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The Return of the Repressed Body

Michael Soth

As neuroscience increasingly validates what body psychotherapists have known for decades, there is a risk that 'including the body' becomes a new form of objectification — grafting body-oriented techniques onto established verbal practice. This article argues for learning from 80 years of body psychotherapy tradition, including its mistakes, before borrowing its techniques.

KEY THEMES

— The neuroscience turn and the risk of a new objectification

— Four phases in the development of body psychotherapy

— What body psychotherapy has learned from its own mistakes

— The difference between holism and integral-relational approaches

— The primacy of the therapeutic relationship over technique

The Current Landscape

There is growing interest across the psychotherapy field in including the body in therapeutic work. Neuroscience has provided compelling evidence for what body psychotherapists have long known: that emotional experience is embodied, that the body carries the traces of early attachment, that non-verbal somatic communication is a primary channel of therapeutic information.

This is a welcome development. But it brings risks. When practitioners trained in verbal approaches begin to 'include the body', they often do so by adding body-oriented techniques to their existing practice — breathing exercises, mindfulness, somatic awareness — without examining the underlying paradigm within which these techniques are embedded. The result can be a new form of body-oriented objectification, more sophisticated than the old medical model but still operating within its fundamental assumptions.

Four Phases of Body Psychotherapy

There is one branch of the psychotherapeutic field which has been trying to include the body for the last 80 years: Body Psychotherapy, going back to Wilhelm Reich's work in the 1930s. Having been part of the coming-of-age process of this tradition, I have attempted to describe its recent developments by distinguishing four phases.

Phase 1 (Reich and early post-Reichians): The body as the primary site of therapeutic work; vegetotherapy and character analysis; the discovery of character armour and the muscular segments. Phase 2 (humanistic body psychotherapy): The integration of humanistic values; body as expression of emotion; catharsis and discharge as therapeutic goals. Phase 3 (relational critique): The recognition that body-oriented techniques can enact objectifying relational patterns; the beginning of a relational body psychotherapy. Phase 4 (integral-relational): The full integration of relational psychoanalysis; embodied countertransference as the primary clinical tool; the bodymind relationship as the therapeutic vehicle.

Most readily available published material on body psychotherapy belongs to phases 1 and 2, before the integration of other approaches and what I call the 'relational turn'. To practitioners who are keen to include the body, I suggest not simply referring back to the days when body psychotherapy was young and idealistic, but availing themselves of the often painful and difficult, but ultimately rewarding learning that has occurred in the last 20 years.

What Actually Matters

A therapist's own lack of embodiment within the therapeutic position — as a person and as a practitioner — far outweighs in its effect any positive benefits which derive from the use of body-oriented techniques. Therefore, for the purposes of psychotherapy, all behavioural instructions which impose potentially objectifying and alienating routines on the client's body are secondary to what emerges from the 'felt sense' and subjective somatic experience in the relational engagement.

From a psychodynamic perspective, this means establishing a bodymind sense and understanding of the transference-countertransference dynamic as a bodymind process, before using body-oriented techniques. The more we are attuned to the client's and our own non-verbal, spontaneous reactions and the ebbs and tides of the working alliance, the more apparent it becomes that there is no therapeutic approach or technique which is immune against feeding into counter-therapeutic dynamics.

It is in providing avenues into recognising the phenomenon of enactment as central to the therapeutic relationship that a bodymind perspective can make its greatest contribution to the field.

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