

In Support Of Body Psychotherapy

Will Davis

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Abstract

After an introduction to body psychotherapy, there is a discussion of the trend in verbal and cognitive therapies to include the body. This trend will be highlighted via a comparison with body psychotherapy as well as references to cases. There is then a description of body psychotherapy's unique contributions to psychotherapy at large and photos of a patient showing physical changes during six months of body psychotherapy treatment.

Keywords: body psychotherapy, embodied cognition, embodied self, self-reflexivity, Reich, Schore, Pagis

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Introduction

Traditionally, the disciplines of cognitive, social and self psychology, and body psychotherapy have been at two ends of a continuum. More recently however, these different disciplines have begun to share a common ground. Typically, cognitive psychology is defined as follows:

For decades, the reigning paradigm of cognitive science has been classicism. On this approach, higher cognitive functions are analogous to the operations of a computer, manipulating abstract symbols on the basis of specific computations. Mental operations are largely detached from the workings of the body, the body being merely an output device for the commands generated by abstract symbols in the mind. (Goldman & Vignemont, 2009, p. 154)

Simply put, cognitivism is the hypothesis that the central functions of mind...can be accounted for in terms of the manipulation of symbols. First and foremost is the idea that cognition centrally involves *representation*...whose systemic or functional role is to stand in for specific features or states of affairs. (Anderson, 2003, p.2)

This paper is about a shifting paradigm within cognitive, social and self psychology—what Goldman and Vignemont call “a spectra that is haunting the cognitive sciences”—whereby the body is now being included as a formative force in development. It is becoming increasingly clear in these fields that the body is not there simply just to carry the brain around. More radical than that is the idea that self-concept, memory, cognition and consciousness are not only language-based and only in the brain, but also very much

“embodied”. Embodiment has been a mainstay of body psychotherapy from its beginnings. By including references to current research in cognitive, verbal and self psychology, along with examples from body psychotherapy and patient cases, this paper aims to show how the disciplines of cognitive, social and self psychology are now moving towards a more integrated position with body psychotherapy.

Body psychotherapy is a distinct branch of psychotherapy rooted in the work of Wilhelm Reich. The European Association for Body Psychotherapy states that body psychotherapy involves an explicit theory of mind-body functioning. The underlying assumption is that the body reflects the whole person and there is a functional unity between mind and body rather than a hierarchical relationship. Both the mind and the body are functioning and interactive aspects of the whole human being.

Two main ideas of Reich’s are representative of body psychotherapy. One is the understanding that the personal history of the patient is not merely registered in the mind, but also stored in the body by what he called “muscular armoring” (Reich, 1961). Emotions, beliefs and early experiences are all stored in the musculature and are the historical, physical representations of repressed painful memories and psychic resistance. The body and the mind, working together, repress and distort the personal past as well as the present experience, resulting in interference patterns within relationships and within the therapeutic process. Therefore, the understanding in body psychotherapy is that in therapy it is necessary to focus on both body and mind concurrently.

The second of Reich’s (1961) ideas that I would like to highlight suggests that body and mind not only work together in both illness and health, as the psychosomatic approach contends, but are in fact two forms of the same thing—the functional unity mentioned earlier. Reich grounded interpretive psychotherapy in the biological; there is no split between id and ego, between sensation and reason. He calls this relationship between body and mind “functional identity”; two forms of the same thing that work by the same underlying organizing process. For example, if we think of steam, water and ice, our first reaction may be that these are three different things with different properties that affect us differently. But we know that these seemingly different things are in fact three forms—three transformations—of the same thing. In the Reichian sense, psyche, soma and also emotions are understood to be three transformations of an underlying unity. To carry the analogy further, we could say that steam represents the elusive spirit or psyche. We know that what we call the psyche exists, but we cannot see it and the more we try to grasp it, the more it seems to slip away. Ice would appear as the most solid representation, the most real. This is the way the body appears to us: in form, contactable, present. Water could equate to emotions; it is more real like the body, but also elusive like the psyche. Yet we know that these three are different representations—different energy states—of one reality, parallel to the molecular structure of H₂O. Reich’s concept of functional identity has suggested the same for body, mind, and emotions. They are three forms of an underlying, more primary energetic functioning.

Common Ground

Originally, psychotherapy was more body-oriented. In her article on including the body in transactional analysis, Cecilia Waldekranz-Piselli (1999) offers a concise history of the body’s role in early psychoanalysis. Waldekranz-Piselli refers to Freud noticing free association from a patient while being massaged. She points out that it was not unusual

at that time for psychotherapists to touch and even massage patients. She also refers to the writings of George Groddeck where he comments: “...the physical defenses re-enforce psychological defenses and that the pre-oedipal and preverbal past is very important” (as cited in Waldekranz-Piselli, 1999, p. 3). Groddeck used a forceful massage technique while doing psychoanalysis to bring up events from the pre-verbal past. She also includes Sandor Ferenczi and Paul Schiller as early psychoanalysts who recognized the importance of the body in healing the mind.

Despite this promising beginning, body psychotherapy was questioned and due to Reich’s legal troubles in the United States the modality almost disappeared by the early 1960’s. Also, many psychotherapists who were using body-oriented techniques later returned to traditional methods because they became disenchanting for various reasons.

One reason for the disenchantment was the realization that the basic technique of “breaking through” muscular contraction was limited and potentially dangerous for problems of early disturbance, borderline and trauma. A second was that the “acting out” of emotional states, with accompanying movements, was at times reproducing and supporting pathological behaviors in some character structures, like hysterics, borderline personalities and psychopaths. A third reason was that the “energy” concept was too unsubstantial a theme for many therapists to support. And finally, the issue of touching the patient brought up questions of invasive activities, the risk of sexualizing the therapeutic relation and alterations in the traditional models of the therapeutic relationship.

Nevertheless, there was a revival by the end of the 1960’s and body psychotherapy has grown over the years. At the same time, a growing number of cognitive and verbal psychotherapies are integrating the body into their concepts and techniques.

Integrating the Body Into Verbal and Cognitive Therapies: Transactional Analysis, Cognitive Psychology, Self Psychology, Social Psychology

The Body as the Stage Setting for the Script

Waldekranz-Piselli’s article (1999) is one example of how the body is included in verbal psychotherapy. The hypothesis of her article is that the therapist can help to change the patient’s script by including how the patient physically and emotionally structures himself based on four principles: 1. Part of the script is based on unconscious affect-motor patterns. 2. The combination of verbal beliefs and affect-motor convictions perpetuate the script. 3. Therapeutic effectiveness is partly based on changing affect-motor patterns. 4. It is valuable for the therapist to be aware of her own affect-motor schemas “to diagnose and discover somatic counter-transference issues”. (Somatic counter-transference will be discussed later.)

Along with case studies, she elaborates her principles with the theoretical example of a 9 month-old child who is playing when the mother enters the room and then seeks contact with her. The mother is distracted and the more the child demands attention, the more irritated the mother becomes and the more aggressively she rejects the child. Waldekranz-Piselli then plays out the developing experience of the child as: “I am playing, everything is quiet. I see my mother and want her attention. She looks angry. There is a storm coming. I stop breathing and hold myself very still. This is not a good place to be” (1999, p.8). The tensed muscles and the held respiration become part of an affect-motor belief, which if it could be verbalized would be: “I shouldn’t be here.” For Waldekranz-Piselli this affect-motor pattern is a somatic belief: a primitive, nonverbal, script conviction. “Affect-motor

beliefs are the instruments by which the body sets the stage of the Script” and continue to support it (1999, p. 38).

The Embodied Self

In cognitive and self psychologies we see the same shift towards viewing the body as a factor in the development of the self as well as cognition. Typically, self-concept is defined as “...an abstract cognitive representation that is formed through language...a symbolic self” (Schubert & Koole, 2009, p. 828). Schubert and Koole point out that cognition is usually compared to a computer whereby the brain is the software, the body the hardware, and the two are independent of each other. But their definition of cognition is different: “research shows that social concepts are processed in close interaction with sensory-motor systems and are grounded in their physical context. There is ‘embodied cognition’” (2009, p. 828). Social situations are “entrenched” (registered in the body) and include sensory-motor states. Activation of one state produces activation of another. Manipulating body states induces bodily feedback that primes memories and experiences. “Autobiographical memory becomes facilitated when bodily postures during recall are similar to the original event” (Schubert & Koole, 2009, p. 829). This concept has been utilized widely in body psychotherapy and other dynamic therapies such as psychodrama, Gestalt therapy and systemic family therapy. In body psychotherapy, it is not uncommon to position the patient’s body and then ask for specific movements and even verbalizations that reproduce the original historic scene.

Schubert & Koole (2009) postulate that the formation and maintenance of the self-concept is grounded in the body. “Until recently,” they offer, “most self concept research has focused on cognitive representations and paid little attention to sensory motor states in the self concept” (p. 829). In order to overcome this perceived splitting between mind and reason, and body and experience they postulate an “embodied self concept” that “embraces the influence of all kinds of perceptual, motor, and proprioceptive experiences on people’s views of themselves” (p. 829).

Along similar lines, Mussweiler (2006) has shown that representation of a movement activates cognitive material relevant to the movement. Mussweiler had subjects act and speak in stereotypic ways such as moving like an old person. He found that imitating this behavior elicited more stereotypic thoughts about old people. His conclusions are that stereotypic movements activate the stereotyping of the other and stereotypic behavior elicits more stereotypic words.

Embodied Self-Reflexivity

Within social psychology, the body influencing self-concept is represented in Michal Pagis’ “Embodied Self-Reflectivity” (2009). This paper is of particular interest because the description of self-reflexivity described by Pagis is commonly seen in body psychotherapy: “Self-reflexivity refers to the conscious turning of the individual towards himself, simultaneously being the observing subject and the observed object...” (p. 266). Pagis’ aim in delineating self-reflexivity as such is to “extend our understanding of self-reflexivity beyond the notion of a discursive, abstract, and symbolic process” (language) to a “framework for embodied self-reflexivity, which anchors the self in the reflexive capacity of bodily sensations” (p. 265).

In the classical description of the self, the physical dimension is not considered essential. Pagis contributes that the traditional explanation of self is one “in which the

relation with oneself unfolds through a symbolic medium by way of practices of talking to oneself or to others” (p. 266). An internal conversation is needed to objectify the self. Self-consciousness cannot be achieved directly through experience—a “linguistic monopoly has become axiomatic in sociology”, according to Pagis (p. 266). Pagis offers instead a model whereby self-reflexivity is embodied and in which it is “a process based predominately on feeling the body in which the relation with oneself unfolds through a corporal medium by ways of practice that increases awareness of sensations, such as meditation, yoga and dance” (p. 266). To this list, I would add body psychotherapy. Pagis refers to this quote by philosopher Merleau-Ponty: “At the root of all our experiences, we find, then, a being which immediately recognizes itself...not by observation and as a given fact, nor by inference from any idea of itself, but through direct contact with that experience” (p. 267).

Integrating the Body From Other Disciplines: Neurology, Psychoanalysis, Transactional Analysis, Robotics

Referring to the research of the neurologist Antonio Damasio, Pagis calls for a “somatic self” (p. 267). For Damasio, the central nervous system constantly monitors the organism, producing an unconscious “map” of inner states that gives the organism stability. Yet, whenever the self enters a relationship with an object, a second-order map is produced. This second-order map is made of sensations produced by the body. Through these second-order sensations, the individual senses the present situation and responds by attraction or repulsion. The somatic map is therefore an inner sense that “conveys a powerful message regarding the relationship between the organism and the object” (Pagis, 2009, p. 267). Not only do we sense the world, but also we “sense ourselves sensing the world” (p. 267). These secondary sensations are interpretations that carry meaning to the self. As in Merleau-Ponty’s conceptualization, “they are not just free-floating sensations that require interpretations; they are already interpretations themselves” (Pagis, 2009, p.268). This implies that “certain kinds of meaning do not require thematization or verbalization” (Pagis, 2009, p.268). “Somatic self-consciousness is a semiotic [semiotics being the theory of symbols and systems] process that takes place through a nonverbal, embodied medium” (Pagis, 2009, p. 268). She is offering the idea of a *nonverbal* theory of symbols and systems.

There are earlier descriptions of a body-oriented, non-cognitive sense of self. The psychoanalyst Christopher Bollas coined the term, the “Unthought Known” to indicate anything that we know, but cannot conceptualize (1987). These are things that we have an intuitive or felt sense of but struggle to put into words. According to Bollas, much of the content of the Unthought Known arises from experiences *in utero* through the first three years of life. These early experiences are stored in “self states” due to an inability to store them through the cognitive process. But since for an object relations theorist there is no “self” in utero, it makes sense to reconceptualize this vocabulary into the conclusion that these experiences must be stored in the body.

Another example of an earlier, nonverbally based sense of self is what Eric Berne calls “cognition without insight” (as cited in Waldekranz-Piselli, 1999, p. 38). For Berne, these unconscious insights are the basis of the most important judgments people make about others. In his book, *The Neuroscience of Human Relationships* (2006), Cozolino demonstrates that neuroscience has demonstrated some aspects of the relationship between the body, emotions and the self and in his discussion of the “implicit self” he supports

Berne's position. According to Cozolino, the vast majority of memories are unconscious (pre-cortical) and it is these memories that shape our emotional experiences, self-image and relationships. He points out that the speed of the amygdala in processing information generates a physiological reaction before we are conscious of what is being processed. He calls this the "known and unremembered" (pp. 128-29).

All of this indicates that there is an immediate recognition of a deeper sense of self rooted in the body. For example, at the end of a session, one patient of mine said, "Oh, I can't explain it. Anyway, it's more important to me than it is to you." He had no need to talk about it, understand it or to explain it to me. He "knew" it well enough and it was right for him. Pagis points out after a period of such profound experience, the patient talks less. There seems to be a direct ratio: the more important the experience of the self is on this level, the less important it is to talk about it. It's obvious that these two themes are two sides of the same coin. Because the meaning is inherently "known", there is no need to try to intellectualize it, rationalize it, to explain it and especially to justify it. This is true for both positive and negative experiences. They are accepted as they are.

Surprisingly, we also find support for our shifting paradigm of embodiment in the journal *Artificial Intelligence*, which deals with programming robots and computers. Merleau-Ponty is again called upon to support a form of cognitive embodiment in Anderson's (2003) article "Embodied Cognition: A Field Guide": "Merleau-Ponty argues that perception and representation always occur in the context of, and are therefore *structured by*, the embodied agent in the course of its ongoing purposeful engagement with the world. Representations are therefore '*sublimations*' of bodily experience, '*possessed of content already*', and not given content or form by an autonomous mind. In addition, the use of such representations 'is controlled by the acting body itself, by an 'I can' and not an 'I think that'' (p. 103, italics added). Anderson goes so far as to state that there is no proof that humans even form mental representations!

This body-based, nonverbal, unconscious sense of self can be referred to as an "endopsychic self". It is postulated that there is a sense of self that spontaneously arises within, and exists *a priori*, before experience of the "other". In this formulation, the endopsychic self is more than a self-reflective "somatic self". This self is neither psychic nor somatic but both at the same time, before the split into the somatic and psychic realms, again reminiscent of Reich's functional identity (Davis, 2005). As Merleau-Ponty points out, it "recognizes itself" (as cited in Anderson, 2003). An example of this state is reflected in a patient reporting, "An extreme presence in the absence of myself". In getting past the social self-with-other relationship, she could contact the state of being in relation to herself—a self-to-self relationship.

Brain research by Marcus Raichle offers support for this state. "A great deal of meaningful activity is occurring in the brain when a person is sitting back and doing nothing" (2010, p. 28). Viewed from the outside, what seems like inactivity is actually the brain networking with itself and consuming 20 times the brain energy that is utilized when the brain responds consciously! Engaging in conscious activity increases brain energy consumption by only 5%, while "60 to 80% of all energy used by the brain occurs in circuits unrelated to any external event" (p. 31). Raichle calls this the "default mode network" and suggests that it may be the way the brain organizes memories and various internal systems for future events. Previously, this intrinsic activity was considered background noise. He points out that very little of external sensory input reaches the central nervous system. "Of 10 billion bits per second that arrive on the retina...only 10,000 bits per second make it to the

visual cortex... The findings suggested that the brain probably makes constant predictions about the environment in anticipation of paltry sensory inputs reaching it from the outside world" (p. 31). These data not only supports the ideas of the self-reflective state, but also verifies Berne's view that people are making mostly unconscious decisions, Cozolino's (2006) implicit self and Schore's (1999) understanding that unconscious regulation of emotion is more important than conscious regulation.

Alan Schore's "Primitive Mental States"

Another example of the growing importance of the body in psychotherapy is the research of neuropsychiatrist Alan Schore on the right brain's role in emotional development. The right brain is concerned with affect and the left with logic. The right brain has a direct connection to the limbic system and is concerned with the evolutionarily earlier vegetative nervous system that Reich emphasized in the 1940's. Schore (2006) writes that early affect regulation is the basis of all later relationships. He points out that up until at least the first 18 months of life, the right brain dominates. The left-brain functions of logic, reason and symbolizations do not come "online" until after 18 months and do not dominate until around 5 years old. The conclusion is that the child must learn to regulate himself without logic and reason, without language and symbolization; his self-experience is not represented, it is embodied. It is embodied and organized by right brain functions and, as the research above has indicated, within a broader sensory motor system and probably throughout the whole body.

Schore incorporated these findings from the view of right brain functioning into his 1999 paper on primary and projective identification. For Schore, primary and projective identification are highly efficient systems of somatically driven, emotional communication that are essentially nonverbal. They are early, yet enduring, intra-psychic transmission of psychobiological states between the right brains of the mother and child. The "enduring" component here is of particular interest. Similar to Cozolino, Schore maintains that these early, body-based, emotional, nonverbal communication systems continue throughout life and affect all relationships. "This developmental mechanism (either primary or projective identification) continues to be used throughout the lifespan as a process of rapid, fast acting, nonverbal, spontaneous emotional communication within a dyad" (Schore, 1999, p. 5).

According to Schore, current developmental research does not support Melanie Klein's emphasis on cognitive-based fantasies. Research reveals that infant states are less cognitively complex than Klein indicated and more body-based and sensoriaffective. The particular classes of 'primary' emotions that interested Klein—excitement, elation, rage, terror, disgust, shame, and despair—are nonverbal. It is these nonverbal, body-based "deregulated biologically primitive emotions" (Schore, 1999, p. 7) that are acted out unconsciously in the therapeutic relationship.

As a further endorsement for the role of the body in psychotherapy, Schore emphasizes the therapist's body and emotions in dealing with a subtle, unconscious interaction with the patient and brings up the concept of "somatic transference" and "somatic counter-transference", which are emotional reactions within the therapist's body about the patient's emotional state. Developed earlier, a Reichian concept of this is vegetative identification.¹

¹ In a personal correspondence from September 2006, David Boadella described vegetative identification as the ability to feel the other. It is correlated with mirror neurons. It is a vegetative process, not a cognitive one.

Schore emphasizes that this empathic state is necessary. Concerning projective identification, there must be a “psycho-biological holding” by the therapist of the dangerous, projected, “nonverbal emotions” of the patient whereby the patient can vicariously explore and experience these emotions within a safe context. The therapist must “hold” and “metabolize” these emotions for the patient within her own body so that the patient can take them back again as his own. Havens and Larson comment, “Perhaps the most striking evidence of successful empathy is the occurrence in our bodies of sensations that the patient has described in his or hers and that psychotherapeutic resonance is expressed in ‘specific sensations and/or feelings kinesthetically perceived by the therapist’” (Havens & Larson as cited in Schore, 1999, p.10). This is more than an embodied self. This is “embodied psychotherapy”.

Artificial Intelligence and the Body

One would probably not expect to find support for the importance of the body within robotics, and yet Anderson begins his article in a surprising way. “For perhaps fifteen years in artificial intelligence there has been a re-thinking of the nature of cognition...This new approach focuses attention on the fact that cognition is a highly embodied or situated activity...and suggests that thinking beings therefore be considered first and foremost as acting beings” (Anderson, 2003, p. 92). Embodiment in the field of artificial intelligence is called “grounding”, a Bioenergetic concept further developed by body psychotherapist David Boadella emphasizing that life experiences are located and accessed within the physical body (1987).

This is a radical change from the traditional model of cognition, founded on the idea that the central function of the mind—thinking—is based on the manipulation of symbols. “Foremost is the idea that cognition centrally involves representation [based on symbols that]...stand in for specific...states of affairs” (Anderson, 2003, p. 93). Instead, Anderson offers the opposite position through the writings of Rodney Brooks. Brooks suggests that rather than think of cognition as a top-down model of intelligence, we should instead study intelligence from the bottom up, as an evolutionary function. “As evolved creatures, human beings are largely continuous with our forbearers and we have inherited from them a substrate of capacities and systems for meeting our needs and coping with a given environment” (as cited in Anderson, 2003, p. 95). For Brooks, reason is evolutionary, built on the very same perceptual and motor activities that we see in “lower” forms of life—evolutionarily primitive mechanisms which control perception and action. As Reich suggested, reason does not transcend our animal nature. Anderson agrees, “It is not an essence that separates us from other animals; rather, it places us on a continuum with them” (2003, p. 106). Anderson, as Damasio and Reich have also done, is arguing against the Cartesian model of dualism. As there is no separation between mind and body, there is no discontinuity between animal and human.

Quoting Lakoff and Johnson, Anderson drives home his point:

This is not just the innocuous claim that we need a body to reason; rather, it is the striking claim that the very structure of reason itself comes from the details of our embodiment. The same neural and cognitive mechanisms that allow us to perceive and move around also create our conceptual systems and modes of reason. Thus, to understand reason we must understand the details of our visual system, our motor

system and the general mechanism of neural binding. (2003, p. 107)

Anderson is arguing that starting from the top down, merely creating symbols and representations for the robot, is too limited. There is no relevance because there is no context and context—life experiences—evolve out of and are stored in the body.

An assumption for the concept of embodiment is that without context there is no meaning. Let’s take an example. We are situated in a house that is on fire. All doors are closed, we cannot escape. The only way to leave would be to break out a window. A human in this situation would use a nearby chair to break through the window. A robot would be helpless. In fact even by saying to the robot ‘Use the chair’ he would certainly go to the chair and sit on it. Same problem; a robot would never sit on a stone outside because in his mind sitting is related to chairs. This means that a robot cannot fully understand the concept of sitting because he does not possess a mind related to his body, he only has Shore’s left hemisphere of the brain. To understand sitting one must know what it feels like to be sitting because life is not only based on explicit rules. The concept of sitting must be grounded in the body, be in a context and have relevance for the agent. Then one can sit anywhere: in a chair, on a table, on the floor. Embodiment, which provides a context, is therefore crucial to meaning. (Davis, 2010, p. 8)

The left-brain dominated robot is merely asking the question: “What is happening?” For the embodied human, it is the question: “*What is happening to me now?*” (Davis, 2010, p. 8).

Psychoanalysis and the Body: Intersubjectivity

Schore (1999) points out that there is also a significant shift towards the body in psychoanalysis. Psychoanalysis is moving from focusing on content and biographical material towards context and how the patient feels about himself. There is a change in emphasis from a communication of content and cognition to a communication of affect states. “Thus, both clinical and psychobiological models of projective identification are now stressing the critical role of the communication of internal affect states and process, rather than cognitions and content” (Schore, 1999, p. 2). This change is represented in Mitchell’s *Relationality: From Attachment to Intersubjectivity* (2000). Mitchell recounts a case where his patient recovered a lost memory of when she was a baby: her mother had been in an automobile accident and both her arms were stretched out straight in plaster casts. As a result, the patient had been held at arm’s length by her mother. The patient then understood why she, as a mother, seemed to prefer holding her own baby at arm’s length. To try to understand how unconscious, preverbal experiences can be registered, Mitchell writes,

Something outside of us has been stored inside of us. How did it get there? Analytic theorists have come up with a wide array of terms to account for these phenomena: internalization, internal objects, introjection, incorporation, identification, etc. These terms are often clinically useful, accompanying ways in which something that is external becomes internal. But these explanations seem strained when it comes to accounting for stories like the woman with outstretched arms. Do we really believe that the baby whose mother’s arms were in casts clearly perceived

the relevant features of its mother as objects outside of them, and then, through a sophisticated defense process, established that image as an internal presence, later identifying with that image of a separate other? It seems much more pervasive to assume that such early experiences are not stored as images of a clearly delineated other, but as kinesthetic memories of experiences in which the self and other are undifferentiated. (Mitchell, 2000, p. 22)

In other words, Mitchell is harkening to the Unthought Known.

A large part of Mitchell's book draws from the writings of the psychoanalyst Hans Loewald. Loewald argues that there is language within the womb—that there is no separation between preverbal and verbal. “Language is a key feature of the ‘primordial density’ in which feelings, perceptions, others, self are all parts of a seamless unity” (as cited in Mitchell, 2000, p.8). The infant researcher Daniel Stern's position is that with the advent of language something is gained but something is also lost. Mitchell writes that for Stern, the development of language is a “double-edged sword” (Mitchell, 2000, p.6). For Loewald, there is no ambiguity. “The mother speaks to the infant, not with the expectation that he will grasp the words, but as if speaking to herself with the infant included...he is immersed, embedded in a flow of speech that is part and parcel of a global experience within the mother-child field. While the mother utters words, the infant does not perceive words, but is bathed in sound, rhythm, etc., as accentuating ingredients of a uniform experience” (as cited in Mitchell, p. 8). For Loewald, the experience of language is imprinted in the prenatal state in the body and remains with the child forming the basis for later language development. There is no splitting of preverbal and verbal, of body and mind.

Mitchell also quotes the infant researchers DeCasper and Fifer whose results illustrate Loewald's argument that early experiences are stored as kinesthetic memories. In their study, pregnant women read a story out loud and the readings were recorded. After the birth, the mothers read out loud another story by the same author. It was demonstrated that the babies preferred the pre-recorded story to the one read to the child after birth.

Including the Body in Psychotherapy

Despite the potential problems of body psychotherapy already mentioned, there are distinct advantages to body-oriented psychotherapy that makes significant contributions to the psychotherapeutic process.

The discussion of the relationship between the body and cognition focuses on a classic problem in psychotherapy—working through preverbal experiences. Even Daniel Stern, who has done as much as anyone in the last years to establish an earlier date for the creation of the self states: “...there is no direct route to the subjective level experience other than the later narrative” (p. xxxv). Despite this attitude, body psychotherapy has, for many years, been working with not only the preverbal experiences within the psychotherapeutic setting, but also the *nonverbal*. In fact, the research quoted above is referring to the nonverbal state: positive and negative experiences that register in the organism and cannot be understood in the traditional cognitive, language-based narrative. It shows that pre-cortical experiences are registered in the brain and the body before the ability to reason and speech develops. And these experiences are “enduring”. In a body psychotherapy approach, these early, nonverbal, body-based experiences can be accessed, experienced in the present

adult state in a safe environment, and thereby “known”. Sense can be made of these earliest of experiences but they do not necessarily have to be organized and explained in the normal intellectual formulation of verbal discourse between patient and therapist.

An example of this point is from a patient of mine. She was taking medication for panic attacks, had no work, no romantic relationships and had a dreamy, far away quality when she spoke or looked at me. This quality was represented in her body in a sexless formlessness. There was no definition or contours to the body, only a generalized, non-specific roundedness. She was 37, living with her parents and grandparents, and, in talking with her, there was an overall sense of distance and vagueness as if she wasn't really there. At the end of a therapy session she stood up and said to nobody in particular, “I realize that I always wanted to be somebody!” In this case, she was able to “sublimate” her preverbal content; there was coherent verbalization. But how could she know this? Where did this sense of self come from? How could she formulate it so suddenly, so clearly? It didn't come from a rational thought process. It came from the body's preverbal, body-based self: Damasio's protoself, Stern's emergent self, Pagis' “body as a pre-discursive self”, Schore's implicit self, and Davis' endopsychic self. It emerged with content in the cognitive realm. She re-connected with an earlier, denied, unconscious sense of self rooted in the bodily experience; the embodied self. Because this body-based, early sense of self is not dependent on direct social interaction, a preverbal, unconscious autonomous sense of self emerges. When the patient says, “I realize I always wanted to be somebody”, she is a calling out to become the person she *already knows that she is*.

Cognitive and social psychologies have always viewed the self as language-based and located in cortical activity. As indicated already, research implies that a sense of self exists pre-cortically. For example, some birds that do not have a cortex have been shown to be able to identify themselves in a mirror. The point is that there is a deeper sense of self than the social/relational self. Carl Rogers' client-centered therapy is a good example of moving away from the emphasis on the relationship, and moving inward and focusing on the patient's experience of herself within the relationship. It is also possible to work with a body psychotherapy model of Rogers' principle (Davis, 1999). There are many terms reflecting this movement inward, but these concepts were used in a more limited way and were mostly seen as a form of withdrawal. In the 1950's when it was thought that the baby was inactive most of the time, Melanie Klein used the term “alert inactivity”. In therapy, Anna Freud coined the term “benign regression”. Alan Schore refers to this as “reparative withdrawal” (Schore, 1999, p. 15). In fact, as Mitchell pointed out, psychotherapy is inundated with developmental terms reflecting a movement inward to the self: internalization, introjections, identification, incorporation, withdrawing libido from the object, creating mental/object representations. All of these terms imply a movement inward that too often has the quality of withdrawing from “reality”. In Rogers and in self-reflexivity there is not only a movement inward, but there is a profound somatic-based sense of self that is experienced. It is not a movement away from someone or some experience, it is a movement towards something—the somatic-based sense of self. Body psychotherapy is most helpful in reaching this pre-verbal, pre-relational, body-based self.

A second reason to include the body in psychotherapy is that it provides a new way for the patient to experience himself. For example, under certain circumstances, the patient can literally *feel* his resistances. They arise in the body as muscular and vegetative changes: a tightening in specific muscles, loss of concentration, sudden coughing or sneezing and changes in breathing patterns, eye contact, voice quality and movements. The “problem”

becomes more real; it's not an intellectual concept or a distant memory. And when the patient can feel what he is saying it becomes more trustworthy. In one patient, deep fear came up. He felt the fear, he heard himself crying out in fear and at the end of the session he said that he realized that all the major decisions he made in life—career, marriage, having children or not—were based on fear.

On the other hand, the patient can also feel her denied or undiscovered potential and resources. The woman quoted above who “found” her desire to become herself is an example. Another woman reported feeling silly because she knew it wasn't true, but she felt that she was a “queen”. Working with the body in psychotherapy makes another source of information available to the patient. One woman, whose marriage was breaking up, declared, “I don't need a man, I need myself”. The patient had surprised herself. She was surprised by *her* self.

A third reason is that contained body experiences delete the time lag between the event and the understanding, making the experience more trustworthy, genuine, and real. Embodied experience keeps the self in the present time, informs it in the present moment and the first-person sense. Cozolino points out in *Neuroscience and Psychotherapy* (2002) that “memories in subcortical networks do not age; they remain in their original form” and “flashbacks are always in the present and total system experiences” (p. 229) There is a more direct experience of who one is when grounded in the body, as opposed to the psychotherapy model's conception of trying to understand who one is by understanding who one was. Schore's position of “a rapid, fast-acting”, unconscious, nonverbal, body-based communication system that is used throughout life supports the importance of the present moment understanding of what is happening and that this can only come through the body, the recognition of what is happening to *me now*.

Another reason working with the body is beneficial is that often verbal interaction comes to an impasse. The therapeutic dialogue begins to circle or dissipate. When this happens, it is possible to focus on the body to find a way to get through the impasse without challenging the patient's defenses or making them feel wrong or inadequate. Once the impasse has been resolved, a combination of bodywork and talking is helpful.

And lastly, healthy relationships with our emotions play an important role in body psychotherapy. But as important as emotions are in directing our lives, they are too often unconscious and generally seen as negative and even dangerous. We are taught to control our emotions, which usually means to repress them. Schore's research has shown the importance of right brain regulation of emotions without the participation of the logic-dominated left brain. But as he points out, this results in unconscious emotions directing a great deal of our feelings and relationships.

Therefore another advantage of including the body in psychotherapy is to help patients get in contact with emotions and to “befriend” them, so that they are no longer afraid of or victimized by their emotions. The patient then has more conscious integration and therefore control. Intellectually understanding an emotion is helpful, but too often, not enough. Emotions are to be known, not just understood, and experiencing powerful emotions in a safe manner can be liberating. A patient of mine was frustrated in her life. She was alone and longed to be in a meaningful relationship. Her history was to get into a relationship with a man, deny herself, and try too hard to please him. Her low self-worth always created an over-dependence, which caused her partner to leave. After a profoundly sad experience of deep loneliness in a session, she reported, “I can live with that.” There was deep loneliness in her life that she acknowledged—gave it a place—and as a result, she no longer had to be afraid of it. She could move on in her life despite this loneliness.

A Case Study

After 25 years, I am touched when I recall a patient who suffered from early deprivation. In body psychotherapy, we “read” the body for information as to what had happened to a patient in his past and who he is today. As with any categorizing system, there are flaws and traps. But, when applied correctly, looking at the body, the therapist can gain some insight into the patient and in integrating these insights with what is understood verbally, one can draw an adequate representation of that person.

He was a young, silent, thin, undernourished, boyish looking man, who kept to himself. The distant, cold eyes reflected his distrust of people in general. The early disturbance was seen psychically in the restricted social contact, the loner quality, the sense that “I have to do it myself”. In the body, the undernourished quality of the thinness revealed the lack of early warmth and caring. There was a uniform contraction throughout the body that is understood to be the original contraction, as a child, to a shock and/or a cold and unloving, early environment. In any early, shocking circumstance, the body contracts. Known as the Moro reflex, this contracting reflex pervades the body and it can be seen when a child is held up and then suddenly dropped a short distance. The thin and undernourished quality of my patient represents this “frozen” history: the registration of the pre-cortical experiences in the body's tissue. Technically, “frozen” is not the correct word because, as discussed earlier, what happened in the past is still a living process within the patient. Whatever happened to him years ago is *still* happening now *in the present*. The shock was never released. His undernourished quality is the body's representation of the pre-cortical experiences that are *always* in the present and are total body experiences.

In a residential workshop, I did nine body psychotherapy sessions with him that in this case involved little verbalization and a lot of physical touch. Basically, I did the same each session, working gently on his back and especially along the spine where, in a body psychotherapy understanding, the contraction, his history, is held. The thin verticality of the body represents the deep holding within. At the end of each session, there was the opportunity to talk about the session within the group. Each time, he had nothing to say. He reported that the physical work felt good, but there was nothing to talk about. This continued the whole week. The last session of the workshop, while I was doing the same physical work that I had done all week, he began to cry. As he lay there on his stomach on a mat, I continued to work on his Spinalis muscles with our gentle touch technique and the crying intensified into a deep sobbing.

When we talked at the end of this session, he had something to say: “I was crying because I realize now that my stepmother loved me. I always thought all those things she was doing to me were because she didn't love me. Now I understand it was her way to show that she loved me.”

We had never discussed his stepmother. I did not know that he had a stepmother. But I could see some “story” like that in his body. There was deprivation. It could be the loss of his mother. It could be a combination of the loss of his mother and the appearance of a “bad” stepmother. Or it could be that the stepmother was a “good” mother, but, because of the shock of the loss of the mother, and the resulting contraction, he could not accept the good, substitute mothering, and so felt unloved his whole life. The undernourished quality in the body is the physical representation of this lack.

Where did that memory and transforming realization come from? Where did the emotion of being loved come from? How did he manage to rewrite his history without the

discursive element, to re-structure a primary love-object, while lying on his stomach with someone pressing points on his back? The answer to these questions is obvious; it is all there in the body. He went into “default mode”, a deep movement back to the embodied, and reorganized his concept of himself: I am lovable.

Conclusion

From the discussion it seems that the question of including the body in psychotherapy should be rephrased. It should instead be: why not include the body in psychotherapy? It is a necessary part of developmental themes, emotions, beliefs and the therapeutic process. The body and mind are deeply interwoven. As a result the best approach is a body/mind unity within psychotherapy. “As Damasio pointed out, ‘The brain is the body’s captive audience’” (Davis, 2010, p.2).

APPENDIX

These photos show the physical developments during six months of body psychotherapy. It is clear that the structure has changed as well as the overall sense of self. There are also concurrent changes in his personal life: less substance abuse, additional training for work, living separate from parents and entering a love relationship.

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BIOGRAPHY

Will Davis (1943) is an American with more than 35 years experience. He has a psychology degree and was trained in neo-Reichian Radix work, Encounter Groups, Gestalt therapy and in various alternative healing methods. He conducts training workshops in Europe and before that worked in America and Japan. Will developed Functional Analysis and is considered one of the major researchers in the fields of the functioning of the instroke and of the plasmatic origins of early disturbances. He is on the International Advisory Board for the Journal of Energy and Character and the International Journal of Body Psychotherapy. He is a member of the Scientific Committee of the Italian Society of Psychologists and Psychiatrists and the Scientific Network of the European Association for Body Psychotherapy. He lives with his wife and two children in the south of France.

Email: willdavis@wanadoo.fr Website: www.functionalanalysis.de

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