The Philosophy of Grasping: Obtaining Knowledge by Location in Space-time

Kirsten Lilli

Abstract

The philosophy of grasping with its locating in space-time proves itself to help as a means of orientation, which can develop further the functional ability and skill to mentalize and conceptualize – for a self-determined performance in an interdependent world. In psychotrauma use, the performative act of individually locating in space-time enables the individual to grasp distancing from traumatic events, thus assisting in ‘cool down’ from a so called ‘triggered’ state of mind.

The described methodology is a psychotrauma-orientated method of psychotherapy based on with its fundamental connection on connecting body-based experiences with artistic and verbal processing. The method resembles the process of the multidimensional development of the human brain in the first years of life based on attachment theory. The method is examined using qualitative methodologies applied to complex treatment at a psychosomatic acute care clinic employing three ex-patients and comparative test persons. The research work with the ex-patients included an open interview with catamnesis, the instant intervention method and specially developed questionnaires.

Among the results is that the methodology appeared most effective in combination with group and one-to-one-settings.

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Introduction

Brain, body and cognition with an focus on dance – these topics of the Movement Conference 2017 already summarize the central elements of the philosophy of grasping with its central performative act of combined movement and think-action, which is individually locating in space-time (hereafter in short ilist). This also shows how the philosophy of grasping is located in contemporary times, which itself is a central element of it: to be accessible for contemporary contexts. In the following an overview will be presented over a first fundamental research with the aim to introduce how it works as a transdisciplinary, operationalized method with the name PBViZ® and to give an impression of what can be its manifold use for psychotherapeutic rehabilitation aims.

Research Context and Personal Objective

The presented study principally is a qualitative one. It therefore has a basically cyclic structure of development and a multidimensional use of different research methods, in line with the grounded theory of Glaser and Strauss as described by Mayring. For any qualitative research, it is important to state the author’s subjective point of view, personal access, and personal goals, to present the scientifically needed comprehensive traceability.

The beginning of this research work started, when I worked as a therapist of creative methods, with a focus on bodily experiences at a psychosomatic acute care clinic. In its complex system of therapeutic offerings, body-based creative therapies were an important module. In my collaboration with the patients there, I discovered that I developed a very specific method by filtering what proofed itself to be astonishingly effective. I found I could distinguish elements particularly relevant for the changes desired by the patients. Because of my educational background the principal combination of elements was that of dance movement therapy - including techniques of
mindfulness - with intermedial art therapy, and integration of knowledge in newer psychotraumatology, including that concerning early traumas and their structural imprinting.

Thus, this specifically operationalized method can be categorized as an *intermedial dance movement expressive arts therapy* for psychotherapeutic aims. I named it by what happens there: *PBViZ* is the abbreviation of the german description *Philosophie des Begreifens mit ihrer Verortung in der Zeit* which can be translated as a "philosophy of grasping with its locating in space-time".

Writing my Master thesis, at the end of my studies in intermedial art therapy at the Medical School Hamburg, University of Applied Sciences, offered me the opportunity for me to not only describe PBViZ in the context of its grounding theories, but also to do fundamental empirical research concerning the action mode, effect factors, and individual outcomes of PBViZ including clinical outcome - although this outreachs in quite some respect the usual framework of tasks for a master thesis. Subsequently there is further research already in development: Apart from deepened qualitative research in cooperation with the International Institute for Subjective Experience and Research (ISER) it shall include also standardized quantitative research in cooperation with other institutions (and in the best case also other scientific examinations of potential changes in brain, neurology and biochemistry).

**Relevance**

In our contemporary world where change of human life is constantly increasing in speed and extent—both regarding the nowadays’ enormous political, social, and ecological tasks, I am in agreement with Jahn— that it is more than ever important to create new forms out of the forms of crisis.  

In Germany it has been discovered in official administrative studies that diagnosed mental illnesses, meaning here psychological diseases only, have increased Since 2006, the health insurance companies have recorded a significant increase of employed people being diagnosed with mental illness, in contrast with earlier statistics, when it were mainly the unemployed diagnosed with it. I see this as being partly due to the development of better diagnosis, but also as alerting us to the need for systemic change. I agree with Jahn who said that nowadays we might need this kind of radicalism which overcomes the difficult by transforming it. PBViZ is a new form, which offers a theoretical and practical approach for the individual to overcome a personal crisis on the one hand, and on the other hand it offers an answer to the growing numbers of needed psychosomatics therapy with its practical possibilities of an easy implementation into the health system as a psychosomatics basic-therapy.

This is the more relevant as in Germany so far the only forms of psychotherapy for which the costs are covered by the statutory health insurances are *behavioral psychotherapy* or *psychodynamic/psychoanalytic psychotherapy*. As there are in general not enough psychotherapists of these methods compared to the needed, there is a gap between the numbers of people who need psychotherapeutic help and those who can actually get it. To fill the gap of waiting for a psychotherapy, PBViZ could be an ideal intensive short-term solution, in that it offers a kind of basic psychosomatics therapy, including offering experiences of mental grounding and self-determined stabilization, as well as a grounding for self-determined use of furthermore psychotherapy. Its combination of one-to-one sessions with group sessions could be performed by either dance movement therapists or intermedial art therapists / expressive arts therapists. These are therapeutic methods which are currently not covered by the statutory health insurances, although when offered in psychosomatic clinics are often rated by the patients as the most helpful therapeutic offer. This is also valid for the acut psychosomatic clinic where I worked. Patient survey, which the clinical director Gosda published, showed that the patients evaluated the creative therapies as the most helpful, apart from the benefit they got from the group of co-patients, with which they took part in all the different therapies. Regarding the latter, in my view it is not only the interpersonal exchange, but also the intensity of the time spent together during an important phase of the patient’s life, which creates bonding as an important effect factor itself (see attachment theory, a.o. International Attachment Conference). On a scale of 1 = helped a lot, 2 = quite helpful to 5 = harmful, the patients evaluated as follows in this patient survey:

1,18 for the group of co-patients with whom they took part in the different therapies
1,22 for the creative therapies
1,28 for medical care
1,31 for physiotherapy
1,32 for psychotherapeutic conversation (ibid.)

In this clinic, the creative therapies offered at that time were mainly dance movement therapies with a relatively high frequency of group sessions (at least twice a week for 75 min) and with one-to-one sessions (at least once a week for 45min), complemented by art therapy mainly in group sessions (at least one 90min session). As mentioned, in contrast to the results of patient surveys the creative therapies are officially not accepted for financing outside of clinics. As well even in the clinics, it depends mainly on the clinic profile if these therapies are offered or not, and in what measure. Main reason is, in Germany yet there is not enough standardized quantitative proof of their effectiveness for specific diagnosis. This might not only be because the methods partly are ’younger’, but also because per se the specialty of these therapists is not the use of language and of mathematics, but of dance and other arts. Another reason is that there is a large variety of
elements and few operationalization, according to the multiple possible elements and methods which are per se possible with dance and arts. PBViZ directly addresses persons who suffer from traumatic experiences. But in practice it shows that PBViZ seems to also be effective for persons with depressions and other psychosomatic diseases. One reason therefore might be the likelihood these persons have had traumatic experiences, which they might not remember as they are f.ex. happened in early childhood. In fact, I observed that all the patients felt personally addressed by the psychotraumatological, educational information.

PBViZ is ideal for supporting patients to build a mental frame which offers orientation, which creates stabilization, whereto most other psychotherapeutic offerings can reasonably connect to – whether talk therapies or further dance movement or art therapies. Thus there is reason to assume that there could be a relevant benefit in installing PBViZ extensively.

Research Objective And Research Methods

The above thoughts on its relevance led to the conclusion that one main aim of this research should be to discover and describe the operationalization of PBViZ, so that in the future there can build on it also an evaluation of PBViZ with standardized quantitative methods. Another aim was to detect its target group. The principal research objective was to examine PBViZ in such a way as to enable introducing it together with its central method of individually locating in space-time (ilist).

Therefore, an initial estimation of the potential effectiveness of PBViZ was relevant in order to make transparent why it made sense to examine PBViZ in detail and to justify the associated assumption of its effectiveness for psychosomatic patients in general. This was done in a first step by estimated quantitative comparisons with other methods, including the description of examples (show cases). This led to the focus of this part of the study, which was to try stating the individual effectiveness for three ex-patients. Therefore the research method was a.o. an open interview technique, with catamniss nearly three years after their in-patient stay with their intensive work with PBViZ in group- and one-to-one sessions. One focus was looking at which specific offerings/interactions seemed to have had lasting positive effects. Another objective was to explain the theoretical foundations of PBViZ and describe it in terms of its parallels/affiliation with dance movement and art therapy, as well as with acknowledged psychotherapeutic methods. A central focus of the study was to make comprehensible the mode of action and experienticable ‘qualia’ of its characteristic offering, the individually locating in space-time (ilist). Therefore, art based research with performative parts has been the appropriate means of research - in accordance with Lauscheck, Ostermann & Schulze, who in 2014 pointed out in their review of many studies that artistic aesthetic research and interdisciplinary research methods have been proven reliable in applied basic research. In the study here, there follows a qualitative analysis and compilation of the (other) effect factors of PBViZ and their operationalisation. The study is completed with an art-based research, which shows the complex and specific interactions between operationalised effect factors and patient responses, at the end of the therapy. Dannecker stated that systematic comparisons of individual case studies allow causal connecting between a method and its clinical outcome and that the reliability of this research increases with the complexity of the research methods. Therefore this study’s systematic comparison of the three case studies with detailed multidimensional qualitative research, including also complex art-based research, allows reliable causal connections between PBViZ and its clinical outcome.

Due to the nature of this study as a mixed methods study including philosophical thoughts, the presented results often include what, concerning to a specific method, seems as belonging to its discussion, but concerning the overall qualitative fundamental research is part of its cyclic research process.

Initial Comparisons Justifying Basic Assumptions

The following quantitative observations on patient response to PBViZ in their comparison with studies on KBT justify assumptions of its effectiveness and its suitability to a wide range of c/p with psychosomatic illnesses:

As mentioned in the introduction, the observations on the effectiveness of PBViZ are not yet the result of a standardized quantitative research; nevertheless, they were so visible that they led to the desire to perform fundamental research on what the method is about. One basic observation was the already mentioned, often observabile evaluation of patients of psychosomatic clinics that the creative therapies in general are the most helpful for them. The next observation is that PBViZ has quite something in common with the so-called Konzentrativen Bewegungstherapie (KBT), which is described by its association DAKBT as "concentrative movement therapy" in the manner of Stolze. Both methods - KBT and PBViZ - work centrally with the combination of movement and cognition, and especially both using metaphors/symbols in their connection to bodily experiences. Thus I have compared my therapeutic observations with the compilation of studies on KBT by Seidler.

KBT-therapists estimate that about half of the patients benefit from the KBT. My estimation of patients benefitting form PBViZ is around 90%. KBT-therapists estimate that for one third of the patients, KBT seems to be a difficult offering. My observation is that dance movement therapy in general could be for about only 5% to 20% a difficult

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i. ‘Qualia’ is a term used in philosophy to describe the complex depth of subjective experience felt by an individual as a phenomenologic consciousness.
offering, whereby particularly for male and older persons it
definitely presents difficulty in cases where there is no
explication of its purpose and sense. In cases where I
substituted for another therapist who had not explicated
its purpose and way of functioning explicitly, quite some of
male, especially older, patients reported to me that this
explication was very important for them, and that without
it they were not able to get anything out of dance movement
therapy in general. Therefore it is one operationalized
element of PBViZ to always have explication at the
beginning, in order to make purpose and method in its
sense ascertainable. This then lowers the rate of patients for
whom there is difficulty to a maximum of 5%.

KBT-therapists observe that about 17% of patients are
not ready to “experience” (a term used in this context for
making new experiences by exploring as well with bodily
awareness and performance), and 33% are not willing to
have a therapeutic conversation. With PBViZ I observed
only about 1-2% not willing to “experience”. I had one
male patient only, out of 68 patients in the one-to-one
sessions, who saw himself finally not able to go on
“experiencing” and having therapeutic conversations with
me. But even he as well was willing to and we indeed
started with both. As already by my physical appearance, I
reminded him of his mother, who left him when he was a
child, he felt unable to continue. In the group settings
there was only one more male patient, out of more than
230 patients, who was not open to therapeutic conversation
nor ready to experience. In this case, I only substituted
another therapist for only two weeks, and I didn’t have
this man in one-to-one session, therefore I was not able to
clarify what his specific problem was.

These observations led to the conclusion that there is
reason to assume that PBViZ is in fact a specific
combination out of some of the best of different methods,
which in this new form can produce even greater
effectiveness than the KBT, which already shows good
clinical outcome, as especially its ambulatory offers show:

Ambulatory KBT-therapy is completed, on average,
after 50 appointments compared with Rogers-based client-
centered therapy, where about the half of the clients
complete it after 61 appointments (ibid). Seidler stated in
an own study that within about three months, patient
symptoms similar in level to those of in-patients, were
reduced significantly (ibid.). Because of the paralleling
central elements between KBT and PBViZ it can be
assumed that PBViZ would perform equally or better. As
an example, I had one female client of middle age, with
chronically recurrent severe depression, in an ambulatory
consulting setting, who after only six appointments and
one emergency telephone call (out of exactly six planned
appointments and one planned telephone call) over nearly
one year, reached her own aim. She was much more
satisfied with her life and herself, and her depressive
symptoms were significantly reduced to what she evaluated
herself as a common level of from times to times a need for
withdrawal and grief of short duration only. This client
came in crisis with fundamental doubts, because she
already had under gone many years of therapy in stationary
and ambulatory settings, without feeling significantly
better. PBViZ with its information and especially with its
individually locating in space-time as a frame for being able
to orientate again and again anew, helped her to put all the
pieces of her individual puzzle together, of which she had
collected many already before, and by that achieve
breakthrough. This shows the potential of PBViZ for
building a mental frame of orientation.

An important precondition for a successful therapeutic
outcome with PBViZ is that there is a precondition
fulfilled - as it is valid in general for any psychotherapy:
There has to be in advance an appreciation (of however
kind of) that it is a useful therapeutic offering. As an
offering of a stationary clinic which offers anything alike,
it can be assumed at least more or less that there is an
appreciation. In the clinic where I worked, it belongs to the
concept of the medical director that dance movement
therapies in general play an important role for
psychosomatic recovering; thus, this is communicated to
the patients. I assume that this could be one factor for
enhancing the success compared to KBT, if in the clinics of
the examined KBT the appreciation might have been not
so high or not communicated as well. My observation is
that another factor for the successful therapeutic outcome
is to have as much accord as possible with other accessible
information, and with the basic estimations and goals of
the patients/clients: The most successful of my therapies,
especially with all of my ex-patient-participants of this
study, were from one section of the clinic, where the
senior physician had a psychotraumotologic concept and
attitude. Within this surrounding all of the patients
seemed to fully benefit from the PBViZ. Referring back to
the above-mentioned example of the ambulatory patient,
in my opinion PBViZ supported the client towards a
positive outcome, because it was in accordance with this
patient’s thoughts. In her case, PBViZ supported her in a
very central element of her life: Other therapists had
previously advised her to better end her love relationship
which was quite difficult (though there was no physical
violence neither emotional abuse). But she loved her
partner and wanted to go on with this relation. PBViZ
with its individually locating in space-time helped her to
work on distinguishing old (childhood) patterns from
actual situations, thus brought a fundamental relief, and in
its outcome the possibility for a new kind of interaction
with her partner.

Results

Individual effectiveness of PBViZ for ex-patients/
study-participants stated mainly by the 3-year-catamnesis:
The study connects various qualitative answers to the
examination of the clinical outcome and other outcomes
aiming to find out which of the changes show a direct link
to the work with PBVIz. One important sort of evidence is how the ex-patients, who are the target of beneficence, evaluated themselves subjectively the offerings of PBVIz. Therefore the study considers the most relevant what they memorized by themselves and how they felt with this.

All three study participants had been patients with more severe sufferings also in terms of a ranking of diagnosis. Thus already their selecting to become a free-willing participant is a hint that PBVIz had a positive impact on their life. This conclusion goes exactly according with the observations of the large swiss catamnesis-study of Grünwald & Massenbach11 that the group of patients participating in catamnesis differs to those without, mainly in that the former group comes with more significant symptoms and stays longer in therapy, but the satisfaction with the therapy does not differ. Also, Huber in his catamnesis study12 observed that the patients with catamnesis had come with a lot less good state of health to therapy and had ended it with an approximating state of health compared to those patients coming with less symptoms. My conclusion to the same observation is that those patients who were able to recognize the relevance of the therapy with me (thus with PBVIz) for their life want to give their positive feedback.

The 3-years catamnesis showed that for all three of the participants their in-patient stay including PBVIz has had long-term positive effects. All three of them not only told in the personal open interview, but also answered in the additional questionnaires that their psychical feeling was significantly better 13:

- to the question of “How good do you feel psychically, overall?”
  participant PT with severe PTSD after complex childhood trauma: 8 improved to 3
  participant PD with chronic depression and after trauma: 0.5 improved to varying 1.5-4.5
  participant PM with dissociative identities after complex childhood trauma: 2 improved to 3

- to the question "How much joy do you have in life?“
  participant PT with severe PTSD after complex childhood trauma: 1 improved to 4
  participant PD with chronic depression and after trauma: 0 improved to 4
  participant PM with dissociative identities after complex childhood trauma: 0 improved to 3

Participant PD stated that after long years of chronic severe depression that the cooperation with me (i.e., the PBVIz) - which lasted just six weeks - had been the most important influence for her to be able to change her life to the way she wanted, and that since then she feels herself “being on her way.” I had documented that in several situations, when she had come to our one-to-one settings completely in tears, feeling lost/bad/wrong, she quickly was able to reorientate with the help of individually locating in space-time. As of big importance for her, she remembers that she managed, at the end of the therapy, the task of dancing to a beloved music in front of the others - which can be evaluated as an iconic situation, as there she was able to act in accordance with her feelings and needs in front of others. In fact, after the in-patient stay, this was exactly what she started to do in day-to-day life, what she hadn’t done before.

Participant PT who had come to the clinic with severe post-traumatic stress disorder after complex childhood traumata stated that especially the group experience with me (i.e., the PBVIz) were especially important for her. Already long before the catamnesis, in fact in her first written email-request about half a year after her in-patient stay, she had asked for assistance to remember the technique of individually locating in space-time, because she felt it to be deeply important for her. She referred especially to the variant of ilist which I always offer in the group sessions as a kind of walking-dance-meditation. In this form, the method can easily be established, because it is presented in a less emotional, more cognitive orientated way. Furthermore, it became obvious that it was also important for PT to learn to protect her boundaries, especially by being aware of what triggers her. She was proud to tell, how proud and relieved she was when, in later situations, she was able to communicate what she had learned with me (i.e., the PBVIz) about the mechanisms of triggers (see below) in order to protect herself from being triggered.

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ii. The pseudonymized naming of the participants was done by the first letter of their main symptom.
The third participant, PM, had come to the clinic with a need, after complex childhood traumata, to have a space for her multiple inner personas to be allowed to be present, and with the objective to get them communicating with each other. PBViZ regularly offers performative work with different ego-states, and also addressing child parts within the grown-up, in order to explore with playiii and by this to see the world anew. So she was not falling completely ‘out of the frame’ as she seems to have experienced before elsewhere. A very important therapeutic interaction - apart from the fundamental appreciation - took place in our cooperation, quite near the beginning, when an inner child took the impulse and created an island in play for the purpose to become a symbolic meeting place for her inner personas. This island seems to have worked as a symbol with which she could go on working not only with me in some more variations, but also in fine art therapy and in talk therapy. 

The three participants with their issues represent a wide range of psychosomatic issues and diagnoses, thus allowing for the conclusion that the target group of PBViZ is principally the whole psychosomatic spectrum. All the other examined examples support this assumption.

Technique and theory of locating in space-time as key example of the philosophy of grasping with PBViZ:

The performative philosophical technique of individually locating in space-time (ilist) allows experiencing how epistemological knowledge is being produced. It makes directly grasppable that re-cognition is rooted in living in the world as a specific being with its combination of perceptions whilst actions and vice versa. Contemporarily, there are more and more scientific evidences collected for this knowledge, which is principally discussed in phenomenological philosophy and known by human beings since ever, although for ages being ignored. Therefore, I want to refer to Leisman, Moustafa & Shafir, who published for this conference their review article from 2015iv and pointed out that:

Motor cognition (i.e., cognitive processes that underlie complex motor output) encompasses all the mental processes involved in the planning, preparation, and production of our own actions, as well as the mental processes involved in anticipating, predicting, and interpreting the actions of others. (ibid.)

The performative philosophical technique of individually locating in space-time (ilist), shows an aspect of the use of motor cognition that is not aimed at improving the functions of physical movement (which is the focus of many other subjects at this conference), but at widening the functions of the mind.

We plan so that we will reach an action goal, and what we perceive lets us know whether we are getting closer to that goal, or are on the wrong track. The mediating link between perception and action involves representation or shared coding in our brains of perception and action, and the contents of both perceptions and intentions – mental plans designed to achieve a goal through action – depends on neural processes with both perceptual and motor aspects (Haggard, 2005).(ibid)

With ilist this shared cognition with its combination of intention, action and perception can be used for life goals - including how to feel better. In particular, this can be achieved by stimulating a new cognitive evaluation of biographic events and their connected feelings. This transformation in the cognitive evaluation is on one hand directly stimulated by new experiences of motor cognition whilst performing the technique of ilist. On the other hand performing ilist offers deeply epistemological philosophical recognition which mostly is of direct psychological importance for the person performing. For this psychological impact, the experiencing of phenomenological qualia is necessary. Therefore, we build on the elementary difference between just imagining and factually performing: and that difference concerns experiencing qualia. To make this illustratively understandable, I will use at first a commonly known example: It is possible to imagine eating something we like. Thereby we know cognitively that we like it, desire to eat it again, and often make a plan for how to reach the goal of eating it again. But it is rarely that we have the actual sensation of how it tastes simply through imagining eating it. Then, when we finally really eat it, we have a full range of sensations and even complex feelings, while enjoying actually eating it. It is similar with ilist. We can imagine performing ilist - even better, after having performed it at least once. But its enriched grasping is only possible by performing it. Thus, I recommend to you to try it out immediately yourself. Experiencing this technique, you will be able to experience that, whilst it is very simple, it is also highly complex and deeply philosophical, enabling complex feelings.

In the timeline we are always walking forward, for example, towards the door, through which we will leave the room sooner or later. But in fact, we are always in the present, and the present is moving with us through space.

While walking forward in the timeline we can look back, but we can never walk back in the timeline. This means we can walk towards the door not looking towards it, but back to the window, where we started this walk. We could walk again to the window, but not to the same moment back. Thus, we can never walk backwards in the timeline only walk forward whilst choosing to look back or forth.

When we look forward we see what is there in the moment, but we do not know what we will find when we finally will get there. We can assume what is likely to be there behind this door, but we cannot be sure whom we will meet there or if for example, the whole floor has been

iii. Playing is essential for all mammals.
changed for an artistic activity or a movie being made there. (Lilli, verbal explanation given since 2012)

Yet of psychotraumatologically most importance is, walking forwards in time whilst looking back: As in this case we cannot see where we are walking to, and are not used to walking like this, the first effect is that we can not walk as unconsciously as we can looking forward. We need to use other senses, other than the visual, and be awake. Thus we become more aware of the present in the here-and-now, which is of great importance for people who are often drawn into their past (feelings) by triggered traumata. This being in the present can be strengthened by a human company – for instance, by a therapist walking next to the patient whilst they are performing it. At this point we now come to the main psychotraumatologically useful effect of ilist:

While walking forward in time and looking back to some specific objects, we not only know, but we can even feel the growing of the time-space which is distancing us form this object. Of course, this is also true for any past event in our life. (ibid.)

Thus, it is a special use of ilist, to perform it in a room with a window with a view that offers a perspective on staggered objects that can be connected with correspondingly distanced phased events. The room is then our wider present tense, corresponding with the whole therapeutic session which takes place in it. From there, we can look back to the ‘past’ before this session which lies behind the window. Then we can suggest to the patient to attach imaginatively some biographic events to the staggered objects visible behind the window, whereby it is important to advise them to attach them correspondingly of their chronological distance in time with special distance. While performing ilist, then the present tense and the importance of the growing ‘presence’ can directly be felt. This strengthening of the present tense is even stronger with the therapist walking beside and, if possible, additionally with a floor that offers different sensations for the feet from step to step.

This is of utmost relevance in psychotraumatological offerings, because persons with posttraumatic stress disorder (PTSD) suffer from so-called triggers of their traumatic experiences, whereby the trigger mechanism in the brain creates the illusion that the in fact PAST traumatic event FEELS as if happening in the present tense. This can even involve bodily sensations of that past trauma, but mainly it triggers complex feelings of powerlessness. This illusion happens because in an emergency situation, the brain cuts off many of the slower cognitive functions of the neocortex, with the purpose of speeding up the time of reaction enourmously in order to aid the chances of survival when in our evolutionary past a predator attacked. These reflexes which evolutionarily have been crucial for surviving are flight, fight and freeze response. An activation of these reflexes goes with a loss of experiencing time and with the possibility to orientate in time. Hochauf points out that this is the central problem of dissociative processes. Hochauf quotes Unfried, who assumed in 2004 that a functional connection between neurons connected for an orientation in time seem to be lost when an activation of the amygdala inhibits functions of the hippocampus (ibid.). Hochauf reports from her long-term observations in psychotherapeutic work with traumatized people, especially with early and multiple traumatized persons, that the “emotional blurring” of different times is the key problem for them (ibid.). She points out in this context that the symptoms mostly only leave, when they can be connected by the patient to their origin in the past, and that therefore it is vital to parallel a factually safe present tense in the therapy for confronting the reimagined past events (see Hochauf 2014/2007). This means ilist is a new offering to the various offers in trauma therapy in dealing with triggers that aims directly at the center of the problem. And my clinical experiences with it as well as the results of this study show that it in fact helps.

In accordance with these results is that the most effective of the other alternatives, up to now, have been activities which involve making aware of sensations that enable a conscious feeling of the here-and-now, such as the patient massaging him-/herself with a pricklyball (=spiky massage ball) or cold water on the arms. Other techniques include the voice of the therapist with a kind of awakening sound and words. And for memorizing traumatic experiences, most psychotherapists work with asking the patient to imagine a bank vault/safe in which they can ‘lock up’ the memory. In my opinion this has two disadvantages: One is that, as we all know, memories we do not want to have a habit of developing a life of their own and appear, when and whether we want or do not want. Thus, it seems that imagined vaults/safes seem not to be such a safe way in every case. The other disadvantage involves the already mentioned phenomenon of self-protection, whereby the human brain dissociates in life-threatening situations, and the person imagines a better (inner) place. When we use imaginative work, which is connected with not moving, therefore, this can of course resemble to traumatic experiences from the past, where there was a freeze connected with a dissociative imagination. Thus this kind of work can, instead of reducing stress, in fact evoke it. This can be the case, even if in the moment, the imagination feels good for the patient. The brain detecting subconsciously the similarities can be sent to alert, and deep underneath or subsequent there can follow a deep feeling down.

iv. Hochauf also points out that early traumas coincide with a high level in symptoms of somatization, and that trauma before the third year of life is only accessible via the body, so that for them to vanish the needed cognitive placing can only follow this bodily access. Thus, training to read and interpret bodily percipience with PBViZ can be an ideal preparation for this confrontation & integration of early trauma.
This leads to the conclusion that *individually locating in space-time* can be a good alternative for working with persons with posttraumatic stress disorder (PTSD). In my experience, triggered patients can use this method of self-determined and creative action to very quickly come back to the here-and-now. Imagining space-time is a highly developed cognitive function. Because in emergency situations and while their later triggering the cognitive functions are reduced in order to optimize the speedy basic reflexes of survival, the work with *ilist* seems to disable this blockage, and allow for ‘cool down’ of the neuronal emergency system.

Thus, it would be very interesting to conduct a quantitative study comparing for instance the work with *ilist* to that with the traditional imaginative safe/vault. The first research participant for this direct comparison stated that the work with an imagined safe/vault in the first instance brings relief, but that this is what we try to do with unpleasant memories anyway, and that we do know that the problem is that this does not work for a longer while. The work with *ilist* in contrast calms down, because nothing of the own life has to be excluded, it is just imagined in its appropriate place in the past, felt in with its factual distance. The participant’s description of the work with an imagined safe/vault in contrast with *ilist* is absolutely in accordance with the long term observations of R. Hochauf.\(^{16}\)

Another important factor of performing *ilist* is that the implied conscious and artistic creating of an imagined biographic chronology to staggered objects in the surroundings of the individual in fact lets experience the constructivist approach - the view of the world as being created by the individual. This aspect of constructivism - which Glaserfeld presented in 1984/85 in general, and Watzlawick in terms of some of its use for psychotherapy\(^{15}\) can have a fundamentally relieving effect for the patients when, as a contrary experience to traumatic experiences, they experience with *ilist* autonomy over their experiences.

This means that *individually locating in space-time* has theoretical groundings in psychotraumatological and neurology on one side, as well as in its phenomenon as a *performative think-act* – as I define *ilist* – it also has theoretical ground in quite a broad spectrum of humanities on the other side, with its connection to, for example, linguistics by referring to Austins ‘speech act’, and to the later ‘performative cultural turn’ in general, as well to philosophy and the arts.

**PBViZ and its theoretical grounding, and its parallels/affiliation with other methods**

Individually locating in space-time is an iconic key element of the work with PBViZ, which I already explained in its theoretical grounding and context of other methods. But there are also other important effect factors.

The directly to the purpose of *ilist* connected psychotraumatological education is always given in the beginning of the work with PBViZ to the c/p. In this context they are also being warned that the combination of motionlessness with an imagination can resemble a dissociation thus being possible to trigger it. It is important to inform them that they might change this by, for example, moving at least slightly or massaging themselves with a prickly ball. Especially participant PT confirmed this theory by telling about these experiences in other therapies. And because of that she was relieved that with these psychotraumatological informations she was able to argue successfully for her protection not to have to experience this again. For therapists it is good to know that even the words “safe place” can be a trigger for persons who have had the experience in their life that there was no safe place. It is better to refer, rather than to “safe”, to “well-being” or “being comfortable.” With PBViZ, I even refrained from giving them an offering with an imaginative “inner place of well-being.” I used instead a task where they created for each other a real place of well-being in the therapy room, where then it was suggested to them they could enjoy being, use this as an exemplary memory of real, positive well-being. Enabling new positive experiences and strengthening the importance of the here-and-now is most important in the work with traumatized people.

This already shows that PBViZ is a deeply transdisciplinary method. Among other theoretical backgrounds it is grounded in an interdisciplinary analysis of neuroscientific based attachment-theory research concerning procedures of mentalization, the mental function of a theory of mind, and psychotraumatological brain mechanisms. The basal therapeutic attitude while working with PBViZ is the appreciative attitude, mirroring that of Carl Rogers, but furthermore the therapeutic behavior parallels to early-life caregivers who offer with their sensitivity safe bonding to their entrusted children. The early-life caregivers’ behavior imprints the way of how the brain develops biologically - principally it is decisive for enabling the functional abilities of natural exploration, or more emergency orientated ways of being alert to survive (see Brisch, 1999/2000\(^{17}\) and 2015\(^{18}\); see Hochauf, 2007/2014;\(^{16}\) see attachment-conferences.\(^{9}\) For human beings as social animals, the social environment is fundamental for enabling the development of the full capacities of the human brain, particularly its variety of functional abilities to explore. Eearly-life caregivers and their interaction with the infant are especially important in this respect. In order to develop the full cognitive capacities of mentalizing and conceptualizing, sensitive human company is needed, who give words and other comprehensive media to sensations, affects, and complex feelings by reflecting those seen in the child’s expression and by reacting adequately to them (ibid). Brisch published in 2015 the enormously encouraging results of an evaluation of his therapeutic concept MOSES that is a pilot-study on the effects of an intensive in-patient therapy for children with attachment trauma with a duration of six to nine months on
the basis of offering secure bonding, multidimensional education with verbalizations including also dance/movement therapy and art therapy. The clinical outcome of the 7-months-catamnesis shows not only a significant reduction of the symptoms, and a significant increase of cognitive and emotional functional abilities, which show itself in functional magnetic resonance imaging (fMRT): for instance in “Sarah” there could be observed changes in the volume of the hippocampus of an increase of 25%, which is relevant a.o. for PTSD, depression, as its functions are decisive for memory, coordination of memory, vulnerability in chronic or traumatic stress and for trauma-associated memories; the medial temporal lobe, decisive for declarative, episodic, explicit memory, control of spacial memory and recognition increased 40%; the pallidum, which seems to be relevant in persistence and attention for solving tasks, disorder of movement, increased 34%; the connectivity of the temporal lobes increased enormously. Because of the neuropasticity of the human brain there is reason to assume that with structurally similar offerings similar positive changes can be stimulated in grownups also. Thus, in working with PBViZ in a therapeutic context, sensitive attunement is essential to enable the patients to develop new or anew a fuller capacity for mentalizing and conceptualizing, in order to be able to direct their own lives. It is therefore ideal to work with performative experiences, which allow for exploration of the world, and with company which is supportive for grasping these experiences by various media, especially also verbalization. PBViZ can offer all this. Therefore it is an especially operationalized method which can be categorized as a method of dance movement therapy and of intermedial art therapy, in terms of how the latter is described, for example by Jahn in 2015. Intermedial art therapy is a further development of expressive arts therapy, which is described by Kriz and Knill in 2007. In that tradition PBViZ is working with all the arts - fine arts, poetry, creative writing, dance, music, theatre, etc.

Within the ritualized opening of the PBViZ group setting there are various training elements, necessary for creation and stabilization of new neuronal connections, in that they involve repetition. Elements of working with the voice, for instance, are taken from actor training. Elements for working for the awareness of boundaries are taken from dance movement therapy, as well from KBT, and other transformed elements from self-defense, martial arts and the contact-free fight dance Capoeira. The work with mindfulness is rooted not only in the contemporary mindfulness techniques, but also in actor training methods, in drumming, and in the work with personal rhythms. These elements are experience- and training-based offerings, within basic, mainly interactive human functional activities of reception as well as expression.

The accompanying verbalization to movement is in the tradition of dance movement therapist and cofounder of the American Dance Therapy Association, M. Chace, as is the opening work in the circle with mirroring movements. Both are ideal in establishing a feeling of safety, as it is possible for the participants to see each other, promoting transparency in the accompanying verbalization.

The combination of movement with verbalization, using metaphors especially, generally is a key work of PBViZ: it is the central element of the philosophy of grasping. Each metaphor, with its equivalent in bodily experience and movement creates an understanding of reality and creates reality itself. This is in accordance with the concept of the performative in the speech-act-theory and with the performative turn in social and cultural sciences and their relevant research. By creating performative think-acts, as I call them here, the philosophy of grasping allows for grasping the philosophic theory of constructivism – i.e., the subjective nature of reality and its central importance for psychotherapeutic issues. Bodily experiences also allow for grasping ecological- dialectic aspects of nature and events, also of great importance for psychotherapy, as Fischer described in 2007. Fischer refers to how a border on the one hand is the limiting end of something (e.g. from a person's needed space), and on the other hand it is also the joint space for the meeting of one thing (or human being) with another.

PBViZ offers, principally, possibilities for body-based, thus ‘graspable’ experiences which then are translated for further understanding through artistic actions, and accompanied/subsequent verbalizations, by the therapist or client/patient alone. The offerings with other artistic media in between or following the verbalizations are extremely useful, not only for stimulating individual creativity and pleasure in ‘experiencing’ life, but also through enabling complex comprehensions, and a training in transfer itself. The ability for transfer work is fundamental for any psychotherapeutic aim, in allowing the outcome of experiences in therapy to be brought to the day-to-day-life. The intermedial artistic transfer or translation process in German is called “Übersetzung”, which is directly translated as “trans-sit-down” where ‘sit down’ also means settling. Jahn used this expression in 2015 in reference to intermedial work with art. This intermedial artistic transfer work is mainly implemented in the main time frame of each group- or one-to-one setting. It is attached to the center of each group session which are experience-orientated offerings for performative exploration work around a given subject matter. This parallels the theme centered interaction (TCI) of R. Cohn, but in contrary to TCI, PBViZ in its dance movement base is per se inter-action, which is followed by an artistic transfer process with other artistic media and verbalization. The subject matters in the group sessions with PBViZ are very basic human themes, which are relevant for everybody. So within one group of patients, over time, for each member, there should be covered – for at least a basic exposition - at least the following central human themes:
fault-friendliness and mindfulness, and such which are also psychotraumatologically important ones like protection, boundaries, feeling accepted, confidence, and resources. The subject matter of boundaries includes self-determined nearness and distance, saying no and yes, and various emotions connected to these. Gosda sums it up: someone who can say ‘no’, usually comes through life well.26

The one-to-one-setting is ideal to very specifically react to the individual needs and themes of the patients/clients, and by this enabling trust, which is necessary for free exploration. Thus, PBViZ offers a combination of group- and one-to-one settings.

Direct Patient Response to PBViZ

I have already discussed that the feedback of the patients to the work with PBViZ was in general positive, and I already mentioned in the beginning that a special outcome of the work with PBViZ showed itself in several iconic parting gifts at the end of the therapy: each an indication of well-developed skills of appropriate, highly complex, perfectly suited social interaction.

One example is the gift which participant PT had initiated giving and gave me together with her whole group after our last group session. It is a sports dress like shirt, which, among other references, referred directly with its dadaistic front lettering to the ritual training part of the group session: It cites a special method, from acting training, where ‘senseless’ bubbling sounds are made with the mouth with the intention to relax on the body side the jaw, where usually a lot of tension is stored in its muscles, as well as to relax the mind from the pressure to always produce sensual thoughts. Many patients, including this group, in the beginning have to overcome laughing about this task. Later on, they found they loved doing it, amused at the experiencing of the joy of easiness. This parting gift, as a complex feedback, was in accordance with the research results from the questionnaires – that for all three participants, their experiencing of joy in their life raised enormously from before therapy to now nearly three years after. Participant PT in fact stated, as a specific memory of the work with PBViZ concerning joy, exactly the joy around this task.

Long-lasting Specific Rehabilitative Effects Linkable to Stimuli by PBViZ

Through the use of complex and detailed questionnaires, especially developed to examine specific effects of PBViZ, with quantitative as well as qualitative questions, it was possible to systematically compare the experiences of the participants with PBViZ. All three experienced significant positive changes in their lives, all of which relate to aspects focused on in PBViZ. There is reason to assume a causal connection regarding important impulses derived from experiences in the therapy with PBViZ, as this is indicated by their qualitative answers, in particular to the connected question to each focus "Do you have any specific memories concerning the respective subject, with the work with PBViZ?"13 It can be assumed that the mentioned memories of offerings of PBViZ had long-lasting effects – this assumption is strengthened as all these remembered offerings were especially designed for giving stimuli concerning these themes.13 All three of the participants improved on a scale 0 (minimal) to 10 (maximal) from before the therapy to nearly three years after in their:

- oral-linguistic skills from 1->6, 2->5, 6>8
- degree of use of other communicative means 2->5, 3->8, 7->8.

This is in accordance with their improvement on the same scale of 0 to 5 regarding

- comprehension of how they ‘function’, what they need, why they are acting how also pertaining to their disease from 0/1->4, 0,5->5, 2->4.

In the qualitative, open answer to the question "Do you have any special memories of the therapy with K. Lilli concerning this subject?"13 participant PT mentioned the specific example which I gave to her in order to explain the psychotraumatological information. She also mentioned "getting to know different aspects of her personality and working with them" (ibid.). Participant PD recalled the view out of the window which we used for ilist as well to help her remember nature as an important personal resource for her. Participant PM stated her improved "comprehension of how she ‘functions’, what she needs, why she is acting as she does - also pertaining the own disease" (dissociative identity disorder) by her declaration: “we have understood this, because many of us were able to be there”. These specific memories of all three participants show that there is good reason to assume a causal connection between the stimuli given within the work with PBViZ and the outcomes.

This is also indicated by the fact that all three of the participants described specific aspects of their individual work with ilist within their therapy with me (i.e., the PBViZ), and stated that it improved their manageability of things they can not change or not yet change on the scale of 0 (minimal) to 5 (maximal) from 0->4/5, 1,5->4,5, 2->4.

Also, there was evidence which showed that their self-esteem and their sense of the importance of their personal life as well of various specific aspects of it improved significantly for all three participants.

These three examples of the manifold positive research results show that the three decisive salutogenetic factors which Antonovsky27 discovered as being decisive for resilience were improved significantly for all three participants: comprehensibility, manageability, and importance.

Concerning the general aim of “participation” for rehabilitation, according to WHO’s International...
Classification of Functioning, Disability and Health (ICF)\textsuperscript{22} there was also a significantly positive outcome. For all three participants the possibilities of social and cultural participation have been improved on a scale from 0 (minimum) to 10 (maximum): 2->4 (here it even improved for the participant with the fewest material resources), 2,5->6,5 and 7->8. Also concerning resilience and participation, there is indication of positive development in various connected sub-factors. Especially given the memories of the participants to experiences with PBViZ regarding its special stimuli to this focus, there is therefore reason to assume causality also in the improvement of participation.

Concerning the special trauma-therapeutic effect of \textit{individually locating in space time (ilist)} for an improvement of the functional ability to (re-)orientate in time at any wanted moment (except in new emergency situations), there can among of the above mentioned increase in manageable with \textit{ilist} and among other potential effects of this also be observed other significant positive changes directly connected to \textit{ilist}. For two of them increased their:

- feeling for time: 1->3/4, 1,7->4,2
- feeling of having time for oneself: 1->3, 0,7->3,9

Both referred directly to their experiences with \textit{ilist} with specific positive memories of it. Furthermore PT referred to experiencing positive experiences of loss of a feeling of time by being in “flow” while “activity”. This is also a very interesting effect, which points to the fact that the mind loses orientation in time not only in emergency situations, but also in situations of high concentration on liked tasks, for instance creative ones. But in contrary to the emergency situations control of orientating in time can be called back at any time. So it is an very positive result that she refers herself to this as being “beneficial”.

Even for participant PM with the dissociative identity disorder an effect can be observed that indicates in a healing direction as for the one of the identities of participant PM, who filled in this answer, the feeling for time reduced from 3->2 and the feeling of having time for herself stayed at 3, which might indicate that there are more of the dissociated identities getting time to appear, which is in accordance with her summary, that this was the most important for her, that many of them could be there.

Last, but not least, all three participants reported a significant increase in engaging themselves in new matters. Except of participant PM, who reported structural difficulties in memorizing generally, they referred to specific new experiences made with PBViZ.

Conclusions

As mentioned in the beginning of this presentation, as a next step, which is already in preparation, there will follow a deepened research on PBViZ with further qualitative as well as standardized quantitative research.

The latter is necessary in Germany for an implementation of the method PBViZ in the health system. Furthermore, of course it would be the best case to find cooperation to enable also other scientific examinations of potential changes of the participants in brain, neurology and biochemistry.

Another next step is to establish teaching of the method PBViZ. Ideally, this would be offered as a modular continuing education for therapists of other methods. For example, for dance movement therapists it would only be necessary to teach the operationalization of the method, and to check which elements are not known about (for instance, working intermedially with different arts), or elements that are overcome by recent research (for example, regarding the wide spread combination of imagination and motionlessness), and to teach in the main knowledge of psychotraumatology. In general, it would be the same for KBT-therapists, just additionally needing to teach how to work with open dance improvisations. For intermedial art therapists it would be a similar situation, but with a focus on how to accompany movement with verbalization, and how to represent as a therapist the so-called ‘containment’ which provides the basis for feeling held/safe. For therapists working with fine arts (or even theatre) this is mostly unknown as here the work itself represents the ‘containment’. Thus, teaching PBViZ to both these groups of therapists could be quick and effective, and therefore also economical. Costings could also be kept low for the health system, given that prevention and therapeutic offerings which begin as soon as possible, generally come for a lower price than later attempts of healing.

This means, theoretically, that as a practical outcome PBViZ could relatively quickly fill the gap in Germany for persons waiting urgently for psychotherapy. PBViZ is an offering which is in accordance with Gosda’s clinical evaluations, in that they observed on one hand, explanations of the physiological processes of their illnesses bring relief to ‘patients’, and ‘open them’ for psychotherapy; and that, on the other hand they constantly expanded the body based and creative therapies in this clinic, because they had noticed that this speeds up therapeutic processes in an astonishing degree.\textsuperscript{5} To conclude, there are many good reasons to assume that PBViZ could function well as an effective \textit{psychosomatics basic therapy}.

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The very basis of my findings is the collaboration with my former patients. Thus I want to thank them all for their openness, and in special for communicating their inner development through their creative complex feedback. I would also like to thank them for their consent to publish the outcomes including their words and artistic works. In particular, I would like to thank the participants who took part in the time-consuming qualitative research: for their interest, willingness, openness and commitment.

Furthermore, I also want to thank my various teachers, whose knowledge became part of PBViZ. Of the many, here I will name a few of the most important influences:

- I thank M. Schiran and N. Lienhardt for their long years of teaching performance in the here-and-now. My personal experiences with it as well as its philosophical structural implications became important for PBViZ.
- I want to thank I. Jablonka for her summary, that this was the most important for her, that many of them could be there.

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who gave me the opportunity for an important internship at her psychiatric dance movement therapy group, where her refreshing verbalization accompanying the movements was a foundation stone in my grasping their importance for human beings – and thus for the philosophy of grasping. A. van den Boom I want to thank for teaching the combination of psychotraumatology and dance movement therapy with empathy and an unburdening joy of life – so important to PBViZ. R. Hochauf and N. Unfried I thank for their important teachings on interdisciplinary new psychotraumatology. They enabled me for a deeply happy moment, when many puzzles of my observations from long years of accompanying complex-traumatized persons came together, in understanding the basically simple mechanisms of human response to life-threatening events and its consequences for brain development, and the resulting human actions. This and the importance of being aware of the present time as a basis of “paralleling” times for treatment, became central elements of the few basic teachings included in the PBViZ. I thank K.-H. Brisch, whose commitment to publish attachment theory and related research results also reached me, and as a consequence helped me discover the basic parallels between secure bonding in infancy to the needed sensitivity and secure bonding proposals which are elementary for PBViZ in psychotherapeutic context. He also touched me with his deeply loving attitude towards human beings, so I even developed an “inner Brisch” - or to say in the context of PBViZ: a conceptualization, which is a good guide. I also want to thank the professors of the department of Arts and Change of the Medical School Hamburg for offering so many inspiring proposals for intermedial art therapy, which further strengthen the focus of PBViZ on the resources of its practitioners. Here I would like to mention A. Hopf, especially for sharing her experiences in research and in publishing a new method; M. Renz for personally inspiring dance offerings and for being a role model for positive feedback; and P. Spengler for his inspiring examples of a truly communicative interaction in therapy. Last, but not least, I owe especially deep thanks to H. Jahn for his inspiringly open mind and fundamental support, which enabled my research so fundamentally that without his sometimes small, but nevertheless always sustaining, actions, this study wouldn’t have come into being. Of course, I also owe my deepest thanks to family and friends, and sometimes even strangers, whose support enabled my work in general. This is addressed especially to my expanded family. S. Lobuscher, for inspiration, and S. Klem, for her patient interest and openness. Grateful by heart I am to my mother for everything she provided me with.

Author Disclosure Statement
I declare that I am the only author. Those parts of the work which are taken by words or content from other works were all marked by naming the source. I also declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. All participants gave their written informed consent that I am allowed to publish the research in any form including pseudonymized details, also communication or financial relationships that could be construed as a potential conflict of interest. Of course, I also do owe my deepest thanks to family and friends, and sometimes even strangers, whose support enabled my work in general. This is addressed especially to my expanded family. S. Lobuscher, for inspiration, and S. Klem, for her patient interest and openness. Grateful by heart I am to my mother for everything she provided me with.

References

Lilli – The Philosophy of Grasping