ARTICLE · 2005

Embodied Countertransference

Michael Soth

By integrating the somatic tradition of body psychotherapy with the countertransference revolution in psychoanalysis, this paper arrives at a notion of embodied countertransference — the therapist's full bodymind experience, including its involuntary and somatic dimensions, as the primary source of clinical information about the client's inner world.

KEY THEMES

— Integrating somatic tradition and psychoanalytic countertransference revolution

— The therapist's involuntary bodymind experience as clinical data, not noise

— Five parallel processes: from the client's original wound to the supervisory field

— The distinction between somatic resonance and somatic countertransference

— Clinical use of the therapist's conflictedness as information about the relational field

Figure 1 — Genealogy: convergence of two traditions

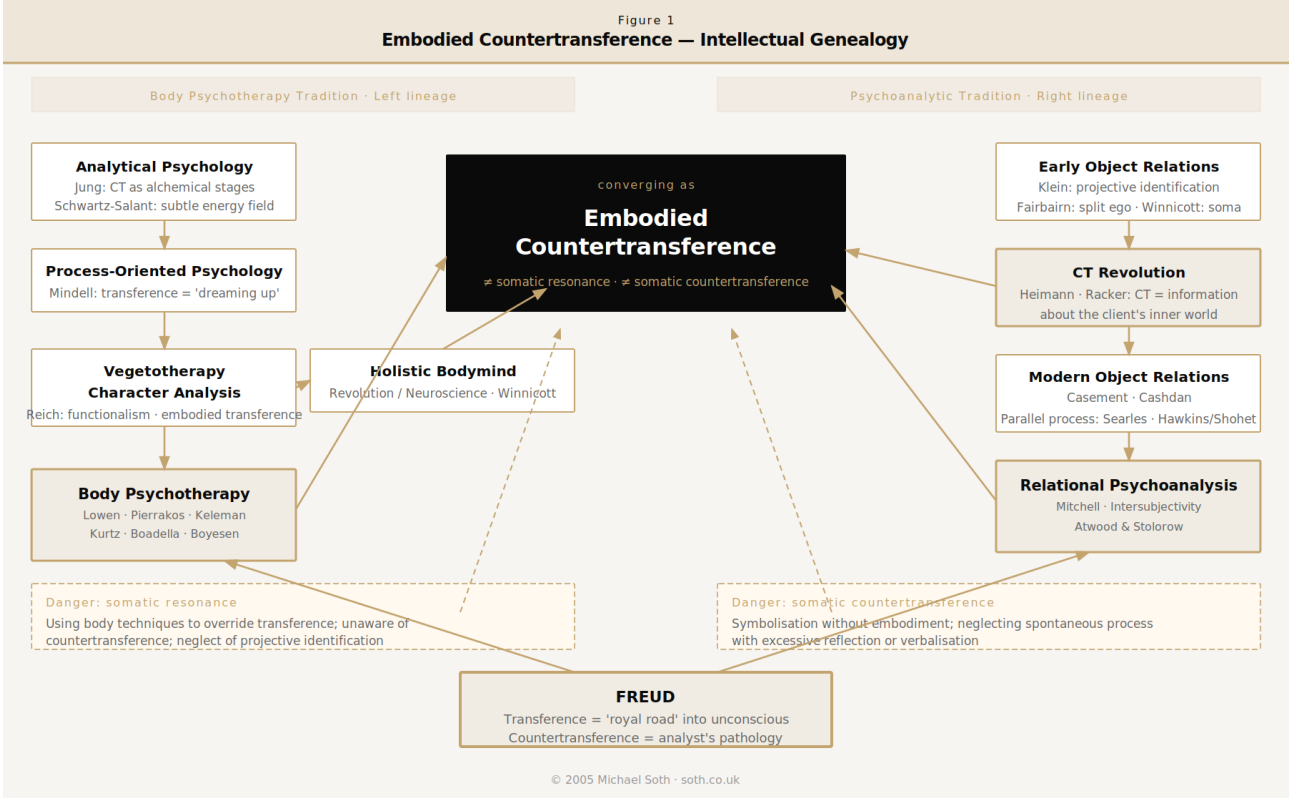


Fig. 1 — 'Embodied countertransference' as a concept arising out of re-integrating the traditions of Body Psychotherapy and psychoanalysis. © 2005 Michael Soth

Transference as Parallel Process

Body psychotherapy and modern analysis share an understanding of the origins of transference: the originally wounding relationship gets internalised — as a script, a working model, a character structure, internal object relations. Once internalised, the wound gets projected, repeated and replicated in all relationships, including the therapeutic relationship: it gets re-externalised in the transference.

There is therefore a parallel between the originally wounding relationship, the internalised relationship and the transference relationship — the three parallel relationships. The transference dynamic then gets carried by the therapist into supervision where it is re-enacted in turn, generating what we traditionally know as 'parallel process'. To formulate an embodied account of transference, we need to extend these three parallel processes into five, by differentiating the internalisation process in bodymind terms.

The Steps of Character Formation

What is implied in Johnson's model — and what we find phenomenologically — is that both poles of the wounding relationship get internalised as spontaneous process: traces of both the child and the parent can be found embodied in different parts of the client's bodymind. The client's ego counters and resists the re-experience of the wound, creating an opposition between ego and spontaneous processes.

The originally wounding relationship is internalised as a bodymind matrix of three parallel relationships: between different parts of the ego; between the ego and spontaneous forces; and between physically anchored spontaneous forces in different parts of the bodymind. In short: **a conflicted ego in conflict with a spontaneous conflict.**

Figure 2 — Steps of character formation

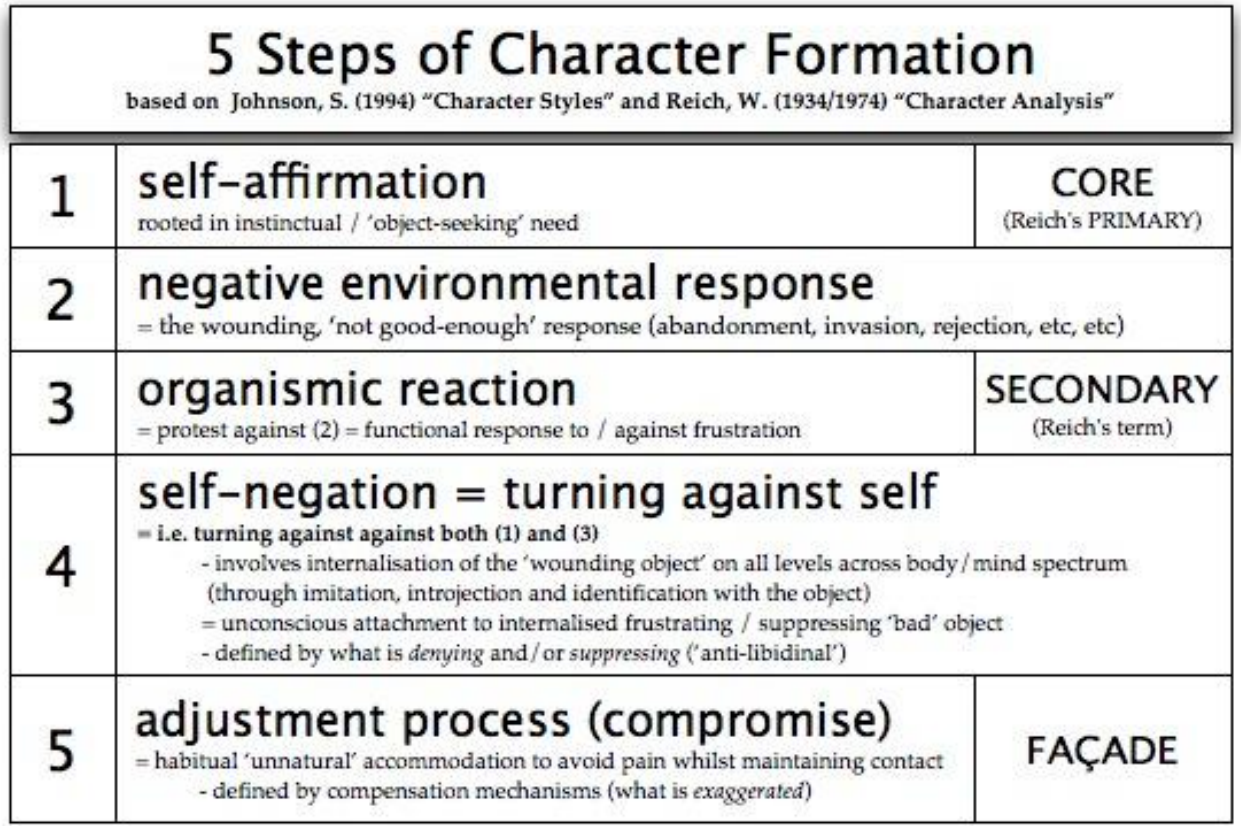


Fig. 2 — Steps in the formation of character. Based on Johnson (1994) and Reich (1972).
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The Five Parallel Relationships

By subdividing the internalised relationship into the conflicted ego in conflict with a spontaneous conflict, we arrive at a totality of five parallel relationships, manifest in the here-and-now between client and therapist.

Figure 3 — Three parallel relationships

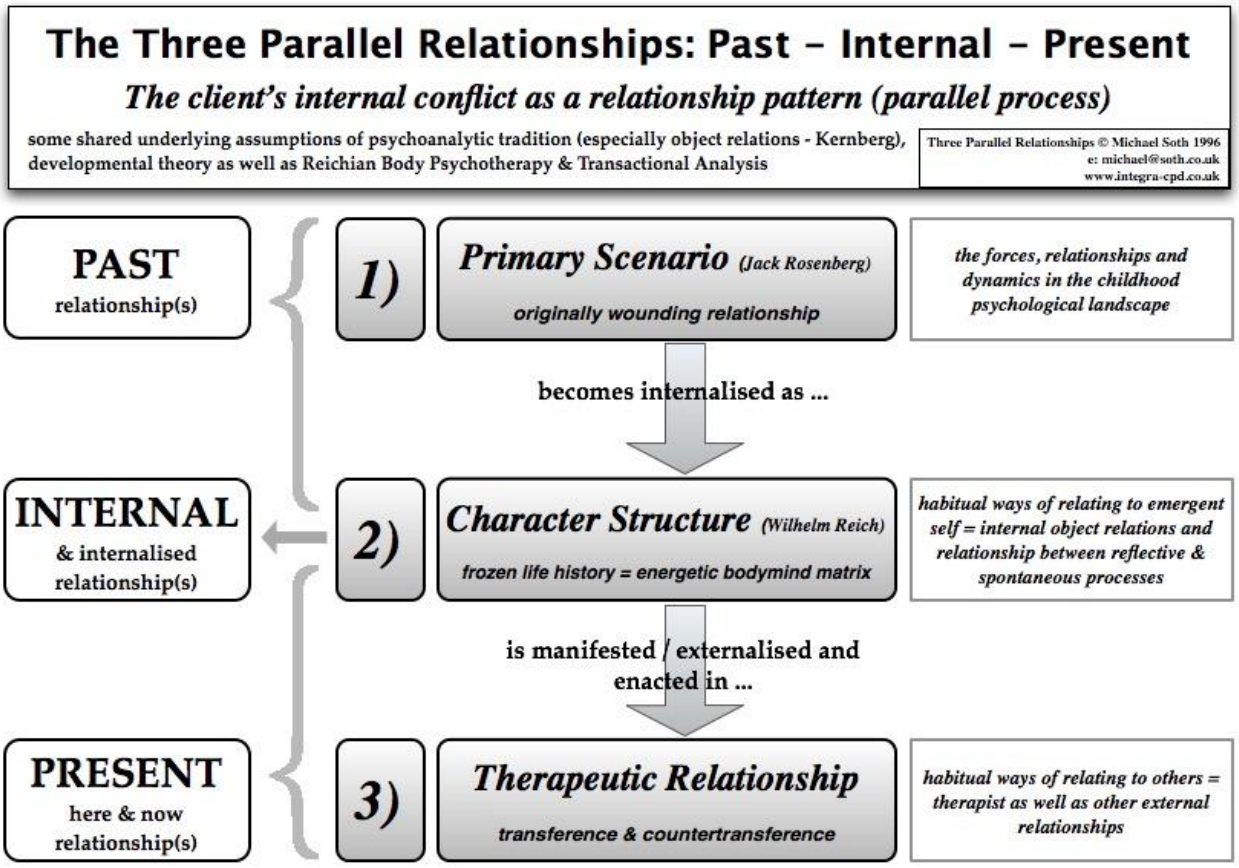


Fig. 3 — The three parallel relationships: past, internal, present. © 1996 Michael Soth

Figure 4 — Five parallel relationships

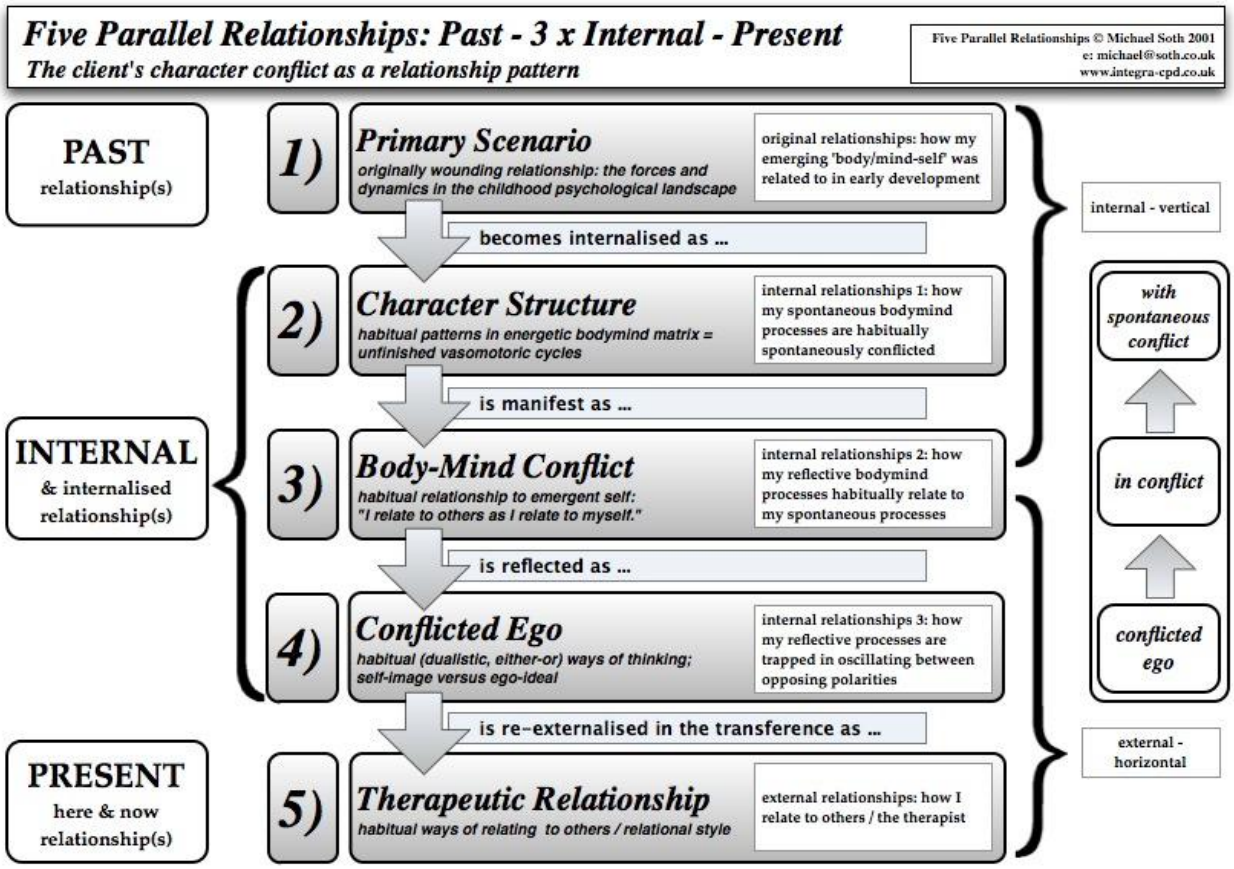


Fig. 4 — The five parallel relationships. © 1998 Michael Soth

Gathering and Holding the Fragments

The body-emotion-image-mind fragments of the conflict and the relational fragments are only two sides of the same coin, but they do tend to get apprehended separately. Particular charged fragments can appear in the therapist's experience without any obvious link to other fragments. It is perfectly possible for the therapist to experience a stiff neck which has, as yet, no explicit relational context, long before other bodymind fragments coalesce with it into a more graspable fantasy.

As a consequence, **embodied countertransference can never be simply a congruent bodymind experience.** By empathising and identifying with split and opposed objects, the therapist ends up internalising the client's bodymind split and its implicit object relational dynamics.

The Three Kinds of Contact

In terms of the therapist's internal process, it is useful to distinguish three kinds of contact, noticeable in the countertransference as the current degree of working alliance:

Figure 5 — Three kinds of contact

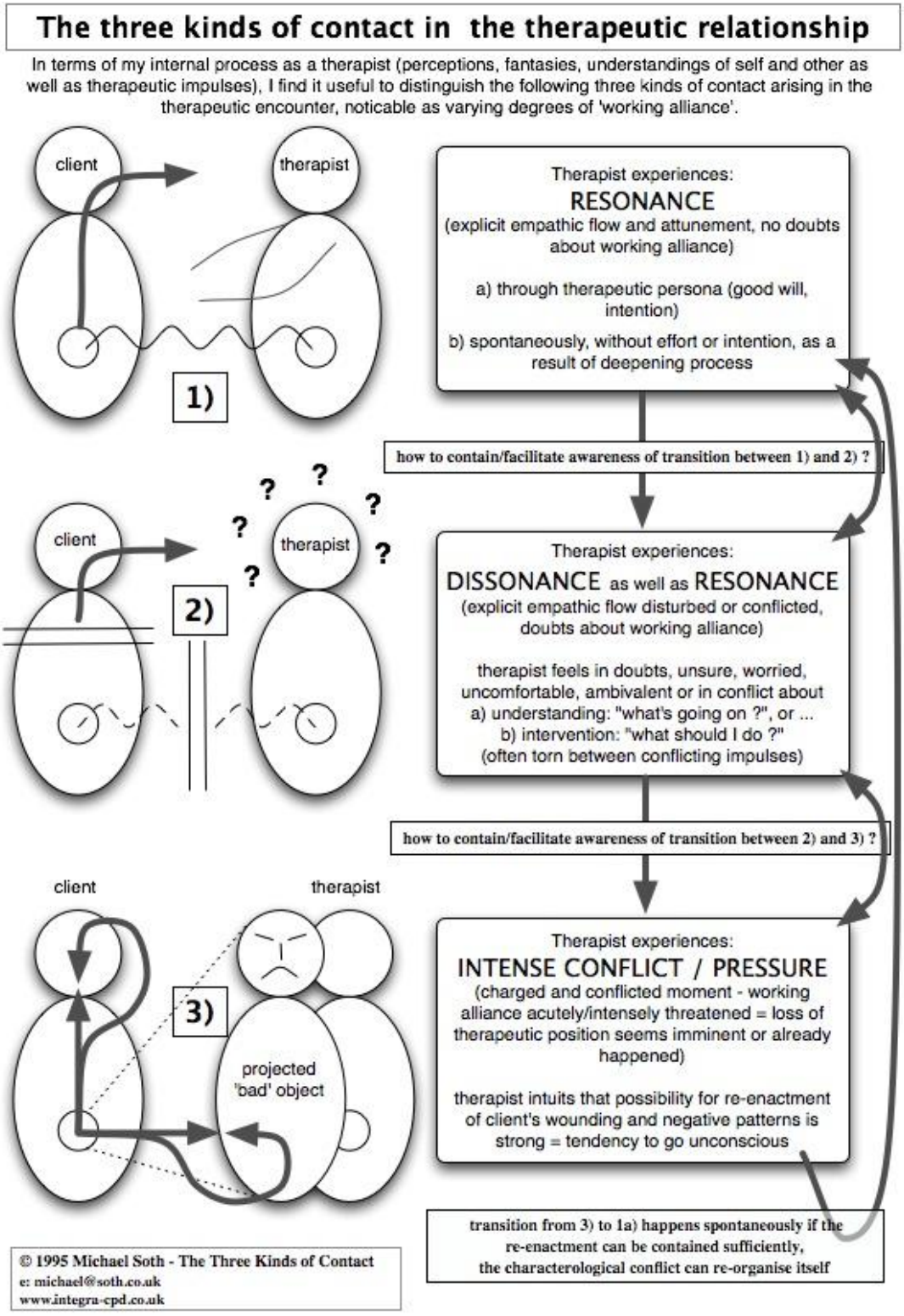


Fig. 5 — The three kinds of contact in the therapeutic relationship. © 1995 Michael Soth

Bodymind Transformation in the Relationship

> *When all the fragments of the conflict inherent in the re-enactment can be held in sufficient awareness across the levels of body-emotion-image-mind in the relationship in the 'here and now', the conflict will tend to re-organise itself.*

'Containment' and 'working alliance' are paradoxical notions: they need to break down in order for them to exist. The therapist's surrender to the constellated re-enactment is facilitated by a differentiated and attuned awareness to the multiple parallel processes resonating throughout the therapeutic relationship and the bodymind of both people involved.

Conclusion

By integrating the bodymind sensitivities of the body psychotherapy tradition and the relational sensibilities of modern psychoanalysis we can arrive at an embodied notion of countertransference. My hunch would be that in a couple of decades we will have moved beyond the 19th century embodiment/disembodiment juncture into an integral-systemic-parallel process view of what I would call the *fractal self*.

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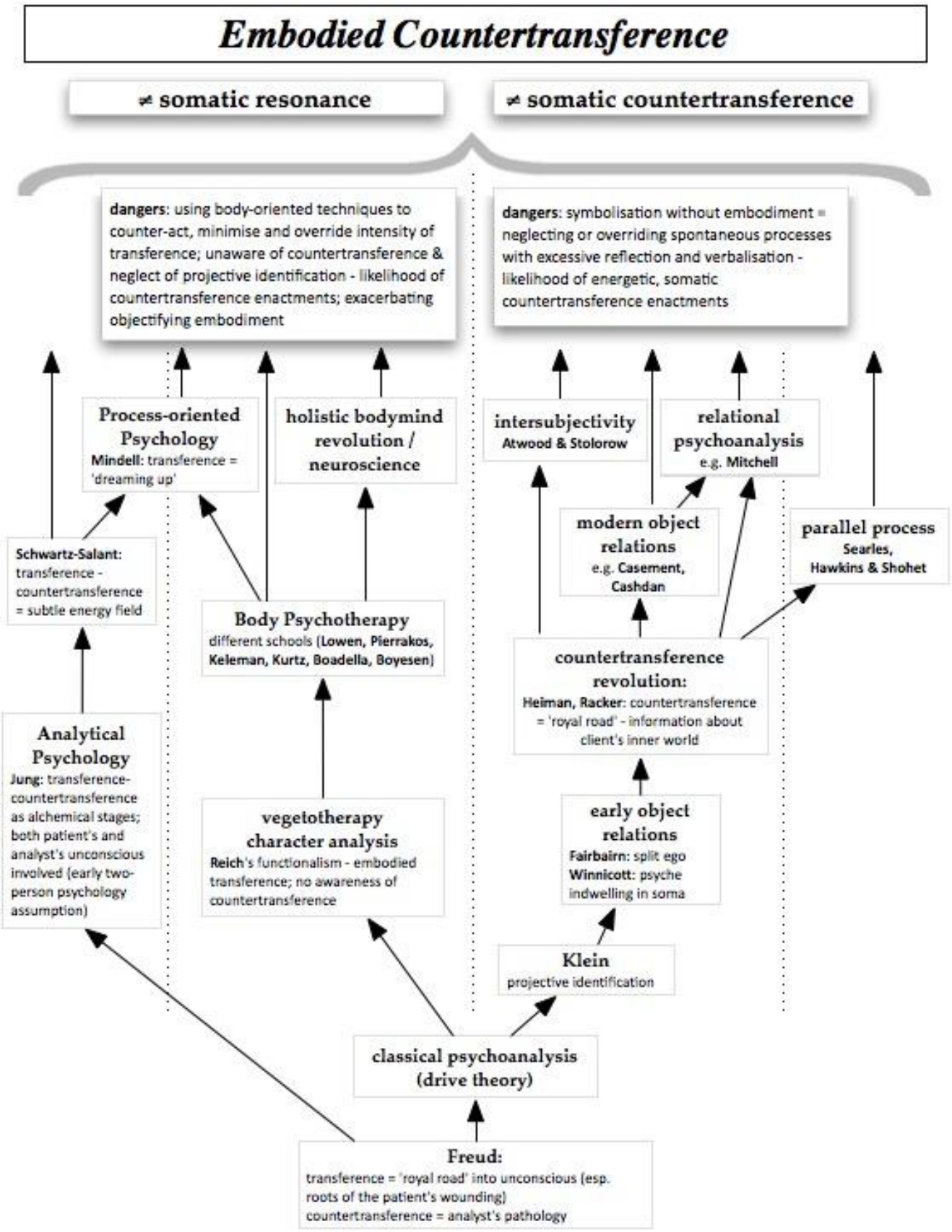
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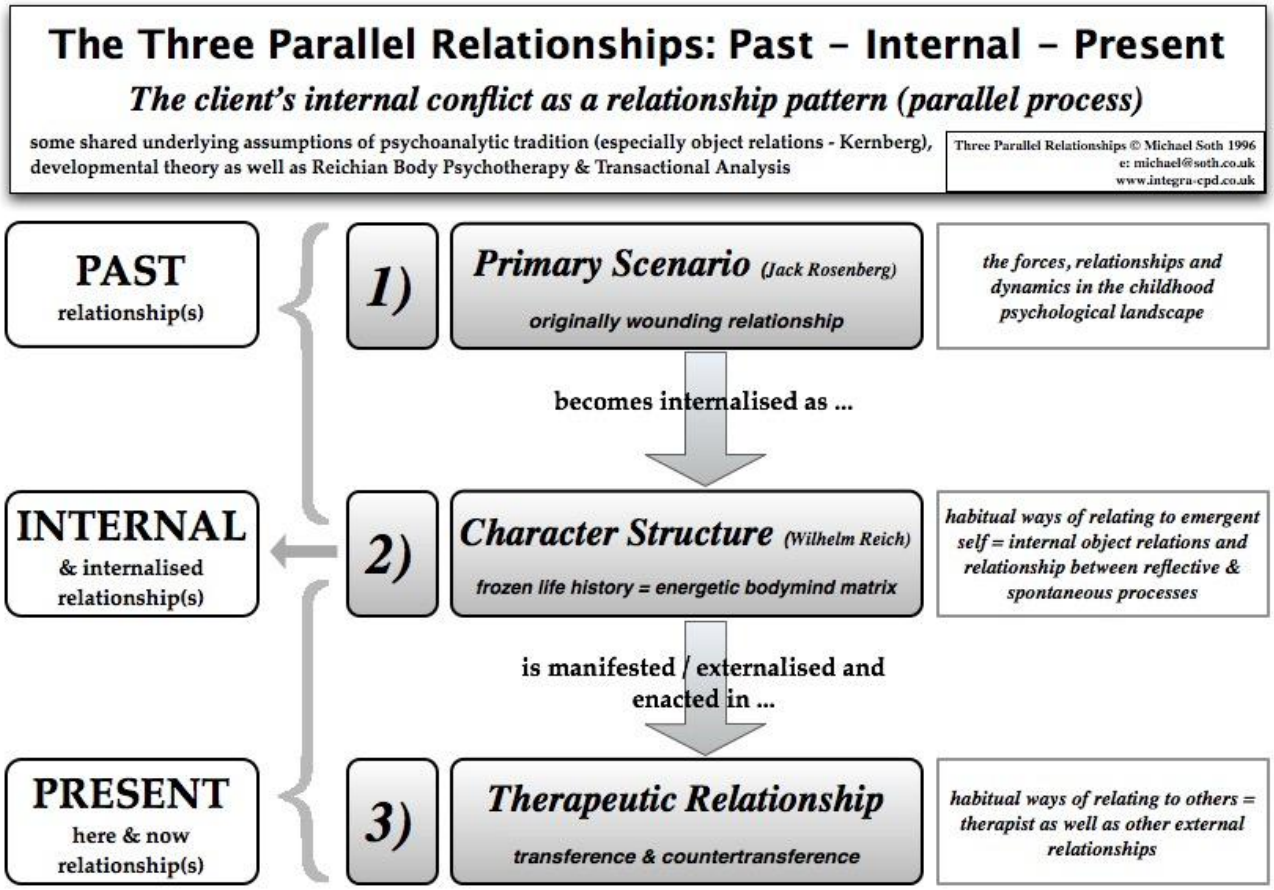
Embodied Countertransference: History of the Field · Michael Soth, 2004

5 Steps of Character Formation

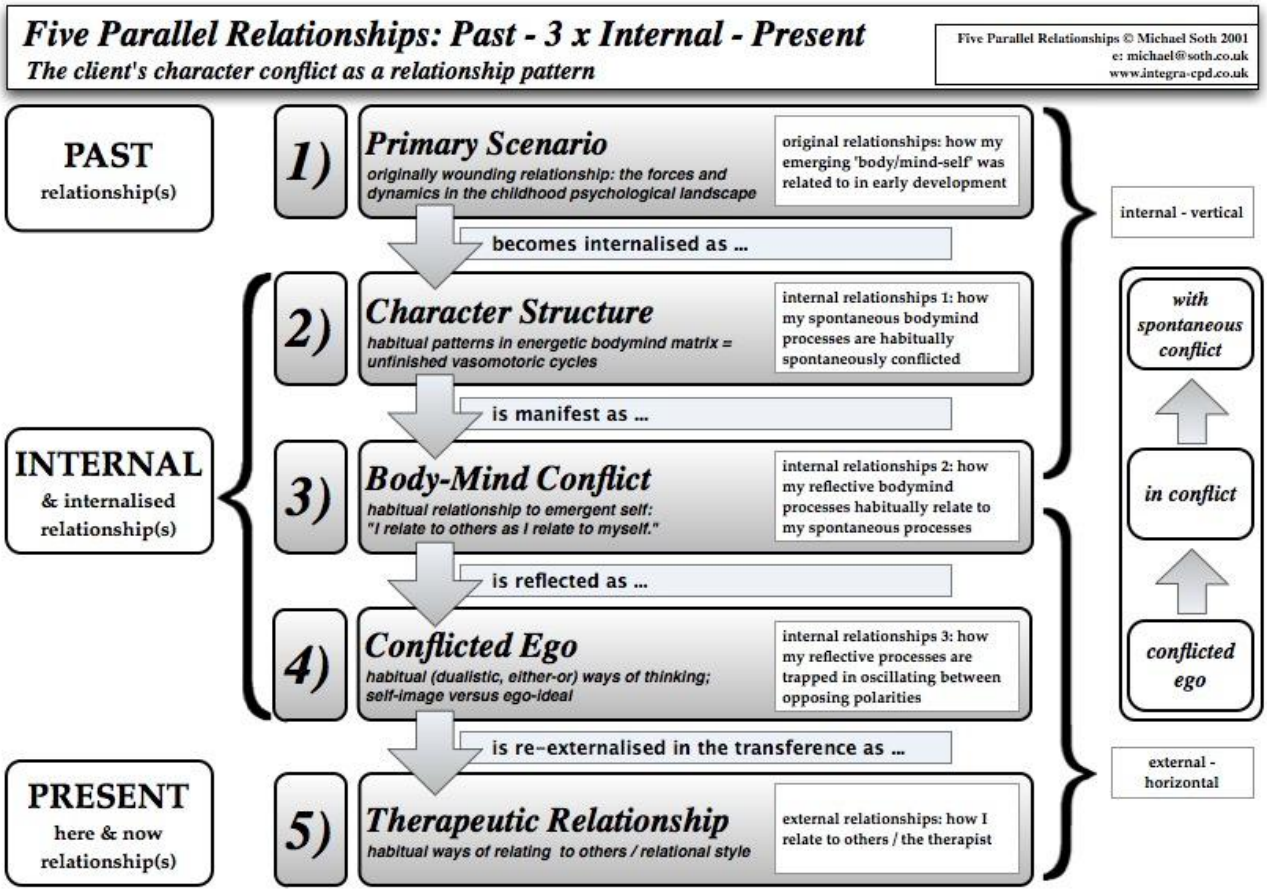
based on Johnson, S. (1994) "Character Styles" and Reich, W. (1934/1974) "Character Analysis"

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

5 Steps of Character Formation · Michael Soth, 1995



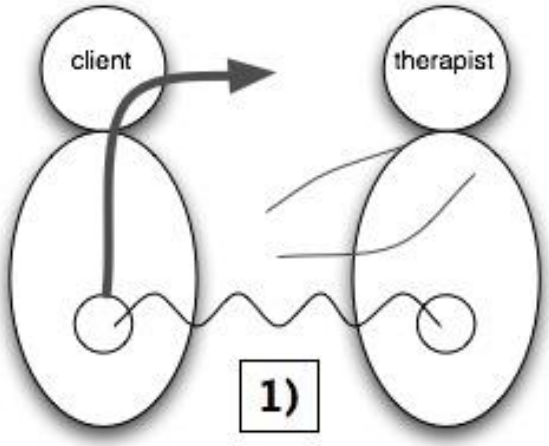
The Three Parallel Relationships · Michael Soth, 1996



Five Parallel Relationships · Michael Soth, 2001

The three kinds of contact in the therapeutic relationship

In terms of my internal process as a therapist (perceptions, fantasies, understandings of self and other as well as therapeutic impulses), I find it useful to distinguish the following three kinds of contact arising in the therapeutic encounter, noticable as varying degrees of 'working alliance'.



Therapist experiences:

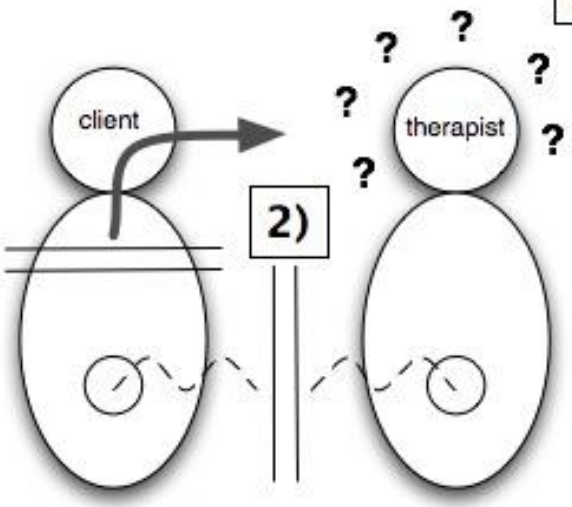
RESONANCE

(explicit empathic flow and attunement, no doubts about working alliance)

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

how to contain/facilitate awareness of transition between 1) and 2) ?



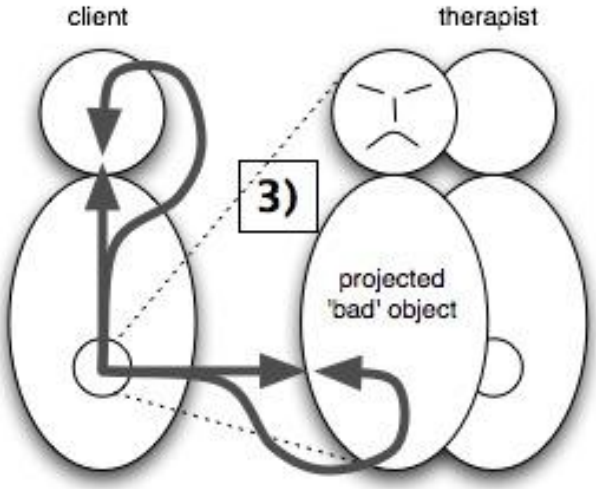
Therapist experiences:

DISSONANCE as well as **RESONANCE**

(explicit empathic flow disturbed or conflicted, doubts about working alliance)

therapist feels in doubts, unsure, worried, uncomfortable, ambivalent or in conflict about
a) understanding: "what's going on ?", or ...
b) intervention: "what should I do ?"
(often torn between conflicting impulses)

how to contain/facilitate awareness of transition between 2) and 3) ?



Therapist experiences:

INTENSE CONFLICT / PRESSURE

(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious

transition from 3) to 1a) happens spontaneously if the re-enactment can be contained sufficiently, the characterological conflict can re-organise itself

© 1995 Michael Soth - The Three Kinds of Contact
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Embodied Countertransference: History of the Field

Classical Psychoanalysis (drive theory)

Freud: transference = royal road into unconscious | countertransference = analyst's pathology

↓ *evolves into two divergent traditions*

≠ Somatic Resonance

Vegetotherapy / Character Analysis
Reich's functionalism — embodied transference; no awareness of countertransference

Body Psychotherapy
Lowen, Pierrakos, Keleman, Kurtz, Boadella, Boyesen

Holistic Bodymind / Neuroscience

Process-oriented Psychology
Mindell: transference = 'dreaming up'

Analytical Psychology
Jung: transference-countertransference as alchemical stages

Schwartz-Salant
Countertransference = subtle energy field

≠ Somatic Countertransference

Early Object Relations
Fairbairn: split ego | Winnicott: psyche indwelling in soma

Klein
Projective identification

Countertransference Revolution
Heimann, Racker: countertransference = 'royal road'

Modern Object Relations
e.g. Casement, Cashdan

Intersubjectivity
Atwood & Stolorow

Relational Psychoanalysis / Parallel Process
Mitchell | Searles, Hawkins & Shohet

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5 Steps of Character Formation

Based on Johnson (1994) Character Styles and Reich (1934) Character Analysis

1

Self-affirmation

Rooted in instinctual / 'object-seeking' need

CORE

2

Negative environmental response

The wounding, 'not good-enough' response (abandonment, invasion, rejection, etc.)

3

Organismic reaction

Protest against (2) = functional response to / against frustration

SECONDARY

4

Self-negation = turning against self

Turning against both (1) and (3) — internalisation of the wounding object across body/mind spectrum; unconscious attachment to internalised frustrating 'bad object'

5

Adjustment process (compromise)

Habitual 'unnatural' accommodation to avoid pain whilst maintaining contact — defined by compensation mechanisms

FACADE

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Three Parallel Relationships: Past - Internal - Present

The client's internal conflict as a relationship pattern (parallel process)

PAST	**1 · Primary Scenario** Originally wounding relationship	Forces & dynamics in the childhood psychological landscape
	becomes internalised as...	
INTERNAL	**2 · Character Structure** Frozen life history = energetic bodymind matrix	Habitual ways of relating to emergent self = internal object relations
	is manifested / externalised and enacted in...	
PRESENT	**3 · Therapeutic Relationship** Transference & countertransference	Habitual ways of relating to others = therapist & other external relationships

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Five Parallel Relationships: Past - 3x Internal - Present

The client's character conflict as a relationship pattern

PAST	**1 · Primary Scenario** Originally wounding relationship *becomes internalised as...*	Original relationships in early development
INTERNAL	**2 · Character Structure** Habitual patterns in energetic bodymind matrix *is manifest as...*	Internal relationships 1: spontaneous bodymind processes habitually conflicted
	3 · Body-Mind Conflict Habitual relationship to emergent self *is reflected as...*	Internal relationships 2: how reflective processes relate to spontaneous processes
	4 · Conflicted Ego Habitual (either-or) ways of thinking; self-image vs ego-ideal *is re-externalised in transference as...*	Internal relationships 3: reflective processes oscillating between opposing polarities
PRESENT	**5 · Therapeutic Relationship** Transference & countertransference	External relationships: how I relate to others / the therapist

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The Three Kinds of Contact in the Therapeutic Relationship

1 RESONANCE

Explicit empathic flow and attunement, no doubts about working alliance

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

↓ *how to contain / facilitate awareness of transition between 1) and 2)?*

2 DISSONANCE as well as RESONANCE

Explicit empathic flow disturbed or conflicted, doubts about working alliance

Therapist in doubts, unsure, worried, ambivalent or in conflict about:

a) understanding: 'what's going on?'

b) intervention: 'what should I do?' (often torn between conflicting impulses)

↓ *how to contain / facilitate awareness of transition between 2) and 3)?*

3 INTENSE CONFLICT / PRESSURE

Charged and conflicted moment — working alliance acutely / intensely threatened

Therapist intuits that re-enactment of client's wounding is likely — tendency to go unconscious.

Transition from 3) to 1a) happens spontaneously if the characterological conflict can be contained sufficiently.

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