Sense and Sensibility in Supervision
By Sibylle Huerta Krefft, MA, ECP
Translated from the German by Elizabeth Marshall

This article addresses enhancing supervisory knowledge and skills through the dimension of body psychotherapy, which has received decisive support for its empirical and theoretical approach through recent neurobiological findings. Learning, including learning under supervision, is related to the structure of the relationship between the parties involved and is most effective when the body and emotions are engaged. Learning is a bodily process and can be described neuroscientifically. Stress in the short term reduces learning potential and long-term performance anxiety leads to burnout. Utilization of the pulsation model of body psychotherapy can also, on the career level, help to alleviate exaggerated expectations. Critical instability, in fact, is necessary for change. The goal of this paper is to clearly outline the relevance of body psychotherapy for supervision and at the same time to caution against an all too great simplification. In view of the continual rise in stress-related illnesses, this approach is becoming increasingly important.

Keywords: supervision, body psychotherapy, neurobiology, learning, unlearning, work- and stress-related illness, burnout.

Expanding the Dialogue:
Exploring Contributions from Energy Medicine
Debra Greene, PhD

This paper presents a model and concepts from energy medicine and explores their relevance to body psychotherapy. The multidimensional model, a key model in energy medicine, is used as a starting point. Focusing on five principles of the etheric body—the power supply, the replica effect, the blueprint effect, the interface effect, and the internal senses--areas of overlap and application to body psychotherapy are discussed.

Keywords: energy medicine, multidimensional model, subtle energy bodies, homeodynamics, etheric body

Bridging the Split: Integrating Psychodynamic and Body-Centered Therapies
Claire Haiman, PsyD

An exploratory study examining the ways in which psychotherapists trained in psychodynamic and body-centered therapies integrate, or choose not to integrate, the two theoretical traditions in their clinical work. Eleven dually trained clinicians were interviewed, all of who integrated their work to some degree. The majority made use of assimilative integration, incorporating body-centered techniques into a psychodynamic framework. Differences and similarities are discussed with regard to transference/countertransference, conceptualization of patient experience, technical
interventions, and psychoeducation of patients regarding integrated work. Concerns about touch are also briefly addressed.

**Keywords:** psychotherapy integration, psychodynamic psychotherapy, body-centered therapy

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**Broken Boundaries, Invaded Territories:**

**The Challenges of Containment in Trauma Work**  
**Morit Heitzler, MSc**

One of the most excruciating aspects of trauma is the invasion or collapse of boundaries, not just as experienced in the moment of trauma, but also as experienced as lasting damage. Traumatised clients usually bring to therapy an ongoing background feeling of threat: both to physical and emotional survival and to their sense of identity. Not knowing where “I” end and the “Other” begins creates chaos and confusion in the client's inner world, which echoes strongly in the therapeutic relationship. Therefore, most methods of trauma therapy are highly concerned with re-building and establishing safe, containing boundaries as the foundation of any therapeutic work. However, is it really possible to by-pass the client’s embodied experience of shattered safety by introducing safe therapeutic boundaries? Can we, as therapists, contain the impact of trauma without engaging with chaos, confusion and vulnerability in the consulting room? This paper will explore the paradoxical nature of boundaries and containment and their role in trauma therapy.

**Keywords:** complex trauma work, boundaries, containment, re-enactment, projective identification, relational

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**Yoga Based Body Psychotherapy:**

**A Yoga Based and Body Centered Approach to Counseling**  
**Livia Shapiro**

This paper presents Yoga Based Body Psychotherapy, a five-stage approach to counseling high-functioning adult clients. This approach utilizes yoga postures and developmental movement patterning to assess, identify and support the processes of growth and change in clients by expanding their developmental edge. Yoga Based Body Psychotherapy pairs yoga principles called the Universal Principles of Alignment with the developmental movement pattern known as the Five Fundamental Actions, within a framework for counseling called the Interaction Cycle. The aim of this approach is twofold: to overtly bring yoga postures into the context of psychotherapy to support further development of body-centered ways of counseling, and to afford a new lens for the practice of yoga postures by making their inherently therapeutic nature overt in the context of a psychotherapy session so that eliciting emotional material becomes a potentially viable content for healing, growth and change. A brief review of the literature covering yoga therapy, yoga in psychotherapy and yoga in body psychotherapy is offered with outlines of the Universal Principles of Alignment, the Five Fundamental Actions and the Interaction Cycle. Yoga Based Body Psychotherapy is then explicated and examples for application are provided. Further considerations exploring where this approach might go in the future and limitations conclude this paper.
Keywords: yoga, developmental movement, Five Fundamental Actions, Interaction Cycle, Universal Principles of Alignment

Tandem Hypnotherapy
P. József Vas, MD, ECP and Noémi Császár, PhD, ECP

Tandem hypnotherapy (THT) has recently been developed by the authors. It is a group hypnotherapeutic method for resolving psychic and psychosomatic pathology originating from pre/perinatal traumas. While multi-person touching happens, the patient and the co-therapist go into hypnosis together. Meanwhile, the therapist keeps a distance. A mutual attunement evolves during THT. By using THT the symptoms of pre/perinatal traumas can be replaced with an associative mode of prenatal experiencing which includes acceptance and love. The essence of THT is viewed as an integration of touch, trance, and transference. Three case vignettes are presented to illustrate how THT works.

Keywords: touch, trance, transference, mutual attunement