

## **Gestalt Meets New Phenomenology Felt Body Communication – the Basis of Contact**

### *1. Introduction*

Fritz Perls wrote: "We are still a long way from understanding the interrelations between [...] organismic and personal behavior." (Perls 1981, 289).

And: "I hope that we will someday have a language and terminology suitable to the holistic concept." (Perls 1981, 181). We are still searching for that adequate holistic language. With this lecture I hope to expand the language domain a little.

The theory of gestalt therapy is based not only on gestalt psychology, but also and to a considerable degree on phenomenology. Among phenomenologists, it was mainly the traditional theorists like Husserl, Heidegger, and Merleau-Ponty who were considered relevant for gestalt therapy.

### **Image 2: Schmitz**

A trajectory that has yet received little attention beyond occasional references is the new phenomenology of Hermann Schmitz, based on philosophers like Aristotle, Fichte, Hegel, Husserl, Heidegger, and Klages.

Hermann Schmitz has been evolving the new phenomenology since 1964 as a practical philosophy. Over the years, he has tested and reviewed his theory with the help of psychotherapists, psychiatrists, and organizational consultants through therapy and consultancy supervision.

Like Perls, Hermann Schmitz opposes a description of the world that is informed exclusively by scientific concepts. He refers, among other things, to the gestalt psychological foundations of "wholeness" (cf. Schmitz 1990, page 7).

New phenomenology supports the holistic, existential, and experimental perspectives of gestalt therapy. Its approach leads to new theoretical and practical insights.

I will therefore proceed to connect the language of New Phenomenology with the concepts of gestalt therapy.

In doing so I will focus particularly on the mature organism model, the concept of contact process, contact and border, and the diagnosis of "psychological disturbances".

### **Image 4 overview**

**What do I have to accept as valid?**

- 1. Organismic model or corporeal dynamic?**
- 2. Contact at the boundary or corporeal communication and mutual incorporation?**
- 3. Contact cycle or personal regression and personal emancipation?**
- 4. Contact disorder or disturbed subjectivity?**

### **Image 5**

**What do I want/have to accept as valid?**

## 1. Organism model or vital drive model?

I will not expand on the theory of gestalt therapy as I assume that everyone here is familiar with it. Consequently, I will focus mainly on the theory of New Phenomenology. In gestalt therapy we believe that contact is experienced homeostatically and self-regulating at the boundary between the individual/organism and the environment.

We further believe that the contact experience itself belongs neither to the organism nor to the environment (cf. Perls 1980, 121), but is located in between.

We need a holistic and phenomenological description for this contact experience at the boundary and the in-between;

there must be a place of "between-ness" that is neither organism nor environment, where the person can feel the experience and relate to it.

Gabriel Traverso's chart can be used to illustrate this concept of the experience taking place in the space between.

### Image 5a Traverso

The chart shows the access of needs through an exterior stimulus and the need of the organism as interior stimulus while the contact takes place at the boundary, with the space between as location for the contact experience.

The difficulty, however, is that the organism perceives this space between even though the experience of the space between cannot be assigned to the organism.

There is no phenomenological answer yet to this dilemma, so that we must construe the space between.

The German language offers a way out of the dilemma by providing a possible differentiation between "Körper" as organic body and "Leib" as incarnate subject or "felt body". The concept of corporeality has been sufficiently described by Merleau-Ponty, though not consistently enough to solve the problem of the space between and the boundary.

The felt body is a central concept in New Phenomenology, allowing for a new and clear description of the contact at the boundary based on phenomenological terms.

The German term "Leib" can be roughly translated as "felt body", i.e. what a person feels with and on the surface of his/her body. It does not refer to feelings inside the body.

### New Phenomenology

New Phenomenology with its concept of corporeality and vital drive offers a very different description of how contact and boundaries are perceived.

A key element here is the New Phenomenological tenet that any involuntary affection is corporeal. The corporeal is seen as the primary matter of experience. At this point, there is no distinction between subject and object. Experience procedurally precedes personality.

### Image 5

**The basis of experiencing and accessing oneself and the world is neither consciousness nor awareness, but corporeal phenomena caused by meaningful impressions.**

In order to make this statement a little easier to follow I will start by outlining the distinction between body and "felt body".

### Image 6: Body

a) According to Schmitz, the body comprises the physiological realm. **Position, distances, and boundaries can be precisely identified via the senses of touch and vision as well as**

**through examination.** The body is solid and has surfaces that serve as boundaries. Everything is relatively and determinably located. Through our physiological, biological body we can perceive and describe “contact at the (body) boundary”.

### **Image 7: Felt body**

b) “Felt body” refers to the feeling or sense of one’s own body which is at the center of perception. **“Felt body is anything in the environment of your body (not necessarily within its boundaries) that you can feel or perceive as belonging to yourself without needing to base this feeling on your senses, especially your sense of vision or touch, or on the perceptive body concept gained from experience.” (Schmitz 2011, 8)**

Unlike the body, the felt body can be neither seen nor touched. However, it can be very much perceived and felt. In an encounter the felt body expands to form a surface-free space, comparable with sound or silence. It has no boundary. The felt body therefore does not allow for “contact at the boundary” as it always refers to an absolute (unmediated, holistic, total), perceivable stirring of the body that cannot be clearly limited, e.g. when someone is startled. Schmitz describes the structures of the felt body, which do not correspond to the structures of the body. It is therefore useful to differentiate between body and felt body.

For Schmitz, the felt body with its corporeal stirrings is an object that is different from the human body with which it largely, though not entirely, shares a space. Schmitz deduces this distinction from the spatial idiosyncrasy of the felt body, which is very different from that of the physical (visible and touchable) body. Schmitz 2010, 292.

### **Exercise: Feeling the body and the felt body**

Schmitz assumes that all human experience originates in the perception of one’s own body and corporeal affectedness. This becomes most clear in the case of a newborn baby. The baby perceives pain and shock immediately in his/her own body.

Perception of one’s own body and affected involvement precede being a conscious subject, for without perception of one’s own body and affected involvement, everything would be immersed in homogenous neutrality.

In order to gain access to and distance from experience, one needs not only affected involvement but also the ability to ascribe something to oneself. Without this ability, one would never think that anything refers to oneself.

This is why a person needs to be a conscious subject with the ability to self-ascribe (Schmitz 2011, 71). However, self-ascription is not organismic and the result of a conscious contact. It is the accumulative result of completed personal processing of affected involvement.

This ability to self-ascribe is essential. Without it there could be no self-consciousness.

Affected involvement as corporeal experience mediated directly by the self-consciousness that what I experience is about me.

Affected involvement is not caused by a drive or a feeling located in oneself, but by subjective facts that appear as circumstances, programs, or problems. If these subjective facts are meaningful to the subject they cause affected involvement.

The idea that the inner world, the soul and therefore subjectivity may not reside within the person but in the circumstances, programs, and problems does initially contradict our held beliefs. Yet if we ask ourselves in cases of personal affected involvement where the anger or sadness originate, we will soon realize that there is a circumstance, usually a

problem, that functions as trigger – we do not carry the feeling inside ourselves from the outset. This concept also alters our perspective on the location and trigger of the suffering a subject may experience in itself and his/her relations to other people, systems, and his/her environment.

The concept therefore also supports the notion that contact experiences are located in a space between if this space between equals circumstances, programs and problems that are subjective to the person.

**Exercise: Which circumstance is subjective to you at this particular moment?**

What is new is that subjectivity no longer is described as a part of the inner world. Instead it refers to subjective facts, e.g. disappointment with a situation, which are corporeally perceived through affected involvement and the conscious subject's ability to self-ascribe.

### **Image 8**

#### **Vital drive model**

To describe the origin of growth, Perls used an organismic homeostasis model with a tendency towards establishing balance (homeostasis).

#### **Image 8a**

Schmitz, on the other hand, describes a vital drive as the basis for human growth. This drive is initially undirected. The vital drive acts as a continuous, interlaced corporeal dynamic of contraction (tension/narrowing) and expansion (swelling/widening). It is therefore more of an oscillation between contraction and expansion than a search for balance. Balance is rarely sustained in life, and if it is, it often signifies immobility.

If the contraction becomes unhooked in this oscillation between narrowness and expansion, e.g. when a person experiences a severe shock, the drive is paralyzed or freezes up. During snoozing or sleeping, the vital drive slackens. First and foremost, being corporeal means moving between narrowness (tension) and expansion (swelling) without detaching from either narrowness or expansion, at least for the duration of conscious experience (Schmitz, 1992, 45).

This dynamic is not propelled by urges and instincts, but by the corporeal disposition of the vital drive. The drive's dynamic, partly contracting and partly expanding, causes an antagonistically competing rhythm of narrowness (e.g. when a person is shocked) and expansion (e.g. when a person experiences joy). We all can understand and experience this dynamic corporeally through tension (contractive) and swelling (expansive) in our own bodies.

**Exercise: imagine a contractive/expansive situation**

What makes this drive vital is its susceptibility to stimulation (stimulation susceptibility) and its ability to turn toward these stimuli (directability). Strength and intensity of each person's stimulation susceptibility and ability to turn toward stimuli are influenced by different types of bonding with the vital drive.

There are different types of bonding. The bond can be rather compact, hard to set in motion emotionally and reacting with a kind of jerking explosion (bathmhythmic bond). It can be oscillating and easy to impress, with alternating phases of narrowness and expansion involving strong stimulation susceptibility and ability to turn toward stimuli (cyclothymic bond). Or the bond can be fragile and loose, with emotional responses tending toward a separation of narrowness and expansion (schizothymic bond). These different types of bonding influence a

person's way of handling intentions, desires, wants, and actions, as well as her/his response ability. They can also be used diagnostically.

Vitality and the vital drive with its different types of bonding are considered as corporeal disposition. Schmitz describes their coaction as pre-personal because the corporeal dynamic is usually not controlled by consciousness.

Other than the organismic self-regulation (according to Perls), whose impulse requires a want or need, the corporeal dynamic is a relatively independent, pre-personal process. At the outset, the vital drive has not direction or object. Only when the vital drive becomes susceptible and accessible to stimuli (e.g. through affected involvement) and turns toward these stimuli does it become a directed vital drive. The vital drive's response to a stimulus does not occur in sequence, but simultaneously – synchronously, as it were. Schmitz calls this process of resonance "encorporation". It happens coactively, without any latency period and without the person becoming aware of it. As a rule, encorporation is pre-personal, i.e., not conscious. It happens, for example, when people pass by each other on a busy street without colliding.

### **Image 9**

**Corporeal communication is the basic form of perception. Corporeal communication is mostly pre-personal, i.e. not conscious.**

## **2. 2. Contact at the boundary or corporeal communication and mutual encorporation?**

The vital drive's stimulation susceptibility and its ability to turn towards these stimuli (directability) allow for corporeal communication and pre-personal (non-conscious) contact.

### **Image 10**

**A shared and common drive that happens simultaneously causes mutual encorporation.**

Corporeal communication affects the being as a whole and does thus replace the transmission of individual physical stimuli from the inner world or the environment through individual sensory organs.

### **Image 11**

**The felt body is not bound by anatomical limits. It can transcend those barriers, e.g. through the senses of smell and hearing. In the interaction with others, this leads to the emergence of a shared, common felt body.**

Schmitz calls this process "**mutual encorporation.**" Encorporation happens not only between human beings, but also between human beings and animals, plants, images, and objects. This gives the concept of encorporation a dimension beyond the social.

The following example may serve to illustrate this concept: An exchange of gazes is involved when a person moves aside to avoid an object or another person. This sidestepping can only happen if you perceive more than you see with your eyes. You coact with what you perceive and can this act without any response time.

### **Image 12**

**The guiding symptom of mutual encorporation is coaction without response time.**

Instances of this include the coaction of rider and horse, or when felt bodies coact through their vital drive as in rowing, dancing, etc. **This encorporation is mutual.**

Corporeal communication and the process of mutual encorporation transcend the dualism as the separation between inner and outer world becomes obsolete.

## Exercise: Everyone walks through the room – encorporation

### Image 13

Encorporation can also happen unilaterally – when we are fascinated or watch someone – or

### Image 14

as solidary encorporation, e.g. when we sing in a choir.

Almost all perception happens via encorporation through corporeal communication.

### Image 14a

**Corporeal communication replaces the model of contact at the boundary.**

### Image 15

Encorporation also happens via so-called near-corporeal bridging qualities, which evoke corporeal stirrings.

**a) Bridging qualities can be movement suggestions** by inert or moving gestalts (gestalt progressions in nature, architecture, and spaces as well as in gestures or rhythm) that cause corporeal stirrings. There a difference between walking down the dark cellar steps and looking out over the ocean, between listening to a military march or a lullaby.

### Image 16

**b) Synesthetic characters** are another bridge quality – combinations of sensory impressions as in poetry ("Tasting of Flora and the country green / Dance, and Provencal song, and sun burnt mirth" – John Keats). Music, too, can be linked with images. Shapes we see in landscapes have the effect of sensory qualities and generate atmospheres as feelings that can be experiences as corporeal stirrings.

In addition to encorporation, there can also be decorporation, e.g., when you are driving a car and realize that you've driven quite a distance without really noticing it. A special form of decorporation consists in surrendering to a sensory quality, e.g. when you lose yourself in a green hue, are enraptured by a scent, etc.

### Image 17

Following the British neurologist Sir Henry Head, we may differentiate between epicritic and protopathic corporeal stirrings. Epicritic stirrings are sharp, pointy, piercing (e.g., a mosquito bite), protopathic stirrings are blurred, dull, blunt (e.g., abdominal queasiness, a relaxed face). (Schmitz, 2009, p. 37).

**They are partially perceivable on the felt body as "body islands".**

### Image 18

**The epicritical may become visible in a person's bearing and behaviour as contraction, abruptness, target-directedness while the protopathic may become visible as blurriness, a lack of structure, and flexibility.**

In gestalt therapy this opens up numerous opportunities to work with these polarities on the levels of felt body and behaviour.

Perception, then, comprises not only the absorption and processing of signals, but also a form of coaction of preceptor and the perceived. This means that we do not **make** experiences but instead the experiences happen to us.

Another indicator of mutual incorporation is the fluctuation of the dominant role. Mutual incorporation leads to the formation of a shared felt body (Schmitz, 1994, p. 125) determined by the temporarily alternating allocation of roles in the shared vital drive. This makes the partners respond to each other.

As a rule, we can distinguish between a dominating partner who supplies the contraction pole and a passive, tolerating partner, who is bound by the contraction pole. The fluctuation of the dominant contraction pole between the partners plays a major part in concrete contact such as conversations, personal relationships, parenting, and the therapeutic relationship. A therapist's contact that is unilaterally dominant or unilaterally passive-accepting or adaptive compromises conflict and inhibits development or means that the contact between therapist and client is disturbed.

### Image 18

### 3. Contact cycle or personal regression and personal emancipation?

#### Image 19

In addition to the corporeal dynamic there is a continuous process of personal regression and personal emancipation. Together with the corporeal dynamic it forms the basis for contact and development in shared situation.

Without personal emancipation, a human being would remain animalistic and not become a person; without personal regression, a human being would remain uninvolved. Schmitz describes personal regression as corporeal affectedness on various levels, from feeling meant to extreme affected involvement and corporeal contraction. The latter he calls "primitive present".

#### Image 20

"Primitive present" means the imprisonment in corporeal-affected involvement caused by something sudden and intense happening. In this state of imprisonment, immediate self-distancing is not or only partly possible. Factors like here and now, being and non-being, present and duration, as well as the usual flexibility become thus inaccessible in extreme states, e.g., when a person is shocked. In that moment, the person is just subject in itself. Identity and contact are undifferentiated. They are absolute because the person has not yet gained distance from the immediate experience.

In the primitive present everything is melt together into a non-differentiable entity. Nothing is singular. Everything is a holistic, diffuse or chaotic meaningfulness. The primitive present is a not-yet-differentiated contact. It is therefore also described as **absolute** contact (Matthies, 2012, p. 87).

If differentiation is not or only partly possible, there is a more or less all-encompassing corporeal affectedness towards the primitive present.

#### Image 21

In order to escape the primitive present and absolute contact (as well as absolute identity), one must gain distance from affective involvement. This is the process of personal emancipation.

Differentiation and distancing can take place on the levels of identity (absolute/relative) and difference, ownness (subjective) and otherness, present and duration, hereness and distance, being and non-being (fantasy).

It happens as explication and implication that take the form of an unfolding of the primitive present, e.g. through the neutralization and attribution of meaning to the circumstances.

Corporeal affectedness is relativized into separate circumstances. This results in a relative, conscious contact that allows the person to respond consciously to the situation. This is the phase where life techniques, coping strategies, contact function such as deflection, confluence, etc. as well as personal programs and problems belong.

Boundary building is thus more of a differentiated, conscious effort of avoidance, acceptance, or delineation/differentiation. Potential contact boundaries and life strategies result from the strength or differentiation and the way that meaning and corporeal dispositions – including their bonding types – are being dealt with. All these form the undertone of personal development.

### **Image 21a**

To summarize:

**“One’s personal situation (personality) unfolds endlessly throughout one’s life story through processes of personal regression and personal emancipation, of explication and implication in the face of challenges.” (Schmitz 2009, p. 103)**

**Corporeal dynamics and corporeal communication form the pre-personal undertone of personal development. (Schmitz)**

### **Image 22**

The classification of meaning and the response to it takes place in the personal world. Schmitz divides the personal world into a perceptible, subjective personal own world, a neutral, objectified personal objective world, and a grey area where subjective and neutral haven’t yet been determined or are in competition and where demarcations and differentiations take place.

### **Image 22a**

The boundaries between personal own world and personal objective world and the grey area may be either rigid or permeable. The two worlds may also mix. The merging of own world and objective world is evocative of introjection and projection. However, what we are talking about here is the explication of affected involvement and the allocation to the personal own world or the personal objective world.

By entering the personal world, experiences lose their previously explicated singularity and get immersed in the diffuse whole of the personal situation. They merge with preceding experiences, get connected, and are at first forgotten. It could be said that they form a background. “Comparable with a viscous mass in which countless other viscous masses are gliding around and influencing each other.” (Schmitz 2005, p. 93)

The meanings of explicated details continue to act as crystalizing cores of memory, as partial situations within the personal situation. They become part of the interior diffuse situation with its viscous masses. The meanings can be re-subjectified again and again in varying contexts. Personal experiences aren’t “stored” in the unconscious or a soul. Memory is like language. Words and sentences aren’t stored anywhere, either. They are created in the act of speaking or remembering.

### **Image 23**

This overview illustrates the two levels of the corporeal dynamic and the process of personal regression and personal emancipation as a simultaneous process.

#### **Image 24**

The course of the contact process can be found in this description of the process of personal regression and personal emancipation.

The contact process and the process of personal regression and personal emancipation follow a similar path. The contact process is marked in red.

*Exercise: Where does contact occur? Where does a boundary occur?*

*Walk toward one another or express proximity/distance with your hands*

*a) pre-personal through corporeal communication*

*b) relative through accompanied mutual agreement – explication*

This concept allows for a differentiated, “phenomenological” diagnostic and therapeutic interventions on at least three levels.

#### **Image 24**

#### **Image 25**

### **4. Contact disorder or disturbed subjectivity?**

According to Schmitz, subjectivity disturbances can occur in three dimensions:

**I. Disturbances in a person’s relation to his/her pre-personal corporeality, i.e., in the dimension of personal emancipation and personal regression;**

**II. Disturbances in the dimension of the felt body;**

**III. Personal disorders**

#### **Image 25**

### **4.1 Disturbances in the dimension of the felt body**

#### **4.1.1 Paralysis of the vital drive rhythm**

Felt-body disturbances of subjectivity affect the vital drive in the dimension of contraction and expansion.

A paralysis of the vital drive rhythm, i.e., the rhythmic fluctuation between tension and swelling, is characteristic for depression, as in the agonizing feeling of non-feeling a depressed person may experience.

#### **4.1.2 Selective ability of stimulation susceptibility**

An overload of the vital drive’s stimulation susceptibility leads to a diffuse response that takes the form of nervousness and irritable weakness. This happens because the selective ability of the person’s stimulation susceptibility cannot cope with the overload.

#### **4.1.3 Vital drive directability**

One example of disturbed directability of the vital drive, i.e. a disturbance in the vital drive’s ability to turn towards stimuli, is the hyperactivity syndrome. In this

case the vital drive's tension alone or in combination with the epicritic tendency cannot protect the conscious subject against distractions of the consistent directedness/orientation.

In mania this directability disturbances reaches an extreme where the vital drive's expansion/swelling dominates to such a degree that the contraction/tension part cannot keep up the restraint necessary to focus selectively on one topic.

25b

#### **4.2      4.1 Disturbances in the dimension between personal and pre-personal life (disturbances in the dimension of personal emancipation and personal regression)**

This dimension includes the disorders of schizophrenia and hysteria. Schmitz lists three sources of schizophrenic symptoms:

##### **4.2.1 Loss of elasticity in the play of personal emancipation and personal regression.**

When your mind is not clear enough to allow you to take a position you become either soft and permeable in helpless adaptability or rigid and ossified, locked into a level of personal regression that involves stereotypes, manic identification, and motoric rigidity. Softening in helpless adaptation. Feeling at the mercy of thoughts that were allegedly created by machines.

##### **4.2.2 Explication disturbance ...**

Explication disturbance means the inability to retrieve individual meanings in an orderly fashion out of the interior diffuse meaningfulness of situations. This is particularly distinctive in the case of topics that are highly subjective for the afflicted person as these topics cause more pronounced feelings of helplessness than objective or neutral topics. The person gets stuck in affectedness.

##### **4.2.3 ... and the failure of objectification.**

Failure of objectification, i.e., of detaching oneself and separating oneness from otherness results directly from the loss of elasticity in impression processing. The schizophrenic person becomes enslaved to everything that happens to her/him because he/she has lost the elastic ability to come to terms with it.

### **4.3 Disturbances in the personal dimension**

25 c

#### **4.3.1 Differentiation disturbance**

These are partly disturbances of the personal situation and partly disturbances of differentiation in the personal world.

Disturbances of differentiation in the personal world arise from the grey areas in which subjectivity and neutrality of objects' meanings and ownness and otherness blend into one another. The boundary between personal own world and personal objective world can be more or less distinct and rigid.

Neurotic disturbances occur only when these boundaries become exceedingly troublesome to the person himself and his contact with his environment (projection, egotism) or when they inhibit (introjection, confluence) or circumvent (retroflexion, deflection) her development in a way that she cannot control.

#### **4.3.2 Demarcation/differentiation between personal own world and personal objective world**

##### **a) Relation between the partial worlds within the personal world**

###### **Extroverted**

In extroverted behavior/programs the boundary between personal own world and personal objective world is so weak that they can combine the strive for domination and the ability to surrender in an almost paradox fashion because they have little ability to perceive the alien as alien.

###### **b) Introverted**

In introverted behavior/programs the boundary between the two partial worlds is much clearer. The life-determining emphasis is on the personal own world, with a special perspective on retrospective partial situations. There is a clear distancing from the personal objective world through retreat or a protective armoring.

###### **c) Ultraverted**

Like in introverted behavior, the boundary between the two partial personal worlds is very strong in ultraverted behavior/programs. The main life focus, though, is on the personal objective world.

An example for ultraverted programs is the functionary with a strong fixation on efficiency, e.g. an engineer, physician, or mathematician who only allows him/herself factual, objective thoughts or a person enamored with thinking about neutral problems just for the problems' sake. The danger of the ultraverted program is that the person may neglect the element of affected involvement, this essential pillar of self-ascription, in him/herself as well as others.

#### **4.3.3 Paradox blends of the own and the alien**

##### **a) Anankasm**

Another disturbance of the differentiation/boundary between personal own world and personal objective world is the paradox blend or overlap of the own/ownness and otherness.

The most important form of such disturbances of subjectivity is the objective-compulsive personality disorder or anankasm. A program can be excluded as alien from the personal own world and then still get settled in this world.

#### **b) Desire/addiction**

However, the program can also be a desire, i.e. the program of investing affected involvement in the implementation of a circumstance in the sense that the realization would cause the person joy whereas non-implementation would cause pain. In this case the obsessive disorder is an addiction.

#### **c) Sensitivism**

Sensitivism is the counterpart and opposite of anankasm. In this case, it is not the other/alien that is translocated to the own, but the other way around: the own is translocated to the alien, causing the alien/other to assume the tinge of the own in a manic distortion.

### **4.3.4 Circumstances, programs, and problems as the location of subjectivity**

Es ist möglich affektives Betroffensein aus zwei Blickwinkeln zu betrachten und zwar von der leiblichen Dynamik, personaler Regression und personaler Emanzipation individuell spürbar als Störung der Subjektivität. Sie ermöglicht Erfahrung und Leiden als etwas am eigenen Leib Gespürtes zu diagnostizieren und zu behandeln.

Der Nachweis, dass Subjektivität nicht in der Person angesiedelt ist, sondern in den Sachverhalten, Programmen oder Problemen, verändert auch die Perspektive vom Ort und Auslöser der Erfahrung und des Leidens. Es eröffnet die Möglichkeit Erfahrung und Leiden als etwas in der Beziehung zur Umwelt zu diagnostizieren.

Folglich gibt es zwei unterschiedliche Ansätze Erfahrung und Leiden einzuordnen, zu diagnostizieren und zu behandeln und diese phänomenologisch zu begründen. Das Konstruieren einer Kontaktgrenze und eines Zwischenbereichs ist dann nicht erforderlich.

### **4.3.5 Collective disturbances of subjectivity**

In addition to subjective disturbances as suffering of the subject and subjective circumstances, programs, and problems, Schmitz describes collective disturbances of subjectivity that can shape large cultures.

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## **KURZFORM (bitte auch übersetzen)**

### **Image 25a**

#### **1. Disturbances in a person's relation to her/his pre-personal corporeality, i.e., in the realm of personal emancipation and personal regression;**

Can be recognized as a lack of elasticity in the play of personal emancipation and personal regression, e.g. in schizophrenia.

Schmitz talks about a personality paralysis in cases where e.g. the elasticity and adaptation to different levels becomes impossible, when the ability to fluctuate is lost and the own cannot be distinguished from the alien/other (as in psychotic crises and schizophrenia).

### **Image 25**

#### **2. Disturbances in the dimension of the felt body**

**Can be recognized by disturbances of: the vital drive, stimulation susceptibility, the ability to turn toward stimuli, and the dynamics of narrowness and expanse,** as in depression and hyperactivity.

### **Image 25**

#### **3. Disturbances in the personal dimension**

**Encompasses disturbances of the personal situation and of differentiation, distinction, and blending in the personal world.** They relate to neurotic disorders, including in contact disorders like retroflection, deflection.

#### **4.3.5 Collective disturbances of subjectivity**

In addition to subjective disturbances as suffering of the subject and subjective circumstances, programs, and problems, Schmitz describes collective disturbances of subjectivity that can shape large cultures.

### **Image 26**

Thank you!