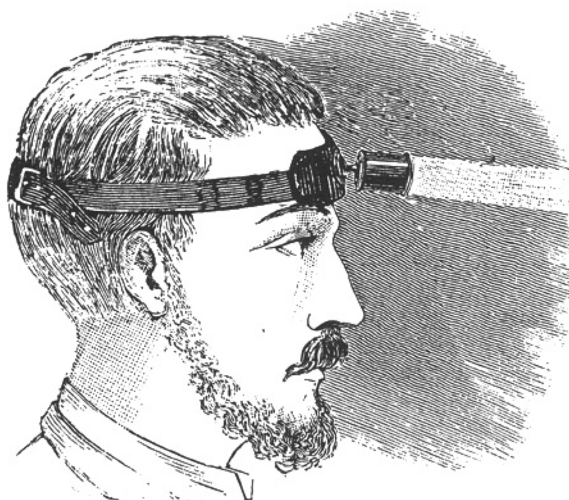

In Search of the Body: My journey from Freud to bodywork and back again

Nick Totton

Sixteen years ago I changed my life by training as a Reichian therapist with William West. Like most modern body psychotherapy courses, my training presented Wilhelm Reich as a humanistic practitioner, a growth worker. I knew Reich was originally a Freudian psychoanalyst, but thought that he had simply seen the error of his ways. The history of Reich's anathematisation by the International Psychoanalytic Association — long forgotten by analysts — was part of my therapeutic inheritance.

Before doing the training I had actually studied psychoanalytic theory in some depth, though as an intellectual system rather than from a clinical point of view. On the Reichian course I managed to seal this information off, and immersed myself in the profoundly stirring experiences of bodywork training. Near the end of the course William became aware that I knew

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a bit about Freud and asked me to give a short talk to the group members. In the process I reinterpreted a lot of what I had learnt about Reichian bodywork: rather than its opposing Freud's ideas, I found it expressed some of the core assertions of psychoanalysis in a different and better way — while powerfully critiquing and replacing others.

Since then I have worked with Reich's 'analytic' side, his ideas on character-analysis, resistance and the therapeutic relationship. Gradually, Em Edmondson and I developed a synthesis of the 'analytic Reich' with the 'humanistic Reich', along with other therapeutic approaches (notably process-based ones like Hakomi and process-oriented psychology), producing what we call 'embodied-relational therapy'. A few years ago I did an MA in psychoanalytic studies at Leeds Metropolitan University, which among other things resulted in a forthcoming book on the body in psychoanalysis. What I want to do here — drawing partly on that book — is to explore what Reich's insights, as third apex of a therapeutic triangle, have to offer psychodynamic therapy on the one hand, and humanistic therapy on the other.

Analysing the body

It is widely assumed that body-based therapy is wholly alien to the analytic tradition. However, we find in one of Freud's letters to Fliess, in 1895: 'Yesterday Mrs K again sent for me because of cramplike pains in her chest . . . In her case I have invented a strange therapy of my own: I search for sensitive areas, press on them. and thus provoke fits of shaking that free her.'

Freud dropped this 'strange therapy' completely; but it resurfaced, first in the work of the great analyst Sandor Ferenczi, and then more systematically and completely in that of Wilhelm Reich. This is not a coincidence. What I only grasped on rereading Reich in the context of my study of analytic theory was just how much of an analyst he was, and remained after the break with institutional analysis; just how deeply his work and thought is informed by the themes and issues of Freudian therapy — and, in turn, how much Freudian therapy needs some of Reich's insights.

Looking deeply at analytic history, particularly in the earlier years of the century, we can discern the cloudy shape of an 'alternative psychoanalysis', as it might have become, and to some extent, in some practitioners' hands, still is: a body-centred, body-honouring theory and practice, aiming to reconcile the different experiences (what Jessica Benjamin calls 'split complementarities') which we tend to label 'mind' and 'body'. We can see how disastrous for psychoanalysis was the period in the early 1930s when Ferenczi was suppressed, Reich was expelled, and a mental ego-psychology took central stage.

After the smoke had cleared and the blood been mopped up, analysis showed the world a very different face. By the end of World War II the process of becoming respectable was more or less complete. This meant that quite different kinds of people became psychoanalysts — a process that Maxwell Gitelson laments in a perceptive 1950s paper, 'Therapeutic problems in the analysis of the "normal" candidate', where he points out that the new status of analysis in the USA has attracted trainees for whom 'normality, a symptom, actually is not suffered from as such. On the contrary, it is capable of earning social rewards of which the first is acceptance as a candidate.'

Gitelson quotes Robert Knight's 1952 presidential address to the American Psychoanalytic Association: 'In the 1920s and early 1930s . . . many training analyses were relatively short, and many gifted individuals with definite neuroses or character disorders were trained . . . In contrast, perhaps the majority of students of the past decade or so have been "normal" characters, or perhaps one should say had "normal character disorders". They are not introspective, are inclined to read only the literature that is assigned in institute courses, and wish to get through with the training requirements as rapidly as possible.'

This accurately describes the state of psychotherapy in general in the 1990s: a lack of interest in metapsychology (so that the parlously incoherent theoretical base of both psychoanalysis and humanistic therapy is largely unrecognised); a tendency to identify with the 'normal' values of our culture; and a definite lack of interest in questioning orthodoxy around such issues as psychiatric categorisation, accreditation and regulation, and also 'scandalous' subjects like touch and body-centred work.

Therapies and character strategies

I am intensely aware of the immense gains that I myself, and many others, have made from a body-centred form of therapy. I think particularly of two groups: firstly, those whose primary experience is bodily, proprioceptive — who 'live in their bodies', and must be met there for useful work to take place; and secondly, those who 'live in their heads', whose primary experience is mental, cognitive — whose bodies are crying out to be recognised and valued and communicated with.

I place myself in the second group: a 'natural' intellectual — which, of course, means someone who has learnt to experience the intellect as their 'natural' habitat! The belief — the experience — that mind is 'higher' and of more value than body is hegemonic in our culture. But this is also a 'character position', a predilection, a core strategy, and no more or less true than other strategies which privilege, for example, bodily experience, or emotion, or intuition. As Reich says in *Character Analysis*, 'Intellectual activity can be structured and directed in such a way that it looks like a most cunningly operating apparatus whose purpose is precisely to avoid cognition.'

The character structure which privileges intellectual experience is dominant in analytic circles. It sets up a circularity of theory and experience which attracts similar characters and repels (or expels) all others. Thus, inevitably, other forms of therapy develop to work with those who favour, or feel the need to experience, other aspects of existence. Unfortunately, these other therapies tend to be as one-sided as psychoanalysis; they tend to exclude and devalue the intellectual. As with most groups that speak different languages, communication is minimal.

So my project as an embodied-relational therapist and theoretician is to contribute towards the bridging of the abyss of fundamental incomprehension that arises so easily between different world-views — the more so, the more deeply they are anchored in character structure, of which we ourselves are largely unconscious. I believe one of Reich's great contributions is his theory of

character, which potentially offers a systematic, body-centred, developmentally-based, non-judgemental way to understand differences in human modes of perception and experience.

Bodywork and relationship

Although psychoanalysis made a huge error in excluding Reich, and with him all possibility of physical touch (except for Winnicott), some of its reasons for doing so should be taken seriously. They revolve around transference — feelings from other times and relationships, usually in early childhood, which we unconsciously apply to our therapist; and countertransference — corresponding feelings stimulated in the therapist, which hopefully can come to awareness and be used to navigate the relationship.

Intimate physical contact, in our culture, generally implies one or more of the following: a sexual relationship, an adult–child relationship, or a 'making better' relationship, as with a doctor, nurse or dentist. In a therapeutic relationship it can be enormously confusing for both parties, especially if the therapist cannot bring awareness to it: a mutual trance develops, where both people fantasise about their relationship in one or more of the ways outlined, without owning those fantasies. (This is, of course, also true of verbal therapy, perhaps especially when the client lies down.) The fantasies are actually very useful in exploring core beliefs and patterns of relationship — but only if we can study them openly.

Difficulty most often arises around 'making better': bodywork does tend to carry with it a sense that 'making better' is at least part of what is happening, as indeed it appropriately is with treatments such as osteopathy or massage. My experience is that there are real and persistent difficulties with the countertransference position around bodywork, and for this reason: therapists enjoy the sense of power and effectiveness that such an identification offers, or use it as a protective cloak (a protective white coat!) against more frightening feelings in themselves and their clients. However, many practitioners of purely verbal therapy have the same countertransference problem, often without seeing it as a problem.

Despite Freud's own opposition, psychoanalysis has always tended to see itself as a 'special branch of medicine'. The only battle which Freud lost in the International Psychoanalytic Association was over the restriction of analysis in America to medical doctors. Certainly, there were issues of status and income involved here, but also issues of countertransference, of how analysts choose to position themselves in relation to their analysands.

Reich was a 'conservative' on this issue; amazingly, he always supported restricting training to medics. It is as if he maintains the 'medical model' as a guarantor of scientific respectability, along with a corresponding block on the full use of transference and countertransference. Reich situates the therapeutic encounter, with or without bodywork, as a transaction between adults; he never really addresses the regressive dimension of therapy, and often tends to approach neurosis, character structure, body armour, as 'foreign bodies' to be dismantled and stripped away by medical-style treatment.

He maintains this view despite the profound insight his own work gives into how character structure is bound up with the whole formation of the ego. One can sense

two unintegrated aspects — almost, two Reichs: one who sees himself as a medic of the mind, 'smashing' and 'dissolving' defences and 'releasing' healthy genitality; and another who works patiently and carefully to meet defences with acceptance and understanding, and celebrate them as largely successful strategies for dealing with intolerable stress.

Later bodyworkers, as Babette Rothschild says, tended to 'deny or discount the existence and/or significance of transference and counter-transference. Classic to bodywork of the '60s and '70s was an expectation that the work was for personal growth and that all participants were adults.'

Transference–countertransference feelings were seen as 'unequal' and suspect. An accurate criticism of some analytic attitudes of superiority to the client was generalised into a rejection of all relationships between client and practitioner that were not perfectly symmetrical in structure: either between two adults or between two 'children'. This leads to the curious fact that bodywork tends to be intra-personal rather than inter-personal in its model of therapy. (This is explicitly the position of, for example, the Hakomi method.)

These two streams, then — the medical model, and aversion to asymmetric relationships — came together to obscure understanding of transference and countertransference. In many forms of therapeutic bodywork little or no attention is paid to transference; the results may range from the unfortunate to the disastrous. It is just as possible — and important — to attend to and interpret transference and countertransference phenomena in this modality as in a purely verbal one.

Transference is likely to be 'hotter' when the fact of there being two bodies in the room is explicit; not that feelings will be different, or stronger, but they will be rather more in the here-and-now, accessible to consciousness. Using the medical model to damp things down doesn't really help; the medical relationship is itself an intensely transferential one, including directly sexual transference ('playing doctors and nurses'). The 'white coat' only superficially sobers things up.

The more I look at transference in bodywork, the more I feel it is the same as in verbal work. We have the same choice about what to follow: unconscious desire, or the 'transference resistance'. In other words, do we support the 'deepest' impulse that we perceive in the client, which is generally the ego's impulse to surrender in one way or another? Or do we support the need to resist, to fight back, to understand the situation as an interpersonal one? This is exactly the question which Reich answered in *Character Analysis*, coming down decisively in favour of working 'from the outside inwards', interpreting the resistance rather than the 'id-impulses'.

Many of the difficulties in integrating bodywork into psychotherapy — and many of the transference issues it brings up — are essentially cultural problems around bodies and touch. Just as in the early days of psychoanalysis, body-centred therapy rubs on some of society's sorest spots.

Breathing and relationship

Embodied-relational therapy redefines Reichian work as centred on breathing and relationship; in fact, on exploring the odd-sounding but fundamental question: how can I breathe and relate to someone at the same time? As Reich showed, whenever we have difficult feelings in relation to

someone, we restrict our breathing (often quite unconsciously) in order to suppress those feelings. Alternatively, in order to keep breathing, we cut off relating, for example by turning away or closing our eyes. Trying to stay open both internally and externally at once is a valuable way to explore core therapeutic issues, immediately surfacing transference — and countertransference: this intense face-to-face relating combined with attention to the breath is highly demanding for the therapist as well as for the client.

In Reich's mature conception of therapy, breathing plays a role closely analogous to that of free association. Free association, the 'fundamental rule' of analysis, is a demand with which no one can fully comply: as Ferenczi first pointed out, it 'represents an ideal which . . . can only be fulfilled after the analysis has ended.' As Adam Phillips puts it, 'the patient is not cured by free-associating, he is cured *when he can free-associate.*' However it is not actually clear whether anyone *can* free-associate; or rather whether, while free-associating, anyone can remain 'themselves', in the sense of maintaining an experience of consistent, continuous and bounded identity.

In a very similar way, no one can actually breathe! When one tries to allow the breath to happen freely while attending to it consciously, consciousness and spontaneity begin to interfere with each other: resistance emerges, corresponding to repression and embodied in the breath. Breathing is right on the interface between voluntary and autonomic function: any attempt to 'control ourselves' (which is largely what repression is) emerges in the breath. This seems to be at least part of why many schools of meditation are centred on attention to the breath. It is through breath control that we create and maintain what I have called the 'spastic I' — the ego that is based in body tension, rather than in body awareness.

The demands which interfere with each other are not really consciousness and spontaneity, but consistency and spontaneity: the 'spastic I' learns to regard con- sciousness as a matter of self-consistency, a continuous self-commentary which saves appearances. Like free association, attention to breathing reveals the impossibility of maintaining both consistency and spontaneity. Said differently, it reveals that we cannot deliberately be consistent or spontaneous — because we can never be anything else.

The central focus of embodied-relational bodywork, then, is on re-establishing a fuller, more spontaneous breath; not by trying, but by gradually letting go of our need to protect ourselves from feeling by not breathing. Working systematically through all the levels of resistance to spontaneous breath — to 'being breathed' — therapist and client encounter all the familiar relationship issues which emerge through free association, or indeed any other sustained encouragement to let things happen spontaneously and without censorship.

This approach means that, even when bodywork is explicitly on the agenda, we may never get that far: relationship feelings may become obvious before we do; for instance, as the client starts to lie down, an unwillingness appears, and we spend the session exploring that. If we do reach hands-on bodywork (which nowadays happens with a minority of my clients), then I have come to realise that I follow the

transference there too. In other words, I tend very much to work with the body issue or body area that carries the greatest relationship charge. I will focus on whatever part of my client's body wants to do something in relation to me: to hold me, push me away, hit me, turn away from me, be touched by me, fend me off...

I do less hands-on bodywork now because I have a wider range of skills, which let me use it when, and only when, it is the best tool. The bodywork I do is much more focused and useful. Also, it integrates much more fluidly with talking, rather than having the rather abrupt and awkward transitions that many people experience. I do feel that bodyworkers of all kinds, whether or not they identify themselves as psychotherapists, can benefit from transference-oriented supervision to increase their clarity about the relationship aspects of what is going on.

Some indications and contraindications for bodywork

I finished my initial training under the impression that one could pretty much always usefully employ bodywork with a client. This has turned out not to be the case. The simple fact of compliance — even of enthusiastic demand — in no way establishes that bodywork will be helpful in accessing core issues.

To give three common examples: abuse survivors may consent to bodywork as a means of repeating, rather than remembering and working through, the experience of abuse. 'Schizoid/ocular/boundary' characters (whether or not abused) may be sufficiently out of contact with their own feelings and sensations as to be simply unaware that they find bodywork terrifying: they go along with the process, while what they experience as their self is, in effect, floating up to the ceiling and observing from a safe distance. 'Masochistic/anal/holding' characters may demand pummelling and poking, seeking fantasised 'release' while actually absorbing the pressure into their defensive structure — and making the therapist sweat! (In the character terms used here, the first is the standard description, the second Reichian-analytic, and the third from embodied-relational therapy, where we have tried to find terms which are not inherently negative and pathologising.)

All these strategies can be used in verbal work. But I would say that bodywork hinders rather than helps any mutual clarity, by inserting an apparent mechanism for 'cure' between client and practitioner; and may even do damage, through restimulating both trauma and defence against trauma.

Bodywork is primarily useful when it can offer a bridge between 'somatic' and 'psychic' modes of experience. It is most appropriate for clients who need either to be met in the register of their own predominant mode of experience, before exploring other registers like the verbal and intellectual or, having been met in the verbal and intellectual registers, to explore the unknown territory of the body.