Can our living body (*Leib*) be considered as an epistemic criterion in psychotherapy as Edmund Husserl proposed in "The Crisis of European Sciences"? A basic research with GDV-Kirlian.

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ABSTRACT

This article presents a brief historical review of the "organismic criterion" concept, originally theorized by Edmund Husserl in "The Crisis of European Sciences" (1936), verified and developed technically in the last 40 years by Meneghetti and others (2005). The authors have conducted applied research in this field since 2007 and present empirical evidence generated by basic research with electrophotonic analysis considering 162 psychotherapeutic sessions with 31 different subjects using the ontopsychological approach, in which measurement of organismic parameters of both client and therapist are correlated according to the different moments of a typical psychotherapy encounter.

Keywords: organismic criteria, *Leib*, ontopsychology, eletrophotonic analysis, psychotherapy.

1. HISTORICAL BACKGROUND

Among some of the most fundamental problems of research in the contemporaneous clinical psychology is the investigation of epistemic and interdisciplinary criteria capable to produce clinical evidence, that is, to guide practitioners from any approach towards evidence and measurable results from their work, since they face, each and every day, increasingly complex situations in the clinic: existential, ethical, environmental, relational, professional, economical etc.

This research investigates the usage of the so called "organismic criterion", proposed originally by Edmund Husserl with the "living body" (*Leib*) concept – an inseparable unity, as opposed to the dualistic concept, of mind-body – applying bioelectrophotonic techniques

The historical moment in which Edmund Husserl[1] writes "The Crisis" is very peculiar. Positivism had reached its summit and the most brilliant intelligences seemed to be comfortable enough with any criticism towards its foundations. Husserl was familiar with many positivistic projects and its achievements, but also with the most important Psychology approaches and affirmed that only an approach capable to reach the Lifeworld (*Lebenswelt*) would be able to solve the paradoxes and challenges of an authentic psychology. The Lifeworld is the ground of original experience, always pre-given to us, and existing before any theoretical position. All theories use it as a premise, but the Lifeworld itself is not a premise. Science, for Husserl, had been progressively reduced, since the age of physical mathematics, inaugurated by Galileu Galilei, to mere "technique", that is, it could not really explain anything, because calculating and predicting a behavior did not mean real understanding, but most important: scientists had lost their contact with the Lifeworld, defined as a world of original intuitions, owing to their symbolic habits of consciousness, and a review of the consciousness was therefore necessary. The Lifeworld remains mostly unseen, or unconscious, along with the continuous original intuitive living metabolism. Regarding Psychology, however, this crisis seemed to be evident, since it had assumed the natural sciences method and this lead it to inconsequent conclusions. A new path and a new method was required so that psychologists could reach their concrete investigation ground. To sum up:

> The Lifeworld problem, that seemed to deal at first only with the relationship between objective-scientific thought and intuition, ends up to expose the limits of reason and, particularly, exposing the fact that theory of knowledge had always remained a mere theory of science. He considered then that a complete turning in this sphere of investigation was needed and a fresh new start: a new method, a new field of investigation, a new science, but most important, a new way of doing science (Hu VI, p. 138).

[1] HUSSERL, E. *Die Krisis der europäishen Wissenshaften und die transzendentale Phänomenologie. Eine Einleitung in die phänomenologische Philosophie*. The Hague: Martinus Nijhoff, 1976 (Hu VI).

Husserl suggested this new gender of science would have kinship with Philosophy and Psychology, but would be different from both in its specific object: identifying empirically the nexus with the Lifeworld, or ontological nexus, that is, a theory of knowledge concretely actuated (Hu VI, Part III). In fact, although many thinkers before Husserl, such as Kant, Fichte, Schelling, Hegel have approached the problem of the ego, it was Edmund Husserl who centered it in this peculiar way. After him, Karl Jaspers is probably who understood him the most, since he realized the necessity of psychotherapy to somehow review the ego, while Heidegger remained only in philosophical speculations (Meneghetti, 2009).

The practical conclusion of this philosophical digression is threefold: (1) the necessity to broaden the scientific method, recovering its original foundation, that is, the intuitions of the Lifeworld; (2) the necessity of a critical review of consciousness, in order to recover its access to elementary levels of our knowledge process; and (3) once the instrument of knowledge is reviewed, the necessity to revisit concepts and theories, giving to them the nexus with the Lifeworld.

The most critical task was left fo Psychology. However, he described in detail his ideas proposing psychologists should use as their key knowledge tool their living body (*Leib*), a german single word that indicates the inseparable unity that a living human being is. We are not a mere body (*Körper*), neither an immaterial soul, but an inseparable unity in the intentional flow of the Lifeworld. We should make clear here that for Husserl even a stone participates in the Lifeworld, produces reality and cannot be understood in the way natural sciences proposes, because the dualistic conclusion is the result of an extreme powerful symbolic habit called natural sciences attitude (De Gandt, 2004).

2. CLINICAL EVIDENCE OF THE LIVING BODY AS A CRITERION

Husserl died in 1938 and the first edition of "The Crisis" was published only in 1954. In the late 60's, deeply motivated by Husserl's critique, the philosopher and scientist Antonio Meneghetti[2] decides to put to test his knowledge in several fields, using the clinical psychotherapy as a laboratory, where he could verify if those ideas would really be practicable and how. During the clinical activities, even if all effort and dedication, he had frequent distractions, fantasies and associations whose autonomous character called his attention, especially during the dream interpretation. About to give up the research, Meneghetti decided to seriously consider whether those distractions could lead him to any possibility of understanding the person he had in front of him. The idea, in fact, was no new one: Sigmund Freud had already proposed it in 1912, with his "flowing attention", from the psychoanalyst, and the free association, from the client, in such a way that intuitive contents could emerge during the dialog. In phenomenology, recently, some authors have been talking of small perceptions (GIL, 1996) and, as a matter of fact, the experienced clinical psychologist knows that this kind of intuitive flashes are very common place during his activities. What Meneghetti realized, with great surprise, was that this information could be more realistic and concrete than the client's speech and, mainly, if correctly understood, the symptom or problem could be understood and solved.

The first logical step was to build a rational system of analysis using this level of perception that, till then, he believed to be nonexistent. He went on with the clinical experimentation in several cases, for ten years and managed to understand the logic of dreams (MENEGHETTI, 2004), but also that many of Husserl's ideas were concrete. The first idea regarded what Husserl called intersubjectivity: an *a priori* intentional communication in the Lifeworld. This elementary communication goes beyond verbal and non-verbal languages and should be part of the intrinsic structure of the world and, for simplicity, Meneghetti named "semantic field": *an information transducer without energy displacement*.

[2] 1936-2013.

The semantic field discovery establishes the possibility of a new level in the human perception, but mainly confirms Husserl's hypothesis that in the Lifeworld there should be a continuity between individuations that unite them in a single psychic reality. We quote Husserl: "The psychologist, with his intentionality, penetrates intentionally other people's lives, and all, in different ways, nearby or far away, are interwoven in the community of life". (Hu VI, p. 243)

However, if our consciousness lives in the natural attitude, obscured and distracted by the fixed culture, it cannot realize what our living body (*Leib*) registers and reveals continuously. This capacity of one living body to suffer variations owing to its intrinsic intentional life interwoven with others in the Lifeworld, Husserl named *Einfühlung*[3]. Meneghetti thoroughly described it giving all technical passages on how to read it, including its steps of physical formalization in the body – subatomic, post-polarization of the interested molecular complexes, emotional resonances and variations sensations, attention bias of the ego (moral sphere), till the possibility of objective and concrete externalization, be it psychosomatically, be it *ad extra* – but also its relations with the forms of human knowledge: biological, psychological and intellective (Meneghetti, 2016).

It is therefore a matter of being conscious in our elementary levels of perception. To read this information we need to be aware of all organismic variations, because we know the other by means of our own variations. Technically, Husserl called this attitude of perception the psychological-phenomenological reduction, and it is in this attitude that the psychologist reads the semantic field (Meneghetti, 2010).

The reintegration of this organismic-biological information to consciousness constitutes to Meneghetti the solution to the critical problem of knowledge, that is, the recovery of the ontological nexus in the knowledge theory, along with all its ethical and existential consequences; and also the criterion of a method to make the critical revision of consciousness, named ontotherapy or authentication psychotherapy. The symptom resolution in the clinical activity is just a demonstration aspect that the knowledge produced with this criterion gives reversibility between symbol and energetic reality, it is a constitutive knowledge, not a representational one, and this means our rational power increases using the organismic criterion.

Empirical research out of the clinical field appeared mainly after 1998, when the Faculty of Psychology of the Saint Petersburg State University created a Chair of Ontopsychology, based in Meneghetti's theories. According to this Russian University, there are about two thousand professionals around the world, from several fields, with this post-graduation degree, most of them from Psychology, Medicine, Business Administration and Economy. In Brazil, Ontopsychology evolved to becoming an autonomous scientific field with its own graduation and post-graduation degrees.

3. FROM THE THEORY OF KNOWLEDGE TO PSYCHOTHERAPY[4]

In order to understand the practical application of the organismic criterion proposed by Ontopsychology in the clinical activity of psychologists and psychotherapists, it is necessary to keep in mind the three levels of perception in which the organismic knowledge is grounded: esteroceptive, proprioceptive e egoceptive (MENEGHETTI, 2005).

a) The *esteroceptive* perception comprehends any exciting variation internal or external to the organism, and includes the cutaneous, organic, visceral or neurovegetative sensibility. It distinguishes from other forms of perception for being yet sectorial, in a first phase of contact;

[3] Husserl uses two German words to express the concrete human knowledge experience: *Einfühlen* and *Leib*. The first term designs the comprehension that captures the internal motivational dynamics of a human behavior from the variation of the living body (*Leib*) of the knower. It indicates a deeper level in the constitution of our consciousness, in which our living body interacts in the intentional level, thanks to the unitary form or the world as such.
[4] MENEGHETTI, A., *L'immagine alfabeto dell'energia*. Chap. 6, pp-130-139.

b) The *proprioceptive* perception regards sensorial stimulations that inform the whole organism. In it, the multiple internal or external afferences are unified as a unitary organismic perception;

c) The *egoceptive* knowledge regards what was selected from the two precedent levels and referred to the conscious, voluntary and operative Ego, in such a way that the Ego is called to a responsibility of action.

The ideal form of consciousness would be the reflection of the total perception represented didactically by the three levels of perception. However, there is an important loss of information from the two first levels as a result of the anticipation of consciousness caused by the influence of the bundle of stereotypes learned in our society. As it seems to be, obsessive learning of official and organized culture as the single value in life led to a kind of extinction, in pavlovian sense, of certain human faculties, due to conditional generalization, especially if to all this we connect the fact that the verbal evolution a stimulus may outweigh the stimulus itself or even the faculty. What became extinct from our conscious use, however, survives unconsciously, in such a way that the egoceptive level is coerced to stabilize into what has been learned, repressing all the rest. For this reason, the formal position that our living body assumes at each intentional impact, to say so, is "condemned" to live as a thief in its own house. In optimal terms, in the third level we should be able to operate decisions in coherence to our total organismic state.

This is the essence of the critical revision of consciousness, also called ontotherapy or authentication psychotherapy: gradually reintegrate an authentic organismic transparency by means of a technical mediation done by another human being, capable of reflecting and verbalizing the concrete proprioceptive situation. Accomplishing this task all alone is not impossible, but it is extremely complex, because we are not used to read ourselves directly by our organismic variations, that is, we are used to read our own position based in the "image" reflected (or deflected) of our consciousness. This means that in any decision we make, any psychological elaboration, any strategy we establish, we do it always using the third level of perception, after the interference of our bundle of stereotypes.

In a last theoretical synthesis, in its clinical method, the ontotherapist becomes an alternative field in order to provide a congruous reflection to the patient about what, to the patient, is still unconscious and, therefore, consciousness of proprioceptivity is gradually regained, without the mediation of the bundle or grid of stereotypes. It is a process of reviewing the consciousness using the light of the organismic criterion. Figure 1, extracted from Meneghetti (2005), represents the ontotherapy scheme as described so far.

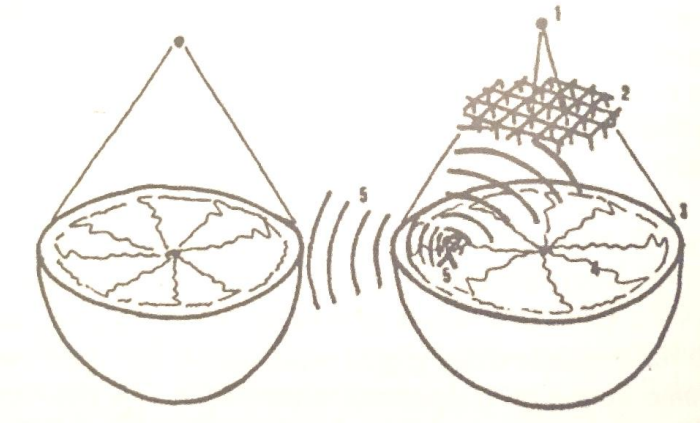

Figure 1: (1) Ego or Egoceptivity; (2) Grid or bundle of stereotypes that re-inform consciousness; (3) Total organism; (4) Instincts; (5) Semantic Field.

4. CLINICAL AND PSYCHOSOMATICS MODEL WITH THE ORGANISMIC CRITERION CONTRIBUTION[5]

As it is already foreseeable, since a practitioner regains the elementary capacity to integrate the organismic criterion in his consciousness, clinical activity shall no longer be conducted exclusively in the pharmaceutical, chemical, molecular, neurological, psychiatric level, for this would mean trying to understand a building without its architect. The methodology described by Ontopsychology, however, works as an important complement, since it can provide the possibility to understand what are the motivations behind the symptoms or problems brought by the client. The psychic activity provides the project: elaborates, formalizes and gives the organic start to the project. By psychic activity it is understood the underlying action of all thinking and motivational modes of a human being, including the external somatization: *the body writes, the psychic means*. Psychic reality should be seen with the same concreteness as a physicist conceives matter. The last conceptual reduction we can make is a *formalizing power*. This means it is not exactly the energy concept that is in the play, but the process of formalizing energy. Any energetic process in the world has its origins and its concretization according to the modes of its intentionality. We are talking of a physical and natural intentionality that formalizes the materiality of individuations. Intentionality is defined as the internal movement of the Lifeworld. It is something general of which we are a part, and it can always be revealed by means of its direct and intrinsic projections, that constitute the synchronous or specular representations, or simply, images. Images configure what and how action is for a subject (image = Latin *in me ago*). Images are structures through which any energetic variable might happen and be understood (*reversibility*).

This conception of reality implies the dissolution of the psychophysical dualism. Expressions of our existential materiality would be only phases of one *single energy*, the same energy that controls our thoughts. Everything is effect of the identical continuous and we are that and a part of that. We cannot give so many "powers" to subatomic particles and forget that the human being is also an energetic expression, subject to the laws of action and reaction and, therefore, in the psychosomatic phenomenon is present the interchangeability between *pure dynamism* e *mass dynamism* ($E = mc^2$).

Regarding the specific meaning of psychosomatics, that is, in a medical sense, the individual is the result of a continuous symbiotic metabolism, continually evolves, but for this process to be of reinforcement, it is necessary the prompt decision in coherence with the optimal relation between subject and environment. If the subject does not decide coherently, results the indifference to contradiction, at the expense of the individuation. The reaction of our living body is not an option, even if we do not realize our concrete situation in our conscious reflection. Health is the free flow of energy with multiple reference and monistic convergence. When a single point in the manifold is not anymore an exact roundtrip function of the vital impulses, the individuation experiences illness. *The subject could and should act, but does not decide*. Then, illness results when the subject sustains intentionally an inappropriate energetic investment, owing to the wrong direction chosen by the conscious ego.

Although the human being might be free, this freedom is not absolute, we cannot contradict ourselves without generating an intrinsic energetic reaction. Even if there is a tolerance to this contradiction, beyond a certain limit the individuation cedes and symptoms start to appear as a somatic effect, till the total elimination of the individuation. An unconscious intervention takes place when the subject is under conflict and does not act, in order to preserve his primary form of energy, even if this kind of defense might not be the most economical or advantageous for the individuation.

[5] MENEGHETTI, A., *Ontopsicologia Clinica*. Psicologica Editrice: Roma, 1978.

This means the action and reaction physical law makes no exception in the human field. Since we are positioned in the existential game, the living body has no choice: "it must react, be it by energetic law, be it by the principal of survival of the individuated identity" (Meneghetti, 1998).

According to clinical experience, psychosomatic illness happens in three phases: (I) the Ego, in a moment of life, having a problem which was completely involved and – for its own incapacity or for an external situation – could not solve, tried to forget, therefore, totally removed; (II) the subject not only does not remember, but excludes all references that could make him/her remember that problem, since persisting on it would take him to a continuous stress. For self-conservation rules of the individual, however, the problem – removed from consciousness – translates progressively into emotional or biological variations. *At this moment, the GDV-Kirlian technique can capture major imbalances*. However, these signs are typically not read, giving place to the formalization of illness in the organic-unconcious sphere; (III) illness appear in its manifest form. What is tragic is these scheme is the following: when the subject looks for treatment and healing, the "war" against the symptom is not other than continuation of a way of the ego's censorship in relation to the original (prohibited) instinct. Figure 2 represents these three moments of psychosomatics (Meneghetti, 2010):

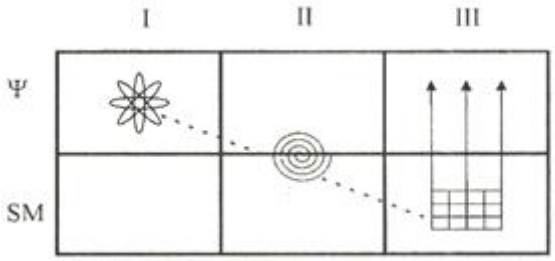

Figure 2: Ψ is the conscious, logical zone; SM is the organic zone, mostly out of the ego's perception/analysis.

These moments of psychosomatics have obviously their neurophysiologic moments. In the first one, the subject sees the scope and emotionally articulates it. It might be a thought of revenge, a childish primacy, a moral fixation or any attitude not appropriated to the realization of the natural projects for the subject. While in this stage the subject puts the central nervous system (CNS) in empathic resonance by means of obsessions, repeated thoughts etc. Contemporaneously, the neurovegetative system (NVS) colligates with visceral variations. At last, the endocrinal system (ES) is activated. This period lasts about a week, during which the subject remains closed in this project, about which will not talk with anybody. After that, in the fourth phase, all these modifications are stabilized and become rigid in the limbic aparatus, returning then to the CNS. After the obsession, the subject enters in a self-conviction stage that allows the stabilization in the CNS of the unconscious will. In the last stage, the project goes into execution. This means the specific T-Cells will be informed, executing organically the scope: the immune system intervene (IS). Figure 3 represents what we described.

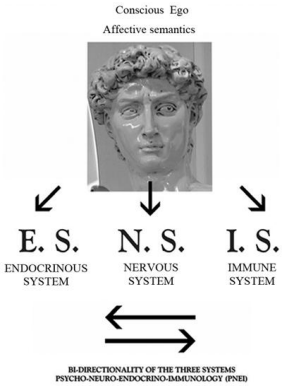

Figure 3: Bi-directionality of PNEI systems.

What then is the clinical approach and intervention? It is necessary to isolate the motivation of the subject, which is investigated in the psychic activity (intentionality). The intervention regards the conscious, responsible, voluntary ego, because he was in the first place the element that conditioned the organic life, consciously or not, in good faith or not, building the illness that suffers. By means of psychotherapy, the "design" of the symptom emerges and, once the situation is understood and overcome, the body's own sanity prevails.

Among the diagnostic instruments, stand out the dream and the semantic field, both understood with the support of the organismic criterion. In the dream nature projects technically and mechanically, with the dynamism of images, the project the psyche is activating. Once we have correctly understood the patient's dream, it is possible to locate the motivation. However, the clinical technician dialogs with the patient and will make questions exactly to promote the possibility that the patient extract the hidden problem from his organics, facts, circumstances etc. that make association with the dream information and the semantic field reference. Analysis end when three factor coincide: dream, semantic field and the facts revealed by the patient. However, it might be also extremely important to coordinate the patient in a system of counter-habits. Since the removal became a symptom, it stabilizes as a habit. In fact, etymologically, the Latin word for "sick" is *malato*, that is formed from other two words: *male-habitus*, that is, bad-habits.

At this point the clinical expert ends his work and the patient makes the difference. If he changes regarding that aspect, illness regresses; otherwise, continues its course. The subject gets better because his psychic activity stops formalizing the illness. In the organic level, recovery takes place because nature enters in its necessity of equilibrium and activates the regeneration potential.

In conclusion, by including the organismic criterion, the clinical expert achieves a complete rationality on the symptom in relation to the logic of nature, and restitutes this norm to the patient's consciousness. This proposal, therefore, implies revision and broadening of the intervention method, which should consider the psychic intentionality in the investigation of pathological etiology. In the same way, clinical practitioners, if in order to take advantage from it, should obtain an specific education (Azevedo & Pozza, 2011).

5. SUMMARY OF CLINICAL RESULTS

This research is part of a doctoral program in Brazil dedicated to promote a broad dialog of contemporaneous approaches to the clinical psychology problems. It was designed with two major objectives: (1) apply and evaluate the clinical method created on the basis of the organismic criterion; and (2) develop basic research regarding the organismic criterion using GDV-Kirlian technology, having also a conventional pulse rate and oximeter measurements.

The instruments used in the research will allow to evaluate the clinical process, including its concrete results, but also the energetic correlations between psychotherapist and client during the session. To accomplish that, all interviews must be recorded and transcribed, so they can be classified according to the moment of the encounter they happen: (a) anamnesis, (b) problem or opportunity discussion, (c) dream, (d) direction based on dream analysis, (e) subject's reflections on the dream analysis and (f) opening/closing moments.

The experimental group was formed exclusively of subjects straightly linked to Psychology: post-graduate and graduate students (14), researchers and practitioners (17) with average experience of 9,3 years, minimum of 2 and maximum of 31. Regarding gender, 24 were women and 7 were men. The mean age of participants is 35.

The entire instrument registers 354 variables, including the following sections:

1) *Subject's Characterization:*
    a. Self-valuation and investigation of most important affective references of the subject;
    b. Investigation of the subject's heuristics of thought;
    c. Investigation of the subject's lost opportunities;
    d. Sheldon's classification of physical type and physical relation with the body;
2) *Characterization of problem or opportunity:*
    a. Satisfaction level in the several sectors of life;
    b. Free description of problem or opportunity;
    c. Qualification of problem and types of difficulty to solve it;
    d. Identification of possible solutions (revealed preferences)
    e. Identification with ontopsychological method of solutions from dream analysis (ontic preference);
3) *Results valuations*:
    a. Objective and subjective valuation of results;
    b. Valuation of therapy results according to formal scale;
    c. Area and experience of psychologist and previous knowledge of the applied method.

This instrument, albeit long, is being used in our research group regarding decision making based in the usage of the organismic criterion. The only modification was the inclusion of items 3.b and 3.c in the valuation process, specific to the clinical psychology application.

Each subject met 5 times the researcher typically on a weekly basis and, during the sessions, discussed problems and opportunities of the subject's interest, using all analysis instruments proposed by the ontopsychological school., only one of them had previous knowledge of Ontopsychology. In total, 161 interviews were made in approximately 10 months of work. Figure 4 presents subject's experience with Psychology in years.

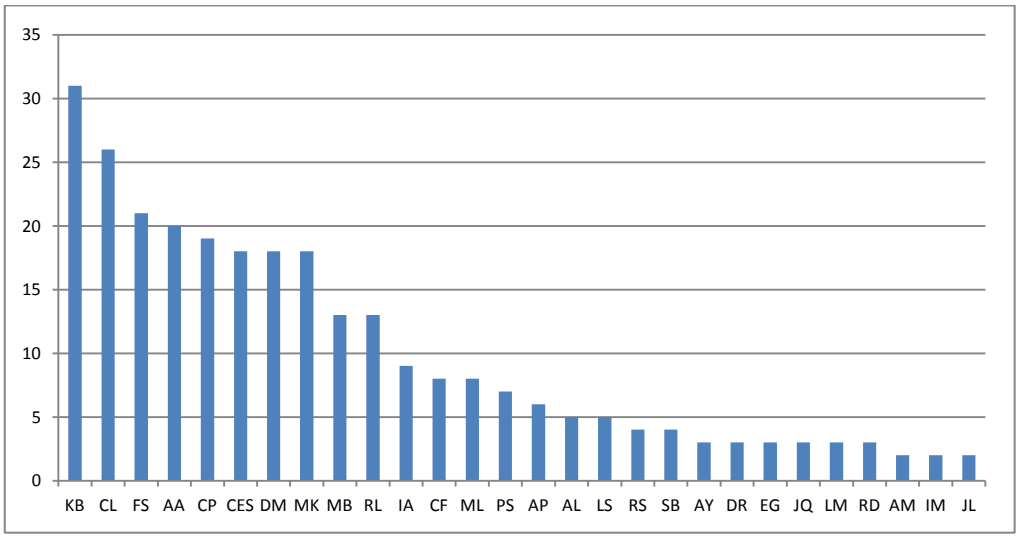

Figure 4: Subject's experience with Psychology in years.

Tables 1, 2 and 3 summarize clinical results obtained considering the organismic criterion in the clinical activity, achieving 80% of satisfaction level and 77% of efficacy in the formal scale of therapy results valuation.

R	QUESTIONS FOR VALUATION OF RESULTS	AVARAGE ANSWER
1	SOLUTIONS IDENTIFIED BY DREAM ANALYSIS WERE ALREADY KNOWN	**83% YES - 27% NO**
2	IDENTIFICATION WITH DREAM ANALYSIS	**8,6**
3	IDENTIFICATION WITH SOLUTION BASED IN DREAM ANALYSIS	**8,4**
4	DREAM ANALYSIS WAS USEFUL FOR A RATIONAL DECISION MAKING	**8,3**
5	DREAM ANALYSIS REVEALED PERSPECTIVES NOT YET THOUGHT	**96% YES - 4% NO**
6	I DECIDED TO PUT INTO PRACTICE WHAT THE SOLUTIONS BASED IN DREAMS	**89% YES - 11% NO**
7	HOW MUCH HAVE I MANAGED TO PUT INTO PRACTICE THE SOLUTIONS BASED IN DREAMS	**6,4**
8	RESULTS WERE USEFUL	**8,5 - 60% correlation with R.7**
9	RESULTS WERE FUNCTIONAL	**7,8 - 65% correlation with R.7**
10	RESULTS WERE SATISFACTORY IN QUANTITY	**7,8**
11	RESULTS WERE SATISFACTORY IN QUALITY	**8,3**

Table 1: Valuation of ontotherapy results.

Subject	Years of Experience	Problem Short Description	Results
Practitioner	18	Addiction in the family along with professional crisis	I realize a greater conscious in relation to my attitudes in the everyday life when I manage to remember my dreams and their relation with my behavior. With this I manage to modify and cope with conflict situations. Having consciousness of what is better for me in each situation of life helps me to cope with them without wasting energy.
Practitioner	25	Constant headaches	I feel more quiet and with greater preoccupation on how to give priority to my needs.
Doctoral Student	7	Hypothyroidism	After these sections, I started to understand in a new perspective my mental standards, but also my physical symptoms. I believe this gave me a better understanding of certain situations and of how to act. This sessions, along with other therapy I also did have contributed with my process of healing: my hormones are more equilibrated and the irritation in the skin is gone. Personally, I identified myself with this form of therapy and I intend to use it again, indicating to my friends and colleagues.
Practitioner	2	How to be respected professionally	Results have shown to be satisfactory regarding my self-steam and very promising for my professional relations, be it in the positioning of my professional image, be it in the positive response my patients are giving me. Besides these points, there was an important impulse in my personal projects and a visible change in the hierarchy of values regarding my family and intimate people. With this, I am initiating a more authentic relation with them. I left my parents home and I am living in the city where I was born. My work there and my relation with my daughter have a better quality then before.
Student	2	Mourning for losing the mother	This was an experience I consider of immense value. It allowed me to arrive at points inside of me that I had never before reached, and that will guide some of my future action. I am very satisfied with my results and very interested in this area.
Practitioner	17	Professional positioning	Rationally I cannot say specifically what happened, but I realize that I am more awake and sensitive, authorized internally to feel and react to some questions in a very different way. I have been working this personal issues in several circumstances, but in a global way, I realize that these encounters have catalyzed something important that helped me in a very impacting way, in such a way that a few transformations are starting to happen. For instance: I see that I am being less competitive without reason, less anxious and I am listening more. I am managing to be more silent and being less reactive, or doing certain movements with my body. My openness to new visions has also been modified and, specifically, in relation to my new kind of work, I am quite more comfortable with my decision. (...) and I do not feel anymore compelled to solve the world around me.
Practitioner	20	Professional positioning	I started to trust more my intuitions and use it to solve problems and make decisions. The contact with my unconscious, using the dreams also gave me very interesting insights for my life. Concretely, I decided to continue as an autonomous professional, investing in my consultancy. I also accepted to ask for the help of important people around me, like my parents, to expand my business.
Practitioner	8	Amnesia of 10 years	For being a slow process of change, that involves pain and old sorrow, I consider that implementing everything that was discussed will take quite more time, but I believe I will do it, because they were relevant and current issues that brought out important essences of my life.
Student	2	Depression and panic	The entire process made me realize that traumas and bad experiences should not define who I am. They are not me. With it, I could realize that feelings of jealousy and fear of betray are a distorted projection of thoughts that always return to my mind. Besides, being more indifferent to external approval, I shall really reach my real self.
Practitioner	30	Professional and existential crisis	I gained greater consciousness of my present situation and the opportunity to establish a feasible course of action. This experience helped me in a significant way to put my ideas into action, generating mobilization.
Student	1	Bipolar	In fact, I arrived at the grounds of my problem and I have had identification with the feedbacks given in basis of my dreams. However, the form the process evolved made me feel more anxious than before with my questions. The self-consciousness I gained was more because of these feedbacks than my own insights. I accepted the analysis, but I believe I was not ready to receive such information, and I did not know what to do with them. Maybe there was not enough time to work all this information.
Practitioner	17	Professional and personal relationship problems	Some situations that were bothering me have changed because I changed. Maybe they are not yet ideal, but I feel they are heading to become so. Besides, other situations unfolded that were connected with the essence of my problems, that is, my problems with being autonomous and choices related with this, that were causing a vicious circle in my life.

Table 2: Short description of casuistic and open description of results for a few subjects.

For a formal valuation, an specific scale for psychotherapy valuation was used, as follows:

0-1 ***Worse than before (or absence of improvement)***
2-3 ***Not significant improvement***
4-5 ***Much better***
6-7 ***Recovered***

A	QUESTIONS FOR VALUATION OF THERAPEUTIC RESULTS	AVARAGE ANSWER
1	RELIEF OF SYMPTOMS (PHYSICAL OR PSYCHOLOGICAL)	**4,4**
2	INTERPERSONAL RELATIONS WITH KEY PEOPLE	**4,6**
3	SELF-STEAM	**4,6**
4	NEO-LEARNING	**5,3**
5	CAPACITY TO SOLVE PROBLEMS	**4,6**
6	SELF-COMPREHENSION	**5,4**
7	INTERNAL SPECIFIC PREDISPOSITION	**5,1**
8	GLOBAL SCORE FOR RESULTS REGARDING THE CONFLICT THAT MADE ME LOOK FOR THERAPY	**5,4**

Table 3: Valuation of psychotherapy results using a formal scale scheme.

The highest scores were (a) the global valuation, (b) self-comprehension and (c) neo-learning, with 77% of efficacy, followed by (d) internal specific predisposition, what indicates that analysis considering the organismic criterion might really help subjects to understand and to overcome their conflicts.

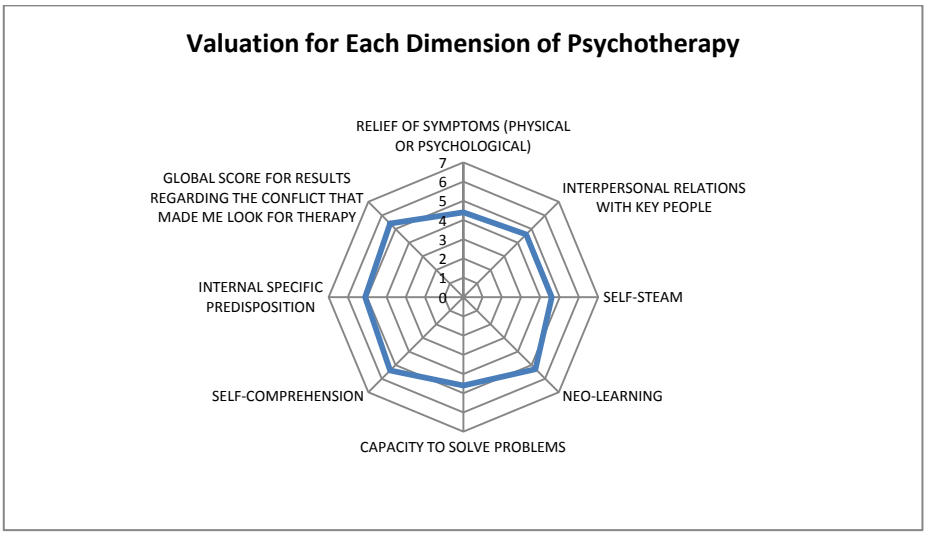

Figure 5: Average answers in formal scale to evaluation of psychotherapy results.

6. THE GDV-KIRLIAN APPROACH TO ORGANISMIC CRITERION

It was surprising, for both researcher and subjects, the amount of times in which the oximeter entered in the "alarm" mode, what happened typically in two moments: when the subjects were telling their dreams to the researcher and when the researcher was sharing his understanding of the situation based in the dream content. Figures 6 illustrates a typical encounter, plotting the standard deviation of Energy and Pulse Rate of a young psychologist with a family problem involving abuse of drugs from one of the parents, while Figure 7 plots both client and therapist signals measured with GDV-Kirlian and oximeter.

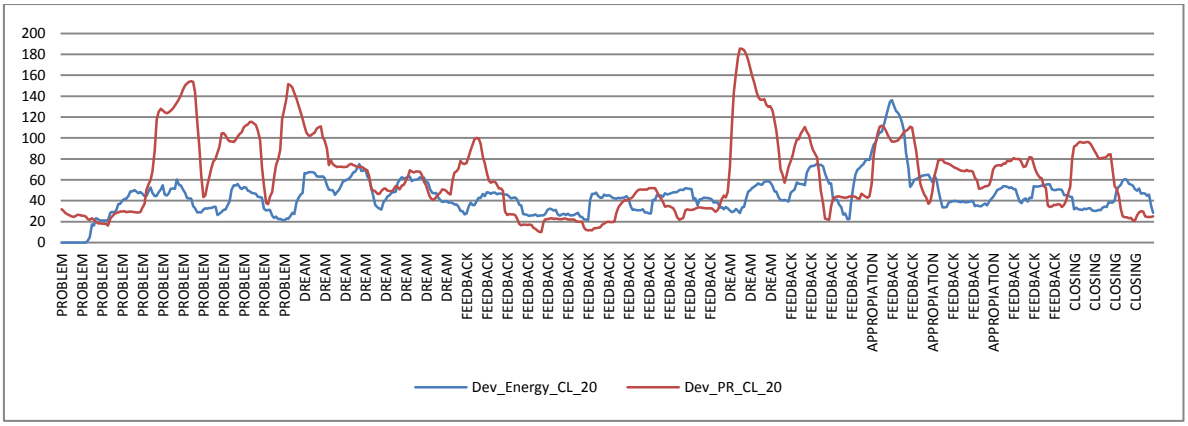

Figure 6: Standard deviation of Energy and Pulse Rate of a young psychologist during his session.

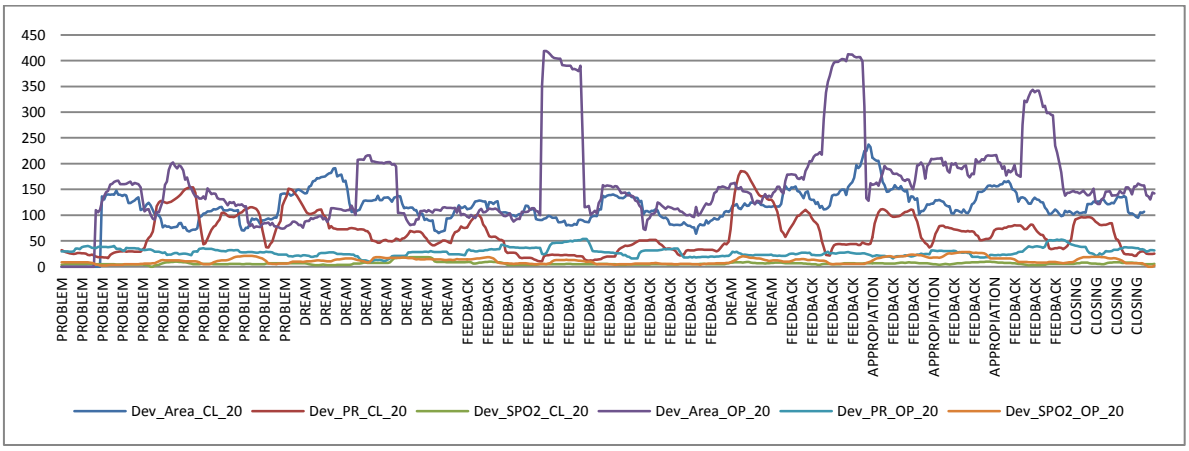

Figure 7: Standard deviation of Area, Pulse Rate and SpO2 in 100 seconds for therapist (OP) and client (CL).

The entire dataset containing 161 interviews was not yet statistically analyzed, so it is still early to jump to conclusions about the data. What researchers understand very clearly at this moment, however, it's the fact that the therapeutic process mobilizes a great deal of intentional energy from both therapist and client, with strong physiological and emotional variations, easily measurable with GDV-Kirlian technique and ordinary oximeters. Table 4 brings an example of correlations calculated for the different moments of a single interview.

	AREA	INTENSITY	ENERGY
PROBLEM	32%	73%	75%
DREAM	-17%	27%	7%
FEEDBACK	16%	58%	40%
DREAM	20%	13%	20%
APPROPIATION	-22%	43%	47%
CLOSING	21%	12%	12%

Table 4: Area, Intensity and Energy Correlation according to the moments of therapy.

Researchers have now a lot of work for the near future, that include publishing dream analysis, correlation statistics between variables measured, frequency of oniric symbols, convolution analysis and analysis in the frequency domain. However, with this sample, they hope scientific community enlarges its interest for this fascinating subject.

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