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Body
Psychotherapy
for the 21st
Century



KARNAC
firing the mind

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INTRODUCTION

The first thing to say about body psychotherapy, perhaps, is that it's not a very helpful name. It is the name we have, and it would probably be impractical to change it; but it seems to imply that BP (an abbreviation I will often use) is *solely* about working with the body, rather than any of the other things that psychotherapy involves. Also, it is rather contradictory, or at least paradoxical: since the “psycho” in psychotherapy refers to psyche – spirit or mind – body psychotherapy literally means “mind healing for the body”.

Perhaps this mixing up of mind and body actually does reflect something real about body psychotherapy: that it questions the neat dualistic separation between these two categories that is often referred to as “Cartesian”, and that has dominated Western culture for centuries. BP comes from a very different perspective that ultimately leads to treating “body” and “mind” as two com-

plementary facets of a single whole, in which all consciousness is embodied, and every living body is (capable of being) conscious.

This way of thinking does not fit easily into ordinary language, which is deeply permeated by dualistic attitudes towards many aspects of reality, and perhaps in particular towards mind and body, psyche and soma. One way in which body psychotherapy addresses this problem is, instead of speaking about bodies and minds, to introduce the term “bodymind”, or even “bodymindspirit”. Another way is to move, as many people in the field have been doing, towards emphasising the concept of *embodiment*.

Embodiment is a double term, meaning both the *state* of being a self-aware organism, something that all living human beings share, and also the meta-level *process* of realising and experiencing that we are a self-aware organism. This process is one in which we are all involved, but that varies in degree between individuals and situations. So this sense of embodiment means the moment-by-moment

experience of our existence as living bodies, with all the joy and grief, pleasure and pain, power and vulnerability which that involves; and a commitment to exploring “the organismic aspect of our being, without which we cannot exist but which we always have difficulty fully accepting” (Totton, 2015, Ch. 1).

Embodiment challenges us to own and integrate the various woundings we encounter in life, rather than leaving them frozen in patterns of bodily tension and avoidance that create a local numbing in our awareness and sensitivity. The reality for each of us will always be a set of compromises, as our embodiment finds ways to make the best of its situation, to preserve as much freedom and flexibility as possible while also protecting us from threat.

This, I think, is a summary of a way of understanding things with which most body psychotherapists would probably roughly agree. The job of body psychotherapy then emerges as one of supporting clients in recognising and re-evaluating

the conscious and unconscious embodied choices that they have made, and opening up new opportunities for relating to the world, to themselves, and to others.

FOUR MODELS

Despite body psychotherapists' rough agreement on the task, they have still developed many different ways of working: schools and modalities proliferate within BP at least as much as they do within psychotherapy in general. To help find a way through this tangle of approaches, in an earlier book (Totton, 2003) I identified three core models for body psychotherapy. Much has happened in the field since then, so that I now need to add a fourth. I think these models can clearly be observed in use, but often without much clarity about how they relate to and in some ways contradict each other. I call them the *Adjustment* model, the *Trauma/Discharge* model, the *Process* model, and – the recent addition – the *Relational* model. They

cut across the boundaries between schools: often all four can be discovered in any given approach, in varying proportions and with varying emphases. I offer them as a tool for grasping and analysing the similarities and differences of schools of body psychotherapy.

Adjustment

This fits least well into psychotherapy, and many feel it should be relegated to the realm of body-work proper where it originated – approaches like massage, yoga, and so on where adjustment and correction are entirely legitimate concepts. The model treats therapy as *corrective*, reorganising and realigning the body to fit a definite norm and thus, it believes, restoring the mind to a healthy and desirable condition. Alexander Lowen writes: “A person’s emotional life depends on the motility of his [*sic*] body, which in turn is a function of the flow of excitation throughout it. Disturbances of this flow occur as blocks” (1975, p. 53). By removing these blocks and undamming energy, one

restores the patient to their healthy “first nature”, as opposed to the “second nature” of neurosis (Lowen, 1975, p. 107).

This model has major limitations. It can be used to crudely privilege soma over psyche, claiming that one should always work from the body to the mind. It also devalues the complex protective and expressive functions of bodily “dysfunctions”, where states of high or low tension can be the best available defences for a threatened sense of self – a realisation that is a major contribution of the “second wave” of BP. It has little room for phenomena like internal conflict and ambivalence. And it assumes the practitioner’s superior understanding of what the client needs, and her right to apply that understanding to the client’s body – literally “manipulating” them on a bodily level.

Every time we say “normal” or “healthy” – and we do say them, however much we theoretically disapprove – we are using the Adjustment model; it is deeply embedded in BP traditions. Many see it as an outmoded relic, which should be abolished;

I used to agree. I now believe we need to respect the persistence, in body psychotherapy, and in psychotherapy generally, of the idea of “cure”: an idea that will not go away. Taking the body seriously, we cannot easily ignore its wish for healing – the client’s body wishing to receive it, and the therapist’s body wishing to offer it.

Every therapist surely has strong notions of good functioning, ideas that constitute their categories of perception. This is amplified in body psychotherapists, trained to respond sensitively to styles of embodiment: inevitably we experience some bodies as enjoyable and positive, others as unpleasant and negative. Like everyone, we have a strong tendency to fit our experience into binary models (Totton, 2011, pp. 12–13). Hence we need urgently to cultivate a critical awareness of our judgements, and steadily extend our acceptance of different styles of embodiment. The traditional Adjustment model can all too easily be used to denigrate many kinds of difference from the mainstream, including sexuality, gender, and “abledness”.

An example of an Adjustment-based BP session: John has been coming for sessions with Douglas for some time, and they have been working on his “ungroundedness” – a stiffness and weakness in his legs, and a lack of connection with his feet, which they have associated with his difficulty in “standing his ground” in the world. Today, Douglas invites John to adopt a stress position – knees slightly bent, but pushing up from the ground into his sacrum, and breathing deeply “into his legs”, that is, imagining the energy of his breath going into them and focusing his awareness on their small in-and-out movement accompanying each breath. “Stay with it,” Douglas encourages him, “keep breathing and feel the stretch.” The posture becomes increasingly painful, but John has learnt to recognise this as a “good pain”. After a few minutes his legs start to tremble with increasing force. “OK,” Douglas says, “that’s great, now gradually relax, come out of it and see how it feels.” For a while John stands, letting his breath move of its own accord, and enjoying a pleasurable

tingling sensation in his legs, feet, and pelvis. He feels relaxed, empowered, and in command, and experience tells him that this will transfer into his life outside the session.

Trauma/Discharge

This powerful theory of traumatic shock and reparative emotional discharge was first formulated in modern terms by Freud and Breuer (1895d), and is currently very popular in psychotherapy. Freud repeatedly describes an external trauma which he characterises as a “foreign body”, like a splinter or a parasite, entering and attacking the child’s bodymind so that it must adapt and shape itself around it (Freud, 1926d; Totton, 2002).

Although Reich does not speak of the “foreign body”, it underlies his conceptualisation of repression, aggression, and resistance. For Reich, our deepest resistance is against surrender and spontaneity: trauma leads us to experience *our own body* as “foreign” – it seems vital to suppress feeling and emotional expression so as to

avoid being overwhelmed, but this can only be achieved by alienating ourselves from our bodies and “senselessly defend[ing ourselves] against the cherished capacity for pleasure” (Reich, 1973, p. 336). Chronic trauma leads to *dissociation* – splitting between different systems, for example feeling and thinking, or different circuits of memory.

If the ruling metaphor of the Adjustment model is straightening a crooked limb, that of the Trauma/Discharge model is expelling a splinter that has created painful inflammation around itself. Usually the body itself does this; and the Trauma/Discharge model sees the practitioner’s role as supporting and encouraging a natural healing. The Discharge part of the model expects this healing to occur through emotional abreaction, the release and full conscious expression of emotions “locked into” rigid musculature.

It is now widely agreed that intense abreaction is only helpful within a strong therapeutic container, and that for certain personality structures it may be damaging. Many body psychotherapists use a

gentler, more gradual approach, avoiding “retraumatizing” the client, and focusing on supporting their strength and competence – managing and integrating the traumatic experience rather than reliving it. But most remain convinced that “post-traumatic symptoms are, fundamentally, incomplete physiological responses suspended in fear”, that “will not go away until the responses are discharged and completed” (Levine, 1997, p. 34; cf. Rothschild, 2000, who shifts the emphasis further from “discharge” to “completion”). There are other approaches not directly within body psychotherapy, like Eye Movement Desensitisation and Reprocessing (EMDR) and Emotional Freedom Technique (EFT), whose practitioners believe we can let go of trauma without having to re-experience it.

Trauma/Discharge is an excellent tool for approaching specific psychological wounds – often conceptualised as “post-traumatic stress disorder” (PTSD). But, again, it has several limitations. It often does not consider how therapy can itself potentially *replicate* trauma, in ways that can be harmful or

useful or both (Ferenczi, 1933), but tends to assume the therapist's role as friend and ally. It often focuses on grossly traumatic events, and perhaps not enough on the universal, subcritical trauma of socialisation. And the model often does not address the complex questions trauma work raises about fantasy and reality and how elements of each become entangled with the other, but can assume a too simple one-to-one relationship between the client's experience and what has historically occurred.

An example of a Trauma/Discharge-based BP session: Gill comes for her regular session with her therapist, Sarah, who notices as soon as she comes into the room that her shoulders are tight and high. She feeds this back to Gill, who says, "Yes, now you mention it I can sense that." She works her shoulders for a minute, but reports, "No, they won't let go – they don't want to let go." With permission, Sarah stands behind Gill's chair and uses her thumbs to press hard on sensitive points in Gill's shoulders. Acting into a role, she commands Gill, "Let go! You have to let go!" Gill is used to this way

of working, and responds: “No, I won’t. I don’t want to.” As Sarah’s thumbs press deeper into the sore muscles, Gill starts to breathe deeply and to yell – “No! NO! LEAVE ME ALONE! I DON’T WANT TO!!” and shakes off Sarah’s grip. She cries deeply while Sarah very gently holds her shoulders, which are now soft and yielding. Sarah sits down in her chair again, and they talk about Gill’s experience of childhood sexual abuse, already shared in earlier sessions, and about a current situation which has brought back feelings from the abuse.

Process

The third model takes the idea of supporting a natural healing process even further – in its pure form it drops the idea of “healing” entirely, along with the idea of anything being wrong.

If you want to help someone ... turn the person inward towards experience. Don't turn them inward for explanations. Don't ask them why they feel that way – you're

wrecking the process right there. ... Don't ask for explanations. You don't need them. You don't need anything. ... Just turn them inwards towards their experience. You don't need to understand a thing.

(Kurtz, 1985, pp. ii–iii)

Using this model, a therapist allows the client's bodymind to act rather than be acted on, and to generate motifs freely and playfully. The ruling metaphor here is perhaps a river that, once undammed, flows powerfully to the sea. In the therapy session one aims to let go of theory, and any concept of fixed states or entities. "Our bodies are us as process, not as a thing. Structure is slowed-down process" (Keleman, 1975, p. 66). A great strength of this is that it avoids privileging the therapist's version of reality, health, and normality that I discussed above. It assumes that trauma and misadjustment will self-repair given any opportunity, and that the most apparently bizarre behaviour can be part of this process. This resem-

bles the concept of “unwinding” in craniosacral therapy (Cohen, 1995, p. 82).

Again there are limitations. Most process-centred body psychotherapies relate uneasily to *state*-based concepts like “character”, “neurosis”, etc. Fritz Perls, for example, insists that instead of trying to identify and treat “the ‘real’ underlying character that the therapist guesses at ... we need only help the patient develop his creative identity” (Perls, Hefferline, & Goodman, 1951, pp. 508–509), reflecting a fear of getting captured by the heavy gravitational field of state thinking, losing one’s capacity to fly freely.

But states are what we mostly inhabit; and state and process are intertwined and complementary concepts, each making sense of and delineating the other (Totton & Jacobs, 2001, pp. 111–112). Just as a cell needs a surrounding membrane to define it, human beings need “edges” (Mindell, 1985) – psychological boundaries that resist change – as our grip on embodiment; while it may be helpful to move through any particular edge, we cannot do without edges altogether.

An example of a Process-based BP session: Philip is talking with his therapist Janet about his relationship with his husband. Janet notices that as he talks, Philip's head is moving in a noticeable and slightly unusual way. She points this out to him – which, as with many people, used at first to cause the movement to stop instantly – but Philip has got used to this approach, and lets the movement continue and develop into a sort of swooping, dipping curve. Janet makes appreciative sounds, and after a minute suggests that they stand up, and that Philip continue the movement and bring his whole body into it. He starts to swoop and dip around the room, with his arms spontaneously coming out from his side; Janet joins him, and for a minute or so they both angle and curve around the room. “Is there a sound?” Janet asks, and Philip starts to make a mournful, warbling hoot that seems to correspond to the movement. Janet hoots back, and soon the dance seems to reach a natural conclusion. They remain standing, and Janet says, “I had the sense that we were birds, is that right?” Philip nods. “Yes,

I felt like a sad, lonely bird looking for its nest.”
“Does that connect with what you were saying
about your husband?” Janet asks.

Relational

It is fitting that this model has an adjective rather than a noun as its name, since it maintains Reich’s emphasis on *the way in which* clients do or say things rather than *what* they do or say. Reading Reich’s case histories we can see his constant alertness to the relational content of his clients’ style of speech and expression, and the powerful use he makes of it.

The model treats embodied relating as the ground of all psychotherapy, including talking therapy (Totton, 2015). It attends closely to the impact that the client’s and therapist’s bodies have on each other, how bodies can cue each other into following an interactional script learnt in early life. Many of us notice how differently we act and experience ourselves with different clients. The relational model offers a way to think deeply

about these differences, and to make use of the responses that we track in our own bodies to shape and direct the work. The ruling metaphor might be an improvised dance where neither of the couple leads, but the pattern is co-constructed.

An example of a Relational-based BP session: Indra is working with Elaine, a fairly new client whom she has seen half a dozen times. The work has been going quite well, but Indra is aware of Elaine's reserve, and wondering whether this is just an initial position or something more deep-rooted. As they talk about various events in Elaine's week, Indra scans her own body state, something she habitually does while with clients; she becomes aware of a sensation of heat in her throat and chest. She encourages this experience to grow by focusing some of her attention on it, and it starts to feel like a red-hot ball of fire – in fact, she finds herself beginning to sweat. While this is going on, Elaine is describing going out for the evening with a group of friends, and Indra realises that she is experiencing the way in which her client is talking as *cool*. Is the

ball of fire in her chest a response to this coolness? It seems rather extreme! But then she realises that one of the friends Elaine was out with is the same person who, Elaine has said in a previous session, told a malicious story about her. “Did you ever sort out that situation with Malika?” she asks. “Well,” Elaine says, “it seemed better to keep cool.” “Did you really feel cool, though?” Indra says. “When I think about it and put myself in your place, I feel quite hot and bothered.” Elaine looks put out and shrugs. “I try to be grown up about things,” she says. “The trouble is that parts of us *aren't* grown up,” Indra suggests; “but I have a feeling you don’t like me saying that.” Elaine sighs. “It’s true,” she admits, “I did feel cross with you for making me remember what Malika did.” “That’s OK,” says Indra. “You’ll probably feel much crosser with me sometimes as we go on, and I want to hear about it.”

The Relational model is necessarily relativist and constructivist in its approach; for example, it asks what effects using any of the four models, including this one, will have on how we present

ourselves for relationship with clients – for the Adjustment model perhaps the skilled and detached expert; for the Trauma/Discharge model the provocateur/midwife; for the Process model the playful partner who may also be slippery and hard to pin down; and for the Relational model itself, the wounded and imperfect fellow human who is willing to put skin in the game and risk their own self-esteem. Each of these ways of relating will be useful with certain clients or at certain times, and not with others or at other times; and all of the above examples of imaginary sessions would be legitimate BP events – conceivably all four modalities could even appear within the same session. I will be saying more about the Relational model in Chapter 3.

WHAT FOLLOWS

This book is a short introduction to a rich and complex field, in which after 35 years' practice I naturally have considerable interest and in-

vestment: a mixed blessing, perhaps, since I am fascinated by details and intricacies that will be of little concern to someone coming to the subject for the first time. I have tried to balance the need for concision and straightforwardness with the need adequately to represent complexity, and at a minimum to avoid misleading the reader.

Introductory texts always raise problems of sequencing, where one passage will not be understood until another has been read, yet to put the second one first would be equally confusing for other reasons. So as not to interrupt the flow, some terms are not fully defined on their first appearance; explanations of many of these will be found in Chapter 3. However I would still encourage you to read the book more or less in sequence, because I think grasping the history of body psychotherapy greatly facilitates making sense of its theory and practice. But of course everyone will have their own preferences about how to read.

Chapter 1 outlines the development of BP from Freud onwards up to the 1990s, when what

we may call, on the model of computer software, Body Psychotherapy 1.0 began to develop into Body Psychotherapy 2.0. Earlier editions have naturally not disappeared, but, as so often, continue to exist alongside later ones: some people are still using XP on their laptops. Chapter 2 gives an account of BP 2.0; Chapter 3 moves from a diachronic to a synchronic approach, focusing on the somewhat imaginary object, “body psychotherapy now”. Chapter 4 then examines various debates and controversies, and peers into the future, or alternative futures, of the field.

At this point I want to express my gratitude to Rod Tweedy and Confer, for asking me to write this book; to the University of Edinburgh, for giving me access to its library as a visiting fellow; to Shoshi Asheri, Roz Carroll, Lidy Evertson, Helene Fletcher, and Emma Palmer, for reading and commenting on a draft (they of course have no responsibility for any errors, though they are collectively responsible for improving the whole); and to all my peers, colleagues, trainees, and

clients, for their essential roles in my process of development as a therapist, teacher, and writer on the topic. Thank you.

SUGGESTED READING

For simplicity, only direct quotations or sources are referenced; however, at suitable points throughout the book, I offer suggestions for further relevant reading. The books below are general accounts, anthologies, or introductions, ending with four books each of which explores one of the BP models I have outlined above.

Marlock, G., & Weiss, H. (Eds.) (2016). *The Handbook of Body Psychotherapy and Somatic Psychology*. Berkeley, CA: North Atlantic.

Payne, H., Koch, S., & Tantia, J. (Eds.) (2019). *The Routledge International Handbook of Embodied Perspectives in Psychotherapy: Approaches from Dance Movement and Body Psychotherapies*. London: Routledge.

- Staunton, T. (Ed.) (2002). *Body Psychotherapy*. London: Brunner-Routledge.
- Totton, N. (2003). *Body Psychotherapy: An Introduction*. Maidenhead, UK: Open University Press.
- Totton, N. (Ed.) (2005). *New Dimensions in Body Psychotherapy*. Maidenhead, UK: Open University Press.
- Dychtwald, K. (1978). *Bodymind: A Synthesis of Eastern and Western Ways to Self-awareness, Health and Personal Growth*. London: Wildwood House.
- Levine, P.A. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic.
- Mindell, A. (1985). *River's Way: The Process Science of Dreambody*. London: Penguin Arkana.
- Totton, N. (2015). *Embodied Relating: The Ground of Psychotherapy*. London: Karnac/Routledge.

1

HISTORY

Where should we begin a history of body psychotherapy? We could justifiably go back a very long way: Richard Grossinger (1995) has shown there are clear similarities between shamanic practices and BP, with connections traceable in particular via mesmerism, while Michel Heller (2012) describes the roots of BP thinking in the whole Western philosophical tradition. (For both, see *Suggested Reading* at the end of the chapter.)

In a brief survey like this, however, it seems