PERSONAL REFLECTIONS ON DEVELOPMENTS IN BODY PSYCHOTHERAPY

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During the 1970s I was a newly qualified occupational therapist and worked at the Maudsley Hospital in London, a psychiatric teaching hospital with a post-graduate training for psychiatrists. Behaviour therapy and psychoanalysis were the prevailing psychotherapeutic models. When I talked with patients I felt the inadequacy of my counselling skills and began to explore short courses, mostly from a humanistic orientation to improve my interactions. In my personal life I was active in setting up community and co-operative ventures, and co-founded a wholefood shop in Wimbledon. Work and leisure were mostly very separate with occasional sparks of enjoyment when someone from one world entered the other one. I sampled various humanistic psychotherapies and discovered that body-oriented approaches spoke to me directly in a way that others didn't, but I couldn't say why. Then I met someone who told me about longer trainings in 'body-oriented psychotherapy.' So began the next stage of my life training at the Boyesen Centre for Biodynamic Psychology for five years, then concurrently completing further training with the Chiron Centre for Holistic (now Body) Psychotherapy and the Karuna Institute. As I have thought of developments in Body Psychotherapy (BP) over the past 30 years for the purposes of this article, it evoked a host of memories. Obviously the themes in my own journey are reflected in my choice of training and work, but I think also say something of the development of BP.

EXCLUSION AND INCLUSION

Explaining oneself, Dialoguing and Building Bridges

When I first worked as an occupational therapist there were situations where I had to explain this unknown and hard to define profession which looked at the physicality of illness *and* its psychological impact, and the implications of this within a wider context. Nowadays I find myself explaining BP in a similar way. For many years BP has been unknown, excluded and 'other' in terms of other psychotherapies and public visibility. Boadella (1991) has observed 'Body Psychotherapy has existed for 60 years, has met with little social recognition, and functions in many countries more like an underground movement.' So the same issues arise. How to present what speaks to me in

a profound way so that others can hear, and I can listen to the other. How to deal with the feelings of being unknown and silently excluded, and yet feeling included and at home with colleagues. How to deal with the stigma in our culture attached to working with bodies. And, who do I want to talk with anyway, and why? In spite of potential pitfalls, there are benefits of being mostly 'other' which allow unobtrusive development.

SO WHAT IS BODY PSYCHOTHERAPY?

BP works with embodied relationship, and with the soul through its expression in the body, and in language. BP sees a 'functional unity' between mind and body. Mind and body are functioning interactive aspects of the whole. BP addresses the connections and intersections of this whole and the relationship between the individual and society. Implicit in this is an understanding that the more one is embodied, the more possibility there is for spiritual development and experience of interconnection.

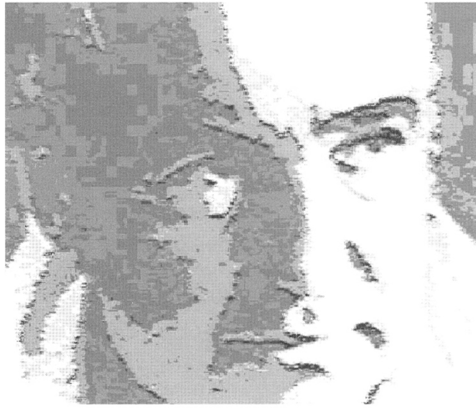
The term Body Psychotherapy was adopted in 1988 by the European Association for Body Psychotherapy (EABP) to provide a common language to describe BP. The term replaced ones like body-oriented psychotherapy, body-centred psychotherapy and 'bodywork,' which erroneously implies mechanistic doing to an objectified body. BP is not the same as body *therapies* like Alexander technique, but has elements in common with them. Body therapies use some similar techniques, but they do not address the relationship between the therapist and client, including the transferential elements of it.

THE HISTORICAL DEVELOPMENT OF BODY PSYCHOTHERAPY

An understanding of how BP developed historically gives insight into these issues of inclusion and exclusion. In the nineteenth century Janet, Ferenzci, and Freud sought a psycho-physiological understanding of neurosis (Boadella, 1997). Freud (1923) considered the ego as a 'body ego', and that psycho-analysis needed to discover its organic foundations. Jung (1906) also saw the healthy ego in the 'sensations arising in the body.' However, usually the founder of BP is considered to be the psychiatrist Wilhelm Reich, who worked with Freud. Psychoanalysis acknowledges his early work on Character Analysis (see for example, Greenberg, 1991) but disregards his later work on Character Analytic Vegetotherapy and Psychiatric Orgone Therapy.

In 1933 Reich was expelled from the Psycho-analytic Society, ostensibly because of differences with Freud concerning the death instinct. From his clinical work Reich came to see the death instinct not as an innate drive, but arising out of the frustration of primary impulses. He explained behaviours in terms of these frustrated primary impulses both on an individual and a political level (Reich, 1970). Reich was a jew and a communist and with the rise of fascism moved to Scandinavia, and later to the United States. He continued to teach and to evolve his psychotherapeutic theories and clinical methods. He was interested in the prevention of neurosis and speculated on conception, foetal life, birth and childhood and its contribution to health (Reich, 1983). Additionally, he

was concerned with how the social and political repression of children and adults contributes to the formation and maintenance in society of neurosis and how neurosis gets institutionalised as normality.



Reich's books were burned in fascist Germany and again in the 1950's in the U.S.A. when he was prosecuted by the Food and Drug Administration. He was imprisoned and died there in 1957. His will stipulated that his papers should be kept secure for 50 years.

During the 1960s and 1970s Reich's ideas were in tune with the times and were taken up by the Human Potential Movement. Self directed groups were set up by students to read his books and to find ways of implementing his ideas for a better society (Eiden, Lude, Pervoltz, Westland, 1993).

During this period some parts of the Reichian stream of BP melded with Eastern philosophy and psychology and have become the bedrock of some trainings. Curiosity about physical pain and numbness can be an opportunity to reconnect with essential health.

Nowadays some of the key BPs available are those from the U.S.A. such as Bioenergetics (Lowen, 1958), Core Energetics (Pierrakos, 1987), and Hakomi (Kurtz, 1990); and those developed in Europe such as Biosynthesis (Boadella, 1987) and Biodynamic Psychotherapy (Southwell, 1988).

THEORY AND PRACTICE REVISITED

Unity of Mind and Body

Reich referred to the unity of mind and body as *psychosomatic unity.* He saw attitudes as embodied phenomena, which could be addressed directly through bodily interventions (as well as verbal ones). Non-duality is a basic tenet in Eastern psychology, but this is not the prevailing view in conventional science and society generally. This can make dialogue with some e.g. complementary therapies relatively easy, but with others problematic.

The Social Construction of Science

It was not until around 1980 that I began to understand the process of how scientific discovery becomes accepted by the scientific community and how long this process can take. I began to see that it is not just what you write, but who you know and whether what you are writing about is within the framework of discussion (Kuhn, 1970). Reich located himself within science, but when he was ignored he fell outside the discourse and became 'forbidden science' (Milton, 1994). During the 1990s I came across Noetic Science and heard the late Willis Harman (1991) call for a new

scientific paradigm, for a 'Wholeness Science' with the assumption that 'the universe is basically a single whole within which every part is connected to every other part.' What a relief! There could be opportunity to discuss ideas outside current science somewhere. Since then I have enjoyed the sense of coming home at 'Beyond the Brain' conferences.

In the 1980s psychoneuroimmunolgy research began demonstrating the physiological connections between mind and body and its clinical relevance (Ader, 1992). It seems that emotions are not just in the brain or the body. 'Emotional states or moods are accompanied by the various peptide ligands, and what we experience as an emotion or a feeling is also a mechanism for activating a particular neuronal circuit - *simultaneously throughout the brain and body* - which generates a behaviour involving the whole creature, with all the necessary physiological changes that behaviour would require (Pert 1999). Martin (1997) collected together mainstream scientific papers demonstrating connections between mental state and physical health. He also commented on the acceptance of the general public and the scepticism of the scientific world to this evidence.

Body sensation, emotion and concept

Within BP emotion has not been viewed as always preceded by thought. Emotions are experienced in the body and are first recognised by a collection of sensations. These sensations intensify into an experience which can be named as an emotion. Gendlin (1978) recognised the importance of the 'felt-sense', the collection of bodily sensations which bring pre-verbal information into definition. More recently Damasio (1994) has re-examined the mind-body problem and argues the case for mind being dependent on body, and rational thought only possible when concurrent with emotion. Damasio has called the physical sensations 'somatic markers' and sees them pointing the way to emotions. BP constantly moves between sensing, feeling and thinking; and seeks to anchor and integrate experience in the body. The importance of experiencing before naming; and the psychotherapist 'receiving' and being with the experience before prematurely rushing to name and give meaning is central in BP. The relevance of receiving the non verbal communications of clients has been written about by the psychiatrist Schore (1994). This capacity to *be with* non-verbal communications without disassociating is vital in clinical work with borderline personality disorder, but is significant with all clients.

Energy and the Autonomic Nervous System

In health energy flows freely. In ill health energy may be dispersed, withheld, or kept depressed. Within a session of BP the movement of energy or the lack of it is carefully observed and awareness brought to it. Allied to this is the tracking of autonomic nervous system (a.n.s.) changes. Energy movement and a.n.s. reactions have a rhythm to them and the monitoring of the rhythmic movement of the session is essential for the pacing and safety of the psychotherapy. Tracking process in a moment to moment manner enables both client and psychotherapist to become aware

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of interruptions to the rhythmic flow of energy. The task of the psychotherapist is to invite the energy to move where it needs to go and to moderate its intensity. Reich described a four stage cycle (1973), which has been elaborated upon by other body psychotherapists.

In research into child development there are some parallels with this rhythmic cyclical movement in observations of attunement between parent and child (Stern 1985, Brazelton and Cranmer, 1991). The psychotherapist makes an intervention and stays in tune with the client response, before making the next intervention. This attunement may not be consciously known by a client, but it can subjectively 'feel right'. Part of the therapeutic task of the psychotherapist is to enable the client to find their own internal rhythms and to be able to live life 'dancing their own tune'.

The psychotherapeutic frame

Nowadays, BP sessions are usually weekly for one hour at the same time and day each week. This supports an organic rhythm to the process and allows sufficient time between sessions for the process to be 'digested.' After an initial assessment consultation, clients have six weekly sessions to experience BP. On the fifth session there is a review and negotiation about a future contract. BP is mostly long term and in depth - lasting over several years. This model was developed in the 1980s. Prior to this there was less emphasis on continuity and there was more onus on the client to decide the therapeutic frame.

The therapeutic space

Much attention is paid to the fabric of the consulting room. This care of the environment developed in the early 1980s. Colours for rooms are relaxing, chairs comfortable. Harder chairs are available for clients with more trauma in their presentation. There is usually also a mattress, a massage couch, assorted cushions and objects which appeal to the senses like paintings, plants, and ornaments. There may also be art materials, and musical instruments. The idea is to create an ambience, which engenders safety and containment for depth experience.

The therapeutic relationship

As with all psychotherapies the relationship with the psychotherapist is central and BP attends to interpersonal and intrapersonal relationship. The interweaving between the intrapersonal and interpersonal will be dependent on the individual client and will change over time. The driving force for the focus of the psychotherapy will depend on what is 'ripe', where the energy is and what is calling for attention. The

skill and timing of where to put the focus is part of the craft of the psychotherapist.

The transferential relationship is an integral part of the psychotherapy. Transference manifests on all levels of being, including bodily. Reich (1973) recognised that we are somatically affected by others and environments. He called this phenomena *Vegetative Identification.* Body psychotherapists also call this *Somatic Resonance.* The interplay between the psychotherapist's somatic resonance - the direct *experience* of a client bodily and what is available to the client consciously is central in the therapeutic process. Verbal interpretation of somatic transference does not necessarily resolve it as the process is encoded bodily and is not necessarily at the level of being symbolised in words. The main shift since the 1970s in the psychotherapeutic relationship has been to include more emphasis on the interpersonal relationship. 'Contact' between client and psychotherapist used to be barely mentioned, so it was possible for the client 'to do their thing' without regard for whether it brought them closer to relationship with the other person or indeed themselves.

Ultimately, however, the relationship which holds the process and which client and psychotherapist are jointly engaged in reconnecting with is relationship with essential or intrinsic health.

Methods

BP has a plethora of methods and its strength is the range of ways of being in the therapeutic process that is possible. The methods are adapted for each client and serve as vehicles within which the client can explore. They can provide a structure for containment and a way of 'being alongside' in relationship. Some of the methods also allow direct bodily expression of experience, which is not at a level where it can be named. For example the client can use their body to sculpt an experience and communicate it.

Touch

BP is not defined by whether touch is used or not. BP can be practised without touch, but it is a possibility when helpful to the therapeutic process *and* the psychotherapist has been properly trained in its use. Not all body psychotherapists are trained in the use of touch and it is not suitable for all clients. When it is used, it is contracted for and has ethical boundaries. Unethical touch is what gets most attention in discussions on the use of touch in psychotherapy, but also significant is whether the touch is *contactful*, and client and psychotherapist staying aware of what is happening in the process. Skilfully employed touch can convey a sense of being deeply understood which transcends the physical touch itself. Recently more has been written on touch in BP and research is ongoing (Tune, 2001).

Professionalisation of Body Psychotherapy

Whilst remaining other BP has grown steadily and is available in a large number of countries worldwide. By the early 1980s I began to bridge my worlds more easily and they were more seamless. I was promoted to

managerial level at Fulbourn hospital in Cambridge, which pioneered Social therapy, set up a workers' co-op for the unemployed and those with mental health problems, ran relaxation groups based around the Reichian cycle (Westland, 1988), lived in a housing co-op, and combined this with working part-time in private practice, and being on the training staff of the Chiron centre. I recognised the importance of the Chiron centre being more active in dialogue with others and the opportunity for this came with the Rugby Conferences, which were open to all institutions who thought that they were training psychotherapists. Other BP training institutes also joined and became members of the UK Council for Psychotherapy (UKCP) when it developed out of the Rugby Conferences. The dialogue was not always easy, but at least different psychotherapies were in the same room. BP had become part. Later the UKCP Conferences enabled different psychotherapies to present their work to others and BP workshops were always well attended.

The EABP has become affiliated to the European Association for Psychotherapy and the World Association for Psychotherapy. In 1997 a conference was held to form a United States Body Psychotherapy Association.

BP used to appeal mostly to those who form the counter-culture. However, since the late 1980s Cambridge Body Psychotherapy Centre (CBPC) has presented BP in a form accessible to a wider client group. CBPC now sees about 100 clients weekly from a range of ages, ethnic backgrounds and social groupings and is seen as one of the local services. BP continues to be almost entirely practised in the private sector and even with sliding scales of fees only available to those with a regular source of finance.

Dialogue with individuals

It has been common for individual BPs (myself included) to further development with Jungian analysis or psychoanalytic psychotherapy. Those practising these psychotherapies have also been sought out for supervision. More recently this flow from the more psychoanalytic grouping is also coming towards BP. This is enabling a more informed dialogue between groupings (see for example Redfearn, 1998) with possibility to dissolve prejudice.

The body as container and vehicle for emotional expression

Hitherto there was emphasis on the body as the vehicle of emotional catharsis and this being curative in itself. This reflected elements at work

in society, where rigid and out-dated structures were being challenged on all levels. A major shift is that there is far less emphasis on the release of emotional blockages and when occurring there is more concern for the energy having an object, which is seen as important for resolution. There is more focus on knowing the emotion, containing and transforming it. The value of the body as a safe container is more understood. Nowadays clients seem to have more deficits in their early lives and slow, containing work for such people is essential.

Sexuality and Spirituality

During the 1970s BP was somewhat preoccupied with sexuality in common with social interest at the time. Whilst there was some reclaiming of sexuality (Rosenberg, 1978) there were limitations as this exploration neglected relationship and spirituality. Since then sexual abuse, AIDS, and abstinence have become the concern of society and so there has been a corresponding shift within BP. Ways of working with sexuality have been refined and Rosenberg (1996) has more recently written about the relational aspects of sexuality. BP has also become more existential, transpersonal and psycho-spiritual. The risk in this is that there can be a pseudo-spirituality, which neglects the body.

Shock and Trauma

The wider recognition of Post-traumatic Stress Disorder has led to various publications. Van der Kolk's article (1994) and co-edited book (1996) have been bridging works recognisng that trauma has physiological and psychological characteristics. This has opened the way for BPs to contribute their expertise to the debate. Rothschild (2000) has argued persuasively that to work only cognitively and without somatic referencing only retraumatises the client. She also makes extensive use of body as container.

Birth Process and Babies

As mentioned earlier BP has long recognised the impact of pre-birth, birth and early parenting experience and has been able to work with pre-linguistic experience. In the 1980s I recall work with infants in Britain, but I am less aware of it now. I suspect that some of the cranio-sacral therapists are filling this gap. There is a strand of BP pioneered by Reich and his daughter, Dr. Eva Reich of campaigning for more humane birth process, and also working therapeutically with babies. This strand survives in continental Europe.

Integration

Some trainings in BP are working to integrate different psychotherapies. The Chiron centre for example has pioneered the integration of psycho-analytic and humanistic theory since the early 1980s. There are also analytical body psychotherapists in Britain bringing more psycho-analysis into bioenergetics.

One drawback in psychotherapy training integrations is that the unique clinical skills of BP which involve working directly with the physical communications of the body as in vegetotherapy, a free association of bodily processes can get lost. This means the therapeutic process can slide into a verbal dialogue ('the word

stream') and lose the body ('the body stream'). Partly this is because society over-values language and rationality and undervalues experience and sensation, so support for whole experience is lacking.

Burnout

In recent years BP literature hints at the dangers that the lack of awareness, especially physical awareness of oneself can have on the health of the psychotherapist. It is likely that this will be an area of significant contribution in the future (Westland, 1997).

FUTURE DIRECTIONS AND CONCLUSION

Many of the pioneers of BP are now in their later years and handing over to the next generation. This generation is more numerous, perhaps less charismatic, and taking BP forward in a more structured way. Trainings have become more available to those outside London, and the presentation of training has a wider appeal. Furthermore, there are now more senior people around offering supervision from within BP so there is more possibility for BP to deepen its own expertise.

Literature on BP is relatively sparse and rarely available in local bookshops. Indeed it has been hard to get work published. This has contributed to the false belief that BP has no theoretical basis. This is gradually changing. Totton (1998) for example has helped to open the way for others with his books which cross modalities. Various publications are expected in the near future (Staunton 2002, Carroll forthcoming). In 2007 Reich's papers will be made available and I hope that there will be people wanting to read and make his work accessible. Perhaps Reich will be rehabilitated along the lines of Ferenzci.

A heartening experience of 2001 was to see body psychotherapists at the UKCP Conference on Neuroscience and Psychotherapy taking a leading role in the discussions as *psychotherapists* with particular expertise. In the presence of Neuroscience, as other there seemed to be more space to look at what psychotherapies can learn from each other as well as science. This debate was both exciting and disappointing. There is so much not included yet!

The challenge for the future will be to continue dialogue, to dare not to know and for (body) psychotherapy to develop in a way relevant to society where the aliveness of the body stream is alongside the word stream.

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