any homework for next week?”

I feel the first impact of this question in my body. I still don’t know what it is, but I certainly feel something strange. Some interesting exercises for doing at home, and books to read, come to my mind very fast. However, my body keeps stiff and does not give me any indication of enthusiasm about answering that question with homework proposals. I am confused. My arms are attached to my body, and my breathing stops for a few seconds. I feel bodily that I don’t want to give her any homework, but I still don’t know why. It is confusing, because I have some ideas and I know she would do what I propose and probably take profit of it.

It takes some time to find out why I am confused. I have to look inside, and I realise that my body is tense, as if making an effort. The feeling is depressive, as if I was losing energy and liveliness. It is too much of an effort. It is not lively. When I am able to find some words, I tell her something close to this: “You’ve had to work so hard all your life, as if you had been told that you aren’t good enough just the way you are. I don’t want to contribute to that message, and I feel that I would be

contributing to it if I gave you homework now". I feel very touched and relieved when I say this. She feels touched as well and her eyes get wet. She thanks me and as she leaves the room I notice that she looks taller, she is straighter now.

For a moment, Carl is conflicted by what rationally seems like a good idea and what his kinesthetic experience is telling him. He feels the tension between being authentic and the client's call for a more directive stance. He wobbles on that threshold, but leans into trusting his kinesthetic experience. There is a pattern in the client's process that he recognises, maybe even before he is cognitively analysing the situation. He finds a way of staying with his genuine response while holding his authority. This contributed to the client being able to yield authority to him in the sense that Arendt describes, without using force or power.

However, he could also have moved further in the other direction, towards the formal. In fact, it seems as if the client was initially drawn towards that kind of asymmetry. By doing so, he could have used his authority in a directive way and given her homework. Maybe that could also have been useful, but it would have been a different approach to holding and to therapy. This situation reveals how power dynamics is inevitably at play in therapy. What helped him to judge what was at stake in this situation? Well, it seems like it was crucial that he gave himself a moment to *wait*. His phronetic capacity becomes evident in the precise moment when he knows that he needs to give himself time to wait in order to more clearly feel what he is feeling, relate this to the movements of the field and transform this feel-knowing into an intervention. This is the pactive movement; he resonates with the situation and continues the movement in a direction that challenges the clients' habitual pattern, keeping in mind that the overarching direction of their work is "growth" and "heightening awareness".

#### **7.2.1.4 Reflecting on formal and authentic**

So, before I move on, let's reflect on what I have discussed so far. I have stated that the therapeutic relationship is by nature asymmetric, and that a phronetic holding requires that the therapists are aware of how they relate to this circumstance. Authority is an important factor within the asymmetry, and I have discussed that authority is not

something that the therapist automatically has but that needs to be earned. I have stated that authority within the phronetic holding is a bodily felt experience; the therapist yields a sense of weight to the relationship, which can provide an experience of reliability and consistency from which the client can take support. One can be given authority both through being authentic, and relying on formal means.

I have discussed that the risk with leaning too far into authenticity is getting immersed by the situation and losing the necessary asymmetry. The risk with being too formal is that the relationship becomes numb, lacks liveliness and loses sensitivity to situational specifics. At its far end, the formal can become forcefully authoritarian, and the authentic can potentially lead to confluence and invite co-dependency. In the last example, Carl's client exemplifies a situation when the client is drawn towards a formal and directive asymmetry. I think this highlights another possibility: to be authentically drawn to asymmetry – which of course can be the case for both client and therapist, and unfold as a process to attend to within the therapeutic relationship, and/or in supervision.

I conclude that being in touch with one's authentic response is necessary in order to stay open to situational specifics, and that being in touch with formal aspects is needed for the essential asymmetry to remain. I also argue that authenticity does not equate to transparently sharing details of what one is experiencing and feeling. However, through kinesthetic awareness, the psychotherapist can stay close to the longitudinal intentionality and access a speaking speech through which their authenticity can shine through. For example, the therapist being in touch with their own lived bodily knowing of what it is like to suffer can radiate through verbal and non-verbal interventions, independent of where within the tension arch the work is situated. And, even if authenticity is not articulated or intentionally expressed, it will be present through minor movements and gestures, through our immediate and pre-reflective lived bodily response to the situation. These responses will contribute to shaping the kinesthetically resonating sphere of experience between one and another. So even within the most formal sphere of the arch, authenticity will to some degree be present, kinesthetically

experienced, and impact the other. These responses are situational specifics, and within a phronetic holding, psychotherapists need to bear this relational impact in mind.

Formal and authentic live as different felt qualities of experience. By listening to their kinesthetic experience of the situation and being aware of non-verbal interactions, the therapist can measure how to adjust between formal and authentic. This is the pactivity – a “thinking in movement” (Sheets-Johnstone, 2016, p. 263). The final example from Carl’s practice illustrates this, and brings me to the next tension arch: being-with and separating-from. What, more exactly, are the processes involved in shaping Carl’s feel-knowing?

### **7.2.2. Being-with and separating-from**

I will stay for a while with the example Carl shared. It is apparent that he is not solely letting the content in his client’s request guide his actions. He is listening beyond this, and for the relational theme that has been emerging between them throughout the session – and probably even during their previous meetings. Further, in his desire to understand her, he attends to the whole of her expression, both the verbal and gestural and the qualities and intensities in her voice and movements. The content in her words is important, but he is also attentive to how he feels the content. It is like he is asking; what is the theme that lives in the content? What is the relational function of homework? Like he is listening for the longitudinal stream of life and how it moves through her. Most importantly, he allows himself to be moved by her. He is not feeling sorry for her, but he is genuinely interested in understanding her and her motivations when she turns around, shrinks and asks him for homework. His intellectus capacity is very present.

In everyday language, we could say that Carl is *empathising* with his client. Empathy is a word that is frequently used, and that has many definitions and connotations. What does it mean? For example, is this also empathy: on the subway ride home from my office after meeting the supervision group I mentioned earlier, with participants directly affected by the war in Ukraine, my body was shaking, and my heart was beating fast. I was vigilantly looking around and over my shoulder as if I was in danger. I found myself

wondering what it would be like having to take shelter in the underground tunnels. I struggled to separate myself from what was happening to the participants. It wasn't until I was sat on my kitchen floor and could allow for tears to move right through me, that I could find back to my bodily boundaries and feel myself more clearly in my environment again. Could this experience also be described as empathy? If so, how is it similar and different from Carl's experience?

There is no general agreement within research what empathy "is". Some argue that it is a cognitive or even purely biological phenomenon, and others that it is a feeling or even an emotion (Svenaeus, 2015, pp. 268-270). In philosophy, theories on empathy connect to how it is possible to have insight into the others experience. In its most basic sense, the word means "to feel with". Svenaeus argues that empathy is a necessary condition for phronesis, being "a source of moral knowledge by being the feeling component of phronesis, and a motivation for acting in a good way" (Svenaeus, 2014, p. 293). Feeling into his clients experience certainly informed Carl's intervention. And, if we bring empathy to the therapeutic context and explores it more closely, how does an empathic experience of others emerge? And how, if at all, does it inform phronesis and holding of the specific situation? And not least, how does empathy relate to movement?

Critique within psychotherapy generally concerns that empathy can be understood as if we are feeling what the other person is feeling (Staemmler, 2012). But, is that even possible? The most obvious difference between Carl's and my example is that he is feeling-with his client but he is also clearly separating himself from the other. It is by feeling himself with the client *and* taking a step back and getting a wider view of the process, that he is able to further his feel-knowing into action. Whereas I was deeply impacted by the participants experience and struggled to differentiate. I had felt them so closely that the experience stayed with me after the session, in such a way that I confused myself with them – it was as if similar symptoms that they described were happening to me. This kind of process can lead to what is often called vicarious trauma, which can affect therapists who work with people who have experienced traumatic events (Perlman & Saakvitne, 1995). The debate around empathy is often centred around the distinction between knowing that the other is an experiencing other and



knowing the specific content of the other's experience (Bornemark, 2014, p. 260). Was I feeling what my supervisees were feeling?

Edith Stein, who was a student of Husserl, argues the importance of distinguishing empathy from feeling the same as the other (Stein, 1989). I think Stein's theory is useful in its clarity, and that it can help verbalise the pactive movement that both Carl and I, and other therapists, engage in as we feel into the other's world, and furthers our kinesthetic experience into action. By doing so, I will argue that we are pactively navigating within the tension arch of *being-with* and *separating-from*. I will use Stein's theory as a frame when exploring this process. I begin by giving an overview of her theory, and then I will relate this to the psychotherapists' practice.

#### **7.2.2.1 Empathy, a pactive movement**

The centrepiece of Stein's theory is that we can never feel what the other person is feeling. In order to clarify this, she distinguishes empathy, *Einfühlung*, from *Einsfülung*; the feeling of oneness. She illustrates her theory with an example of the acrobat and her audience (Stein, 1989, p. 16). As a spectator, I can feel with the acrobat, and by following every move she makes I can identify with the breathtaking experience. But importantly, I can in any chosen moment come back to my own body and be aware of the difference; she is throwing herself in the air between ropes and rings, I am sitting peacefully in my comfortable chair. My supervisees were closely experiencing the consequences of war, and I was sat on the floor in a privileged part of the world. When I could feel myself more clearly, I could also reflect on the experience; if this was how I had felt just hearing about their world, what must it be like for them? I could bring this bodily knowing as a ground to our next session.

Stein's theory accentuates how there is always, at least, a marginal awareness of one's own body – the zero point of orientation – that we at any time can return to. To confuse empathy with *Einsfülung* would be to ignore the matter of fact that our bodily difference separates us (Bornemark, 2014, p. 261). In other words, we are joined through the stream of life, yet separate. As living beings, we are resonating with and experiencing the longitudinal stream, however, it moves through us differently. We can know that the

other is also experiencing, but we cannot know exactly what and how. I am not the acrobat or my client, and I cannot ever see and feel the world from another's bodily perspective. It is impossible, simply put, because I cannot live their subjective reality. I can never be you. Empathy, Stein explains, is an act that makes the experience of the other accessible – precisely as the experience of *the other*. Therefore, Carl felt *his* experience of his client's experience, and I felt *my* experience of the participant's experiences.

Stein thinks of empathy as a form of experience that is similar but different to imagination or perception; it is an *intentional act*, or a movement directed towards something in order to gather information. The similarity with empathy and perception is, according to Stein, that we have a direct experience of the experiencing other. But it is different from perception and more similar to memory as the meaning of the experiencing other is not given directly to us (Stein, 1989, p. 14).

Stein says:

Now to empathy itself. Here, too, we are dealing with an act that is primordial in the sense of being a present experience but non-primordial as regards to its substance. And this substance is an experience that can, again, come in many different forms, as memory, expectation or imagination. When it suddenly appears before me it faces me as an object (for instance, the sadness I “read” in the other's face). But when I inquire into its implied tendencies (when I try to bring the other's mood to clear givenness to myself), the experience is no longer an object for me, but has pulled myself into it. I am now no longer turned towards the experience, but instead I am turned towards the object of the experience. I am at the subject of the original experience, at the subject's place, and only after having fulfilled a clarification of the experience does it appear to me as an object again.

Consequently we have in all considered cases when experiences are appearing to us three levels or modalities of accomplishment, even though in each concrete case not all of the three levels are accomplished, but we often settle with level one or two: 1. The emergence of the experience, 2. The fulfilling explication, and 3. The comprehensive objectification of the explicated experience. (Stein, 1989, p. 10)

Stein uses the term *primordial* to accentuate the difference between the experience *I* am having when I am empathising with someone, and the experience *the person I am empathising with* has. The person I am empathising with has the *original* experience, that I as an empathiser am *experiencing primordially*. However, how I am experiencing their experience is *my original* experience. As stated in the quote above, Stein defines three steps. To clarify, these are:

1. The emergence of an experience.
2. Feeling with the other.
3. Withdrawing into a phase of reflecting and establishing an understanding of what this experience might mean/is like for the other.

Seen from a movement perspective, and using descriptive words, this dynamic process involves the capacity to both being-with (yielding-with) and separating-from (pushing-against) – as one movement. So, how does this dynamic live in the psychotherapists’ practice, and how can we get closer to the underlying process of empathy, which makes it the feeling component of phronesis? Of course, in practice, the steps are interwoven with each other and do not unfold in a linear manner. However, I think that looking at each step separately can help us see how the empathic experience of the other emerges and guides phronesis. I will stay with Carl’s example to illustrate this process.

The first step: Carl’s client turns towards him in a shrinking and narrowing manner, as if making herself small in relation to him. Carl feels the shift, which is a direct experience for him. This “happening” stands out within the stream of experience, as an emerging figure that stirs an interest in him. Step two: Carl is moving further towards the figure of interest and he is opening up to taking in and feeling his client. In this moment, being-with is in the foreground for him. It is as if he is putting himself into her body; drawing on his own kinesthetic remembering of moving and maybe shrinking with another, he is imagining what she is shaping herself in relation to. He also imagines what the world around her might feel like. He is feeling the quality of her reaching-for him, and how it is expressed through the question. Simultaneously, as he is taking her in, he is also feeling

to what degree she is taking him in. His kinesthetic experience is a primordial experience of his client's original experience. Step three: Carl brings his attention more clearly back to himself. Separating-from becomes figural, as his understanding of his client's experience is shaped. In this process of differentiating, he apprehends a more reflective stance, as he retreats from the immediacy of the "happening" and widens his perspective of the unfolding situation. Having been moved by his client, Carl feels called to act. As he evaluates how to proceed, he is guided by a wish to act in a way that contributes to growth and awareness beyond this event, and not only soothes the client in the moment.

It is important to note that step one in this sequence is possible because of the holding. The quality of being-with, which yields weight and presence to the situation, contributes to what the client feels that they can and cannot share. It is also within the frame of the therapeutic situation that an experience, such as an enduring relational theme, can become visible. Within another context, Carl's client's shrinking in relation, and request to do something to prove that she is improving, might have passed unnoticed. The therapist's role is to be open to and interested in the other's experience. From a movement perspective, the interest is a reaching-for, a desire to feel the other and a willingness to understand.

Alfons said:

Being able to give myself permission to feel the other, that is the very movement! When I am only in my mind it is just my brain working and I am not even feeling my body in this moment. I can easily get trapped in my evaluations of my client then, and what I think I should do. But I am not feeling them. With kinesthetic resonance I am more able to see and notice him as him. It is like a shift within, to drop from thinking to feeling.

Entering a state of being-with is in itself a movement, and it is an active choice of his to open up, he says. Being-with is like an attentive receptivity of letting oneself be immersed within the stream of experience and at the same time, if even just vaguely, noticing how one is being impressed and impacted – and pulled in. Just noticing an

experience and then moving away from the other is different than empathy (Svenaesus, 2016, p. 237). It is not enough to hear the other person's story, see the tear in the eye and assume they are sad, or tell the other that we notice their clenching fist. In doing so, we are keeping ourselves on the separating-from side, which won't give us enough lived and felt information about the specifics of this situation.<sup>66</sup> The other's expression needs to stir a genuine interest in wanting to come closer to their subjective experience, a curiosity in the patterns they have formed and to how the stream of life is moving through them.

Jacque was truly interested in this, but it could become problematic for her.

She said:

When I am with my clients I am introduced to a whole different way of being. That amazes me, but I can easily feel too much into the other person's world. Then suddenly I am no longer able to meet them. The risk for me when I am allowing myself to really feel them is that I diminish my own ability to perceive the otherness. I can get lost in their movement, in their way, and when that happens I lose the figure and I don't really know where we are or what to do.

Being-with is easy for Jacque. She can become captivated by the other's manner of being, but when drowning in all that she is receiving, she can't find a direction for the work. Jacque frequently brought this reoccurring theme to supervision, and exploring it had revealed her relational theme: it was important for her to feel the same as the other. Her habitual anticipation was that differentiating would lead to conflict, in which the other could be angry and/or take over her. She knew that her growing edge was to practice her pushing-against the other and feel their pushing back. On a lived bodily dimension, she needed to find trust in that she and the other are and can be different. From Stein's perspective, being-with is not enough for empathy. It is in the process of separating-from that what has been felt can become further clarified. However, it's worth emphasizing that in a pactive separating-from, the other is still included in the

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<sup>66</sup> Svenaesus argues that "step-one empathy is a basic form of the phenomenon which does not count as empathy anymore if it is suspended by experiences in which the other person is cut off from our attention or engages with in other ways than empathically (in the sense of step-two and step-three empathy)" (Svenaesus, 2016, p. 238).

experience – it is not like cutting the other off, but being-with moves into the background.

### **7.2.2.2. *The melodic unity of the other***

I have discussed how an empathic experience emerges through the pactive movement of being-with and separating-from, a lived body experience of feeling into the other's experience and differentiating – creating a clear “me” and “you” which forms a “we”. So, how does this process inform phronesis? I mentioned earlier that empathy is not a linear process – and holding as movement is a continuous and dynamic process of shuttling between being-with and separating-from. Through this movement, the therapist continuously gathers information about the situation at hand. If we look at the example Carl gave, for instance, he seeks to deepen his understanding of his client's motivations and how her experience with him is structured. We have seen how he is doing this through the pactive movement of being-with and separating-from, but how, more precisely, can we understand what kind of information he gathers through this process and how this supports how he creates holding?

First of all, when Carl is making sense of the situation with his client, he is not attending to that which is happening as an isolated event. But rather, he is drawing on previous moment-to-moment experiences with her, and feeling into the temporal stream from which her expression unfolds. In relation to this theme, I find the reflections that Taipale makes in his article *Empathy and the Melodic Unity of the Other* particularly interesting and useful (Taipale, 2015). In brief, Taipale compares empathy with music-perception.

He says:

In both cases, in each moment we bear witnesses to something that is not confined to the limits of what is currently given, whether the other's current mental state or the current note of a melody (Taipale, 2015, p. 475).

He argues that in seeing and feeling another's expression we are seeking to grasp its motivations, that which makes the act intelligible. If treating his client's shrinking as an

isolated act, Carl wouldn't be able to tell if it was a response to, for example, tiredness, depression or a physical dysfunction. But, based on continuous sequences of being-with and separating-from he is experiencing the *melodic unity of the other*, to use Taipale's phrase. Her expressions are part of a meaningful whole, and kinesthetically resonating with and reflecting on patterns and rhythms emerging between them guides Carl's understanding of her as he seeks to grasp what motivates the shift in her movements. What might she be experiencing, and what is she saying to him through her movements?

In the case of music, we do not have to wait until we have heard all, or even most, notes in order to apprehend the melody. Our experience of other people is structured in a similar manner; we don't need to wait until we've seen or heard everything about them in order to grasp their mood, or get a felt sense of their motivations and personal characteristics. We can understand this in relation to Husserl's time consciousness. I have described this theory before, but in brief, Husserl claims that consciousness in each phase "must reach out beyond the now" (Husserl, 1966, p. 23, in Taipale, 2015, p. 471), and he describes this through the concept of the living (or passing) present. Just like the individual tones of a melody don't just disappear without leaving a trace, so each passing moment is transformed into *retention*. As we hear the new tone, the preceding tone is still vibrating, and as new tones unfold, we predict how they will sound and move the melody forward. Husserl called his tacit anticipation of the future *protentions*.

Following this theory, that which is expressed in the living present can be described as an unfolding form within a temporal stream of experience. Carl's client's postural shift and the changes in her voice do not appear as separate and isolated events, nor does his bodily response to her (his held breath and diminished sense of liveliness). The other's expression is formed in relation to us within the living present. We are intrinsically part of their form; we are informing their form, just as their form is informing us. In addition, the living present is inseparable from our retained experiences and the anticipated future – that which has passed is still vibrating as we are moving into and predicting, the coming next.

This, Taipale claims, basically illustrates how our experience of the other is shaped. He exemplifies with laughter, and that in hearing someone laugh we don't just perceive it as the other's current amused state alone (Taipale, 2014, p. 473). We also get a glimpse into that person's sense of humour, their temperament, mood, etc. The single event does not reveal everything about this person's sense of humour or temperamental variations, but still, something important about their manner of being is presented through their expression. If someone unexpectedly bursts into a loud laughter, maybe right after having experienced an accident or if standing silently next to you in an elevator, you will, Taipale claims, still seek to grasp their motivation; maybe the person in the first case is experiencing shock, maybe the person in the latter example is remembering something funny, or maybe they are using a hands-free device and listening to something amusing on their phone. The laughter may emerge like a disturbing and dissonant note in a melody, which may be startling, or even terrifying – and it can be hard to comprehend what the other is feeling as the expression does not seem to fit the temporal context (Taipale, 2014, p. 474).

So, similarly to when we listen to music, our attention is primarily directed at the flow, rhythm and quality through which the other's expression temporally unfolds with us.

Stein writes:

Motivation, in our general sense, is *the* connection that acts get into with one another: not a mere blending like that of simultaneously or sequentially ebbing phases of experiences, or the associative tying together of experiences, but an *emerging* of the one *out of* the other, a self fulfilling or being fulfilled of the *one on the basis of* the other *for the sake of* the other (Stein, 2000, p. 41).

Imagining into what the client's movements might be expressing to him, and how it could presently be a support for her, Carl seeks to get a felt knowing of her motivations – what is her posture articulating, what is the ground and towards what is it directed? As he is giving himself a moment to pause and open to his kinesthetic experience, he is also feeling into and reflecting on the other as temporally transcendent – her expression is



emerging in the living present with Carl, and it entails both how her retained past is stimulated “here and now” and how that impacts her anticipation of how Carl will receive and meet her.

Through the pactive movement of being-with and separating-from, the therapist moves close to the longitudinal stream of experience, feeling into and imagining the temporal flow that goes into shaping the form. Seen from this perspective, in every gesture, posture, as well as in the tone of the voice and choice of words, there is an expression of how life moves through the other – how they are passively receiving and actively responding to the situation they are living.<sup>67</sup> The other’s experience – their pain or struggle or excitement – is not reducible to, or exhaustible by, a single expression – and yet, seen through this lens, we can say that their experience manifests itself in each moment through their moving body in relation.

I think that acknowledging and honouring the other as a melodic unity highlights the aesthetic dimensions of contacting – that which we feel, sense and see. In addition, it brings to the fore how meaning is expressed and made, all the time, and through movement. A sudden startle, a repeated gesture or an unexpected withdrawal aren’t just single events, these expressions announce an experienced temporal flow (Taipale, 2014, p. 475). They entail the other’s retained experiences and anticipated future, as emerging in the living present with us.<sup>68</sup>

Although Carl’s client probably was not aware of her shrinking movement, she was still feeling it as intrinsic to her lived bodily experience of the situation. Through pactively moving within the tension of being-with and separating-from, the therapist can imagine

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<sup>67</sup> I think that the notion of the other as a melodic unity has some similarities with Merleau-Ponty’s speaking speech. Moving close to the longitudinal stream, the speaking speech articulates the lived experience in its rawness and “as it lives”, without covering it with generalisable concepts like depression or anxiety. Attending to the other as a melodic unity honours the lived meaning in that which is expressed, immediately and without “a filter”, through our moving bodies in relation. A smiling face speaking about grief, or a clenched fist whilst disclosing something vulnerable, tells us something about the whole of the other’s experience.

<sup>68</sup> These dynamics, of course, also appear for the therapist with their client. This makes it important that the therapist has an awareness of what can possibly trigger their own enduring relational themes, and find ways to support themselves in session (Frank, 2023, pp. 134-136).

into the, often unaware, temporal background that supports the other's contacting experience. Opening to experiencing the client as an unfolding melody, co-created with the therapist, can support timing and grading of interventions and inform the situational-specific holding. Professional judgement concerns if, when and how to bring the background to the foreground – depending on what may be useful and possible for the client to assimilate. Sometimes the therapist might judge it useful to explicitly explore how the past and predicted future is stimulated in the living present, and other times they might not verbally articulate what they see and feel but still adjust their holding and interventions according to what they've felt and perceived about the melodic unity of the other.

Svenaesus says that “lacking in empathy means to lack phronesis itself” (Svenaesus, 2014, p. 297). And yes, I think he is right. As to how I see it, it is through the pactive movement of being-with and separating-from that the therapist gets a lived bodily knowing of the situational specifics, which is essential for phronesis. From a movement perspective, empathy can be understood as the continuous process of kinesthetically resonating with the other and attending to one's own kinesthetic experience. This means to move close to the longitudinal stream of experience and the movements of the field and gain an aesthetic understanding of the forming of forms; how the form appears as, for example, open, repetitive or frozen, and when the motivation of the expression is clear and when it is not so clear. Doing this requires the ability to move close to, and differentiate oneself from, the other's experience. Thus, being kinesthetically aware is a support for phronesis. Furthermore, feeling into the other's world can (but does not have to) motivate a caring and wise action.

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I have outlined the process through which phronetic holding is created as a pactive movement, navigating within the tension between paradoxical values. I will now proceed by grounding those proposed structures and theories in the concrete and practical therapeutic situation, and explore how this holding movement lives in the psychotherapists' clinical practice. The examples that I have referred to whilst writing

forth this theory have indeed shown this already, but I would like to know specifically: how does holding as movement appear within a situation when the known structure has fallen apart, and when a new ratio needs to be formed? Phronesis can become particularly evident precisely in those kinds of situations, when the practitioner is facing a dilemma or some sort of challenge that makes the situation stand out from the usual flow. Manuals or techniques are not enough to meet the demands of these situations. Instead, they require that the practitioner is fully present in the unfolding of the here and now, and acts in relation to that which emerges in the moment-to-moment.

During the course of my research, the COVID pandemic broke out. For the therapists, this meant that they had to move their entire practice online. The familiar ratio had collapsed, and during this time they had to find out how to hold the therapeutic space when they were no longer in the same physical room as their clients. What did this situation reveal about their practical wisdom? What became important for them, and how did they go about holding and creating a shared space within this online situation? I will explore this in the following section.

### **7.3. Pactivity, when the familiar ratio has collapsed**

Today, most psychotherapists are familiar with working online, but back then, that was not the case. For Richard, for example, this was new. He described his initial experience of working online as if he had been thrown into a deep swimming pool where he didn't know which way was up or down. He felt that he had to "grasp onto anything that helped me get some kind of orientation." It saddened him to notice that he was attending less to the aesthetics, and would fall back on giving his clients advice. The sessions became like a "report of the week", and "flat and dry, a lot of talking and not much being, really," he said. Others noticed a similar process happening. Some, for example, described how silence online felt different, more like a void or an abyss and less "thick" than in their usual practice. They noticed that they wanted to fill the space with words, to avoid a sense of falling into a deprived-like emptiness.

When sensory information wasn't available in familiar ways, there was a tendency to grasp-onto the rational, cognitive and the spoken speech in the hope of creating a sense of certainty – a solid ratio within all uncertainty. It was as if the room of possibilities shrank for the therapists, and there was an experienced change in the tension arch between ratio and intellectus, being-with and separating-from, formal and authentic, and so forth. They felt themselves as more separate-from the other, and leaned more towards the formal aspects of their work.

So, what happened to the pactive movement within the tension of paradoxical values? Well, I genuinely think that what Richard describes *is* his authentic response to the situation. His kinesthetic experience there and then relates to what he imagines is possible, and what he anticipates about the coming next. He is kinesthetically resonating with his interpretation of the situation – which could be based on that which he has retained from similar situations, but it is also an appropriate response to a sudden rupture. And he illustrates an attempt to find ground as support for orienting within the unfamiliar. He reaches for ratio and the formal, but he is still finding his way through pactivity – receiving information and responding in relation to that which he has received. However, initially, intellectus is less available to him, which contributes to less flexibility and a diminished capacity to be open to the possibilities of the present and emerging situation. So, how did the therapists manage this situation, and what did they discover?

During the early phase of working online, Sofie found herself using her eyes a lot, narrowing her gaze and looking steadily at her client's face. Others noticed that they felt numb, or that they were leaning forward as if they wanted to move through the screen in order to feel their clients more. For many, this way of working was not satisfying. That which was absent became vividly present – they became aware of how much sensory information they used to be embedded in and would take for granted. We can also say that the role of intellectus became present for them, and that they became aware of how they were usually gathering whatnesses that informed their knowing about their clients.

Before, hearing their clients in the waiting room, seeing them entering and leaving the room, noticing their way of sitting in the chair and their gesturing, and how they experienced the distance between themselves and the client, etc., had provided them with important information about the other. Even the other's voice felt different online, some said. Others were distressed, asking: was all of this liveliness gone now? And most of them wondered how, if at all, they could offer good-quality relational therapy online? Was the kinesthetically-resonating sphere of experience even accessible? And if not, how would they go about orienting and creating holding within the present situation? The online situation emphasised an experience of being separate-from, and brought them to remember and miss a habitual felt-knowing of being-with. As they were no longer in the same physical room as the other, that experience was not available for them in exactly the same way. The familiar tension arch had collapsed, and that made the therapists aware of the width and depth that the therapeutic space had before. Remembering this made them feel confined within their current situation.

Richard said that it was as if he knew, early on, that he needed to find his way back to feeling himself. But it took some time for him to figure out how to do this in this new space. Supervision and the discussions in the focus group reminded him to actively attend to his kinesthetic experience, and bring awareness to things he knew but had forgotten within the present turmoil of the pandemic. He said that essentially he had to return to feeling the chair underneath and behind, orient himself in the environment, and find his sense of weight. When he did this, it became easier for him to be more present with his clients. His intellectus practice shows here; he can identify what he is missing and that he needs to actively access openness to the emerging situation. He could lean on his habitual and well-practiced ways of retrieving supports to access this. Essentially, what he noticed was that his capacity to yield-with the situation and the environment was diminished. As he accessed more supports to be-with, the tension arch opened up, expanding possibilities for empathy (as defined by Stein, 1989). Richard needed to first be able to hold himself before he could hold his clients. Pausing and identifying the kinesthetically felt qualities of his own response to the situation made it possible for him to open to the meaning that lived in how he was pushing-against himself and holding back and in. Noticing this helped him to open to the present

situation, and to pactively move between being-with and separating-from the other as he was navigating the tension between challenge and support.

Sofie discovered that it helped her to move her eyes away from the screen and be more aware of how she felt herself in her immediate environment. She had realised this when she reflected on how she, when in the same physical room, used to have more of a wide gaze and take in the whole person, including their gestures and how they moved in space. This was so ingrained in her pre-reflective way of being when she worked that she had never really thought of it, until now when she found herself doing something else. This discovery brought her to experiment with also widening her gaze in her online work. Sofie had become aware of an aspect of her practical wisdom. She found that although what she could see was less and different, it still helped her to settle and feel herself and the other more. This way of looking also made her curious about really seeing and taking in the client's space – their present room and environment. Following this realisation, she invited the client to look into her space. She would inquire into what they saw, and how they felt in relation to what they saw? She had discovered how this supported her to move more fluently between being-with and separating-from, and as a way of creating holding for the therapeutic work, she invited her clients to make a similar discovery. Doing this gave them both a sense of depth and helped them to create a shared space.

Jacquie said:

I think the whole situation highlighted how important it is for me to feel myself. And that it is so easy to feel confined by only seeing the other's torso. But hey, what a relief when I realise that although we are behind screens we can still move! When we met in my office I could somehow get a sense of where the client was. Like, I would know something had happened and even get a sense of what that was just by the way they moved. But, I mean, I can get that online too but not in the same way. There was something I used to know instantly, that I miss now. It is still possible online absolutely, but it is different. I think I am still learning to notice this.

Jacquie learnt to ask her clients to adjust their screens, so that she could see more of them – she needed that in order to better see their responses to her and the emerging situation. Basically, this helped her to feel them better, and imagine into the melodic unity of the other – which informed her how to pace and grade her work. Paul said that he found himself having to express himself verbally more often, and find words in a way that he did not need to before.

Paul said:

Back in my office I could hang out without words for a long time, they were not needed and I mean, often I don't have words for the felt. Now I need to find them anyway.

He had to find a speaking speech, and encourage his clients to do so too, in order to get a better sense of what they were experiencing in the here and now of the session. Through pactively listening to the situation, by opening to intellectus and to horizons of not-knowing, he discovered that authenticity could present differently online and that he needed to adjust how he inquired into it.

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Some of the therapists never found excitement or interest in working online. But many did, as they discovered what Jacquie points at: that the living stream of experience did not vanish just because they met behind screens. Their kinesthetic experience was still there and available. However, the structure of this situation was different than when meeting in the same physical space and it took time, endurance and practice for the therapists to access their situational-specific skills through this medium. However, when and if they did, many were surprised to discover how much that was possible. But to reach that point, they had to let go of the familiar ratio, live through confusion and incrementally find trust and a sense of wonder in intellectus – and in that which would form into a new ratio. Jacquie, for example, was excited to notice how minor movements became extremely clear within the frame of the computer. She could see details that would not have appeared in the same way when meeting in her office; like a tiny shift in

her client's face, or a subtle eye movement – and from a small gesture, she could imagine the whole.

Others noticed how the distance could actually become a support for them to hold, and that it was experienced as supportive and holding for some clients. Discovering this, however, required an openness to see the possibilities within the new constraint. Sofie said that she felt more confident and bolder in her online interventions. Sitting in her home was a support for her; she found it easier to differentiate from her clients, which helped her to better find a clear figure for their work. When in the same room as her clients, she could easily be overwhelmed by sensory information. Attuning to the specifics of the online situation, she learnt to use the filter that the distance provided, which actually helped her to hold. It seems like an exaggerated awareness of, and an amplified access to her ability to separate-from, increased her ability to being-with. This lived bodily experience expanded her capacity to hold the therapeutic space – it created a width between the possible ways in which she could offer challenge and support to the therapeutic situation.

Others also noticed that some interventions were possible that weren't before, and that sometimes they could hold the client's process even better with the distance. For example, the depressed client who would often cancel sessions was now attending every session. Aware of lived space, her therapist attended to what this new configuration meant for her. One of the anorexic clients that I worked with during this time revealed in one of our online sessions that she hadn't managed to shower or change her clothes for several days – for reasons of not wanting to touch, see and feel her body. We addressed her fears and when she felt ready to take a risk, she left the computer to have a shower. I waited for her and when she was ready and dressed, she returned. I became her point of support; she could feel the weightiness of my presence as she found her agency to challenge habitual ground. Meeting in my office, we could have talked about this fear, but she would have been alone in facing it. Now, paradoxically, she felt that I was closer, although the “actual and measurable” distance was further. It seems like clear access to her ability to separate-from made being-with more available, and we reached a novel nuance of authenticity between us.



Working online proved to open new potentialities for many of the therapists. But, of course, all of the aspects that the therapists initially identified as missing are still absent online – and simply put, we can't touch each other in the same way. There are many things that are not possible online. But my focus here is to explore how the therapists created a shared space within these circumstances, in order to see what that can tell us about phronesis as holding.

When the familiar ratio collapsed, it illuminated that core aspects of phronesis as holding relate to our experience in and of space – to our lived space. It became important for the therapists to attend to that which was immediately felt and sensed, both for them and for their clients. In doing so, they created a shared here and now, which essentially constituted the holding. This also applies for therapy via telephone, which for reasons of space I haven't discussed here, but was also discussed in the focus groups. I think that this extraordinary situation, when all therapy had to move from the physical space, shows that the situational-specific knowing is not limited to the physical space only. Through a well-practiced sensibility to notice changes in the environment, the therapists could find novel ways of meeting the needs of their clients and the demands of the specific situation. It also shows that the sensuous is of utmost importance for pactivity and for holding of the therapeutic space, as it is through that feel-knowing that the therapists are closest to the living present – and thus can understand something inherent in the emergent situation. This sensuous capacity cannot be standardised, but it can be practiced.

When working online, it can be easy to forget that the person behind the screen is, precisely, living – the other is just as moving, feeling and sensing as we are. Within the little squares that show up on our screen are human beings, living mysteries that we can never fully understand. I think that the online situation emphasises the importance of phronesis and its connection to the lived body as a gateway to ethical action – as the online situation may demand that we actively remind ourselves to relate to the other as living and not to reduce them to objects. Although online, life and the longitudinal is still streaming between us, but it might be experienced in unfamiliar ways. By accessing our own lived body, we can open a pathway through which we can feel the other, and

potentially open for them to find themselves with us. I think the examples from the therapists' initial online practice shows that the ability to be responsive to the pactive movement within the tension of paradoxical values is enhanced by kinesthetic awareness. This awareness includes a responsiveness to notice that, how and when one's capacity to feel oneself is rigid or diminished, and to acknowledge and listen to that experience and, if appropriate, find support to move out of it.

I conclude that the phronetic sensibility to hold leans on a pactive movement – that binds together the concept pairs I discussed in earlier chapters: longitudinal with transverse intentionality, the spoken with the speaking speech – and thus, phronesis can stand in both ratio and intellectus. The phronetic holding is the very movement between these paradoxical values that judges whether to move more in one or the other direction. I believe this chapter has shown that phronesis is a form of intellectus practice, which demands continuous maintenance – by practicing the capacity to gather whatnesses and stay responsive to the pactive movement.

#### **7.4. Summary of the chapter**

In this chapter, I have shown how holding is not static, and I have described it as a pactive movement within tension arches of paradoxical values (Bornemark, 2020; Bornemark, 2022). Bornemark defines the intertwining of passivity and activity as *pactivity*. Drawing on this, I have outlined that pactivity relates to a movement, where receiving gives rise to action – as one movement. The tension arches describe that there can be different ways of solving a dilemma. The therapist can in a certain situation orient more towards support *or* challenge, for example, but whatever the chosen action is, the tension needs to be there still. The key element with the arches of paradoxical values is this: without the tension between the values, there is no longer an arch within which action is possible.

I have described the dynamics involved in the pactive movement within the tension arches of paradoxical values, and seen from a movement perspective that the therapist shuttles, almost simultaneously, between yielding-with and pushing-against. Drawing on

their kinesthetic experience, theoretical knowing and lived experience, the therapist moves from intellectus to ratio as clusters of felt meanings begin to take shape. These emerging structures form an understanding of what might be at stake in the situation, and become a lived bodily knowing that guides the therapist's action.

In this chapter, I have argued that the pactive movement within arches of paradoxes describes general patterns and processes that characterises holding as a situational-specific knowing. I have given concrete examples of how this dynamic, the pactive movement within the tension of paradoxical values, can show and be important for phronetic holding. I believe that this non-dualistic approach to bind together conflicting forces can be used in other areas of practice and thinking – and I am interested in developing these ideas when describing processes involved in psychopathology, for example, the anorexic process and exhaustion disorder/clinical burnout. I wonder, what lived bodily knowing is expressed through these processes?

I have identified two of many possible tension arches that the therapists are pactively orienting within as they judge how to adjust their holding. These are: authentic *and* formal, being-with *and* separating-from. Reflecting on those paradoxes, I have, for example, discussed authority as that which yields stability to a situation/relationship and as something that the therapist earns. I conclude that being in touch with one's authentic response is necessary in order to stay open to situational specifics, and that being in touch with formal aspects is needed for the essential asymmetry to remain. I also argue that authenticity does not equate to transparently sharing details of what one is experiencing and feeling. However, through kinesthetic awareness, the therapist can stay close to the longitudinal intentionality and access a speaking speech through which their authenticity can shine through.

I have used Stein's theory on empathy to describe the pactive movement between the paradoxical values being-with and separating-from (Stein, 1989). Seen from Stein's theory, being-with is not enough for empathy, it also requires the process of separating-from/differentiating-from the other. I have described that based on continuous sequences of being-with and separating-from, the therapist can experience the melodic

unity of the other and imagine into the temporal stream from which their experience emerges. From a movement perspective, empathy can be understood as the continuous process of kinesthetically resonating with the other, and attending to one's own kinesthetic experience.

In this chapter, I have further given examples from when the psychotherapists moved their practice online during the beginning phases of COVID, and discussed what this reveals about their phronetic capacity. These examples show that phronesis is a capacity that can be practiced, and I claim that kinesthetic awareness is support for phronesis. I further raise that the online situation emphasises the importance of phronesis, and highlights its connection to the lived body as a gateway to ethical action – the online situation may demand that we actively remind ourselves to relate to the other as living and not to reduce them to objects. To conclude, this chapter shows that phronesis is a form of intellectus practice, which demands continuous maintenance – by practicing the capacity to gather whatnesses and stay responsive to the pactive movement.

## 8. Findings and concluding reflections

My primary interest when I began this research was to gain a deeper understanding of the role that movement has in the shaping of experience and knowing. Through dance and gestalt therapy, I had discovered that movement creates meaning through the poetry of shapes, as one movement gives birth to the next – within an eternal intertwining of moving, feeling and perceiving. This discovery felt deeply meaningful to me and I wanted to learn more, which led me to study a theory and approach to psychotherapy based on movement as the bodily roots of experience.<sup>69</sup> My academic background had involved both qualitative and quantitative approaches to science, and my interest in the limits and advantages of both of those forms of establishing knowing had inspired a curiosity regarding the concept of knowledge. I asked myself: what do we count as real knowledge?

The leading tradition of knowledge within our culture gives prominence to the theoretical and abstract, and to that which can be measured and generalised. As a result, the status of practical and bodily aspects of knowing has been marginalised or receded (Gustavsson, 2002). I was interested in learning more about that which is referred to as the lived body, our experiencing body, and its relation to movement. In particular, I was interested in how movement and the lived body are connected to the formation of knowing. The focal point for my study has been my own professional field, and my research has centred on making visible and verbalising how movement and the lived body shape psychotherapists' practical knowledge. With my research, I aimed to contribute to a knowledge base about practical knowledge, focusing in particular on the aspect that Aristotle refers to as *phronesis*.

*Phronesis* is the capacity to act in relation to the particular and unique within a situation, and that is precisely one of those aspects of knowing that tends to be overseen within a tradition that regards quantifiable knowledge highly. I have been clear in stating that I think that quantifiable knowledge and scientific research that can be

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<sup>69</sup> *The bodily roots of experience in Psychotherapy* is the title of a book by Ruella Frank, founder of Developmental Somatic Psychotherapy, the approach to psychotherapy I am referring to (Frank, 2023).

generalised is important and necessary. I am in no way positioning myself against this take on knowing. However, I believe that there are aspects of life and the living that cannot be measured, and that highlighting and acknowledging them within research and society at large is crucial. In fact, I think that if we don't, we are at risk of diminishing the fullness of our intelligence. Not least is it important within areas where interconnecting between people (and other living beings) are central – as contacting, relationships and the living cannot be reduced to static and quantifiable objects. For instance, furthering our understanding of phronesis could enhance development of ethical and skilful practice within psychotherapy and other fields where interpersonal relations are at the heart of the profession.

We are also living in a time that calls for us to reflect on the difference between in-person meetings and digital meetings. In addition, and according to sociologist Hartmut Rosa (2019), many of the crises in late modern society – the environmental crisis, the crisis of democracy and increased mental health problems – can be analysed and understood in terms of our broken relationship to the world. Rosa argues that we need to develop our capacity to resonate, which concerns our way of “being-related-to-the-world” (Rosa, 2019, p. 169). I understand this as a capacity to relate to ourselves, others and the environment as living.

In this thesis, I explore how living bodies are intelligent, and I argue that movement and kinesthesia is indispensable for intentionality, verbalisation, reason and cognition. In this final chapter, I will look back on my study and reflect on some of the findings that I have made that stand out to me. I will begin with a brief reflection on my chosen method, then highlight findings from each chapter. As I conclude, I will point towards some future research possibilities, and return to the question that has been present throughout this dissertation: what is movement?

### **8.1. Reflecting on my method**

What first comes to mind as I reflect on my study, is how much I have learnt about my own practice by deepening and widening my understanding of movement and the lived

body. I have studied my own professional practice from within, and it strikes me how the method that I have chosen has enabled me to both look closely into the seemingly familiar, and to step out of my practice and look at the material from a distance.

It was important for me to find a research method that was congruent with the aim of my study, and that could help me to explore and describe psychotherapists' practical knowledge. Because *phronesis* exceeds that which can be measured and quantified, it requires other methods and theoretical points of departure, and other ontological (the nature of existence) and epistemological (the philosophy of knowing, what we can know about the world) positions, than what is applicable to the natural sciences and to outcome research. I wanted to apply a qualitative method that "unequivocally embraces artful, reflexive components and celebrates how meanings are embedded in specific social contexts." (Finlay, 2023, p. 50).

Consequently, I came to position my research within the research tradition of the theory of practical knowledge, which emphasises the art of developing pure qualitative and experience-near research methods (Gunnarson, 2019). In line with this tradition, I wanted to approach the theme of my study by both empirical and theoretical means. The method that I settled on consists of weaving together empirical material, based on interviews with psychotherapists, and autoethnographic writing from my own professional experience, with theoretical concepts. *Phronesis* and lived bodily experiences can indeed be challenging, if at all possible, to verbalise. It requires a descriptive and explorative language that moves closely to the lived experience. I found that the theoretical concepts helped me to shed light on and verbalise, often elusive, processes within the empirical material. It became important for me to continuously ground theory in practice, and to allow for the empirical material to speak back to the theoretical frameworks. This dialogue has been at the heart of this study, and my intention has been to bring theoretical concepts into lived everyday experiences and, of course, specifically to the psychotherapists' professional practice.

This weaving process helped me to see and discover new things within my own and the therapists' practice, and it also encouraged me to remain curious about the details of our

work – exploring and expanding on that which is already happening, and go deeper into how that happening is structured. I have found this dialogue between practice and theory deeply meaningful; it has not only been a means for this research, but it has also inspired my psychotherapy practice and my teaching, enhancing my ability to linger with not-knowing and to discern processes within the living flow of the situation at hand. For me, this research process has greatly contributed to my professional development. I find myself wanting to encourage other professionals who are considering researching their practice to explore this research tradition as a possibility. I think they might find it accessible and useful, as it embraces subjectivity and flexibility and supports articulation of aspects of the profession that might be elusive but still vital for the individual practitioner and the profession at large.

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Still, no method can of course capture everything, and there are certainly disadvantages with the one that I have chosen. A quantifying method had enabled me to measure effects of working with movement in psychotherapy. A mixed-method design could have potentially facilitated the development of a tool or a scale that could assess psychotherapists' ability to attend to the lived body in their practice. In-depth one-to-one interviews had provided rigorous descriptions of the individual psychotherapists' subjective experience of working with movement. All of these, and other, potential studies could have been useful in increasing understanding of the role of movement in psychotherapy. Nevertheless, my aim was to make visible and research tacit dimensions of psychotherapy practice that often evade articulation, and for these reasons, the theory of practical knowledge appealed to me.

I have chosen to interview psychotherapists about their experience of working with movement, and I have thus relied on their descriptions of how they practice. As Schutzberg highlights, "informants do not always say what they do, and informants do not always do what they say" (Schutzberg, 2021, p. 75). I consider, in retrospect, that an interesting alternative, or addition, for data collection could have been a method aiming at observing and experiencing psychotherapists' practice "live", for instance, through



filming or demonstration work in workshops. Or I could have invited the participants to dialogue seminars and/or to write case studies. I have, however, chosen to trust their verbal descriptions, and my own experience from the same profession and my autoethnographic writing have reinforced the validity of the interviews. In hindsight, however, I wish that in addition to interviews, I had had the space to apply one or several of these mentioned options (e.g. workshops, dialogue seminars and case studies). I also wish that I, after my first analysis of the material, had had the time and capacity to conduct another set of focus group interviews. These additions could have made yet another layer of the weaving dialogue between theory and practice possible.

Another aspect I have been reflecting on regarding the advantages and disadvantages of my study is that all of the research participants had a special interest in the role of the lived body in psychotherapy and in applying a movement lens to their practice. I thus reached psychotherapists who were already somewhat familiar with the theme of my study, but I overlooked learning from those for whom the lived body is less prominent. It would be interesting to explore how phronesis is shaped amongst psychotherapists who do not intentionally attend to movement and the lived body. Maybe such a study could help in identifying how lived bodily knowing might be taken for granted and/or dismissed in psychotherapy. I feel drawn to exploring this theme further.

I have been researching my professional field from within. Although none of the research participants were currently in training, therapy, or supervision with me, many of us had previously met in professional contexts. As a senior teacher of Developmental Somatic Psychotherapy (the approach all of us had trained in), all the participants were familiar with me, and my role as a teacher potentially introduced a power imbalance that could have impacted what and how they felt comfortable sharing.

An insider perspective offers advantages, such as a deeper understanding of the field of practice, which can lead to the gathering of more nuanced and detailed data. However, it also presents challenges, including the risk of bias, making it more difficult to maintain distance from the material, and a tendency to overlook important details due to familiarity (I have reflected in-depth on this circumstance in chapter 3). I needed to

continuously balance these factors and, for example, reflect on moments when I believed I understood what a participant meant, which may have caused me to miss asking for further elaboration.

I also had to consider the inherent asymmetry in the research relationship. For instance, when analysing the material and writing the scientific text, I held the authority to interpret the material, which could leave participants in a vulnerable position. From the outset, I made it clear that my intention was not to provide an accurate description of the co-researchers' lived experience (see Appendix 1). I have taken care to implement measures ensuring confidentiality. However, there is still a risk that some participants may feel misunderstood rather than heard.

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As I look back on my research process, I am also aware of the important, and at times frustrating, role that writing and re-writing has had for my research. During the early phases of my study, my supervisor and I shared a metaphor that I was writing forth clay – that is, I was crafting a body of text that, like clay, could be moulded and formed. To begin with, the texture was rough, but gradually and through kneading, it has changed. As I stepped back from the clay and looked at it from a distance, shapes and figures of interest would emerge. I could then return to the clay and further engage with these emerging forms. I have often felt that I have returned to this process; I have continuously been verbalising and writing forth material, and as I have stepped back from it, I have been able to see emerging figures. I have then returned to the clay and brought it into dialogue with theory and empirical material, in order to further shape and clarify the forms. So, in congruence with the title of my study, the method has included ongoing movement between forming and form.

I am curious about exploring how I can bring what I have learnt from this research process to, for example, my teaching and supervision practice, in order to support psychotherapists to discover and learn from their own practice. The creative stance within the theory of practical knowledge, to illuminate and verbalise dynamics within professional work life, reminds me of how my clients and I engage in an exploration of

their lived experience. I am interested in learning more about the theory of practical knowledge and exploring a possible interchange between this field of research and bodily knowing in psychotherapy. In the interview *The Phenomenologist's Task: Generativity, History, Lifeworld*, Anthony Steinbock says:

I find it both significant and encouraging that there is proliferation of phenomenology “centers” worldwide, and that these are being instituted and attended by so many young philosophers and a new generation of thinkers. This certainly points to the fact that there are basic insights in phenomenology that continue to be inspiring and sustaining, and that phenomenology will develop in new generations in ways that we are unable to anticipate (Steinbock as cited in Apostolescu, 2015, p. 26).

I wonder if the research tradition of the theory of practical knowledge, and also gestalt therapy (when applied as a clinical phenomenology), could be examples of such “centers” that contribute to the development of phenomenology, exploring the interface between philosophy and professional practice.

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I will now take a look at what I found in my study. As I approached the theme of my research, how movement shapes psychotherapists’ practical knowledge, it appeared necessary for me to first look closer into and verbalise the role of movement in relation to the lived body, verbalisation of felt experience and in the formation of knowing. Therefore, I began my study, in chapters four to six, by writing a theoretical platform that serves as a foundation for chapters seven and eight, where I more thoroughly engage in an exploration of phronesis.

## **8.2. Kinesthesia and the bodily origins of experience**

In chapter four, I explore the lived body with the purpose of bringing life to this philosophical concept and to understand its role in everyday life, its relation to movement and, not least, its place in psychotherapy. I chose to begin my study here as I

wanted to provide a background on how the research participants became interested in this theme in the first place. I asked myself: what makes psychotherapists interested in working with movement and the lived body? I also wanted to highlight that, from a very basic point of view, it is through our body that we experience. However, our lived body tends to recede from direct experience and it often fades into the background. We rarely pay attention to it, as our awareness is mostly directed “from” our body and “to” the world (Leder, 1990, pp. 15-17).<sup>70</sup> I wanted to explore this phenomenon, and the main research question in this chapter is: how does the lived body appear to us? In my search for the answer to this question, I explore theoretical perspectives describing how we often become aware of our lived body when we are experiencing pain or dysfunction (Leder, 1990), or joy or pleasure (Zeiler, 2010). However, with my study, I wanted to highlight that the lived body is always, at least marginally, present and available to us through kinesthesia (Sheets-Johnstone, 2012). I find that the notion of kinesthesia is highly interesting when inquiring into how the lived body appears, because this sense modality is always with us.

As living beings, we are always moving, and kinesthesia is the feel of our self-movements. It is our affective capacity that reveals our immediate experience and response to the situation that we are living. Through kinesthesia, we feel qualities of experience – like sharp, soft, light, heavy, bouncy, etc. Our kinesthetic awareness may be reduced or diminished, and we may not have practiced how to attend to it. It is mostly (and as, for example, Leder (1990) and Zeiler (2010) point to) when we are experiencing something distinct, like pain or pleasure, that our kinesthetic experience breaks through and that we become aware of our lived body. However, we can never switch off our kinesthesia, it is always with us (Sheets-Johnstone, 2012). Following this, I believe that all psychotherapy, to some degree, draws on our experience of the situation that we are living, which means that the lived body is the body that is in therapy.

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<sup>70</sup> Polanyi writes: “Our body is the only assembly of things known almost exclusively by relying on our awareness of them for attending to something else... Every time we make sense of the world, we rely on our tacit knowledge of impacts made by the world on our body and the complex responses of our body to these impacts” (Polanyi, 1969, pp. 147-148). Leder argues “It is because we experience from the body that it constitutes a nullpoint in the perceptual field” (Leder, 1990, p.16).

Through kinesthesia, we are always directly and immediately connected with the living stream of experience, the longitudinal intentionality, as Husserl calls it. Or, “The world is what we perceive /.../ not what I think, but what I live,” as Merleau-Ponty says (Merleau-Ponty, 2012, p. xxx). The longitudinal intentionality, the experience of the continuity of movement itself, is always lingering in the background of our experience. This stream of life weaves through the formation of objects; that is the transverse intentionality. And as we can never shut off our kinesthesia, we are to some extent always marginally aware of the longitudinal intentionality; it is the ground from where contacting and experience is shaped.

The lived body is consequently always present and involved in our experience, as through kinesthesia there is “a setting in motion” and a pre-reflective knowing through which we discover, make sense of and learn about the world. We know before we know that we know. From his point of view, experience is constantly made and re-made, and even within habits there is movement and pre-reflective adjustment to the present situation (Merleau-Ponty, 2012, pp. 143-148; McGuirk, 2016, p. 153). This also means that the lived body isn’t just present in certain bodily-oriented practices or only attended to in specific body psychotherapy. It is always there, and we can practice our ability to turn our awareness to this experience.<sup>71</sup> And, when we do and when this experience is brought to the foreground, it can reveal important information about how we are experiencing the situation that we are living (Frank, 2023).

Attending to kinesthetic experience in psychotherapy can be powerful. It can uncover and give a felt sense of existential themes, and bring awareness to the relational and situational background from which emotions, habitual supports for contacting and ideas about oneself and others are formed. However, and based on my clinical experience, I find it important to highlight that the ability to feeling oneself and attending to kinesthetic experience is not necessarily always readily available to everyone. Personally, when I work as a therapist, I want to respect that the client may have good reasons not to feel themselves, and I think that exploring the function of “not feeling” in

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<sup>71</sup> In the dissertation I have referred to this in terms of shuttling between the phenomenological and natural attitude (discussed, for example, in: Luft, 2002).

itself can be enough and important. Maybe perceptions or cognition are more in the foreground, and then that is a place where we can begin. Paradoxically, attending to feeling nothing is the beginning of becoming aware of experiencing something – which means that the lived body *is* recognised.

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In chapter four, I also inquire into what it was that made the psychotherapists that I interviewed particularly interested in the lived body and in integrating a movement perspective to their work. I found that they had discovered that attending to habitual and relational movement patterns could illuminate enduring relational and existential themes at a profound level, such that they would not reach only through reasoning and “talking about”. They had further experienced how senior psychotherapists would reach depths in their work by skilfully listening to body-to-body interactions that moved beyond, and as an undercurrent to, the verbal content. This seemed like magic to them, and they wanted to learn how to do this. I was intrigued to hear that several of them used the word “magic” when they described their colleagues’ work. They wanted to break the spell, and I can relate to that ambition, as it is one of the reasons that has led me to embark on this study. I think that the magic that they referred to and experienced was the senior colleagues’ phronetic capacity to carefully attend to situational specifics. Reflecting on this, I imagine that the senior therapists were attending to the dimension of “being in contact”. With that, I mean the background supports for contacting, and how they and their clients were responding and adjusting to the living stream and the kinesthetically resonating sphere of experience.

It was hard, if at all possible, for the experienced therapists to articulate what informed their knowing. I understood that this was frustrating for the psychotherapists that I interviewed, as they wanted to know. They were searching for a structure and a theory that could guide them how to work in this way. I think this shows the importance of providing nuanced descriptions of what constitutes phronesis, and that there is a need to integrate such descriptions and theoretical frameworks that support awareness of the lived body in psychotherapy trainings. In my opinion, such theories need to, by default,

be taught and practiced through experience so that the learning includes development of kinesthetic awareness and thus supports the opening of a pathway for the therapist to feel themselves, and with another. This theme of transferring tacit knowing leads to a central question for this thesis: to what extent can phronesis and lived bodily experiences be verbalised?

### **8.3. Finding a speaking speech**

The main research question in chapter five is: how, if at all, can lived bodily experience be verbalised and what is the relation between movement, the lived body and knowing? First I discuss: how, if at all, can lived bodily experience be verbalised? To help me explore this, I bring together Husserl's concepts of longitudinal and transverse intentionality with Merleau-Ponty's speaking and spoken speech (Husserl, 1966 in Bornemark, 2009, pp. 69-105; Merleau-Ponty, 2012). By relating these concepts to the empirical material, I discuss how language can both separate and connect us, and how language can be far from and close to the longitudinal stream and our immediately lived and felt experience.

In this chapter, I describe how language draws on our kinesthetic experience of the longitudinal stream, and that as soon as this experience is thematised and named, it is transformed into an object in time. Hence, language belongs to the transverse intentionality. The speaking speech relates to the process of creating an object, whereas the spoken speech uses an object that has already been created. Speaking speech is the realm of language that moves closely to the longitudinal stream, and in our everyday language we often use a spoken speech – which refers to already established meanings.

With the help of these concepts, I think we can say that yes, lived bodily experiences can be verbalised. But of course, the speaking speech cannot fathom everything within the living, as the living always exceeds what can be grasped. With the ambition of finding a speaking speech, one is at least striving for a “good enough” meeting point. The speaking speech has the potential to serve as a threshold between the longitudinal and the transverse, aiming to attentively capture nuances within the living stream. Through this

always forming form of language, experience can speak directly to us. However, this speaking speech demands careful attention, as it needs to constantly stay open to the longitudinal in order to retain its speaking character.

During the process of writing this dissertation, I experienced how quickly speaking speech can turn into spoken speech. In chapter seven, I introduce the reader to the concept of pactivity, which describes the sequential movement of how we are passively receiving life and actively responding to that which we have received (Bornemark, 2016; Bornemark, 2022). I suddenly found myself using pactivity as an abstract and general concept, without articulating how this movement dynamic unfolded within the specific situation. I had thus slipped into making the speaking spoken. Instead of speaking from experience, the word pactivity became like a lid that covered the situational specifics. The spoken speech can easily fool us as if it speaks of experience, like, for instance, terms like trauma, depression or anger. These are forms that do not necessarily give a direct voice to subjective and lived experience. In order to reach the speaking, we need to listen to the forming of experience. Here, I think words that capture qualitative dynamics of movement, rooted in kinesthetic experience, can be useful – like descriptors for qualities of experience, such as free, held, narrow, still. Or metaphor, for example, “I feel as if the world is pressing down heavily on me.” Merleau-Ponty said that speech is gesture, and in some regards, the speaking speech is close to our physical gestures – highlighting our body as an expressive power that is giving shape to and mediating that which is experienced (Merleau-Ponty, 2012, p. 187), or as Husserl said, “Each expression is the lived-body of a meaning” (Husserl, 1973, p. 65, as cited in Taipale, 2014, p. 89).

This leads me to reflect on some implications for psychotherapy. When therapist and client explore the lived, relational and situational meanings of gesture, movement patterns and posture, it is similar to giving space for a speaking speech. This involves a different approach from when the therapist (and client) interprets a posture, gesture or movement pattern as having a ready-made meaning, like a spoken speech. For example, the therapist might have an idea that the client who is not keeping eye contact is shy, hostile or avoiding something. A conclusion might be that this is pathological and should be changed. However, by attending to this gesture as a speaking speech, the therapist



can be curious about the function of this movement and in the client's experience of it. Following this, both client and therapist can explore how looking away is a support for contacting. What are they saying to themselves and the therapists through this movement pattern? What do they see and what are they looking at? What do they feel, perceive and think? Exploring the expression as a speaking speech acknowledges that it is related to the immediate and lived situation, which inevitably means that it is emerging with and in relation to the therapist and the context. This approach to gesture as a speaking speech is different to what is sometimes called body language, where certain postures and gestures are reduced to having a particular meaning. Previously, interpreting crossed arms over the chest as meaning that the other is distancing themselves is similar to a spoken speech, and differs from exploring and wondering about the subjective experience and how it might serve as a relational support. Maybe this could be explored as situations that facilitate or focus on bodies as speaking or spoken?

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What I further find interesting is that the concepts of the speaking and the spoken speech do not settle on a traditional either-or dichotomy, as the speaking and the spoken speech are interrelated; the speaking speech achieves its expressive function through the spoken speech, and as the spoken speech becomes meaningful within an ever-changing context, it also involves degrees of the longitudinal intentionality. Hence, the lived body is always, to some degree, integrated in language, there is no absolute separation. Merleau-Ponty claims that "it is through expression that thought becomes our own" (Merleau-Ponty, 2012, p. 183), and he further states that our view of man will be superficial "so long as we do not rediscover the primordial silence beneath the noise of words, and so long as we do not describe the gesture that breaks this silence" (Merleau-Ponty, 2012, p. 190). I understand this as if the longitudinal stream vibrates through the verbal and gestural, but it always withdraws from and exceeds our individual expressions.

It is striking to me how useful Merleau-Ponty's concepts are in helping to distinguish between a language that remembers its relation to the lived and felt, and that which is more distant and numb. This can, for example, help alert us to when concepts have become outdated and lost their relevance and meaning within present circumstances, and to when we need to create new words to better match what needs to be described. An example of this is the quite recent term "neurodiversity" (from the 90s), which aims at highlighting that diversity in human cognition is normal and not necessarily pathological.

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I think that the concept pair of the speaking and the spoken speech is relevant for psychotherapy practice. Together with the client, search for a speaking speech can contribute to organising, communicating and making them aware of their lived bodily experiences. It is often difficult to capture and name what we are feeling and experiencing exactly, but a speaking speech can support communication and thematisation of these experiences. Finding an experience-near language can help to heighten the client's awareness of their kinesthetic and lived bodily experience. As a speaking speech may resonate more closely to the lived and felt, it can support the person to feel what he or she is feeling, rather than to talk about the feeling. This, in turn, can clarify and give a felt knowing of how emotion and experience is formed, and bring to light its relational and situational background. Feeling ourselves can also open access to a new and more experience-near vocabulary.

So, language can work both ways: to shape forms and create distance from that which is immediately felt, which allows for reflection. It can also help to open up established and habitual forms, and thus move closer to the lived experience. Hence, working with movement and the lived body in psychotherapy does not need to include explicit movement experiments, as felt synergies and dynamics of movement also can be retrieved through language. Aiming to find a speaking speech can further support the client and therapist to explore how experience is structured, and come closer to the

lived and felt. For example, what is the subjective experience of that which is named anxiety or trauma? How is it formed, and what is its relational and situational function? What is the bodily knowing within this experience?

Frank writes that the patient tells their story to, for and about the therapist (Frank, 2023, p. 46). Considering that speech, speaking or spoken, is always to some degree related to our experience of the situation, it is also interesting to note that how and what the client (and the therapist) is saying is impacted by who they are speaking to. In other words, it reveals something about how they anticipate that they will be received. I further believe that the client, on a felt and maybe subtle and unaware level, will “know” the difference when the therapist is inquiring into their experience through a speaking or a spoken speech. A question that vibrates with a genuine interest, and is expressed through a speaking speech, signals a different degree of receptivity and responsivity than a spoken speech does. This, in turn, can impact what and how the client feels that they can and cannot share themselves with the therapist. In that regard, the speaking and the spoken speech also relate to holding of the therapeutic space, which I explore later in my study.

#### **8.4. Intellectus and ratio as each other’s otherness**

In chapter five, as I continue on the theme of verbalisation, I add an exploration of how the lived body and kinesthesia relate to the formation of knowing. Verbalisation and language are closely linked to the traditionally established hierarchy between what is regarded as real knowledge and that which is thought of as vague and unreliable. The former is often defined as “mental” and “cognitive” while the latter is considered “bodily,” commonly perceived as unintelligent rather than intelligent (Nussbaum, 2001). The risk with not verbalising and acknowledging lived bodily knowing, or what is sometimes called tacit knowing, is that it remains elusive and mysterious and continues to be referred to as weak, unreliable and unprofessional. Consequently, the lack of verbalisation impacts how such aspects of knowing, which cannot be measured, are being regarded and often devalued in, for example, research, psychotherapy and professional working life.

In the field of psychotherapy, for example, there are typically strict requirements for evidence-based practice. Methods that can be standardised and provide quantifiable evidence of effect and desired outcome have been given a privileged status. Generally, approaches that can show this are described as professional psychotherapy, whilst those that cannot are subject to not being taken seriously. I am not arguing that outcomes-focused methods, neuroscience or systematic research is not valuable for psychotherapy. But I am concerned about the hierarchy that is established between methods, and the consequences that this may cause. For instance, I think that the quality of clinical work is potentially jeopardised if other sources of knowledge, like phronesis and bodily knowing, are not adequately made visible and studied (Hoffman, 2009). Such aspects of knowing include the skill of relating to the individual human being, adjusting and developing the method according to the specific situation, the art of holding therapeutic space, and to linger with not-knowing and allow for new insights to develop. In my opinion, these aspects are important, independent of psychotherapeutic method, as I believe that no method or theory can stand alone or above the relationship between therapist and client.

I can't help but wonder if it isn't unfair to psychotherapists across approaches and methods if the phronetic aspects of their work, their bodily and situation-specific knowing, remain invisible and unacknowledged. To better understand how our evaluations of the situation at hand are shaped is, as I see it, both interesting and important in order to develop psychotherapy practice in general. However, I can also understand the mistrust in methods that draw on subjective experience and emphasises the aesthetics (the felt and sensed) – especially when there is a lack of knowing about the foundations and values that these rely on. This, I believe, brings forth the need to explore and articulate how knowledge based on lived bodily experience is shaped and cultivated. It is important to enhance our understanding of how this bodily knowing is different from unreflectively acting on an emotional reaction, impulse and preconceptions, and to discern how professionals can develop their practical wisdom and better meet the needs of the people they work with and that seek their help.

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For these reasons, I expand on the inquiry of verbalisation and add an exploration of the concept of knowing. The second research question in chapter five is: what is the relation between movement, the lived body and knowing? When I explore this, I introduce another concept pair to the theoretical weaving; Cusa's concepts of ratio and intellectus that describes the intertwining of knowing (ratio) and not-knowing (intellectus) (Bornemark, 2018a; 2018c; 2020).<sup>72</sup> Intellectus relates to the sensuous and is open to horizons of not knowing. It gathers whatnesses or sensory information that stand out in the flow of experience. Ratio receives this information and shapes, defines and orders it into categories and forms. Without intellectus, ratio would not have any information to form categories from, and intellectus supports ratio to continuously reflect on the forms that it shapes.

Cusa's theory describes the lived body as an intrinsic aspect within a dynamic formation of knowing. Intellectus is sensitive to qualities of experience and to that which emerges within the living stream. It is open to not-knowing and to wonder the situation "as it is", allowing for new discoveries to unfold. I think there are interesting similarities between kinesthesia and intellectus. They are not the same of course, but both have the capacity to relate to the longitudinal and to horizons of not-knowing – pre-reflectively gathering information that shows qualities and shades of experience before evaluation, categorisation and articulation. Practicing our kinesthetic awareness can support our intellectus capacity. Furthermore, intellectus includes the capacity to linger with not-knowing, for example, to stay with that which is kinesthetically experienced and not rush into evaluating. For the psychotherapist, intellectus can, for example, help to not rush into meaning and preconceptions too soon, but to create an openness to the situation and a wondering attentiveness to what is emerging. By doing this, the therapist may inspire their clients to find their intellectus capacity, which involves an attitude of wonder and curiosity. Intellectus can, in this regard, become like a non-evaluating witness, through which the client may be able to gain more compassion towards

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<sup>72</sup> My understanding of Cusa's theory is based on Bornemark's phenomenological reading of his concepts in the references mentioned.

themselves and their process, as support for living through suffering and opening up to new possibilities.

I think that Cusa's theory provides a significantly useful perspective of well-incorporated dichotomies of either-or, as it clearly shows how both ratio and intellectus are equally needed, precisely as each other's non-otherness, or non-aluid, as Cusa called it. Neither of them captures the whole, but their non-otherness invites a movement between them where new knowledge can emerge. Ratio and intellectus as non-aluid describe the creation of knowing as a continuous sequence between forming and form. A similar tension concerns the longitudinal and the transverse, the speaking and the spoken – neither of the points in each pair can exist without the other, they are “other” and yet they move through each other.

Some of the therapists that I interviewed were drawn towards a strong ratio, towards cause-and-effect-oriented theories and towards techniques which are objectifying subjective experience. They found that these could provide a sense of stability and certainty for their clinical work. A strong ratio can be attractive as it offers a clear structure. This can give the therapist a sense of knowing what is happening and how to act in order to treat the client and reach a desired outcome. During the course of my study, I came to realise that an additional function with ratio-oriented methods is that they can support the therapist to feel held and confident in their work. This, in turn, can generate an environment where the client feels held. The experience of “knowing what to do” could provide a sense of weighted presence for the therapist and contribute to the affective quality through which they direct and frame their work.

However, the limit with ratio is that it can become so certain that it forgets to reflect on its own limits, and acts as if it no longer needs intellectus. In fact, it can forget and even deny that intellectus exists. When that happens, when ratio is closed, it is no longer receptive and responsive to the specifics of the situation, or open to new insights being developed. Such approaches are at risk of reducing the other to a category defined by ratio, rather than relate to the other (and oneself) as living. On the other hand, approaches that lean on intellectus without relating to ratio will lack direction for the

work. To just “trust the process” is not enough, ratio is needed for sense making and to establish a frame for the therapy. I think that it could be of value for intellectus-oriented approaches to make visible and define how they structure ratio, and which ratio that guides their practice.

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The therapists described that the movement-oriented approach to psychotherapy that they had studied (Developmental Somatic Psychotherapy) supported them to attend to that which they felt, sensed and perceived in the unfolding of the therapeutic encounter. They experienced that the training had helped them to develop their capacity to trust that this entailed information which could be important for the therapy. In brief, the training had provided a combination of practicing kinesthetic awareness and experientially studying a theoretical framework that leaned on phenomenological values, hence supporting the exploration of subjective experience. However, this way of working required continuous practice, the therapists said. They found that supervision that clearly attended to lived body dynamics, in combination with having a regular body-movement or aesthetic practice supported them with this. Many also mentioned that they found it empowering to regularly connect with colleagues who they knew valued this way of working, and with whom they could reflect on the role of the lived body in their work. In other words, community was an important support for their practice and ongoing learning.

What the therapists are highlighting is a need for intellectus practices. These are practices that support us to not know, and to open to the sensuous and allow for creativity and spontaneity (Bornemark, 2020). Intellectus practices can, for example, be the arts, somatic practices, studying philosophy, reading and writing poetry, being in nature and relating to animals and the non-human world, and so forth – activities and practices that encourage awareness of the experiencing body. I think that developing kinesthetic awareness is one important aspect of cultivating intellectus, but intellectus practices also need to support us to linger with not-knowing and to stay with that which is not yet ready to be known as ratio.

I have a keen interest in developing training for psychotherapists that back their professional growth and that integrate the lived body in all aspects of the teaching/learning process. This study gave me an opportunity to look closer into factors that may support this. Reflecting on my colleagues' experiences, particularly regarding the notion of intellectus practices, is a valuable learning experience for me. I take with me the importance of encouraging the practice of kinesthetic awareness within, but also outside and after a framed training context. Other important factors are regular supervision that applies a lived body lens and supports the therapist to stay curious about the details of their work. This can also help the therapists to explore: what is the sensuous information, the whatnesses, which they draw on when they judge how to act? I also see the value in developing a community, where practitioners can practice their intellectus capacity together. As I mentioned earlier, kinesthesia and the lived body can never disappear, but it easily retreats into the background. We live in a culture that supports that, and consequently, I think that there is a need to establish spaces that remind us to not forget intellectus and that nourish the sensuous.

### **8.5. Phronesis and holding of the therapeutic space**

Having looked into movement and its relation to the lived body, experience, verbalisation and knowing, I make a slight shift in my exploration when I raise phronesis as the focal point. In chapters six and seven, I engage in a more precise analysis of phronesis and its relation to movement and the lived body. In chapter seven, I focus on components that contribute to the psychotherapists' capacity to create holding. In chapter eight, I describe how these are involved in movement, and I outline this movement and how it shapes phronetic holding.

Just as phronesis is the capacity to judge how to act in relation to situational specifics, it also relates to all of the concept pairs that I have presented: to longitudinal and transverse intentionality, to the spoken and the speaking speech and to ratio and intellectus. Phronetic practice is to know how and when to draw on each of those values, and to continuously attend to the unfolding situation. Intellectus, kinesthesia and the lived body are central to this capability. I think that phronesis, in particular, can be a



useful concept to meet ontological discussions and conflict concerning what is regarded as real knowledge. How so? Well, phronesis can be defined as a capacity to act in relation to the longitudinal intentionality, and it includes both the ability to stay open to horizons of not-knowing *and* to apply ratio-oriented knowing when that is needed.

Phronesis can reveal itself in many ways, and I have chosen to highlight the psychotherapists' phronetic sensibility to create holding of the therapeutic situation. I chose to do so as this is a central feature of their work, but at the same time, it is under-verbalised. I also find that holding is an interesting aspect of phronesis as it is not unique for psychotherapists. There are many other situations that demand exquisite skills to create holding, specifically within interpersonal professions, like healthcare professions, pedagogy, social services, the police, but also within all kinds of leadership and organisational work. Studying holding as phronesis within psychotherapy has unexpectedly opened my eyes to this as a professional bodily knowing that I am curious to learn more about; I am wondering how this process lives and what role it has in other professions, and not least what verbalising it could contribute to.

The main research question in chapter six is: how do psychotherapists create phronetic holding within the therapeutic situation? Firstly, what do I mean by holding in this context? The asymmetrical nature of the therapeutic relationship includes that it is the psychotherapist's responsibility to hold the therapeutic space. Fundamentally, therapeutic holding consists of both formal (agreements about fee, times, location, confidentiality etc.) and phronetic aspects. I explore phronetic holding, which relates to how the psychotherapist acts in order to create a therapeutic space that contributes to enhancing the client's awareness, agency and growth. Importantly to note, phronetic holding is not the same as creating a safe and harmonious situation, but rather to continuously adjust to situation-specifics, aiming at offering as much support as necessary and as little as possible (Perls, 1992). In order to better understand how therapists do this, I identified three components (amongst many possible) that supported and informed their situation-specific knowing. These are: theoretical knowing, professional experience and habits, and situation-specific knowing.

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I found that attending to their kinesthetic experience supported the therapists to be responsive to situation-specifics. Within the moment-to-moment unfolding of the therapeutic situation, they were, for example, noticing changes in their sense of weight in relation to the other. Through this sensuous diagnosing, they could gain a felt understanding of the movements of the field: the qualities and rhythms of contacting emerging between them and their clients. This allowed them to notice when contacting felt stuck or fluid and adjust their holding accordingly. Awareness of their sense of weight also supported them to yield stability and to be present, and thereby offer a situation from which the client could take support. As we can see, intellectus and the lived body are crucial for this way of working.

But obviously, it is not enough for psychotherapists to only be present and sensitive to situational specifics. Having a thoroughly studied theoretical framework, that is integrated and known “in the body”, is essential for the ability to understand and judge the situation at hand in an appropriate way. Furthermore, theoretical frameworks provide confidence and solidity for the therapist – which probably can be felt by the client and contribute to creating holding of the situation. The chosen theoretical framework also guides what the therapists judge is important to attend to within the situation, and consequently informs how they direct the work.

Rigidly clinging to theory can make the psychotherapist blind towards situational specifics and turn episteme (theoretical knowing) into what Aristotle calls *techne*, the aspect of practical knowing that belongs to the sphere of production and has a predetermined end point and goal in mind. So again, we can see that it is not a question of aiming at either *ratio* or *intellectus*, but that *phronesis* rather concerns the relationship between those values. In this chapter, I also explored if Aristotle’s forms of knowledge can be used to understand how psychotherapists create phronetic holding. I conclude that episteme and *techne* can be important aspects of phronetic holding, and that it is a phronetic competence to judge when and how to draw on these. I am only touching on *techne* in my study, but in doing so I have developed an interest in the role

of movement and the lived body within this aspect of practical knowing, and I am eager to look into this in future studies. This could, for example, be to study the role of movement and the lived body within more manual-based psychotherapy approaches.

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I found that the experience-near vocabulary in the DSP theory supported the psychotherapists to deepen their kinesthetic awareness. It provided a framework that enhanced their capacity to discern how meaning is constantly created through posture, gesture and emerging body-to-body interactions. The theory encourages the practitioner to attend to that which is felt and sensed and trust that this experience carries information about the unfolding situation. I think that this theory and practice brings life to and deepens Nussbaum's theory about the intelligence of emotions, by emphasising the wisdom in our kinesthetically resonating bodies. Based on this, I believe that an intellectus-sensitive ratio can assist in the practicing of intellectus as a support for the development of phronesis.

Based on what my research has shown, I think that kinesthetic awareness, together with a theoretical framework, that is integrated and known in "the body," can support the capacity to be open to horizons of not-knowing and enhance alertness to patterns within the longitudinal stream. By "theory," I mean a structured framework of thought that holds values that recognise the intelligence of the lived body, like an intellectus-sensitive ratio. Phenomenology, gestalt therapy theory and the DSP theory have that function for me. They don't eliminate doubt, effort or discomfort, but they encourage me to stay with confusion and linger with not-knowing. I find that they somehow remind me to stay curious about the intelligence of living bodies, and help deepen my faith that information from that which is elusive and felt will gradually cluster into forms of meaning.

Phronesis is a matter of acting skilfully and ultimately with professional excellence, and not surprisingly, this develops with professional and personal experience. Professional experience and habits can enhance psychotherapists' phronetic capacity to hold and

make them more open to attend to novelty and nuances within the moment. For example, a habit that I have developed over time is to regularly return during a session to noticing how I am experiencing myself in relation to the chair, the floor and the surrounding space. This habit supports a kind of readiness to respond to that which emerges during the session.

However, there is also a risk that professional experience and habit can close down on the therapists' capacity to attend to situational specifics. Habits can become formalised, and thus turn into what Aristotle describes as *techne*. However, professional experience can also facilitate a bodily knowing that makes being with not-knowing familiar. The practitioner can cultivate a capacity to linger with these horizons, without closing them. In light of this, I am, once again, reflecting on *intellectus* practices. In this chapter, I highlight their possible relation to habit, as these are practices that help develop a bodily-felt confidence and faith that one can live through not-knowing. *Intellectus* practices cultivate this kind of deepening faith, or a bodily knowing, which allows the practitioner to leave and let go of known ratios and be open to horizons of not-knowing. In fact, giving oneself to this process may include getting lost and/or having to formulate a completely new ratio.

Letting go of a known ratio and living through the process of un-forming forms is, of course, also applicable to the client's therapeutic process. This process may be necessary for transformation to happen; however, the experience can feel like losing the ground beneath one's feet. No wonder that in such processes, it is easy to return to the familiar, in the hope of relief, or by rapidly seeking for something else to grasp-onto as an attempt to create a sense of certainty and comfort. Lingering in the space of not-knowing is indeed a leap of faith. We also see this process in our society, where, for example, climate change calls us to act and un-form familiar forms, which might not be easy or comfortable.

## 8.6. Pactivity and arches of paradoxical values

In chapter seven, I continue to verbalise and illuminate processes involved in psychotherapists' phronetic and bodily knowing. I have shown that when creating holding, psychotherapists are guided by theoretical frameworks and experience, as they are closely attending to the specifics of the situation – to the aesthetic and qualitatively felt dimensions of contacting. Drawing on these findings, I have concluded that phronetic holding is dynamic, relational and situational. In other words: it is never static. Phronetic holding is a movement and a continuous process of responding and adjusting to the situation at hand – judging how to best move it forward. In this chapter, I ask: how can we describe and understand holding as movement?

As I strived to articulate holding as movement, I found that Bornemark's concepts of pactivity and arches of paradoxical values were useful to describe these dynamics (Bornemark, 2020; Bornemark, 2022). To me, they are like a speaking speech for processes I experience in my professional practice, both as a therapist and a teacher. However, and as I highlighted earlier, in order for these concepts to retain their experience-near and speaking features, we need to remember to relate them to the longitudinal, and to that process which they aim at describing in each specific situation.

Pactivity brings together passivity and activity and identifies this as one movement, like a pulsation where receiving gives rise to action. The tension arches describe how there can be different ways of solving a dilemma. The psychotherapist can, in a certain situation, orient more towards support *or* challenge, ratio *or* intellectus, for example. But whatever the chosen action is, the tension needs to still be there. The key element with the arches of paradoxical values is this: without the tension between the values, there is no longer an arch within which action is possible. I suggest that phronesis as holding is a pactive movement within arches of paradoxical values – the psychotherapist is actively responding, and directing the work forward based on information that they have passively received. I think that this process leans on a sensibility to nuances, qualities and rhythms within the living.

In my view, this shows that phronesis is a form of intellectus practice that demands continuous maintenance by practicing the capacity to gather whatnesses and staying responsive to the pactive movement of life. In this chapter, I relate pactivity to the movement vocabulary in the DSP theory, and I suggest that the therapist engages in a pulsating rhythm, shuttling between yielding-with and pushing-against (that which is pushing back), or being-with and differentiating-from (as background for reaching-for and desire/a figure of interest to build).<sup>73</sup> They are yielding-with as they are receiving the other, pushing-against as they are responding to the other and directing the work forward. Within the seeming passivity there is a degree of activity, and in the activity, a degree of passivity. This process describes the role of the lived body in phronetic holding.

In this thesis, I present two examples of tension arches (amongst many possible) that the psychotherapists are orienting within as they pactively judge how to adjust their holding in relation to the specific situation. These are: authentic *and* formal, being-with *and* separating-from.

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Reflecting on the first tension arch, authentic and formal, led me to consider the role of authority in therapy and specifically for phronetic holding. The therapeutic alliance builds on an agreement between client and therapist, which makes the relationship between them asymmetrical. Within these circumstances, the therapist needs to earn the client's trust to be given authority to hold the work. In order to establish this, I suggest that the therapist needs to pactively move between the values of formal and authentic. When I use the concept of authority, I refer to Arendt's theory, which describes authority as always including asymmetry but building on mutual respect (Arendt, 1961).

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<sup>73</sup> The DSP theory describes six fundamental movement patterns, and they always operate together (Frank, 2023). I have chosen to highlight two of the movement patterns and their interrelation, as I consider these to be basic within, and at the forefront of, the pactive movement. As described in my study, these aspects (yielding-with and pushing-against) are like two sides of a coin, and sometimes one is more in the foreground and sometimes the other.

As I explore this tension arch, I show that the risk of leaning too far into authenticity is becoming too immersed in the situation and possibly dissolving the necessary asymmetry between psychotherapist and client. The risk with being too formal is that the relationship becomes numb, lacks liveliness and loses sensitivity to situational specifics. It became strikingly apparent to me that the concept of authority itself holds a wide tension. If we move too far into the formal end, we find authoritarian leadership – which I believe is similar to a closed ratio. The authoritarian leader leads through fear and compels the other to follow, as they don't feel they have other choices – perhaps because the leadership uses force and the threat of violence.

On the other hand, authority from Arendt's perspective yields stability to the relationship. This notion reminds me of what I earlier described as a sense of weight. I argue that holding authority relates to the lived body and that it is a felt experience; the person who holds authority has a sense of weight, which makes them appear solid and reliable enough for the other to allow themselves to give to and receive from the relationship. Reflecting on the aspects of weight and authority, I think it relates to being aware of what is touching me and what I am touching back, to the experienced boundaries between me and not me.<sup>74</sup> These boundaries are not static, and require continuous adjustment to the living flow. This adjustment, I believe, often happens on a pre-reflective level – informed by kinesthesia and as we make subtle changes in posture, gesture and movement patterns in relation.

I further conclude that being in touch with one's authentic response is necessary in order to stay open to situational specifics, and that to be in touch with formal aspects is needed for the essential asymmetry to remain. I also argue that authenticity does not equate to transparently sharing details of what one is experiencing and feeling. But, through kinesthetic awareness, the psychotherapist can stay close to the longitudinal intentionality and access a speaking speech through which their authenticity can shine through. Giving thought to this, I am reminded of one of my favourite quotes by Laura Perls. She says:

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<sup>74</sup> Described in Frank's theory as: how we are pushing-against, and receiving and responding to the other's pushing back (Frank, 2023).

If we want to help our patients to realize themselves more fully as truly *human* beings, we ourselves must have the courage to risk the dangers of being human. (Perls, 1992, p. 121).

I believe her words address this circumstance, and that she wants to encourage psychotherapists to risk being authentically in touch with their aliveness, including their strengths, limits and vulnerabilities, and allowing themselves to be genuinely touched by the other – which of course also includes the risk of being hurt, and of hurting.

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When discussing the second tension arch, I apply Stein's theory of empathy, which I describe as a pactive movement between the paradoxical values of being-with and separating-from. From Stein's perspective, being-with is not enough for empathy, it also requires the process of separating/differentiating-from the other (Stein, 1989). I outline how, based on continuous sequences of being-with and separating-from, the psychotherapist can become aware of the melodic unity of the other and imagine into the temporal stream out of which their experience emerges and is directed (Taipale, 2015). From a movement perspective, empathy can be understood as the continuous process of kinesthetically resonating with the other, and attending to one's own kinesthetic experience.

In agreement with Svenaeus, I believe that empathy, feeling with and imagining into the other person's experience, is an essential component for phronesis, as it can guide wise, caring and ethical action (Svenaeus, 2014). For example, the physician's clinical judgement presumably needs to not only lean on medical facts but also require empathy in order to adequately understand the patient's problem and best figure out how to help. Through the process of being-with and separating-from, the therapist gains a kind of feel-knowing of the other. This could, of course, be used to intentionally harm the other in a destructive manner. Phronesis, however, is, as I understand it, not value neutral, as it is directed towards *eudaimonia*, the universal good (Aristotle, 2011, p. 121 [1140b:



20-21]; Svenaeus, 2014, p. 295). The pactive movement between being-with and separating-from serves as a support when relating to the specifics of a situation, and from this, judge how to act wisely, not only for our own benefit, but also concerning eudaimonia. Within the therapeutic situation, this could relate to that which best serves the client's awareness and growth. The concept of pactivity shows how we, based on the whatnesses we have received, can turn the situation in a new direction.

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As I contemplate this tension arch, being-with and separating-from, I would find it interesting to look closer into how this dynamic is involved in the process of cultivating phronesis. I mentioned briefly in chapter seven that I am curious about how phronesis can be transferred and deepened between practitioners, and I wonder if the pactive movement between being-with and separating-from could be useful to explore and verbalise this phenomenon. In chapter eight, I quoted Merleau-Ponty from his essay *The philosopher and his shadow*, where he refers to Heidegger, who says that the richness of a thought or a theory lies in the unthought-of element (Merleau-Ponty, 1964, p. 160). As Merleau-Ponty reflects on this he continues:

Just as the perceived world endures only through the reflections, shadows, levels and horizons between things (which are not things and are not nothing, but on the contrary mark out by themselves the fields of possible variation in the same thing and in the same world), so the works and thought of a philosopher are also made of certain articulations between things said (Merleau-Ponty, 1964, p. 160).

Merleau-Ponty refers to the work of a philosopher, but I think the same dynamic could apply to a phronetically skilful practitioner from any profession. Through experience, this person has acquired a level of excellence in their work and a way of seeing patterns and approaching the moment-to-moment unfolding situation at hand. The fullness of this wisdom can be difficult, if at all possible, to fully comprehend and/or articulate, even for the person themselves. But, by moving close to their way of working, being-with, it can be possible for the less experienced but ongoingly learning practitioner to sense

rhythms, patterns and qualities within their practical wisdom. And from having received and integrated this lived bodily knowing “in the body,” they may be able to continue the experienced practitioner’s movement, but with their own variations and thus possibly give shape to, and add to and further develop that which lives in the “between things said”.

Through this pactive movement, phonetic competency could be seen as weaving between practitioners and also through generations. This may be close to what is known as the master and apprentice relationship. However, I find it interesting to think of this learning process in terms of a pactive dynamic between being-with and separating-from, and thus contemplate its bodily roots. It is interesting to me as it honours phronesis as a continuum and not only as an individual competence, but rather as a competence that can be shared and deepened between professionals and over time. On this note, I am reminded of a dance workshop I did with Gabrielle Roth, whom I mentioned in the introduction chapter. She shared a story with the participants about when one of her students had walked up to her after class and said, “I wish that I could dance like you”. Gabrielle had responded, “Then dance like you”. I wonder if in the depths of those words, there resides a clue to the magic that the therapists I interviewed were longing to find.

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An overall reflection on holding as phronesis within the psychotherapeutic context is that holding is a process created over time. It relates to the specifics of the situation, and holding also goes beyond the moment-to-moment of each session. What emerges in one session becomes ground for the next, and between meetings, both the client and therapist can reflect on the process between them. Some therapeutic relationships may involve contact in-between sessions, where the therapist will need to judge how and when to act.

Additionally, teaching psychotherapists leads me to continuously reflect on what the art of creating holding involves. For me, the process of creating holding for a

teaching/learning situation begins as I start to prepare to meet the group. Preparations involve preparing content and structure for the training, but also to gather myself in such a way that I can be receptive to the emerging situation. Already as I prepare, a tension arch is present, consisting of the values of content and process. This tension continues to be present throughout the time that I am together with the group. I continuously have to navigate and attend to both aspects. I need to hold a direction for the work and make sure that we cover essential material. And I need to attend to what emerges in the group and to how the participants receive what I bring – and be ready to creatively adjust to this. This holding is not something that I shake off by the end of the first training day, it is more like a state of attentiveness that I enter as I begin to prepare to teach and that will shift and change in character until the workshop is completed. This circumstance leads me to consider the effort that goes into the process of creating holding of a situation, or to hold space for a theme or question within a specific context. I think of this as a bodily knowing, that might not always be visible or recognised, but that indeed requires practice, patience and persistence. Speaking for myself, I know that I also need relational support during this process, which may include debriefing with colleagues and relating to nature and friends.

### **8.7. Looking ahead: what is bodily knowing?**

I will now proceed to describe how some of my findings lead me to consider future research possibilities. In my study, I have underscored phronesis as a form of knowing rooted in the moving-feeling-perceiving body. I have stated that phronesis is a sensibility that can be advanced, for example, through intellectus practices. I have argued that kinesthetic awareness can enhance the psychotherapists' capacity to be responsive in meeting the needs of the specific situation, which is necessary for ethical action. I have also been very clear that it is not in my interest to argue which approach to knowing is most important, ratio or intellectus. The theories of non-aluid and the arches of paradoxical values illuminate that they are two distinct yet interconnected points. Ratio wouldn't have its categories without the whatnesses that intellectus gathers. My point is that both are equally necessary precisely because they are different, and because they help us to understand different processes within the living. But, since ratio

is so well practiced, and we know less about intellectus and the intelligence of living bodies, I think the latter requires explicit attention and space.

As I conclude my study, I am confronted with a new set of questions that concern the theme of bodily intelligence and knowing. I find myself asking: what is the bodily knowing in psychopathology, what role does it have in professional work life in general and within other areas of our everyday life, such as the digital world? The lived body and embodiment are increasingly being thematised within the humanities and social science research traditions. However, I wonder, how well has the *knowing* of the lived moving-feeling-perceiving body been investigated? With bodily knowing, I am not mainly referring to techniques or skills of using bodily expressions to manipulate a situation. But rather, to the capacity to sense and gather that which is important within a specific situation and judge how to act within it. This knowing concerns the longitudinal intentionality and relates to intellectus, kinesthesia and phronesis.

When looking at artistic professions, for example, it is evident that bodily knowledge exists and is important. But as I have shown in my study, the sensuous, aesthetic and emotional aspects of knowing also clearly impacts psychotherapists. Concepts such as “gut feeling”, “intuition” and “emotional intelligence” indicate that we know that “there is something there that we know,” but at the same time, these concepts are also often associated with something vague and unreliable. In fact, such concepts may be used to, like a spoken speech, cover and minimise experience instead of exploring the bodily knowing of the situation that could be moving beneath the surface. I think that these kinds of concepts become weak when they are not clearly defined and anchored in a thought system, describing their experiential and bodily grounds.

In my study, I have outlined how the individual practitioner can feel and perceive shifts in a situation, telling them to act in one way or another. Likewise, they might sense that something is not working optimally. When are their judgements accurate and when do difficulties occur? This, I believe, underscores bodily knowing, which, as I have demonstrated, can significantly contribute to advancing a situation, altering its course, or preventing something from occurring. I have linked these kinds of lived bodily

experiences to theoretical frameworks and defined concepts. I have done so because I believe that it is important to create a ratio in order to make often elusive lived bodily experiences visible. I think they need to be clearly defined in relation to theory in order to be taken seriously and be rightly acknowledged within professional work life, and within systems and structures that have societal power.

Holding is an example of professional bodily knowing that I think is under-researched. Exploring the process of creating holding has made me aware of the effort that goes into this phronetic capacity, and that the skills involved are often taken for granted. I am wondering how this applies to other professional groups. How are the police officer, the doctor, the teacher and the lawyer acting to create holding within concrete and specific professional situations? Could research aiming at both verbalising *and* anchoring such bodily knowing within clearly defined thought systems support their work and help to develop their capacity to act within complex situations?

In addition, the dominant focus (in the 2000s) on that which can be measured, quantified and researched through randomised studies has led to increasing knowledge about the effect of certain methods, for example, within psychotherapy but also within other interpersonal professions. One side effect is that many professionals experience that the expectation to be efficient takes them away from doing a good job and to attend to the needs of the people they meet in their work. Bornemark (2018c, 2020) and Forsell & Ivarsson (2014), amongst others, have highlighted that this has led to increased frustration and ethical stress (possibly a consequence of not experiencing that one can move optimally within, for example, the tension of formal and authentic). Research about bodily knowing, as a compliment to existing research, could help address these concerns, and support understanding of how professional judgement and situation-specific knowing can be developed.

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Furthermore, working as a psychotherapist has taught me that there isn't a clear-cut line between what is thought of as health and pathology. A symptom often has a relational

and situational function – a bodily knowing of what one experiences that one can and cannot do within a situation. This knowing can push forward and be expressed through the lived body before the person has words for their experience. In some cases, it might even be the only possible way to express critique and dissatisfaction. Thus, the “pathological” may also be a healthy response to a challenging situation. Exhaustion syndrome can sometimes be such bodily “resistance” or “protest,” potentially indicating and speaking of an unsustainable work environment. I am also considering conditions such as depression and eating disorders. All of those symptoms can have medical, genetic and psychological causes. However, in addition to this, what might they reveal about the situation that the person is living, about our culture and society? Attending to symptoms such as exhaustion syndrome as a bodily knowing could potentially provide access to understanding the situation within an organisation and support change towards a more sustainable working life.

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In my study, I have looked into another area that I am very keen to explore through a lived body perspective – that is the digital world. At the end of chapter eight, I describe how the therapists acted to create holding when the known ratio had collapsed. During the COVID pandemic, they had to move all their work online. Surprisingly, it became evident that the online situation emphasises the importance of phronesis and its connection to the lived body. In fact, it highlights that the lived body can serve as a necessary support for ethical action. How so? Well, the online situation demands that we actively remind ourselves to relate to the other as living and not to reduce them to objects. Although online, life and the longitudinal are still streaming between us, but it might be experienced in unfamiliar ways. By accessing our own lived body, we can open a pathway through which we can feel the other, and potentially allow for them to find themselves with us. I think the examples from the therapists’ initial online practice show that the ability to be responsive to the pactive movement within the tension of paradoxical values is enhanced by kinesthetic awareness. This awareness involves being responsive to noticing how and when one’s capacity to feel oneself is rigid or

diminished, and to acknowledge and listen to that experience as information about the situation.

In an increasingly digitalised world, where communication and meetings move online, we are presented with questions concerning how we can use these channels in a sustainable way, where we can relate to each other in a human and responsive manner, even when we have a screen between us. The development of artificial intelligence also emphasises the importance of studying what makes human intelligence special, for example, by learning more about the human capacity for situationally specific judgement. As I see it, these themes pertain to bodily knowing.

However, without concepts and a developed language for bodily knowing, it can be difficult to contribute constructively and raise these issues to a serious and adequate level where bodily knowing can be respected and taken seriously, for example, in organisations and political and academic discussions. In my study, I have, for example, used concepts such as intellectus and ratio, phronesis and the pactive movement within arches of paradoxical values to describe processes involved in the therapists' bodily knowing to create holding of the therapeutic situation. I have found them useful to assist in verbalising the intelligence within the often elusive knowing of the lived body. In my opinion, they are examples of concepts that not only assist in the verbalisation of bodily knowing, but that also can help to avoid a dualistic and mechanistic reduction of complex and living phenomena. I did not expect to discover that verbalising lived body experience would have such significance.

### **8.8. Returning to the beginning: what is movement?**

In the introduction chapter, I quoted Aristotle as asserting that we must begin our examination with movement (Aristotle, 2008, p. 19 [405b: 33]). So, what is this movement that we must begin with?

Well, if I allow myself to speculate, I think that movement is life and that streaming force that is always there. I think that movement is that which is received and responded to,

that which moves through us as individuals and connects us with an eternal flow of experience. I think of this movement as something that we experience, but cannot ever grasp. It is not easy to know how to name this ephemeral flow, and as I have discussed in my study, there can be a tendency to either describe it as divine (religion) or deny that it exists (science) (Bornemark, 2018b). The philosophical tradition has, however, developed concepts to describe this, and in my study, I have engaged with some of these concepts.

I find that Husserl's theory of time consciousness points beautifully to the paradox of naming, and trying to grasp this movement (Husserl, 1964). His analysis describes how we live our lives within a continual stream of experience that is always directed. He calls this the longitudinal intentionality, the stream of life that is also time. The longitudinal intentionality is that continuous movement, which is always pre-reflectively in the background and which is not thematised. Furthermore, Husserl's theory describes a tension between forming and form, or of how the streaming movement also needs to solidify. Experience is not only that which we move through, it is also that which stays and is retained. Husserl calls this the transverse intentionality, through which objects are constituted, through the process of protention, the living present and retention. I acknowledge that it is a fine line to give names to this movement, as when we do we turn it into an object within the stream. Nevertheless, I think it is important to describe it and to show that it exists and impacts us even if we cannot fully know it. If I allow myself to continue to speculate, I think that in doing so we can search for contemporary ways of relating to it, so that its role can be respected and taken seriously in our modern society.

It has therefore been my wish to find nuanced descriptions of how the longitudinal intentionality shows in our everyday life, and particularly in psychotherapy. At first glance, it may seem as if the concepts that I am referring to are describing the same thing, and in some regard, they are, as they all relate to the nature of this streaming movement. But kinesthesia, the lived body and the concept pairs longitudinal and transverse intentionality, the speaking and the spoken speech, ratio and intellectus, phronesis, pactivity and arches of paradoxical values, all cut reality in a slightly different way. With their difference, I think they provide a deeper and wider understanding of



what movement “is,” and that they contribute to making the role of movement more visible. With my study, I have wanted to ground the role of the longitudinal, the experience of the continuity of movement itself, in professional practice.

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The tension between forming and form runs through all the concept pairs that I have referred to. The theory describing the arches of paradoxical values recognises that the tension is necessary in itself and provides a space within which we can act. The pactive movement shows how we can orient within this arch. I think that the pactive movement between forming and form, and between different values, is crucial for our ability to remember our relation to the living. For example, acknowledging the tension between the longitudinal and the transverse intentionality shows that it is never enough to relate to ourselves or another living being as only an object, as that diminishes what it entails to be alive. In this regard, it is something that is crucial to remember when practicing psychotherapy.

Stein said:

*/.../grasping others is not a matter of grasping parts of a whole, but a matter of grasping the dynamic transition between parts (Stein, 1989, p. 84).*

There can sometimes be a tendency in psychotherapy to grasp onto parts of a whole and, for example, label the client (or the client labelling themselves), as borderline, traumatised, depressed etc. Sometimes, it is necessary; we need categories, or ratio, to orient and communicate. However, the label provides a limited approach and risk to not fully recognise the other in dynamic terms.

Classification systems for psychopathology grow out of a search for forms, a need to better understand and treat people who suffer. DSM, for example, was originally needed in order to provide categories within a field that was lacking ratio (Kawa & Giordano,

2012). In a society where systematic studies and cause-and-effect-oriented methods dominate, one can ask: is there now too much ratio? As mentioned earlier, I believe that evidence-based research, neuroscience and ratio-oriented methods can be valuable for psychotherapy. As long as we remember that they emerge from a quest to objectify subjective experience. They do not reach or fathom subjective moving-feeling-perceiving and lived body experience. I don't believe that we can ever get out of this tension between forming and form, the challenge is to practice how to wisely navigate within it. For that, phronesis and professional judgment is needed.

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Yet, and as I referred to in chapter five, there is also a tension between the living stream and the individual. I wrote, "Life, within the stream of life, also strives at shaping forms, and maintaining its own unique form – for example, the human being, the bird, the dog, and the tree. In common for all living beings is that we derive from other living bodies, and that we have a membrane, a permeable boundary, that allows an exchange between outside and inside where some substances are allowed through, and some are released. This exchange keeps us alive and allows us to reproduce new life; air and food goes in and are then released in another form. Our forms can only be maintained and alive as long as there is exchange through this boundary. We are separate bodies yet we are sharing the same stream." Also within this tension, we need to pactively navigate, as we relate to ourselves as individuals and to the wider context within which we are living. A tension that I think matters, for example, in relation to the crises Rosa refers to: the environmental, the democratic and the psychological (Rosa, 2019). On a similar note, Merleau-Ponty's philosophy teaches us that the lived body connects us to the world (Merleau-Ponty, 2012).

So, forming and form are each other's non-otherness. However, when a form gets stuck in its fixed form, I may forget its relation to the living stream. This notion reminds me of how gestalt therapy defines health as the capacity to create forms that are flexible to situations, and pathology when the forms become static and fixed (Robine, 2015, p. 57). The paradoxical theory of change applied in gestalt therapy describes how change can

happen when acknowledging and feeling the “stuckness” (Beisser, 1970). When feeling what the form feels like, it is paradoxically no longer static, as we have invited awareness of the lived body, of the movement that is already there through kinesthesia. There is thus the possibility to raise awareness of the process of forming, its relational and situational function, and enable un-forming and trans-forming of forms. The same process applies to the speaking and the spoken speech.

During the course of my research, I was surprised to discover the extent to which elaborating on the theoretical concepts that I have used in my study have contributed to enrich my psychotherapy practice and my teaching. They have given me thought structures that have supported me to discover new depths and perspectives to relational movement dynamics and situations I encounter in my work. This has enhanced my curiosity in the intelligence of the lived body. And not least, it has given me a language through which I can continue to reflect and learn about these processes. Having concepts enables me to engage in nuanced discussions about the relation between the longitudinal and its connection to that which we can measure, quantify and generalise. I think this discovery can indeed be applied to a wider context.

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I would like to ground what I just said in practice and share an example from when the theoretical frameworks I have used in this thesis helped me to recognise holding as an activity of the moving-feeling-sensing body, and enabled the articulation of this process for teaching purposes.

I was recently teaching in a training program for psychotherapists, and during our final day together, one of the participants shared in the large group that she hadn't felt present with us during this module. I asked what she had been present with, and she said, “the suffering in Gaza”. She burst into tears, and it was as if naming it brought her more into the room with us. By her naming it, it was also as if the background situation was suddenly pressed into the foreground and immediately and intensely grasped all of us. Everyone was aware of this background, and everyone had an emotional response to

the tensed and complex situation in the world. As a leader of the group, I was faced with a dilemma: I had content that I needed to teach, and I had a plan for how to cover this. At the same time, I did not want to, and could not, ignore the emotional impact that the world situation had on the group and on myself. I felt a heaviness that I could drown in. At the same time, I was also somehow relieved that this, which was with me anyway, was now clearly named. I looked around in the room, and everyone seemed to be impacted. Some of them began to verbalise what they felt. The theme was larger than the material I was teaching, and my instant response was that it was beyond my capacity, and beyond the frame and formal contract of the training I was teaching, to lead a group process on this matter. I felt moved, yet wobbly.

In this situation, I found myself, as if pre-reflectively, returning to my well-practiced habit of finding myself in the chair. I was feeling the quality of my yielding-with and pushing-against the environment, and finding how the chair and the earth, the air and the space, was pushing back. I was attending to how I was touching and being touched by that which surrounded me. Finding myself, and my sense of weight, I could more clearly feel the movements of the field. I noticed that I, on the one hand, was drawn towards closing the figure, and on the other hand to open it. More precisely, I partly felt drawn towards the centre of the group as if mobilising, wanting to make something happen. I was searching for a clever intervention that could either lead to further exploration of this process in line with what I was supposed to teach, or in some way bring us “back on track” and continue as planned. On the other hand, I felt drawn to moving back, allowing for the theme to take over. Moving in this direction, I felt tempted to give up my ambitions of holding a direction and give space for the participants and myself to share our experience of the suffering in the world. I experienced a tension between those directions. Voices and gestures from the participants contributed to both of those movements, some asking me questions about theory, others sharing their tears and frustration. We were all creating this kinesthetically resonating sphere of experience.

I experienced intense pressure in this situation, and at times I was confused. After a while, I found myself as if in the middle, in a pactive shuttling movement between those

forces. As I did, I could gradually feel how a sense of solidity and clarity emerged – a bodily knowing that I could move in either direction. In that moment, and on a felt level, I knew that I could hold the process. Feeling that I had access to both directions and that I could move between them made me free, and for the moment I wasn't invested in either of them. During this process, and as I was navigating, I chose to partly share my dilemma with the group; I went for authenticity and a speaking speech. I verbalised my struggle, saying that maybe mine, and our, biggest challenge right there and then wasn't to make something happen but to tolerate what we felt, and stay with what was already happening. Paradoxically, I felt that saying these words gave me more ground, and maybe there was the beginning of a ratio being created between us?

I wasn't actively searching to define and categorise what was happening, but I was attentive, pactively moving with the tensions that I experienced, feeling and perceiving the participants' responses, and noticing my response to them. We can also say that I, pre-reflectively, was gathering whatnesses from how they moved and what they shared. I heard and felt them as they spoke about powerlessness, activism, numbness, despair, pain and anger. Some were silent, but still spoke through the way they moved. Others named that they had personal experiences from war, or that they came from countries actively preparing for the case of war. At times I was moved to tears. Gradually, the sensuous information that I gathered began to cluster into a form and I noticed a theme; the participants expressed a wish to be received and heard for however they felt and responded to the situation in the world. An idea took shape for me in the form of a movement experiment, or maybe rather as a ceremony, that we could create together to manifest what was happening between us. I shared it with the participants who approved; it resembled something they were searching for.

Moving into the form I had suggested, we first sat in silence for a moment, noticing our subjective and authentic response to the situation. As each of us felt ready, and at our own tempo, we stood up and formed a circle. Holding each other's hands, we could be together however we arrived at the circle, noticing how open or closed we were to receive the other and the environment. There were tears, sounds of breath, closed eyes

or eyes that were scanning or reaching for connection. We stood there for quite some time, until the point arrived when we were ready for closure and to move on.

The theoretical concepts that I am using in my study helped me to orient when I was in this situation, and afterwards, they supported me in describing to the participants what I had done, and grounding this in a theoretical framework. As the concepts are defined and anchored in a thought system, it becomes possible to recognise and verbalise that and how I was acting in relation to the longitudinal stream of experience. I wasn't just sitting there letting the situation sort itself out, nor was I acting randomly. I was consciously aware of my responsibility to create holding of this specific situation. But I did not primarily rely on cognitive reasoning about the situation; I was actively using my lived bodily experience. How I did this grew out of practice, theory and experience, which included a habit of noticing my kinesthetic experience of the situation.

I am sharing this example to illustrate the role of the pactive movement in practice. Because I could verbalise this as a ratio, the participants and I could discuss how this movement is relevant to all therapeutic work. As soon as we sit with another person (client), we have the potential to feel ourselves being drawn towards or moving away from the other, towards wanting to provide a quick solution or feeling powerless, towards providing challenge or support etc. To linger with not-knowing involves finding support to not shape a ratio too soon. With concepts to articulate how we are actively using the lived body in psychotherapy, this sometimes elusive knowing can become more "real". This can be empowering for the practitioner, but also support development of phronetic skills and help with acknowledging bodily knowing as a crucial aspect of professional competence.

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With this study, I have wanted to contribute to theory building about the role of longitudinal intentionality and bodily knowing in psychotherapy and professional work life. I believe that ratio and concepts are needed in order to give ontological weight to this dimension. I acknowledge that there are risks with concepts, because as soon as we

create a ratio or a method, we are exposed to the possibility that it might solidify too much and become closed. The speaking can quickly be spoken, and that can happen even to concepts such as intellectus and phronesis. And there it is, again, the tension between forming and form – there will always be a risk that the movement solidifies too much. However, I think it's worth taking this risk as if not, the moving-feeling-perceiving dimension of our intelligence may remain undervalued. With this thesis, I aim to articulate the necessity of a living ratio, a ratio that is closely connected to intellectus. This, I think, requires that space and value is given to intellectus practices, which can help to cultivate a capacity to know when the form has become too rigid, or when more form is needed. Phronesis and professional judgement concerns this knowing of “when”, and the pactive movement illustrates the possibility to act and impact within the tension between forming and form.

The lived body, kinesthesia, the speaking speech and intellectus are all concepts that can help to illuminate how we are relating and adjusting to the longitudinal stream. Developing our awareness of these human sensibilities can enhance phronesis, and our capacity to relate to the specifics of each situation. If these are not adequately valued, I fear that there is a risk that we become distant from what it means to be living, by reducing ourselves, the other and the environment to objects. On the contrary, affording more space to those aspects can offer the opportunity to cultivate greater sensitivity to the living stream and to discover ways to foster more sustainable ways of living together.

## 9. References

Alsterdal, L. (2001). *The Duke of Uncertainty – Aspects of Professional Skill*. (Doctoral dissertation, industriell ekonomi och organisation). Stockholm: Kungliga Tekniska Högskolan.

Alsterdal, L. (2014). Dilemma i äldreomsorg. Reflektionsarbete som utbildning. In J. Bornemark & F. Svenaeus (Eds.), *Vad är praktiskt kunskap?* (pp. 99-123). Huddinge: Södertörns Högskola.

Angier, T. (2010). *Techne in Aristotle's Ethics: Crafting the Moral Life*. Bloomsbury Publishing.

Angus, L., Watson, J. C., Elliott, R., Schneider, K., & Timulak, L. (2015). Humanistic psychotherapy research 1990–2015: From methodological innovation to evidence-supported treatment outcomes and beyond. *Psychotherapy Research*, 25(3), 330–347.

Apostolopoulos, D. (2019). *Merleau-Ponty's Phenomenology of Language*. London: Rowman & Littlefield International.

Appel-Opper, J. (2008). Relational living body to living body communication. *The British Journal of Psychotherapy Integration*, 5(1), 49-56.

Arendt, H. (1961). *Between Past and Future. Six exercises in political thought*. New York: The Viking Press.

Aristotle. (1954). *Rhetoric and poetics* (Trans. W. Rhys Roberts and Ingram Bywater). New York: Modern Library. (Original work published 350 B.C.)

Aristotle. (2008). *De Anima*. (R.D. Hicks, Trans.). Cosimo, Inc. (Original work published 350 B.C.)



Aristotle. (2011). *Nicomachean Ethics* (R. C. Barlett & S. D. Collins, Trans.). Chicago: University of Chicago Press. (Original work published 350 B.C.)

Bager-Charleson, S. (2014). *A Reflexive Approach. Doing Practice-Based Research in Therapy*. London: Sage.

Bainbridge Cohen, B. (1993). *Sensing, feeling and action*. Northampton, MA: Contact.

Barad, K. (2007). *Meeting the Universe Halfway. Quantum physics and the entanglement of matter and meaning*. Durham & London: Duke University Press.

Barkham, M., Hardy, G., & Mellor-Clark, J. (2010). *Developing and Delivering Practice-Based Evidence: A Guide for Psychological Therapies*. Chichester: Wiley-Blackwell.

Beebe, B., & Lachmann, F. M. (1998). Co-constructing Inner and Relational Process. Self- and Mutual Regulation in Infant Research and Adult Treatment. *Psychoanalytic Psychology*, 15(4), 480-516.

Beebe, B., Knoblauch, S., Rustin, J., & Sorter, D. (2005). *Forms of Intersubjectivity in Infant Research and Adult Treatment*. New York: Other Press.

Beisser, A. (1970). The paradoxical theory of change. In J. Fagan & I. L. Sheperd (Eds.), *Gestalt therapy now: Therapy, techniques, applications* (pp. 77-80). Palo Alto, CA: Science and Behaviour Books.

Bergson, H. (2007). *Matière et mémoire. Essai sur la relation du corps à l'esprit*. Paris: PUF. (Original work published 1896).

Bernstein, N. (2006). Basic Methodological Positions of the Physiology of Movements. *Journal of Russian and East European Psychology*, 44(2), 12-32.

Bloom, D. (2003). Tiger! Tiger! Burning bright. In M. Spagnolo-Lobb & N. Amendt-Lyon (Eds.), *Creative Licence: The Art of Gestalt Therapy*. New York: Springer-Verlag.

Bloom, D. (2012). Laura Perls in New York City. (Revised copy by the author, the article was first published 2005), In: *International Gestalt Journal*, 28(1).

Bloom, D. (2019). Neither from the 'inside' looking 'out nor from the 'outside' looking in. In *Psychopathology and Atmospheres. Neither Inside Nor Outside*. (Eds.). G. Francesetti & T. Griffero (pp. 179-190). Cambridge Scholars Publishing.

Bocian, B. (2010). *Fritz Perls In Berlin 1893-1933*. Berlin: EHP.

Bodella, D. (1987). *Life streams: An introduction to Biosynthesis*. London: Routledge & Kegan Paul.

Bongaardt, R., & Meijer, O. G. (2000). Bernstein's Theory of Movement Behaviour: Historical Development and Contemporary Relevance. *Journal of Motor Behaviour*, 32(1), 57-71.

Bornemark, J. (2009). *Kunskapens gräns, gränsens vetande. En fenomenologisk undersökning av transcendens och kroppslighet*. (Doctoral dissertation). Huddinge: Södertörn Högskola, Södertörn philosophical Studies 6.

Bornemark, J. (2014). The genesis of empathy in human development: a phenomenological reconstruction. *Medicine, Health Care and Philosophy*, 17, 259–268.

Bornemark, J. (2016). Life beyond Individuality: A-subjective Experience in Pregnancy. In *Phenomenology of Pregnancy*. (Eds.). J. Bornemark & N. Smith (pp. 251-278). Huddinge: Södertörns Högskola, Södertörn Philosophical Studies 18.

Bornemark, J. (2016a). Husserl och det inre tidsmedvetandet. In *Edmund Husserl*. (Ed.). S.-O. Wallenstein (pp. 75-88). Stockholm: AxlBooks.

Bornemark, J. (2018a). The Limits of Ratio: An Analysis of NPM in Sweden Using Nicholas of Cusa's Understanding of Reason. In *Metric Culture: Ontologies of Self-Tracking Practices*. (Ed.). B. Ajana (pp. 235-254). Bingley: Emerald Group Publishing Limited.

Bornemark, J. (2018b). Phenomenology of Secular Society and its Scientism. *Journal for Cultural and Religious Theory*, 17(2), 432-445.

Bornemark, J. (2018c). *Det omätbaras renässans. En uppgörelse med pedanternas världsherravälde*. Stockholm: Volante.

Bornemark, J. (2020). *Horisonten finns alltid kvar. Om det bortglömda omdömet*. Stockholm: Volante.

Bornemark, J. (2022). *Jag är himmel och hav. En filosofisk undersökning av graviditet, liv och jagets gränser*. Stockholm: Volante.

Bott, N. T., Radke, A. E., & Kiely, T. (2016). Ethical Issues Surrounding Psychologists' Use of Neuroscience in the Promotion and Practice of Psychotherapy. *Professional Psychology Research and Practice*, 47(5), 321-329.

Bowman, C., & Nevis, E. (2005). The History and Development of Gestalt Therapy. In *Gestalt Therapy. History, Theory, and Practice*. (Eds.). A. L. Woldt & S. M. Toman (pp. 21-39). CA: Sage Publications.

Boysen, G. (1987). *Über den Körper die Seele heilen: Biodynamische Psychologie und Psychotherapie. Eine Einführung*. Munich, Germany: Kösel.

Bradury-Jones, C., Sambrook, S., & Irvin, F. (2009). The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing*, 63(3), 663-671.

Brown, D. J. (2006). *Descartes and the Passionate Mind*. Cambridge: Cambridge University Press.

Cammisuli, D. M., & Castelnuovo, G. (2023). Neuroscience-based psychotherapy: A position paper. *Frontiers in Psychology, 13*(14), 1101044. doi: 10.3389/fpsyg.2023.1101044

Casey, E. S. (2000). *Remembering. A phenomenological study*. Bloomington: Indiana University Press.

Cayne, J. (2020). Language as Gesture in Merleau-Ponty: Some implications for method in therapeutic practice and research. *European Journal of Psychotherapy & Counselling, 22*(2), 30-44.

Clemmens, M., & Bursztyn, A. (2005). Culture and Body. In T. Levine Bar-Yoseph (Ed.), *The Bridge. Dialogues Across Cultures* (pp. 203-221). Louisiana: Gestalt Institute Press.

Clemmens, M. (2011). The Interactive Field: Gestalt Therapy as an Embodied Relational Dialogue. In T. Levine Bar-Yoseph (Ed.), *Gestalt Therapy: Advances in Theory and Practice*. London: Routledge.

Critchley, S. (2007). *Infinitely Demanding. Ethics of Commitment, Politics of Resistance*. London: Verso.

Cusa, N. of. (1989). *De docta ignorantia, (DI)*. English translation, J. Hopkins, *On Learned Ignorance*. Minneapolis: The Arthur J. Banning Press.

Dalton, T. C. (2005). Arnold Gesell and the maturation controversy. *Integrative Physiological & Behavioral Science, 40*, 182–204.

Damasio, A. R. (1994). *Descartes' error: Emotion, reason, and the human brain*. New York: G.P. Putnam.

Dosmantes-Beaudry, I. (1997). Somatic Experience in Psychoanalysis. *Psychoanalytic Psychology*, 14(4), 517-530.

Dreyfus, S., & Dreyfus, H. (1980). *A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition*. Washington, DC: Storming Media.

Driscoll, S. (2012). Aristotle's a priori metaphor. *Aporia*, 22(1), 20-31.

Dündar-Coecke, S., Goldin, G., & Sloman, S. A. (2022). Causal reasoning without mechanism. *PLoS ONE*, 17(5), e0268219. doi.org/10.1371/journal.pone.0268219

du Plock, S. (2014). Doing your literature review. In S. Bager-Charleson (Ed.), *A Reflexive Approach. Doing practice-based research in therapy* (pp. 57-67). London: Sage.

Eikeland, O. (2014). Techne. In D. Coghlan & M. Brydon-Miller (Eds.), *Sage Encyclopedia of Action Research*. Thousand Oaks, CA: Sage Publications.

Elliot, T. S. (1969). *Four Quartets*. B. Bergonzi (Ed.). Bloomsbury Publishing.

Ellingson, L. L. (2017). *Embodiment in Qualitative Research*. New York, NY: Routledge.

Ellis, C., Kiesinger, C. E., & Tillmann-Healy, L. M. (1997). Interactive interviewing: Talking about emotional experience. In R. Hertz (Ed.), *Reflexivity & voice* (pp. 119-149). Thousand Oaks, CA: Sage.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Authoethnography: An Overview. *Historical Social Research*, 36(4), 273-290.

Ettinger, B. (2006). *The Matrixal Borderspace*. Minneapolis: The University of Minnesota Press.

Finlay, L. (2011). *Phenomenology for Therapists. Researching the Lived World*. Chichester: Wiley-Blackwell

Finlay, L. (2023). The qualitative evidence-base of relationally-orientated therapy: A critical celebration. *European Journal for Qualitative Research in Psychotherapy*, 13, 48-62.

Fogel, A. (1993). *Developing through relationships: Origins of communication, self, and culture*. Chicago: University of Chicago Press.

Francesetti, G., Gecele, M., & Roubal, J. (2007). *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milan: Franco Angeli.

Frank, R. (2001). *Body of Awareness. A Somatic and Developmental Approach to Psychotherapy*. Cambridge, MA: GestaltPress.

Frank, R., & La Barre, F. (2011). *The First Year and the Rest of Your Life. Movement, Development and Psychotherapeutic Change*. New York: Routledge.

Frank, R. (2016). Self in Motion. In J.-M. Robine (Ed.), *Self: A Polyphony of Contemporary Gestalt Therapists* (pp. 371-386). Saint-Romain-la-Virvée: L'Exprimerie.

Frank, R. (2023). *The Bodily Roots of Experience in Psychotherapy*. New York: Routledge.

Friedlaender, S. (1918). *Schöpferische Indifferenz*. München: Georg Müller.

Fuchs, T. (2004). Neurobiology and psychotherapy: An emerging dialogue. *Current Opinion in Psychiatry*, 17(6), 479-485.

Fuchs, T. (2007). Psychotherapy of the Lived Space: A Phenomenological and Ecological Concept. *American Journal of Psychotherapy*, 61(4), 423-439.

Fuchs, T. (2010). Phenomenology and Psychopathology. In D. Schmicking & S. Gallagher (Eds.), *Handbook of Phenomenology and Cognitive Science* (pp. 546-573). London: Springer.

Fuchs, T. (2011). Body memory and the unconscious. In D. Lohmar & J. Brudzinska (Eds.), *Founding Psychoanalysis. Phenomenological Theory of Subjectivity and the Psychoanalytical Experience* (pp. 69–82). Dordrecht: Kluwer.

Fuchs, T. (2012). The Phenomenology of Body Memory. In S. C. Koch, T. Fuchs, M. Summa, & C. Müller (Eds.), *Body Memory, Metaphor and Movement* (pp. 9-22). Philadelphia: John Benjamins Publishing Company.

Gallese, V., & Lakoff, G. (2005). The brain's concepts: The role of the sensory-motor system in conceptual knowledge. *Cognitive Neuropsychology*, 22(3–4), 455–479.

Gendlin, E. (1997). *Experiencing and the Creation of Meaning. A Philosophical and Psychological Approach to the Subjective*. Northwestern University Press.

Geuter, U. (2015). The History and Scope of Body Psychotherapy. In G. Marlock, H. Weiss, M. Young, & M. Soth (Eds.), *The Handbook of Body Psychotherapy and Somatic Psychology* (pp. 22-39). North Atlantic Books.

Gibson, J. (1979). *The Ecological Approach to Visual Perception*. Boston: Houghton Mifflin.

Gunnarson, M. (2016). *Please Be Patient. A cultural phenomenological study of haemodialysis and kidney transplantation care*. (Doctoral dissertation). Lund: Lunds Universitet.

Gunnarson, M. (2019). Inledning. In M. Gunnarson (Ed.), *Att utforska praktisk kunskap. Undersökande, prövande och avtäckande metoder* (pp. 7-21). Huddinge: Södertörns Högskola.

Gustavsson, B. (2002). *Vad är kunskap? En diskussion om praktisk och teoretisk kunskap*. Stockholm: Skolverket.

Halling, S., & Leifer, M. (1991). The theory and practice of dialogal research. *Journal of Phenomenological Psychology, 22*(1), 1-15.

Halling, S., Kunz, G., & Rowe, J. O. (1994). The contributions of dialogical psychology to phenomenological research. *Journal of Humanistic Psychology, 34*(1), 109- 131.

Hanna, T. (1980). *The Body of Life. Creating New Pathways for Sensory Awareness and Fluid Movement*. New York: Knopf.

Haraway, D. J. (1988). Situated Knowledges: The Science Question in Feminism and the Privileges of Partial Perspective. *Feminist Studies, 14*(3), 575-599.

Hartley, L. (2009). *Contemporary Body Psychotherapy. The Chiron Approach*. London: Routledge.

Heinämaa, S. (2010). Embodiment and expressivity in Husserl's Phenomenology: From Logical Investigations to Cartesian Meditations. *SATS, 11*(1), 1-15.

Heinämaa, S. (2011). A Phenomenology of Sexual Difference: Types, Styles and Persons. In C. Witt (Ed.), *Feminist Metaphysics: Explorations in the Ontology of Sex, Gender and the Self* (pp. 131-155). Dordrecht: Springer.

Hellinger, B. (2001). *Love's own truths: Bonding and balancing in close relationships*. Phoenix, AZ: Zeig, Tucker & Theisen.

Heron, J. (1996). *Co-operative Inquiry: Research into the Human Condition*. London: Sage.



Heron, J., & Reason, P. (2008). Extending Epistemology Within a Co-Operative Inquiry. In P. Reason & H. Bradbury (Eds.), *Handbook of Action Research: Participative Inquiry and Practice* (pp. 366- 370). London: Sage.

Hesse-Biber, S. (2010). *Mixed methods research: Merging theory with practice*. The Guilford Press.

Hoffman, I. (2009). Doublethinking our way to “scientific” legitimacy: The desiccation of human experience. *Journal of the American Psychoanalytic Association*, 57(5), 1043-1069.

Holstein, J. A., & Gubrium, J. F. (1995). *The Active Interview*. SAGE.

Husserl, E. (1952). *Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie, Zweites Buch: Phänomenologische Untersuchungen zur Konstitution*. (B. Marly, Ed.). Haag: Martinus Nijhoff.

Husserl, E. (1964). *The Phenomenology of Internal Time Consciousness*. Bloomington: Indiana University Press.

Husserl, E. (1966). Zur Phänomenologie des inneren Zeitbewusstseins. In R. Boehm (Ed.), *Husserliana (Vol X)*. Haag: Martinus Nijhoff.

Husserl, E. (1970). *Die Krisis der europäischen Wissenschaft und die transendentale Phänomenologie: Eine Einleitung in die phänomenologische Philosophie, Husserliana Vol. 6*. (D. Carr, Trans.). Evaston: Northwestern University Press.

Husserl, E. (1973). *Zur Phänomenologie der Intersubjektivität. Texte aus den Nachlass. Erster Teil: 1905-1920*. (B. Iso & K. Kern, Eds.). Haag: Martinus Nijhof.

Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy, second book (Ideas II)*. (R. Rojcewicz & A. Schuwer, Trans.). Dordrecht, the Netherlands: Kluwer Academic.

Husserl, E. (2012). *Ideas. General introduction to Pure Phenomenology*. London: Routledge.

Jacobs, L. (2017). Hopes, fears, and enduring relational themes. *British Gestalt Journal*, 26(1), 7-16.

Jahnke, M. (2012). Revisiting Design as a Hermeneutic Practice: An Investigation of Paul Ricoeur's Critical Hermeneutics. *Design Issues*, 28(2), 30-40.

Javanbakht, A., & Alberini, C. M. (2019). Neurobiological models of psychotherapy. *Frontiers in Behavioural Neuroscience*, 13, 144.

Jeannerod, M. (2006). *Motor cognition: What actions tell the self*. Oxford: Oxford University Press.

Johannessen, K. (1999). *Praxis och tyst kunnande*. Dialoger Förlag och Metod.

Johnson, D. H. (1995). *Bone, breath & gestures: Practices of embodiment*. Berkeley: North Atlantic Books.

Josefson, I. (1991). *Kunskapens former: Det reflekterade yrkeskunnandet*. Carlsson.

Josselson, R. (2007). The Ethical Attitude in Narrative research: Principles and Practicalities. In D. J. Clandinin (Ed.), *Handbook of Narrative Inquiry* (pp. 537-656). Thousand Oaks, CA: Sage Publications.

Josselson, R. (2016). Reflexivity and ethics in qualitative research. *The Psychotherapist. UKCP*, 62, 22-24.

Juhan, A. (2004). *Open floor: Dance, therapy, and transformation through the 5rhythms*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 65(12-B), 6331.

Jægtvik, T. (2021). *Bevegelser som berører – En studie i folkehelsearbeid om kvinners kroppslige erfaringer med magedans*. (Doctoral dissertation). Bodø: Nord Universitet.

Kallner, H. (2013). Dancing Dialogue, Gestalt therapy and the 5Rhythms: An obituary for Gabrielle Roth (1941-2012). In *British Gestalt Journal*, 22(1), 11-14.

Kallner, H. (2020). Phronesis and knowing through movement: Working with Gestalt psychotherapy online. *British Gestalt Journal*, 29(2), 11-17.

Kastner, M., Tricco, A. C., Soobiah, C., Lillie, E., Perrier, L., Horsley, T., ... & Straus, S. E. (2012). What is the most appropriate knowledge synthesis method to conduct a review? Protocol for a scoping review. *BMC Medical Research Methodology*, 12, 1-10.

Kawa, S., & Giordano, J. (2012). A brief historicity of the Diagnostic and Statistical Manual of Mental Disorders: Issues and implications for the future of psychiatric canon and practice. *Philosophy, Ethics, and Humanities in Medicine*, 7, 1-9.

Kearney, R. (2015). The Wager of Carnal Hermeneutics. In R. Kearney & B. Treanor (Eds.), *Carnal Hermeneutics* (pp. 15-56). New York: Perspectives in Continental Philosophy.

Kee, H. (2018). Phenomenology and Ontology of Language and Expression: Merleau-Ponty on Speaking and Spoken Speech. *Human Studies*, 41, 415-435.

Kepner, J. (1987). *Body Process*. San Francisco: Jossey-Bass.

Kepner, J. (1996). *Healing Tasks: Psychotherapy with Adult Survivors of Childhood Abuse*. Cambridge, MA: GestaltPress.

Kestenberg Amighi, J. (1999). *The meaning of movement: Developmental and clinical perspectives of the Kestenberg Movement Profile*. New York: Routledge.

Kjøsen Talnes, R. (2023). *Optimizing endurance training and performance in cross-country skiing*. (Doctoral dissertation). Bodø: Nord Universitet.

Klein, E. (1979). *A Comprehensive etymological Dictionary of the English Language*. New York: Elsevier Scientific Publishing Company.

Koch, S. C., Fuchs, T., Summa, M., & Müller, C. (2012). *Body Memory, Metaphor and Movement*. Philadelphia: John Benjamin's Publishing Company.

Lac, V. (2017). *Equine-facilitated psychotherapy and learning: The Human-Equine Relational Development (HERD) approach*. Elsevier/Academic Press.

Lagaay, A. (2015). Minding the Gap – Of Indifference: Approaching Performance Philosophy with Salomo Friedlaender (1871-1946). *Performance Philosophy*, 1, 65-73.

Landerholm, L. (2009). Vad kännetecknar en tillräckligt bra psykoterapeut? In C. Nilsson (Ed.), *Psykoterapeutens & psykoanalytikerens praktiska kunskap*. Huddinge: Södertörns Högskola.

Lambert, M., & Barley, D. E. (2001). Research Summary of the Therapeutic Relationship and Psychotherapy Outcome. *Psychotherapy Theory Research Practice Training*, 38(4), 357-361.

Larsson, H. (2012). *Intuition. Några ord om diktning och vetenskap*. Dialoger. (originally published 1892).

Leder, D. (1990). *The Absent Body*. Chicago: The University of Chicago Press.

Levin, K., K ppe, S., & Roald, T. (2019). Modalization of movement: The problem of sensus communis and the limits of phenomenology. *Theory & Psychology*, 29(6), 833-852.

Levine, P. A. (1997). *Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.

Levitt, H. M. (2016). Qualitative research and humanistic psychotherapy. In D. J. Cain, K. Keenan, & S. Rubin (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (2nd ed., pp. 81–113). American Psychological Association.

Lewin, K. (1952). *Field theory in Social science. Selected theoretical papers*. London: Tavistok.

Lihala, S., Mitra, S., Neogy, S., Datta, N., Choudhury, S., Chatterjee, K., ... Kumar, H. (2021). Dance movement therapy in rehabilitation of Parkinson's disease – feasibility study. *Journal of Bodywork and Movement Therapies*, 26, 12-17.

Lowen, A. (1958). *The language of the body*. New York: Grune & Stratton.

Loew, T. H., Tritt, K., Lahmann, C., & R hrich, F. (2006). Body psychotherapy – scientifically proved? An overview of empirically evaluated body oriented psychological therapies. (K rperpsychotherapien – wissenschaftlich begr ndet? Eine  bersicht  ber empirisch evaluierte K rperpsychotherapieverfahren). *Psychodynamische Psychotherapie*, 5(1), 6–19.

Luft, S. (2002). Husserl's Notion of the Natural Attitude and the Shift to Transcendental Phenomenology. *Analecta Husserliana*, 80, 114-119.

Luria, A. R. (1973). *The working brain*. Harmondsworth: Middlesex: Penguin Books.

Marlock, G., Weiss, H., Young, M., & Soth, M. (2005). *The Handbook of Body Psychotherapy and Somatic Psychology*. North Atlantic Books.

McBeath, A. (2022). Mixed methods research: The Case for the Pragmatic Researcher. In S. Bager-Charleson & A. McBeath (Eds.), *Supporting research in counselling and psychotherapy: Qualitative, quantitative and mixed methods research* (pp. 187-205). Palgrave: MacMillan.

McBeath, A., Bager-Charleson, S., & Finlay, L. (2023). Views about mixed methods research from counselling and psychotherapy research students and supervisors. *European Journal for Qualitative Research in Psychotherapy*, 13, 33-47.

McGraw, M. (1945). *The Neuromuscular Maturation of the Human Infant*. New York: Columbia University Press.

McGuirk, J. (2016). Phenomenological Considerations of Habit: Reason, Knowing and Self-Presence in Habitual Action. *Phenomenology and Mind*, 6, 112-121.

Meltzoff, A. N., & Moore, K. M. (1977). Imitation of facial and manual gestures by human neonates. *Science*, 198(4312), 75-78.

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge & Kegan Paul. (original work published 1945).

Merleau-Ponty, M. (1964). *Signs*. Northwestern University Press.

Merleau-Ponty, M. (1968). *The Visible and the Invisible*. Evanston: Northwestern University Press.

Merleau-Ponty, M. (2002). *Phenomenology of Perception*. London: Routledge (original work published 1945).

Merleau-Ponty, M. (2012). *Phenomenology of Perception*. New York: Routledge (original work published 1945).

Merritt Millman, L. S., Terhune, Devin, B., Hunter, Elaine. C. M., & Orgs, Guido. (2020). Towards a neurocognitive approach to dance and movement therapy for mental health: A systematic review. *Clinical Psychology & Psychotherapy*, 28(1), 24-38.

Michels, K., Dubaz, O., Hornthal, E., & Bega, D. (2018). "Dance Therapy" as a psychotherapeutic movement intervention in Parkinson's disease. *Complementary therapies in Medicine*, 40, 248-252.

Mikalsen, H. K. (2021). *Fysisk aktivitet i overgangen fra barndom till ungdom: En mixed studie av ungdoms fysiske aktivitetsnivå, iver for fysisk aktivitet og meningsskapande erfariner fram kroppsøving, organisert idrett og selvorganisert aktivitet i fritiden*. (Doctoral dissertation). Bodø: Nord Universitet.

Mjøsund, H. L. (2022). *Physical activity in older adults: Exploring healthcare professionals' judgements in the context of reablement*. (Doctoral dissertation). Bodø: Nord Universitet.

Molander, B. (1996). *Kunskap i handling*. Diadlos.

Moran, D. (2011). Edmund Husserl's Phenomenology of Habituality and Habitus. *Journal of the British Society for Phenomenology*, 42(1), 53-77.

Mostakas, C., & Douglass, B. G. (1985). Heuristic Inquiry: The Internal Search to Know. *Journal of Humanistic Psychology*, 25(3), 39-55.

Nilsson, C. (2009). *Psykoterapeutens & psykoanalytikerens praktiska kunskap*. Huddinge: Södertörns Högskola.

Norton, J. (2007). Putting the brakes on the influence of neuroscience on psychotherapy. *Psychotherapy in Australia*, 13(3), 60-65.

Nussbaum, M. (2001). *Upheavals of Thought. The Intelligence of Emotions*. New York: Cambridge University Press.

Ogden, P., Pain, C., & Fisher, J. (2006). A sensorimotor approach to the treatment of trauma and dissociation. *The Psychiatric Clinics of North America*, 29(1), 263-279, xi-xii.

Olsson, G. (2009). Psykoterapi och forskning: två praxisformer i ett spänningsfält. In C. Nilsson (Ed.), *Psykoterapeutens och psykoanalytikerns praktiska kunskap* (pp. 99-119). Södertörns Högskola: Huddinge.

Orange, D. (2010). *Thinking for Clinicians. Philosophical Resources for Contemporary Psychoanalysis and the Humanistic Psychotherapies*. New York, NY: Routledge.

Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. Oxford University Press.

Pape-Pedersen, I. (2022). *Pedagogkroppen: en studie av kroppslig profesjonskunnskap(ing) i barnehagen*. (Doctoral dissertation). Bodø: Nord Universitet.

Payne, H. (2006). *Dance Movement Therapy. Theory, Research and Practice*. London: Routledge.

Perlman, L. A., & Saakvitne, K. M. (1995). *Trauma and the Therapist: Countertransference and Vicarious Trauma in Psychotherapy with Incest Survivors*. New York: Norton.

Perls, F., Hefferline, R. F., & Goodman, P. (2003). *Gestalt Therapy. Excitement and growth in the Human Personality*. London: Souvenir Press. (Originally published 1951).

Perls, L. (1992). *Living at the Boundary*. ME: The Gestalt Journal Press, Inc.



Pierrakos, J. (1987). *Core energetics*. Mendocino, CA: LifeRhythm.

Polanyi, M. (1966). *The Tacit Dimension*. Chicago: The University of Chicago Press.

Polanyi, M. (1969). *Knowing and Being*. Chicago: University of Chicago Press.

Porges, S. W. (2001). The polyvagal theory: phylogenetic substrates of a social nervous system. *International Journal of Psychophysiology*, 42(2), 123-146.

Pink, S. (2009). *Doing Sensory Ethnography*. SAGE Publications.

Pöckl, M. (2020). *Tyngd, sväng och empatisk timing – förskolelärares kroppsliga kunskaper*. (Doctoral dissertation). Huddinge: Södertörns Högskola.

Ratkic, A. (2006). *Dialogseminariets forskningsmiljö*. Dialoger.

Reeder, J. (2009). Kunskap, vetande, förstånd: tre kategorier för att tala om psykoanalytisk kompetens. In C. Nilsson (Ed.), *Psykoanalytikerens & psykoanalytikerns praktiska kunskap* (pp. 79-98). Huddinge: Södertörns Högskola.

Reich, W. (1933/1970). *Character analysis*. New York: Farrar, Straus & Giroux.

*Research Methods in Psychology*. (2010). Provided by: University of Minnesota Libraries Publishing. Retrieved from: <https://courses.lumenlearning.com/suny-psychologyresearchmethods/chapter/4-2-the-variety-of-theories-in-psychology/>

Ricœur, P. (1966). *Freedom and nature: the voluntary and the involuntary*. Northwestern University Press: Evanston.

Ricœur, P. (1991). *From Text to Action: Essays in Hermeneutics II*. Evanston: Northwestern University Press.

Rilke, R. M. (2005). Poverty of Words. In *Pictures of God: Rilke's Religious Poetry*, Edited and translated by A. Kidder (pp. xx-xx). S. Livonia: First Page Publication.

Robine, J.-M. (2011). *On the Occasion of an Other*. ME: The Gestalt Journal Press, Inc.

Robine, J.-M. (2015). *Social Change Begins with Two*. Milano: Istituto di Gestalt HCC Italy.

Rogers, C. (1978). *On becoming a person: a therapist's view on psychotherapy*. Boston: Houghton Mifflin.

Rosa, H. (2010). *Alienation and Acceleration. Towards a critical theory of late-modern temporality*. Copenhagen: NSU Press & Nordiskt Sommaruniversitet. Föreningarna Nordens Förbund.

Rosa, H. (2019). *Resonance. A Sociology of Our Relationship to the World*. Cambridge: Polity Press.

Rosendahl, S., Sattel, H., & Lahmann, C. (2021). Effectiveness of Body Psychotherapy. A Systematic Review and Meta-Analysis. *Frontiers in Psychiatry*, 9(12), 709798.

Roth, G. (1998). *Sweat your Prayers. The Five Rhythms of The Soul. Movement as spiritual practice*. New York, NY: Penguin Putnam.

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. W.W. Norton & Company.

Rubinfeldt, I. (2001). *The listening hand: How to combine bodywork, intuition and psychotherapy to release emotions and heal the pain*. London: Piakus.

Röhrich, F. (2009). Body oriented psychotherapy. The state of the art in empirical research and evidence-based practice: A clinical perspective. *Body, Movement and Dance in Psychotherapy*, 4(2), 135-156.

Sandell, R. (2003). *Dags att avsluta psykoterapidebatten*. *Psykologtidningen*, (18), 4-7

Seniuk, P. (2020). *Encountering Depression In-Depth: An existential-phenomenological approach to selfhood, depression, and psychiatric practice*. (Doctoral dissertation).

Huddinge: Södertörns Högskola.

Schaub-Moore, C., & Heller, M. (2016). Comparing and contrasting body psychotherapy and dance movement psychotherapy. *Body, Movement and Dance in Psychotherapy*, 11(2-3), 99-102.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Lawrence Erlbaum Associates, Inc.

Schwartz, E. (2019). Den ständige nybörjaren. In M. Gunnarson (Ed.), *Att utforska praktisk kunskap. Undersökande, prövande och avtäckande metoder* (pp. 113-158).

Huddinge: Södertörns Högskola.

Sheets-Johnstone, M. (1999). Emotion and Movement. A Beginning Empirical-Phenomenological Analysis of Their Relationship. *Journal of Consciousness Studies*, 6(11-12), 259-277.

Sheets-Johnstone, M. (2010). Kinesthetic experience: Understanding movement inside and out. *Body, Movement and Dance in Psychotherapy*, 5(2), 111-127.

Sheets-Johnstone, M. (2011). *The Primacy of Movement*. Philadelphia: John Benjamin's Publishing Company.

Sheets-Johnstone, M. (2011a). Embodied minds or mindful bodies? A question of fundamental, inherently inter-related aspects of animation. *Subjectivity*, 4(4), 451–466.

Sheets-Johnstone, M. (2012). Kinesthetic memory: Further critical reflections and constructive analyses. In S. C. Koch, T. Fuchs, M. Summa, & C. Müller (Eds.), *Body Memory, Metaphor and Movement* (pp. 43-72). Philadelphia: John Benjamin's Publishing Company.

Sheets-Johnstone, M. (2015a). *The Phenomenology of Dance*. Philadelphia: Temple University Press.

Sheets-Johnstone, M. (2015). Embodiment on trial: a phenomenological investigation. *Continental Philosophy Review*, 48(1), 23-39.

Sheets-Johnstone, M. (2016). *Insides and Outsides. Interdisciplinary Perspectives on Animate Nature*. Exeter: Inprint-Academic.

Sheets-Johnstone, M. (2017). In Praise of Phenomenology. *Phenomenology & Practice*, 11(1), 5-17.

Sheets-Johnstone, M. (2019). If the Body Is Part of Our Discourse, Why Not Let It Speak? Five Critical Perspectives. In N. Depraz & A. J. Steinbock (Eds.), *Surprise: An Emotion?* (pp. 83-95). Springer Cham.

Sheets-Johnstone, M. (2020). The Lived Body. *The Humanistic Psychologist*, 48(1), 28-53.

Shimizu, S. (2011). The Body as the Zero Point. *Journal of the British Society for Phenomenology*, 42(3), 329-334.

Shutzberg, M. (2021). *Tricks of the Medical Trade. Cunning in the Age of Bureaucratic Austerity*. (Doctoral dissertation). Stockholm: Södertörns högskola

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. Guilford Press.

Smuts, J. (1926). *Holism and evolution*. New York: Macmillan.

Spagnuolo-Lobb, M. (2023). A measure for psychotherapist's intuition: Construction, development, and pilot study of the Aesthetic Relational knowledge scale (ARKS). *The Humanistic Psychologist*, 51(1), 36-55.

Sparling, J. W. (1993). *Concepts in Fetal Movement Research*. Binghamton, New York: The Haworth Press.

Staemmler, F. (2012). *Empathy in Psychotherapy: How therapists and clients understand each other*. New York: Springer Publishing.

Stamoulos, C., Trepanier, L., Bourkas, S., Bradley, S., Stelmaszczyk, K., Schwartzman, D., & Drapeau, M. (2016). Psychologists' Perceptions of the Importance of Common Factors in Psychotherapy for Successful Treatment Outcomes. *Journal of Psychotherapy Integration*, 26(3), 300–317.

Steinbok, A. (2017). *Limit-Phenomena and Phenomenology in Husserl*. London: Rowman & Littlefield.

Stein, E. (1989). *On the problem of empathy*. Washington, DC: ICS Publications. (Originally published 1917).

Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.

Storolow, R. D., & Atwood, G. E. (2019). *The Power of Phenomenology: Psychoanalytic and Philosophical Perspectives*. New York, NY: Routledge.

Sutcliffe, A. (2016). Grounded theory: A method for practitioner research by educational psychologists. *Educational & Child Psychology, 33*(3), 44-54.

Svenaesus, F. (2009). Vad är praktiskt kunskap? En inledning till ämnet och boken. In J. Bornemark & F. Svenaesus (Eds.), *Vad är praktisk kunskap* (pp. 11-34). Södertörns högskola.

Svenaesus, F. (2009a). Känslornas kunskap: exemplet emotionell intelligens. In J. Bornemark & F. Svenaesus (Eds.), *Vad är praktisk kunskap* (pp. 85-102). Huddinge: Södertörns Högskola.

Svenaesus, F. (2014). Empathy as a necessary condition of phronesis: a line of thought for medical ethics. *Medicine, Healthcare and Philosophy, 17*, 293-299.

Svenaesus, F. (2015). The relationship between empathy and sympathy in good health care. *Medicine, Healthcare and Philosophy, 18*, 267-277.

Svenaesus, F. (2016). The phenomenology of empathy: a Steinian emotional account. *Phenomenology and the Cognitive Sciences, 15*, 227-245.

Svenaesus, F. (2018). Edith Stein's phenomenology of sensual and emotional empathy. *Phenomenology and the Cognitive Sciences, 17*(4), 741-760.

Tanita, J. (2015). The interface between somatic psychotherapy and dance/movement therapy: A critical analysis. *Body, Movement and Dance in Psychotherapy, 11*(2), 1-16.

Taipale, J. (2014). *Phenomenology and Embodiment: Husserl and the Constitution of Subjectivity*. Evanston, Illinois: Northwestern University Press.

Taipale, J. (2015). Empathy and the Melodic Unity of the Other. *Human Studies, 38*, 463-479.

Taylor, M. (2014). *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and The Body*. Berkshire: Open University Press.

Taylor, M. (2021). *Deepening Trauma Practice: A Gestalt Approach to Ecology and Ethics*. Berkshire: Open University Press.

Thelen, E., & Smith, L. (1994). *A Dynamic Systems Approach to the Development of Cognition and Action*. Cambridge, MA: MIT Press.

Thelen, E. (1995). Motor Development: A new Synthesis. *American Psychologist: Journal of the American Psychological Association*, 50(2), 79-94.

Thelen, E. (2005). Dynamic Systems Theory and the Complexity of Change. *Psychoanalytic Dialogue*, 15(2), 255-283.

Tillberg, L. (2007). *Konsten att vårda och ge omsorg*. (Doctoral dissertation) Stockholm: Kungliga Tekniska Högskolan.

Tomaszewski, C., Belot, R.-A., Essadek, A., Onumba-Bessonnet, H., & Clesse, C. (2023). Impact of dance therapy on adults with psychological trauma: a systematic review. *European Journal for Psychotraumatology*, 14(2), 2225152. (Published online 2023 Jul 10).

Totton, N. (2005). *New Dimensions in Body Psychotherapy*. Berkshire: Open University Press.

Trevarthen, C., & Aitken, K. (2001). Infant intersubjectivity: Research, theory, and clinical applications. *Journal of Child Psychology and Psychiatry*, 42(1), 3-48.

Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. New York: W.W. Norton.

- Vacariu, G., & Vacariu, M. (2013). Troubles with Cognitive Neuroscience. *Philosophia Scientia. Studies in History of Sciences and Philosophy*, 17(2), 151-170.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Van Manen, M. (2014). *Phenomenology of Practice: Meaning-Giving Methods in Phenomenological Research and Writing*. New York, NY: Routledge.
- Van Manen, M. (2017). Phenomenology in Its Original Sense. *Qualitative Health Research*, 27(6), 810-825.
- Voss, S. (1993). *Essays on the Philosophy and Science of René Descartes*. Oxford: Oxford University Press.
- Waldenfels, B. (2011). *Phenomenology of the Alien: Basic Concepts in Phenomenology*. Evanston: Northwestern University Press.
- Waldemarson, Y. (2014). En erfarenhet rikare? In *Vad är praktisk kunskap?* (Eds.). Bornemark, J., & Svenaeus, F. (pp. 129-156). Södertörns högskola.
- Wallace, D. F. (2009). *This is water*. Little, Brown Company.
- Weber, M. (1946). Science as vocation. In *From Max Weber: Essays in sociology* (Eds.). H. H. Gerth, & C. Wright Mills (pp. 129- 156). New York, NY: Oxford University Press.
- Wiberg, S. (2018). *Medborgardialog, icke-vetande och förskjutningar. Lyssnandets Praktik*. (Doctoral dissertation). Stockholm: Kungliga Tekniska Högskolan.
- Williams, A. (2015). Perceiving Sensible Things: Husserl and the Act of Perception. In: *The Phenomenological Critique of Mathematisation and the Question of Responsibility*.



*Contributions To Phenomenology, vol 76.* (Eds.). Učník, L., Chvatík, I., Williams, A. (pp. 197-209). Switzerland: Springer Cham.

Willig, C. (2012). *Qualitative Interpretation and Analysis in Psychology.* Berkshire: Open University Press.

Woldt, A. L., & Toman, S. M. (2005). *Gestalt Therapy. History, Theory, and Practice.* CA: Sage Publications.

Wollants, G. (2008). *Gestalt Therapy. Therapy of the Situation.* London: Sage.

Xiao, Y., & Watson, M. (2019). Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research, 39*(1), 93–112.

Zeiler, K. (2010). A phenomenological analysis of bodily self-awareness in the experience of pain and pleasure: on dys-appearance and eu-appearance. *Medicine, Healthcare and Philosophy, 13*, 333-342.

Zetterqvist Blokhuis, M. (2019). *Interaction between rider, horse and equestrian trainer: a challenging puzzle.* (Doctoral dissertation). Huddinge: Södertörns Högskola.

## 10. Appendices

### 10.1. Appendix 1: Participant information sheet



MIDDLESEX UNIVERSITY

#### PARTICIPANT INFORMATION SHEET (PIS)

Participant ID Code:.....

**1. Study title**

Movement and Kinaesthetic Resonance in Psychotherapy.  
*Psychotherapists use of movement as supports for contacting and relating in psychotherapy*

**2. Invitation**

You are being invited to take part in this research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. I value your contribution and I recognise that you may disclose some personal information during our joint reflection in the focus group. I hope that the information below will enable you to feel secure enough to do so. Take time to decide whether or not you wish to take part.

Thank you for reading this.

**3. What is the purpose of the study?**

The overarching aim with this study is to explore psychotherapists' experiences of using movement as underlying support for contacting and relating in psychotherapy. The empirical material in this research will be based on a collaborative enquiry with psychotherapists, individually and in focus groups. I will investigate our joint reflections from a phenomenological perspective. Our meetings will be a phenomenological inquiry into the role of movement and kinaesthetic awareness in psychotherapy, as experienced by psychotherapists before and after training in Developmental Somatic Psychotherapy. The study is an attempt to verbalize practical and often "hidden" knowledge within the study group. The intention is not to give an accurate account of the co-researcher's lived experience. However, I want to engage in a dialogue with you that can give us a deeper understanding of the phenomena "working with movement in psychotherapy". The purpose of this research is to contribute to the development of gestalt therapy theory and practice.

**4. Why have I been chosen?**

I am inviting you as you have indicated that you are interested in taking part in this study. I am inviting psychotherapists that have either registered for or that have completed the training program in Developmental Somatic Psychotherapy. An important criteria for being invited is being interested in engaging in a dialogue about the theme of this research.

**5. Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw from the study then please inform me as soon as possible, and I will facilitate your withdrawal. If, for any reason, you wish to withdraw your data please contact me within a month of your participation. After this date it may not be possible to withdraw your individual data as the results may have already been published. However, as all data are anonymised, your individual data will not be identifiable in any way.

**6. What will I have to do?**

Your involvement in the research will include a 60-90 min semi-structured joint reflection in a focus-group. The meeting will be conducted either face to face or via Zoom. If you don't want to or don't have the opportunity to participate in the focus group but still would like to contribute to the research you may write your reflections in a letter and email this to me, or we can find another solution together. This opportunity will also be available after the focus group in case you felt that there were aspects of your experience that you did not share but would like to add afterwards.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

**6. What are the possible disadvantages and risks of taking part?**

There is no known risk in participating in this project.

Appropriate risk assessments for all procedures have been conducted, and will be followed throughout the duration of the study.

**7. What are the possible benefits of taking part?**

I hope that participating in the study will be of interest for you, and help you deepen your understanding in what working with movement in psychotherapy means for you. However, this cannot be guaranteed. The information from this study may help to develop a movement oriented approach to gestalt psychotherapy.

**8. Will my taking part in this study be kept confidential?**

Research in the field of personal experiences can be sensitive for participants. This means that I commit to a respectful relationship with you about significant and meaningful aspects of your experiences. As mentioned earlier this research is my story and analysis about your experience, rather than a representation of “facts”.

The research team has put a number of procedures in place to protect the confidentiality of participants. You will be allocated a participant code that will always be used to identify any data you provide. Your name or other personal details will not be associated with your data, for example, the consent form that you sign will be kept separate from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic data will be stored on a password protected computer. All information you provide will be treated in accordance with the UK Data Protection Act.

**9. What will happen to the results of the research study?**

The results of the research study will be used as part of a PhD dissertation. The results may also be presented at conferences or in journal articles. However, the data will only be used by members of the research team and at no point will your personal information or data be revealed.

**10. Who has reviewed the study?**

The study has received full ethical clearance from the Research ethics committee who reviewed the study. The committee is the Psychology Ethics Committee.

**11. Contact for further information**

If you require further information, have any questions or would like to withdraw your data then please contact:

Principal Investigator:

Helena Kallner

+46 704561990

[Helena.kallner@gmail.com](mailto:Helena.kallner@gmail.com)

Supervisors:

David Westley, Middlesex University, [D.Westley@mdx.ac](mailto:D.Westley@mdx.ac)

Sofie Bager Charleson, Metanoia Institute, [sofie.bager-charleson@metanoia.ac.uk](mailto:sofie.bager-charleson@metanoia.ac.uk)

Jonna Bornemark, Södertörn University, Sweden, [jonna.bornemark@sh.se](mailto:jonna.bornemark@sh.se)

Thank you for taking part in this study. You should keep this participant information sheet as it contains your participant code, important information and the research teams contact details

## 10.2. Appendix 2: Consent form



**Participant Identification Number:**

**Title of Project:**

Movement and Kinesthetic Resonance in Psychotherapy.

*Psychotherapists use of movement as supports for contacting and relating in psychotherapy*

**Name of Researcher: Helena Kallner**

- Please initial box**
1. I confirm that I have read and understand the information sheet dated .....for the above study and have had the opportunity to ask questions.
  2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.
  3. I understand that my contribution will be taped and subsequently transcribed
  5. I agree to take part in the above study.
  6. I agree that this form that bears my name and signature may be seen by a designated auditor.

\_\_\_\_\_  
Name of participant                      Date                      Signature

\_\_\_\_\_  
Researcher                      Date                      Signature

1 copy for participant; 1 copy for researcher

### **10.3. Appendix 3: Transcripts from interviews**

#### **10.3.1. Example 1**

Eva, one of the research participants, describes her struggles with verbalising feelings.

Eva said:

Words are not reliable, that is my starting point. Sometimes they don't do what I want them to do, because they don't contain the whole experience. They contain something else.

Eva seems to hesitate towards even the speaking speech. From Eva's perspective the verbal appears to be something that is out of her control. It is as if it lives its own life, and she cannot trust to what degree it resembles the experience, nor how her words will land with the other.

#### **10.3.2. Example 2.**

Eva and Vera describe their reflections on how the training in Developmental Somatic Psychotherapy supported them to verbalise felt experience, and find a speaking speech.

Eva said:

I have never been able to articulate feelings very well, although I have always been feeling a lot. When I started the training in Developmental Somatic Psychotherapy I got a language for it. There was something with that range and combination of physical sensitivity and cognitive and theoretical thoughts, and the marrying of those things. I think I have more of the former and less of the latter. I am sensitive but less good at expressing and structuring and it could be chaotic for me at times, so it was really helpful to get those formulations. And I discovered that the theories could develop! The trainer was thinking out loud as we were working and that could change how she described theory, which made it a really alive process for me. It really opened up that link between what I felt but could not express. And

it helped me link what I felt on a physical level and make it more verbal and theoretical, something felt like it connected in a new way. I've always known I've had this sensitivity but I've never felt I've been able to express it.

Vera, who was in the same focus group as Eva listened to Eva's examples and said, "It is similar for me". She continued:

For me finding the language and words for experience, as we did in the training, was important. I guess that's why I like the system we learnt so much. It gives an organised language for experiences I've had and observations that I've made. Now I have a framework for explaining this to others that I did not have before. It is hard to find words for physical sensations and explain them, so just having a kind of lexicon for it is amazing.

The theory they studied in the training program helped them to find a speaking speech, which allowed them to clarify their experiences and communicate themselves with others.

### **10.3.3. Example 3.**

Eva and Vera describes how knowing that the lived body, and the non-verbal sphere of communication, is valued supported them.

Vera said:

I notice that your (she is referring to me, Helena) interest right now, and talking about this together, helps me clarify what's been important for me, in a way that I probably had not known that I knew otherwise. First of all, the work (DSP) made sense to me as it's about the movement in me and the movement in how we are meeting. It's such an integral part of how we are as human beings and how we communicate, and to not use it in clinical work would be to leave out a large chunk of who we are.

As Vera spoke, Eva nodded:

Yes, I agree. And just having these conversations reminds me of that sense I had when I began the training. I mean, to meet others who understood “the thing” that is hard to put words to. Well, I had not really clocked how important that is for me, and so vital to know that there are others who value this as well. So many people are operating as if that does not exist. It’s kind of crazy making, like when you go to the doctor and have to pretend as if you are not worried. Like we are machines, that loss of human connectedness is so sad.

Situations when the relevance of affective experiences is denied and diminished made Eva feel disoriented. For her, remaining connected to the longitudinal sphere is vital and when that is denied she feels cut off.

Eva said:

When I am with people who are also interested in movement and get the importance of that, then language feels different. Like, there is not only what words I say that matter. It’s also what’s beyond, if that makes sense?

This is not, as both of them noted, something that we can take for granted in our culture. Like in the situation that Eva describes at the doctor, we are often more accustomed to a spoken speech, which relies on concept, content and ideas. This realm favours more the objective body, and accordingly the lived body is often diminished, or to use Leder’s term; it becomes absent and disappears from our awareness (Leder, 1990). Sometimes this is necessary, we are not always in touch with our kinesthetic experience and nor can we always be. The interview situation reminded Vera and Eva of the training community, where the lived body was acknowledged and brought to the foreground – which for them provided a kind of holding that allowed more for a speaking speech to develop.



#### 10.3.4. Example 4.

Richard and Angelika describe how the experience near vocabulary that they studied in the training program supported them to develop their kinesthetic awareness.

Richard said:

For me it's been like getting clearer and clearer glasses. Imagine if your vision is fuzzy and you get a pair of glasses. You see more details and you can focus more and more. Like my niece when she got glasses for the first time and she happily shouted, "I can see all the leaves on the trees!!" Exactly like that, and this is exciting for me. I used to rely so much on cognition. I see more leaves, and I also see them all more clearly now. My life is richer in a way. And when I am with clients it gives me a sense that I don't need the person to be one way or the other. I'm more on a mission to make the leaves clearer to both of us.

Angelika continued:

The whole (DSP) system alerted me to a new way of seeing and a new way of framing what I am seeing. I got more language for it. Yes, a language and a connection between language and what I can see.

I was interested in how she experienced that connection between language and what she could see, so I asked her to say more.

Before, I did not know what I was seeing. It was all "flat" in a way. Richard, you say you see the leaves on the trees, and if I continue on that metaphor I remember as if I used to look at trees and think that "there is something I see but I don't know what it is". Now it's like "Oh I see leaves in the tree and they are moving". Before I was seeing the tree, thinking that I see something, but I don't know what it is.

Richard smiled and added:

Makes me think of people who get into wine, they develop a structure for how to talk about the taste of wine. They have their own vocabulary.

Richard and Angelika are describing how they experienced that the world became more alive as their kinesthetic awareness increased.

#### **10.3.5. Example 5.**

Jacque describes her supervisee who would often start the session by saying how traumatised her clients were.

Jacque said:

As she did I noticed how she would move slightly away from me, hollowing her chest and raising and narrowing her shoulders. Her breathing was held and in the eyes I saw something that looked like a sense of urgency. I imagined that she felt fear and a need to do something and do it “right”.

This raised questions that were discussed in the focus group concerning how words like trauma, or other diagnostic labels, impact us as psychotherapists’, and our ability to be present with our clients.

#### **10.3.6. Example 6.**

Jacque was reflecting on the risk with verbalisation, and when and how to verbalise what happens in sessions, and the impact this may have.

Jacque said:

I think that sometimes when we try to explain what has just happened it takes us out of the feeling too soon and before a new meaning has had the chance to develop for the client. They might need to just sit with it, or even leave the session not knowing. I have to practice being patient with not saying too much, as I could be taking something away from them.

### 10.3.7. Example 7.

Anna described her experience of introducing a movement-based experiment she had done with a client to a mixed modalities supervision group.

Anna said:

I can give an example of a real challenge that I was facing recently in a mixed modalities supervision group. I am “the body person”; the others are more seat and content bound in their work. I brought a movement experiment that I had done with a client. A colleague in the group looked at me in a critical and questioning way and asked if I had felt safe with that intervention, like: “did I really know what I was doing when I suggested that?” The others nodded in agreement. The experiment was all well contracted, and I had all my theoretical explanations for it. But in that moment when he asked I lost my words, and I completely went into shame. I felt so exposed, and like I needed some kind of...Yeah, some knowledge to hold on to and to explain exactly why I did that experiment and in that moment.

It was a very simple kind of experiment around standing up together. But even that is so out of frame for some psychotherapists, and I really felt the pressure in that room. I took it to therapy and my individual supervision afterwards. I so doubted the integrity and intelligence in my body, and the body of knowledge I have from trainings I’ve done. I questioned the whole idea of my felt sense. It can be so hard to be the only therapist working with the body, and movement. People might be enquiring into the body or talk about it with their clients, but when really putting yourself there as a living human being with the client, that’s different. I think safety is important for us as therapists, and sometimes maybe explaining with neuroscience or something supports that. Now I am thinking that it could have helped me to explaining my work for my colleagues, but I don’t know.

### **10.3.8 Example 8.**

Lottie speaks to the importance of having a language that is recognised, and how this supports her to communicate with, and being valued by, other professionals within the caring profession.

Lottie said:

Language is important, and especially how we express what we do to others. Look at CBT, they are excellent in how they do this. I decided to add to my professional development and train in a neuroscience education because it gives legacy to my work and that helps when I meet with other professionals like doctors, social workers and psychologists. Science holds a lot of respect.

Lottie further explained that neuroscience supported her work with clients.

She said:

I know that I haven't fully integrated the movement work I learnt in DSP. I would need more practice I think. But I was eager and I did not feel I had the time. I really wanted to understand what I was doing and what to do with my clients.

Neuroscience helped her understand what happened physiologically with her clients, and she felt that she could fairly quickly apply those learnings to her practice, which she appreciated.

### **10.3.9. Example 9.**

Jenny explained an approach to body-oriented work, that she had studied which was evidence-based and recognised by the health care system in the country where she lived.

Jenny said:

I think this body of work is much easier for people than DSP and gestalt, in that sense that they can understand it so quickly. It lies in the cognitive element I think. You can explain it with a rationale and people get it. And we work with their body, not the movement between us but the actual body. I teach my students and clients a map and they can use it instantly. They learn to label their thoughts as being one aspect of them and their sensing as another. We use pen and paper and they can map themselves according to what is happening in their body and what is happening in their mind. From there we get a map, a result. They get the tools so quickly, and then they feel they have something. It's a bit like: "When I think like this that part of my body takes over and then I can do that". It is a technique and it is very efficient.

#### **10.3.10 Example 10.**

It just so happened that subjective experience pushed forward during the interview situation with Jenny. At one point, I noticed that Jenny's eyes started to tear up as she listened to the others in the focus group. She seemed moved, and her response to our conversation became prominent for me, so I asked what was happening for her.

She said:

I feel so touched listening to you all. There is a special way of how we are coming together and talking to each other now that I have missed.

She explained that one reason for her to join the research was that there was something in the invitation to meet others and explore the role of movement that spoke to a longing of hers, to something she had missed.

She said:

I am being reminded of the movement aspect. In the approach I am practicing we never officially address the relational. But, of course contacting is always there in the background. I'm feeling myself with the other all the time, but I don't use that so much in my practice anymore – it's not in the spotlight.

The specific method Jenny applied in her practice did not theoretically and officially give space for the relational and the specifics of the situation to move to the fore. In Jenny's practice the living stream and the moving-feeling-perceiving element of experience was pushed into the background, although, and as she knew, it was there all the time. In our conversation this relational dimension moved to the fore, and that touched Jenny.

#### **10.3.11. Example 11.**

Some of the research participants described that it was important for them to continuously practice their kinesthetic awareness, as a support for bringing the lived body to the foreground.

Veronica said:

I need to practice, practice and practice. Supervision helps me to remember, and it helps to get together with others who have done this training or have this kind of lens in their work.

Having practiced our ability to think in concepts more, the lived body easily falls into the background, while the therapists speak of the necessity of keeping this aspect at the forefront.

Elena said:

I think it is very important what Veronica says. If I don't practice I am losing the connection with seeing and feeling the movements. I need to stay in supervision and remind myself of this work. I am doing meditation and arts and I take massage and other stuff that helps me to be in contact with my body. When I do this I feel more present with my clients, when I don't do that I quickly lose the work.

I asked her if she knew when that happened, that she "lost the work"?

Yes, because I notice that I miss it and all I do feels dull. I was away for some time and then I wasn't in supervision and I didn't do my own practice, and when I returned to work I was more cognitive and verbal. I got more tired as well and didn't feel satisfied with my work. Like emptiness, something wasn't there. I have noticed that when I don't do my arts work and skip supervision it fades away for me.

Vera expressed something similar, saying:

While being less "in it" there is an...I mean it doesn't fade away completely.... but there is a dimming of it.

They all emphasise the importance of practicing in order to keep the movement theory alive, be aware of their kinesthetic experience and to stay open to longitudinal intentionality, as well as horizons of not-knowing.

#### **10.3.12. Example 12.**

Sofie describes how the movement-based and experience near vocabulary in Developmental Somatic Psychotherapy supported her work.

Sofie said:

Kinesthetic resonance informs all I do. But I have struggled to name what it is that I am doing. For a long time I used to have a paper with the movement vocabulary that I looked at after sessions, trying to map what it was that I felt and saw with my clients. It has helped me hugely, and really I am still a learner!

Sofie had needed to practice linking the vocabulary to her experience, and repeatedly pay close attention to what she felt and observed in sessions. Doing this, she said, had supported her in noticing themes within her clients' processes, and hearing and feeling where they got stuck in contacting with her. Attending to these movement dynamics and feeling into the psychological functions of the movement patterns helped her to go

beyond the content that the client brought, the spoken speech and the story they had about themselves, and attend to how enduring relational themes emerged in session (Jacobs, 2017).

She continued:

The psychological functions of the movement patterns are so obvious to me, but I think that unless someone has come down to their own felt sensing it's just a mental construct. I think the vocabulary can become more abstract than it has to be. I have a background in movement so for me it's like "the marrow of my bones". For those who don't have that I think it can appear mysterious. I don't talk about the patterns with clients. Like I don't say "you're grasping onto now" or things like that. It depends on the client, but often I name that I will pay attention not just to what they are saying but also to how we are moving, and that I believe we are having a conversation all the time. When I describe a feeling I often say things like "I feel a tightening here or a loosening, or I notice you leaned a bit forward as I said that, did you notice?" Those kinds of things.

Sofie said that she rarely articulated the movement vocabulary loudly. She only used it in supervision and when she taught other psychotherapists, never overtly with her clients. With them, she tried to find words that she thought they could receive and make sense of, a speaking speech. The system informed her *how* to verbalise what she felt and observed in the flow of contacting, similarly to how the whatnesses inform ratio of what categories to form. She had questioned for a long time if she really knew the movement theory, but when she began to teach it, she had realised, to her surprise, that it was "super-available" to her. It seems like the theory had become an undercurrent, a sub-verbal language – a language moving between the longitudinal stream and that which was articulated. It became a ratio that both supported her to better organise that which she felt and perceived in the moving dynamic, and to formulate interventions and verbalise experience with her clients. Furthermore, by bringing the sub-verbal into the social and articulating it, she had become more tangibly aware of her tacit knowing. The reader might remember how, in the previous chapter, Eva and Vera described how the theory they studied helped them to better know what they were experiencing. The sub-verbal dimension of speech reminds us how language is not always articulated.



### 10.3.13. Example 13.

Susan describes a session with a client where they attend to the clients habitual gestural pattern.

Susan said:

This client often sits with her arms crossed. But in this session I saw that she crossed them really firmly every time we spoke about this issue that was very sensitive to her. I felt drawn to it and told her that I noticed it. She knew about this gesture, and said that it was because she was a person that was not open to the world. She said she knew she was a closed person. She had heard this all her life, people used to tell her that she was a closed person and difficult to approach.

I felt uneasy with this interpretation. I suggested that we stayed together with this movement, and noticed what she felt doing it. And it appeared that for her it was that she was supporting herself. She did not feel safe and holding on to herself was a support. This was such important information for her, to begin to see the function for her not just how others defined her. I am quite sure that without exploring the movement, we would not have gotten into depth with this theme.

Alfons, who was in the same focus group, responded saying:

Without attending to what she said through her moving body you would have lost a lot of information, and maybe you would also have followed the hypothesis that her friend had about her. The readymade story and whom she thought she is. Yes, I am really touched by that.

#### **10.3.14. Example 14.**

Jacquie and Alfons are reflecting on the dilemma of knowing when, how and if to articulate what they see, feel and imagine about the process emerging between them and their clients.

Jacquie said:

Their movements are so revealing. That I see them in that way can be almost unbearable for some, and a relief for others.

Alfons recognised this and said that he often needed to take time before he shared what he noticed:

It's best if I let myself feel the qualities and the movements for a while, and then try to understand and wait until I put words onto the dynamic. It can be so difficult to know.

Jacquie agreed:

And often I'm too eager to say. It's such a delicate place when you illuminate something. And also, how to find a way that is digestible for the other so that they can feel that you are with them. I've so often blundered that – that fine line between being able to express what you feel emerges between you and stay with the person, versus exposing them and risk not being with them. There are times when I feel like, can I rewind please?! But, of course that is not possible and whatever I have said is already felt by the client, and then that is part of what we are moving with.

#### **10.4. Appendix 4: Metaphor describing the relation between ratio and intellectus**

For example, imagine walking with a friend on a soft beach early in the morning. The sand is perfectly tempered, and you feel the sand move between your toes as you push your feet into the earth that is pushing back, meeting you with a gentle and embracing resistance. There is a soft breeze, and the ocean is still. You reach out your hand to grasp onto your friend's hand – who simultaneously reaches out to grasp yours. Being receptive to each other you can feel the temperature, shape and texture of the other's hand and how you are giving to and being received by your friend – feeling you feeling me. Walking hand in hand along the beach gives a sense of consistency and support. Here, you can wonder about the specifics of the situation as well as that which makes this hand and person unique and special for you. This is ratio and intellectus working together, providing stability and being open for novelty.

Now, suddenly there is an increased wind force, the sand is blowing up and all around you and it becomes difficult to walk and you can hardly see anything. The ocean gets rough, and big waves hit the shore. The world around you is uncertain and you narrow and hollow, as if withdrawing away from it. You grasp more firmly onto your friend's hand, which is responding with an equally firm grasp. Within the grasp, your hands are pushing against each other, feeling how the other is pushing back. The increased felt pressure from the pushing-against-pushing-back within the grasping-onto, together with your narrowing and holding back posture, travels through your body. There is a shift in the overall muscle tone in your body – creating a sense of density and coherence, as the movement goes from periphery to centre. Grasping onto the other gives a sense of steadiness in this uncertain world, as you run up and away from the beach, seeking shelter.

We can also imagine that the grasping-onto becomes habitual, maybe every time we walk on the beach this experience reoccurs, and that other life situations also provide sudden, frightening and unexpected changes. Over time, the grasp-onto develops into a

clinging that is no longer responsive to the other or to the situation, but holds in it an existential need to create safety and stability. The clinging becomes the ground, and we are no longer even curious in feeling the sand beneath our feet or the wind on our skin – as we are convinced that it won't be there for us, it is as if it does not exist. That is what happens when ratio is closed. Directing attention towards the subjective and kinesthetic experience of the firm grasp or clinging on to the other, to with a sense of wonder explore its lived function, would be like opening the door for intellectus to enter. Like kinesthesia, it is never really gone, it is just there, providing plenty of information – if we know how to open up and to listen, and have the patience to do so.

## 10.5. Appendix 5: Intelligent ratio

This is an example of how ratio and intellectus work together.

Laura had still been in her fundamental psychotherapy training when she began her studies in DSP. Although both trainings essentially lean on the same philosophical underpinnings, integrating the movement vocabulary into the psychotherapy training context proved to not be so easy for her.

Laura said:

I felt that my style of working with movement was hugely valued and welcomed in the practice-based part of the training. But in my academic writing I had to bracket hugely. I was getting deferred on all my essays. They said they could see that I was a competent therapist, but I was not using the right language for them to pass me. So my solution was to just bracket all movement stuff. I would put it in there as a little icing on the cake, but I could not use the limited word count in the essay to define and explain.

I could use the patterns, because people understand the movement of reaching for – but I often got knocked down massively for being interpretative. The feedback I got on my written work could be: “How do you know she is reaching, that is an interpretation. She is moving forward, towards you, but that is not necessarily a reach”. I had a long conversation with the head of department really talking with him about my dilemma. I said I feel like I am walking on electrified floor because even once, even a word, could make me fall. Even one word could mean that I would sabotage. He was great and really listened, that was important. But I had to do it their way.

In the end I learnt how to do it, I learnt what they wanted to see and now I am getting really good grades. But interpretative was what I heard a lot. I found that difficult. It was all knocked down as interpretative unless I had set out the whole DSP system and the movement vocabulary. But that was impossible, as I did not have the word count to do it. I wish they [her teachers] knew about the movement

work, it's just gestalt but a different language! I don't know what the solution is, but I found myself bracketing all DSP.

I asked her how, if at all, changing the language impacted her clinical work?

I would still lean on it in my clinical work but carefully bracket all of it in my academic work. It did not shift my practice. I am still driving the way I used to drive. I can still feel it in my body, and that is the thing that is working the most and I am not going to change that. But, in my writing I was compartmentalising hugely and I had to work hard to get there.

To me it sounded as if she had worked hard to find some kind of code to communicate to her teachers how she was working. I asked her, was that so?

Yes, exactly, finding words that were really neutral.

I asked her how she did that, and she said:

I stripped out words that could be interpretative. I understood that what they want is just layers of observations, and words that the client could recognise. So really descriptive at each stage, like building a pyramid: client walks in, eyes lowered, sits carefully back – those kinds of things are unquestionable. And when you layer them up they form something specific. I think I've probably found something that works for my training institute, but if it works elsewhere who knows.

For Laura, the movement vocabulary was loaded with lived meaning; the experiential studies had given her an in-depth kinesthetic knowing of what, for example, reaching-for, and being reached back to feels like. She can imagine what different qualities of reaching-for could feel like, what it feels like to hold back a reach and the experience when a reach for the other is not met in a satisfying way. So when she wrote that her client reached-for her, she was imagining the relational function and psychological meaning that lived in the gesture. She was, to use Sheets-Johnstone's phrase, thinking in movement (Sheets-Johnstone, 2016, p. 261). What we feel and perceive informs how we

shape meaning; that is thinking in movement. For example, when the training group (which I described in the previous chapter) and I met, it was as if “anxiety” walked into the room. Meaning was made pre-reflectively, as we were kinesthetically resonating with each other.

For Laura’s teachers, the concept of “reaching-for” was empty compared to the fullness of meaning it had for Laura. For them, it was just a combination of words amongst other words, a spoken speech. They could of course envisage the action of the gesture, but it appeared to them as if Laura was interpreting what her client did. The example shows how the same word can be both spoken and speaking speech; for Laura, the vocabulary resonated with longitudinal intentionality, but it did not for her teachers. Neither were they open to her way of articulating experience, and so Anna met with a ratio that she realised she had to adapt to. It was clearly a power dynamic at play between her and the training institute; she had to adjust. However, building on the sub-verbal movement vocabulary, Laura found words that could more easily be accepted within the ratio she had to adjust to.

How did she go about doing this? Following Cusa’s teachings, we can say that she used her intellectus capacity to feel into the system she was confronted with in the psychotherapy training. This gave her whatnesses from which she could create a new ratio. These were rooted in her lived experience with her client, and expressed in such a way that they could be understood in her psychotherapy training context. Intellectus first informed her about her situation with her client and with the help of ratio, she could describe this through the movement vocabulary. Navigating the psychotherapy training context demanded that she used her intellectus capacity to feel into what was needed in that environment. By using her imagination and fantasy, she could set this sensuous information in motion and create a new and situational specific ratio. Laura did not rigidly hold on to the words she initially had preferred (the DSP movement vocabulary), rather, she stayed true to expressing the essential dynamic of what she wanted to convey. Doing so, and in a way that would facilitate her being understood,

required her to be flexible and creative – a weaving together of ratio and intellectus. She was truly engaging in finding a speaking speech.



## 10.6. Appendix 6. Poverty of words

A Poem by Rilke, from *Poverty of words*, that brings to light the challenge of verbalising felt experience.

I am so afraid of people's words.  
They describe so distinctly everything:  
And this they call dog and that they call house,  
here the start and there the end.  
I worry about their mockery with words,  
they know everything, what will be, what was;  
no mountain is still miraculous;  
and their house and yard lead right up to God.  
I want to warn and object: Let them be!  
I love to hear the singing of things.  
But you always touch: and they hush and stand still.  
That's how you kill. (Rilke, 2005, p. 140)