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From Humanistic Holism via the Integrative Project towards Integral-Relational Body Psychotherapy

Michael Soth

A personal and professional account of the journey from humanistic body psychotherapy through the integrative project to what Soth calls an 'integral-relational' approach — mapping the stages of development in body psychotherapy's self-understanding and tracing his own path through them.

KEY THEMES

— The four phases of body psychotherapy development

— From medical model to integral-relational paradigm

— The integrative project and its limitations

— What it means to go beyond holism

— Personal professional development narrative

The Four Phases

The development of body psychotherapy as a discipline can be traced through four recognisable phases, each representing a significant shift in how the field understood itself and its relationship to the broader psychotherapy world.

Phase 1 — the early post-Reichian tradition — was characterised by a confident, sometimes evangelical belief in the body as the primary site of therapeutic action. The character armour could be dissolved through physical intervention; the life force, liberated from its muscular imprisonment, would flow freely. This was a revolutionary vision, but it operated within a fundamentally medical-model paradigm: the therapist as expert who knew what was wrong and how to fix it.

Phase 2 — the humanistic revolution — brought the integration of person-centred values: the centrality of the therapeutic relationship, the importance of the client's subjective experience, the abandonment of the authoritarian expert stance. Body psychotherapy became more relational, more humanistic, more aware of the emotional dimensions of the work. But it retained its faith in the body as privileged terrain and in embodied catharsis as the primary vehicle of transformation.

The Relational Turn

Phase 3 — what I have called the relational turn — constituted a more radical challenge. The recognition, coming from multiple directions (relational psychoanalysis, neuroscience, feminism, postcolonialism), that the therapist's subjectivity is always already implicated in the therapeutic process — that there is no neutral, objective therapeutic stance — forced a rethinking of everything.

For body psychotherapy, this meant confronting the ways in which its body-oriented techniques could reproduce the very objectification and splitting they claimed to address. It meant taking seriously the countertransference — not just as a source of useful information, but as the primary vehicle of therapeutic action. And it meant recognising that the therapist's own embodied aliveness or deadness was clinically significant — not just personally important.

This is the period in which I formulated the concept of 'embodied countertransference' — the attempt to integrate the body psychotherapy tradition's sensitivity to somatic experience with the relational tradition's understanding of parallel process and projective identification.

Towards Integral-Relational

Phase 4 — what I call the integral-relational phase — represents an attempt to hold all of the previous phases in productive tension, rather than abandoning any of them. The early Reichian understanding of character structure and somatic armouring remains valuable; the humanistic commitment to the therapeutic relationship and the client's subjective experience is essential; the relational recognition of countertransference and parallel process is central.

What the integral-relational phase adds is an explicit attention to the relationships between the parts — to how the different levels and modalities of experience (somatic, emotional, imaginal, cognitive, relational) are in dynamic relationship with each other, and how that dynamic is reflected in the therapeutic relationship. This is what I mean by 'integral': not a grand synthesis, but an ongoing attention to the whole, held in the tensions between its parts.

Personally, this journey has taken me from a confident young body psychotherapist who believed he understood the body to a considerably less certain older practitioner who has learned to value not-knowing, paradox, and the ongoing surprise of what actually happens in the room.

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