ARTICLE · 2004

What Therapeutic Hope for a Subjective Mind in an Objectified Body?

Michael Soth

This substantial article explores the tension between two paradigms of psychotherapy: the objectifying medical model and the intersubjective relational model. Soth argues that an integral-relational perspective which can hold both polarities — embracing embodiment and disembodiment as paradoxical poles — is the necessary ground for a 21st-century bodymind psychotherapy.

KEY THEMES

— Medical model versus intersubjective relational paradigm

— The implicit relational stance underlying all theory and technique

— Embodiment and disembodiment as paradoxical poles

— Subjectivity emerging in the tension between the two

— The 'fractal self' as an integral-systemic concept

Two Paradigms in Collision

In the modernist paradigm, the doctor examines the patient much like a scientific observer would — establishing a diagnosis, correlating findings with generally known theories, then prescribing and administering the most appropriate treatment scientifically researched and validated. This paradigm assumes that objective truth is 'out there', irrespective of the therapist's own subjectivity, and that healing arises through the 'correct' treatment.

In the postmodernist intersubjective paradigm, the client is not an inanimate object but another human whose subjective reality I can only hope to meet and engage with through my own subjective humanity. Whatever perceptions, understandings and interventions I come up with as a therapist, they are considered always already embedded in and shaped by my own history and context.

The contrast can be summarised: the medical model assumes objective reality perceived accurately from a third-person stance; the intersubjective model assumes that my subjective being and relational presence co-creates our relationship. What matters is not only the therapist's thinking and doing, but also their being — their involuntary, right-brain relational capacities and communications.

The Implicit Relational Stance

Every therapeutic theory and technique rests on an implicit relational stance. This stance is not chosen consciously — it is the pre-reflective, embodied ground from which all conscious therapeutic activity proceeds. It is the way the therapist is perceived by the client's unconscious, quite independently of what the therapist intends or believes.

The implicit relational stance shapes what the client unconsciously experiences: am I relating to an expert-authority who knows what is good for me, or to a fellow human who is genuinely in contact with their own vulnerability? This question is not answerable at the level of theory or technique — it is answered in the micro-moments of non-verbal bodymind communication.

A body psychotherapy which goes beyond holism and embraces both the relational and the paradoxical implications of countertransference and re-enactment can make a profound contribution to 21st century bodymind psychotherapy. Such a therapy recognises that the therapist's subjectivity — embodied, relational, spontaneous — is not a distortion of the process but its very vehicle.

Embodiment and Disembodiment as Paradoxical Poles

The same applies to the therapist's internal process: the body can become an avenue into full awareness of countertransference which emerges in the tension between reflective and spontaneous processes. What becomes available is an awareness which recognises the therapist's own body/mind process — fluctuating between embodiment and disembodiment — as an internal relationship which is a parallel process both to the external relationship and the client's internal relationship.

If relationship is the central tool of psychotherapy, then we need an holistic body/mind phenomenology of relationship which does not succumb to or perpetuate body/mind dualism. That would imply also an holistic account of both transference and countertransference — what I have formulated as embodied countertransference.

The 'fractal self' — a concept I use to gesture at the integral-systemic-parallel-process view which I believe will supersede the 19th-century embodiment/disembodiment juncture — is a self in which the full bodymind spectrum (sensation, affect, imagination, thought, intuition) functions as a holographic mirror of the interpersonal relational field, past and present, internal and external.

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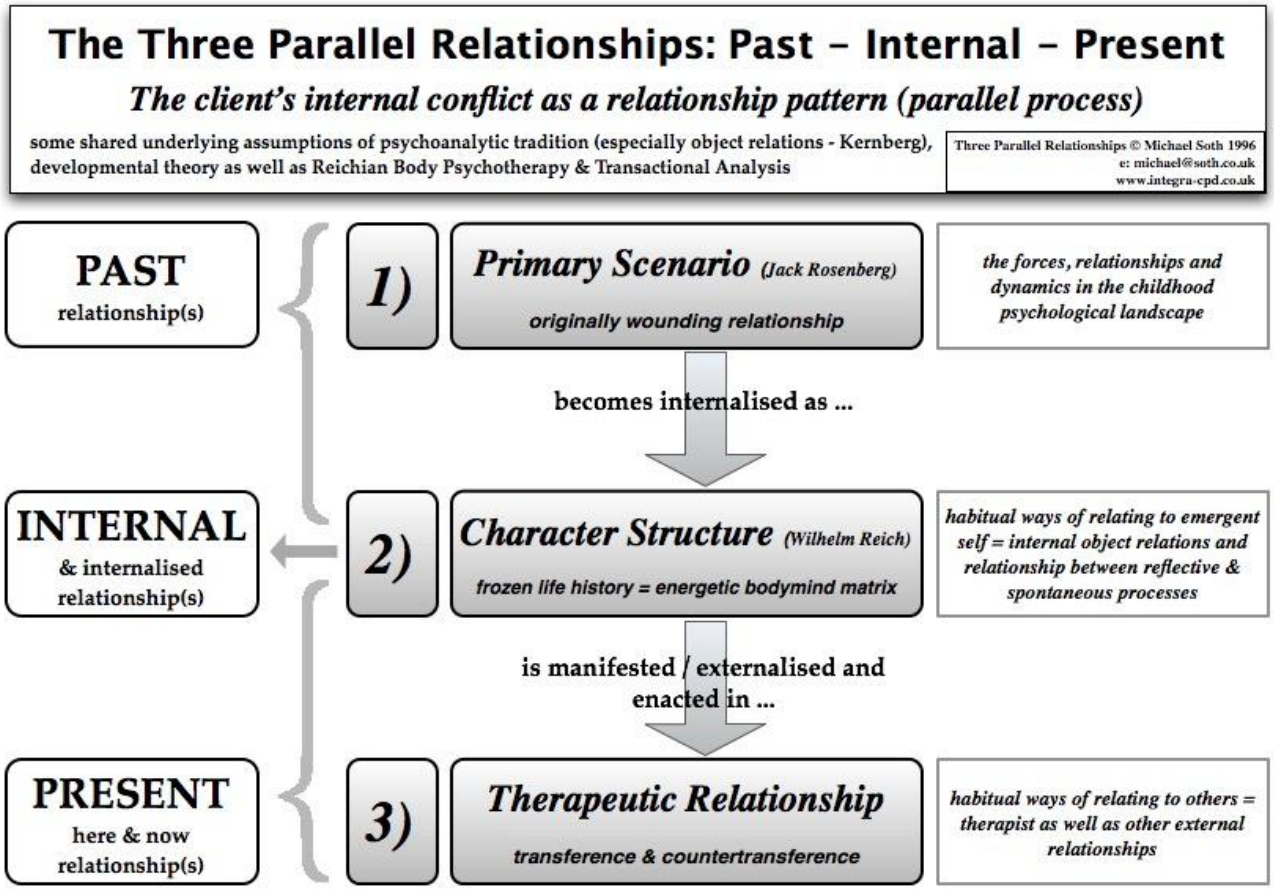
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The Three Parallel Relationships · Michael Soth, 1996

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

DIAGRAM · 1996 · MICHAEL SOTH

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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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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