

An Introduction to Body Psychotherapy: Part 1.

"You will never become enlightened without thinking,
but thinking will never enlighten you."

A Zen paradox

I'm regularly asked to explain what Body Psychotherapy is, but usually in a context in which there isn't enough time for me to feel that I have done it justice, and I'm aware that there are a number of misunderstandings and fallacies that can irritate me but which I haven't really sought to coherently counter. In particular, there can be a confusion with Body Therapies, or there can be an implicit assumption that Body Psychotherapy is a relatively unformulated theoretical construct that simply encourages the loud and emotional catharsis of the inner wounded child.

I find it odd that Body Psychotherapy hasn't become more accepted into the mainstream of psychology, especially when considering that contemporary neuroscience is supporting what we have long intuited, and that trauma work is more and more centred around the regulation of spontaneous somatic processes.

In part, this is because we positioned our self in the shadows, in opposition to (what-was-seen-as) the cognitive mainstream for some time before it was realised that, when looked at through their lenses, some of the contradictions, blindspots, and cul de sacs in our own therapeutic positioning were explainable, containable, and resolvable; not least of which being the transference swamp of our indulgence in the medical-model position (Reichian Doctor laden with techniques and diagnoses) that we so theoretically opposed.¹

*I wonder also, though, if there is a wider issue that impacts. Despite the emergence of fads in embodiment and mindfulness, which often seem to me to privilege the homeostatic regulation of somatic feeling rather than an experiential attention to its conflicted layers, and despite the enduring contribution of some of the body therapies such as yoga, there remains a dominant cultural block on experiencing the body in terms of psyche. The body is still something **that we have**, rather than something **that we are**.*

*This article is not intended to be a comprehensive examination of Body Psychotherapy, but an introduction to it. In fact, given that it's an integrative modality which supports each practitioner developing their own subjective philosophical paradigm, it's more of an introduction to **me** as a Body Psychotherapist.*

I haven't included case-material in this article, because I intend to follow it up with a detailed case-study, part 2, but have made a number of references to books, articles, and websites that the reader may wish to explore.

¹ From Humanistic Holism Via the 'integrative project' towards integral relational body Psychotherapy. By Michael Soth, from Contemporary Body Psychotherapy: The Chiron Approach. 2008

Body Psychotherapy has changed shape considerably since its initial theoretical formulation in the early 1930's by Wilhelm Reich ², a student of Freud, and the term perhaps better reflects a more traditional approach than the contemporary form that it has evolved into; but for the purposes of this article I'll stick with it, as an expression of a guiding assumption of *the body as psyche*, in a mutually dependent, mutually-informative, inter-dependent relationship with the mind. Not one and the same, but of each other.

In some respects Body Psychotherapy has been ahead of the game. For example: the contemporary findings of neuro-scientists such as Schore ³ and Damasio ⁴ on the body-mind relationship have been integrated easily, as they're an elaborated extension as well as a validation of Reich's early work, which he asserted to be the scientific extension of Freud's largely discarded focus on the biological psyche. On the other hand, it wasn't until the mid 1990's, some sixty years after its conception, before Body Psychotherapy began to earnestly integrate Object Relations and a Psychodynamic model of transference. Both our advances and our deficits can be traced, albeit simplistically, back to the therapeutic position of the founder and figurehead of Body Psychotherapy, Wilhelm Reich, for whom the vital and expressive body as a fundamental aspect of psyche was a guiding principle, but whose focus on the underlying relationship between therapist and patient was narrow when compared to the practice of Body Psychotherapy today.

Reich's blind-spots have been *our* developmental process, and it's interesting to consider the extent to which any particular model of psychology needs to theoretically integrate the shadow of its Founder as a developmental priority, as its not only the ego-attached aspects of the founder's character-structure that guide the theoretical evolution of the paradigm, but also his dissociated wounds, developmental trauma, shadow, and subsequent blind-spots.

Reich's early work centred around Character Structure - the embodied, embedded, conscious and dissociated habitual patterns by which someone relates to himself, to others, and to the world; the accumulated, frozen adaptations to an emotionally unvalidating early environment that allows the ego to imagine that it has preserved the safety of the self in its contact with significant relationships by suppressing and dissociating from that which causes unbearable conflict with them.

It's commonly understood that supporting narratives and philosophies, behaviours and continued adaptations emanate from the ego-restructuring fuelled by early developmental wounds, but Reich's particular contribution was the formulation of an holistic understanding of this process, in which somatic systems were entirely reflective of and inter-related with cognitive processing, verbalised experience, and psychological structure; and so far as I'm aware his was the first scientifically formulated holistic system of human experiencing and processing, established fifty years before neuroscience proceeded to rapidly expand upon it.

Reich's work can be hereby understood as a direct challenge to the Cartesian principle of 'I think, therefore I am', a dualistic statement that privileged *mind* over *body* as the centre of human experiential existence, and that became a guiding force for the modern era in which science and rationale were freed from the constraints of the church, inclined then to

² Character Analysis. By Wilhelm Reich 1934

³ Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development 1994

⁴ Descartes' Error: Emotion, Reason, and the Human Brain 1994

look somewhat unfavourably upon those whose insights challenged the assumption of the earth and it's human inhabitants as being at the centre of a God-overseen cosmos.

I find it fascinating that a philosophical position can be so liberating in one era, and yet remain symbolic of a cultural dissociative split in another. In freeing the scientific mind, the rational and empirical, the experiential body *along with all of its intuitions and intelligence* became theoretically suppressed.

This becomes all the more interesting if we consider, as Bob Withers has, that Descarte's formulation *may* have been in-part inspired by a traumatic wartime flashback, which Descartes understood as one of a series of three guiding dreams. If so, we might consider the possibility that his theoretical position was fuelled in-part by the wish to take himself away from the traumatised body and place his own *sense of self* in the mathematical exactness of his splendid mind; and we might add to this consideration that he lost his mother and new-born brother at the age of 14 months, a time prior to sturdy linguistic development, and that again he may have been unconsciously inclined to establish an identity at a developmental point that discounted the significance of pre-cognitive trauma. ⁵

With the integration of Neuroscience, Psychodynamics, Object Relations theory, and physics, Contemporary Body Psychotherapy has taken a quantum leap in unravelling the limited, linear, and reductionist Cartesian understanding of the psyche, developing in its stead an image of the systemic, co-organised psyche in which our rational and cognitive processes are perhaps just a single strand of a complex intersubjective relational web. But even back in the 1930's much of Reich's proposition was demonstrable through what we would now consider to be basic physiological science.

The brain is somatic, as are the various nervous systems, and it's unquestionable that we have physiological counterparts to our psychological processes, linking the processing of emotional experience through the brain, the endocrine system, the muscular and respiratory patterns, and so on.^{6 7} The *startle reflex* is principally a somatic response, as is the *fight or flight mechanism*, the autonomic nervous system's reaction to perceived threat, physical or emotional. We have spontaneous muscular contraction in the face of emotional danger that represent the particular threat at hand, and these contractions can become fixed and habitual when the threats are repetitive or severe, the ego response and lasting adaptations representative in the body as well as in its cognitive counterparts.

If we now acknowledge that a child is still in the process of skeletal growth, and if we acknowledge that patterns of tension impact upon the smoothness of natural skeletal growth, then we can see simplistically the basics of the Reichian Character Structures: that the body form, both explicitly and subtly, comes to represent the psychological history of the person. ⁸

Intuitively we know this. We recognise and respond to somatic types and traits, consciously perceiving at least general characteristics from the way in which the body is

⁵ Descarte's' Dreams. By Bob Withers. Journey of Analytical Psychology 2008, 53, 691-709

⁶ The Body Remembers: The psychophysiology of trauma and trauma treatment. By Babette Rothschild 2000

⁷ Anatomy & Physiology for Psychotherapists: Connecting Body & Soul. By Kathrin Stauffer 2010

⁸ Characterological Transformation. By Stephen M. Johnson 1985

formed, held, and expressed; and unconsciously of course we perceive a great deal more. If we consider now our use of somatic-emotional metaphor, the picture becomes more and more explicit, as we have a rich folkloric language that testifies to an implicit understanding of the link between body and mind:

The heart has an obvious association with love. We follow our heart, become broken hearted. We carry a chip on our shoulder, get things off our chest, find that some people give us a pain in the neck, have a stiff upper lip that suggests our suppressed emotions, become wide-eyed with excitement, narrow eyed with distrust, can't stomach it, are gutted with disappointment, shit ourselves with fear, have butterflies in our stomach, dig our heels in with stubbornness, be straight backed with pride, spineless with cowardice, become tight lipped with secrecy, have our feet on the ground, go head first into situations, are grounded, inspired, feel suffocated; and so on.

Whether through basic physiological science or common cultural metaphor, we both know and intuit the sense of psyche as being *embodied*; that the fact that a person *thinks* does not constitute the extent of how it is that he experiential exists. If we now add to this the more contemporary integration of other psychological and scientific models, the picture of the embodied human psyche becomes all the more complex.

Our cognitive and rational processes, principally left-brain functions, are informed by our sensory, intuitive, and emotional body, principally right-brain functions, in a continuous and open feedback loop. Indeed, the vast majority of communication *between* people is via a right-brain to right-brain mediation, a non-linguistic, non-linear interaction of subtle body language, prosody, and emotional-energetic resonance, in which we don't just mutually inform unconsciously, but mutually *internalise*, mutually *organise*, and mutually *regulate* our respective psyches; ⁹ and to the extent whereby we might say that, on certain levels at least, the notion of a clear separate sense of self is a communicational convenience. There is a dynamic interaction of selves at a primary and non-conscious level.

Neuroscience is increasingly exploring modes of communication between people that are explicitly non-verbal, the most interesting for me being the studies of responsive EEG patterns in empathically-bonded people, the brain waves of one seeming to respond to the brain waves of a stimulated other despite being in physically and sensorily separate lab-condition environments. There is no known biophysical mechanism for this information exchange and no demonstrable proof for the hypothesis of a *quantum* relationship between people, but a theory under consideration is that of Quantum Entanglement, in physics that two particles once connected on a sub-atomic level will remain forever responsive to each other, disregarding the physical distance by which they come to be separated. One inch, a billion miles; the response is the same. ¹⁰

Given that the left-brain functions don't begin to develop in earnest until about the age of two, early attachment and bonding processes are largely a right-brain to right-brain mediation between parents and child ¹¹, an energetic resonance, perhaps a quantum dynamic. Language hasn't begun, and so there can be no early narrative, though one may

⁹ The Science of the Art of Psychotherapy. By Allan Schore 2012

¹⁰See for example: "Correlation between brain electrical activities of two spatially separate subjects." By Wackermann, Seiter, Keibal, and Walach. Neuroscience Letters 336. 2003

¹¹Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development. By Allan N. Schore

be applied in retrospect. Therefore, addressing early trauma or attachment crisis verbally can be a definitively limited approach for any discipline, and the likelihood of these early dynamics becoming re-enacted in the therapeutic encounter unconsciously all the more inevitable.

An egoless, defenceless, thoroughly dependent being who needs to bond and attach urgently; the newborn's capacity to register subtle body language and prosody is rapid. His survival depends on it, his psyche is built upon it, even the structure of his brain is responsive to it; and he receives the embodied, emotional, and energetic psychological history of the parents - from the well processed to the dissociated - internalises and organises around it in the formation of his being.

We can see this from a pathological position quite justifiably, of course, the unresolved issues of the parental character structures becoming embodied in the psyche of the infant, dumped on him as it were. But if we go beyond the simple generational *cause and effect* of psychological wound, we can see that the infant is internalising psychological lineage going back 100,000 years or more, and it doesn't take many generations of back-tracking before a linear cause and effect perspective regarding psychological lineage becomes an unsubstantial delineation around an infinitely more complex dynamic picture.

Psychological existence, on some level and for want of a simplified linear metaphor, is a relay race, each generation taking the baton from the last or, for want of a simplified non-linear metaphor, *taking the baton from the last, with whom he to some degree merges*. This can make the blaming of parents for one's inherited trauma really a rather trivial and reductionist exercise, as we might just as well blame any of the parents that came before them, back to the beginning of self-consciousness.

The wounded infant internalises and embodies the dynamic wound, his own wounded self and the parental wound also, *that which caused the dynamic impact*, and this will all be organised as a *relational* as well as a *body-mind split*; each dynamic aspect a parallel of the others in a chaotic complex cacophony that we simplify through dissociation in order that we might have some semblance of a structured and coherent mind.

The impact on the transference dynamics of the therapy room are another parallel - *and transference is always somatic* - though we can elaborate it further now to acknowledge that transference is often not a linear construct, but a co-construct between therapist and client, a mutual dissociation whereby the therapist's complex wound meets the client's in a symbiotic and mutual re-enactment,^{12 13} at its most charged so often the source of uncontrollable dynamics, and at its most passive the source of stasis in the therapeutic encounter.

I would be inclined to argue that transference coalescence is a constant phenomenon, largely because I don't see how it can't be. We are hard-wired to relate in subtle dynamic ways, to co-organise our psyches somatically as well as cognitively, and I suspect that the moments when we name a transference or counter-transference are simply those moments when it has been noticed; and much as our developmental wounds form out of relationship, so it is *in relationship* that they seek to remain validated in their adaptation

¹²Standing in the Spaces: Essays on Clinical Process Trauma and Dissociation. By Philip M. Bromberg 2001

¹³ Psyche's Veil: Psychotherapy, Fractals, and Complexity. By Terry Marks-Tarlow. 2008

away from the pain of the primary wound, via a re-enactment all the more likely to maintain its stability because of its inter-subjective mutuality.

This seems to me to be much of the work of the therapist: becoming aware of an incoherence in the consciously held process, whether from the left-brain cognitive use of language and explicit belief system, or from the right-brain intuitive soma; becoming aware of the possibility of a (mutual) re-enactment, and attending to one's own personal and professional process in order that the re-enactment might become instead a re-experience, a re-written version of an old story.

I find these moments of mutual epiphany and the spontaneous re-alignments that extend from them exciting, this experience of the mutuality of psychological process, this depth of interconnection between two people despite whatever distinctions each might make of the other. I'm excited by these moments *for a moment* before I become wary of them.

I like the metaphorical applicability of Heisenberg's Uncertainty Principle: that we can only know one thing for absolute certain by being *definitively* uncertain about another (object-related) thing, and this is my experience of therapeutic clarity; that it's usually a dissociative illusion, a brief enlightenment on the top of further chaotic entanglement. I believe that whatever sense of knowing that I have, it's because I'm only aware of a partial truth.

In generalised terms, my most common conflict as a therapist is between the need for this sense of *clarity and stability* versus the need for the *uncertainty* which I know to be the well-spring of change and transformation. Some of this need for clarity and stability is of course helpful and useful. Not many clients relish the experience of a therapist who is unable to appear to oversee and manage a therapeutic process, but it also leans into my residual hope that *I'm more or less in control of things* and *can* be in control of things; that there is a *cause and effect* in my therapeutic work, rather than a chaotic entanglement of which I'm largely unaware.

This puts me in mind of the conflict between Newtonian and Quantum physics, the fundamentally predictable and the fundamentally not; and chaos and complexity theory makes sense of this for me: that tiny variations within a dynamic system can inspire a disproportionately radical effect, and complex self-organising systems may shed their stable equilibrium spontaneously in a manner that is impossible to predict from a straightforward linear cause and effect position, and then reorganise themselves into a new stable equilibrium, the processes of which again being beyond the grasp of a strict linear reasoning.

This has a number of implications for Psychotherapy. For *complex self-organising system* we might read *psyche, ego, family*, for three obvious examples; each organised from the dynamic relationship between innumerable inputs, explicit and implicit, present day relational and inter-generational, and on many layers of the cognitive and physiological; all are systemically vulnerable to small changes from one aspect of the system, a powerful effect on the integrity of the whole through a relatively minor adjustment to a dynamic¹⁴; all are liable to deconstruct to an extent that can't be easily explained through a simple cause

¹⁴Paradox and Counterparadox: A New Model in the Therapy of the Family in The Schizophrenic Transaction. by Palazzoli, Boscolo et al 1985

and effect perspective; and all are liable to reconstruct in either a virtual replication of the original deconstructed form or into a radically new structural organisation.

It further suggests that whilst we should of course seek *clarity* in the therapeutic relationship, and all of the stability, ego-strengthening, and containment that it may bring in its slipstream, we should also be cautious of it, as inevitably it disguises the complexity of everything else that is happening *unfelt*. A useful metaphor for me is the sea. It's tidal and can be fairly accurately predicted and easily related to on that level, but the fact that it's tidal does not tell the whole story of the sea.

We need both realities, the one that maintains clarity, stability, predictability and stasis *and* the one that allows for change and transformation. We *need* to stay the same and we *need* to change, and this seems to me to be perfectly represented in the classic therapeutic paradox ¹⁵, whereby a client comes to therapy because he wants the change that he then sets about thoroughly resisting.

This is hardly surprising really. Incremental change can happen without deconstruction and crisis, the character structure able often to move to the outer boundaries of itself; but character *transformation*, the radical paradigm-change that is so often needed to move us on, requires our ego to will its own self-consumption; a recipe for conflict if ever there was one, and one inevitably enacted somehow in the on-going dynamics of the therapeutic relationship.

There's a tendency to polarise in identification with the conflict, explicitly and implicitly, to attach to and champion one side of it or another - the need for change or the fear of change - but by privileging either I'm bypassing the conflict between the two, pushing one into the foreground whilst dissociating attention from the other.

Working with mutually opposing forces concurrently is not really plausible from a strictly linear dualistic position. It's one or the other, a paradox, but from a *dialectic* position it can be, so long as I am able in the moment to relinquish my illusion that I am somehow in control of this process.

In dialectic processing - whereby *thesis plus antithesis equals synthesis* ¹⁶ - I understand that by holding both mutually opposing positions concurrently, a spontaneous synthesis of those positions might occur, creating in their stead a third position; an amalgamation of the two, in which both are *transcended and included* in the third position, and whose details and structure I'm unable to predict accurately.

When we add to this the acknowledgement that therapeutic process is an inter-subjective matter, then it becomes all the more tricky, as the dialectic process is something that happens spontaneously *between us*, rather than being something that I omnipotently oversee. I'm an active and unconscious part of the process, rather than just its conscious mediator.

For my money, Ken Wilber's is the most comprehensive, interesting, expansive, pluralist and accurate portrayal of developmental process I've read; and the phrase *transcending and including* is taken from him as a description of how it is that we move from one ego

¹⁵Michael Soth: www.integra-cpd.co.uk

¹⁶ Georg Wilhelm Friedrich Hegel, German Philosopher 1770-1831

structure to another, dialectically integrating the forces of the *previous* with the forces of the *new* in a spontaneous deconstruction and reconstruction.¹⁷ This can be usefully applied to dualisms in general, as a counter to our instinct as humans to be oppositional and polarised in our processing of experience, thought, and conflict.

The quantum transcends the linear, but incorporates it. A cause and effect reasoning *does* guide the Psychotherapist, but to some extent is always a relatively superficial perspective compared to the dynamic complexity of the underlying psychological co-organisation between therapist and client. How often have I felt that my client and I have nailed the psychopathology down, that we know the cause and effect intimately, but yet no real or lasting change has occurred?

In transcendental moments of epiphany, we can see though that complexity becomes transcended and incorporated into simplicity, those clear moments in therapy when it feels that we have spontaneously gone beyond our psychological co-organisation and found a simple peaceful meeting-place of mutual realisation in the here and now.

And of course, in the developmental process, body-identity consciousness needs to be transcended but incorporated into mental-identity consciousnesses, which certainly appears to be something of a cultural block. The body seems to be something that we are either beleaguered by, with *its* intrusive and irrational emotions, *its* capacity to respond to the world in ways that we wish *it* didn't, and *its* inability to stay young; or as a dissociated physiological slave for the thinking mind, able to produce useful actions but otherwise pretty irrelevant. Despite the passage of nearly four hundred years, we seem to remain organised around Descarte's statement -

"[T]his "me," that is to say, the soul by which I am what I am, is entirely distinct from body...and even if body were not, the soul would not cease to be what it is."
Principles of Philosophy 1644 p249

- and struggle to integrate the contemporary response of neuroscientist Antonio Damasio

"This is Descartes' error: the abyssal separation between body and mind...the suggestion that reasoning, and moral judgment, and the suffering that comes from physical pain or emotional upheaval might exist separately from the body. Specifically: the separation of the most refined operations of mind from the structure and operation of a biological organism."

Descarte's Error: emotion, reason, and the human brain. 1994 p249 - 250

or that of Ken Wilber....

"Biologically there is not the least foundation for this dissociation or radical split between the mind and the body, the psyche and the soma, the ego and the flesh, but in psychology it is epidemic. Indeed, the mind-body split and attendant dualism is a fundamental perspective of Western Civilisation."

Ken Wilber. No Boundary 2001

Saying this, I don't for a moment wish to imply that Body Psychotherapy has somehow defined the way forward, as it is certainly by its developmental nature a work-in-progress.

¹⁷The Atman Project: A Transpersonal View of Human Development. By Ken Wilber (1980)

However, theoretically we have come a long way since Reich's original formulation, and the two principle reasons for this have been a relatively straightforward integration of other models, such as Gestalt, and a more painful dialectic integration with other models.

There was a traditional distrust between the Body Psychotherapy world and the Psychodynamic world which, simplistically, represented the body-mind split. They were the trapped unvitalised repressive cognitive scientific adults, and we were the hippy cathartic humanist children. It was a potent time in the development of body psychotherapy when it was realised that what we needed to develop, to understand and resolve the re-enactments that we were being caught up within, was what Psychodynamics had long been exploring - the transferential relationship.

This process deconstructed Body Psychotherapy, exposing our blindspots, including those that we imagined that we were opposing - the body-mind split (which we re-enacted by reversing it so that the body expressions took precedence over cognition) the doctor-patient dualism, healer-wounded dualism, the transferential impact of touch in therapy - and over the subsequent decades we have both transcended our old self-identity, but also incorporated it into a third position, different for each individual practitioner, that has allowed us to continue to evolve as a paradigm whilst remaining in contact with our primary guiding formulations and styles of practice.

My sense of this evolving paradigm is that it's an on-going dialectic process, both in terms of theoretical positioning and in terms of how I personally and slowly integrate all of this into my own experiential reality. I used to believe that Body Psychotherapy was the holy grail, but I appear to have transcended this particular dissociated arrogance, and I'm far more enthused by the thought that the various disparities in the numerous models of psychology are representative of our cultural split, that we as a profession are the custodian of the developmental process of society, and that the most significant job we have is to find a way to integrate each other. And I believe that one thing that needs badly to be integrated more fully into the culture and the therapeutic relationship is the body as psyche and as self.

Two useful websites:

Michael Soth: his website is rich with theoretical resource, and I would highly recommend it. Michael regularly offers CPD training in the Brighton area: www.integra-cpd.co.uk

CABP (Chiron Association for Body Psychotherapy). www.body-psychotherapy.org.uk
The Cabp is an accrediting organisation linked with UkCP. It has a referral system for Body Psychotherapists, and will be offering a post-grad conversion training in Body Psychotherapy for already qualified therapists.

For more neuroscience: try Antonio Damasio and Allan Schore.

For physics into psychotherapy, and much else: try Terry Marks-Tarlow

For somatic character structures: try Stephen Johnson.

For process evolution, try Ken Wilber "The Atman Project."

For all of the above, and paradox, dialectics, mutual re-enactment in psychotherapy, try Michael Soth.