



## Abandoned Bodies, Lost Gods: A Bioenergy Economy-based Trauma Therapy

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### Review Article

#### Abstract

The Bioenergy Economy (BEE) is a contextual and evidence-based model of care that is focused on the development of bodily awareness. In the course of BEE-based trauma therapy, by changing the contexts of embodied sensation, narrative, relationship, and intentionality, the fixed meaning-making systems (pre-linguistic and linguistic) around the trauma were gradually deconstructed. In this essay, we follow the story of a young woman in the course of BEE-based trauma therapy. She had come in for her existential and religious crisis but was guided to recovery from the post-traumatic stress of a domestic assault.

**Keywords:** Bioenergy economy; Biosemiotics; Bodily awareness; Existential crisis; Cultural psychology

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“No one is fully saved, and no one is fully lost...”  
 “...Time is not a line, but rather a network of intentionalities.”

Maurice Merleau-Ponty, *Phenomenology of Perception*

### **Introduction: Anahita's initiation**

Anahita was a 38-year-old psychotherapist who came to me distressed and confused. “I lost my God!” she said, as her first complaint. After a course in systemic psychology and biosemiotics with me and some contemplations on chaos, order, and the Peircian evolutionary forces of tychism (chance), anancism (interaction), and agapism (wholeness), she couldn't find her personalized God anymore in such a complex and interconnected world (von Schlippe & Schweitzer, 2003: p. 43-81; Peirce, 1892). On one hand, she was enthusiastic about this much bigger world and more integrated worldview, and on the other hand, she was confused and fearful because of the lost childhood paradise - and even the lost hell. She couldn't follow her religious rituals and beliefs anymore.

Anahita was a faculty instructor and in a hidden relationship with one of the married professors of her faculty from 13 years before. She was the first child of a family of five. She had many problems with her obsessive and distant mother and tried to keep her at a safe distance. Her father was kind but passive. She had a maternal role in relation to her younger sister, but the relationship with her brother, who was a successful contractor, was distant and respectful. Anahita's partner was very supportive, but also controlling and obsessively cautious about keeping this relationship in the shadows.

I asked her about her childhood, her challenges, and possible traumas. She told me a little bit about some hard times and traumatic experiences, especially at her grandpa's house when her mother was at work or with her friends. When she was talking about her past, it was as if a fog covered her face and she spoke in a monotonous and soulless tone. This foggy and disengaged state also appeared when my words touched her “pain-body”. She suffered from occasional nightmares and had no clear memory of them. “I do not really feel like myself at home at night, nor at work or even with my friends. I always have to hide an important part of myself. Only when I go into nature do I feel like myself. Just in nature, I feel accepted and free.” she said regretfully. It seemed that, unlike the other Gods, the God of nature loved her unconditionally.

Despite all the serious issues that needed to be addressed, she was in a hurry to lead our conversation back to more intellectual problems. It was evident that there was a painful story in her past, but I did not pressure her to disclose it. Instead, I followed her to find her God.

It was very confusing for her that after her spiritual crisis she perceived her partner and mom as strangers. Of course, both of them were Islamic Shi'a believers, as Anahita was, but she had distanced herself from their culture. We had three monthly sessions on her transpersonal issues, as well as her emerging need for independence from both of them. She read some books on existentialism and spirituality, like Martin Buber's “I and Thou,” and Joseph Campbell's “Myths to live by,” and was accepting a more ambiguous world and agnostic spirituality.

Despite her mother's opposition, she rented an apartment. For the first time, she was living by herself. She became surprisingly more assertive and was no longer so worried about preserving her ever-kind feature and yes-woman persona. In this way, she needed more space, so she asked her partner to meet each other more infrequently. The changes happened extremely quickly, and I was very curious - and

more or less worried – about what was coming up; the dragon had been awakened!

“An army of emotions captured me...,” she said, frightened and astonished. Anger, fear, lust, shame, and sorrow were the dominant emotions that seized her body alternately. There was no certain object for most of these feelings. “My shadow wants to control my life ... the people around me seem different and I’m different. Where am I, doctor?!”

She was hardly suppressing her waves of anger, and even harder than that, struggling with her strong desire and fantasies towards some of her colleagues, and especially her new manager who was abusively trying to seduce her. The appearance and character of the manager were disgusting for her, but maybe his power and obscenity made him attractive. Predictably, during this treatment, some degree of sexual transference created certain complexities and uncertainties in our relationship. She honestly considered this problem and her concerns about the incompleteness of this crucial procedure. We had two choices: either mention these impulses and swings as a shift to mania and commence pharmacotherapy, or interpret it as a cathartic and necessarily chaotic procedure of self-creation. Her history, social and intellectual function, and commitment, convinced us to adopt the second approach. She was in a glorious and dangerous process of individuation. I reassured her that this was the way to an authentic self and that we needed more regular and open meetings. We scheduled an online bioenergy economy-based health improvement program (BEHI) and weekly self-help group visits, as well as daily bio-energy economy (BEE) meditations and email reports. Our meetings were arranged every other week (Goli, 2020).

### **Bodily Awareness**

BEE aims for coordination of the pre-linguistic and linguistic meaning-making systems based on body integrity and pragmatics of communication; contextualization of our whole-body experience and pragmatization of the inner and outer speech in the context of values and perception (Goli, 2018). For a more coherent meaning system, we first need to feel more security and integrity within our bodies and keep our perceptual windows more selectively open. BEE’s approach is contextual and relies on embodied cognition. For this reason, BEE is more focused on the top-down organization to recontextualize our experiences in the four domains of BEE; whole-body, coherent narrative, synergetic relationships, and non-local intentionality (Goli, 2016 a). Bodily awareness is not exclusively for body economy, but in each domain there are also some bodily awareness techniques. Most of these techniques are adopted from Vipassana, yoga, qi gong, Reiki, and bioenergetics, and some of them are designed for this program (Goli, 2010).

The effectiveness of BEE has been shown in fostering bodily awareness and presence experience (Ahangar Ahmadi, Henning, & Goli, 2017) as well as in health promotion through some clinical trials, empirical studies, and case studies. The BEE has proven to be effective in improving mood and reducing anxiety, and for pain control in migraine patients (Derakhshan, Manshaei, Afshar, & Goli, 2016), as well as for improving psychological and physical symptoms of irritable bowel syndrome (Safavifard & Goli, 2018). Studies have also shown the positive effects of BEE on the treatment of amelioration of tethered cord symptoms and signs (Goli & Boroumand, 2016), improvement of anxiety sensitivity and attention bias (Keyvanipour et al., 2019), self-concept of body and obesity (Ghassemi, Vahedi, Tabatabaei, & Alivandi-Vafa, 2020). This model was also effective in reducing anxiety, depression, and heart rate and in enhancing the quality of life in post-myocardial infarction patients (Naji,

Rahnamay-Namin, Roohafza, & Sharbafchi, 2020; Tavakolizadeh, Goli, Ebrahimi, Hajivosough, & Mohseni, 2021). We have had no evidence from clinical trials of the effectiveness of BEE on the patients suffering from PTSD.

Anahita learned to develop her bodily awareness from proprioceptive balance to a more focused-fluent interoception. Resonating body field and boundarilessness were the next stages of bodily awareness. Through this course, she gradually found her secure body and felt her grounded, centered, fielded, and non-local body. After the second week, she felt more grounded only after some bioenergetic and breathing exercises, and tensegrity meditation. She was more confident and could lead the impulsions and affects better through her body. By finding a sense of resonance and integrity in her body field, she cared more about her boundaries. She could conquer her fears about her job and temptations, and say an effective “no” to her manager. It was a great breakthrough for her. She could now clearly see her anger towards her mother. She was still active and much more assertive, but felt a deep sorrow and cried for long periods every day. “Somebody is crying in me,” she said.

After a few weeks, she said: “I don’t know why, but these days I’m at my grandpa’s house in my mind, and I feel it very close and vivid... as if I’m here and there simultaneously.” It seemed that she was now strong enough to look back and confront her historical pains. She was determined to solve her problem to be healed and for being a better healer for her clients. I suggested she have a body-centered trauma-informed session and she accepted with a sentiment of curiosity and fear.

### Limbo

While she was waiting for the trauma therapy, some unclear and scattered memories of the sexual abuses by her uncle and the religious ceremonies at her grandfather’s house came up. Ever since they happened thirty years ago, she had tried not to think about these things, and avoided going to that house and meeting those people. Her problem with her God was raised again. Her uncle was 18 and she was 8. He seemed radically religious and was a very active member of their local Mosque. The voice of the Quran and religious ceremonies were routinely heard in their house. Her uncle was a member of the volunteer force, and demonstrated devotion and sacrifice, and also aroused her pity because of his war injuries. She had informed her mom and grandpa about the uncle’s abuses, but not very clearly, and they had basically ignored her. Paradoxically, they – even her uncle – warned her about and blamed her for her hijab when she was only 9. Everything seemed confusing, not only for the 9-year-old Anahita, but also for the 38-year-old one.

The house of sin was the house of God! And the agent of such an ugly sin and the careless witnesses were the representatives of God! And God ... “Don't we say that a leaf does not fall from a tree except by the permission of God? Was it divine will? Why? And I prayed for him many, many times to save my body and soul. Where was he? “These experiences and self-talks are very common and reveal a critical point: that we should choose between saving ourselves or our Gods (important others).

I remember my experience in Bam a few days after the earthquake that took place on the 26th of December, 2003. It was like the apocalypse there. About 40,000 people were dead, and about 200,000 injured. I worked there for a few days as a consultant for the regulation of psychosocial support. When we were going there, the driver talked about Bamians, saying that they were a very hedonistic people and “nothing God does is unwise.” He and many people there had a similar narrative, of course. Many of them added that they are a very genial and hospitable people, to reduce their guilty feeling for such a cruel judgement. I remember one survivor, a young

man, who asked me through his sobs: “Why did the clergyman tell us the story of Sodom and Gomorrah last night, and invite us to repent?! We were ordinary people like you.” Written on the tent of one of the victims was the statement “This is not what God does!” Everywhere you could hear about God, and the main concern of the survivors and helpers was to pull God out from under the rubble!

Anahita was in a similar dilemma; saving her private God or saving little Ana. Unfortunately, she, like most of my Iranian clients, chose the first one. She had highlighted some of her transient pleasures and curiosities in a painful, destructing context and preferred to label herself as a “bad girl” and preserve her God pure and wise. Now, all her wounds were the divine torment for her seductions and pleasures.

Most of the time, the real tragedy initiates after the traumatic event when we interpret and narrate it. Our attempts to maintain our world coherent sometimes distort us into hellish creatures. We know that little Ana had almost no choice there to reconstruct herself and all the big others. It was an extremely hard job even for the adult Anahita. Anyway, she had decided to leave her “bad body” and tried to distance herself more and more from it. But she now knew that “somebody was crying within her” day and night, year after year. It was time for the reunion of the bodies. Anahita had left behind; the unbound, forgotten bodies hanging in the limbo of time.

### **Body-refinement**

After reviewing her reflections and feelings, we started the body-refinement session (Goli, 2020). This technique has some components of interoceptive exposure (Lee et al., 2006), EMDR (Feske, 1998), and holotropic breathing (Zaccaro et al., 2018). We initiated with deep and gradually faster diaphragmatic breathing with forceful exhalations while sighing. After 3 minutes, we led the breathing back to its normal rhythm and depth and she followed the releasing wave through the muscles and viscera for 3 minutes. Then I asked her to go to her memories of her grandpa’s home and open her mind and heart towards the difficult experiences that took place there.

• I’m in the garage... my brother is here... (and then, with deep worry, she asked me – or perhaps she was asking herself) Did he hear or see anything? I’d never thought about it!

• We’ll see, but now let me know where you are.

• I’m in the room that opens to the garage. (her body showed signs of being uneasy, and her face showed a mixture of worry and sadness) I’m behind the door...

• I can see that it’s not easy to face it, but what do you feel now? Do you still want to find and help little Ana? However, please feel free to stop the exposure and open your eyes whenever you think. It’s too much for you. We can continue later.

• (She nodded her head in approval) I’m in. Suddenly her body tensed and twisted. It was as if she was tied to the couch and was trying to free herself. It was evident that she had let go of her distance and now she was in little Ana’s body.

• Tell me, Ana, where are you?

• (She was agitated and still twisting about in pain, and even in the low light of the room her face appeared red and fright-ened.) I... don’t want... to be here. (Her breathing was short and heavy.)

• What do you feel in your body?

• My chest, throat, and jaw are full and heavy... I don’t feel my legs at all.

• Don’t worry, we are here... now please let this energy mass flow and distribute itself through your whole body. You’ve rehearsed it before... Now, what?

• It’s coming down... I feel my thighs now... I feel better. And my arms... I’m starting to feel them... I had not felt them here before.

•Ok, great! Let the energy flow spread through your whole body. Follow the currents within your body. You are changing your body modes and feelings. Let me know when you feel the energy is spread evenly throughout you.

•(She seemed relieved and nodded)

•Well, now while you're aware of your whole body and your body is awake, let's go back to the room. This time your present body accompanies you.

•(After a little while, she began crying and her entire body began trembling and shivering. First, it was like a seizure, but after a few seconds it transformed into a uniform twitching and then into a smoother motion, like a vibration. She was crying louder and louder and it was as if she was pulled from the depths of her body.)

•What happened now?

•It is not right for it to be like this... I feel pity for her (little Ana).

•And... what do you want now?

•I love her, I love her so much...I want to hug her and bring her out now... (still crying) I don't want to leave her here...

•Of course, she deserves your love... she needs your love... so do it please! This is your world... this is your memory, alive and amazing... embrace it, please! She embraced her body like hugging an old friend after many years of being apart. Now she was home, calm and healed. Anahita felt a powerful, electric-like current spreading within her body. After that, we approached the trauma scene again, and she was surprised when she realized that these memories couldn't reverberate throughout her body and she was able to see them as something in the past.

She opened her eyes and asked me in a hurry: "Will I really not feel these pains anymore?" I'm so familiar with this elated but troubled question just after such cathartic experiences. This question is even more serious for patients like Pary, a 34-year-old single woman, who suffered panic attacks with dissociative episodes and somatic symptoms without any flashbacks.

Pary complained of anxiety attacks, usually after having her privacy invaded, that led to three to ten days of depression, derealization, and depersonalization. In these episodes, she shunned everyone and did not leave the house. For Pary, there was no trauma memory, but the set of symptoms strongly indicated an early childhood trauma that had been encoded in the implicit memory. Thus, we only simulated the body modes and feelings of the crisis and followed the spontaneous imagination. She found herself lost and extremely frightened in a crowded bazaar when she was about four. After embedding the body she had left behind in her present body, before asking me about the reality and sustainability of her amazing catharsis, she asked: "Was I really lost in that bazaar, or was it just a fantasy?"

We can never mention memory as a mirror of reality. Remembering is building a home in reality; a rhizomatic, surrealistic home that slips and moves on in time. The shape and color of the chambers change every time we remember and retell the story of that experience. So, I answered Pary: "It does not matter whether it was real or imaginary. You met a neglected part associated with your pain body and it may now be integrated with your whole body. With time, we will see the real effects of this corrective experience."

I gave a similar response to Anahita: "Your body was here on this couch all the time, but it reacted strongly to the painful stimuli of the room in the past. It means that a memory hijacked your real body to somewhere in the past. Was it real? Your new experience is much more real than that, because you experienced your past in your present body in real time."

Of course, going through these steps is much more complicated for people who have suffered more serious physical and psychological injuries and have less self-awareness. My experiences with disabled veterans were very hard and disappointing. The sociocultural meaning-making systems around them mostly don't act in harmony with life and healing. The discourse of war and jihad has changed over the years, and many, even many of the families, do not consider them heroes. I have seen many of them with very serious refractory problems like PTSD symptoms, pain disorder and tinnitus that arise or become aggravated many years after the Iran-Iraq war. In the timeline of the life events and symptom changes, it is usually quite clear that these crises appear only after a change in the meaning of their pain due to new experiences, such as, for example: their or their relatives' ideological shifts, discourse changes, and seeing the systematic corruption. Unfortunately, only a minority of them remain after some degree of symptom relief to free their bodies from the trap of traumatic events, dysfunctional beliefs, and destructive narratives.

### **Three Dreams**

After the body-refinement session, Anahita had three dreams for three consecutive nights that revealed some aspect of her new insights. She was excited and surprised because after many years she remembered a dream. "My soul talked to me for the first time in a long time, it seemed to be angry with me ... I don't know what it means. But for me it means that something really happened in our last session," she said delightedly.

*The first dream:* In absolute darkness, I saw a large circle with dotted lines of light on the horizon. A few more points had to be lit up to complete the circle. I watched with a sense of victory and hope. I knew this circle would be complete. I woke up with a wonderful feeling that is still with me after days.

*The second dream:* My mother was standing naked in her room. She was a hermaphrodite. She had both female and male penises. Although her penis was not erect, she was ejaculating in a glass.

I came back and asked my father angrily, "Why did you marry this?" (I had asked him this question many times.)

"Your mother told me it was like this, but I did not think so," he told me regretfully.

*The third dream:* I was lying on a chair in the corner of the deck of a cruise ship, sunbathing. The man I was interested in approached me. He sat on the floor next to my chair. He would calmly insert needles into my feet. I was in a little pain and bleeding, but I trusted him. I watched without any reaction. People gathered around and watched us. Then the man left and the others left and I was left alone. I wondered why I was there, and I started removing the needles.

### **What the dreams told**

It was amazing! Something had fundamentally changed in that session. Anahita was fully engaged and there was no sign of that foggy face. It was as if her body had come out of the shadows into the sun. Naturally, she was waiting to understand the messages. So, I set aside my curiosity about her completely different attunement and focused on her dreams.

These three dreams appeared three nights in a row but could be perceived as serial dreams, and we could also read them from the end to the beginning. Time can be in order or reversed, but we know that dreams are after-effects and/or compensations of our awake life. So, we have precognitions about the end of the sequence of the events because we imagine them to express our emotions. Therefore, by our different chronoception in a dream, we can see the outcome from the

beginning because, in our memory, everything we have experienced and what we want is present simultaneously. Anahita's intellectual mind and powerful imagination helped us to construct some insightful messages with ease.

Anahita could clearly see the injuries that arose from surrendering to domineering men. She exposed herself to harm out of greed for their support. A cruise ship, gentle behavior of the man, and other welfare symbols appeared as the foundation for her abuse and shame about being passive and eccentric. But beyond her insight into her situation, she knew then that she is the only one who can care for herself. She asked herself "why am I here?" The answer was in the second dream.

Anahita attributed all her problems to her mother, who did not take tender and motherly care of her. She was distant and manipulative. The scene of the ejaculation, without erection, showed the end of the argument against her: she was a deformed mother and she couldn't expect enough from her in terms of motherhood. Her hermaphrodite body could also represent the abusive men of her family (her brother and uncle, another abuser who approached her many times) who hurt Anahita because of her careless mom. She also remembered that her mother had been infertile and only after ten years she gave birth to Ana. Anahita's mother always complained to her father about his passivity and incomplete masculinity. Anahita believed that was why she herself was attracted to older, powerful men and why, after a while, they tightly controlled her like her mother. She confessed that sometimes she calls her partner "mama". Her father was deceived and subjugated just like herself, and her anger at her father was just like the anger she had towards herself. Indeed, she asked herself "what are you doing here, Ana?" The first dream was the response given in advance.

In the dark night of existence, a new circle of self was forming. The light had been revealed. It promised a new era. Nobody was there; there was she, her, and herself. She was convinced that to complete the circle, she only needed to be independent and separated from her partner.

As a synchronization experience, it was amazing that, just a week after the trauma therapy session, a 20-year-old student was referred to her with a similar case of domestic sexual abuse by her uncle. It had made the therapy content and relationship more complicated because of the predictable, powerful identifications and counter-transference. I warned her, but she was determined to help her. It was too soon for such a therapy challenge, but it was fascinating that her client achieved healing and independence from her pathologic relationship with her uncle very fast, and she could see some other aspects of her traumatic experience much more clearly. That resonated experience gave Anahita more distance and control in terms of her trauma zone.

She found that shifting attention from the lost objects to her body and leading her fragmented and polarized body to the whole body can make her more secure and integrated. Anahita built a more mature and comfortable relationship with her parents. Of course, new insights helped her in this way, such as realizing the burden of responsibility that her father had placed on her mother. She found a new distance, angle, and bond with her parents. It was distant enough to care for herself and close enough to maintain her autobiographic continuity. She eventually severed ties with her partner because she was enough for herself and no longer had a reason to live in the shadows. Finally, she found a new God; a mystic and agnostic one. Her body was no longer a painful matter of shame and lust; it was the live knowledge of now. She had found wisdom in her body as well as security.



## Conclusion

### In the arms of the Whole-body

The main strategy of the Bioenergy Economy is to change the contexts of meaning-making procedures. Both prelinguistic and linguistic meaning-making systems work interactively to form bodily openness and orientation towards the physical and semantic environment. From a biosemiotics standpoint, Body-mind is nothing but a complex network of interpretations of the material (e.g. molecular, cellular), energetic (e.g. electrical, magnetic), symbolic (e.g. words, numbers), and reflective (e.g. mindfulness, no-mindness) (Goli, 2016b). Bodily awareness is the way to integrate our whole perception (Intero/ Proprio/ Exteroception) and memory fields (Gibson, 2019). By changing wholeness, openness and orientation of body, we change embodied perception, memory, interpersonality, and intentionality. If we accept that our symbolic mind has been developed to predict our interoception, then bodily awareness and consciously changing the body context can fundamentally change our expectations and memories (Seth, 2013). Somatic experience is the core of chronic stress and trauma and the maladaptive attractors are formed in these conditions and recreate the bodily and symbolic associations of the trauma (Payne, Levine, & Crane-Godreau, 2015). Thus, recontextualization of the traumatic memories in a more secure and integrated body can change the linguistic meaning and how to narrate the experiences, as we see in Anahita's story.

In the journey we had with Anahita, we saw how she became more integrated by the non-judgemental development of bodily awareness layer by layer. She was looking for her lost God but she found herself, of course; she found her intra-inter-transpersonal self. Based on the author's experiences, how to relate to God is very crucial in work with trauma in Iran. God is behind the big others, and the big others are covered by the masks of God. The importance of God is due not only to its connection to parenting (Dickie et al., 1997) and even its social functions as a social construct (Ozorak, 2003) and the placebo effects of the rituals (Goli & Farzanegan, 2016), but also to the way we can feel our existence and our higher selves (Assagioli, 2000). Thus, Anahita's journey can be mentioned as an Iranian woman's story and also as a transcultural and transpersonal narrative.

Along the way, Anahita found a chance to include the rejected bodies that were touched by the devil and embed them kindly in the context of her present body. The body modes compose the music of our autobiographic memory and can completely change the meanings/functions of a traumatic experience.

To find more meaning-making freedom, we need to accept the essential meaninglessness of reality in itself. Because meaning is the continuous processing of the difference between possibility and reality, and there is no difference between reality and itself. The trauma is the moment of "the real," as Lacan pointed out; the moment that remained in the real and couldn't be symbolized in the form of a meaningful and manageable event (Fink, 1995). Mindfulness is the way to expose what is without interpretation: There is what there is. Is it tautology? Yes, tautology is used in BEE as a defusing technique to stop symbolic interpretations and open up the perceptual field. In this state of consciousness, there is no need for symbolic meaning because existence has existed in the whole body (Goli, 2020). We can understand what it is if we don't try to symbolize and know it. Giving up the painful quest to find meaning for a trauma frees us from this eternal cycle and gives emotions a chance to be expressed without considerations. Afterwards, with no more obligation, we have the opportunity to make more consistent and functional

meanings in the context of a more secure body.

The human organism, as I understood it, is not a molecular soup with wordy salad but is more like a polyphonic symphony of desire that constructs and deconstructs attractors; or what we call habits. Many years ago, the etymology of the Persian word "Ahang" inspired me. Ahang means music, intention, and abstraction (Goli, 2008). A Zoroastrian- Pythagorean philosophy can be seen behind this set of meanings, which illustrated cosmos as hidden music that forms events and intentions. When a patient sits in front of us, even more than what she expresses with her words or shows with her body, the Ahang or vibration of her voice and body reveal her being-in-the-world; the orientation and openness to the world. We can receive and respond to the Ahang timely only while we are whole bodies. The rapport, the presence experience, the healing atmosphere all come from an intracorporeal synchronization. This can be mentioned as the interpersonal essence of the healing response.

"I couldn't save my little Ana from hell if I didn't feel a warm and inclusive field by my side. That was you," Anahita said gratefully. She added, "Almost always when I come back to my home, in my body, I feel this protective field about me, I feel I'm with me."

### Conflict of Interests

Authors have no conflict of interests.

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### References

Ahangar Ahmadi, S., Henning, J. E., & Goli, F. (2017). Awakening teachers to their presence: An experiential course in body wisdom. *Journal of Counseling and Professional Psychology*, 6(1), 92-107.

Assagioli, R. (2000). *Psychosynthesis: A Collection of Basic Writings*. Amherst, MA: Synthesis Center Incorporated.

Derakhshan, A., Manshaei, G., Afshar, H., & Goli, F. (2016). Effect of a bioenergy economy program on pain control, depression, and anxiety in patients with migraine headache. *Int J Body Mind Culture*, 3(1), 30-45.

Dickie, J. R., Eshleman, A. K., Merasco, D. M., Shepard, A., Wilt, M. V., & Johnson, M. (1997). Parent-child relationships and children's images of God. *J Sci Study Relig*, 36, 25-43. doi: doi:10.2307/1387880 [doi].

Feske, U. (1998). Eye movement desensitization and reprocessing treatment for posttraumatic stress disorder. *Clin Psychol*, 5, 171-181. doi:doi:10.1111/j.1468-2850.1998.tb00142.x [doi].

Fink, B. (1995). *The lacanian subject: Between language and jouissance*. Princeton, NJ: Princeton University Press.

Ghassemi, Z., Vahedi, S., Tabatabaei, S. M., & Alivandi-Vafa, M. (2020). Developing and studying the effectiveness of bioenergy economy program in body self-concept and weight loss of women with obesity. *Int J Body Mind Culture*, 7(3), 126-139.

Gibson, J. (2019). Mindfulness, interoception, and the body: A contemporary perspective. *Front.Psychol.*, 10, 2012. doi:10.3389/fpsyg.2019.02012 [doi]. Retrieved from PM:31572256

Goli, F. (2008). *Nothing nothings; Essays on transpersonal psychology*. Tehran, Iran: Asim. [In Persian].

Goli, F. (2020). *Behi Program; Workshops on Bioenergy Economy*. Isfahan, Iran:

Dehkadeh Salamat. [In Persian].

Goli, F., & Boroumand, A. R. (2016). Back to future health blueprint: The effects of a brief bioenergy economy program on a patient with tethered cord syndrome. *Int J Body Mind Culture*, 3(1), 64-69.

Goli, F. (2016a). Bioenergy economy: A biosemiotic model of care. *Int J Body Mind Culture*, 3(1), 1-7.

Goli, F. (2016b). Medical practice in/with the semiosphere. In F. Goli (Ed.), *Biosemiotic medicine: Healing in the world of meaning* (pp. 217-239). Cham: Springer International Publishing.

Goli, F., & Farzanegan, M. (2016). The ritual effect: The healing response to forms and performs. In F. Goli (Ed.), *Biosemiotic medicine: Healing in the world of meaning* (pp. 117-132). Cham: Springer International Publishing.

Goli, F. (2018). Bioenergy economy, fields and levels: A narrative review. *Int J Body Mind Culture*, 5(4), 171-182.

Keyvanipour, M., Goli, F., Bigdeli, A., Boroumand, A., Rafienia, P., & Sabahi, P. (2019). The effects of a bioenergy economy based program on attention bias modification in people with high anxiety sensitivity. *Int Clin Neurosci J*, 6(4), 133-139.

Lee, K., Noda, Y., Nakano, Y., Ogawa, S., Kinoshita, Y., Funayama, T. et al. (2006). Interoceptive hypersensitivity and interoceptive exposure in patients with panic disorder: specificity and effectiveness. *BMC.Psychiatry.*, 6, 32. doi:1471-244X-6-32 [pii];10.1186/1471-244X-6-32 [doi]. Retrieved from PM:16911803

Merleau-Ponty, M. (1974). *Phenomenology of Perception*. New York, NY: Routledge & K. Paul; Humanities Press.

Naji, F., Rahnamay-Namin, M., Roohafza, H., & Sharbafchi, M. R. (2020). The Effectiveness of Improving Body Awareness Skills on Anxiety, Depression, and Quality of Life in Patients after Cardiac Surgery. *Int J Body Mind Culture*, 7(2), 89-97.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: using interoception and proprioception as core elements of trauma therapy. *Front.Psychol.*, 6, 93. doi:10.3389/fpsyg.2015.00093 [doi]. Retrieved from PM:25699005

Peirce, C. S. (1893). Evolutionary Love. *The Monist*, 3(2), 176-200.

Safavifard, S. & Goli, F. (2018). Comparative effectiveness of bio-energy economy with cognitive therapy based mindfulness on depression, anxiety, and physical symptoms in patients with irritable bowel syndrome [PhD Thesis]. Isfahan, Iran: Khorasgan Branch, Islamic Azad University.

Seth, A. K. (2013). Interoceptive inference, emotion, and the embodied self. *Trends.Cogn Sci*, 17(11), 565-573. doi:S1364-6613(13)00211-8 [pii];10.1016/j.tics.2013.09.007 [doi]. Retrieved from PM:24126130

Tavakolizadeh, J., Goli, F., Ebrahimi, A., Hajivosough, N. S., & Mohseni, S. (2021). Effectiveness of a bioenergy economy-based psycho-education package on improvement of vegetative function, forgiveness, and quality of life of patients with coronary heart disease: A randomized clinical trial. *Int J Body Mind Culture*, 8(1), 40-54.

von Schlippe, A. & Schweitzer, J. (2003). *Lehrbuch der systemischen Therapie und Beratung*. Göttingen, Germany: Vandenhoeck & Ruprecht.

Ozorak, E., W. (2003). COMMENTARY: Culture, gender, faith: The social construction of the person-god relationship. *Int J Psychol Relig*, 13(4), 249-257. doi:doi:10.1207/S15327582IJPR1304\_2 [doi].

Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B. et al. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. *Front.Hum.Neurosci*, 12, 353. doi:10.3389/fnhum.2018.00353 [doi]. Retrieved from PM:30245619s