

## **Embodying the mind and reminding the body: including the body in psychotherapy**

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### **Abstract**

The place and role of the body within psychodynamic psychotherapy has a long and complex history. Psychoanalysis has traditionally seen the body as being the location for negative psychosomatic enactments rather than as a dynamic part of the therapeutic process. This paper shows that the dialectical yet unitary relationship between mind and body has been recognised by some key psychoanalytic writers, such as Bion and Ogden. It describes how four trends in modern psychotherapy, e.g. the study of transference phenomena, trauma recovery, infant studies, and affective neuroscience are bringing the body back into focus for all practitioners. The paper then attempts to provide a conceptualisation of how the whole body can be brought back into psychotherapy through an understanding of what has been excluded and included. It highlights the importance of a dialogical approach among psychotherapies and provides a philosophical understanding of why the whole person, mind and body, needs to be “known” in the therapeutic relationship.

**Keywords:** mind/body problem; psychoanalysis; body psychotherapy; modern trends.

### **Introduction**

The mind/body problem has been occupying saints, sages and scholars for the last 2500 years and so it is somewhat unlikely that this is the final word on the topic. I would like to set the scene by presenting some quotations:

The origins of psychoanalysis were about the interplay between the body and the mind... Since the mid 1950s within psychoanalysis there has been a mentalist turn, so that the body is now seen as a dustbin for that which the mind cannot cope with. (Orbach, 2006, p. 68)

I have talked about the body and mind as if they are two entirely different things. I don't believe it... the patient is one, a whole, a complete person. (Bion, 2005, p. 38)

... the experience of being bodied and the experience of being minded are inseparable qualities of the unitary experience of being alive. ... hypertrophied mental activity (is) designed to anticipate, understand, explain, measure, create, and

annihilate (and in these ways omnipotently control) everything that happens in the experience of the body, as well as in relationships to external and internal objects. (Ogden, 2001, p.155-6)

If you think our body and mind is two that is wrong. If you think our mind and body is one that is also wrong. Because our mind and body is two and one. (Suzuki-Roshi, 1965, p. 1)

We should know that there is a dialectical process at work between the mind and the body. (Lowen, 1975, p. 144)

As you might guess from these quotations, my passion is in understanding the complex and fascinating relationship between the mind and the body in the therapeutic setting, and especially in trying to integrate aspects of Object Relations theory into body psychotherapy, and vice versa. The resources I have been using come from the theoretical and clinical writings of my colleagues in the Bioenergetic Analysis community, particularly the writings of Angela Klopstech Ph.D., a bioenergetic therapist in New York, who has written extensively on the relationship between Bioenergetic Analysis and psychoanalysis. I also draw from my personal study of the various schools of Object Relations, especially the writing of Thomas Ogden and, more recently, a study of Wilfred Bion. I am indebted to the support of a psychoanalytic study group in Wellington, of which I am a member, and of course, to my clients.

It would seem that in terms of this topic different streams of knowledge are starting to flow together. These currents are still a little turbulent which makes for an interesting ride in attempting to integrate them into a coherent and systematic conceptual framework relating to the mind/body problem.

One caveat is needed when talking about the mind/body problem as we are discussing only two of the four key spheres of the Te Whare Tapa Wha model (Durie, 1998), and so, on the face of it, I am excluding the social and the spiritual dimensions - if that is even feasible. Alexander Lowen, the pupil of Wilhelm Reich, and founder of Bioenergetic Analysis has said, “You don’t have a body, you are your body” (2014, 0:34 seconds), and he believed that if we

restored the feeling life of the body we would at the same time be restoring our linkages with the ground, with nature, with each other, and with our spirituality (2004, p.152).

My intention is to give a brief overview of some of the key elements of what, by the nature of the subject matter, has to be a pluralistic perspective on how the body is involved in the psychotherapeutic process. There is no right way – only a dialogic way – where we respect each others' epistemologies, and different perspectives, and the dialectical relationships between them.

### **The Field Today**

Western psychotherapy, after decades of neglect, is re-examining the place of the body in psychotherapy. This resurgence is coming from several different sources, four of which are: studies into transference phenomena, trauma recovery, infant studies, and neuroscience.

The psychoanalytic schools of Object Relations, Relational and Interpersonal Psychoanalysis have highlighted the importance of incorporating, alongside the imagery and phantasy occurring in the mind, the experience of bodily phenomena, mainly in the form of body sensations, in the understanding of transference and countertransference. These body sensations are termed interoception, which is the perception of neurochemical and visceral activity in the body, and proprioception, which is the felt sense of muscular changes and position of the body in space.

In trauma recovery work, body sensations are also a key feature of the sensorimotor processing methods of many modern trauma therapies, such as the work of Peter Levine (Somatic Experiencing), Pat Ogden, (Sensorimotor Psychotherapy), Babette Rothschild (Somatic Trauma Therapy) and Bessel van der Kolk and his colleagues including Dan Siegel, Stephen Porges and Christine Courtois at the National Institute for the Clinical Application of Behavioral Medicine (NICABM) in Connecticut, USA.

The study of non-verbal communication, such as mutual gaze transactions, hand gestures, and movements of arms and head, between infants and mothers (Beebe and Lachmann (1988), Stern (1985), Tronick (1989) and Trevarthen (1993) has highlighted the infant's attempts to achieve direct coordination between the baby's gestures and what happens around her/him in the environment, and of the infant/mother dyad effort to achieve affect attunement between internal states (Schoore, 2003(b), p. 7ff.). Watching videos of a baby making these gestures to  
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a disturbed mother who is completely missing the baby's cues is a heart-wrenching experience.

We have emerged from the “decade of the brain” in neuroscientific research. The work of Antonio Damasio (1999, 2010), Daniel Siegel (1999), Allan Schore (2003a and 2003b), Stephen Porges (2011), and Jaak Panksepp (2012), has helped establish the paradigm of affective or interpersonal neuroscience. Schore has shown how right hemispheric non-verbal and visceral-somatic processes are involved in affect regulation and the formation and disorders of the self, and how an understanding of these visceral-somatic processes can be integrated into psychotherapy. His enumeration of the key principles of psychotherapeutic treatment of early-forming pathologies of the self (2003a, p. 279ff.) stresses the need for non-verbal attunement. Similarly, Panksepp (1998, p.18) has argued that “affects have to be grounded in action tendencies”, i.e. with every affect there is an impulse to move, express or act in some way which fulfils the function of the “emotional operating system” that is deeply encoded in the subcortical areas of the brain. Emotional operating systems are prime communicative and action states for shaping relational responses. If these action tendencies – emotions – are not felt and respected, we become vulnerable to psychosomatic disorders from repressed bodily urges – a point first elaborated by Wilhelm Reich in 1933 in his book *Character Analysis*.

### **Conceptualizing the Place of the Body**

A common theme of many of these approaches is an emphasis on body sensations, especially interoception and proprioception, and how these might be incorporated into various psychotherapies. What these approaches may not include is a conceptualisation of how the whole body fits into psychotherapy. What one means by “the body” is, of course, perceived differently by different schools of psychotherapy.

Just as there are many different psychoanalytic /verbal therapies, so there are many different body therapies – perhaps underlining the polysemic nature of both mind and body and the dialectical relationship between them. Within body-oriented therapies we have, on the one hand, a wide range of approaches, many of which trace their origin back to Wilhelm Reich, who was the first psychoanalyst to use an understanding of the disturbances of the autonomic nervous system (ANS) in the psychotherapeutic process. In Germany and France the ANS is called the “vegetative system”, the term used by Reich. Reich was also the first to

systematically describe the links between individual and social pathology in authoritarian societies arising from the chronic disconnection from the body and its primary impulses and affects.

Therapies influenced by Reich include Bioenergetic Analysis, Biosynthesis, Core Energetics, Formative Psychology, Radix, Hakomi, Gestalt, Bodydynamics, Biodynamics, Chiron Assoc., Embodied Relational Therapy, etc. On the other hand, many body-oriented therapies do not link back to Reich, or perhaps may not recognize their indebtedness to him. These include Psychosynthesis, Process-Oriented, Gendlin Focusing, Rebirthing, Holotropic breathwork, EMDR, TFT, EFT, Somatic Experiencing, Somatic Trauma Therapy, Sensorimotor Psychotherapy, and NICABM.

It is a truism that different conceptualisations of the body impact on treatment approaches, both within body-oriented therapies and within verbal therapies. Perhaps one of the main differences between verbal and body psychotherapies, is that “in verbal therapies there is no expanded therapeutic frame for the patient and therapist to express, act, interact and interpret except through the narrow channel of verbal language, symbolization and localized body sensation” (Klopstech, 2009, p.13ff.).

As Klopstech (2009) points out, this narrow frame, “forecloses” on many aspects of human functioning:

- actual human flesh/tissue/musculature: e.g. whether it is hot or cold, rigid, dense, or flaccid and collapsed, dead or alive;
- witnessing how left/right, front/back and vertical splits in the body, especially in the diaphragm and the head/neck, are functionally identical with the psychic defences, e.g. of intellectualization, repression, splitting, and are also manifest in the developmental character structures, e.g. schizoid, oral, narcissistic, masochistic, rigid, etc.;
- the functionality of human gestures as a way of synchronizing with the social environment e.g. pushing away / aggression as a means of creating separation, distance and individuation in order to reconnect on more functional terms;

- the movement of the body in space: so that sitting or laying down is the only way to be in the therapeutic space, i.e. standing or moving towards/away from another are not valued modes of therapeutic intervention;
- the body below the head/face in its vital/energetic/muscular/visceral manifestations;
- the body in interpersonal connection or non-connection with another, e.g. the complex role of touch in therapy, e.g. to bring awareness to the body, to release muscular tension, or to support new movement; but *not* to comfort nor to enact an oral or oedipal impulse of the patient or therapist;
- a revised view of catharsis and the strong expression of emotion as a means of working through and restructuring the lower sub-cortical centres of the brain.

And not only is there a foreclosure on these important dimensions of human functioning, there is often an immediate and non-reflective negative judgment that these dimensions are primitive and regressive enactments of unresolved pre-oedipal or oedipal issues. While Klopstech (2009) used the word “foreclosure” there are synonyms, e.g. Bion used the word “excluded”, and Joyce McDougall the word “escape”:

I would like to be on the side of any of these things that have been excluded, whether it is the diaphragm which separates the top from the bottom, or whatever it is. The excluded part plays a large part and may not even yet have emerged into psychoanalytic theory (Bion, 2005, The Italian Seminars, Seminar One).

My interest in the somatic self derived from a much wider field, namely a preoccupation with everything that tends to escape the psychoanalytic process.... The most elusive of these phenomena appeared to me to be psychosomatic expressions, in that the action took place in the patient’s body and yet was clearly not related to hysterical bodily symptoms. (McDougall, 1989, p. 15)

The classical psychoanalytic frame has traditionally made no space for the whole body and its various parts, which has resulted in bodily aspects being either dismissed as psychosomatic enactments of inner conflicts or being totally “excluded”, as Bion suggests. Perhaps one of the early psychoanalysts who did risk including the whole mind/body was Sandor Ferenczi. It

is interesting that recent times have seen renewed in-depth study of Ferenczi e.g. see *American Journal of Psychoanalysis*, Special Issues on Sandor Ferenczi: Silver (2007); Galdi (2008); Boschan (2011); Boschan (2012). This modern re-discovery was foreshadowed in 1958 by Alexander Lowen, (1958, pp. 9-16) who was inspired to explore Ferenczi's "therapy from below" and his action methods as a theoretical and clinical base for Bioenergetic Analysis.

### **Modern Body Psychotherapies**

Bioenergetic Analysis, along with many other Neo-Reichian body psychotherapies, has developed a complex repertoire of techniques for working with the whole body and the various parts of the body e.g. how to work with breathing and the diaphragm; how to ground low and high states of arousal within the window of tolerance; how to work with cathartic experiences of high arousal through expression, meaning and reflection (Greenberg, 2002); how to work with rigid and flaccid structures; how to work with somatic/psychic splitting; how to support sadness and fear that are somatically blocked from moving up the front of the body, or to work with anger that comes up the back of the body and is blocked by the shoulder girdle; how to work with the frozen trauma body, etc.

One historical critique of these body therapies which were developed in the 1950s was that they tended to err on the side of being a "one-person" (Stark, 1999) psychotherapy, with the therapist being the expert "body reader" who worked with the patient to break through their body armouring by the use of strong cathartic methods. But, perhaps a wiser retrospective critique might judge that this type of cathartic therapy was relevant for the patriarchal and repressed 1950s.

The sociologist Zigmunt Baumann (2007) has written extensively that we are now in "Liquid Times" where our sense of self is being dissolved in a sea of consumerism, infinite choice and fleeting gratifications. We are also drowning in a sea of traumatic images in the media, whether it be murders, child abuse, terrorism, warfare and displacement of millions of people, or missing planes. This double modern crisis of the dissolution of the self and pervasive trauma does not require the catharsis of the 1950s to break open our psychic imprisonment. We are already too open to the social and cultural forces assaulting our psyches. What is needed is a strongly "relational" and gentle "sensori-motor" therapy so that our psyches do not fragment. For example, the French Bioenergetic therapist, Guy Tonella (2007, p.12) Published in NZAP Journal, ATA. Special Issue. December 2014. Pp. 103-112.

developed the ESMER model. ESMER stands for **E**nergy, **S**ensory, **M**otor, **E**motion, **R**epresentation – which are the sequential developmental functions of the Self in the first 15-18 months of life. Tonella has shown how Lowen, Piaget, Reich and Freud delineated the connections between each of these functional layers.

The historical stereotype of a cathartic “bash-bash-Bertie” approach still hangs over many body psychotherapies, but most of them have moved into being “two-person” (Stark, 1999) relational psychotherapies with a sophisticated integration of different psychoanalytic theories, attachment theory, developmental psychology, and neuroscience with body-based techniques. In my own modality, modern Bioenergetics, many of our leading practitioners have developed nuanced relational somatic models using the resources of attachment theory, the work of Winnicott, of Jung, of Daniel Stern’s developmental psychology of the Self, interpersonal psychoanalysis, and a range of ideas from neuroscience, such as Porges’ Polyvagal theory. George Downing, a member of the International Institute for Bioenergetic Analysis (IIBA), who teaches at the Salpêtrière Hospital in Paris where Freud studied, is an international expert on VIT (Video Intervention Therapy) with preverbal infants and their parents using micro-analysis of the bodily strategies infants and caretakers use to regulate interpersonal space and attachment in repairing the relationship between parent and infant.

### **A Developing Dialogue**

A more recent critique of modern body psychotherapies is that they are becoming too psychoanalytic and are in danger of losing the special perspective they bring (Klopstech, 2000, p. 46). I think that this critique does point us in the direction of the developing dialogue between different therapeutic approaches, a dialogue that, in my view has to avoid the danger of too easy an integration, one that minimises the different philosophical, historical and epistemological differences between approaches and the contributions that each can make. My own interests and exploration in this regard are in trying to integrate aspects of Object Relations theory into Bioenergetic Analysis (Cockburn, 2012). Alexander Lowen, the founder of Bioenergetic Analysis, used Freud’s drive theory and Ego Psychology to provide a theoretical underpinning for his approach. Because this classical Freudian approach emphasised the oedipal stage of development, it is more useful today to use theoretical understandings relating to pre-oedipal developmental deficits and relational trauma, as well as an understanding of shock trauma.

My personal hunch is that the work of Wilfred Bion has much to offer. Bion was an embodied psychoanalyst whose knowledge of the human body and psyche came from a profound personal “evacuation” of both during traumatic experiences in World War I.

“Bion felt sick, he wanted to think...he wanted to think...he tried to think....Gusts of steam came from Sweeting’s side (Bion’s runner whose chest was blown open by shrapnel) ...Leaning back in the shell hole, Bion began to vomit unrestrainedly, helplessly.” (Brown, 2012, p.802). Bion lived in “unrelieved gloom” for 30 years until he married his wife Francesca in 1951. The “containment” of himself and his traumata (“the contained”) by this wonderful woman enabled him to bring himself and his mind/body back to full functionality, and to understand the nature of “beta” elements and the “alpha” function. Bion’s language is often evocatively concrete and somatic, e.g. “beta” elements are “muscularly / forcefully” projected; in his book “Cogitations” (1991) about the function of dreaming, you can almost feel the cogs of the mind turning in the title of the book. My belief is that some of Bion’s formulations can be integrated into a pre-oedipal theoretical understanding of body psychotherapy, and that is what I am working on in my personal study.

### **The Philosophy of “Knowing” in Psychotherapy**

There is a philosophical reason why verbal methods and symbolic processing have been, and perhaps still are, the benchmark, or “gold standard” (Klopstech, 2009) for how to conduct psychodynamic therapy. It has to do with our epistemological instinct or the nature of the act of knowing. It is possible to distinguish between knowing as an “act of differentiation” between the knower and the object, and knowing as an “act of identity” between the knower and the known (Tracy, 1970, p.52). This can be illustrated as follows: I can “know” a plastic drink bottle by “seeing it”, noting its shape, size, colour etc. It is “out there” and I can confront its reality as different from my own. But in an “I–Thou” relationship, one person knows the other by an act of “identification” with the other. Each person is “known” to the other from inside their own self, and this act of identification produces a state of being that potentially opens up the knower phenomenologically to a transcending reality in respect of the other person and of both of them as a unified field.

This philosophical distinction was first established in Western philosophy in the 13th century by Thomas Aquinas. For Aquinas, the epistemological basis for knowledge is “intelligens”, the act of understanding or interpretation in psychoanalytic language, and this act of understanding becomes, for Aquinas, an analogy for understanding the “procession of the

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persons of the Trinity” (Lonergan, 1967, p. 97ff). In Christian Trinitarian theology, the Father so perfectly understands or interprets himself that this understanding is manifested in a Word, the second person of the Trinity, and the love between the Father and the Word is so perfect that this love is manifested as the third person of the Trinity, the Holy Spirit. Aquinas’ philosophical explication of the nature of the human knowing contains within it the 21st Century insight about the “therapeutic third” in the therapeutic relationships.

When there is a mutual act of knowing as an “act of identity” in the therapeutic setting, a “therapeutic third” (Ogden, 2004) position is simultaneously created, which is the profoundly still, yet highly active space, in which both therapeutic love and therapeutic change may occur. Perhaps this act of knowing as an act of identity is much easier with the relative simplicity and power of symbolic and verbal communication. If one has to include the whole body in all its complexity in the act of the mutual knowing between therapist and patient, then the process is potentially that much harder, but paradoxically it may be an easier and a more holistic way towards knowing the other and towards therapeutic healing.

### **Conclusion**

The challenges for the inclusion of the body in therapy are immense and humbling. And we need to be humble, as humble as one of the greatest minds of modern psychoanalysis, Wilfred Bion, who said, “I only know a little bit about what it feels like to be me wandering in the realms of the human mind.... To be dominated or motivated by curiosity, by our wish to know, would seem to be a dangerous occupation” (2005, Italian Seminars. Seminar 3).

And I would like to add, especially when we wander in the realms of the human mind and the human body.

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