

# THE NEW THERAPY

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## 1. Introduction

Recent decades have seen a proliferation of ‘new’ therapies or ‘approaches’ to therapy. The reader would therefore be forgiven that the use of the definite article in the title of this article – ‘THE New Therapy’ – suggests a grandiose claim to present yet another new form of therapy, but one superior to all. Is not such an article, with its implicit claim, not immediately suspect in itself? Not if we consider that every time ‘a’ new form of therapy is named a new terminological adjective is attached to the noun ‘therapy’. Adjectives such as ‘psychodynamic’, ‘cognitive’, ‘body-oriented’ or ‘somatic’ do of course serve the obvious purpose of distinguishing and ‘branding’ different forms of therapy, as well as helping to place them in a particular historic tradition or framework of thought, whether psychoanalysis or cognitive science. And yet the very multiplicity of adjectives applied to the noun ‘therapy’ may also prevent us from properly considering the assumptions on which our understanding of therapy *as such* is founded. It is a different matter to compare and contrast two or more forms of therapy and to ask the more fundamental question - what is ‘therapy’? All understandable suspicions notwithstanding, let the reader be in no doubt. This article is *not* intended to make grandiose claims for ‘a’ new form of therapy (and to position it in the ‘market’ of existing therapies by branding it with a new and exotic name). And yet through the definite article in its title it does *indeed* lay claim to outlining the foundations of an entirely new understanding of ‘therapy’ as such, one with profound implications not only for the practice of *psycho*-therapy but ‘therapy’ in its most general sense, including medical and psychiatric ‘therapies’.

### 1. The Philosophy of The New Therapy

All previous forms of therapy.- without exception - have rested on some or all of the following, fundamentally false philosophical assumptions:

- that the human soul or *psyche* is a consciousness bounded by the physical body.
- that consciousness is something *localisable* in the individual body or brain.
- that the human being is a separate and point-like ‘subject’ or centre of consciousness which focuses on internal or external objects of consciousness.
- that ‘mind’, ‘soul’ or ‘psyche’ consists primarily of objective *contents* of consciousness or of an hypothetical ‘unconscious’.
- that contents of consciousness such as emotional states, can be explained or reduced to other contents such as childhood events or scientific measurements of brain activity.
- that knowledge or cognition as such is essentially consciousness of a localised object, external or internal, physical or psychological on the part of a localised subject or centre of consciousness.
- that other human beings and their feelings can be understood as mental intellectual objects of cognition.

**The New Therapy** is founded on a new *phenomenological* critique of these basically false assumptions. ‘Phenomenology’ is founded on the central insight that we are not self-enclosed consciousnesses that first receive sensory data or ‘input’ from the world around and then mysteriously convert this data into a conscious perception of this world. This accepted scientific model of perception is circular. First it assumes a world of phenomena independent of our own self-enclosed consciousness – a world from which our brain receive ‘inputs’ in the form of sensory data. Then it ends up seeing this world – the phenomena which are supposedly the very source of the sensory input received by our brains – as nothing more than a phantom visual projection or output of our brains. Phenomenology challenges this ‘scientific’ model of perception – a model that by its circular nature explains nothing at. The traditional phenomenology of Husserl recognising that from the very start, consciousness is consciousness *of* the world around us - not a blank sheet on which ‘impression’ or sensory ‘inputs’ from this world are ‘received’. Radical phenomenology goes further, recognising that all experienced and perceived phenomena emerge from an immediate field of awareness that embraces our entire inner and outer world. The most basic scientific ‘fact’ of all - recognised by phenomenological science but not by the physical sciences - is not the ‘objective’ existence of a world of physical phenomena localised in space and time. Empirically – experientially – the most basic scientific fact is the *field of our immediate subjective awareness of such a world* – something that cannot be reduced to or explained by any localised phenomena within that field. ‘Phenomena’ as such are not merely *subjective* mental perceptions or representation of the world, nor are they objects independent of the perceiving subjects. Instead they are ‘subjective objects’ – taking shape within fields of awareness of subjectivity. They are also the external manifestation of ‘objective subjects’, each phenomena being the expression of an independent consciousness or ‘subject’ with its own unique worldly field of awareness or subjectivity.

In contrast to all previous forms of therapy, **The New Therapy** is founded on the following *field-phenomenological* understandings:

- that the human soul or *psyche* is a field of consciousness *unbounded* by the physical body.
- that all subjectivity or consciousness has a ‘non-local’ or *field* character.
- that all personal ‘subjects’ or centres of consciousness are localised centres of larger *trans-personal* fields of awareness.
- that all *contents* of consciousness, inner or outer, physical or psychical are phenomena emerging within fields of awareness.
- that no contents of consciousness, internal or external can therefore be explained by or reduced to other contents of consciousness.
- that knowledge is not cognition of localised objects on the part of a localised subject but is the experience of ‘phenomena’ - *subjective objects* emerging within non-local fields of awareness or subjectivity.
- that other human beings and their feelings can only be understood subjectively, through *feeling* them.

## 2. The New Phenomenology

**The New Phenomenology** is a radical *field-phenomenology* – based on recognition of the non-local or field character of consciousness, subjectivity or awareness. Traditional phenomenology with its roots in the philosophy of Edmund Husserl, was based on the principle that consciousness is always consciousness *of* something – a phenomenal content or object of consciousness – on the part of a subject of consciousness. But if ‘consciousness’, ‘subjectivity’ or ‘awareness’ has a field character, it is neither the property of a localised ‘subject’ nor necessarily focussed on a particular object.

## 3. Feelings and Feeling

In traditional phenomenology and the ‘old’ psychotherapies, *feelings* are treated as contents of consciousness and as objects of mental or intellectual cognition. No distinction is made between *feelings* and *feeling*. In **The New Phenomenology** and **The New Therapy** on the other hand, *feeling* is understood as an independent mode of cognition. Feeling is essentially *field-cognition*, based on ‘field-awareness’ rather than ‘focal awareness’. Feelings themselves are not simply mental or psychical contents or objects of consciousness, present within a field of awareness. They are the expression of overall *field-states* and *field-qualities* of awareness. Feelings are something we ‘have’. Feeling is something we *do* – as when we feel the surface of an object. Just a feeling of pain arises from *feeling* a burning hot object, so do identifiable feelings in general, physical or emotional emerge from the activity of feeling. We know things and people by feeling them directly. Feelings are the surface of inner cognitions – the type of knowing that comes from directly feeling things and people rather than ‘having’ feelings about or towards them. We experience emotional feelings about or towards things and people ‘in’ our bodies. We feel things and feel people *with* our bodies.

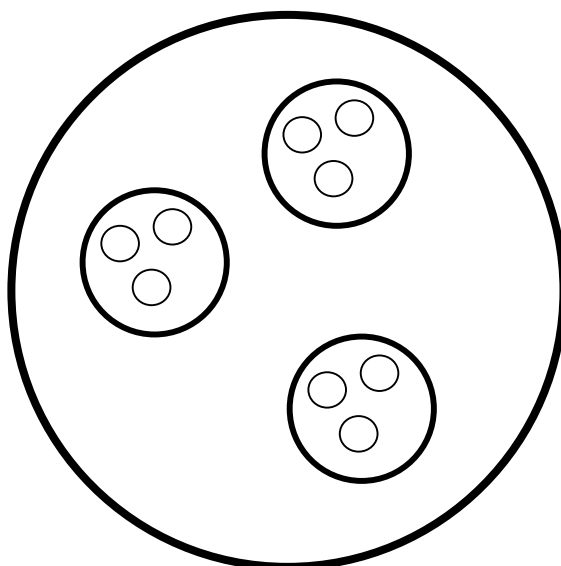
## 4. Focal and Field Awareness

**The New Therapy** recognises no such thing as the ‘unconscious’ or unconscious ‘feelings’. The so-called ‘unconscious’ is *field consciousness*. So-called ‘unconscious’ feelings are simply feelings (noun) we are not actively feeling (verb). The reason we do not feel particular feelings is because *feeling* as such is a mode of consciousness characterised by *field-awareness*. Feelings only seem to be ‘unconscious’ because we identify ‘consciousness’ as such with *focal awareness* and its *sensory objects*, rather than with *field awareness* and its *subjective qualities*. Subjective field-states of awareness and their qualities can only be felt and sensed in a bodily way. Unlike thoughts, feelings and sensations, they cannot be turned into localised *objects* of focal awareness, for they are subjective *field-states* of awareness. That does not mean that they have an amorphous, undifferentiated or unconscious character however. Instead they have highly differentiated sensual qualities - comparable to the felt colour and tones, brightness and darkness, lightness and heaviness of our moods. Like moods, sensual field-qualities of awareness can only be felt and sensed with our *body as a whole*, for they are what constantly permeate and ‘colour’ our bodily self-experience.

## 5. Field and Unit Identity

The most basic assumption of the old therapies is that human psychological awareness is bounded by the physical body. This assumption in turn, is founded on an unquestioned metaphysical framework bound by the old Aristotelian logic of *identity*. This metaphysical framework permeates all the sciences, based as it is on the idea that the universe is a step-by-step evolution or construction of *separable* elements, units or 'identities'. Applied to human psychology, the individual is seen as a structured set of separable biological or psychological elements, and the group as a larger set of such individual sets (Diagram 1). This is a dominant scientific 'mindset' in the most literal sense – constituting as it does a *set-theoretic* concept of identity as a composite of sets and sub-sets of separable elements unified only as more or less complex 'systems'.

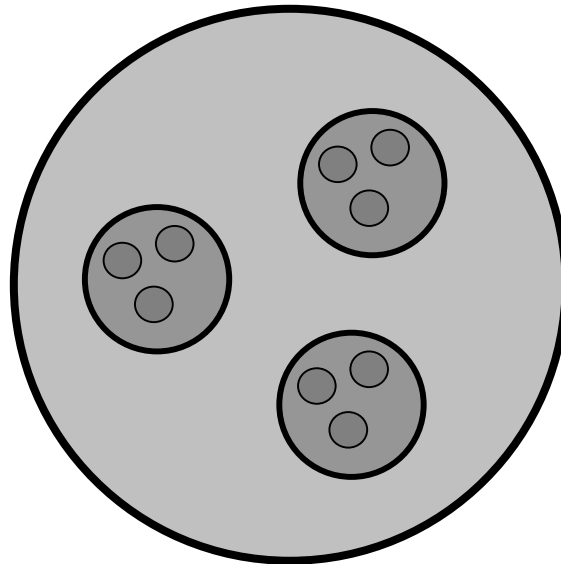
**Diagram 1. The Set-Theoretic Model of Identity**



The basic principle of the field-theoretic model of identity is that each bounded *unit identity* is an *internal* boundary of its own *external field* as well as an *external boundary* enclosing its own *internal field*. What I term **The New Thinking** is a fundamental challenge to the *set-theoretic* model of identity – this being a centuries-long metaphysical concept of reality as a construction of self-identical units separated from one another in physical or psychological space. In contrast, **The New Thinking** is a *field-theoretic* model of identity - one which understands every element or identity within a set as the emergent expression of its surrounding field – which is not an empty space but the *field* dimension of identity as such. Crucial to the set-theoretic understanding of identity is the identification of any individual unit or identity with its *internal* sub-elements. But just as these sub-elements are expressions of their surrounding field (the inner field identity of the unit), so is the unit itself an expression of its surrounding field of emergence (its outer field identity). Identities as such, -represented by the circles in the diagram, are not separable identities but *field-boundaries* of identity - each of which is just as much defined by its 'background' or surrounding field (German *Umfeld* ) as by its internal field (*Innenfeld*). Diagram 2 represents a *field-theoretic* model of identity in which each sub-element of a 'set' is

seen as an expression of its surrounding field (grey-shaded) and the set itself as an internal field-boundary of a yet larger field. Instead of a model of identity based on unit identities arranged or structured in nesting sets, we have a model which recognises *unit identity* as an expression of *field-identity*.

**Diagram 2. The Field-Theoretic Model of Identity**



The *field-theoretic* model of identity upon which **The New Thinking** is founded makes it impossible to see the human identity as something externally or even internally bounded. Identity, including human identity is not *externally* bounded because even the external physical boundaries of the human being are but internal boundaries of its own external physical, psychical and social *field*. Identity, including human identity is not internally bounded either. For since every *unit identity* emerging within a common source field is an emergent expression of that field, its very inwardness also leads back *into* that *source field*. Its inwardness is therefore an unbounded inwardness - one that links it, through the common source field - to the inwardness of every other unit within that field.

## 6. 'Self' and 'Soul'

Only a *field-theoretic* model of identity allows us to articulate a precise distinction between what we call the 'self' and what we call the 'soul' or *psyche*. 'Soul' is quite simply the *field-dimension* of both *awareness and identity*. It is *unbounded field-awareness and field-identity*. Put in other terms: any 'soul' is an unbounded *field-self*. Any 'self' on the other hand is a bounded *soul-unit*. 'Selfhood' on the other hand, is bounded *unit awareness and unit identity*. The fundamental flaw of both psychology and psychotherapy, based as they are on the set-theoretic model of identity, is to:

1. ignore the *field* dimension of both awareness and identity
2. identify the 'self' or unit identity of the individual human being only with their 'insiderness' - their *internal* field of awareness and its contents.
3. see both the identity of the human being and their awareness or 'psychicality' as something *externally bounded* by their physical body.

## 7. 'Self' and 'Ego'

Field-theoretic psychology understands the 'ego' as something quite distinct from the soul or self, comparable to a locus of awareness at the apex of a pyramid or cone. The ego is that 'I' or 'eye' whose cone of vision transforms the circular *field-boundary of awareness* into a *fixed boundary of identity* dividing Self and Other, and treating everything within that boundary as 'me' (the *objectified self*) and everything outside it as 'not-me' (the objectified other).

**Diagram 3. Ego as localised subject or 'I', turning Self into object or 'Me'**

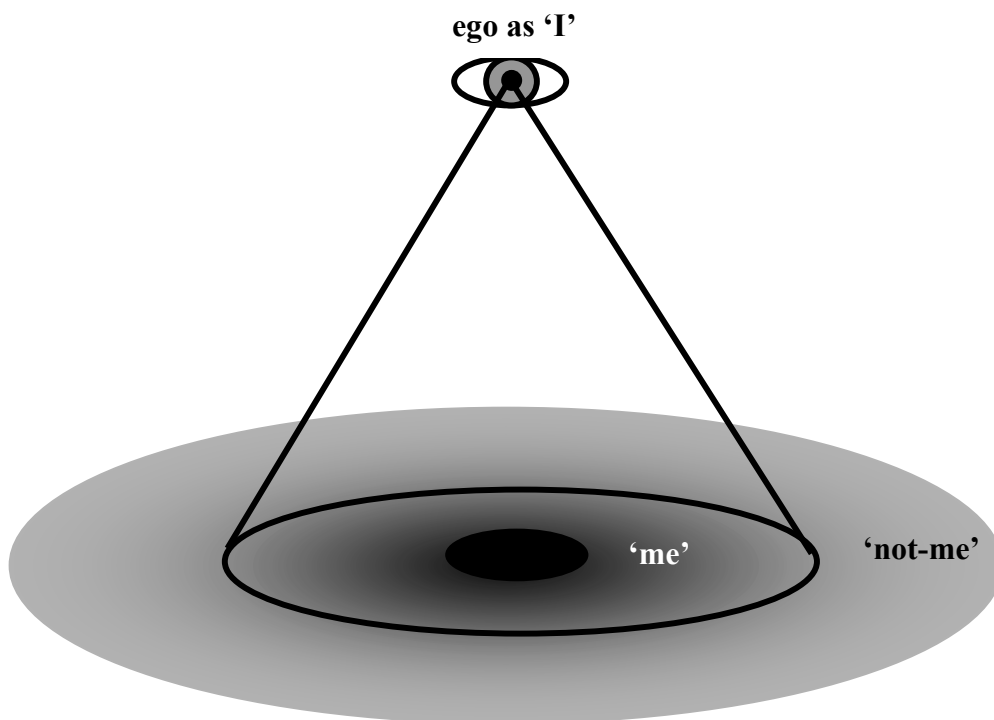


Diagram 3. shows the ego as such a *localised* centre or 'subject' of awareness, objectifying the individual's own non-local field of awareness and identity and turning both Self and Other into objects of focal awareness ('me' and 'not-me'). The black centre of the circle at the base of the cone represents the inner counterpart of the ego – the 'inner self' or 'inner ego'. The (outer) ego functions principally as the outer 'I' and outer 'eye' of the inner self, using focal awareness to identify and objectify phenomena in the self's outer, environmental field. The inner self, on the other hand is the inner 'I' and inner 'eye' of the outer ego, looking inwards into the those unbounded inner dimension of awareness that links it with the *inwardness* of every being and every thing in its outer field.

## 8. Identity and Relationality

Seen from a conventional set-theoretic perspective or 'holistic', a whole is the unity of its parts. Seen from a field-theoretic perspective however, each part or unit identity can also be seen as the unity of all the wholes or 'sets' of which it forms a part or unit. That is because all unit identities – selves and sub-selves emerge from the multiple

overlapping *fields* of larger units. Diagram 4. shows a single unit identity not simply as a common member of three overlapping set but as a unit emerging from the overlapping inner fields of those sets.

**Diagram 4. Unit Identities as the Expression of Multiple Identity Fields**

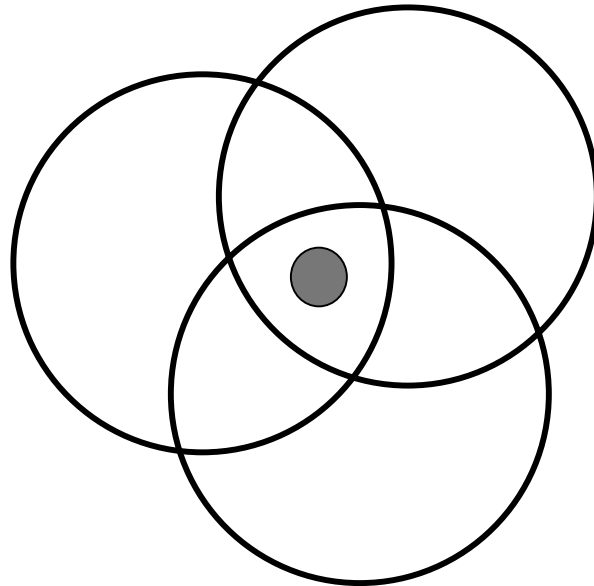
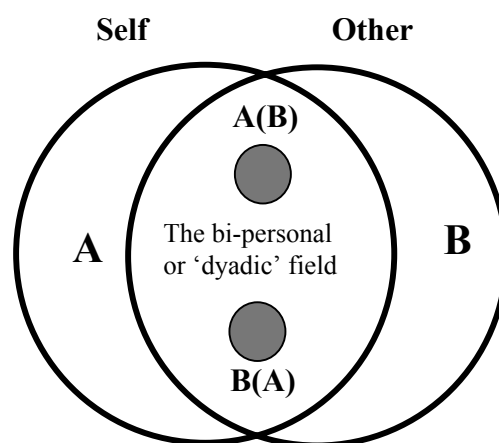


Diagram 5. shows how, from a field-theoretic perspective we do not need to postulate any processes of ‘introjection’ or ‘internalisation’ to understand how the overlapping field-identity or ‘bi-personal field’ of two individuals, A and B, automatically gives birth to twin sub-units or sub-selves. These are the A aspect of B or A(B) – for example the John-aspect or Johnness of Jill - and the B-aspect of A or B(A) – for example the Jill-aspect of Jill-ness of John.

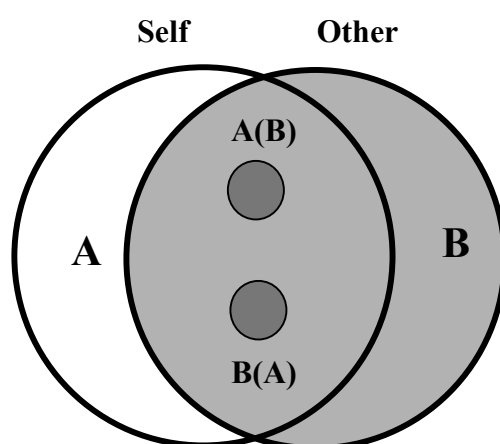
**Diagram 5. The Bi-personal or Dyadic Field and its Unit Expressions**



After any interaction with another individual we are left with a residual *field sense* of the other person’s presence. If we attend to this residual sense of the other in their absence, it can take shape as a new sense of ourselves – allowing the aspect or sub-self of ourselves most in *resonance* with another individual to take shape as a new sub-self or unit identity within our own field identity. So-called psychological

‘projection’ is simply failure of *field-resonance* in which, instead of ‘owning’ that sub-self as an aspect or unit of our own *field-identity* we continue to identify it with the other – experiencing all aspects of the bi-personal field as aspects of the other and not of self *and* other. This dis-identification from the bi-personal or dyadic field is a depletion and diminishment of our own field identity, preventing us from identifying – and identifying *with* – those aspects of ourselves in resonance with others.

**Diagram 6: ‘Projection’ as dis-identification from the Dyadic Field**



## 9. The New Psychology

Traditional psychologies and psychotherapies are all *essentially* ‘ego-psychologies’ in the most literal sense, stemming as they do from an essentially *ego-centric* view of the human being as a bounded *unit identity*, reducing the soul or psyche to the interiority of this unit identity, and employing only the *focal awareness* of the therapist – used to *localise* and *objectifying* psychic contents independently of their field of emergence. Recognising and relying only on focal awareness and not on *field-awareness*, the latter is mistaken for a bounded personal or impersonal ‘unconscious’ and its analysable contents. This ‘unconscious’ is then seen as a realm into which we can ‘introject’ or ‘internalise’ others – rather than as a realm of *trans-personal consciousness and field-identity* – a *field-self* overlapping and linking us in resonance with the *self-fields* of others. The result of such misconceptions is effectively whole variety of *soul-less* ‘psychologies’ and ‘psychotherapies’ – all of which treat the ‘soul’ or ‘psyche’ as a bounded *unit* of awareness or identity rather than as the *field dimension* of both awareness and identity. Constant attempts are made to reduce the soul or *psyche* to some unit or structure of units – whether biological cells and neurones, libidinal ‘drives’ and dream ‘contents’ (Freud), unconscious imaginal ‘archetypes’ (Jung), ‘internal objects’ (Klein), or a pattern of social relations incorporated by ‘the self’. Selfhood as such - *unit identity* and its structures - is not seen as an expression of the soul or *psyche* – of *field-awareness* and its patterns. Instead ‘the soul’ is reduced to a unit identity or to a social structure or ‘system’ of unit selves. In **The New Thinking** unit identities are not seen as mere building blocks, elements or units which form themselves into group structures or ‘sets’. Instead, every self or unit identity is the emergent self-manifestation or *selving* of a *group field*. In the old psychotherapies there is talk of the ‘subject’, ‘ego’, and/or ‘self’ but no concept of the soul or *psyche* as such. Even Jung identified the depths of the *psyche*

with a world of images belonging to ‘collective unconscious’ rather than with the collective field of *consciousness* from which such images arise. **The New Thinking** and the **The New Phenomenology** combined as **The New Psychology** - a genuine science of the soul or *psyche* which does not reduce the latter to body or brain, ego or subject, persona or self - or to part of a ‘systemic’ structure - but understands it as the *field-identity* and *field-body of the individual*.

## 10. The Physical Body and the Felt Body

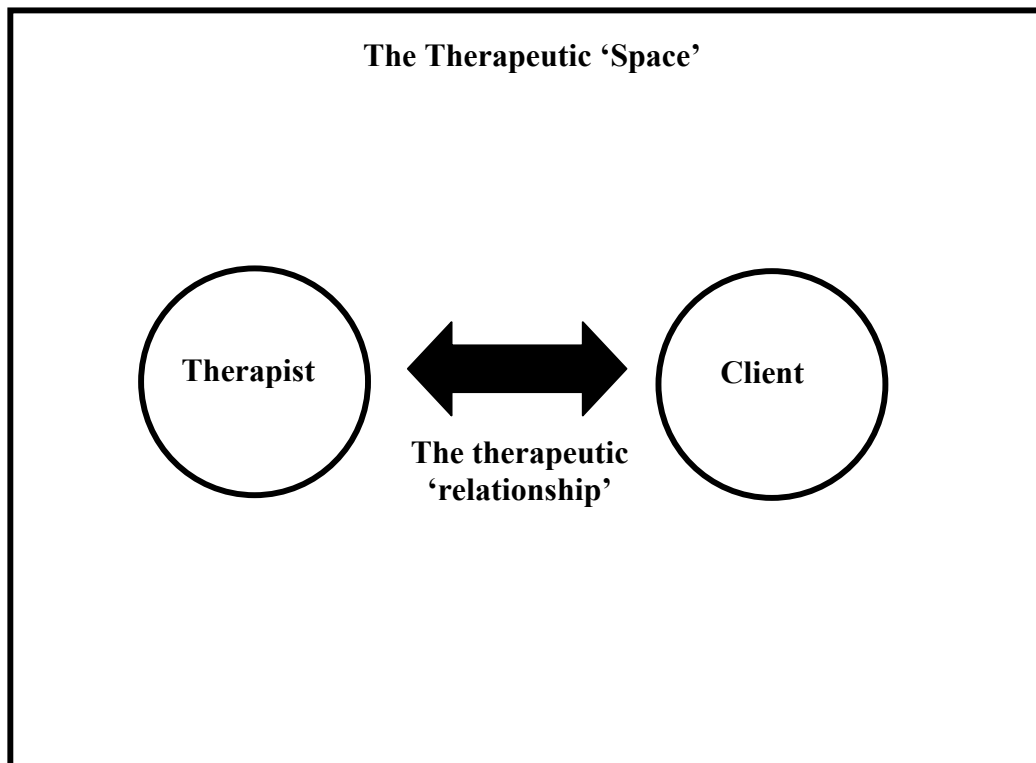
The ego as an abstract ‘subject’ of awareness finds expression in language every time we use the word ‘I’ as the subject of a verb and its objects or complements. For every thought or utterance of the form ‘I feel X’ or ‘I do Y’ implies an ‘I-identity’ that has no determinate qualities of its own, and that remain untouched, unaltered or ‘immune’ from all ‘it’ feels or does, experiences or perceives. The ego is experienced as a *disembodied* mental or intellectual centre of ‘subjectivity’ or ‘selfhood’ – one that bears no relation to our actual subjective self-experience, for that has to do with our ever-changing *bodily* sense of self. For no sooner does our felt bodily sense of self alter in any way, than we seek to immunise ourselves from this change by objectifying it through ego-awareness - transforming our *felt* and *field* awareness of self into a *focal object* – ‘a feeling’. *Feeling ourselves* as ‘tired’ or ‘energetic’ for example, we transform this altered *bodily* sense of self into the *private property* of an unchanging mental ego or ‘I’ that ‘has’ or ‘possesses’ *a feeling of tiredness*. The word ‘I’ represents that mental ‘ego’ or ‘subject’ of awareness that *objectifies* all elements of our direct subjective experiencing of self and other. The function of this mental ego or ‘I’ is to prevent *what* feel or do from in any way altering our felt *bodily* sense of self - of *who* this ‘I’ is. All considerations of the role of ‘the body’ in psychopathology and psychotherapy however, have consistently confused the *physical body* of the human being with the subjectively *felt body*. The physical body is a phenomenon appearing within an individual’s field of awareness. The *felt body* of an individual is the felt bodily shape and tone taken by their own subjective field of awareness. The felt body is a *field-body* unbounded by the physical body – for its only boundaries are the *field-boundaries* of an individual’s awareness.

## 11. ‘Mind’, ‘Body’ and the ‘Embodied Mind’

The soul or *psyche* is not reducible to the mind, nor is it a product of the physical body or brain. Instead it is the *field-self* and *field-body of the individual*. Consequently, **The New Therapy** recognises that ‘mental’ health is intimately connected with the body – *not* the physical body or brain of the individual but their *felt body*. All forms of so-called ‘mental’ illness have to do with deficits in the individual’s felt *bodily* sense of *self* and felt bodily sense of connectedness to others. The aim of The New Therapy is to heal or make whole the individual’s felt bodily sense of self and to deepen their felt bodily sense of connectedness to others. This means cultivating their capacity both to *feel* their own soul and that of others in a *bodily* way and to actively *embody* the way they feel themselves and others. Yet our beliefs about the body can seriously limit our direct experience of our own bodyhood and that of others. What can be termed the ‘embodied mind’ is the mental boundary we place on the *field* of our bodily awareness. If we believe that we are self-enclosed consciousnesses bounded by our physical bodies, then that is how we will experience ourselves and others. The mental belief itself *limits* the field of our bodily awareness

to the boundaries of our physical body, and prevents us from *enlarging* that field to embrace the entire space around us and every other body within it. If a therapist believes their consciousness to be bounded by their own physical body, it cannot expand to embrace, surround and *feel* the body of the client. Instead the therapeutic relationship is seen and felt as a relationship between two self-enclosed consciousnesses and identities, each with their internal thoughts and ‘feelings’. If the ‘embodied mind’ of the *therapist* is structured in this way it makes no essential difference in what way they see the client – as an unruly unconscious or a ‘case’ of some neurotic or psychotic disorder, as a personified set of genetic traits or as a ‘whole person’, as a body ‘and’ mind, a ‘bodymind’ or as an ‘embodied mind’. For whatever issues or ‘feelings’ the therapist chooses to ‘focus’ upon their awareness will remain a purely *focal* awareness bounded by their own body, limiting their field awareness of the client’s body, and in this way preventing them from directly *feeling* the client in a bodily way. The therapist’s own bodily field awareness will not *extend* sufficiently into the therapeutic space to sense the most important thing of all – not any problems that the client ‘presents’ with but the client’s own embodied presence – or lack of it. In contrast, **The New Therapy** is founded on the understanding that all ‘presenting problems’ give expression to the client’s own bodily sense of self and relatedness to others, the boundaries they have become used to place on their own bodily *field awareness* – misconceived as their ‘unconscious’. It understands ‘the embodied mind’ of both therapist and client as the felt bodily shape and boundary of their own respective fields of awareness. Diagram 7. shows the model of the therapeutic space and the relationship as experienced by any therapist whose own ‘embodied mind’ limits their own field of awareness to the boundaries of their own physical body, and perceives the consciousness of the client as something also contained within the boundaries of their physical body.

**Diagram 7**



Here the therapeutic relationship is seen as an interaction between two self-enclosed identities whose consciousness is contained within and bounded by their physical bodies - represented as circles. The therapeutic 'space' is experienced only as the (empty) physical space between and around the physical bodies of both therapist and client - not as the larger bodily *field* of their subjective awareness. In contrast,

**Diagram 8**

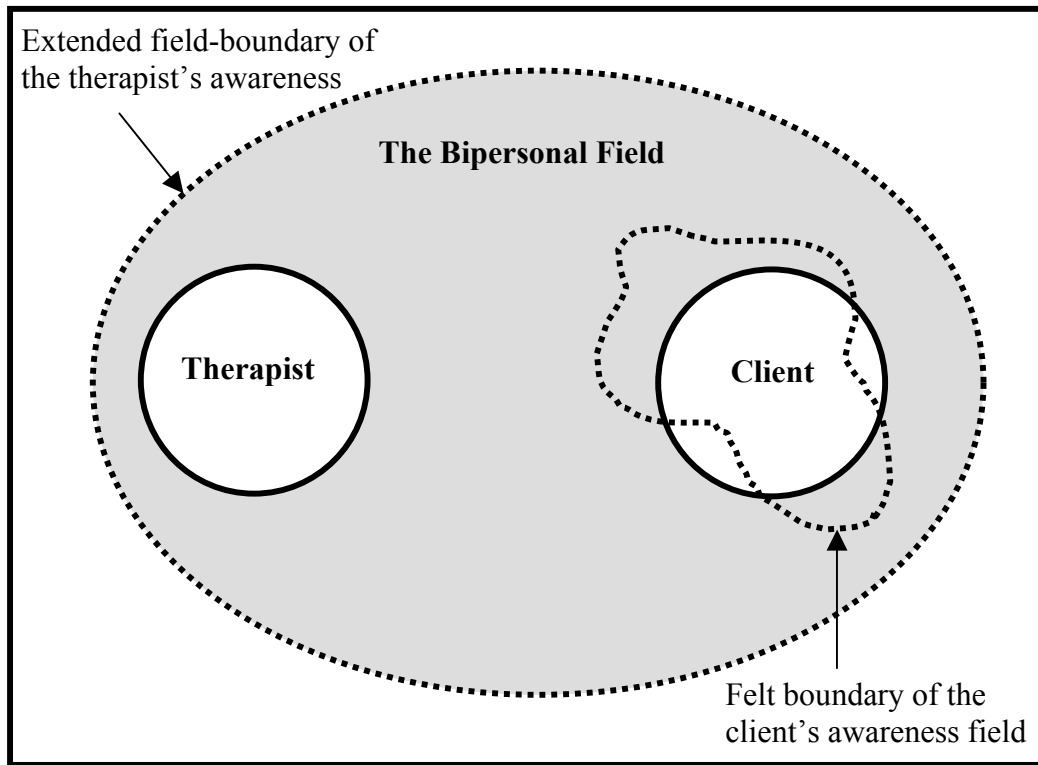
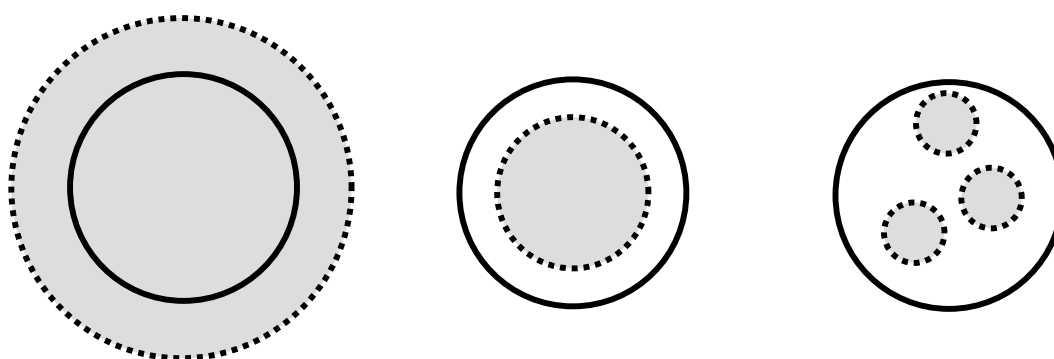


Diagram 8. shows the field-boundary of the therapist's bodily awareness extended to embrace and surround the physical body of the client, thereby enabling the therapist to also feel the unique shape of the client's own 'embodied mind' - the boundary, more or less contracted or expanded, rigid or flexible, closed or open - of the client's own bodily awareness field. Diagram 9. offers a schematic representation of the relation between the physical body of the individual and their felt body, showing 'the embodied mind' in three ways:

1. as a spatial field-boundary of awareness expanded beyond the spatial boundary of the physical body
2. as a spatial field-boundary of awareness contracted or 'shrunk' within the spatial boundary of the physical body
3. as any number of bounded fields or 'pockets' of awareness experienced within the spatial boundaries of the physical body (for example a person's mental space experienced as a enclosed 'head space', but one separated and sealed off from a space of emotional awareness in their chest or of 'gut feeling' in their belly and abdomen).

The felt body is constituted by such internal or external field-boundaries of awareness, all or any of which can be experienced as psychic envelope or ‘skin’ which is more or less porous or impermeable, motile or rigid, tight or loose, shrunk or expanded, full or empty, light or dark.

**Diagram 9**



## **12. Verbal and Non-Verbal Communication**

Emotional feelings ‘about’ ourselves or ‘towards’ others can stand in the way of directly *feeling* ourselves and others in a bodily way. How we feel ourselves and others is something automatically felt by others – it communicates automatically and ‘non-verbally’, whether or not it is also expressed in words and verbal communication. By simply *feeling* themselves and their client in a bodily way, the therapist is already responding to and communicating with the client. But by fully *embodying* the way they feel themselves and the client, a state of bodily *field-resonance* with the client is established in the ‘bi-personal field’. It is this field-resonance which then amplifies the client’s own capacity to fully feel themselves and others in a bodily way. It is difficult for someone who has not been in psychotherapy to understand what it is all about or learn to practice it. Lacking a direct felt experience of being in therapy or giving therapy they can only imagine what it is like, get an indirect sense of it through the verbal reports of others, or begin to get a feel of it through training exercises. This same principle applies also to practicing therapists seeking to understand new forms of psychotherapy different from those they already practice. It applies also to new therapies and to **The New Therapy**. In the case of **The New Therapy** however, what both the trainee or practising therapist (of whatever orientation) is being asked to imagine and feel is something fundamentally different from all old and new forms of therapy - whether ‘talk’ or ‘touch’ therapies, verbal or ‘bodywork’ therapies - namely how psychotherapy could be practiced without *either* talk *or* touch. That is not to say that the methods of **The New Therapy** dispense with either talk or touch, verbal insight or forms of bodywork. But its essential medium is neither – for it is a mode of wordless *feeling cognition and communication* that requires neither talk nor physical contact to transform the client’s felt bodily sense of self and connectedness to others.

### 13. Practical Principles of The New Therapy

The basic practical principles of **The New Therapy** are not just important in the training of and practice of therapists but are principles that are also explicitly spelled out to the client - both to create a clear contract with the client at the commencement of therapy and to provide the client with a clear understanding of its aims. These principles can be summarised as follows:

1. We can only feel our own *self as a whole* (our field-identity or ‘soul’) to the extent to which we are able to feel our own *body as a whole*.
2. We can only understand the self of another as a whole – their ‘soul’ – by attending to and feeling their body as a whole with our own.
3. *Feelings* are something we ‘have’. *Feeling* is something we *do* – our most basic way of knowing ourselves and others.
4. The aim of therapy is not to learn about feelings but to learn to feel – to fully feel ourselves and feel others with our bodies.
5. We feel with our *bodies*, not with our mind, brain or intellect.
6. There is nothing we need *do* with feelings except to *feel* them in a bodily way and find ways to communicate them in a bodily way.
7. All *feelings*, without exception, have *good reasons*. Only by *feeling* our feelings (and not simply expressing or repressing them) can we come to understand and communicate *why* we feel the way we do.
8. Reacting emotionally, ‘abreacting’ or ‘letting out’ emotional feelings, or acting them out through our verbal or bodily behaviour, are all defences against feeling those feelings in a bodily way.
9. No amount of intellectual insight into one’s own or other people’s feelings can substitute for *feeling* those feelings – for feeling oneself and others with one’s body. Indeed ‘insight’ into feelings can serve as a defence against feeling.
10. Feeling the feelings triggered *in us* by other people is not the same thing as feeling *their* feelings. Reacting from the feelings triggered in us by other people is not the same things as responding to their feelings.
11. Without the capacity to feel one’s own feelings in a bodily way we cannot feel the feelings of others in a bodily way.
12. Without the capacity to feel our own feelings in a bodily way we cannot communicate those feelings with our bodies.
13. Without the capacity to feel our own feelings in a bodily way we cannot feel and take in the feelings that others communicate through their bodies.

14. The basis of all communication is not self-expression but receptivity to the other. To communicate fully means to *fully receive and be fully received* by another.
15. We cannot ‘get through’ to another without first of all receiving them fully. Only through an unconditional receptivity to others do others become receptive to us.
16. We cannot change another person’s behaviour by communication unless we first receive what the other is trying to communicate *through* that behaviour.
17. Feelings give expression to our bodily sense of self. If felt and followed with our bodies, feelings transform our own bodily sense of self.
18. *What* and *how* we feel transforms our felt bodily sense of *who* we are.
19. True therapeutic *change* is not simply a change in *what* or *how* we feel but in *who* we feel ourselves to be, a transformation of our bodily sense of self.
20. Transformations in our bodily sense of self alter our bodily sense of others and allow us to relate to them in new ways.

#### **14. Principle Practices of The New Therapy**

The practical principles of **The New Therapy** are embodied in its principle practices. These are meditational practices aimed at cultivating the therapist’s capacity for silent, whole-body receptivity and resonance in the therapeutic relationship. These serve not only as methods of therapy training but as practices which their clients themselves can employ to cultivate their own whole-body awareness and receptivity to others. It is a basic *ethical* principle of **The New Therapy** that its practitioners should not treat its practical principles and principle practices as their private professional property, but *share* them with their clients as therapeutic life principles and practices. The meditational practices take the form of what I term **The New Yoga** - not a traditional yoga of the physical body but a yoga of the *field-body* and of *field-awareness*. Its foundation is a set of exercises which cultivate awareness of the *spatial dimension* of the therapist’s own inwardly felt body and that of their clients. Whether employed in therapy training, supervision or practice the purpose of the exercises to give the individual trainee, therapist or client a direct *bodily* experience of their own psychical awareness.

1. as a singular *inner field* of spatial awareness uniting their inner ‘head space’ with the sensed inner space of their chest and abdomen.
2. as a singular *outer field* of spatial awareness that extends beyond the boundaries of their physical body to embrace the entire space around them - and every other body in it.
3. as a spatial *field-boundary* of awareness through which they can literally breathe in and absorb their awareness of the whole bodily outwardness of another human being – and in this way begin to feel the inwardly felt body of the other with and within their own felt body.

It is of the utmost importance therefore that trainees in The New Therapy understand from the start that therapeutic listening is about fully feeling and taking in a client as

‘some-body’ - not just a talking head – and that this can only be achieved through a sustained attention to and *field awareness* of one’s own body as a whole and that of the client.

## 15. Language and ‘Psychology’

The modern term ‘psychology’ is understood to imply scientific knowledge of the *psyche*. The root meaning of the Greek word *psyche* is ‘breath’. Does this mean that modern ‘psychology’ understands itself as a science of the breath? Far from it. Instead it identifies the soul or *psyche* with the human ‘mind’, and knowledge of the *psyche* with insight into the functional workings of this ‘mind’. This concept of ‘psychology’ is the result of a long historic identification of knowledge with having a proper ‘idea’ of things – with *seeing* them correctly. Indeed the very word ‘idea’ comes from the Greek *idein* (‘to see’) and like the Latin *videre* (*uidere*) and the modern term *video* is related to the Sanskrit word for knowledge (*vidya*) – a word which also has the root meaning of ‘seeing’ (*vid*). Yet the identification of knowledge with seeing contrasts with an ancient wisdom, Eastern and Western, in which knowledge in the form of ‘seeing’ and intellectual ‘ideas’ was understood not as the *starting point* but as the *end-result* of the cognitive process – a process that was understood as beginning not with seeing but with *breathing*.

## 16. Seeing and Breathing

In the West, ‘theory’ and theoretical disciplines are still thought of as the foundation of ‘practice’ – of practical disciplines and applied knowledge. In the East, on the other hand, those practical disciplines known collectively as *yoga* were understood to be the very foundation of all theoretical ‘ideas’ and ‘insight’. At the heart of *yoga* was an understanding of the bodily foundations of all intellectual knowledge. Together with this went an understanding of the human body as a *breathing body* and not merely one equipped with sense organs such as eyes. That which was blindingly obvious to all – the fact that the *human body* could survive without seeing but not without breathing - was taken as a vital clue to the essence of the human being. Indeed it was taken as a clue to the essence of reality, truth or ‘being’ as such. The ‘old psychology’, which existed long before the term ‘psychology’ was coined, was one in which the word *psyche* still retained its root meaning of ‘breath’. **The New Therapy** restores this older ‘psychology’ by once again understanding the *psyche* as a type of ‘breath’ and psychical processes as a type of breathing – a breathing not simply of air but of awareness as such. Behind this lies the recognition of the *field-spatiality* of awareness - which fills and flows in the spaces around and within our bodies in the same way that air does.

## 17. The New Therapy and The New Yoga

Knowledge based on visual perception is one example of knowledge based on localised bodily senses. Traditional phenomenology remained stuck with a concept of a localised centre or subject of awareness comparable to the focal point of the retina – thus retaining a model of knowledge based on visual perception and seeing rather than on feeling and breathing – both of which are *whole-body* activities not reducible to the functioning of specific bodily organs. **The New Phenomenology** on the other hand, understands *proprioceptive feeling* (field awareness) rather than *visual perception*

(focal awareness) as our most basic medium of knowledge or cognition. **The New Therapy** is not simply psychological ‘in-sight’ therapy based on the traditional visual model of knowledge and perception but ‘in-spirational’ therapy based on **The New Yoga** – for it is based on the capacity to ‘breathe in’ our *proprioceptive feeling awareness* of other people. **The New Yoga** is an integral part of **The New Therapy** because it is the means by which proprioceptive feeling awareness or ‘field awareness’ is cultivated. **The New Yoga** offers a sequenced and graded progression of meditational practices which begin with the cultivation of field-awareness and culminate in a capacity for identification with the inwardly felt body and self of the other. The sequence can be summarised as follows:

- exercises which enhance and expand our bodily sense of the spaces of awareness between and around thoughts and emotions.
- exercises which sensitise us to field-states and field-qualities of awareness.
- exercises which enlarge the field-spatiality of one’s inner bodily awareness.
- exercises which expand the field-spatiality of one’s outer sensory awareness
- exercises which restore *whole-body awareness* through ‘grounding’ in lower body awareness and ‘centering’ of awareness and breathing in the abdomen.
- exercises in altering not only one’s *focus* of awareness but its *locus* – moving it between different centres of awareness in the spaces of one’s felt body.
- exercises in feeling one’s entire body surface as an open and porous *field-boundary* of awareness through which one can breathe in and absorb one’s awareness of the body of the other.
- exercises in feeling the unique sensual field-qualities of another person’s awareness within the inner spaces of one’s own felt body e.g. feeling the sensual *field-qualities* of their inner ‘head space’, ‘chest space’ or abdominal space with and within one’s own head, chest and abdomen.
- exercises that cultivate ‘embodied presence’ and enable one to make fully embodied *contact* with others through whole-body awareness.
- exercises that cultivate the ability to actively embody, emanate and directly communicate or ‘transfer’ different field-qualities of awareness to another.
- exercises in altering the field-qualities of one’s own awareness and thereby transforming one’s own bodily sense of self.
- exercises in ‘transformative resonance’ - transforming another person’s bodily sense of self through amplificatory resonance with the field-qualities of their awareness and direct field-transference of new and different qualities.

## 18. Starting Points of The New Therapy

A fundamental way of distinguishing different forms of psychotherapy is to consider the types of questions therapists ask themselves in response to the questions presented by their clients. In **The New Therapy** the most important questions the therapist asks themselves are not questions that demand *answers* but questions that develop *awareness*. These are questions intimately connected with the central aim of **The New Therapy** – the aim of sensing, restoring and transforming the client’s bodily sense of self and connectedness to others through interaction in the bi-personal field. What follows is a brief formulation of the *types of question* that constitute not only a basic starting point of **The New Therapy** but are its enduring foundation.

The questions are presented below in three distinct ways - firstly as questions that both therapist and client need to put to *themselves* , secondly as questions that the therapist may put directly *to* a client, and thirdly as questions that the therapist can ask themselves *about* a client. By their very nature however, none of the questions are questions of the sort that can be answered intellectually or even 'intuitively'. Although they are presented as verbal questions they can only be answered through wordless, *feeling* awareness. Their value lies in helping to both cultivate and give tangible form to our bodily, feeling awareness of self and other – the essence of *field awareness* as opposed to focal awareness.

### **1. Types of questions a therapist can put to themselves and to the client**

How much of your body are you aware of right now?  
Which regions of your body are you generally most aware of?  
Which regions of your body are you generally unaware of?  
Where in your body do you feel yourself most strongly?  
How much space do you feel you take up in this room?  
How much bigger or smaller do you feel than your physical size?  
How much overall 'space' do you feel you have inside yourself?  
Where in your body do you feel the space(s) of your own consciousness?  
How many separate self-contained spaces are you aware of?  
How big or small, full or empty do you feel those spaces?  
How aware are you of your body surface as a whole?  
How open do you feel to sensing the space around you?  
How aware are you of the space around you and between us?  
How aware are you of the space between and around your thoughts and emotions?

### **2. Types of questions a therapist can ask themselves about a client**

How present and 'there' do you feel the client is in a bodily way?  
How aware do you feel the client is of their own body as a whole?  
Which regions of their body do you feel the client is most aware of?  
Which regions of their body do you feel the client is unaware of?  
Where do you feel the client's sense of self is localised or centred in their body?  
How present do you feel the client is in a bodily way?  
How aware do you feel the client is of the space around their body?  
How aware do you feel the client is of their sensory environment?  
How far do you feel the client's awareness extending into that space?  
How big or small does the client feel in relation to their physical size?  
How much space do you sense they feel within themselves?  
How aware do you sense the client is of their body surface?  
How receptive do you feel the client's surface boundary of awareness is?  
How aware do you feel the client is of the spaces of awareness in and from which their own thoughts and emotions arise?

Answering **Type 2** questions can be helped with questions of the following sort:

When working with a client, how difficult or easy is it to sustain awareness of your body as a whole?

When working with a client, what parts of your body do you feel most strongly or tend to lose awareness of?

When working with this client, where do you feel your own awareness drawn or concentrated - in the space in or around your own body?

When working with a client how do you feel the space between you and the client in a bodily way – as full or empty, charged or flat, light or heavy?

When working with a client, how attentive and receptive do you feel the client is to your own body and bodily communication?

### **19. The New Therapy and ‘Soma-Sensitivity’**

The central hypothesis of **The New Therapy** is that all forms of physical or psychological therapy are effective only to the degree to which they heal or ‘make whole’ the individual’s felt *bodily* sense of self and deepen the individual’s felt *bodily* sense of connectedness to others. Unfortunately both medical or psychiatric treatment on the one hand and counselling or psychotherapy on the other can also have the very opposite effect. Psychiatric or medical drug treatment may numb rather than deepen the client’s bodily sense of self and of inner connectedness to others. Counselling and psychotherapy, cognitive therapies and emotional empathy can all become a substitute for deep *somatic* receptivity and resonance – for ‘soma-sensitivity’. In **The New Therapy** the term ‘somatic’ does not refer to the physical body, but to the client’s own subjectively felt body - their felt bodily sense of dis-ease, their felt bodily sense of self and their felt bodily sense of connectedness to others. Phenomenologically understood, ‘dis-ease’ in any form, psychical or somatic, arises from a sense of ‘not feeling ourselves’. Only through feeling our *body* as a whole, can we once again ‘feel ourselves’ – feel our self as a whole and therefore feel ‘whole’. Our own whole-body awareness can also turn our body as a whole into a *sense organ of the soul*, allowing us to directly sense the ways in which a patient or client *lacks* a full bodily sense of self and connectedness to others that is the basis of all dis-ease.

The body as a whole (*soma*) is a sensory image of the soul (*psyche*). The client or patient presents themselves first and foremost not simply as a ‘person’ but as *a body*. To truly receive and respond to the ‘whole person’ is impossible without soma-sensitivity - sensitivity to the *whole body* of the client. Generally however, health professionals pay very little attention to awareness of their own body and that of the client. When individuals turn to health professionals for help, they are not just seeking medical diagnosis and treatment and/or emotional empathy, insight and support. They are looking for someone capable of fully sensing and receiving them as ‘some-body’ - not just a ‘talking head’ or therapeutic ‘case’. By this I mean someone sensitive enough to resonate with those felt bodily dimension of the client’s suffering that are so difficult to articulate verbally. The body as a whole is also a *sense organ* of the soul. Not finding professionals with sufficient whole-body awareness to sense and ‘resonate’ with their own unformulated, bodily sense of dis-ease, the client may feel no choice but to continue to communicate this dis-ease or *pathos* through some form of diagnosable ‘pathology’ – mental, physical or social.

## 20. From “Felt Sense” to the Felt Body and Felt Self

**The New Therapy** offer a *relational* model of psychopathology and psychotherapy in line with recent trends in ‘Relational Psychoanalysis’. The ‘primary relation’ addressed however, is not the Oedipal relation but the individual’s relation to their own inwardly felt body and bodily sense of self. Different psychological symptoms are seen neither as ‘mental’ illnesses, ‘mood disorders’ or expressions of physical brain dysfunctions or deficits. Instead they are recognised as distortions in the individual’s relation to their own *felt body* and as deficits in their capacity to *feel* themselves and others in a bodily way. In contrast to existing ‘cognitive’ therapies, *feeling* is affirmed as an independent mode of *cognition* more fundamental than mental cognition. In many current forms of mental health treatment the *meaning* of a client’s pathology is sought in a hypothetical ‘cause’ or represented in the concepts, categories and constructs of a specific cognitive, energetic or psychodynamic model. **The New Therapy** switches the whole focus of psychotherapy from the client’s cognitive or emotional experience of dis-ease to their immediate *sensual* experience of different mental-emotional states, inter-personal relationships or social situations. In this way it follows Eugene Gendlin in acknowledging that meaning or *sense* is something that can be directly *felt* in a wordless, bodily way, and that “bodily sensing” or “felt sense” (Gendlin) provides a deeper foundation for therapy than any pre-established ‘body’ of theoretical concepts or diagnostic categories. **The New Therapy** also complements and deepens Gendlin’s psychology of “felt sense” by (a) understanding it as a form of *field-sensitivity* or awareness in contrast to *focal* awareness, and (b) by showing the relation between “felt sense” on the one hand and the *felt body* and *felt self* of the individual on the other - these being understood as a *field-body* and *field-self* quite distinct from the physical body and focus personality.

## 21. The New Therapy and ‘Bodywork’ Therapies

**The New Therapy** differentiates itself from other forms of body-oriented psychotherapy or ‘bodywork therapy’ by clearly distinguishing the individual’s physical body from their own subjectively felt or subjectively sensed body, recognising the latter as an independent ‘inner body’ in its own right. It can therefore be regarded as a form of ‘inner bodywork’ or ‘inner-body therapy’ in the most literal sense – the use of the therapist’s own inwardly felt body to sense, resonate with and transform a client’s own inwardly felt body and self. In contrast to most forms of bodywork therapy, the ‘inner body’ is not seen as an objective ‘energy body’ but as an *awareness body* – made up not of ‘subtle’ qualities, patterns and currents of energy, but of *sensual* qualities, patterns and currents of subjective awareness as such. Understood as an *awareness body* rather than an ‘energy’ body the ‘inner body’ is:

1. our inwardly *felt body*
2. our body of *pre-reflective feeling awareness*.
3. our *feeling body* – the body with which we feel ourselves, feel others and feel the world around us.
4. our *field body* - the felt bodily shape taken by the larger field or *feeld* of our feeling awareness.

5. our bodily *field-boundary* of awareness and identity, dividing what we feel as ‘self’ from that which we feel as ‘not-self’.
6. our *foreknowing* body – the body with which we ‘know’ what we wish to say or do before saying or doing it.
7. our *pre-physical body* – the body with which we pre-enact possible actions and words before physically enacting them.
8. a *trans-physical* body unbounded by flesh - enabling us to embrace the world in the larger *feeld* of our feeling awareness.
9. a *phonic* body - made up inner tones of feelings that are phonically shaped in the same way as vocal tones.
10. a *formative* body – the body with which we give *physical form* to inner feeling tones - embodying them as cell and organ tone, muscle and voice tone.
11. a *morphic* body – made up of “morphic fields” (Rupert Sheldrake). These are not energy fields but *field-patterns of awareness*, each of which configures its own perceptual world or *patterned field of awareness*.
12. a *shape-shifting* or *metamorphic body*, capable of shifting shape and tone in resonance with the bodies of others.
13. a *metaphoric* body – the body referred to by such apparently metaphorical phrases as ‘thick-skinned’ or ‘thin-skinned’, ‘warm-hearted’ or ‘cold-blooded’, ‘bright’ or ‘dull’, ‘close’ or ‘distant’ etc.

Such phrases are not merely verbal metaphors of psychical states and relationships but describe actual characteristics of our inner psychical body - the *psyche-soma* (Winnicott) or ‘somatic psyche’. The physical body is no mere source of linguistic metaphors – it is a *living biological language* of our inwardly felt body. Similarly, somatic symptoms are *living biological metaphors* of inner body states. The inner body is a ‘metaphoric body’ because it is the body with which we ‘bear across’ (*metaphorein*) and metaphorically *embody* these states.

## 21. The New Psychology as ‘Soma-Psychology’

What *body* is it with which we feel ‘warmer’ or ‘cooler’, ‘closer’ or more ‘distant’ to someone – independently of our physical temperature and physical distance from them? What *body* are we referring to when we speak of being ‘touched’ by someone without any physical contact, of moving ‘closer’ to them or ‘distancing’ ourselves from them, of feeling ‘uplifted’ or ‘carried away’? What body and what organs are we referring to when we speak of someone being ‘warm-hearted’ or ‘heartless’, ‘thick-skinned’ or ‘thin-skinned’, ‘stable’ or ‘unstable’, ‘balanced’ or ‘imbalanced’, ‘solid’ or ‘mercurial’, ‘stable’ or ‘volatile’? Are we simply using organic or bodily ‘metaphors’ to describe disembodied mental or emotional states? Or are we describing felt states of the individual’s psychical organism or *inner body* – states that offer us an entirely new understanding of *organic disease* and the *somatic psyche*. **The New Psychology and The New Therapy are forms of ‘soma-psychology’ and ‘somatic psychotherapy’.** In contrast to all other forms of bodywork or body-oriented psychotherapy however, it distinguishing the individual’s *physical* body from their own subjectively sensed body or *felt* body. It recognises the inwardly sensed body as

an independent ‘inner body’ in its own right – not as an objective ‘energy body’ but as a subjective ‘awareness body’. Just as our physical body constantly reconstitutes itself from nourishment provided by food and the essential nutrients it contains, so is our inner body - our bodily sense of self – in constant need of reconstitution through the nourishment of our lived experience, and the nutrients of meaning that are extracted from it. Human beings do not live by bread alone. There is a deep inner relationship between basic physical bodily function or dysfunctions - respiration, circulation, and metabolism – and the psychical functions or dysfunctions of the inner body - that body with which we breathe in, digest and metabolise our immediate subjective awareness of ourselves, the world and other people.

### **23. The New Psychology as *Qualia* Psychology**

Subjective awareness is not a blank screen on which we receive sensory impressions of the world. Instead awareness has its own innate sensual qualities or *qualia* – for example the felt lightness or darkness, levity or gravity, tone and colour of a person’s mood, their felt warmth or coolness of soul, their felt closeness or distance to others, the felt solidity or fluidity, density or diffuseness, wholeness or fragmentation of their awareness. Sensory qualities are the sensory expression of these psychical *qualia* - those sensual *field-qualities* of awareness which shape and pattern, tone and colour our entire experience of self, other and world. Subjective awareness not only has its own innate sensual qualities or *qualia*. It also has its own innate bodily shape, tone and texture. What we call the ‘psyche’ therefore, is nothing disembodied, extrasensory or suprasensuous. It is the pre-reflective, pre-perceptual and pre-physical *embodiment* of the human being - the sensual shape, tone and texture taken their own larger field of awareness or subjectivity. Subjective awareness and its innate sensual field-qualities are experienced through the felt body or ‘field-body’ of the human being. This inwardly felt body is not the objective, physical body of the human being as felt from within. It is their subjective or lived body, an awareness body - made up of sensual field-qualities of awareness – of *qualia*.

### **24. Psychotherapy and Somatic Medicine**

In what relation do today’s psychotherapists and ‘mental health’ professionals in general stand to the medical model of illness, and in particular to the medical treatment of somatic symptoms? The question is a politically charged one because the professional boundary between somatic medicine and psychotherapy is one closely guarded by the medical establishment. At the same time many mental health professionals still defer to medical authority and the medical model, at least when it comes to ‘somatic’ or ‘organic’ illness. This is something of a paradox given that:

1. the majority of patients present to their local physicians with problems seen as ‘psychosomatic’ by the medical profession itself.
2. most physicians completely lack the professional training and skills to sense and resonate with the psychological dimensions of somatic disease (eg. the ‘loss of heart’ that may be experienced and expressed through physical heart symptoms).

Psychotherapists and counsellors tend not to be sought out by patients who see their symptoms as purely somatic, and their ‘illness’ as something purely physical. As *soma-psychology*, **The New Psychology** recognises not only a hidden psychological

dimension to somatic symptoms and physical illness but a hidden *somatic* dimension to so-called psychological symptoms and ‘mental’ illness. Many people recognise that the division between psychotherapy and somatic medicine, mental and physical health, is an artificial one, maintained only by their institutionalised separation. Until now however, there has existed no framework of thought that truly transcends the artificial separation of ‘mind’ and ‘body’, *psyche* and *soma* – not only in theory but in therapeutic practice. **The Psychology and The New Therapy** provide such a framework, acknowledging as they do that the ‘soul’ or ‘psyche’ has its own independent bodily dimension and exists as an independent inner body in its own right – the somatic psyche or *psyche-soma*. As a new form of soma-psychology it provides the key to a fundamentally new understanding of so-called ‘psychosomatic’ or ‘somatiform’ disorders. As a practice of whole-body sensing or *soma-sensitivity* it offers the key to a fundamentally new approach to both ‘psychosomatic’ therapy and ‘somatic psychotherapy’, both psychotherapy *and* somatic medicine as such.

It belongs to the very essence of **The New Therapy** therefore, that it is not simply a new form of ‘psychotherapy’ but a new understanding of *therapy* as such – one that transcends the division between psychotherapy and somatic medicine, and is no less applicable to the understanding and treatment of ‘somatic’ symptoms and ‘physical’ health problems than it is to the treatment of so-called ‘psychological’ symptoms and ‘mental’ health problems. In contrast to so-called ‘psychosomatic’ medicine, **The New Therapy** questions the very use of the term ‘psychosomatic’, implying as it does that *psyche* and *soma* are two separate entities whose exact relationship then needs to be explored. Instead it is based on the understanding that psyche has its own *intrinsic* somatic shape and its own intrinsic somatic functions – the perceptual patterning, respiration, digestion and metabolism of the individuals *awareness* of themselves, the world and other people. Somatic illness is not ‘psychosomatic’ in the accepted sense – a somatic ‘effect’ or ‘expression’ of some disembodied psychical dis-ease. Instead it is the embodiment of disturbed functions of our psychical organism as such – the soma-psyche – the ‘inner body’ through which we exercise our capacity to breathe in, digest and metabolise *awareness*. **The New Psychology** and **The New Therapy** are therefore also the foundation for a fundamentally new approach to medicine - **The New Medicine**. Dis-ease of any form with a subjective sense of ‘not feeling ourselves’ i.e. not feeling our *self* as a whole and therefore not feeling healthy or whole. Hence the basic *healing* principle of **The New Therapy** - the more we feel our *body* as a whole, the more we feel our self as a whole – our *psyche* or soul - and the more we will therefore once again ‘feel ourselves’ in a way that is healthy and whole.

## 26. ‘Psyche’ and ‘Soma’

In Greek culture the word *soma* originally referred simply to a lifeless corpse devoid of *psyche* or ‘life-breath’. Only later did the word *soma* come to refer to the living body of the human being, and the word *psyche* to its sensed interiority or ‘soul-space’. Today the very term *psychology* has become a contradiction in terms, referring to a ‘science’ in which soul or *psyche* has no place, or in which it is identified with the mind or brain. Its connection with the individual’s inwardly sensed body is completely ignored. Only in the work of the psychoanalyst Donald Winnicott do we find a recognition that mental health has to do with the *psyche-soma* as opposed to the *mind-psyche* — our capacity to dwell and feel at home not just in the mind-space of our heads but in the inner ‘soul space’ of our bodies.

## 27. ‘Psyche’ and ‘Pneuma’

As the Japanese philosopher Sato Tsuji has pointed out: “It is the great error of Western philosophers that they always regard the human body intellectually, from the outside, as though it were not indissolubly a part of the active self.” Viewed from the outside, self and body are both seen as something bounded by our own skins, and separated from others by an empty space filled only by air. But there is a deep reason why the root meaning of the Greek word *psyche* and *pneuma* meant ‘breath’, ‘air’ and ‘wind’, and why the words ‘spirit’ and ‘respiration’ have a common derivation from the Latin *spirare* – to breathe. For in what manner and at what point does the air we breathe in become a part of ‘us’ and ‘our’ body? And at what point or in what manner does the air we breathe out cease to be part of ‘us’ and ‘our’ body? The question cannot be answered except by suspending our ordinary notion of self and bodyhood. Our felt body has no physical boundaries but is an *awareness* that, like the air we inhale and exhale, also flows *between* us and the world. The deep connection between awareness and breathing was well recognised in the spiritual traditions of the East, where meditation meant centering both awareness and breathing in the abdomen rather than the chest. In our increasingly globalised Western culture, on the other hand, individuals tend to identify themselves almost entirely with their head and upper body awareness. Not being *grounded* in lower body awareness, individuals lack a sense of abdominal *centeredness* and ‘umbilical’ inner *connectedness* with others. For both their breathing and awareness are disconnected from the abdomen, that abode of the soul which in Japanese culture has always been understood as both the physical and *spiritual* centre of gravity of the human being.

## 28. ‘Soma-sensitivity’ and ‘somatic resonance’

The practice of both **The New Therapy** and **The New Medicine** are dependent on the practitioner’s own *soma-sensitivity* and their capacity for *somatic resonance*. This is the capacity to identify with another person’s mental-emotional states and ‘feelings’ in a bodily way, as felt states and motions of their inner bodily self-awareness. Again it must be emphasised that when we speak of someone feeling ‘fragmented’, ‘frozen’ in panic, ‘hollow’ or ‘empty’ inside, walled in ‘up to the neck’, ‘volatile’ or about to ‘burst’ etc. these are not simply emotional metaphors but literal expressions of felt inner body states. These felt states are also *field states* of awareness which can be sensed as states of our own inner bodies through somatic *field resonance*. When we see someone hunched up or laid back, smiling or frowning, laughing or crying, then their posture or facial and voice expression not only gives outer *form* to an inner tone of feeling, it also induces a similar feeling tone in us through somatic field resonance. Somatic field resonance is a resonance of outward form (*morphe*) and inner feeling tone. In this sense it is the essence of what biologist Rupert Sheldrake has called ‘morphic resonance’. The whole art of the soma-psychologist lies in their ability to use their outward sensitivity to the body of the patient to resonate with their inner body – with the felt tone and texture, shape and substantiality, lightness and darkness, density or diffuseness, spaciousness or narrowness of another person’s own inwardly sensed body. Inner body states may be conveyed not only by the *body language* of the other but by the inner resonances of their *verbal language*. In particular, it is of great importance for the *soma-psychologist* to listen for significant *somatic metaphors* used by a patient, and to then sense and resonate with the inner body states that may constitute the literal inner sense of these metaphors.

## 29. The Resonant Healing Cycle

At the heart of both **The New Therapy** and **The New Medicine** is an understanding of the therapeutic process as a *resonant healing cycle* leading from *soma-sensitivity* to both the words and body language of the patient to *somatic field resonance* with their inner body. Somatic field resonance in turn is what facilitates a *transformative response* on the part of the practitioner.

The resonant healing cycle:

1. Soma-sensitivity (whole-body sensing)
2. Somatic resonance (whole-body identification)
3. Somatic response (whole-body communication)

The practitioner for example, may find themselves outwardly sensing a quality of ‘frozen immobility’ in the felt body of the patient. Only by actively identifying or *resonating* with this sense of ‘frozen immobility’ (feeling it in their *own* inner body) can the therapist begin to respond to it in a healing way – for example by *gradually* transforming their own inner body state from one of ‘frozen immobility’ to one of ‘warm fluidity’ or ‘fluid warmth’. The key word is ‘gradual’. For it is only through establishing and *staying* in resonance with the patient’s initial state that the practitioner can (a) use their own inner body to exert a resonant healing effect on the client’s dis-ease (b) sense the degree to which their own transformative response is exerting such an effect. If it is not having sufficient effect then the resonant healing cycle must be either renewed or intensified at one or the other stage, for example by renewing somatic *resonance* with the patient’s felt dis-ease, or gaining a more accurate somatic *sense* of it. Central to this art of *healing resonance* is the practitioner’s awareness of the bi-personal or ‘dyadic’ field between practitioner and patient. If the practitioner is successful in resonating with the patient’s felt *dis-ease* this resonance will be experienced by both patient and practitioner as a shift in the felt quality of this field. For the therapist’s *resonance* with a particular quality of the client’s felt body and felt dis-ease will both automatically *amplify* the patient’s own awareness of it and intensify the *field-resonance* between therapist and client in a way that is tangibly felt by both.

## 30. Training in The New Therapy

**The New Psychology**, **The New Yoga** and **The New Therapy** do not just provide an independent foundation for the training of ‘therapists’ in the broadest sense (including practitioners of **The New Medicine**). They also offer practising psychotherapists, mental health professionals and physicians a new form of **Continued Professional Development** based on the cultivation of whole-body sensing or ‘soma-sensitivity’ – whole-body awareness and whole-body sensing. Formal professional training in **The New Therapy** on the other hand, is intensive modular training in the use of whole-body sensing and receptivity to heal through transformative field-resonance with the inner body of the client. A key element in this training is practice of **The New Yoga** - a yoga of the *inner* body in all its many aspects and dimensions.

### 31. Postscript

**The New Thinking** underlying **The New Phenomenology** and **The New Therapy** is one that transcends all previous notions of reality as a structured set of identity units, recognising the field character not only of awareness or subjectivity but of identity as such. At the heart **The New Therapy** therefore, is the understanding that ultimately “There are no boundaries to the Self” (Seth), just as there are no boundaries to subjectivity as a field of awareness. For every experience of ourselves within this field is always and at the same time an experience of something or someone other-than-self, and vice versa. Just as ‘I’ cannot experience *myself* tasting an apple without experiencing the apple as *apple* (i.e. experiencing something *other-than self*), nor can I experience the apple without it altering my experience of the self or ‘I’ that is tasting it. ‘Tasting’ as such - like all experiencing - is an activity or ‘verb’ that alters both its subject and object.

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