Doing Effective Body Psychotherapy without Touch: Part II: The Process of Re-embodiment[1]

Introduction

This article follows on as a second distinct part to an article I wrote with the same main title (Young, 2005a). I would now like to go into the subject a little more detail. In that first article, I looked at why we might need to be much more clear about why, when, how, and where we touch. And I also looked at various techniques that we can use that essentially come from within body-psychotherapy, but none of which involve touch. I now want to go a little wider and deeper. I would like to explore the concept of 'embodiment' or (as we shall see) the process of re-embodiment. David Boadella spoke eloquently, at the 2006 4th Biosynthesis Conference in Lisbon, about 4 different levels or types of integration and how the therapeutic relationship or alliance is the containment for the process of integration. I want to look at the goal or intention of Body-Psychotherapy and the purpose that I believe underlies the therapeutic alliance in Body-Psychotherapy. I believe that – as a Body-Psychotherapist – I am working to assist the client get a better sense of, or achieve a better state of 'embodiment': by that I mean a felt sense of self within one's body, when one feels centred, grounded, autonomous, empowered, in contact with one's authentic feelings and with a healthy boundary to others and the outside world. This concept is not unique to any one method of Body-Psychotherapy, but – I believe – is probably common to all, though the language varies considerably from method to method.

EMBODIMENT

Whilst we all want our clients to get better (and ultimately not to need our therapy), we might not be quite so clear as to what our immediate goals or intentions are. I think that we are, as Body-Psychotherapists, probably working on a meta-level to assist our clients to get a better sense of, or state of, 'embodiment'. By this I am meaning that we are working to help them towards a place or a time where they can experience themselves more within their body; that they have a better proprioceptive sense; that they have a regular, closer, deeper, and more intimate relationship with their bodies; that their 'grounding' in their body is better; that they can relate better from their body to other 'bodies'; and that their body has an interconnected sense of being in its wider situation. This, I believe, would also tend to give them a better state of their health, less stress and more relaxation, a

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clearer set of relationships with other people, a healthier interaction with their environment, a better sense of themselves in society, and sometimes even a greater connection with spirit.

In people with (say) schizoid character structures, there is traditionally a profound splitting-off or 'disembodiment' from the person's felt sense of self, from their body. In people, for example, with borderline personality disorders, there is often (if not nearly always) a deep existential fear of their bodily (or felt sense) experience, as it can be either chaotic or like a void, a nothing-ness. Any direct contact, or degree of intimacy, both in relationship terms, or in the 'felt sense,' is thus experienced as being quite invasive, or even terrifying. In a more defended character structure, such contact is often experienced as being unsatisfactory, or 'distance' is projected onto the other person so that the other person is felt to be too far away, or 'abandoning'.

In all of these cases, gentle consistent (and sometimes very different and difficult) work is needed to assist the client to come into their bodies more completely. This is a process of embodiment. From that place of feeling and accepting themselves more, they can then start to heal some of their early childhood issues, injuries, defects and traumas. This is a generic body-psychotherapy perspective. I am also arguing that this can be done – with or without touch – effectively by changing our (and their) perspectives of themselves and thus their experiences of being embodied.

Similar dynamics can be seen with other character structures: there may be an over-groundedness or over-boundedness (Boadella, 1987); or there may be a rigidity or lack of mobility where the person experiences flexibility as threatening. Or there may be an over-emphasis on the person's needs being gratified (oral); or the 'hysteric' character may experience an inability – and fear – to be grounded (solid, stable) and sees their security in their ability to rage or flee. These are all different character structures caused by different, and often disturbed patterns of upbringing, and they all affect our capacity of, and pleasure in our 'embodiment'. Stanley Keleman argues in his book 'Emotional Anatomy' (1985) that tensions and distortions in the various tubes that constitute the body are "insults to form". To overcome these 'insults', as clients, we will have to find a way to come to terms with our body as it is and then re-embody it in a less distorted way, and this may be a continual process as we work in different ways with different aspects of our bodies, or – in the Reichian concept – the different 'segments' of our body: eyes, jaw, throat, chest, belly, etc.

These are not just character structures, they are all different experiences of chronic embodiment. These are not disembodied people: ghosts. These are people and they have bodies: but their process of embodiment (to date) has been disrupted or distorted, and their resulting embodiment is becoming increasingly dysfunctional. The person's particular and different experiences have disturbed their relationship with their body – from what it could have been – from the natural, healthy

form that is our human potential.

As Body-Psychotherapists, I believe that our task is to assist the person (client) to create a better (and less dysfunctional) relationship with their body, and with their self, and thus hopefully eventually with other people as well. I hope that we can help them to overcome most of the difficulties in their current embodiment and create a new embodiment: a re-embodiment. It is difficult – from this perspective – to understand how this healing journey can be done without looking at the concept of embodiment. But it is also a concept that does not have to include touch *per se*. We do not have to touch someone to help them feel themselves: sometimes touch could even take this feeling (of embodiment) away from them.

Embodiment is becoming an increasingly accepted concept in traditional psychological and psychotherapeutic circles. Traditional psychology is now questioning the Mind-Body split, reinforced by millennia of patriarchy and now by an increasingly industrialised society; originally verbalised by Plato and Descartes and one that has dominated scientific thinking for so long. It is now slowly but steadily changing.

There is a greater sense of inclusion: both-and rather than either-or. One's experience of life and events is being seen as both 'detached' (scientific/objective) and 'embodied' (being-in-the-world) – as experienced by the perceiver. Embodiment is being seen as the experience of being in the 'here' and the 'now'. There are fundamental changes in one's perception of reality: you can be a particle (static form), or a wave (dynamic movement), or the potential that both are true.

As Body-Psychotherapists, we are obviously professionally very interested in embodiment, and quite a lot has been written about it, clinically, within Body-Psychotherapy literature (ref: EABP Bibliography, 2006). However the ramifications of this change of perspective are affected by and affect a huge number of other areas, perhaps more than we are conventionally aware of. So I would like to explore this concept a little further. We can look at embodiment in a number of different ways. The basic concept of 'embodiment' – *"I am that which is my body"* – is both influenced by, and affects, a vast range of perspectives or different arenas. These perceptions and these affects vary widely; far beyond the scope of traditional Body-Psychotherapy. By bringing these concepts more within the scope of Body-Psychotherapy, I argue that we are increasing our range, depth and efficacy as Body-Psychotherapists.

A Body-Psychotherapy colleague of mine, Michel Heller, commented at a recent Body-Psychotherapy congress in Paris (2008), that whilst we were both very well trained in touch, both he and I now hardly ever touch our clients. Instead, we see more; we perceive more; we often understand them through thought and resonance, and guide them through explanation and suggestion. We definitely 'do' less and that has (perversely) often a greater long-term effect: in the words of

Gerda Boyesen (and others) *"Less is more."* We don't touch because we have learnt about touch and the effects of touch and because we can now achieve almost exactly the same effects in different ways, if needed, without touch. We can only now work without touch because we have worked extensively with touch; maybe we have 'embodied' touch sufficiently so that we can 'touch' our clients differently, without touching them physically. They can then use this 'contact in their process of re-embodiment.

In a book that came out of a previous EABP Congress, *The Flesh of the Soul*, (Heller, 2001), there are a couple of chapters relevant to this theme, especially *In Search of the Embodied Self* (Marlock & Weiss, 2001). These two very experienced practitioners, from different disciplines, share some of the theoretical background and aetiology of the concept of the 'self' in psychotherapy (from Kohut, through Winnicott, Kernberg and Maslow, to Schwarz and Wilbur), and then introduce the concept that there is really no 'self' without a body and no 'body' (nobody?) without a 'Self' – or without various 'Self-states' that can be integrated into a whole. This is the process of re-embodiment.

Neuroscience

From the recent development of neuroscience, we get a number of fascinating insights as to what is going on in our body 'proper' and our brains (also part of our bodies), in our neurons, on a cellular level, chemically and micro-biologically within our bodies. However there are both good points and bad points about these perspectives. Wonderful as it is, neuroscience is telling us so much more about how the body and the mind work, but, in doing this, it can also manage to perpetuate the mind-body dualism. This is counter-productive to our goal. In a quote from a recent book on embodiment:

> *"Damasio states 'neuroscience has focused on functions [particularly motor functions] as if it had nothing to do with the person'. This estrangement of 'the person' from 'their' functions is one type of dualism. Another type is where neuroscience promotes a view of mental processes as residing only in the brain — thinking is neurology – and being distinct from bodily processes."* (MacLachlan, 2004)

Much of neuroscience focuses on the localisation of functions: where things are and what happens when that particular area or part of the body is triggered: this is a 'static' view. However, as is also very clearly demonstrated by the same neuro-scientific processes, that every human is slightly different - unique; every brain is plastic: it is not pre-programmed. And the human brain also grows dynamically, adapts and changes in a process called 'epigenesis', uniquely to each individual. Even in identical monozygotic twins, neurones in the same area (performing the same function) have different dendritic structures (Edelman, 2002). Our brain therefore grows and changes; it retains a degree of plasticity that only diminishes slowly throughout our life.

Neuroscience largely ignores this aspect, except perhaps in the repair of brain damage after injury or trauma. Neuroscience, whist it may give us incredible insights into what is happening in our bodies, might thus also have its own particular blindness. But there is a slow and increasing understanding that the brain and body 'proper' are a functioning whole. In another article (Young, 2006), based on a talk at several conferences about Body-Psychotherapy, I use the illustration of the cockpit of an aeroplane. The cockpit does not fly the plane: it is the power of the engines and the shape of the wings that do this. But the plane could not fly without a functioning set of controls (and a pilot) in the cockpit. It is however the passengers in the body of the plane that experience the flight and give it a raison d'être for its existence.

Anthropology

From an anthropological perspective, about 5 million years ago, we separated from the other primates, leaving them – for the large part – in the receding forests as the Pliocene drought tightened its 2 million-year grip on the planet. As a species, we went somewhere where we were safe from predators; where we lost most of our body hair; where we developed subcutaneous fat; where we had an excess of salt that needed to be got rid of through perspiration and tears; where there was a sufficient supply of special proteins and fats to develop our brain size by a phenomenal three-fold factor; and where there was a need to develop specialised forms of verbal communication. We almost certainly did all of these things up to our necks in warm shallow seas, probably in part of what is now Ethiopia: we became aquatic apes. (Morgan, 1990) From this gene pool, various generations of hominids emerged over the subsequent aeons into the African arena via the Great Rift Valley. These were: various forms of *Australopithecus*, then *Homo habilis, Homo erectus, Homo ergaster, Homo heidelbergensis, Homo neanderthalensis,* and so forth until eventually *Homo sapiens* emerged. (Young, 2005b)

This evolutionary process had a huge impact on our embodiment. It is not just the different psychological developments like the fact that the larger brain requires a much longer, and thus a much more significant, parental relationship: there were various, very significant, sociological developments. Our relative physical vulnerability, and lack of physical armour or intrinsic forms of defence or attack (horns, hooves, claws, spines or stings) requires an increased reliance on our immediate social group. Our capacity for language and abstract thought enabled our society to develop a complexity unique amongst animal species. Our manual dexterity allows us to develop necessary tools and weapons, shelters, clothes, and means of food storage so that we become less dependent on, and also more separated from, our environment. Our enlarged cortical brains allow us to overcome or suffer temporary imbalances of our Autonomic Nervous Systems and so we can

abuse this basic mammalian emergency response mechanism in ways that we now call 'work'; and when we are 'forced' to sustain this abuse, we call it stress. Our ability to adapt ourselves to various different and extreme situations has allowed us to colonise the whole planet in an ever-increasing swarm: some might see this as a plague.

As we moved out of Africa and spread out across the planet, we separated and differentiated further. We developed different cultures and sub-species (races). In time, these later cultural differences were also 'embodied'. In groups, I sometimes do a guided meditation that includes this evolutionary development and as a way of re-connecting with much earlier forms of development: basic forms that we carry in our embryological and genetic development.

Cultural Images

From a cultural perspective, we view our bodies and other people's bodies from the perspective of what we see as a 'good' shape; what is 'attractive'; what markings or adornments are used; what skills are important; what clothes are worn; how the person holds and presents themselves; and what messages these send us about that person's body. We also get a whole series of cultural messages from the way we use our bodies to communicate (body language), and the ways we make contact, which also differs from culture to culture.

A Samoan lady is admired (as was the pre-historic concept of the female deity) for her size, for her female power, and for her fecundity. The Pre-Raphaelites changed the image of the desired female form from the previous Victorian rigid porcelain pantheon (a reaction to the earlier buxom Rubenesque nudes) to an elegant, effete femininity. Part of the influence of modern feminism gives our girl children the possibility to be active and powerful, like Pocahontas or Laura Croft. The 'Goth' look (viz: The Rocky Horror Show) became a cult icon for teenagers a few years ago and the traditional Hollywood female icon changes over the years from the days of back-and-white silent movies, through the voluptuousness of the 40s, contrasted with the prim 1950s social acceptability of Doris Day and Lucille Ball, to more gawky but glamorous modern-day icons such as Virginia Roberts and Madonna.

This is also very apparent when two cultures clash. When the 'white men' (actually disconnected Europeans) met the North American native population: to take on the 'white man's ways meant to lose touch with everything that was meaningful (MacLuhan, 1971). We saw similar disasters, betrayals and genocide when 'disconnected' British (uprooted convicts) encountered the Australian Aboriginal culture: a continuum that had been largely unchanged for 40,000 years.

What are the cultural images have been influential on our clients: what images do they relate to, aspire to, and deny? What impact have these images had on their process of embodiment? I will

come back to this point again when I talk about self-esteem.

If you are a female psychodynamic psychotherapist, working in Farsi with a male refugee from Iran who has been tortured, work with any suggestion of touch is obviously inappropriate. The immediate work is around acceptance, dealing with grief and loss, reclaiming a sense of self, of safety and of health, transference and the expression of anger. The client reported the pleasure of coming back into his body (Azari, 2006).

(Reversed) Transitional Objects

However, when we do lose touch with our bodies, then we can even start to see our body, the body, as a 'transitional object' (Winnicott, 1971). Normally this type of transitional object is created to protect oneself against anxiety derived from the loss of the real object, so that a child's teddy bear or doll represents the (emotionally absent) parental loved-one. Maclachlan (2004) theorises that we 'sculpt' our bodies (in adolescence and adulthood) into reverse transitional objects, so that our bodies are shaped to become like a film star's (i.e. widely admired) or a 'Goth', 'Flapper' or 'Punk' (peer-group accepted) and it is this that comforts us. Our body is also a transitional object: but the real reversal is when we don't try to change it, when we can accept the body that we have, and then begin to adapt it towards a more comfortable or functional 'shape', which is the process of re-embodiment.

Narrative Therapy

Coincidently, also in *The Flesh of the Soul* (Heller, 2001), Maarten Aalberse speaks well about how Narrative Therapy can develop into what he calls Choreographic Therapy *"since once again working with felt gestures is added to the verbal work."* (Aalberse, 2001, p. 118) He also combines this with some 'focusing' work, or effectively a 'mindfulness' practice, that *"relies less on linguistic sophistication and invites more of an embodied process."* And, with a client case example:

> *"The way (the) intervention is phrased enables the client to disidentify himself from (his) loneliness: there is a "you" that senses and knows there is a lonely place inside the larger whole of you; the problem is seen as "a part of you" that feels unloveable. The problem both becomes grounded in **bodily experience** and is seen as a facet of a larger self, a self that can sense and contain this loneliness and much more than that. Both the fact that this loneliness is perceived as a part of one's self-experience (even though it may feel as a big part, there is still an acknowledgement that "you are more than that") and the fact that this loneliness is acknowledged as it is, may lead to significant **felt** shifts, that enable a more trusting and complete exploration of the issue at hand. A deeper and richer meaning can evolve, as more and more facets emerge from this **bodily felt experiencing**.* (Ibid, p. 121-122) *(my emphasis in **bold**)*

There is a lot more in this article that shows how different verbal or narrative psychotherapeutic techniques, including Almaas' work, and what Dilts calls "somatic syntax", can be applied in a

graceful bodily-oriented way that does not really involve touch but assists the client's re-embodiment.

Body Images

I mentioned this as a technique in the first article. But it also affects our process of embodiment. Stanley Keleman uses "Somatoforms" (Keleman, 1987) where the client draws an illustration of the dynamic forces within their own body. This is more an image of their proprioceptive self. It is influenced by many factors, but is the current present-moment emotional experience that the client has of their body. It is a representation of their current state of embodiment and the forces that influence this. This is the place and direction we are moving from. But what are we moving towards? I hope that we shall find out.

Health

Health – as a definition – is a current state of the moment, and it is a continual process towards something, and away from illness or ill health: experienced as a disturbance in our embodiment. What illnesses have we had, and which ones did we manifest, and how might we have used these in our life story? This is not a form of diagnosis (like Louise Hay) but more looking at how we see our bodies in terms of health or illness. Much has been written about this theme from various health perspectives: traditional medicine, social health, spiritual path work, and complementary medicine.

The bio-psycho-social model is now considered as the most appropriate one in traditional, conventional medicinal treatments for illness and chronic pain: this means that illness and pain are a combination of biological, psychological and social influences.

But this model still sees us, the affected, as a fairly passive component in illness: it is something that happens to us. However, with the concept of embodiment, we can perhaps consider the interaction of ourselves with bodily illness in a much more active light. Has our body 'failed' us by getting ill? Is our illness a result of our dissociation with our body: what warning signs did we ignore? Do we perhaps (consciously or unconsciously) use illness as a hiatus, a respite, or an interruption to our normal existence or our working life? In what ways might this particular type of illness that we have manifested actually work for us? Or – a serious illness having happened – can we use this as a turning point in our lives. (Sachs, 1984, 1985)

Self-Esteem

From a self-esteem perspective – how we see ourselves, and often how we see ourselves in relation to others – how we dress, how we present ourselves, our body stature, our aura – there are very different

messages depending on how we are 'embodied' and on our mood. There are so many factors associated with embodiment involved in self-esteem that it is almost difficult to differentiate these. I write about some of these in the previous article on doing effect body psychotherapy without touch (Young, 2005a): body awareness, vitality, affect, body language, self-image, expressive forms, etc.

One of my clients said to me recently, *"I don't do mirrors."* She was not grossly fat, but only somewhat over-weight. But she could not look at herself, possibly because the prevailing cultural images of anorexic pubescent femininity were causing her to deny her own self-image. Her embodiment was affected. The depression that she was experiencing was, in part, related to a deterioration in her relationship with her husband. She said she had taken some steps to 'correct' his faults, but she also became quite confused when I asked why she might have *"kept her lip buttoned"* for the previous 20 years. It became much clearer when we started to talk about her self-esteem. She was brought up with some classically feminine mores: women don't speak up or challenge their husbands. We worked firstly on imaging what the inner image was: what would she look like, how would she be, if she could step out of this 'fat suit', if she could reclaim her self-esteem? Could she identify with – and like – that 'inner' person: in part the person she once was, but also, in part, the latent potential – the person she knew somewhere she could be? Then, how can that inner person, that more real part of her self, nourish and support herself in more productive ways, in ways that did not involve comfort eating, or keeping quiet, or not doing the things she wanted to do, when and how?

Day-to-Day

From the individual's daily perspective of what do we daily do to our body, what do we eat, how much do we exercise, how well we sleep, or how we dress, are all indications of what sort of day-to-day relationship we have with our bodies. What is the continuum of our embodiment? This may be a culmination of genetic components, physiological development, childhood stories, family habits, self-esteem, traumas, and characterological formation (Keleman, 1985: Macnaughton, 1997). Embodiment is a continual changing process throughout our lives. Were we allowed to enjoy the use of our bodies in climbing trees and playing in the woods and fields, or were we prevented from doing this by concrete pavements, notices saying "No Ball Games", or our parental inhibitions to torn and dirty clothes. In Body-Psychotherapy workshops, I often use a 'script' that takes people through these influences as an introduction to "The Body that Brought Me Here".

Continuum

Where and when and how we can (learn to) dissociate from our bodies is not so relevant. We will

almost inevitably do so at one point in our lives: maybe from the experiences of loss of contact with the mother (Bowlby, 1997; Leidloff, 1975; et al.); maybe during an illness; maybe as a result of abuse; maybe when we had to wear shoes and go to school; maybe when we were traumatized (van der Kolk, 1996; Rothschild, 2000; Ogden, 2006); or in love; or through work (in a mine, factory or at a desk in front of a computer screen, when we don't use our body); or as a way to cope with stress; or in a spiritual crisis when we (mistakenly) try to surmount the earthly and material forces of the body; or when a loved one died and we could not bear the pain and grief. There are a multitude of ways and means to become disembodied.

From a karmic perspective, maybe it is our fate – or choice – for our essential spirit or soul to become embodied or incarnated ('in the flesh'). We choose an exact time and place and family in which to be born. This is so we can learn a particular set of lessons or repent for a particular mistake in a pervious life. Part of the conditions or requirements of this school classroom (this corporal life) is to forget the continuum and to become disconnected with that part of our Self. This also means loosing touch with our body. The lesson is then to find one's embodiment back.

I would maintain that, parallel to this process of re-finding one's embodiment, is the mature quest for a greater connection to spirit. With my wife, I do a workshop entitled "The Spirit of the Body". There is not a lot of touch involved – indeed, the more transpersonal the work, the less one is inclined to touch.

Right-Brain / Left-Brain

This separation often happens naturally with the development of the left-brain functioning in the 3rd and 4th year of life. Up to then the child operates with essentially a right-brain predominance. The social environment, including eye contact with the mothers face, the mother-infant attachment, facial expressions, communication, posture, tone of voice, tempo of movement, actions and responses (Bowlby, 1969), is essential for establishing this basis of communication. "The main thing is a communication between the baby and the mother in terms of the anatomy and physiology of live bodies." (Winnicott, 1986)

These are all affect features and are centred in right-brain functioning. When the child becomes more capable of a return communication is when the left hemisphere starts to come into its own. The child begins to define itself as separate from its mother and thus as separate from the basic right-brain functioning. Hopefully this is on a solid and healthy functioning right-brain basis, but where there are deficits in this basic functioning, the individual will have dysfunctional components.

As Allan Schore was telling us so clearly and emphatically yesterday, the right-brain is not just essentially the source of non-verbal, inter-subjective, unconscious, affect-oriented, bodily-based,

existential processes. The right hemisphere represents the unconscious psychic system described by Freud and this drives all human emotion, cognition and behaviour. Embodiment is thus quintessentially a right-brain process. In order to feel our humanness, which has a social and evolutionary value, we are performing essentially a right-brain function.

All information from the limbic system must go through the right-brain imaging empathic experience before it crosses over to the left brain consciousness. The symptomatology of neurosis is found in deficits of right hemisphere functions in "maintaining a coherent, continuous and unified sense of self" (Devinsky). Non-conscious regulatory functions of corporeal-emotional implicit self are at the core of various developmental psycho-pathologies, and therefore become forces for treatment. We now use this perspective in psychotherapy nowadays with the concept of somatic resonance. (Shaw, Psychotherapy Research, 2004) *"Self-awareness, empathy, identification with others and more generally intersubjective processes are largely dependent upon ... right hemisphere resources"* (Decety & Chaminade, Consciousness and Cognition, 2003).

The right-brain hemisphere is also dominant in perceiving threat and dealing with stress. This is basic ANS dys-functioning. It is therefore essential to help the person rebalance their ANS. Whilst this can be done by techniques involving touch such as Gerda Boyesen's Biodynamic Massage: this is not self-regulation. The high centres of the right-brain need to come back into their own autonomous balanced and unique functioning. Since these are more associated with images than words, art therapy might be more appropriate than cognitive behavioural work. But there are also benefits to movement therapy, dance therapy, voice work: all therapies.

Gut Feelings

As we get more in touch with our bodies, and as we get more in touch with our feelings, we start to appreciate what Gerda Boyesen called the "Emotional Digestion" and something what Will Davis calls 'endo-psychic' processes that lead towards an Endo-Psychic Self. An essential part of better embodiment is the switch from more sympathetic, adrenaline based, stress-motivated, activity towards more gentle, soft, emotionally-oriented , parasympathetic activity. This is an essential re-balancing of the client's ANS. It does not really matter exactly how we help the client to rebalance their ANS. Gerda claims that psycho-peristalsis (the digestion of emotions) is the day-to-day regulator of the person's body energy.

We will not feel the subtly of 'soft' feelings or the depth of our gut feelings without a better parasympathetic component. With sympathetic activity, the gut closes down: we do not digest our lunch when we are trying to avoid being someone else's lunch. Only with a reasonable switch towards the parasympathetic can we start to feel more balanced. We may need (ironically) to do some

aerobic exercise first, so that the stress hormones in our bodies are burnt off, before we can relax and gently potter around and not be overwhelmed or jittery, being full of cortico-steroids.

The techniques of how we do this are unimportant. It is the direction of the process that is important. We may need to contact our selves better, before we can make better contact with others. We may need 'healthy' contact with others in order to get a better contact with ourselves; but this is an aid. The contact with the self is primary.

Pulsation

Reich believed that the basic life energy flowed and pulsated. He talked about 'expansion' and 'contraction' and seemed to prioritise the former over the latter. Outward movements (out-stokes') are expressive, expansive, action-oriented: inward movements ('in-strokes') are more introjective, more contemplative, where more identification happens, and they tend to be more feeling-based. But out-strokes can be gentle and in-strokes can be violent or aggressive. We need to find a healthy balance between rest and activity; movement and calm; power and empathy; inward flows and outward flows. This assists the client's embodiment. Again, the techniques can vary: they can be touch-related (like psycho-peristaltic massage) or they can be not connected to touch, like Tai Chi.

This embodiment depends on a cyclical process, that Reich describes, of in-stroke, integration and incorporation, and then comes an out-stroke. Then the perception of the reaction of others and feed-back from outside will start the in-stroke process again: and so forth. We go back inside so that we can the move out again. The basic pulsation never goes away: it cannot. It can restricted and distorted, it can vary, and be facilitated. But the pulsation only stops with death.

Relationship with Self

All of these perspectives and processes help the client form a much better relationship with themselves. They begin to see themselves as an autonomous being, and independent person, a grounded and embodied entity. The relationship with self becomes primary, so that you can have better relationships with other. We need quiet times in order to be with our self. We need to relax and just 'be'. We may need times alone, even doing things alone, just to experience our self. It is self-experience that brings us back home to ourselves.

The classic split between psyche and soma is a split of an original primary undifferentiated self. This is, in part, not just the psyche (mind) relating to the soma (body), but also the psyche relating with the primary self and the soma relating with the primary self. This primary self is what first comes in to existence; what first develops.

Eric Jantsch wrote a physics text about a "self-organising universe." Carl Rogers also talks

about self-organising. We have to have a self to relate to our Self in better ways. The primary self is primarily concerned about maintaining its existence. If that is not being currently threatened, then it will relate to itself. And it is the relationship with the self, the basic in-stroke that then helps us to relate better with the outside. The dance of relationship starts.

However the primary relationship is with the Self, or the genetic DNA-based blueprint of the self. Thomas Moore talks about the "acorn" of the soul. External experiences either hinder or facilitate the development of this potential. We become thwarted or facilitated. We like or dislike our relationship with our Self: how much we are close or far from this blueprint of the Self. Then we ether grow as a distortion or we can grow towards this potential. We cannot relate primarily to anything other than this internal blueprint: that is the Self that relates to others.

RE-EMBODIMENT

The Therapeutic Alliance

In Body-Psychotherapy, we are relatively familiar with the concept of somatic transference. Several different perspectives in psychotherapy are now beginning to accept this on a much wider level and as a significant factor in the therapeutic relationship. A recent book, 'The Embodied Psychotherapist', discusses this in some depth.

> *"In order to capture the essence of the experience of the therapist's body in the therapeutic encounter I have coined the term psychotherapist embodiment'. This is a complex subject and I have tried to tackle the issue of mind-body dualism which is inherent in our western society. In a sense embodiment is an attempt to address this mind-body dualism and introduce a holistic method for viewing the therapeutic relationship – or put another way, my research has from a clinical theoretical point of view tried to collapse the mind-body dualism present within psychotherapy culture. I am aware, too, that an inextricable aspect of this work has been the necessity to look at language and the types of interpretation we as therapists use to describe the variety of physical reactions we feel while working within the therapeutic relationship. This has been challenging for me and I suspect for the reader. My solution to this particular language problem has been to advocate the incorporation of narrative methods into the therapeutic relationship. This at least allows for psychotherapist embodiment to become an overt part of the relationship, and not become hidden in the murky waters of countertransference, a term which I do not think captures the essence of psychotherapeutic embodiment.* (Shaw, 2003, 156)

Allan Schore spoke well about the affect involved in, and the effectiveness of, the therapeutic alliance: *"It does not in and of itself represent an intervention or technique; rather it is the vehicle within which therapeutic progression is facilitated – a growth-facilitating environment."* (Lisbon, Biosynthesis Congress, 2006)

Over half of the beneficial effects of psychotherapy are linked to the quality of the therapeutic

alliance. It accounts for more of the variance between the treatments than any other factor. The primary component of the alliance is the emotional bond between the patient and the therapist. This is a psycho-biological bond: it is an empathy. It has nothing to do with touch: it has everything to do with presence. Touch, or the wrong sort of touch, may very well disturb this, rather than enhancing it. Can you take this risk? Are you sure? How about establishing an alliance first – and then seeing if touch is appropriate?

The therapist's tone and volume of voice, their patterns and speed of verbal communication, and eye contact also contain a multitude of elements of subliminal communication. The client reads these – all the time. These are subliminal, moment-to-moment, background, subconscious, intuitive, empathic, implicit, listening and receptive. We can help the client (or patient) to re-pattern their right-brain hemisphere using the therapeutic contact. This is also the process of embodiment, or perhaps (more accurately) re-embodiment. The client's right-brain listens to the therapist's right-brain – and heals. The relational unconscious is where one unconscious mind communicates with another unconscious mind. (Schore, 2006) The quality of the interaction is what is quintessentially important.

This is not a process whether the skills or techniques of the (body) therapist change the client's awareness, their emotions, and thus their relationship with themselves. This is an interventionist perspective. I am not saying that sometimes interventions are not justified: they are – but they should be the exception rather than the rule. The relationship is more effective and it allows the client to develop their own path or heal their own aspects.

Furthermore, instead of having a particular model of wholeness: a check-list with which we can assess our client's progress towards healing – or embodiment, or a muscle-tone type of diagnostic so that we can assess how well the body scores, I want to suggest to the client a new relationship with their body: perhaps a less conscious one.

It is not pre-conscious; it is more subconscious. Thomas Moore speaks about the "acorn of the soul": the sense the acorn has of its potential to grow into an oak tree. Somewhere deep within us there is that 'knowledge' of our potential. We can only find that potential through a process of embodiment – and more than embodiment. But that potential was denied us, often through forces of circumstance, often both as clients and therapists, and it is a long, hard journey to re-find it. Scott Peck (1986) calls this "The Road Less Travelled". We are still trying to find it again – and so are our clients. We need to feel this in ourselves, in our bodies, so that they can resonate with this, and we need – as therapists – to have this sort of consciousness in order for the client to have this consciousness. If we deny this unknown potential in them, as well as in ourselves, then we are repeating the process of, or the experience of, becoming dis-embodied.

Other Influences

From the perspective of health studies and health economics, we are concerned as to what illnesses are prevalent in which sections of society and what are legitimate ways to treat these. This is a form of medico-social dis-embodiment. The amounts spent each week on armaments, would provide clean water, feed, house and educate the millions of people without these basic necessities: this is a form of socio-economic disembodiment, and often disenfranchisement as well.

From a psychosocial perspective (as has been mentioned) we are concerned with how we, as a society, see our bodies and what do we do to them. Do we support our children to have their lips or belly buttons pierced or their bodies tattooed? Do we support our daughters to have Victorian-style wasp-waists held in with stays, or our sons to have an upright military iron-man type of body-stature, or to slouch on street corners in 'hoodies' and baggy trousers with untied over-sized shoes? Do we feed our children a diet that makes them obese? Do we give them processed foods when we know that these contain excess sugar, salt and food-colourings?

From illusions and images (perpetuated by 'disembodied' deities or film stars), are we concerned that magazines spew forth epithets and judgements about whether they are pregnant, spotty, over-weight or slimming? And do we buy or read such stuff?

From the perspective of new medical treatments like contact lenses, liposuction, prosthetics, implants, and stem cell research, are we concerned that the 'purity' of our original body is compromised, or delighted because our body deficiencies can now be enhanced.

What do we communicate – verbally or non-verbally to our clients? How do we help them with their process of embodiment if we are encouraging them to exercise their way out of depression, and we weigh 100 kilos (220 lbs)? – as I do!

From consumer economics and the sale of body products, do you buy L'Oreal products because *"You're worth it"* but only if you buy those products, or do you feel that *"You are worth it"* without the product. Enhanced self-esteem is an essential component to the client's process of re-embodiment.

From the debate now between medical ethics and health care economics, where the complexities of saving life and giving intensive care to a 65-year old, obese, diabetic smoker are compared with the same facilities being given to a healthy 24-year old, non-smoker; post-code availability of treatments; or whether we are compromising the Hippocratic Oath by assisting someone in a chronic terminal illness towards a more pain-free death, we need to be clear about what we mean by various aspects of any form of embodiment.

From an environmental perspective, with increasing occupational health & safety legislation;

acceptable limits of chemicals; genetically modified crops; environmental pollution; global warming; or a pandemic arising from bird flu arising from intense farming practices to fulfil people's desire for cheap, unhealthy food, we need to take a personal and possibly even professional stance – or we may risk losing our life or lives of our loved one, or our clients.

As a part of their process of 'embodiment' do we support, or advise, our clients to eat only organic food, not to fly on a aeroplane, or join GreenPeace. Do we encourage them to consult a trade union that supports legal or political action against their employers who are forcing them to work in buildings that are 'sick', in restrictive uniforms, in noisy and dirty factories, or in ways that give them stress – all in the name of profit. How do our perspectives on our client's struggle to embodiment affect our advice and interventions and our professional ethics?

From legal perspectives of *'habeus corpus'*, incarceration, torture, enforced sterilisation, and whether we support the death penalty, we can get an intellectual sense of what it is to have an autonomous and free body, and support for our right to have one. How do we encourage this perspective in our clients, especially if we and they are in a culture that seems to say one thing and do another (viz: Guantanamo Bay and Abu Graib).

From the field of politics, where decisions on health care, international aid, retirement age, pension funds, and so forth affect all pf our lives – and our bodies – considerably, we need to take a position and perhaps even vote – with our voices, our bodies (in which party we support), or our feet?

And from studies of collective behaviour (population statistics) where the 'individual' differences form a coherent and understandable 'body', do we gasp with astonishment if someone can predict whether we will do this or that; buy this or that; move here or there; and predict when we might die – the list of influences on our process of embodiment is almost endless.

Regression or Progression

So where does this all take us? As we assist our clients towards greater embodiment – with or without the use of touch – let us be aware of which direction we are helping them in. Do we help them to revert to a wonderful, pre-natal or pre-conscious state of embodiment, when we – as a child – experienced that ineffable lightness of being? This is relatively easy: it is helping them towards (often) a known, remembered, experienced or glimpsed place. Even if they did <u>not</u> experience it as a child, it is 'known' in the sense of this is what should have happened: we have the seed, acorn or kernel of existential experience in our soul; we have a sense of what life should have been. Yet, one can argue – and I do – that this is essentially a regressive experience.

What I would like to do is to help my clients towards is a progressive experience – but it is, as yet, an un-experienced and unknown place. It is the position that accepts that the Cartesian split has

happened, that the client has lost contact – a bit or a lot – with their sense of self, their body – and that the client is now trying to move forward to a new balance, a new embodiment. They are not re-finding embodiment again; but re-embodying themselves into a new balance or reorganisation that will take them forward. I would therefore like to think that this is a progressive development that hopefully extends long after they stop having therapy and forms the basis for the rest of their life. So I hope that they can continue to enjoy their journey of re-embodiment.

This is your body,
your greatest gift,
pregnant with wisdom you do not hear,
grief you thought was forgotten,
and joy you have never known.

Body work is soul work.
Imagination is the bridge
between body and soul.

Marion Woodman

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