**The Use of Body Psychotherapy in the Context of Group Therapy**

by Michael Soth


This was written as a contribution to the English version of the Handbook of Body Psychotherapy (originally published in German by Marlock and Weiss). The chapter sets out some basic principles for a bodymind approach to groups and group therapy, and gives some indications for further development in this rather uncharted territory. This chapter was written with input from Nick Totton.

**Introduction**

A review of the literature and the internet suggests that very little dialogue, let alone cross-fertilization, has occurred between Body Psychotherapy and the various traditions of group psychotherapy.

Therapeutic groupwork with a thematic focus on body-image (e.g. eating disorders, addictions) is common; and body-oriented work in groups exists in a variety of forms – for example Feldenkrais, Body/Mind Centering, Pilates, dance and movement styles including Five Rhythms and Laban, and Eastern practices like yoga, Tai Chi, Qui Gong; many of these only tangentially or implicitly attend to psychological and relational dynamics.

There are also Body Psychotherapy approaches practiced in groups, both within the Reichian tradition, and outside it (e.g. Pesso-Boyden Psychomotor System, Psychodrama, Process-Oriented Psychology, and Gestalt). However, in Body Psychotherapy, as defined by the EABP and the USABP, groups are mostly seen as a ‘mode of delivery’, rather than an integral aspect of what is being delivered. Little attention has been paid to the specific therapeutic terrain of the group itself.

Groups become a microcosm of each member’s life patterns and therefore manifest, mirror and bring to awareness in vivo, in immediate relational experience, a large proportion of the very issues which participants seek therapy for. At the same time, a creative and well-facilitated group dynamic and of itself can have transformative and sometimes healing effects on its members, in that it contradicts and counteracts earlier traumatic or damaging group experiences, in adult life or earlier in school or in our very first group experience: our families of origin. In this case, simply being present in such an emotionally healthy group can engender therapeutic changes which do not even rely on direct interaction with the therapist.

These are principles well-established in group psychotherapy which, of course, exists as a recognised discipline in its own right, comprising an ensemble of therapeutic modalities, which includes both humanistic approaches such as encounter (Rogers, 1973; Schutz, 1966), T-groups (Lewin, 1948) and Worldwork (Mindell, 1992), and psychoanalytic approaches including the tradition originated by Bion at the Tavistock Clinic (Bion, 1961), and the somewhat different methodology of Group Analysis pioneered by Foulkes (Foulkes & Anthony, 1965; for comparison see Ancona, 1996).

Historically, Body Psychotherapy has largely identified itself with the humanistic wing of psychotherapy (Totton, 2002), though some re-integration between psychoanalysis and Body Psychotherapy has been taking place over the last 20 years (Totton, 1998; Soth, 2004, 2005). However, Body Psychotherapy as a whole has been only very slightly influenced by any tradition of group work, analytic or humanistic.

There is a wide gulf between the largely verbal focus of established group work practice on the one hand, and the bodymind paradigm, concepts and techniques of Body Psychotherapy on the other. Any formulation of Group Body Psychotherapy principles needs to straddle this gulf and consider how the two disciplines can inform and cross-fertilize each other.

This chapter is an attempt at a broad-spectrum integration of diverse approaches to group psychotherapy that is specifically grounded in modern Body Psychotherapy and practically relevant for the Body Psychotherapist as group leader. It is viewing the group as a complex bodymind organism constituted by individual bodymind organisms, and subject to field
phenomena and collective and systemic processes not readily grasped by the individualistic focus of the psychotherapy field in general, nor traditional Body Psychotherapy in particular.

The humanistic influence on Body Psychotherapy and its limitations concerning group therapy

Body Psychotherapy owes much to the humanistic revolution, which also placed big hopes on working in groups, as these played a central role in the youth- and counter-culture of that time. However, alongside the many precious gifts we derive from the humanistic influence, we also inherit some fundamental limitations to our understanding of groups and group therapy. These limitations will be addressed by differentiating three related and overlapping polarities, which group therapists need to be capable of embracing and responding to flexibly and fluidly. One of the inherent contradictions of the humanistic revolution is its emphasis on groups and the collective, whilst also championing individual freedom over and against social constraints. As necessary and liberating as both of those elements were, arguably the underlying tensions were not fully resolved, and therefore humanistic aspects of groupwork practice remain influenced by that unresolved dichotomy, as well as a reactive bias against authority and any kind of hierarchy (see Bly, 1996). This – I suggest – is reflected in unworked-through attitudes towards three key issues in groupwork: (1) the conflict between individual versus collective perspectives; (2) the tension between power differential versus equality; and (3) the dialectic between structure versus unstructured space. Any formulation of Group Body Psychotherapy would therefore need to resolve, or at least address, these inherent dichotomies to the point where both the productive and the defensive aspects of each of the polarities can be appreciated.

The history of Body Psychotherapy in the UK was significantly influenced at one point by these conflicts in a way which directly impacted my early training: an organisational crisis at the Boyesen Centre in the early 1980’s was focussed on the tension between biodynamic and psychodynamic approaches to group and organisational dynamics. At that point, the inherent paradigm clashes could not be held and resulted in a split and the departure of a group of trainers who then formed the Chiron Centre.

Individual versus collective

As made explicit throughout this volume, therapeutic theories and values are informed by social and historical context. The more the prevailing zeitgeist sees human pathology as an individual issue, rooted in individual psychology, the more we tend to use therapy to work out our own ‘private salvation’, probably resulting in therapeutic adjustment of the individual to the social climate. The more, however, we see psychological dysfunction as a healthy response to a dysfunctional social environment (Foucault, 2001; Laing, 1990; Szasz, 1984) the more our conception of a comprehensive therapeutic approach needs to include group work. It is in the group as a ‘mini-society’ that humans as social beings can become aware of and possibly resolve distressing and dysfunctional interpersonal patterns. To the extent that both the origins and manifestations of psychological pain are socially constructed and transcend dyadic relating, groups can be considered the ideal setting that both constellates and confronts as well as helps us to work through some of these issues at their root.

The first perspective – espousing the capacity for individual freedom (as, for example, suggested by Gestalt) – holds that group members need to take responsibility for the ways in which their individual psychology contributes to the group dynamic. The other polarity – emphasising the power of the collective over the individual (as, for example, suggested by a systemic perspective) – sees the group as creating certain roles which – in the extreme – need to be filled by somebody, and that individual psychology merely influences which role a group member is more prone to being drawn or pushed into. Yalom, in one of the seminal texts within the field, says: “Does group therapy help clients? Indeed it does. A persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit.” (Yalom, 2005, p. 1 xxx)

In spite of its awareness of socio-cultural influences, humanistic practice has often focussed on the individual and their ‘inner’ capacity for change. Thus the traditional methodology of Reichian, Post-Reichian and Gestalt therapy was primarily focused on the individual within the group, resulting in what might be called ‘public individual work’. Typically (and with some significant exceptions like Estella Weldon, and Jacob Statman (1989, 1991) from Unitive Psychology), the group leader would conduct individual sessions in the middle of the group, with the other group members functioning as props, stand-ins for significant others, and/or sources of feedback after the work. Undoubtedly, this can be a powerful way of working: as sessions are conducted by the therapist, and therefore usually uninterrupted, this allows the work to find both depth and resolution; thus often triggering other group members’ own material and leading to
further sessions in the middle. And even group members who do not work in the middle can derive significant relief and learning from witnessing other people’s resolution. However, with the focus of the group leader mostly on individuals, or at best on the relationships between individuals within the group, large areas of the group’s therapeutic potential remain unexplored. With most of the communication flowing through the therapist as the hub of the group, the two principal areas that get neglected within this format are: a) the spontaneous unstructured and unmediated interactions between group members; and b) the dynamics of the group as a whole.

In established group therapy practice, it is precisely these two areas that are seen as essential: “One of the most important underlying assumptions […] is that interpersonal interaction [between group members] within the here-and-now is crucial to effective group therapy” (Yalom, p. xv), and, “There is little question of the importance of group-as-a-whole phenomena” (Yalom, p. 193).

A first principle for Group Body Psychotherapists would, therefore, have to be the capacity to work across a whole spectrum of formats, including both conducting individual sessions in the middle and attending to the spontaneously unfolding group dynamic between participants as well as the group-as-a-whole.

Power differential versus equality

The term Group Body Psychotherapist does not – yet – exist. Humanistic groupwork uses the term ‘facilitator’ to convey the implicit notion that no imposed guidance of the group by a ‘leader’ is required, and that the group is quite capable of organising and regulating itself, with the catalytic help of a facilitator. The term ‘facilitator’ (Heron, 1999) thus reflects an important anti-authoritarian and anti-patriarchal perspective on group work and collective reality, and circumscribes a long-established body of knowledge, attitudes and practice. However, it could be argued that – deriving as it does from humanistic influence – the term ‘facilitator’ does not sufficiently include the legitimate function and purpose of authority, as would be implied in the roles of ‘group therapist’ or ‘group analyst’. There may be aspects of the group’s reality that cannot be accessed or disclosed by the facilitator’s egalitarian stance, which such group practice may therefore remain oblivious of. One of the dividing lines between the humanistic ‘facilitator’ and the analytically-oriented ‘group therapist’ is the question: what group and leadership functions are required to perceive, reveal and work with the ‘unconscious’ both of the individuals and the group as a whole?

The more emphasis is placed philosophically and theoretically on the opaqueness and the vicissitudes of the unconscious, the less likely it is that a purely catalytic facilitator function is sufficient to create the necessary safety for unconscious dynamics to manifest fully in the first place, let alone making it possible to address them. Considering that much human pain originates in relationships characterised by power differentials, the humanistic emphasis on equality and its bias against oppressive authority often leads to the superficial avoidance of power issues, rather than their radical transformation.

A second underlying principle for Group Body Psychotherapists is the capacity to remain unbiased in terms of power differentials versus equality, and to hold the tension between these polarities in such a way that the group unconscious can be allowed to ‘co-construct’ the therapist according to the prevailing, emergent dynamics within the group. This means the group therapist does not unilaterally determine their stance based on their own beliefs and principles, but remains susceptible to the transferential realities called forth and required by the group. Any premature declarations of the group leader’s own convictions and preferences regarding power issues tend to have the effect that uncomfortable power dynamics are side-stepped and minimised, rather than recognized, owned and worked through.

Structured group work versus unstructured space

Although nearly all Body Psychotherapy training happens in groups - a tradition that has accumulated considerable group experience over the decades - both the content and the educational purpose of the training modules often tend to discourage the open, unstructured space required for therapeutic attention to the group itself as well as to the transferential position of the combined tutor-leader-group therapist.

One specific advantage of psychoanalytically influenced group theories is the significance they give to unconscious dynamics and their impact on the group leader (Anzieu, 1984). Unconscious dynamics, generated by particular individuals or the whole group, tend to create uncomfortable conflicts for group leaders who find themselves implicated in what feels like impossible dilemmas. One way of avoiding these dangers is for leaders to over-structure the therapeutic space by providing a constant stream of activities that require the giving of instructions, somewhat like a nursery teacher. This does not deny the value of the wealth and breadth of creative group exercises being used by humanistic facilitators and therapists, both within the Body Psychotherapy tradition and its surrounding field. In their emphasis on experiential exploration, participants can discover themselves and gain awareness in many powerful ways, reaching from body-oriented work to psycho-dramatic techniques. The therapist assumes
the beneficial role of providing activities that – within an overall reparative framework of positive transference to the group and the leader – enable safe and productive exploration and individual development. One ingredient in such a framework often is the unwritten assumption that the group is conceived of as the positive ‘anti-family’ to the originally damaging ‘bad family’. However, through participants consistently co-operating within the structures given by the leader, powerful unconscious forces may be stopped from manifesting, both in relation to the group and to the therapist. By providing a consistent flow of nurturing and enlivening structure and taking a proactive, guiding and facilitative-educative stance as an unquestioned benign and parental figure, the therapist is protected from anything other than compliant responses on the part of the participants. But we notice that any given structure, when employed habitually, will tend to be used and usurped by participants’ defence and control mechanisms, which quickly learn to adapt and ‘play the game’. Some flexibility and fluidity between structure and structure-less-ness, and a commitment to both as part of the group experience, is best suited to bring out such rigid and defensive adaptations and maximise the potential for addressing these effectively.

Body Psychotherapists are conversant with the tension between an educative, guiding, interventionist therapeutic stance on the one hand versus an allowing, receptive, patient presence on the other. The latter, called – for example – the ‘midwife approach’ by Gerda Boyesen (1994), relies on the creation of an unstructured space that trusts ‘being’ and invites the ‘impinging of impulses from within’.

The same tension between contradictory stances on the part of the therapist applies to groups: providing structure from within an energetically-attuned, involved position can be experienced as facilitative and reparative in itself. But open unstructured space is equally required and has many benefits: it allows and invites spontaneity and communicates both acceptance and faith in ‘what is’. By allowing unmediated spontaneous impulses to manifest in the group, both deeply conditioned shadow aspects or regression to primitive realms of experience may emerge, as well as unthought-of new ways of relating. Thus unstructured space allows and invites what Winnicott considered a crucial therapeutic ingredient – play: “A freely interactive group, with few structural restrictions, will, in time, develop into a social microcosm of the participant members.” (Yalom, 2005, p. 31)

This spontaneous emergence both of the participants’ self-sabotaging interpersonal patterns in relation to each other, and the often unexpected self-regulating and self-healing capacities of the group can be ‘structured out of existence’ by a facilitator who is too active and central. Once unstructured space has allowed participants’ patterns to manifest, there “... is no need for them to describe or give a detailed history of their [interpersonal universe]: they will sooner or later enact it before the other group members’ eyes.” (Yalom, ibid.)

Group therapy is therefore an effective avenue into characterological issues and how they organise a person’s relationships. It is in the fluidity between these poles of structured and unstructured space that group therapists can maximize both containment and spontaneity, security and novelty.

A third working principle for Group Body Psychotherapists is the capacity to be familiar with the advantages and disadvantages of both structure and structurelessness, and to hold the tension between these polarities.

Towards an integration of Group Therapy and Body Psychotherapy

A dialogue between the estranged traditions of body psychotherapy and group psychotherapy involves …

a) bringing a group perspective (Bach, 1954; Houston 1994) to psychological and therapeutic areas neglected by Body Psychotherapy, and

b) making the theories and techniques of Body Psychotherapy accessible and available to a field that is still largely steeped in body/mind dualism, by applying a holistic perspective to group phenomena and approaches.

Beyond the simple mutual cross-fertilization of the two estranged traditions, a possible integration of bodymind and group perspectives may generate a new sensibility and new ways of framing the therapeutic endeavour altogether, by addressing more explicitly its socio-political context and opening up new ways of perceiving, understanding and intervening therapeutically within the ‘body politic’. For this purpose, we need a socio-bio-neuro-psychological meta-model of therapy that is not only relevant to groupwork, but to the underlying assumptions governing the modern practice of therapy in all its forms.

Body Psychotherapy’s contribution to groupwork

By including the body as one significant ingredient in the therapeutic encounter, Body Psychotherapy has developed certain central attitudes that are relevant not only to specifically body-centred work, but have a contribution to make for all therapy and therapists (Totton, 2005).

‘Bringing in the body’

The most obvious and basic contribution of Body Psychotherapy is, quite simply, to include the body, welcoming and attending to the bodily experience of participants and leaders, in just the same way that one might do with any other aspect of
experience. Thus, group members are encouraged to share and explore body sensations, impulses and symptoms, just as they might share emotions, fantasies and thoughts; and these body experiences are considered as valid and important contributions to the group’s knowledge of itself, as well as the individual’s self-understanding. In parallel, the leaders will consult their own embodied experience, asking themselves how shifts and alterations in the flow of their embodiment express countertransference responses to the group and its members. Beyond and arising out of this attention to and sharing of body awareness, Body Psychotherapy follows and surrenders to ‘embodiment’ as it manifests in all kinds of spontaneous processes.

Many group cultures require members to participate mainly through contributing impulses that have been reflected upon and suitably channelled or censored. But since group members allow for and arrange themselves around everybody else’s control mechanisms, an exploratory space of ‘play’ is unlikely to emerge without judicious encouragement of spontaneous impulses and their expression.

Psychotherapy has a traditional bias towards symbolisation and reflection, equating action with ‘acting out’, and discouraging spontaneity in the supposed pursuit of ‘meaning’ that is understood to be mental. Although Body Psychotherapy is pervaded by an equivalent and opposite bias, leading to an oversimplified notion of spontaneity (Soth, 2000), it can nevertheless help to counterbalance this bias and encourage the emergence and the creation of meaning through following spontaneous impulses (see Cpt. 13: “Body Psychotherapy as the Reanimation of the Self: A depth-psychology and phenomenological-existential perspective.” by Gustl Marlock, in this book).

**Example 1:**

*J* had consistently been the quietest group member throughout the first six of twelve weekly sessions. Nobody – not even herself – had noticed what was obvious with hindsight: having a tendency to arrive late, she never sat anywhere other than opposite *T*, easily the most verbal and intellectually articulate participant. Tonight she finally took issue with what she perceived as the most verbal and intellectually articulate participant. Using the group

The facilitator noticed that his own laugh has acquired several meanings. He felt caught between what both *J* and *T* were making sure was most certainly not a confrontation. He also noticed that – apparently – his laugh carried more weight, with both *J* and *T*. On the surface this was an issue between two individuals, and the facilitator initially pursued it as such, asking *J* to experiment with coughing ‘at’ *T*. The cough soon became a direct challenge and an open expression of her hostility for him. The dynamic between the two of them was quickly established and took its time to unfold, with *J* and *T* owning their mutually negative feelings towards each other. This was a moving exchange, but with a deeper layer of significance: later in the work, the facilitator began to think of *J* and *T* as the protagonists of two quite polarised ways of being, both in the group and in the world.

On the most simple level, their relationship reflected the polarisation between ‘articulate’ mind and ‘inarticulate body’, and the question whether – in Gaie Houston’s words – the “verbal self” is used “as a tool to enlightenment rather than neurosis-maker” (Houston, 1994, p. 82). It was through the leader not only trusting, but actively encouraging *J*’s coughing that an apparently meaningless and otherwise unconscious element of the group dynamic, carried in the body, could unfold and reveal its relational meaning. Where verbal exchange is taken for granted as the dominant or exclusive mode of interaction, such a body symptom could easily have been overlooked as ‘irrelevant data’; it requires a particular holistic sensibility, as developed in Body Psychotherapy, to notice and value *J*’s spontaneous bodily expression as communication, especially in contrast to *T*’s defensive disconnected mind.

For sure, there are many other facets to the polarisation between *J* and *T*, rooted in their contrasting individual identities, reflecting their particular life stories and especially how they each found ways of coping with pain whilst getting some form of attention. But if we do not reduce such conflicts to individual issues only, we recognise that one dimension which groups often polarise around is the body-mind split, dividing the group into one faction essentially afraid of the body and identified with the rational mind over and against spontaneity and an opposing sub-group identified with vitality, expressiveness and impulsivity. The first group needs to control the body, whereas the second feels imprisoned unless it is given free reign. The group thus manifests and plays out unresolved cultural conflicts which none of us entirely escape. Each participant’s identity is bound to have been organised in partial and biased ways around these painful conflicts. And each participant will therefore tend to maintain and defend that identity, inexorably drawn towards a particular characteristic position in the unfolding group dynamic. A crucial step for the facilitator is to think of these polarisations as manifesting not only between people, but also within each group participant. Using the group
scent technique (which is infinitely adaptable to a whole range of situations), the leader suggested that everybody line up with either ‘J’ or ‘T’, depending on whom they felt more identified with. A lively interaction between the two sides of the room ensued, with a predominantly goading and rauous rather than hostile undertone. The group ended feeling energised, as one unexpected aspect of the exercise was that people found themselves repeatedly switching sides.

An essential skill for the group leader is therefore the capacity to recognise the parallels between intra-psychic, interpersonal, group and cultural dynamics, and to see how each level reflects the others. The group leader is then able to use each level flexibly as an avenue into the others, shifting backwards and forwards between internal and external, individual and collective, using appropriate techniques in each domain. Where group participants present partial identities, specialising in one or the other domain to the exclusion or neglect of others, the leader can thus facilitate a group awareness that is oriented towards a wholesome embrace of both individual and cultural splits.

The group as a whole – the group as an organism

The perception of the group as a whole entity, rather than just a collection of individuals, is of course central to systemic (Agazarian & Peters, 1981), field theory (Lewin, 1951) and psychodynamic approaches to groups:

“As Bion (1961) noted, we may observe individual gears, springs and levers and only guess at the proper function, but when the pieces of machinery are combined, they become a clock, performing a function as a whole, a function impossible for individual parts to achieve. Appreciating the group as a whole requires a perceptual shift on the part of the observer or consultant, a blurring of individual separateness and a readiness to see the collective interactions generated by group members.” (Banet & Hayden, 1977, p. 157)

Rather than a ‘clock’, however, Body Psychotherapy sees the group as a living organism, or energetic entity. In contrast to mechanistic models of groups, this picks up on the important fact that the group members are organisms, and suggests that the group is an emergent entity no less complex – and embodied - than the individuals who make it up.

Like an organism, a group is a complex living system, which needs to change and develop in order to sustain its evolving dynamic integrity. Like an organism, it needs both to interact with its environment by opening its boundaries, and to also maintain its separate identity by closing them.

Phases of group development - the orgasmic cycle

Like an organism, one of the most basic features of a group’s experience is that its development can be seen to go through cycles and that the group itself has a life cycle.

Since its inception, groupwork theory has generated – mainly linear – models of the phases and stages of group development (Bennis & Sheppard, 1978; Feder & Ronall, 1980; Houston, 1993); the most famous one being captured by Tuckman’s (1965) phrase, “forming-norming-storming-performing”.

Body Psychotherapy has made its own contribution to our understanding of the cyclical aspect of any living process and relationship. Reich’s original ‘orgasm formula’, the process by which ‘energy metabolism takes place in a four-beat rhythm of tension, charge, discharge, and relaxation’ (Reich, 1983), was developed further in a variety of ways and appears in Gestalt, Hakomi, Biosynthesis and Biodynamic Psychology models, amongst others.

Randall & Southgate’s pamphlet (1980), entitled ‘Co-operative and Community Group Dynamics: Or, Your Meetings Needn’t Be So Appalling’ explicitly applies the Reichian concept of the orgasmic cycle to group life (focussing mostly on various kinds of work groups rather than therapy groups), but distinguishes further between the ‘creative orgasmic cycle’ and the ‘destructive orgasmic cycle’: groups begin with the process of nurturing; move on to ‘energising’; then reach a ‘peak’; after which the group moves into ‘relaxing’. A destructive group, however, follows the same cycle, but with a different emotional tone: ‘destructive nurturing’ involves smothering, withholding, paternalism and dependency; ‘destructive energising’ is dominating and conspiratorial; the ‘destructive peak’ is explosive and fight-or-flight; and ‘destructive relaxing’ is false and illusion-based. This model combines Reich’s four-phase cycle with Bion’s understanding of the destructive potential of the ‘basic assumption group’ (Bion, 1961).

An embodied perspective can thus bring an added dimension to models of group development, first theoretically by complementing linear models with the cyclic phenomenology of living systems, and second by translating these principles into embodied group practice – whether over a weekend, or over a year of weekly meetings – through ‘energetic perception’ and an understanding of each member’s characterological barriers to certain phases of the group cycle (see Cpt. 100: “The Existential Dimension of the Fundamental Character Themes” by Halko Weiss in this book).
**Group energy**

The Randall & Southgate model of group life is basically an ‘energetic’ model, consistent with Reich’s functionalism, and tying together the life of the body and that of the mind: therefore physical, physiological, neurological, sexual processes are seen as being interwoven with, and functionally identical with, emotional, imaginal and various mental processes in a dynamic whole which can be tangibly experienced.

Our energy is our aliveness. It is the stuff that creates the continuity of our life. We wake up with it, we go to bed with it, it is present in our waking and sleeping dreams. ... It is the ground from which our living emerges. ... In a way energy is nothing special, but it is the glue that binds everything together and connects us to our essential self. (Heckler, 1984, p. 58-59)

The equivalent in a group context – and one which is employed by many who are not Body Psychotherapists – is to talk about ‘the energy in the room’ and what it ‘feels like’ – even what it ‘wants’ or is ‘trying to do’.

In many ways, the term ‘energy’ is co-extensive with what we might call emotional tone - what Daniel Stern calls ‘vitality affect’ (Stern, 1985, pp. 53-60). The ability to read vitality affect is central to group facilitation, and there are many passages in Reich’s work which anticipate the significance of vitality affects (Totton, 1998, pp. 166-169) and how they interweave with sensations and movements. Reich often likened the energetic functioning of the human bodymind to a pulsating amoeba, a notion that is echoed throughout our tradition:

> Energetically speaking, the whole body can be viewed as a single cell with the skin as its membrane. Within this cell excitation can spread in all directions ... One can experience the flow of excitation as a feeling or sensation which often defies anatomical boundaries. (Lowen, 1971, pp. 51-52)

Attention to this basic level of aliveness underpins and informs the therapist's perception: there is the energetic state of the particular participants; and also that of the group as a whole, the ‘emotional weather’ of the group. In the 1960s and 70s, political meetings often appointed someone to act as ‘vibes watcher’ and give periodic reports on the emotional atmosphere – in particular, to bring awareness to ‘stuck’, ‘heavy’, ‘anxious’ or ‘jumpy’ vitality affects.

**‘Charge’ as an embodied relational notion of energy**

As has been explored elsewhere in this volume (see Cpt. 14: “Energy Concepts in Body Psychotherapy” by Andreas Wehowsky), rather than being clearly defined, the range of meanings that the term ‘energy’ holds within the Body Psychotherapy field is diverse, contradictory and is best understood as multi-dimensional.

Traditionally, the Body Psychotherapy tradition has tended to favour cathartic expression, aliveness, and the flow of energy, over inhibition, numbness and ‘stuckness’. Whilst this has provided a useful counterbalancing of the disembodiment structured into our culture, it is – as Perls criticized (1951, p. x-xi) – not always a therapeutically productive position, nor one that actually facilitates true spontaneity. Imagining the therapeutic task as “liberating the animal” and its life energy (Reich, 1983) can have a profoundly different effect from therapeutic attention to the conflict between flowing and blocked energy, aliveness and ‘resistance’, especially in a group.

In trying to overcome the body-mind split, the Body Psychotherapy tradition has often swung from one extreme to the other: from mind-over-body dominance into body-over-mind, leading to oversimplified notions of ‘spontaneity’ (Soth 2000) and ‘energy’. Imagining the therapeutic task as “liberating the animal” and its life energy (Reich, 1983) implies taking a polarised position in the conflict between mind and body. As I have suggested elsewhere, following in the footsteps of Reich’s ‘mission’, generations of Body Psychotherapists have tended to construct their therapeutic position as an “enemy of the client’s ego” (Soth, 2005). Whilst consciously working to overcome the client’s body-mind split, it is perfectly possible for a body-oriented therapist to actually end up exacerbating it or enacting it relationally, precisely by polarising against the dualism inherent in the split (Soth 1999, 2006). In siding with the body against the mind, we have tended to favour cathartic expression, aliveness and the flow of energy over inhibition, numbness and stickiness. Whilst this has provided a useful counterbalancing of the disembodiment structured into our culture, it is – as Perls criticized (1951, p. x-xi) – not always a therapeutically productive position, nor one that actually facilitates true spontaneity. Rather than favouring expression over inhibition, Perls therefore insisted on therapeutic attention to the conflict between body and mind, between flowing and blocked energy, between aliveness and ‘resistance’ (and pointed out the degree of energy contained in resistance).

Contrary to Reich’s own meta-psychological conception of mind and body as being antagonistic expressions of an underlying functional and energetic unity (Reich 1983), in actual Body Psychotherapy practice the notion of energy has often been reduced to the vitality of the body alone. Consequently, the associated concept of ‘charge’ is usually understood to refer to the degree of energetic aliveness in the client’s physical body, which can be influenced through conscious breathing, physical exercises and stress positions, and is observable, and even measurable, from the outside. However, this fails to take into account both the ‘charge’ in the mind (Lowen’s notion of...
(1971) of the brain as a ‘condensator’ of energy) and the relational charge arising from the subjective and inherent meaningfulness of contact - with the environment, with an ‘other’ or with the self (in Perls’ phrase (1951) “inherently vibrant contact”).

If we expand the notion of charge beyond Reich’s very literal, bodily sense of libido (Totton, 2003; Soth, 2005), it can become a helpful, embodied-relational term to describe the bodymind phenomenology of both intra-psychoic and interpersonal dynamics, including transference and countertransference: a crucial ingredient in the therapist’s awareness and attention. Reflection on countertransference often boils down to a contemplation of charged moments in the therapeutic relationship.

These considerations become relevant for the group therapist, because – by a reverse parallel process recognised in group dynamics – the group often expresses the leader’s own unconscious processes. As long as Body Psychotherapists operate from within an habitually biased, one-sided notion of energy, the group will tend to reflect this bias by splitting into compliant and resistant factions: one part of the group favouring expressiveness and impulsivity, the other tending to be more withdrawn, inhibited, quiet, and feeling shamed and unsupported.

Perls’ focus on awareness of the conflict, rather than on sidings with the supposedly ‘alive’ body against the supposedly ‘deadening’ mind, as well as Gestalt’s paradoxical principle of change (“change happens when we accept what is” - Beisser 1970), give the group therapist a more balanced, less habitually proactive position, suited to allowing both the group’s unfolding in ‘unstructured space’ as well as still retaining the capacity for decisive and determined intervention. Our embodied countertransference can then guide our attention to how the conflicts between body and mind, aliveness and numbness, expression and inhibition, engagement and withdrawal, are being played out within the group. Individual and collective issues around ‘charge’ and ‘contact’ are being expressed in the here-and-now, and manifest patterns of ambivalence around aliveness and relatedness.

Example 2:

In a supportive group atmosphere, P had over some weeks increasingly got in touch with how much he had missed just such an atmosphere in his life, and in his family of origin. “I always thought my longing for a more loving family was a pipe dream, an impossible ideal. I did not think it might actually happen.” He then fell into a phase of depression, with the ‘wasted years’ weighing heavily upon him and feelings of despondency and hopelessness actually beginning to separate him from the group. One evening, the group encouraged him to contact his passion and aliveness which they vividly remembered from just a few weeks before, but the more they tried to rescue him and nudge him towards an apparent group consensus of ‘health’, the more he felt dead, isolated and misunderstood. The group leader noticed P’s impulse to draw his knees to his chest and curl up. Encouraged to follow this, P started rocking and finally rolled onto his side, into an isolated foetal position. The therapist drew P’s attention to his breathing, which had nearly stopped. This prompted P to remember how, as a child, he used to lie on his bed like this and experiment with holding his breath: how long could he survive without air?

What eventually allowed some transformation was the further insight that the impulse behind these breath experiments went right back to his parents’ divorce: an almost superhuman desire to control the one thing in his life which might not be out of his control: his breath. Although his body felt dead and immobile, there was a lot of charge in the recognition that these attempts at control were still continuing to this very day, right here in the group. The charge then moved into his contact with the group: the love he had received in the group threatened his life-long established identity, and provoked this regression into an accurate replication of what had actually been his childhood reality. But was he now going to allow another outcome? This question precipitated an opening of the floodgates, and he broke down into profound and uncontrollable sobbing. Some group members spontaneously came towards him, and he allowed himself to be held and rocked. The group surrounded him and touched him, until naturally he felt soothed and his crying subsided. As the group continued over the following months, nobody was in any doubt that this session constituted a profound turning point in P’s life.

This example illustrates various points:

a) The importance of the facilitator not siding with the group in their definition of ‘health’, but giving attention to the charge as both an embodied and a relational phenomenon: by not reducing charge to ‘energy in the body’, the therapist allowed the possibility that there can be a lot of charge in the reflective and contactual awareness of a frozen, paralysed state of embodiment, or even disembodiment.

b) The importance of touch: the group had created enough safety for dis-inhibition and spontaneous gestures, to allow members to respond warmly and authentically to P’s distress. Had he been left alone in the isolated state, his ‘felt sense’ of the group would simply have been a re-enactment of his childhood scenario. At such times, the group transcends the individual therapist and, to some extent, functions as a substitute parent, without some of the major transference implications which would be inevitable in individual work. It opens up touch as a culturally neglected and underrepresented avenue of social interaction, and reinstates its essential function in human bonding.
c) The transference implications: whilst, in this case, no major transference fall-out seemed to occur in the further development of the group process, such a possibility cannot be ruled out. Whether the group or the therapist become an idealised ‘good object’ as a result of such a session, and then locked into a demand for further, potentially collusive gratification, depends on many factors, not least whether the regressive experience was forced prematurely, involved a degree of compliance or self-conscious cathartic ‘performance’, and whether it was completed and integrated. An organic, containable and transformative unfolding of regression within the group context is supported by the therapist modelling attention to both resistance and cooperation; inhibition and expression; spontaneity and reflection, as valid modes of contact.

Emergence (‘going with the flow’)

Whereas, in the past, leadership and the process of change were seen as ‘top-down’ affairs, the science of complexity has discovered and postulated the emergence of new patterns from the ‘bottom-up’. Ideas such as dependence on slight variations in initial conditions (the ‘butterfly effect’), self-organisation in complex systems (‘autopoiesis’), bifurcation and strange attractors, all point to a new understanding of how change comes about, and what the leader’s role may be in it (Coveney & Highfield, 1995; Maturana & Varela, 1987). Rather than painstakingly pushing incremental, linear change, leaders can attend to emergent processes in the system as indicators of impending discontinuities and quantum leaps of non-linear change by following the intuitive impulses of the body (Durkin, 1981).

Body Psychotherapists are at home with the notion that transformation need not be an imposed effort, a disciplined application of will; for decades, we have been working with ‘emergence’, the idea of ‘going with the flow’. As illustrated above, we have learned to trust and follow spontaneous bodily impulses, even if – to begin with – they do not yet make sense. Complexity theory thus confirms many of Body Psychotherapy’s basic assumptions regarding self-regulation and the body-mind relationship (Carroll, 2002). Emergent process tends to announce itself in subtle, almost imperceptible ways, arriving outside established structures, group norms and dominant awareness (Mindell, 1995). The participants’ bodies and their subliminal cues are a principal route for emergence – an area in which Body Psychotherapists have the perceptive and emotional skills to profoundly affect groupwork practice.

Projection

A group can work as a projection screen for each member’s ‘inner world’, a complex social organism onto which inner figures and relationships can readily be projected. This, in turn, can become a fertile ground for the therapeutic work of re-owning projections, leading to increased self-awareness. Body Psychotherapy can contribute important perceptual, theoretical and technical skills to this work – for example, the subliminal non-verbal anchoring of projection mechanisms, the bodymind characterological basis for repetitive patterns of relating in groups, and the energetic-cathartic working-through of such patterns. These skills put facilitators in a better position to notice, access and pursue the shifting tapestry of projections as they follow each other in quick-fire succession; and this helps the group to become more like ‘real-life’ and thus to go deeper.

Example 3:

In the last hour of a first group session, participants were invited to move through the room, experimenting with gazing and not gazing at each other. They were asked to notice the three people in the group they experienced most ‘charge’ with – whether pleasant or unpleasant – and to trust their physical and gut reaction to each person. In the next session, this was explored further, through each participant imitating, mimicking or quietly miming the three people that they had picked the previous week. This provided material for the group, both through the accuracy of the imitation (for the imitated person), and through bringing attention to the non-verbal anchors for projection (for the imitating person).

G, for example, mimed S – one of the women which would later be recognised as being given high-status by the group – as gesturing and moving in a slow, deliberate and composed fashion. In G’s mind, this connected S to G’s older sister, M, who had been frequently abused and traumatised, leaving her in a semi-catatonic state. G had only recently found out about the abuse, but, throughout their lives, had always felt guilty about being impatient with M.

The non-verbal exploration drew attention to a nascent projection on G’s part, which was distinctly different from how other members perceived S: they felt impatient and irritated with what they perceived as S’s slow speech and hyper-controlled, deliberately calming manner. In this case, G’s projection of her sister M onto S had several functions: on the one hand, it was a competitive attempt to weaken S’s position in the group, but, on the other hand, it gave a profound insight into a hidden side of S. During the exercise, when others imitated her, S discovered the degree to which her posture and mannerisms resembled her controlling mother, whom she had introjected. G’s perspective on this high-status, domineering behaviour later opened up important avenues for understanding that behind the controlling attitude of S’s mother lay buried hidden trauma.

This example is, of course, not meant to suggest that non-verbal work pre-empts and avoids
projections, but rather that it deepens them, connecting them to their pre-conscious roots in sensory and bodymind processes. All of the projections involved would have occurred, anyway, subliminally, but working through the body allowed both their explicit, felt recognition, and the transformative potential of the kernel of perceptive accuracy.

Character styles as embodied interpersonal patterns within the group dynamic

Character patterns are both communicated and perceived – as well as experienced in the first place – in predominantly somatic ways. Their restrictive inertia is felt, and perceived by others, as ‘embodied’. Since these patterns are frequently experienced as ‘normal’ (or ‘ego-syntonic’), the group provides a profound feedback system against which the pattern can stand out as something that can be questioned rather than taken for granted.

Example 4:

T and R developed an intense love-hate relationship throughout the course of a group. T was a tall, skinny, languid, shy man in his late 20s with a history of medium-term relationships with older women who basically mothered him. This would develop into a downward spiral, with both partners increasingly resenting his dependency. R, a woman in her late 30s, who had joined the group after her divorce from a man she felt bullied by, was the perfect match for T’s pattern. She found his reluctant helplessness quite cute, and certainly unthreatening, and he appreciated her steady attention and nurturing attitude. Bion (1961) observed that such pairing is a common reaction in groups, often serving a defensive function and helping both people avoid engagement with the group. This ‘coupling’ can shut out the rest of the group, setting up rivalries and envy of the ‘special’ intimacy. In this case, T and R could be seen to fit what character theory describes as oral and masochistic holding styles, respectively. Rather than directly interpreting the defensive aspects of T’s and R’s pairing, the facilitator used their body language, when sitting next to each other, to draw attention to how they were shutting the group out. They were turned towards each other, their backs rounded and shielding the space between them. This developed into a scenario where the two of them were given special attention by the therapist, whilst the group crowded around at a distance. In both allowing and embodying the dynamic, interpretation became unnecessary: through attending to a shared sense of diffuse bodily tension, T and R discovered how much they were already protecting themselves in anticipation of envious attacks. The therapist encouraged them to deliberately and actively protect themselves; after explicitly confronting and jointly shouting at the rest of the group, it became obvious to both of them how, in their different ways, they were projecting a hostile family environment onto the rest of the group: T felt ignored and neglected, whereas R expected shaming and humiliating responses, denying her right to intimacy. The short-term effect was that T and R began to see each other more realistically, including each other’s defensiveness, rather than being united against a shared common ‘enemy’.

Regression and transference processes

The number of conscious and unconscious, verbal and non-verbal messages communicated in a group increases exponentially as compared with one-to-one contact, making any attempt at control a hopeless undertaking. Beyond a group size of ten, we are confronted with such a multitude of dynamics that it approximates a ‘mini-society’ – a sense that some people find containing and others utterly threatening.

The uncontrollable diversity and complexity of collective process overwhelms the individual ego and explains the regressive potential of groups. Another source of regression is a culturally neglected, but intense longing for community – what Paul Goodman, one of the co-creators of Gestalt, called the communitas aspect of therapy (Goodman 1947).

Regression has long been recognised as a powerful and valuable therapeutic tool, though a double-edged one. If anything, Body Psychotherapy intensifies and enhances regressive tendencies: “Touch is our earliest language, and capable of taking us back instantaneously to our most primitive universe” (Conger, 1994, p. 13). We commonly find that, if an individual resists awareness, then any movement towards embodiment will be regressive (or at least experienced as such). Although regression does entail dangers of re-traumatisation, one can assume – like Winnicott – that it can allow “an unfreezing of an environmental failure situation” (Winnicott, 1954, p. 287), and that transformation of deep structural psychic wounds cannot occur entirely without it.

In a group context, regression and associated transferences can take on a particularly trauma-laden, primal quality. In particular, there can be a form of ‘transference onto the group as body’, including ‘the group as the body of mother’: since the group is so much ‘bigger’ than the individual, the transference is frequently infantile, with qualities of needy dependence, destructive envy or helpless terror. Leaders can, of course, have similar countertransference experiences of the group.

We can usefully distinguish between several levels of transferences: a primitive, potentially more overwhelming transference to the group as a whole and more differentiated transferences towards particular people within the group, including the facilitator. An intermediate level, which in practice constitutes the bulk of the work in ongoing group situations, is to the group as family, with each member experiencing the group as a re-creation of their ‘primary scenario’ (Rosenberg, 1989).
All levels, of course, co-exist and intermingle in the group and in each individual, but a detailed exploration of transference-countertransference as bodymind processes is beyond the scope of this chapter (but see Soth, 2005, 2006).

**Example 5:**

In a group facilitated by two therapists, one was working with a conflict between L and D, which had been brewing up for most of the morning. She supported them in fully expressing the anger they felt towards each other, culminating in some lively (still predominantly controlled) pushing and shoving, together with a lot of shouting and swearing. This dramatic scene riveted the group’s attention. Fortunately, though, as it turned out, the other therapist noticed that G, on the far side of the group, was pale and tearful. The therapist sat with him and silently supported him while the scene played out, then asked whether he could share what had been happening for him throughout the process. His bystander reaction of helpless shock was picked up by several other participants, and turned out to be a crucial turning point in the group process, bringing out the fearfulness that had been hidden within L and D’s interaction, and in the group generally.

This example hints at the complexities involved in doing justice both to individual experience as well as group processes. At one extreme, the individual outsider, or even scapegoat, may be the last bulwark against a mob-like group psychosis, and function as the ‘disturber’ who is the harbinger of new group consciousness (Mindell, 1995). At the other extreme, the degree and depth to which individual pathology with its blind projections interferes with a ‘longing to belong’ may never be thrown into starker relief than against the backdrop of the collective wisdom of a healthy and containing group.

The group therapist needs to be open and sensitive across the whole range of pathologizing dynamics, from the individual caught in a pattern of ‘poisoning’ the group, to the group driving the individual mad with peer pressure and demands for conformity.

**A socio-bio-neuro-psychological paradigm – beyond individual therapy?**

Bridging the intra-psychic and interpersonal-social domains, as well as the biological-neurological and psychological has been intuited as a possibility since the inception of our discipline. But the beginning of the 21st century may herald our capacity to actually achieve such an integration within ourselves, in our therapeutic theory and practice. Meta-models, such as Wilber’s integral theory, drawing on holographic systems theory (see Cpt. 15: “The Organisation of Experience: A Systems Perspective on the Place of Body Psychotherapies in the Wider Field of Psychotherapy” by Gregory Johanson, in this book), as well as neuro-psychoanalysis (Schore, 1994), based on detailed scientific investigation of the biochemical and anatomical systems of the brain, indicate the degree to which such integrations are being pursued and are now considered feasible and necessary.

In therapeutic practice, however, such grand integrating models have remained fairly abstract and inconsequential in their influence. Undoubtedly, there are many reasons for this, but the traditional absence of the body within the field of psychotherapy is crucial: without a holistic bodymind paradigm, the integration of the various domains remains theoretical. Post-modern and feminist discourses (Merleau-Ponty, 1969; Orbach, 2006; O’Loughlin, 2006) have long recognised the social construction of the body: the bodymind processes organising our social identity are largely taken for granted, as they are pre-conscious and pre-reflective. But it is precisely because they are embodied, and communicated as such, that the inclusion of the body in a collective therapeutic context is required, if we want to bring into awareness these otherwise implicit socio-cultural forces.

**Extending theories of dyadic resonance and embodied attunement into a social and group context**

In recent years, neuroscientific research into infant development has extended our understanding of the social construction of subjectivity, and how deeply ingrained and embodied in our experience these early influences are, reaching all the way down into the anatomy and physiology of our brains. This has both confirmed and further stimulated Body Psychotherapy thinking about the interdependence of biology and psychology, indicated by the phrase ‘nature via nurture’ (Ridley 2004). The non-verbal and somatic roots of emotional and relational experience have been studied mainly in the dyadic ‘embodied attunement’ between baby and carer. Stern (1985), Trevarthen (1993, 2001), Schore (2001), Porges (2005), Downing (Cpt. 30: in this book), and others, have explored how, in Stern’s words, “All learning and all creative acts begin in the domain of emergent relatedness” (1985, p. 67). As an example of what he calls “affect attunement” - frequently-repeated interactions in which the baby acts in one expressive channel and the adult responds in a different channel, but with the same rhythm or activation profile - a ten-month-old girl finally gets a piece in a jigsaw puzzle:

*She looks towards her mother, throws her head up in the air, and with a forceful arm flap raises herself partly off the ground in a flurry of exuberance. The mother says, ‘YES, that girl.’ The ‘YES’ is intoned with much stress.*

© 2008 – Michael Soth: The Use of Body Psychotherapy in the Context of Group Therapy
This sort of interaction occurs spontaneously in all human relationships, and evolves throughout the life cycle, with later developmental stages building on and elaborating this basic non-verbal relational dance into the complexity of our verbal, social and mental-reflective selves. But primitive experience and its embodied communication continue, of course, throughout our lives, although - in a largely disembodied culture – they are relegated to the subliminal shadow, from where they exert an unrelenting, decisive and often destructive influence.

The – now scientifically validated – recognition of these aspects of human experience and interaction has not yet been extended from the dyadic context (infant-carer or client-therapist) into the social domain and the realm of group and organisational dynamics. But Body Psychotherapy has a long-standing tradition of subtle and energetic perception, and helps us translate and apply neuro-scientific insights regarding embodied attunement and resonance to the group context. Although such attunement occurs pre-reflexively, right-brain to right-brain, and relies on a myriad of subtle messages which are both communicated and received subliminally, it is possible for therapists to develop and sharpen awareness of such non-verbal communication, and – as Neuro-Linguistic Programming (NLP) has shown – to ‘clean up our perceptive channels’ (Bandler & Grinder, 1979).

Thus, we can perceive a complex embodied weaving of intersubjectivity as operating in the background of all group processes, creating a ‘shared manifold’ (Gallese, 2003) – a collective ‘soup’ of unconscious and subliminal communication – defining the group atmosphere and its affective tone. Group life is the emergent product of multiple experiences of resonance and dissonance, attunement and non-attunement, at each level, from the dyad to the whole group. This is how the ‘group organism’ – referred to above – actually comes into being; wavering in and out of existence as the group resonance patterns shift between order and disorder, separate experience and collective entrainment. Such phenomena will ensure that shifts in the embodied process of one member affect the embodied process of the whole group.

**Conclusion**

Groups raise energy: concentrated collective attention intensifies everything, all experiences, interactions and group contributions. This heightened awareness can bring stark recognition of basic life scripts, character styles and interpersonal patterns, thus allowing for deep work. The group context also tends to lend more weight and significance to any resolutions and transformative moments that occur, allowing for easier and more comprehensive translation of therapeutic experiences into ‘real life’. The primitive, non-verbal and subliminal roots of human suffering - and its transmission to other people and generations via significant relationships - have remained inaccessible to predominantly verbal modalities of therapy.

Body Psychotherapy, with its accumulated expertise in the subtleties of embodiment versus disembodiment, has the potential to reach into and generate transformational impact on both the individual and collective depth dimensions of human experience. It provides an ideal foundation from which to bridge and integrate diverse disciplines into a new and larger whole: a comprehensive socio-bio-neuro-psychological paradigm that brings together – amongst many others – group dynamics, relational psychoanalysis, neuroscience and attachment theory with Body Psychotherapy’s established holistic theory and practice and its inherent countercultural social commitment.

Our challenge is to forge a creative and un-dogmatic interdisciplinary therapy, unrestricted by traditional segregations into individual versus group work, which is capable of addressing the pain of social and cultural splits as experienced in the depth of the individual psyche, precisely because as practitioners we are embracing, holding and transcending those splits on both personal and professional levels.

Such an approach does not just apply the principles of individual work to group practice, but can re-define, more comprehensively, our vision of what therapy is about: a socially transformative and evolutionary practice that can fluidly interweave between individual and social identity and does justice both to the depth of the individual ‘inner world’ and the significance of interdependent intersubjective social relating.

© 2008,2010 Michael Soth

www.soth.co.uk

References


Soth, M. (2004). Integrating humanistic techniques into a transference-countertransference perspective: A response to ‘Humanistic or psychodynamic - what is the difference and do we have to make a choice?’ by Lavinia Gomez. *Self & Society, 32*(1), pp. 44 – 52.


