ARTICLE · 2006

How the Wound Enters the Consulting Room

Michael Soth

Published in Therapy Today (2006), this article offers a 'whistle-stop tour' of how the client's wound progressively enters and pervades the therapeutic space — in six and a half steps, from the client's non-verbal here-and-now experience all the way to the supervisor's awareness through parallel process. Each step represents a paradigm shift in how the profession has understood the wound's reach.

KEY THEMES

— Six levels at which the wound enters the consulting room

— From medical model to integral-relational paradigm

— The wound as pervading the entire intersubjective field

— Parallel process as the wound leaping between systems

— No therapeutic position is uncontaminated by the wound

The History of Our Profession Told Through the Wound

The history of psychotherapy could be written in terms of the profession's evolving relationship to the client's wound — and specifically to how far that wound is understood to enter the consulting room and pervade the therapeutic space.

Starting from our origins in Freud's — albeit ambivalent — obeisance to the 'medical model', we can trace the steps by which the profession increasingly recognises how the lived actuality of the wound, the here-and-now flesh-and-blood experience of the wounding process, cannot and does not remain outside the consulting room. The dualism breaks down; the wound refuses to stay confined to the patient's life and the patient's mind, and enters — not only the client's reality of therapy, but also the therapist's and the therapeutic relationship as a whole.

It is this recognition which is at the heart of our assertion that 'it is the relationship that matters.' Here is a whistle-stop tour of how the wound enters the room and de-constructs an exclusive 'medical model' perspective in six and a half easy steps:

Six Levels: The Wound Enters the ...

Level 1 — The client's 'here & now' experience as non-verbal process. The wound enters first as the client's bodymind state — their breathing, posture, muscle tone, the whole somatic texture of their being-in-the-consulting-room. This is prior to any content, any narrative.

Level 2 — The client's perception of the therapist (= transference). The wound enters the client's construction of the therapist. The therapist is not seen as they are but through the lens of the wounding history: as the abandoning parent, the critical authority, the unavailable other.

Level 3 — The client's bodymind experience of the therapist (= embodied transference). More than perception: the client's body actually begins to react as if it were trapped in the wounding relationship now. The chest tightens, breathing shallows, the old physiological pattern of the wound is activated in the presence of the therapist.

Level 4 — The therapist's awareness (= countertransference). The wound enters the therapist's awareness — as feelings, thoughts, fantasies, impulses which do not belong entirely to the therapist's own psychology but are inflected by the client's wound.

Level 5 — The therapist's bodymind experience (= embodied countertransference). The wound enters the therapist's bodymind — as somatic responses, as the involuntary movements of their own body in resonance with the client's wounding pattern.

Level 6 — The supervisor's experience (= parallel process). The wound does not stay confined in the consulting room but 'jumps' into the supervisory relationship — as the therapist, carrying the uncontained wound, re-enacts it with the supervisor.

No Position is Uncontaminated

This integral-relational perspective is not altogether comfortable. It involves the therapist fully in a participative, holographic universe where there is no Archimedean fix-point. There is no aspect of the therapeutic position, no theory, philosophy or technique that can be guaranteed to remain uncontaminated by the wound.

We can never be entirely sure whether what we intend as helpful and therapeutic is actually a repetition of the wounding and counter-therapeutic. Quite contrary to 19th-century assumptions which confine all of the wound neatly in the patient, the wound refuses to be segregated and potentially pervades the entire field of the 'helping relationship'.

Parallel process is like a row of dominoes — uncontained pain leaking from one system into the next until it finds a home of acceptance and involvement. That home, in my view, needs to be capable of embracing the re-enactment of the wound even whilst attempting to heal it, and ideally in an integral (holistic-systemic bodymind) fashion.

BIBLIOGRAPHY

— Clarkson, P. (1995) The Therapeutic Relationship. London: Whurr

— Damasio, A.R. (1994) Descartes' Error. New York: Putnam

— Soth, M. (2005) Body psychotherapy today. Therapy Today 16(9)

— Soth, M. (2005) Embodied countertransference. In N. Totton (ed.) New Dimensions in Body Psychotherapy. OUP

— Hawkins, P. & Shohet, R. (1989) Supervision in the Helping Professions. Buckingham: OUP

Published at soth.co.uk · © 2006 Michael Soth · All rights reserved