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On Bodymind Process and Wholeness

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Some preparatory thoughts on an embodied whole-person approach — working with the full spectrum of processes from unconscious to conscious, from spontaneous to reflective, from somatic to emotional, mental and psychological. This article introduces the 'bodymind matrix' as a clinical concept and maps the different levels at which therapeutic work can engage with the client's whole experience.

KEY THEMES

— The whole spectrum: body–emotion–image–mind–intuition

— Dis-integration and integration as clinical concepts

— The bodymind matrix as a holographic system

— Each level as a source and enemy of subjectivity

— Applying neuroscience without falling into objectification

Working with the Whole Spectrum

If we want to work with the whole spectrum of body/mind processes in both client and therapist, we might start with a simple list: body — emotion — image — mind — intuition. Or more specifically: sensation, affect, imagery, left and right brain, cognition. The client's subjective sense of self is a stream which is fed by all of these tributaries.

These different aspects, processes and levels of experience can work together (congruent, integrated), work against each other (conflicted, opposed), or work in parallel but dissociated (unconnected, split). We all have immediate intuitions about a person's spontaneously given 'bodymind matrix' — how these different processes work in harmony or at odds. This is what we might call the degree of bodymind integration or dis-integration.

In practice, we can attend to that ever-fluctuating degree of bodymind integration or dis-integration — in ourselves and in the client, in response to and as a function of relational processes — integrating a bodymind holistic perspective (as developed in 80 years of Body Psychotherapy) with a relational perspective (as developed in relational psychoanalysis and intersubjectivity).

The Bodymind Matrix

Notice that all of these different aspects or levels can carry memory of past states, including past trauma. They are mapped onto the brain, holographically reflected in a mutual, reciprocal rather than top-down brain/body relationship. They can subjectively be experienced as sources of a sense of self — that is, of subjectivity — and can also subjectively be experienced as enemies of self, identity, subjectivity.

This last point deserves emphasis: what feels most spontaneously alive in a given moment may also be experienced as threatening, alien, dangerous. The body that carries aliveness also carries the wound. The image that illuminates may also terrify. The same dimension of experience that constitutes the self can, in the next moment, feel like its destruction.

These points are directly relevant to recent techniques and approaches which rely on simplistic notions of 'working with the body', including attempts to apply neuroscience to psychological practice. A bodymind perspective recognises these as serious clinical dilemmas, not just theoretical positions.

First, Second and Third Person Stances

All of these different aspects or levels can be approached in a 'first-and-second-person stance' or in a 'third-person stance': they can be addressed intersubjectively as manifestations of subjectivity, or treated as the phenomena of a 'case', quasi-objectively.

They can be approached by the therapist in an intersubjective fashion or in an objectifying fashion — dialogical or monological — depending on whether the therapist is connected to their own equivalent level of experience. A therapist who is disconnected from their own bodily sensation cannot genuinely engage with the client's bodily experience in an intersubjective way, however technically proficient their body-oriented interventions.

Out of this attention to the whole spectrum of bodymind processes, combining holistic and relational perspectives, we can develop a holistic bodymind phenomenology of the relationship — with re-enactment and parallel process as central notions. This is what I have elaborated elsewhere under the concept of 'embodied countertransference'.

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