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Relating to and with the Objectified Body

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One of the foundational early papers, published in Self & Society (1999). This article introduces the central problem of body psychotherapy's relationship to objectification: the very focus on the body as a therapeutic object can enact the same split and objectification which the client brings. The therapeutic resolution lies in relating with rather than to the objectified body.

KEY THEMES

— Objectification of the body as both problem and therapeutic material

— Relating to vs relating with the objectified body

— How body psychotherapy can re-enact the body/mind split

— The client's demand for objectifying intervention

— Intersubjective alternatives to body-as-object

The Paradox of Body-Oriented Therapy

There is a fundamental paradox at the heart of body-oriented psychotherapy: in attending to the body as the primary focus of therapeutic concern, we risk treating it as an object — something to be observed, diagnosed, worked on and changed. And yet this objectifying stance is precisely the attitude which many clients have towards their own bodies, and which lies at the root of their difficulty.

The body psychotherapy tradition has often operated from within this paradox without being fully conscious of it. Techniques developed to liberate the body from the grip of character armour — breath work, movement, touch — can, in their application, reproduce the very objectification they seek to address.

The client's body, far from being a neutral terrain on which the therapist works, is the site of the most intimate and charged relationship the client has — their relationship with themselves. To work 'on' the body without attending to this self-relationship is to miss the clinical heart of the matter.

Relating To and Relating With

There is a crucial distinction between relating to the objectified body and relating with the objectified body. Relating to the objectified body means treating it as an object of study and intervention — directing breath, mobilising muscles, analysing posture. This is necessary and often helpful, but it is limited and can be counter-therapeutic if it is the only or dominant mode.

Relating with the objectified body means acknowledging the objectification as a relational fact — as the way the client experiences their own body — and working within that reality rather than bypassing it. It means allowing the client's relationship with their body to be present in the therapeutic space, as a subject for exploration rather than an error to be corrected.

This distinction parallels the one Winnicott made between the therapist being used as an object (allowing the client to project onto and relate to the therapist as if they were a figure from the past) and the therapist being genuinely encountered as a subject (meeting client as two humans). Both are necessary; both serve therapeutic functions.

The Client's Demand and the Therapist's Response

Many clients who come to body psychotherapy actively want the therapist to objectify their body — to tell them what is wrong and how to fix it. This demand is itself meaningful: it is a re-enactment of the client's habitual relationship with their body, and potentially also of early relational patterns in which they were treated as an object to be managed rather than a subject to be met.

The therapist who simply satisfies this demand is colluding with the client's avoidance. The therapist who simply refuses it may trigger a rupture before the working alliance is strong enough to contain it. The therapeutic art lies in neither colluding nor refusing, but in engaging with the demand as the clinical material it is — allowing the self-objectifying stance to be present and visible in the relationship, while maintaining the capacity for genuine contact.

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