'Using' the Body or Engaging with Bodymind?

Embodiment as a paradoxical relational process

Pluralistic broad-spectrum integration

- draws on all the approaches (not just a cherry-picked few that suit my personality and pathology)
- speaks (and translates between) the languages of all the approaches, based on appreciating their unique gifts and sensibilities, both as theories and as communities of practitioners

Pluralistic broad-spectrum integration

- works with the irreconcilable contradictions and paradigm clashes, rather than short-circuiting these conflicts
- and recognises that they not just nicely complement each other, but do indeed *need* each other to make our discipline whole

Downside of pluralism = narcissism

- But the downside of this tolerant pluralistic attitude is that it suits our collective western disease narcissism by undifferentiatedly relativising everything into a minestrone of equality, where everything goes, nothing is better or worse than anything else and - as Wilber has described one of the key features: nobody tells me what to do!

Choices, choices

- you can have 40 minutes of tolerantly endulging our narcissism and celebrating how we are all finally becoming more body-oriented, after we spent 30 years jumping up and down, clamouring, protesting and begging that it *should* be re-included

Choices, choices

- **40 minutes: allowing myself to be thoroughly upset by *how* the body is being re-included in psychotherapy, because the body that is being re-included and *how* it is re-included is not quite the body we had in mind.**
- make some differentiated judgments, as to what different kinds of including the body can be expected to have what kind of therapeutic benefits and effects
- generally being an obnoxious, judgmental bastard who just can't ever be satisfied and has to find every last fly in the ointment.

The idealised body

- At the beginning of my attraction to body psychotherapy in the 1980s, we did idealise the body as the be all and end all, the key and the panacea that would finally make the limping talking therapies work. But I have come to realise that including the body in and of itself does not do anything to make therapy work other than extend and make more comprehensive the range of channels of communication in the therapeutic relationship (which is indeed a precious extension after it's been neglected for 100 years). But we still need to make differentiated judgements and evaluate what the therapeutic and counter-therapeutic uses and effects are in practice.

ALL kinds of therapy DO work

- however confused, partial, dogmatic, incoherent the theory or the therapist, all kinds of therapy have been shown to work
- talking therapies that exclude the body DO work
- therapies that we include the body by using it as a tool, DO work
- meeting regularly with at client to do a knitting, sugar pills and placebos DO work

Dodo-bird verdict: all are winners and all deserve prizes

- outcome research predominantly shows that all approaches to therapy do work irrespective of the theory, modality and the therapist

But what do we mean by 'working'?

- example 1 primal client
- example 2 the good pupil client
- example 3 the calming anger client

what 'works' for the client's established structure/habitual mode = defensive ego

what 'works' for the ‘emergency’ and the Self

layers and layers of what we mean by 'working'

- the more it works superficially, the safer the space, the stronger the attachment, the more the process deepens, the more unconscious material emerges, the more difficult it gets, the more the working alliance is challenged, the more the therapist's being gets drawn in, the more messy it gets, the more it stops working, the deeper levels of working are required

different ways of including the body

- different ways of including the body have their inherent limitations and can only be expected to 'work' within certain circumscribed areas, levels and layers of the process

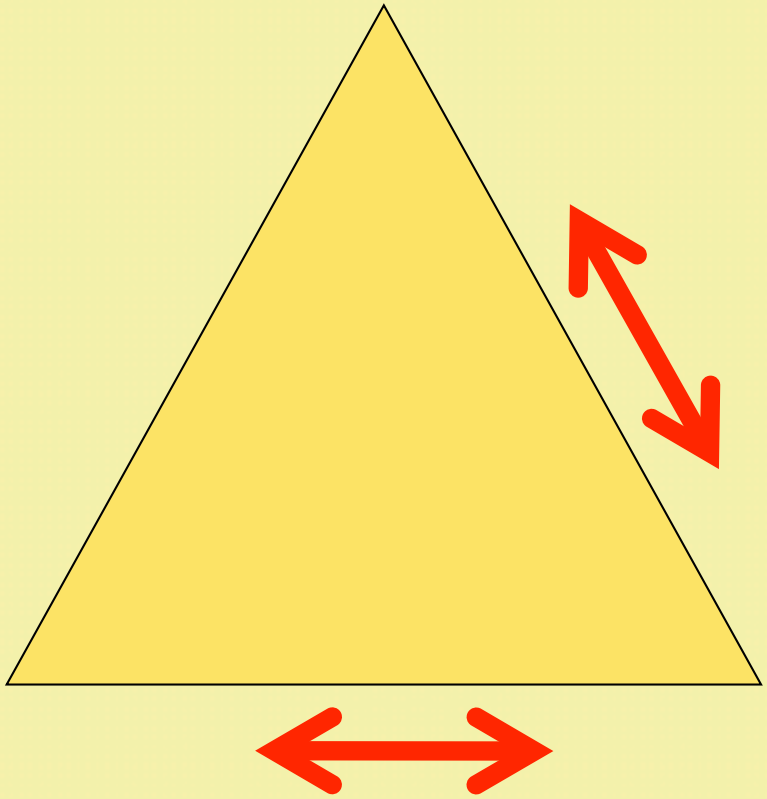
Overview

- the theme for my talk was formulated as a polarity: using the body versus engaging with bodymind
- but a more accessible and complete formulation would include three steps: ignoring the body from within mind-over-body dualism versus re-including the body by using it as a therapeutic tool versus/ towards engaging with bodymind

dialectical three-step

- transcend and include: third position is different from second position, but in order to clarify the difficulties with getting to the third position, I first need to talk about the split between the first two, then what's needed to integrate the two, and then about the third

syn-thesis
paradox



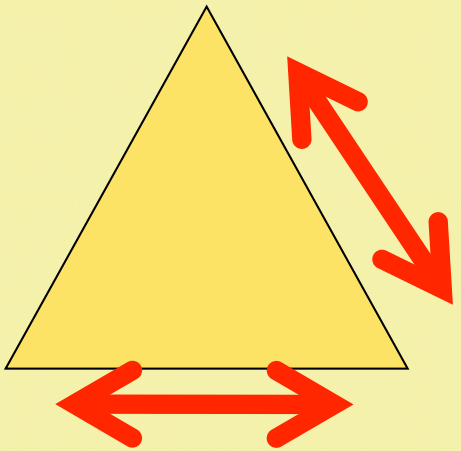
transcend
and include

thesis

-

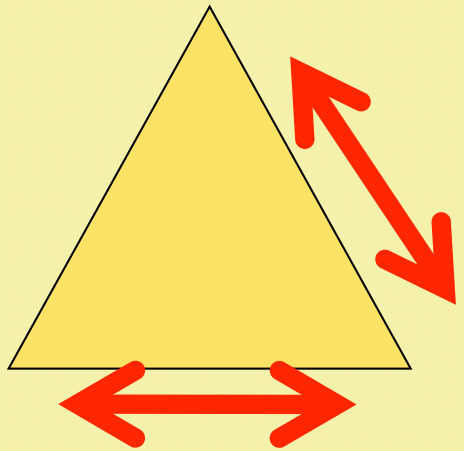
anti-thesis

syn-thesis
paradox



thesis	-	anti-thesis
therapy = treatment	vs	therapy = relationship
mind-over-body	vs	body-over-mind
dualism	vs	anti-dualism
‘medical model’	vs	anti- ‘medical model’

engaging with bodymind



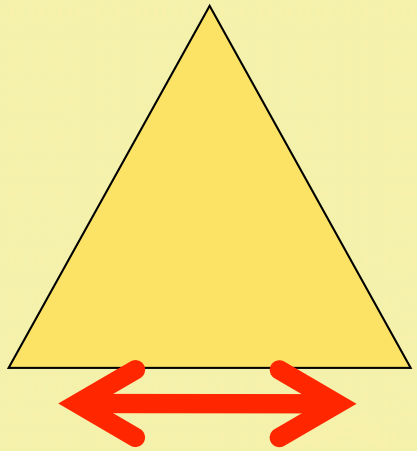
thesis

ignoring the body
from within mind-over-body dualism

anti-thesis

re-including the body by using it as a therapeutic tool

The Polarised Split



- sensitive to relational dynamic

- sensitive to bodymind

The Polarised Split

relational dissociation

- **unless the cognitive-emotional-relational** aspects of trauma (shame, terror, anger in internal and external relationship) are transformed, traumatic experience continues
- relating to everybody as if they might turn into the abuser at any moment, therefore relating from within a frozen, defended and dissociated position

body-mind dissociation

- unless the emotional and sensorimotor aspects of trauma (implicit & body memory) are transformed, traumatic experience continues
- **relating to all spontaneous experience as if it is about to replicate the trauma, therefore relating from within a frozen, defended and dissociated position**

The Polarised Split

- awareness of relationship dynamics can be used to escape the unbearable conundrum of the bodymind (Schopenhauer: "the world knot") = immediate intensity and impact of raw and regressed affect
- holistically naïve: taking particular bodymind relationship for granted (i.e. meaning via the verbal-reflective mind)

- awareness of bodymind can be used to escape the unbearable relational conundrum = immediate intensity of being drawn into wounding dynamic/ enactment
- relationally naïve: taking particular relational stance for granted as a working alliance

The Polarised Split

- both polarised positions assume: client can perceive therapy/ therapist from *outside* their wounding = dual awareness

Traditional humanistic assumptions

- 1. because the client's system clearly does *need* reparative input, their system is receptive to me providing it
- 2. because the client's system is clearly lacking authentic, dialogical relating (is something I have learned to appreciate as therapeutic and deeply satisfying), their system is receptive to engaging authentically

Traditional humanistic assumptions

- the client's relational style is not as wounded and defended as I have already established
- receptive-explorative-dialogical attitude is *not* a given – it's alien and does not compute
- relationally oblivious to bodymind phenomenology

Traditional relational assumptions

- because the client's mind is obviously prey to irrationally constructing reality, through 'faulty thinking' or 'incomplete mentalisation' or transferential projection, their system is receptive to being enlightened by me providing the reality principle (which is clearly more functional)
- the client's mind is not as irrational as I theoretically declare - bodymind oblivious

How the Wound Enters the Therapeutic Relationship
(& de-constructs the dualistic 'medical model' therapeutic frame)

The client's wounding comes into the consulting room and enters the ...	
1	... client's 'here & now' experience as non-verbal process
2	... client's *perception* of the therapist (= transference)
3	... client's bodymind *experience* of the therapist (= embodied transference)
4	... therapist's awareness (= situational countertransference)
5	... therapist's bodymind experience (= embodied countertransference)
6	... supervisor's experience (= 'parallel process')

The Wound enters …

- on balance the evidence is that in the territory of the wounding the ego is lost in internal and external enactment and is not capable of ‘dual awareness’
- it's perfectly capable of dual awareness when safely dissociated from the wounding, but the logic of a safe and productive working alliance is that the safer it is, the more likely that the wounding will emerge into the therapeutic space

Relating to therapy *through* the Wound …

- but when it does emerge the bodymind evidence AND the relational evidence is that dual awareness disappears in direct proportion to the intensity of the constellation of the wound

Enactment of the Wound in and via therapy

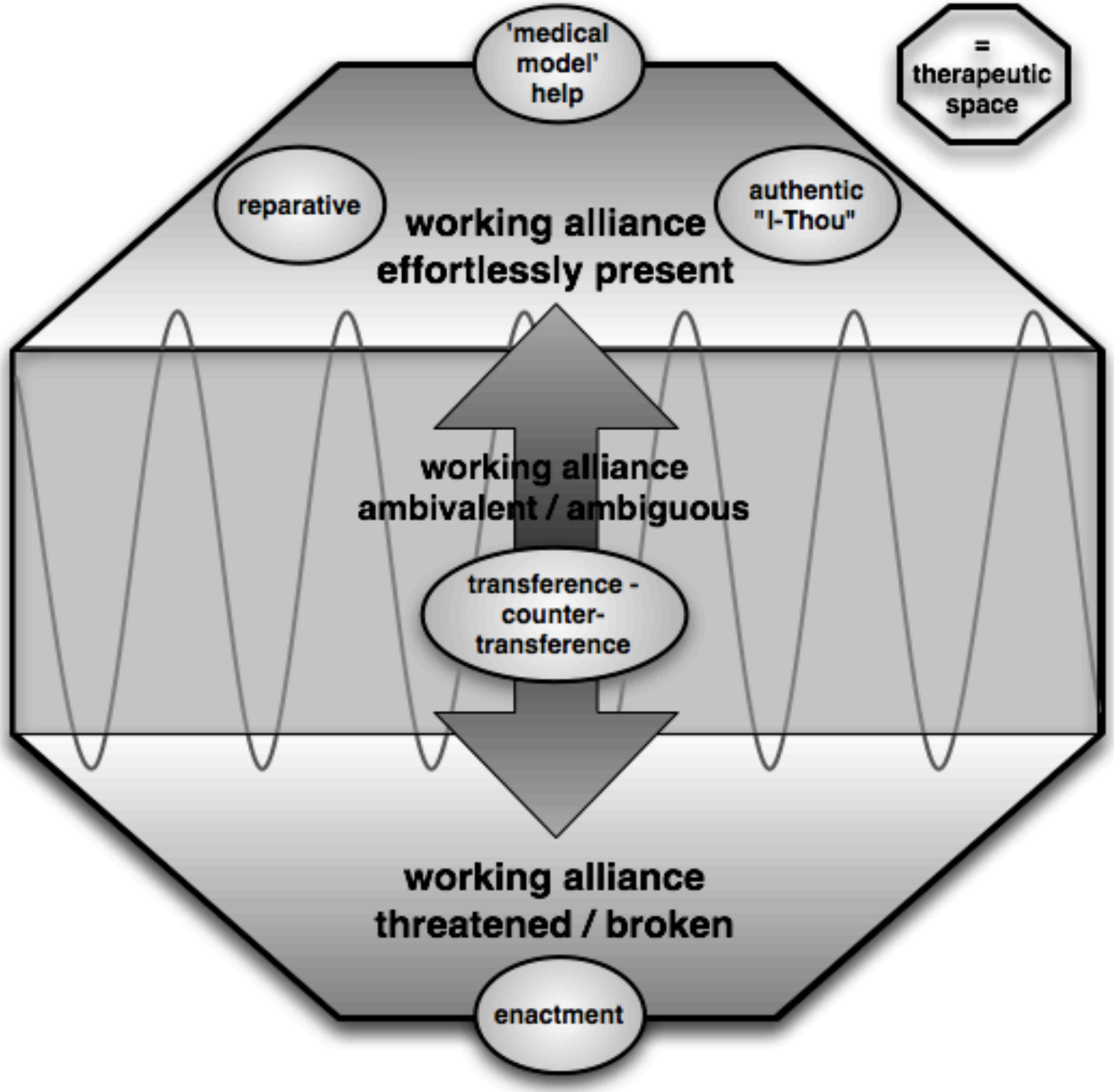
- EITHER ego is helplessly lost in re-traumatising bodymind overwhelm OR the ego is hopelessly lost in blind dissociation
- i.e. the ego is lost in internal bodymind enactment of wounding

- EITHER the ego is helplessly lost in re-traumatising projection (repetition compulsion) of bad object OR the ego is helplessly lost in controlling/holding out against/idealising denial
- i.e. the ego is lost in external transference and countertransference enactment of the wounding

Integrating differentiated relational awareness

- multiple relational spaces / kinds of therapeutic relatedness
- oscillations between working alliance and enactment (transference – countertransference replication of original wounding)

The Diamond model of Modalities



Engaging with bodymind 1

- including the body is not only / not mainly a question of techniques (touch)
- it's not mainly the body that matters, but the body-mind relationship

Engaging with bodymind 2

- what kind of relationship/relational space facilitates body mind integration?
- Winnicott - neuroscience - right brain-to-right brain attunement
- embodiment/dis-embodiment happens *via* intersubjective relationship
- intersubjective relationship happens *via* embodiment/dis-embodiment

Engaging with bodymind 3

- **bodymind integration**
  - gets aborted
  - occurs
  - gets re-established
- **relationally intersubjectively (not via a manual or technique, any technique)**

Engaging with bodymind 4

- the therapist's own bodymind is the instrument (doing and being)
- ‘subliminal’ communication depends on therapist's degree of the embodiment

Engaging with bodymind 5

- the client's existing bodymind matrix (character) is the starting point (degrees of dis-embodiment)
- pervasive disembodiment = objectification of the body (self-objectification) versus body as source and foundation of subjective sense of self

Engaging with bodymind 6

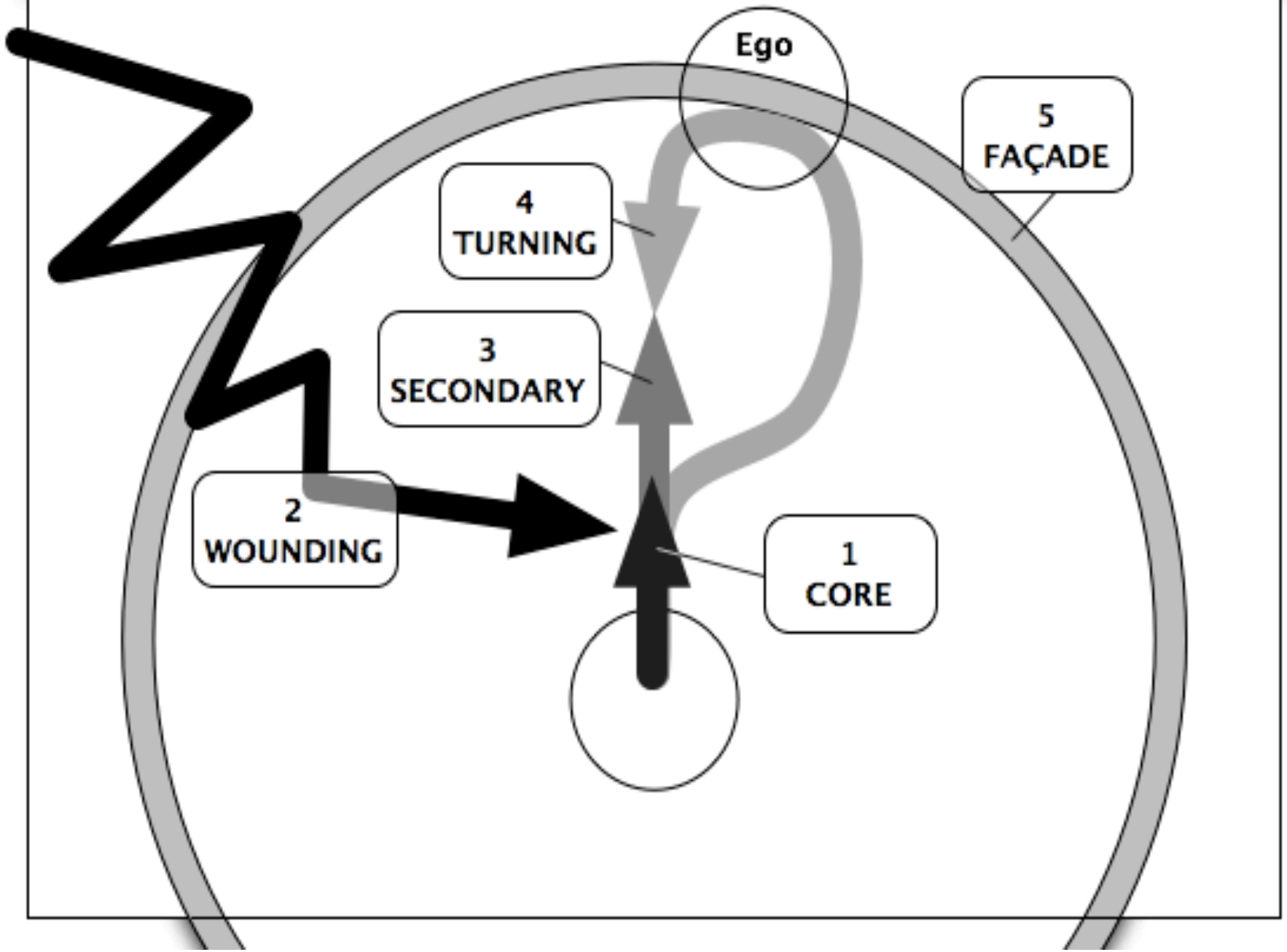
- rather than assuming the system's receptiveness, the client relates in and to therapy via their woundedness and defensiveness (character)

5 Steps of Character Formation

based on Johnson, S. (1994) "Character Styles" and Reich, W. (1934/1974) "Character Analysis"

1	**self-affirmation** rooted in instinctual / 'object-seeking' need	CORE (Reich's PRIMARY)
2	**negative environmental response** = the wounding, 'not good-enough' response (abandonment, invasion, rejection, etc, etc)	
3	**organismic reaction** = protest against (2) = functional response to / against frustration	SECONDARY (Reich's term)
4	**self-negation = turning against self** = **i.e. turning against against both (1) and (3)** - involves internalisation of the 'wounding object' on all levels across body / mind spectrum (through imitation, introjection and identification with the object) = unconscious attachment to internalised frustrating / suppressing 'bad' object - defined by what is *denying* and / or *suppressing* ('anti-libidinal')	
5	**adjustment process (compromise)** = habitual 'unnatural' accommodation to avoid pain whilst maintaining contact - defined by compensation mechanisms (what is *exaggerated*)	FAÇADE

Reich's diagram of 'turning against self'



Engaging with bodymind 7

- the client's conflict becomes the therapist's conflict
- using the body to minimise therapist's conflict (to reduce transferential pressure, body as gratifying short-cut or to circumvent resistance) - bodymind awareness to help inhabit the intensity of therapist's conflict

Engaging with bodymind 8

- bodymind phenomenology of working alliance
- working alliance taken for granted, wishful thinking or the therapist's responsibility
- rupture/repair oscillations/ambiguity of working alliance *as* bodymind process

Engaging with bodymind 9

- what does working alliance oscillate between?
- effortless, spontaneous bodymind alliance *versus* enactment

Relational Turn

- **= paradoxical heart of the therapeutic process**

see:

- **Soth, M. (2006)"What therapeutic hope for a subjective mind in an objectified body? " - in: Journal for Body, Movement and Dance in Psychotherapy Volumes 1 and 2 (June & September 2006)**
- **Soth, M. (2008) From humanistic holism via the 'integrative project' towards integral-relational Body Psychotherapy. In Hartley, L. (2008) Contemporary Body Psychotherapy - The Chiron Approach. Routledge**

Re-enactment in the language of Body Psychotherapy

It is impossible to pursue a therapeutic agenda of breaking through the armour or undercutting the ego's resistance without (being experienced as) enacting in the transference the person whom the armour/resistance first developed against.

The central significance of enactment for all psychotherapy

It is impossible for a therapist to pursue a strategy of overcoming or changing a dysfunctional pattern without (being experienced as) enacting in the transference the person in relation to whom that pattern originated.

The Relational Turn Michael Soth © 2004

Engaging with bodymind 10

- both the bodymind process and the relational heart of the therapeutic process are paradoxical
- most traditions teach it as linear (when it is an emergent non-linear process in the complex bodymind system of the therapeutic relationship)

Engaging with bodymind 11

- traditional psychotherapy is systematically defended against the paradoxical nature of therapy i.e. the ubiquitous, necessarily inherent, pervasive counter-therapeutic function of enactment in the therapeutic process

Engaging with bodymind 12

- multiple, multi-dimensional parallel process nature of enactment in the therapeutic relationship as a system = fractal self

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