BODY-MIND APPROACHES IN THERAPEUTIC AND OTHER HELPING RELATIONSHIPS – EXPERIENCES OF A TRAINING PROGRAM



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SUMMARY

Background and aims: The article discusses the relationship paradigm in different therapeutic approaches by connecting intersubjective theories in psychoanalytic literature with the theories of embodiment in the cognitive field. Based on experiences of a training program, the aim is to present a feasible application of body-mind approaches not only in effective therapeutic relationships, but in other helping relationships as well.

Methods: Korbai and Hoppál developed a 100-hour-long training program focusing on the application of various body awareness techniques to enhance the self-awareness and relationship competencies of professionals working with children. In this article, we present the aims and structure of the training program, together with some experiences of the first pilot course. Synthesis: Evaluating the program, we conclude that most of the short-term goals were reached, with the participants being able to integrate body awareness techniques into their own personal and professional lives at several levels.

Discussion: When working in helping relationships, especially when working with children, professionals are responsible for their own physical and mental condition, which enables concentration, acceptance, attunement, authentic communication and other relationship

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competencies that support the functioning of the relationship. Methods based on body awareness techniques can provide support to achieve these goals, as they have the ability to promote the effectiveness of the work of professionals at several levels.

Keywords: relationship competencies, intersubjective theories, body-mind approaches, embodied communication, body awareness techniques, dance therapy

Introduction

In this article we discuss the topic of the relationship paradigm in different therapeutic approaches by connecting intersubjective theories in psychoanalytic literature with the theories of embodiment in the cognitive field. Based on our experiences of a training program, our aim is to present a feasible application of body-mind approaches not only in therapeutic relationships, but in other helping relationships as well.

There is increasing insistence on empirical evidence from clinical trials to support therapeutic approaches ('evidence-based therapies'). In the case of the most common psychotherapeutic methods - such as cognitive-behavioural, analytic-dynamic, or person-centred therapy – demonstration of their effectiveness for a particular diagnostic category has already been carried out in a number of studies. In practice, however, therapists often use more than one different methods in a personal way to establish effectiveness; i.e. therapists work eclectically (Szőnyi, 2015). Long-established therapeutic methods are constantly changing; therefore, direct investigation of these practices is also important. Some professionals tend to accept the conclusions from qualitative-social science methods ('practice-based evidence') rather than applying the empirical-statistical methods that are the foundation of evidence-based psychotherapeutic research, as they believe these qualitative methods enable a deeper understanding of the therapeutic phenomena (Szőnyi, 2015).

The main question when examining the efficacy of psychotherapy is to identify which factors increase the effectiveness of therapeutic change. The relationship between the client (or patient) and the therapist has been clearly identified as a specific or non-specific factor in different studies that explore the efficacy of various therapeutic methods (Szőnyi, 2015). In research examining the characteristics and operation of therapists, the relationship competencies, that is the skills of therapists which help to develop and maintain a constructive working alliance with clients, have received close attention. Related factors - such as the emphatic ability of the therapist, the authenticity of the professionals, and the therapist's unconditional acceptance of the client – are all believed to have an impact on the therapeutic change, the emphasis on them depends on the type of therapy (Pintér, 2015).

All the aforementioned factors must be covered in the training of a therapist. This raises the question whether during the training of a therapist, besides the personal experience of the applied method and the supervision by an experienced therapist, more emphasis should be given to the teaching of the therapeutic techniques or the promotion of therapist's relational skills and competencies (Szőnyi, 2015). Researchers in the field of implicit relational knowing, for example, place greater emphasis on relationship competen-

cies. Implicit relational knowing is a form of procedural knowledge concerning how we do things with intimate others. Implicit relational knowing stores relational patterns from early mother-child interactions and is distinct from conscious, verbalizable knowledge and from the dynamic unconscious (Lyons-Ruth et al., 1998). Implicit relational knowing influences adult attachments as well, including both patient and therapist in a therapeutic relationship (Simon M. et al. 2001; Pető, 2003).

In their study, Stern and co-workers (1998) analysed detailed records of therapists to explore the mechanisms of therapeutic change. One of their most important assertions was that even in verbal or 'talking' therapy, the majority of therapeutic change is rooted in the implicit relational knowing of therapist and patient in an unconscious, procedural province, which is responsible for how we act or feel in a relational context. This approach attaches special importance to the procedural, affective, dynamic domain in the therapeutic context, besides the explicit, verbal domain.

This intersubjective movement in psychoanalysis, of which Stern (2010) is one of the most noteworthy representatives, has had a nourishing impact on other psychotherapeutic methods by putting the focus on the importance of the therapeutic relationship. Notwithstanding, according to clinical, developmental observations and attachment studies, the concept of intersubjectivity is not unified (Bokor, 2017), with different authors using the concept in a number of ways. In the approach of Stolorow and Atwood (1992, cited by Bokor, 2017), the notion suggests that psychological phenomena cannot be regarded as the result of isolated intrapsychic mechanisms; rather they are formulated in the interaction of subjects who mutually influence one another. Relationships, including

the therapeutic relationship, are also formulated in the interaction of two subjects in an intersubjective field created by the interplay of the two subjective worlds. According to this approach, important characteristics of the therapist include their active participation in a joint activity, their authenticity, a continuous reflectivity of their own subjective world, their attunement to the patient's affective domain, and an attention focused on the 'here and now' (Stern et al., 1998, Stern, 2002; Fónagy and Target, 2005).

If the operation of the relationship between therapist and client is crucially important in the therapeutic process – i.e. the therapeutic changes and the efficacy of the therapy –, it may be useful to explore those methods that support the development of the relationship competencies of professionals. There are various techniques in verbal and non-verbal self-awareness methods to consider that go beyond the scope of this work. This article will focus on the application of those methods that are based on body awareness techniques in supporting the therapist-client and other helping relationships. These techniques, be sides developing the relationship competencies of therapists and other helpers, may bring other benefits for practising professionals. After presenting the theoretical background to body-mind approaches, we follow with a summary of a body awareness training program designed for various helping professionals dealing with children.

THEORETICAL BACKGROUND

The concept of body awareness

There are many different types of bodymind methods based on body awareness.

It is not easy to identify the common principles in these methods that might enable us to better understand the conceptualization of body awareness. In their qualitative research, Mehling and colleagues (2011) examined the common foundations of different therapeutic approaches based on body awareness enhancing procedures (often referred to in the literature as 'mind-body approaches'). In the course of their study, they included practitioners (both therapists and patients) of such methods as yoga, tai chi chuan, Body-Oriented Psychotherapy, Body Awareness Therapy, mindfulness-based therapy, meditation, Feldenkrais, Alexander Technique and breathing therapy. According to the definition established by the authors, body awareness in a narrow sense involves an attentional focus on, and awareness of, internal body sensations and, moreover, the observation of changes in physical processes (Mehling et al., 2011). In this approach, body awareness is the subjective, phenomenological aspect of proprioception and interoception that enters conscious awareness; it is modifiable by mental processes including attention, interpretation, appraisal, beliefs, memories, conditioning, attitudes and affect (Mehling et al., 2011).

There exist additional, broader, definitions of the concept as a construct of multiple dimensions. One of these broader definitions includes – besides noticing body sensations, emotional reactions and attentional responses to these sensations – active regulatory processes of attention, mind-body integration with emotional awareness, and self-regulation of emotions, sensations and behaviours (Mehling et al., 2009). A second broader definition also takes into account the exteroceptive side of physical awareness, including information from

the body through visual channels and the perception of body image (Mehling et al., 2011). However, expanding the concept has led to difficulties in measurement and contradictory results in research (Köteles et al., 2012; Köteles, 2014; Járai et al., 2016). Although the multidimensional nature of the concept causes difficulties, the trainers tried to present all the aspects of this phenomenon in the program.

Besides leading to a better understanding of the conceptualisation of body awareness, the results of the qualitative analyses of Mehling and colleagues (2011) revealed several common points in the different methods of body awareness. Across all methods, these basic similarities were as follows: the use and role of breathing; training and repetition; noticing body sensations; differentiating changes in the body, thoughts and emotions; and a strong emphasis on mind-body integration as the therapeutic goal. According to the researchers, the therapists in these methods all presume that body awareness is an inseparable aspect of embodied self-awareness, which is realised in continuous actions and interactions with the environment. The concept of embodied self-awareness within the framework of theories behind the body awareness-enhancing techniques – that is, mind-body integration approaches and embodiment theories – will be discussed in more detail below.

Theories of body and mind integration

In the centuries after Descartes, dualism – the theory that states that the body and the soul are two separate entities – strongly influenced Western thinking and, accordingly, the concept of illness and health. Plato and Descartes, the two most influential repre-

sentatives of this approach, established the conceptual framework that for a long time influenced the notion of the separation of the soul and body in both Christian tradition and the approach to science (Vermes, 2008). In terms of the role of the body, however, it was the phenomenological approach that brought a real breakthrough in thinking. Husserl described the bodily experience as a constructing agent directly creating reality around us. In his view, the body is not only the centre of orientation and a carrier of the emotions, but it also forms a continuous, unified field that serves as a background for all our experiences (Vermes, 2010). Recent research in non-Cartesian cognitive sciences has gone even further. Dualistic perceptions which regard the body and the mind as separate disappear in the light of their results. The history of cognitive sciences with an emphasis on the body can be regarded as a progressive change from the assumption of an isolated thinking mind towards a real, sentient flesh and blood system (Kampis, 2001).

According to the former dualist framework, the classic psychosomatic approach also worked with diseases that derive from distinct physical and psychological factors (Kulcsár, 2002). However, in the last few decades a large amount of evidence from the field of neuroscience has shown that the mind is continuous with the body, and any notions of separation are arbitrary and artificial (Simon, 2010). A new interdisciplinary paradigm has evolved in which neuroscientists, cognitive linguists, philosophers and movement therapists applying body awareness techniques work together on different theories, such as the embodiment theory, the metaphor theory, the active mind model or the dynamic system theories (Tschacher and Dauwalder, 2003; Tschacher and Bergomi, 2011).

The new paradigm is about the unity of body and mind in its complexity. There is a kind of circularity between them: a continuous and mutual interacting effect. The embodied mind hypothesis claims that human thinking is inseparable from the body. According to the theory, thinking happens not only in the head – the mind is not just an entity in the head – rather thinking is embodied in an organism embedded in the whole physical and social environment (Varela et al., 1991). One of the main pillars of the approach is the metaphor theory of cognitive linguistics, which states that the meaning of symbols cannot be understood based on abstract activity of the mind but rather on physical experiences (Simon, 2010).

Lakoff and Johnson (2003), the two founders of the metaphor theory, state that it is not the language form but the bodily experience that gives meaning to a thought. According to them, language is based on the signs of ethologically relevant basic schemes and metaphors deriving from these schemes. For example, the body as a container is one such basic scheme, and the concepts of inside, outside, boundary and equilibrium all derive from this scheme (Kampis, 2001). These schemes and the metaphors built on them are incorporated into thinking in early childhood; they have significant impact on many things besides the learning of language. Today neurosciences argue that, beyond the development of the brain, early experiences deeply define a person's social and emotional development. Moreover, the results from recent neurobiological research support the idea of embodied cognition, which states that symbolic thinking is rooted in the numerous sensory, emotional and acted-out experiences of the subject (Simon, 2010).

Let us take the concept of equilibrium as an example. According to the metaphor theory, a person understands the abstract concept of equilibrium from many different concrete bodily experiences gained in childhood. Through rocking, balancing on one leg and other different gymnastic exercises, the child is able to experience how the balance system works, alongside the vestibular system and motion control. This bodily experience and its operation is then combined with other more abstract equilibrium situations – the young person projects this as a metaphor, hence the name of the theory - such as experiencing physical and mental balance, and their disruption and restoration. The person's mind links these to a common representation pattern that includes different physical sensations, motion control mechanisms in the brain, images, symbols and abstract concepts. Stimulation of any element in the pattern affects the others.

A meeting point of the cognitive and the intersubjective approaches

If cognition is 'embodied', that is, higher level mental activities are built on physical experiences, this operation mode may be decisive not only in childhood but also in adulthood; and, moreover, not only in cognizing the physical world, but also in understanding the social environment. The embodied mind may be examined within its environment, whether the environment is the body itself (embodied cognition), the physical environment (situated cognition) or the social environment (embodied communication) (Tschacher and Bergomi, 2011).

The therapeutic relationship in the intersubjective field and the therapist's relationship competencies meet in this new paradigm in the field of embodied communication.

The psychoanalytically based intersubjective approach and the embodiment theories of cognitive sciences describe similar processes in the therapeutic relationship. albeit using different concepts. Embodied communication in therapy means that, besides semantic, linguistic communication, there is a physical and emotional level of communication between therapist and patient (Bucci, 2011). In all therapeutic processes, it is important to recognise that, in addition to the emotional experiences of the patient, the therapists should work with their own emotional and physical experiences in relation to the patient; some of these experiences are communicated back and forth at a non-conscious level between patient and therapist (Bucci, 2011).

In the intersubjective approach, instead of the therapist having the role of a mere neutral observer, therapist and patient participate equally in a joint activity; moreover, a certain degree of self-disclosure is indispensable to establish the authenticity of the therapist (Fónagy and Target, 2005). The therapist's authenticity (or congruence) is extremely important, it creates harmony between the words and the non-verbal behaviour of the professional (Pintér, 2015). This article presents observations made during a training program which investigated how various methods based on body awareness techniques may be used to develop self-awareness and relationship competencies in specialists.

The training program —
APPLICATION OF BODY AWARENESS
TECHNIQUES FOR PROFESSIONALS
WORKING WITH CHILDREN

Background to the training program

While theories emphasising body-mind integration extend across a number of disciplines, exploration of the possible areas of application are still in their infancy. This article focuses primarily on the psychotherapeutic relationships; however, based on the experiences of the training program, the same approach may be extended to other types of helping relationships in healthcare, in the social sphere, or even in education. The purpose of this paper is to present a potential application of body-mind approaches and body awareness techniques to develop, among other things, relationship competencies in the training of child therapists and other professionals helping children.

The idea of the training program evolved from workshops for therapists employed by the Smile Foundation. Therapists from the foundation (psychologists and various art therapists) have been holding fairy tale and art therapy, in individual and group sessions, for chronic and seriously ill children in hospitals for several decades. Hospital therapy sessions for seriously ill children challenge the professionals in many ways. Methods based on body awareness techniques may be very useful in protecting therapists both emotionally and physically. Through these techniques, the therapist may become aware of their own and the patient's physical and emotional states, and they may learn how to treat these emotions and bodily sensations.

When a professional works with children, awareness of bodily sensations and emotions

are particularly important. Pre-adolescent children use their rational and analytical verbal left hemisphere less; they rely more on their right hemisphere, which contains bodily experiences. As a result, rather than relying on words, we can learn much more about these young children through physical and moving experiences. Professionals may be able to help these children better by observing their movements, while at the same time providing a sufficient amount of body awareness experiences to them (Campos Jiménez, 2016). The intersubjective approach in child therapy, alongside the attunement to the presence and the condition and the activity of the child, emphasizes the emotional participation and presence of the therapist. It involves a continuous 'dialogue' between the professional and the child that is predominantly not at the level of words. The interpretation of words plays a much smaller role in this dialogue than common relational experiences (Campos Jiménez, 2016; Jarovinszkij és Kiss, 2016).

Though body awareness techniques and body-mind approaches may be usefully applied in many other therapeutic fields, it is verbal techniques that currently predominate in the training of therapists. However, according to the intersubjective approach, professionals take part in the therapeutic relationship not just with their mind but with their whole sensing body. We wanted to establish whether it would be possible to organize a basic training program on body awareness for different professionals based on a variety of body awareness techniques, in order to give professionals some insight into body-mind approaches. Besides giving participants some initial experience of these techniques, we hoped that the program would help professionals determine which techniques might be the most effective in their own specialism and encourage them to explore these further.

The first step in developing this basic training was a one-day workshop conducted in 2014 for therapists at the Smile Foundation. Secondly, in April 2015 professionals from the Smile Foundation organized a conference called 'Smile Creative Days', which focused on the role of the body and body awareness in fairy tale and art therapy for children. Among the lecturers there were clinical psychologists using different psychotherapeutic methods, together with art therapists, teachers and other professionals working with children. The two-day lecture series and the colourful experiences of the workshops revealed that there is an incredibly wide range of opportunities for application of the body-mind approach in helping relationships with children. There were more than a hundred participants at the Smile Creative Days, and it was the different professionals present agreed that there was a need for longer practical training sessions devoted to this new approach.

Aims and structure of the training program

In an attempt to meet this need, Korbai and Hoppál developed and conducted a 100-hour training program on the theme of bodymind approaches in September 2015. The aim of the program was to provide an opportunity for interested professionals to discuss the topic with fellow professionals, to practise different body awareness techniques, and to receive both practical and theoretical instruction in the field. The long-term goal of the program, entitled *Application of Body Awareness Techniques for Professionals*

Working with Children, is the dissemination of this new approach among different professionals, so that the approach can be used not just by those working in the area of body awareness, but in all disciplines that work with children in the broadest sense.

The short-term goal of the program was to enable participants to integrate body awareness techniques into their own personal and professional lives at several levels. This goal was to be achieved through three means. The first was to improve the mental and physical wellbeing of the therapists and other helpers, to reduce the negative impact of their stressful work so that these professionals may do their work in a healthy physical and mental state. The second was to facilitate more conscious management of the professionals' physical and mental processes during their helping relationships, to improve relationship competencies such as focusing attention, attunement, empathy, authenticity, emotion regulation and holding. The third was to explore how body awareness techniques may be incorporated into a variety of verbal or non-verbal therapeutic methods, or even into other helping methods. At this stage, such exploration was to pique the interest of professionals of different body awareness techniques, since safe application of these methods needs longer study and practice.

A total of ten professionals participated in the training program in the first group, drawn from the fields of teaching, psychology, clinical psychology, art therapy, fairy tale therapy, puppeteering, and special education teaching, alongside other professionals helping children. The participants were interviewed before the course and asked about their previous experiences in body awareness techniques and other self-awareness methods, the expectations they had of the program,

and the personal and professional reasons for attending the course. The interviews revealed that for all the participants the goal of self-awareness was important, and most of them intended to involve the experiences gained at the training in their work in some form. The participants themselves had had a variety of movement and body awareness experiences prior to the program, including sport activities (running, aerobics, swimming), different kind of dance, yoga, Pilates, Feldenkrais methodology, basic therapy, autogenic training, contact improvisation, juggling, and motion art. The interview included a free association test in which the interviewees had to associate to words related to body and motion to reveal their personal patterns and schemes about certain concepts. We later worked on these concepts in different exercises during the training.

The training program was divided into two 50-hour blocks. A five-hour session was held every two weeks; each block thus consisted of a total of ten sessions. In the first 50-hour block, professionals were introduced to the psychodynamic movement and dance therapy method (PMDT, described in more detail in the applied methods section) in a self-awareness group. At this stage of the course, we laid the basis for the body awareness experiences through different focus areas in movement. In the second block, these focus areas were repeated at another level, with participants being able to study each of them in more depth within the framework of different theories and methods. Some of the focuses were specific (for example, a part of the body like the spine, or a bodily process like respiration), others were more abstract topics (for example, balance, strength, space, time), while others were connected to relational aspects (such as support or guidance).

At the end of each session, the participants recorded their experiences in a diary. Some of these experiences were shared verbally in the end-of-session discussions; team leaders also made written reports about each session. At the end of the first block, there was a further interview with participants in which the team leaders asked the group members about the realization of their initial self-awareness goals.

During the second 50-hour block, participants were able to study traditional and modern body awareness techniques in a variety of theoretical and practical contexts. The presented methods included traditional ones (for example, Yoga, Tai chi chuan, Meditation, or Shiatsu) and more modern techniques (such as Mindfulness Based Stress Reduction (MBSR), Body-Mind Centering (BMC), Contact improvisation, Psychodynamic Movement and Dance Therapy (PMDT), Autogenic Training (AT) and Relaxation).

In this section, we continued to work with the focuses at a theoretical and a practical level, and discussed the potential of the different methods in working with children. The various methods were selected in the training material primarily on the basis of the training leaders' experiences with them; however, we also provided an opportunity to discuss other methods brought by the participants. As there was such a range of potential themes and methods in the training material, each five-hour session was devoted to a single method presented through one or more given focus, while giving some time to a few exercises on other techniques. The main themes and the methods emphasized were:

- Spinal column: Spine Yoga;
- Center and peripherals, skeletal system and joints: Body Mind Centering;
- Body boundary, body image: Shiatsu, Tui na massage;

- Strength, energy, leading: Tai chi chuan, Chi gong;
- Respiratory, sensory organs, altered states of consciousness: Yoga, Mindfulness;
- Weight, balance, symmetry: Contact improvisation;
- Space, directions, levels: Art therapy methods;
- Time, rhythm: Music therapy;
- Relationship, support: Psychodynamic movement and dance therapy;
- Communicative power of movement with children: Suzi Tortora's Method.

At the end of the course, each of the participants completed a final assessment paper on the impact of the training on their personal lives and on their work, and the potential application of body awareness techniques in their respective fields.

The applied methods

Within the limits of this article, only a brief introduction of the most important methods used in the training session is possible. More detailed information about the methods and their effect mechanisms is available in scientific literature; some interesting ones can be found in the literature section. Nevertheless, it is apparent from the following brief descriptions that various body-mind methods emphasize different aspects of body awareness: for example management of bodily and emotional processes, or relationship competencies.

Psychodynamic Movement and Dance Therapy

Márta Merényi developed Psychodynamic Movement and Dance Therapy (PMDT) in Hungary in the 1980s. This psychoanalytically oriented exploratory and corrective psychotherapeutic method is based on bodymind work, movement improvisation and psychodynamic working with movement experiences and relations in the group (Merényi, 2004; 2008; Vermes és Incze, 2011). Most traditional and modern body awareness techniques are basically single-person activities: the practicing subject is at the centre. In PMDT, however, body awareness is only one of two key pillars, with relational work being the other. PMDT incorporates knowledge from other traditional and modern body awareness systems, such as yoga, tai chi chuan, modern dance trends and many other body awareness approaches (Merényi, 2004).

Several phases of the PMDT therapeutic process address experiences that are not accessible verbally or are at least difficult to reach verbally (Merényi, 2007). Each session begins and ends with a verbal discussion circle; between these discussions, there is the movement stage, during with group members do not speak, with only the therapist providing oral instructions. These instructions are freely used by group members while they work with different body awareness focuses. Working with body awareness and focusing on body sensations and motions spontaneously modifies the state of consciousness, and this modification increases physical and emotional responsiveness in relationships (Merényi, 2007). Alongside creativity and improvisations in motion, relationship is an important factor in PMDT, so there are exercises involving pairs and groups of threes. During the relational work, participants pay attention not only to their own movements and intentions, but also to those of their partners, continuously in a mutual attunement with one another. By interacting with partners in this way, it is possible to experience reciprocity, recognition of the 'self-regulating other' (Merényi, 2004) and emotional regulation. The emotional regulation occurs physically in the movement stage, as well as verbally in the discussion circles (Simon, 2010).

The different methods of dance therapy in the international literature show a colorful picture, and besides group methods, the emphasis is on individual therapeutic approaches. When mapping the effects of dance and movement therapy (DMT) on various psychological variables, Koch and co-workers (2014) found from meta-analysis that DMT effectively increases quality of life and reduces the clinical symptoms of depression and anxiety. Positive effects can be found in subjective well-being, positive moods and emotions, and in body image. In the area of interpersonal competencies, the method has yielded promising results, but according to the authors, this topic requires further research because of the heterogeneity of the data in their meta-analysis. As Koch and co-workers' meta-analysis was based mostly on individual DMT methods in which only one patient moves with the therapist, it might prove that PMDT's group therapy approach is even more relevant in the field of relationship competencies.

Other methods in the program – yoga, tai chi chuan, mindfulness

A brief consideration of the effects of other methods based on body awareness techniques presented in the training program raises some additional interesting aspects. A number of recent scientific studies and meta-analyses found positive effects of yoga on different psychological variables, such as anxiety and depression (Cramer et al., 2013; 2018). Wang and his colleagues in their meta-analysis (2010) reported additional effects with tai chi chuan practitioners, such as

psychological well-being, self-esteem and increased satisfaction with life in both healthy and clinical populations, as well as a significant decrease in symptoms of stress, anxiety and depression.

Based on traditional meditation practices, MBCT (mindfulness-based cognitive therapy), mindfulness-based stress reduction (MBSR) training and many other mindfulness-based techniques have been developed within the framework of cognitive therapy. These methods are currently very popular and there are a number of studies about their effects, for example, in the treatment of depression, anxiety disorders and stress relief (Shapiro et al., 2014). In a recent study, Price and Hooven (2018) drew attention to the role of interoceptive awareness in the development of emotional regulation and stress management using the MABT (Mindful Awareness in Body-oriented Therapy) method. Nevertheless, these body awareness methods have impressive effects on a number of other psychological variables.

Synthesis

The main outcome of our project was the development of a new training program which could be used in the education of professionals dealing with children. This new perspective, based on body-mind approaches, has other potential useful applications, as will be outlined below in the short review of the program evaluation. The program was evaluated at the end of the course using the final assessment papers and interviews with the professionals involved, as well as reports and observations made by the trainers. During the interview and in the assessment paper each of the participants was asked about the impact of the training on their per-

sonal life and their professional work. Their feedback revealed a wide range of possible applications in the field of body awareness techniques and helping relationships.

The first of the short-term goals of this program was to improve the mental and physical health of the therapists and other helpers. All ten participants mentioned positive changes in their mental or physical health during or after the course. The second short-term goal was to improve the relationship competencies of professionals through a more conscious management of physical and mental processes during the helping relationships. A majority of the professionals observed shifts in their personal or work relationships during the period of the course. However, these results should be examined more systematically in the future to draw more sophisticated conclusions on the impact of the various body awareness techniques in helping relationships.

To achieve the third short-term goal, the training laid the groundwork for participants to apply body awareness techniques in their own practice. Towards the end of the training program, it was outlined how body-mind approaches may be incorporated as good practice into various verbal and non-verbal therapeutic or other helping methods. Useful information was shared on this topic, especially in the second 50-hour block, and participants wrote about this in their final assessment papers. The participants mentioned a number of interesting occasions when they had tried exercises or techniques inspired by the course, and described how their professional work had been influenced in other ways. Some of them reinterpreted or modified their existing exercises in their praxis in light of their experiences of body-mind approaches on the program. Others used special exercises from a body

awareness method in the warm-up or closing phases of their verbal sessions. Some applied a bodily focus more prominently in their work in motion or in working with symbols. Other practitioners further developed their own methods, while becoming more conscious about bodily processes in their work. A number of participants commenced further studies in this field after the course; one professional organized free-movement sessions combined with stories, while another wrote a chapter on the subject in a book.

Conclusions

At the beginning of our article we wanted to identify the factors which increase the effectiveness of therapeutic change. The relationship between the client and the therapist had been identified in various studies as being especially important in different therapeutic approaches. The psychoanalytically-based intersubjective approach and the embodiment theories of the cognitive sciences describe similar processes in the therapeutic relationship, with slightly different concepts. Professionals in the field of embodied communication state that, besides semantic, linguistic communication, there is a physical and emotional level of communication between therapist and patient. Later in this paper, we argued that the role of relationship competencies was significant not only in therapeutic relationships, but in other helping relationships as well. Specifically, in order to establish an effective helping relationship, participants should also communicate properly at the emotional level. According to our assumptions, a practice of different body awareness techniques may also help professionals in this respect.

The participants of the course were professionals working with children. Their work was influenced at various levels by exposure to body- and self-awareness methods and competencies acquired during the training program, as well as by the theoretical and practical aspects of the course. The mental and physical health of professionals also has an impact on the manifestation of their relationship competencies, how they can be present in the helping relationship with focused attention, acceptance, authenticity and empathy. The strength of these relationship competencies may also influence the scope and impact of the specific exercises and techniques that may be applied in the professionals' practice. However, elaboration of these issues exceeds the boundaries of this article, and further studies are needed on the subject.

Both participants and trainers alike felt that during the 100-hour course a huge amount of material was presented and needed to be processed, and further time would be needed to consolidate and deepen understanding. Nonetheless, even a relatively brief overview of the many methods presented during the course was sufficient to enable professionals to begin to choose the most relevant of the body-mind approaches for their own fields. The exception was PMDT, which had a devoted 50-hour self-experience block; this method un-

derstandably had a larger impact on the participants.

If the body and mind cannot be separated, then thinking and states of mind are strongly determined both consciously and unconsciously by physical factors. When a professional works with children, awareness of bodily sensations and emotions are particularly important. Consequently, professionals are responsible for their own physical and mental condition, which enables concentration, acceptance, attunement, authentic communication and other relationship competencies that support the functioning of the therapeutic or helping relationship. Methods based on body awareness techniques can provide support to achieve these goals, as they have the ability to promote the effectiveness of the work of professionals at several levels.

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ÖSSZEFOGLALÓ

Testtudati szemlélet a terápiás és más segítő kapcsolatokban – egy képzési program tapasztalatai

Háttér és célkitűzések: A cikk a kapcsolati paradigma témáját járja körbe a különböző terápiás megközelítésekben, összekapcsolja a pszichoanalitikus irodalomban gyökerező

interszubjektív elméleteket a kognitív terület *embodiment* teóriáival. Az írás célja, hogy egy képzési program tapasztalataira építve nemcsak a hatékony terápiás kapcsolatokban, hanem más segítő kapcsolatokban is bemutassa a testtudati szemlélet egy lehetséges alkalmazását. *Módszer*: Korbai és Hoppál létrehoztak egy 100 órás képzési programot, amely arról szólt, hogy a különböző testtudati technikák hogyan alkalmazhatók gyerekekkel foglalkozó segítő szakemberek önismeretének és kapcsolati kompetenciáinak fejlesztésében. Ebben a cikkben ennek a képzési programnak a céljait és felépítését mutatjuk be, valamint az első pilottanfolyamból leszűrt tapasztalatokat.

Szintézis: A program értékelése alapján elmondható, hogy a kitűzött rövid távú célok többsége megvalósult, a résztvevők több szinten is integrálni tudták a testtudati technikákat személyes életükbe és munkájukba egyaránt.

Következtetések: A segítő kapcsolatokban tevékenykedő szakemberek, különösen, akik gyerekekkel dolgoznak, felelősek azért, hogy olyan testi-lelki állapotban legyenek, amely lehetővé teszi a koncentrált figyelmet, az elfogadó viszonyulást, a hangolódást, a hiteles kommunikációt és más kapcsolati kompetenciák megnyilvánulását, támogatva ezzel a terápiás vagy más segítő kapcsolat hatékonyabb működését. A testtudati technikán alapuló módszerek sokat segíthetnek ezeknek a céloknak az elérésében, mert több szinten is képesek előmozdítani a szakemberek munkájának hatékonyságát.

Kulcsszavak: kapcsolati kompetenciák, interszubjektív elméletek, test-elme megközelítések, megtestesült kommunikáció, testtudati technikák, táncterápia

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