Doing Effective Body Psychotherapy Without Touch: A Case Study

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Sub-Title: "The Angry Cyclist" [1]

Abstract:
This case study looks at how to work in a body-oriented way in an 'ordinary' one-to-one, client-therapist situation. The therapy sessions took place over a two-year period. Initially, the therapy was conducted for 1 hour once a week; and then, after about a year, it shifted – at the client's request – to roughly fortnightly; it was still on-going when presented, though we concluded the sessions about 1 month later.

One of the main themes requested - by the client – was to come to terms with the anger – sometimes rage – that he felt within himself. He also said that he wanted to "feel his body more" – and to experience himself and his body more – which is why he chose a Body Psychotherapist: without using the actual words: he was describing what I would call a process of re-embodiment (Young, 2009).

He had also had previously a female therapist (from within his modality) and he wanted to experience working psychotherapeutically with a man.

Key Words:
Anger – Body Psychotherapy – Somatic Embodiment

Introduction to the Client

The client is a 40-year old gay man, with a regular partner, with whom he was having quite a lot of difficulties. They live in Newcastle-upon-Tyne, UK. The client had just finished a 4-year part-time professional psychotherapy training in a modality very different to Body Psychotherapy (more cognitive and analytical). On full completion of this training, with sufficient supervised practice, this training will lead to national UK accreditation. He was – at the start of the therapy – also considering doing an MA in psychotherapy at a local university (which was a structured optional 'extension' of the psychotherapy training programme) and essentially meant doing an additional dissertation / thesis / research project.

He had previously worked as a scientist in a pharmaceutical (chemical') company, developing and making quite sophisticated drugs. He had stopped working in that industry about 6 years previously. He was now working as a counsellor for people in recovery from various addictions (drug, alcohol, etc.). He is a recovering drug-addict himself.

Introduction to the Therapist

I, the therapist, am a 68-year old heterosexual, married man, who has been working as a professional psychotherapist for about 35 years. I have worked in many different 'settings': residential hostels for psycho-geriatric and for delinquent adolescents; in day-centres rehabilitating long-term psychiatric patients back into the community; in a residential, educational and spiritual community – often with people in crisis and/or spiritual emergencies; in NHS departments of clinical psychology, and in GP practices as a counsellor. I have also worked with many different 'types' of clients: adolescents; single and married adults; couples;

and people with: anxiety & depression; OCD; bi-polar; borderline and dissociative symptoms; grief issues; phobias; withdrawal from addictive prescribed and over-the-counter drugs; etc.

Whilst I originally trained in a form of Body Psychotherapy and predominantly support this mainstream of psychotherapy, I have worked with and added in many different 'trainings' and influences to my professional practice: humanistic; transpersonal; process-oriented; cognitive; psychodynamic; etc. I now consider myself as quite 'eclectic'.

The Psychotherapy Setting

The therapy took place in a fairly generic psychotherapy centre in Newcastle in a first-floor, moderately-sized room, with two large chairs and a small table, an electric radiator, a standard lamp and a small rug. The windows had bamboo blinds and there was a "Vacant / Engaged" notice on the door to ensure privacy. The client and therapist were usually sitting – face-to-face – slightly obliquely and about 6 feet apart.

Only on occasions – and usually at the suggestion of the therapist – was either person standing or moving. The therapist had a habit of taking notes during the session, describing the course of the 'discussion,' the client's discourse and occasionally any other interventions.

The therapy centre did not encourage loud noises, even though – most of the time – there was no-one else obviously present in the building.

Case Management:

Factors for Awareness: 1

There were several factors for awareness that came up: these points were mainly about him:

1) The client was already fully trained as a psychotherapist – albeit in a different modality – and one that I was only slightly familiar with. He was just starting building up a professional practice, and he was also working (as mentioned) as an addictions counsellor.

2) He was very open about his homosexuality and felt very comfortable with it.

3) He was in a committed relationship, and was very clear about that – and yet there were several obvious on-going "problems" between him and his partner.

4) He spoke about frequently feeling very angry – even rage – and this was quite a problem for him – as well as for me (I could resonate with that problem).

5) He was working as a counsellor with a very difficult client group – people with quite serious and different addictions – and he was obviously very familiar and comfortable with them: however, this was quite long way outside of my own experience.

6) The research project he was interested in doing was in the area of "grounded theory" – an area of research I knew very little about.

Factors for Awareness: 2

From my side: I felt quite nervous:

1) I had worked with homosexual men before, on several occasions, and had some good friends who were gay, and I was also increasingly aware (in my own therapeutic process) that I had been brought up ('conditioned') in a very homophobic and anti-gay psycho-social environment.

2) I felt a little 'on-the-spot' – he wanted to feel his body much more, become more aware of his body, and yet the venue did not really facilitate expressive work with any form of Body Psychotherapy: (there was no mattress; cushions; 'batakas' – padded bats; energetic stool; table; and there was also a 'prohibition' against making a lot of noise.)

3) The client was somewhat difficult to understand: he had quite a thick 'Geordie' accent – sometimes almost unintelligible – and I was also beginning to experience some hearing difficulties (ref: acoustic neuroma).

4) He was highly intelligent and – in his introduction – spoke about some of the research that he wanted to do for his MA – and I did not know much about this particular research method that he was talking about.

5) I realized – even quite soon in the first session – that I felt somewhat insecure. I also did not want to 'muck up' his professional training by putting forward contradictory perspectives.

Setting Parameters

The first few minutes were spent establishing some of the parameters of the therapy.

- Given that he wasn't new to therapy, I specifically invited him to give me any 'negative' feed-back: i.e. if there was anything that he was aware of that 'didn't work for him'.
- He – slightly mischievously – took advantage of this almost immediately: he said that my shirt was open a little and he could see my belly; he said that the zip on my trousers was slightly undone; he said that he wasn't sure that we could work together, but he would try me out for a first few sessions; but – for some reason – all this feed-back did not make me feel any less insecure.
- He then started telling me about his difficulties with his partner: how he was occasionally unfaithful; how he was not trust-worthy with bills and money; how he frequently got very drunk; how angry he was at times with him; and how he also loved him!

The Course of the Therapy: 1

Despite these initial insecurities, for a while, all I had to do was to listen; to stay open; to stay aware; to stay awake [2]; and – most importantly – to allow myself to feel myself. [3] This I had to do lots of times. But I found myself becoming increasingly interested in …

- What he felt more precisely; sensations; emotional feelings; awareness; etc. – rather than thoughts;
- Where he felt those; in the body – and where in the body, and how did *that* feel, and what sort of images might there be – if any – attached to those feelings; etc.
- And so, what was the difference between his 'normal' self, and himself when he allowed himself to feel himself; - so I focused on stuff like that!
- It seemed to be quite slow and quite 'minimal' work; I had to remember a saying of one of my psychotherapy teacher, Gerda Boyesen: *"Less is More".*

With this sort of focused attention on his feelings, in a non-intrusive, non-judgemental and supportive way, he began to deepen his experience of himself. At the same time, I began to relax and to become more embodied myself – and a little more inter-active.

There was also an on-going, more superficial, dialogue about what was happening in his life at that point; how he had done over the last week / fortnight; what was 'coming up' for him – both positive and negative; etc.

The Course of the Therapy: 2

He began to talk more about his relationship, his anger, his frustration, and his confusions. I could see him opening up; he also related how he was becoming more able to challenge some of his partner's behaviours, without creating an argument – by staying in the dynamics of the relationship, not suppressing his feelings, and yet stopping his anger getting out of control.

After a few months, he mentioned an incident that had happened on the way to therapy session; he was on his bike, at a set of traffic lights in the 'bike space', and a car had accelerated and then turned left, cutting in front of him – so that he almost came off his bike. He stood in the street and shouted at the departing motorist; the motorist then stopped, got partially out of the car, and shouted something back. The client said that he had then shouted something rude – like, *"The road is not just for you f***ers in cars!"* The motorist had then driven off.

He seemed quite pleased with himself and said so. He then started talking more intellectually about bikes and cars, so I 'intervened' and asked him how he felt, and where he felt it … and how did it feel to feel that way. I suppose that I was trying to help him evoke more depth in the feeling of his 'Felt Self' – and not to just acknowledge it somewhat superficially and move on. And this intervention was fairly intuitive – 'felt'!

The Course of the Therapy: 3

And this formed the 'pattern' of most of the therapy sessions – for quite a while. He would describe something – sometimes something quite powerful (like the death of his step-father; or the suicide of one of his clients) and I 'feel' that there was more – something more that he could contact – if he gave himself permission to do so: so, I would intervene gently and suggest that perhaps he could stay with that feeling – for a moment – and see if there was anything else there. Often, there was!

One of the principles that I was working with – was 'somatic resonance'[4]: essentially, I just sat and felt myself – and felt how I felt when he was describing his feelings: what did they evoke in me; how did I 'resonate' – on lots of different levels – to his descriptions of his feelings, and also (differently) from when he was in better contact with his feelings.

There was often a verbal 'dialogue' going on, on the surface during the therapy sessions – he recounted 'stuff' about his partner; about how 'brutal' his father had been; about some of his clients; about the research work he was doing for his Masters degree; about how his relationship with his mother had changed dramatically (for the better); how he often felt 'dismissed' intellectually; how 'bored' he had felt as a well-paid scientist; how he and his partner were getting on much better now; how they had decided to get married; how he was affected by the – quite sudden – death of his step-father, who he had felt very close to over many years; how he was very able to cope with things intellectually – they came very easily to him – even though he had been told as a child that he was 'stupid', 'thick', useless, etc. This was something of the 'chat' of the therapy: the embodiment (or re-embodiment) process was going on underneath.

The Course of the Therapy: 4

During all this time, I related to him – on one level – with the 'content' of the sessions, as mentioned above, but on another level – I was relating / resonating / attuning with him from my body to his body – and relating to what was coming from his body to my body: this is the subtle dance of somatic resonance. This was the form of Body Psychotherapy that I was doing!

By being in my body, by being embodied, without many words, without touch, with very few 'body-oriented' suggestions, and with virtually no body-oriented interventions, he was becoming more 'embodied'. I wasn't 'doing' very much at all; I was just focussed on 'being' embodied and on him becoming more embodied (or 're-embodied' – as we were all embodied at one point in our life).

The Course of the Therapy: 5

Glossing over some more events that came up during the course of the therapy:

- The prospects (in his work situation with drug addicts that was funded by a charitable organisation) recently began to look worse as the funding for their drug counselling programme was being cut; however, he was getting more work as an independent counsellor and he was planning 'contracting' for running some on-going groups.
- He was having some difficulties in getting enough material for his research programme, due to the complications of his procedures; and he was considering dropping the Master's degree component;
- He was cycling a lot – maybe 25-30 kilometres per day; so he felt a lot fitter and he had lost a considerable amount of weight; (I had become quite envious of him)
- He said that felt much more in touch with his body; much happier in his body; he was much less angry; and he said that he felt much more in control of his life; and freer of previous limitations (his earlier negative conditioning).

The Course of the Therapy: 6

However, in a very recent session, he said that he felt quite stuck:

- He was not sure about completing the research and getting his Masters degree;
- He was not sure about his work with the drug addicts and whether it would continue to be funded, and he was not even sure if he cared very much;
- He still felt good in his relationship; he loved his partner; - and the thrill and excitement of the marriage was over; and things generally felt quite flat now;
- He had done a 2-day training workshop in London with an American therapist and felt enthused by the new learning, but he wasn't sure how to apply it;
- He felt that – whilst he loved the cycling – winter was coming and it was not going to be easy to continue doing it;

He felt that he was – existentially – quite stuck. So, I decided just to stay with him – in his 'stuck-ness': just to feel his stuckness, not to do anything about it; just to resonate with it.

He then ran a whole lot of numbers on himself; I didn't respond positively or negatively; I wasn't sure about what to do; except to stay with his stuck-ness. He brought out a lot of old negative statements about himself; I didn't refute them – I just repeated some of them back to

himself; *"I'm never going to be any good at anything"*; *"That's right! You're never going to be good at anything – ever!"* I made an occasional comment: *"That's what your 'stuck' part is saying".*

We spent most of that session in this 'stuck' place: He was stuck; so we were stuck! I stuck with it – I was stuck with him. Right at the end of the session: he said – almost as he was leaving – *"Of course, it's not really like that at all. But it was really good, feeling how stuck I can get."*

Discussion:

In the original case study presentation [5], I said that: *"I would like you – the audience – to help with the discussion – if there is any time left. I am sure that you all have had similar experiences. What can one say about the therapy sessions – this Case History? Does it illustrate a way of doing: 'Effective Embodied Psychotherapy Without Touch?'*

Someone had also mentioned earlier a theory that psychotherapeutic work – almost any type with anyone – has four different basic stages:

1) The problem-solving, symptom-reduction stage – lasting maybe 3-4 months
2) The deeper contact with self – working through some more obvious personal issues or professional relationships (at work, or with a previous therapist) – maybe 15-24 months
3) The next stage is where interpersonal and intra-personal relationships come much more to the fore: maybe with parents, partners, other personal relationships (friends), and (of course) the relationship with one's Self – this takes longer to sort out – what is 'ours' and what is 'theirs' – 'who am I' and 'where are we' in this dynamic: more existential psychotherapy
4) The fourth stage of relationship is that which we have with: our dreams, our Higher Self, our religion, or our spirituality, our purpose in life – transpersonal relationships

So … in answer to a specific question about the general process of a Body Psychotherapy client in therapy, using this sort of schema, with this particular client, I could state that:

First, there was an increased **level of body awareness** – often (possibly) facilitated by various body therapy techniques, massage, breathing, exercises, etc. or through mindfulness practice, etc.

Next, there was an increased level of **emotional awareness** – often facilitated by attention to affect, congruency of body awareness and emotional awareness, exercises to liberate certain emotional attitudes, emotional intelligence, etc. Looking at times when one felt totally cut-off, or engaged, etc.

Thirdly, there was a greater awareness of **interpersonal relationships** – often facilitated in couples therapy, group work, relational body psychotherapy, etc.

Finally, there is an increased awareness of **embodying the transpersonal** … by which I mean … creativity, play, inspirational work, and a growth or maturation of our 'felt sense' of our spiritual Self (Higher Self).

Where all this becomes relevant to this presentation about this particular client, is that, a few sessions ago, just previous to coming here, the client and I were discussing: politics; how we can work 'politically' as therapists – and what stops us; what inspires us; and where that leads us. And, despite the intellectual interest, I was just trying to stay 'embodied'. '

He then said that his process had led him from working in the 'chemical' industry, to becoming a drug user, to getting into therapy, to becoming a psychotherapist, to 're-inventing' himself, and then to reclaiming his life back. I said that sounded like a spiritual development or spiritual emergence process. He agreed. So, I gave him a copy of the book I had written on this topic. So, this was my 'intervention' into his transpersonal process.

I like this concept of different stages of work, with different time spans. In my work in GP surgeries in and around the city, I work much more as a counsellor, giving – maybe – 6-8 sessions for each client, usually spread over 6-9 months, with 2-3 weeks between sessions at first, then spacing them more apart. Whilst the referral is often related to, or because of, 'symptoms' – these are usually a reaction to an overload of external life events and so most of the time, there is nothing wrong with the client … except what has happened ***to*** them. We can begin to work very quickly, – not on the symptoms – but on what they can do for themselves in order to cope better. This would then – hopefully – lead the person into their deeper personal process. But then they would have to see me privately – the NHS won't pay for that.

In answer to another question: people had commented on what seemed – in this presentation – to be my openness about my self, my own problems, my insecurities, etc. Personally, I would feel very hypocritical – if I was dealing with people who had problems, or thought they had problems –if I couldn't recognise, 'own', or openly acknowledge my own problems. I hope that I don't bring these into the therapy session (too much); nor project these onto the client; that would be either hijacking the session; or being counter-transferential. But I can certainly 'resonate' with many of their problems: and I usually 'own' it when I do – in some way (either verbally or somatically).

In answer to yet another question: *"What did I feel when I was working with him?"* The answer is, *"Lots of things!"*

1) A whole set of internal feelings – my own feelings of Embodiment – my "Felt Sense of Self": For me, this is a necessary first step. There has to be a sense of openness in order to receive.

2) Feelings that I think were coming from him: particularly when he seemed congruent; his feelings being similar to what he was saying: then I notice – in myself – how he impacts on me. I feel a 'connection'.

3) A sense of 'resonance'– a 'tuning-in' to these different feelings – a sifting, sorting, shifting – tasting the difference! Like, in a restaurant, when you taste someone else's meal: there's an observable difference.

4) Then a sense of both him and me; me and him; "Both … And …" co-existing; -- what Martin Buber called, *"I and Thou".*

5) This is connection and these differences are what the therapeutic relationship – in the process of embodiment – means to me: me resonating to him – him resonating with me – and then me resonating with him. This is a form of 'Togetherness' – and yet also a separateness – and this is what I feel when I think that I am doing good or effective Body Psychotherapy without Touch!

Endnotes:

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[1] **NOTE:** Names, locations and personal details have been changed in order to preserve the client's anonymity. The client has seen this presentation and has given permission for me to use it in this format.

[2] **NOTE:** I also suffer from sleep apnoea – and we usually met quite late on a Friday afternoon, when I had had to get up at 6:45 am and already often given 5 counselling sessions that day.

[3] **NOTE:** I use a form of 'mindfulness' practice that involves increasing one's awareness of and connection to all aspects of the body and the 'Felt Sense of Self'. (see www.courtenay-young.com: 'Articles': The Felt Sense of Self)

[4] **NOTE**: re "Somatic Resonance": Most 'Body Psychotherapists' know what this means in relation to client psychotherapy work: an awareness of what is happening in the "somatic field" – the energetic space between, or surroundings of our, own somatic state and that of the client.

[5] **NOTE:** I was presenting this Case History at the 15th European EABP Congress on *'The Embodied Self in a dis-Embodied–Environment"*: in Athens, Oct. 2016, in the Scientific Symposium, which was dedicated to Body Psychotherapy Case Studies.