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What is 'Working with the Body'?

Michael Soth

A critical examination of what 'working with the body' actually means in psychotherapy — distinguishing the objectifying medical-model use of body-oriented techniques from a genuinely intersubjective, embodied therapeutic presence. This article argues that no amount of technique, however body-oriented, substitutes for the therapist's own embodied aliveness.

KEY THEMES

— Distinguishing body-oriented technique from embodied presence

— The objectifying trap in body-centred approaches

— Why no technique can guarantee embodied transformation

— The body as channel for countertransference, not object of technique

— Interpersonal embodied attunement as the primary vehicle

The Question Behind the Question

When therapists ask 'how do I work with the body?', they are often asking a question which contains its own answer — and its own problem. The framing of the question tends to assume that 'the body' is something the therapist works on or with, as a technician works with an instrument. This assumption is precisely what needs to be examined.

'Working with the body' can mean many different things, ranging from the most objectifying medical-model interventions (examining posture, prescribing exercises, directing breathing) to the most intersubjective forms of embodied attunement (the therapist's own resonant bodymind experience as a source of information about the relational field). These are not simply different points on a single spectrum — they represent fundamentally different paradigms of what therapy is for and how it works.

The Danger of Body-Oriented Objectification

The tradition of Body Psychotherapy has developed an impressive range of body-oriented techniques. But the question which this tradition has been slower to address is: what is the implicit relational stance when these techniques are used?

When a therapist directs a client's attention to their breathing, or invites them to amplify a gesture, or places hands on a contracted muscle group — what is the client unconsciously perceiving? In many cases, the message received is: 'Your body is a problem which I, the expert, will help you solve.' This reproduces precisely the split and objectifying relationship which many clients have with their own bodies — and which is often at the heart of their difficulty.

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 therapeutic techniques. This is a difficult truth for body psychotherapists to sit with. But it points to something important: technique follows from presence, not the reverse.

What Actually Works: The Body as Parallel Process

What makes a particular approach work with one client at one time, and become a counter-therapeutic disaster at another, may be more to do with the relationship between the different parts in the client than the validity of any technique. Therapeutic transformation does not depend on working out one part or level; it depends on all of

them coming together and on the relationship between the parts.

It is the whole body/mind matrix which shifts to generate a new sense of self. It is the whole body/mind matrix which constitutes identification with a pattern or releases identification from a script.

The most profound form of 'working with the body' is therefore not any particular technique, but the therapist's own embodied presence — their capacity to be genuinely alive in their own bodymind in the presence of the client, and to allow that aliveness to be in resonant, responsive contact with the client's bodymind experience. This is the foundation from which any technique, however body-oriented or verbally oriented, becomes genuinely therapeutic rather than merely objectifying.

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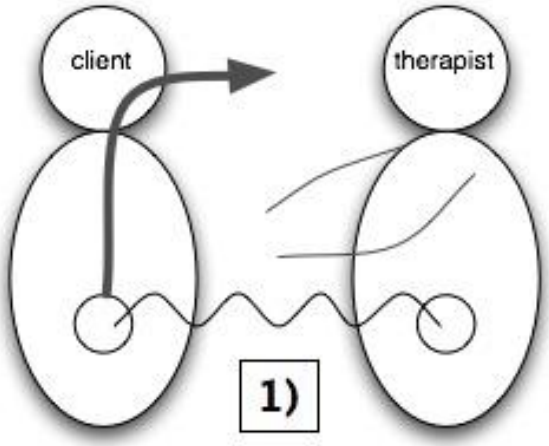
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The three kinds of contact in the therapeutic relationship

In terms of my internal process as a therapist (perceptions, fantasies, understandings of self and other as well as therapeutic impulses), I find it useful to distinguish the following three kinds of contact arising in the therapeutic encounter, noticable as varying degrees of 'working alliance'.



Therapist experiences:

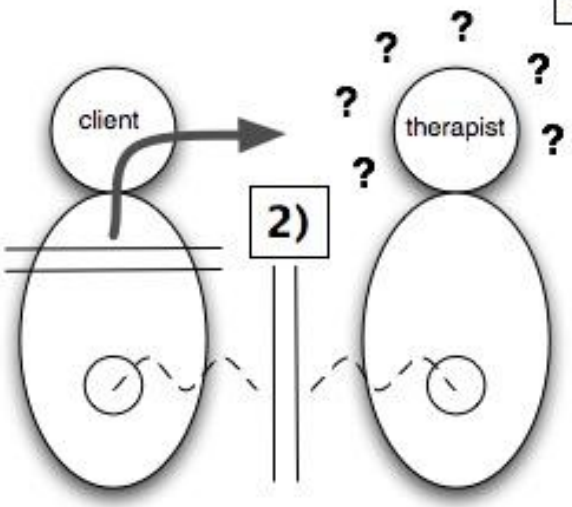
RESONANCE

(explicit empathic flow and attunement, no doubts about working alliance)

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

how to contain/facilitate awareness of transition between 1) and 2) ?



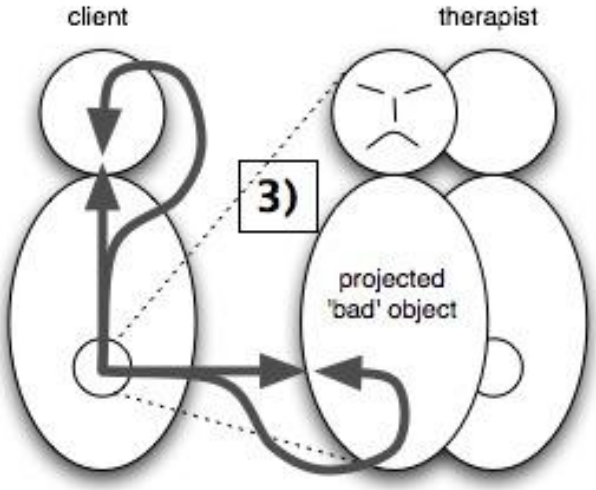
Therapist experiences:

DISSONANCE as well as **RESONANCE**

(explicit empathic flow disturbed or conflicted, doubts about working alliance)

therapist feels in doubts, unsure, worried, uncomfortable, ambivalent or in conflict about
a) understanding: "what's going on ?", or ...
b) intervention: "what should I do ?"
(often torn between conflicting impulses)

how to contain/facilitate awareness of transition between 2) and 3) ?



Therapist experiences:

INTENSE CONFLICT / PRESSURE

(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious

transition from 3) to 1a) happens spontaneously if the re-enactment can be contained sufficiently, the characterological conflict can re-organise itself

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The Three Kinds of Contact in the Therapeutic Relationship

1 RESONANCE

Explicit empathic flow and attunement, no doubts about working alliance

a) through therapeutic persona (good will, intention)

b) spontaneously, without effort or intention, as a result of deepening process

↓ *how to contain / facilitate awareness of transition between 1) and 2)?*

2 DISSONANCE as well as RESONANCE

Explicit empathic flow disturbed or conflicted, doubts about working alliance

Therapist in doubts, unsure, worried, ambivalent or in conflict about:

a) understanding: 'what's going on?'

b) intervention: 'what should I do?' (often torn between conflicting impulses)

↓ *how to contain / facilitate awareness of transition between 2) and 3)?*

3 INTENSE CONFLICT / PRESSURE

Charged and conflicted moment — working alliance acutely / intensely threatened

Therapist intuits that re-enactment of client's wounding is likely — tendency to go unconscious.

Transition from 3) to 1a) happens spontaneously if the characterological conflict can be contained sufficiently.

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