Relating to and with the Objectified Body

Michael Soth

The body/mind split

'You are your energy. Your body is your energy. The unfolding of your biological process is you as body. Your body is an energetic process, going by your name. It's a concept of rich promise. It delights me to say that I am my body, with deep understanding of what that means. It gives me identity with my aliveness, without any need to split myself, body and mind. I see all my process — thinking, feeling, acting, imaging — as part of my biological reality, rooted in the universe.'

Stanley Keleman's statement, in *The Human Ground*, transcends one of the pillars of 2000 years of patriarchal fantasy: the 'body/mind split'. I can't imagine a Western person coming to therapy without this being at least a background issue. Whatever symptoms, conflicts, pain a client is struggling with, in our culture there is always a question: to what extent is a person's identity suffering from a lack of rootedness in physical, bodily reality?

Often the presenting problem is an immediate opposition between the client's organismic, biological process and what they consider to be their identity. That was Reich's intuition, and it has inspired several generations of body psychotherapists.

When people come to Chiron to train in this tradition, they typically have two ideas of how the body can be used in therapy:

- to provoke catharsis at a primal level by breaking through resistance (armour)
- to undercut the pseudo-autonomy of the social facade by nurturing the pre-verbal self

People are attracted to these ways of using the body because they bring an intuitive understanding of the 'body/mind split'. In oversimplified fashion this term can serve to cover a multitude of sins. But for now let me stick with the popular version: it is a condition in which I am so disconnected from my identity in the body that with Descartes I can say: 'I think, therefore I am'. This statement only makes sense if I have lost Keleman's 'identity with my aliveness' as a primary given of existence. I am then sufficiently identified *against* my body so

Michael Soth is an Integrative Body Psychotherapist; he is Training Director at the Chiron Centre for Body Psychotherapy in Ealing and also practises, teaches and supervises in Oxford where he runs advanced and post-graduate training courses. These are extracts from a longer article which is available via email (michael@soth.demon.co.uk), or by sending an A4-size SAE plus 10 first class stamps to Chiron, 26 Eaton Rise, London W5 2ER.

that my disconnected mental identity can operate *on* my body *as a separate object* rather than as 'me'.

The 'body' is then treated like a car. It may still *represent* 'me' in terms of social prestige as a status symbol, and it may be polished and maintained like a car for these same purposes. But that makes its status as an object all the more evident: it is the body's symbolic significance in our culture which betrays our fundamental separateness from it.

Even in this simplistic form, the recognition of the body/mind split can be profoundly useful and therapeutic. But let's see what can happen when a therapist attempts to apply that understanding by using one of the two stereotypical manoeuvres of body therapy.

How can body therapy perpetuate the body/mind split?

Take a brief example from an actual training session:

Client: I felt really angry about how they treated me at work.

Therapist: Well, we have talked before how you tend to put up with that kind of treatment, but you don't have to.

C (compliant gesture towards T): *Do you really think so?*

T: Well, you said you felt angry.

C: I did. You have been telling me for a long time that I am angry but now I'm beginning to feel it. I did feel angry yesterday.

T (reassuringly): Just allow yourself to feel that.

C: *But I feel I could hurt somebody.*

T (reassuringly): Don't worry — for once it is safe to be angry.

C: *It doesn't feel safe.*

T: Never mind — what do your hands want to do — yes, go with your hands!

C: They are shaking. *I don't want them to shake like that.*

T: What would happen if you just let them? Yes, now take a few deep breaths. Can you feel your anger now?

The client's body and mind are clearly in opposition. The therapist perceives the body/mind split, and has 'decided' that the client's anger is 'healthy' and needs to be expressed. In principle I might well concur with her perception.

But the therapist's belief in the 'truth' of her agenda for the client outweighs awareness of the shadow aspects of her role. Whilst working to liberate the client from her compliance at work, the therapist can paradoxically rely on that same compliance to back up her own implicit authoritative stance. 'I know what's best for you — in the interest of your growth and your therapeutic process I am telling you what to do: express your anger!'. From that position the therapist consistently overrides the client's reluctance — she keeps invalidating the client's hesitant ego-statements (in italics). At this stage of the process the client is sufficiently desperate to go along with the therapist's 'superior judgment'. Later on, however, the working alliance may increasingly become fraught as the therapist raises the stakes to get the client to comply with her in siding with her body rather than her ego. Against her own ego. In this way it is perfectly possible even for an anti-authoritarian therapist to enact the

disempowering aspects of the medical model, whilst apparently fighting against disempowerment.

The implicit splitting ('it's not safe to be angry at work, but I am making it safe for you to be angry here!') — which the therapist sets up or at least plays along with — will lead the client to exchange one area of compliance (work) for another one (therapy), without the conflict between anger and compliance really being experienced, let alone resolved. The client's internal conflict, between her resistance and her compliance, and on a deeper level between her anger and her fear, is now neatly distributed and being enacted between client and therapist. With the therapist making herself an ally to the unexpressed anger, she takes it over and carries it for the client, thereby actually relieving the client from internal pressure which might bring the conflict to crisis and transformation.

After the session the therapist reported that she had felt personally and empathically involved with the client. While subjectively feeling truly supportive of the client, the therapist maintains her role throughout. The therapist apparently is not affected by the client's anger, is not aware of her implicit contempt for the client's fear and 'resistance', does not question her own agenda, does not attend to the here-and-now relationship, ignores transference and countertransference, and in some ways rather blindly follows an ideology.

She is a body therapist, but the only things I am happy to go along with are some of her perceptions of the client and some of her theoretical values and assumptions.

The shadow of body therapy

This example is meant to illustrate some general points which I come across in training all the time.

In traditional body therapy the therapist takes the side of the body *against* the mind; this tends to be a 'habitual position' for the therapist, rooted in their own life story physically, emotionally and mentally. This habitual position implies a simplistic notion of the 'body/mind split': innocent, pure, 'noble savage' body = good, versus civilised, contorted, life-denying mind = bad. Although true in some ways, this is clearly a split way of thinking about the split. As long as I only think like this, I'm still in the grip of it.

The therapist in the example assumes that the neurotic rationalisations which the client's ego uses to minimise feelings, spontaneity and aliveness have outlived their usefulness, and are basically excuses for hanging onto self-sabotaging patterns. These patterns may have served a protective purpose earlier on in life, but our therapist assumes that therapy requires the client to make existential choices to overcome the resistance and negativity. In particular, she assumes that surrender to feelings is the 'healthy' option.

These kinds of assumptions inform the therapist, who sooner or later tends to become the enemy of the client's ego. As the client's ego is involved in the working alliance this puts the therapist into a fraught position: after all she is attacking the part of the client that pays the money. The client inevitably and quite accurately experiences this attack on the habitual ego-position as a threat to her/his known identity, as if the therapist wanted to strip

the client of his/her only protection necessary for survival.

The therapist's bias *towards* the body, therefore, constellates regressive fears of the body. The fear is that without the willpower of the ego directing and managing life, I will lose control, the body will take over and leave me with chaos and disintegration. These regressive fears, in turn, constellate the wish for an omnipotent figure who is in control: a body expert, a magician-physician, an all-powerful doctor who can guide and direct the healing process with some measure of predictability — someone who can guarantee that the body won't become too painful or overwhelming. In psychotherapy the longing for the apparent certainty of the medical model is both an expression of and a defence against the wish for perfectly attuned mothering.

In order to reassure the client, and themselves, about these regressive fears, the body therapist paradoxically tends to take a therapeutic stance in line with the medical model. Whilst fighting against the dominance of mind over body, the therapist takes refuge in a relational stance which enforces that dominance. Even in body therapy's own terms, by working against the body/mind split, we end up perpetuating it. Typically the therapist's subtle medical model stance constitutes an avoidance of the client's inner reality of pain and conflict, precisely that area of the psyche where the client feels there is no choice, and feels at the mercy of uncontainable distress.

From a psychodynamic and developmental perspective, this enactment can be formulated in mote specific terms: working as a supervisor has led me to the conclusion that it is impossible to pursue a 'therapeutic' agenda of breaking through or undercutting the ego's resistance without enacting in the transference the person against whom the resistance first developed. Because the therapist-client interaction repeats an early unresolved experience, I am inclined to use the term 're-enactment'.

Re-enactment as the foundation of an integrative model

Earlier, I deliberately employed the phrase 'how the body can be used in therapy', because in the West we are accustomed to 'using the body' as an object. That is where I see the difficulty of body therapy: if it fights *against* the body/mind split, body therapy is liable to objectify the body every bit as strongly as it is objectified already. In simple terms: to counter the cultural objectification of the body as a 'bad object', I can objectify the body through imposing a fantasy of a 'good object' on it. And there are a lot of powerful body therapeutic methods I can put the client's body through to help them closer to what I think a self-actualising, integrated, healthy human should be. The irony is that this is precisely what the client is probably already suffering from: a body which is not experienced as 'I', but as 'it'.

Having grown up in the Reichian tradition, I now see it as having spawned both a precious intuition of body/mind integration and some of the worst excesses of objectification within psychotherapy. As a person, therapist and teacher I am therefore struggling towards a way of being, working and thinking which addresses the

split relationally, technically and theoretically.

As a therapist the body/mind split can manifest in my philosophy, in my technique, and in my therapeutic position. I take it as read that it is manifest in *me*. I also assume that in relating to my client's split, my own will become involved. How I apprehend and respond to the split in me and the client, against the background of my habitual theoretical, technical and therapeutic position, will determine the extent to which the split can either transform itself or will be perpetuated in therapy.

So far I have focussed on enactment of the split through body therapy. Let me now add some qualifications:

- obviously it's not just body therapy which enacts this split. Most other approaches are liable to do this implicitly, often without noticing
- I have implied the 'body/mind split' as the crux of therapy. This is too simplistic unless we re-define the concept beyond how it is popularly used (see longer version of article)
- it is very difficult to engage with the split and think about it without taking sides either way, i.e. without splitting. Because we are culturally steeped in the pain of it, if we engage with it at all, it is exceedingly difficult to maintain a real meta-position

Many people, including therapists, may try to ignore it, minimise it and accommodate themselves to the split. Body therapists tend to fall into the other extreme: the more I experience it, face it, conceptualise it, the more I am liable to feel compelled to do something about it. In the moment when a human response turns into a therapeutic agenda, I am no longer therapeutic, but am in the grip of the split myself.

This is the point in the training where students feel disappointed and hopeless, and want to give up. Their fantasy of conquering what they have formulated as the root of the problem breaks down. Enactment reigns. If I tangle with it at all, it will possess me.

This is analogous to Jungians' thinking about the ego's relationship to the unconscious: either the ego is in the grip of the unconscious or is rigidly defended against it. Rarely does the ego *relate to* it, certainly not in relation to a complex. The same is true for the body. For many people the body is *the* road into the unconscious. Usually it is more a 'railroad' than a 'royal' road, because after body and unconscious have been ignored for a long time, the body usually drags us, kicking and screaming, into the unconscious through pain and illness. Implicitly the body is either idealised or hated, but is not accorded a 'life of its own'. The frightening experience in both cases — psyche and body — is the recognition of the autonomy of what has been relegated to the shadow. The 'return of the repressed' threatens both the client's and the therapist's ego with its uncontrollable and transcendent quality.

This is a crunch point in the process, and to my mind it establishes the notion of re-enactment as a crucial one not only for body psychotherapy, but for both client and therapist in any approach. Although so far I have used it in the context of body therapy, the concept itself has, of course, much wider relevance and could be applied within the terms, language and model of any approach.

The necessity of the therapist's failure: re-enactment

The necessity of re-enacting as part of the process the very conflict therapy is supposed to 'overcome': this sounds manageable in the abstract, but is of course — over and over again — deeply painful for both client and therapist in the intricate emotional detail which is their particular relationship. Having followed Reich into conquering the root of neurosis in the body/mind split, my urgency gives way to the generally useful recognition that as part of the therapeutic process the psychotherapist *will* fail.

I will certainly fail the client's initial construction of me as an omnipotent quasi-medical expert. Within a Western paradigm the client tends to construct therapy as a heroic procedure towards overcoming, mastering, getting control of the uncontrollable: the unconscious, the body, nature, the past, the present, the future. But as our egos are at the mercy of the body and the inherited conflicts structured into it, the process itself will lead the ego ad absurdum, including the therapist's ego. If I want to get anywhere near doing justice to the spontaneous wisdom of the client's body or the calling of their soul I will *have* to fail the client's ego. My image of therapy is no longer so much about healing as an active procedure, but more about surviving the intensity of the splits (Hillman likes to use the word 'dismemberment') until spontaneous re-organisation and transformation occur.

Gone is the cliché of the therapist's powerful role; the therapist is, and needs to be, 'contaminated' by the client's conflict/wound/problem. This catapults us out of the comfort of the medical model into a post-Newtonian participative universe where the observer is always already 'merged' with the observed, and especially with the pain and conflict which the other cannot contain.

A therapeutic position rooted in conflict

The conflicts between body and mind, spontaneous and reflective capacities, feminine and masculine, between mothering and fathering, between the medical model and a relational model, between colluding and objectifying are the foundation of therapy. For my ego to try to short-circuit these conflicts one way or the other destroys therapy. To nail therapy down to one or the other polarity kills it. This means as a therapist I will feel pulled between these polarities, without being able to settle either way. The therapeutic position requires me to be in conflict. A specific point which follows from this and is relevant in this journal is that the 'medical model' necessarily is a valid part of therapy: it is one side of the conflict, and — although socially very powerful and destructive — it therefore does belong.

The way I practise it, 'body psychotherapy' presents no gratifying shortcuts. It is not a tool or technique, although it may include these. For me, the main purpose of attending to the body in psychotherapy is to engage fully, with the client's and my whole being, in what the client brings as an essentially painful and conflicted 'war zone'. All the mental symptoms, all the addictions, compulsions, repetitive patterns and denials are rooted in conflict about spontaneous processes which both the client's and the therapist's ego are

essentially at the mercy of.

This is no easy option for the therapist — it requires being able to 'sit in the soup' without either passively withdrawing or actively pushing and 'fixing'. The body, with its tangible sense of pain, discomfort, conflict, can function as an anchor to hold us in the reality of the 'war' which the client so far always had to escape. Spontaneous transformation, without the ego's defensive strategies, manoeuvres, exhortations and behaviour modification, is possible. It becomes more likely the more fully we can be in the 'war' and hold it in awareness between us as it gets enacted in the therapeutic relationship in its real agony and absurdity. To hold the war in awareness requires attention to its manifestation on the level of spontaneous processes, including vegetative functioning and the autonomic nervous system, in the here and now.

When we embrace a sense of pain and conflict for the therapist not as occasional 'leaks' of the client's material into the otherwise solid position of the therapist, but as the source and the foundation of the work, we are less attached to particular therapeutic models.

I am thinking of the various polarisations which the therapeutic endeavour is subject to whatever the approach, e.g. therapy as business versus therapy as love, the medical model treatment aspect versus the intersubjective relational aspect, archetypal mothering versus archetypal fathering, the debates regarding nature — nurture and interpersonal/social versus intrapsychic/individual.

The history of psychotherapy is rife with the opposing claims of various schools — claims which often appear to be philosophically irreconcilable. These conflicts are, of course, the reflection on a theoretical level of precisely the same kind of internal conflict which brings our clients to us. To do this justice, I think we need to formulate psychotherapy, and especially attempts at integration, from a secure rootedness in conflict.

Further Reading

Bernd Eiden, 'The Use of Touch in Psychotherapy', in *S&S*, May 1998

Stanley Keleman, *The Human Ground*, 1975

Nick Totton 'In Search of the Body: my journey from Freud to bodywork and back again', in *S&S*, May 1998

Michael Soth, 'Collective Mothering and the Medical Model' in *Newsletter of the Association of Chiron Psychotherapists* No. 7 & 8

Irvin Yalom, *Love's Executioner*, 1989