

Body Impact

June Hall

Let me begin by sharing two fairly recent scenes with you.

It is Thursday. As usual I have a counselling session with Jane. But all is not as usual. I am shaking. I'm unable to stop my left arm and leg setting up a constant tremulous motion in my body — one which seems to resonate with the powerful emotions in the room. Jane is sitting in her usual place, mild-mannered as ever. Yet deep feelings are stirring in her. I have become the inattentive mother who hasn't enough time for her. Her agitation is hidden but I'm aware she's on the edge of open fury with me. Suddenly she bursts out: 'How can I be angry with you when you sit there shaking like that?'

I am deeply shaken (note the word!) by this outburst. In fact Jane is directing at me some of the rage she feels about the situation we are in (I have told her that I have been diagnosed with Parkinson's disease and am going to take a sabbatical), and has found her mark. Her question strikes me like a blow. In spite of some openness with Jane and other clients about what's happening with me, in the few months since the diagnosis I have also become adept at hiding my shake, holding the left arm steady with a firm right hand, tucking my left leg under me. Strong feelings, however, make my body uncontrollable. The

shaking is an instant barometer to my emotional state. No hiding, then.

Therapeutically speaking, important things are happening with Jane which we work on until we end. But many questions come up for me as a result of this encounter — both personal and professional — and the sabbatical is in part a time to engage with them. I should like to pose some of them here. First, though, let me describe another scene from last year in which I am the client and am also experiencing the physical impact of the therapeutic relationship.

I am sitting in a therapy room. It belongs to my new therapist. We have only been going a few weeks and the therapy is in trouble. I am very frightened that my body has started shaking. The doctors have looked grave and a brain scan has been arranged. I manage — with difficulty — to tell my therapist how frightened I am, and, when there's no response over several sessions, that I feel we should end. The fear I experience in the room makes the shake much worse. Yet I am being met, insofar as I am being met at all, on an intellectual level. 'There wasn't a sufficient container before this crisis happened,' he tells me by way of parting. The physical reality of what is happening in the room (or out of it) has not been acknowledged in any way. I shake violently from fear — and now from

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anger too. 'This can't be good for you,' I hear my body shouting at me. 'This is absolutely not what you need at this time.' I heed it, end the therapy and decide what I do need is a sabbatical — which I am now taking.

Some of the questions I'm pondering at present are raised by these two scenes. For example:

- What is the impact of the therapeutic process on my body, both as a practitioner and as a client in therapy, and what is its cost?
- How do body and spirit relate for each of us and what does this mean in terms of a holistic approach?
- What about the physical manifestations of the wounded healer — what are the implications for the transference relationship?
- Is my condition like, or unlike, other physical disabilities or handicaps with which practitioners work? What are the practical and ethical implications of such disability around future commitment and, for example, open-ended contracts?
- What is the interface between the humanistic and psychodynamic approaches in relation to the body — for example around the issue of physical contact — and can they be integrated?

With regard to this last point, I am wondering whether, if our approach is predominantly psychodynamic, shadow fears (either personal or institutional) will sometimes mean that we fail to follow the deeper instincts of the heart. Will we shrink at times from throwing out the rule book and holding or touching, as seems right in the moment? Alternatively, if the humanistic is predominant, how often may we be

touching or holding a client in order to meet our own needs, leaving the clients' deeper fears unmet?

As a counsellor trained in an integrative approach, I was aware in my own mind, even while my session with the therapist was running, not only of his professional parameters, but also of the transference. I knew that I was making him into the uncaring, inadequate father who wasn't there for me. Yet I have no sense that my body knew it or could distinguish between the original trauma and the trauma revisited in the 'as if', any more than my body could when I was on the other end of it with Jane. For the therapeutic alliance to form we generally assume that a client must somewhere be able to make the distinction, at least in terms of intellectual understanding (as also must the therapist). Yet I wonder how much account is taken of the impact on the body (of both therapist and client) in the transference process.

And this question is relevant, not only to negative but to positive transference too. In another therapy I've been lucky enough to experience a rich sense of the joy, love, and beauty arising from physical contact, as well as discovering the full-bodied depths of fear, rage and sense of nothingness resulting from the lack of it. Touch, of course, is only one aspect of physical communication or body awareness in the therapeutic process — but I do wonder whether we fully realise the potentially healing impact, alongside the dangers, of well-timed contact or, if healing is to be truly holistic, how far we can deny it. Recent scientific studies have demonstrated the chemical benefit to the immune system from joy and happiness,

and we can only suppose that physical retraumatisation, which occurs during the process of some therapies even when their end is ultimately beneficial, may well have an opposite effect.

There's a certain irony in the fact that in the last 10 years since starting my training, I have actually become more fully tuned in to my body. I circle dance to centre myself, I swim, I play tennis, I do yoga and meditate, I enjoy sex. Yet none of this, it seems, has been sufficient to counteract the toxic effect of emotional pollution. Like passive smoking, emotions of an unresolved kind passively 'inhaled' may, without adequate protection, be extremely dangerous to the therapist's health. Radiologists, even dentists who take X-rays, protect themselves from constant exposure to radiation. How much do we protect ourselves in the therapy room? For us, supervision and therapy don't come till later.

What both the scenes I have described underline for me is the enormous impact the therapeutic process must have on us once a transference relationship has developed. 'Communication by impact' is Patrick Casement's term for countertransference resonance with the client — and through it we learn what the client needs to tell us. This is to be welcomed in the process. Our use of countertransference depends on it. Yet what happens to the impact while we are busy understanding its significance? When a client yells at us, or rubbishes all our efforts, or punishes us in some other way, what happens to us, physically as well as emotionally? Perhaps we don't give sufficient attention to the dangers because, as therapists, we know that resonating with the client's reality

may indeed create deep healing for both parties. But paradoxically (just as with parenting), it can also be deeply depleting. What may be good for the client may not be so good for the therapist.

At times I can be more in the witness relationship to what is going on and can let the emotions pass over and around me, resonating without taking the full force of the impact. I guess we are all trying to do this, but the reality for me is that too often I'm unskilful and don't manage it (as, again, in my parenting). I have tried recently — not always successfully — visualising a glass bubble in which I am enclosed. Good feelings can permeate it, but the negative feelings of the client can only bounce away, observable but not able to penetrate. The impact is there, but in theory I do not absorb it. (Both William Bloom and Judy Hall provide interesting explorations of more of these protective strategies.) Strategies cannot replace the inner growth and development which will render them less necessary, but may nonetheless be useful.

The way ahead for me, I feel, lies in coming back again and again to mindfulness and non-attachment — both in my personal life and, if there is to be one, in my work life. As Sheldon Kopp put it, 'Back to one'! Yes — but perhaps within a more fully integrative model and, who knows, maybe within a broader context ... When I return from my sabbatical I hope to take the Karuna foundation course in core process psychotherapy as a way of exploring the issues I've raised in this article, of cultivating mindfulness, and of further integrating the physical and spiritual dimensions of the work. That feels exciting.

Further reading

Patrick Casement, *On Learning from the Patient*, Tavistock/Routledge, 1985

William Bloom, *Psychic Protection*, Piatkus, 1996

Judy Hall, *The Art of Psychic Protection*, Findhorn Press, 1996

Sheldon Kopp, *Back to One*, Science and Behaviour Books, 1977

Psychotherapists: a club or a profession?

David Jones

Last February the High Court heard a judicial review of UKCP complaints procedures. This established that the UKCP is definitely under the supervisory jurisdiction of the High Court regarding procedures for complaints against members (views had previously been expressed that because the UKCP is not a professional body established by Act of Parliament, but is more like a self-regulating club, its decisions could not be tested in the High Court). It also established that the UKCP has erred in the way it handled a particular complaint which it must now reconsider.

A number of consequences follow from this. The BPS as a learned society and professional association (described in *S&S*, September 1997) represents the interests of professional psychologists. It has been dealing with the Slade case, a serious complaint against one of its members which has been reported in the national press and in its own magazine *The Psychologist*. The BPS is now faced with a further complaint that their procedures and decision were

not rational and fair to the person making the complaint. There is now a precedent for taking this matter to the High Court if the person making the complaint is not satisfied (although the BPS will probably manage to settle the issue before this happens).

Another consequence is that the UKCP is now indubitably recognised in the public domain as a body with responsibilities and duties regarding the training, supervision and ethical practice of psychotherapists.

I can hear one group of my humanistic friends groaning at these events. Legalistic sledge-hammers are an affront to the humanistic commitment to getting complaints sorted out face to face, with the assistance of support groups and mediators. Others will sigh with relief at the security offered by the state legal system in backing individual rights against the decisions of organisations, and in making professional organisations such as UKCP publicly accountable; which is, of course, the aim of statutory registration.

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