

Except from Body Psychotherapy:

An Introduction

By Nick Totton

CHAPTER 1 What happens in body psychotherapy?

As feelings rush up during the session or exercise, a deep rhythm from the system tries to impose itself and, since the rhythm is more fluent, more coherent than the personality, it will run into blocks posing as attitudes.

(Grossinger 1995, Vol. 2: 194)

This chapter is intended particularly for readers with little or no personal experience of body psychotherapy, whether as clients or as practitioners. Hopefully it will also be of interest to those more familiar with the field. In it, I try so far as is possible to convey the flavour of the work, beginning with some body psychotherapy sessions which are, I think, representative – despite (or possibly because of) being fictional. Case histories and vignettes are of course always in a sense fictional. So much needs changing for reasons of confidentiality, or simplifying for reasons of comprehensibility, that they can never fully describe the reality of what takes place. It seemed simpler therefore to construct some useful fictions to illustrate the range of body psychotherapy work. The chapter moves on to look at accounts of body psychotherapy by clients and by practitioners themselves and finishes with a discussion of the sorts of goals and outcomes which all of these imply.

In this chapter in particular, I want to encourage readers to bear in mind that reading about therapy is always stirring; and reading about body psychotherapy, particularly if you have never experienced it, is particularly so. You will be reacting in part mentally, but also in an embodied way, with feelings, sensations and impulses to movement. All of this is valuable information, which can enormously enrich your understanding of what you are reading. So go slowly, breathe, and let yourself have your reactions.

Six sessions

The following descriptions of therapy sessions are all

imaginary, and not based on any specific clients (or practitioners). Each, though, is fairly typical of a particular style of body psychotherapy. They are intended to give a simplified impression of some of the sorts of things that are likely to happen when people do body psychotherapy together.

Session one

Alan arrives for his weekly session with his therapist, Judith, with what he describes as a 'blinding headache'. He starts to tell her about his week, but the headache makes it hard for him to concentrate. 'Perhaps we should focus on this headache first?' Judith suggests. 'Can you tell me more about exactly what it feels like?'

Alan is familiar from previous sessions with focusing on bodily states. He pauses to clarify his internal perception of his headache, and Judith notices that as he does so he screws up his eyes and pulls his head and neck back into his shoulders, tortoise-fashion. 'I feel it mostly around my eyes and forehead,' he explains slowly. 'It's a stabbing pain ... As if someone was driving a nail into my forehead.'

'Perhaps you could show me?' Judith suggests. 'Show me how you would do that to me – how you would drive a nail in to make me feel that sort of pain.' She stands up and Alan responds by standing up and moving over to her. He mimes holding a nail to her forehead between her eyes and hammering it in with his other hand. With each 'hammer blow' he makes a growling sound, pulling his teeth back as he does so.

Judith briefly considers a few alternatives. She could ask Alan to make more noise, and support him in a stronger physical expression of aggressiveness and violence; it might be that suppressed anger is behind his headache. She could also explore with him whether there is a relationship issue involved here: Alan seems very involved in 'hurting' her, and perhaps this is expressing something important about the therapeutic situation. What she decides to do, though (and this decision only takes a few seconds) is to explore directly the 'purpose' of the headache. 'So I'm Alan, and you're now Alan's headache – you're the part of yourself who's giving him the headache,' she suggests. 'Can you tell him why you need him to have this headache?' She speaks directly as 'Alan' to the 'headache-maker': 'Why are you doing this to me? What do you need?'

Alan lets himself respond instinctively, without working it out. 'I'm trying to distract you,' he growls. 'I need you to stop

thinking about things. Stop it now! STOP THINKING!' As he gets more and more impassioned, he carries on 'hammering' at Judith's forehead.

'What will happen if I think?' Judith asks, still in the role of 'Alan'. 'What is it I mustn't think about?'

'About Sue!' Alan shouts. Sue is his partner. 'Stop thinking about—'

'About what?'

'About leaving Sue!' Alan is shocked by what he has said. He stops 'hammering' and stands, breathing deeply and looking a bit dazed.

Judith suggests that they both sit down again, and stays quiet, giving him time to recover. She remembers that when he arrived Alan described his headache as 'blinding'. Now they both know what it was meant to blind him to, she thinks. Although on the one hand he wants to end his long-term relationship with Sue, he is also frightened about the consequences and would rather not 'see' his own dissatisfaction. As they start to talk this through, Judith feels dissatisfied. She starts to feel a slight headache herself. Experience tells her that this sort of symptom – especially when it echoes the client's process in this way – is generally there to alert her to something. What is it, she asks herself? Then she realizes 'in a blinding flash' that she and Alan have both been treating his headache as essentially negative, a force which is trying to cover up his real feelings. This is not how Judith thinks of symptoms in general. In her experience, they always have a positive, creative function if understood fully. And, she further realizes, in this case the positive function of the headache was to bring Alan's 'blindness' to the attention of both of them: to open things up to the light, rather than to hide them away.

When she shares this new viewpoint with Alan, though, it creates some tension. He resents what he sees as her tendency to 'think too much' about every detail of what happens. 'Well,' Judith points out, 'that's what you were saying when you were hammering away at my head – “Stop thinking!” Perhaps it really was my head you were hammering at, as well as “Alan's”?' Yet another aspect of Alan's symptom emerges: its relevance to issues in the therapeutic relationship, which will be taken up in further sessions.

Session two

Clare arrives on time for her session with Marsha and follows the usual pattern which has developed between them: after a

few minutes to say hello, re-establish their relationship and share any important news, Clare moves from her chair to the mattress and lies on her back. Marsha kneels quietly beside her, and Clare relaxes, brings her attention within herself, and starts to focus on her breathing. Early in their work together, she felt very strange and self-conscious at this point, but by now it feels reassuring and safe, an important part of her week.

'Yes,' Marsha says softly, as she has often said before, 'just relax, let your breathing happen – invite it to deepen a little, go just a little further with each outbreath, each inbreath.'

Clare finds her breath responding to Marsha's encouragement without any conscious effort on her part. As her breathing deepens, she feels her body 'wake up' in response to the extra energy running through it. Her arms and legs start to tingle slightly, and she becomes warmer. 'My throat feels tight,' Clare says. She coughs once or twice, and rubs her throat with her hand.

'How about if I do that for you?' Marsha suggests. When Clare nods, she puts her own hand gently on Clare's throat and rubs upwards towards her jaw. Marsha is feeling sensitively for the tension in her client's throat, and soon a bout of deeper coughing is provoked, with Clare's body jackknifing slightly at the waist. 'Yes, that's it, let it come,' Marsha encourages, knowing that – unlike some people – Clare responds positively to verbal support. 'Let the sound come through.' Clare's cough turns into something more like a growling roar, but to Marsha it sounds muffled and she notices that Clare is squeezing her hands into fists and raising her shoulders. Marsha quickly finds a small cushion to give her, and Clare squeezes and twists the cushion as she yells and shouts more freely. Using her hands like this helps to open up her voice, as if she is moving the 'strangling' impulse down from her own throat into her hands and out into the cushion.

'Are there any words in there?' Marsha asks. She suspects that it is not just angry sound in general which Clare has 'strangled', but specific angry statements. At first there is no response, but when she asks again, Clare starts to repeat, 'Leave me alone, leave me ALONE,' squeezing the cushion in rhythm with her words. After a while the volume starts to ease off, and Clare gradually relaxes until she is lying back weeping gently and still whispering 'Leave me alone.' Marsha murmurs encouragement and support, and strokes her arm. After another minute, Clare takes a deep, spontaneous breath and relaxes fully. Her breathing is even, full and calm. Her eyes are closed. Marsha waits patiently until Clare is ready of her own accord to 'come

back into the room' and talk about what has happened, making connections with issues and themes in her life.

Session three

James has been in twice-weekly therapy for two years, focusing especially on his father's physical violence towards him when he was small, and the ways in which this has affected James's life. Alan, his therapist, knows that there is a lot of pain stored in James's body, but he has been very cautious about tapping into it, since he does not want to restimulate James's feelings until the situation feels safe enough to contain them. However, the two of them have recently worked through a lot of James's suspicion and mistrust of Alan, so Alan has been wondering whether

some of James's traumatic material might be going to make itself felt. Partway through the session James says, 'I'm feeling quite frightened. Not of you, though – I trust you a lot more now. But there's a nagging fear in the background, under the surface.'

'How do you know that you're frightened?' Alan asks. 'I mean, what are you experiencing that feels like fear?' He is inviting James to connect with his bodily experience and this is what happens.

'Well, I'm feeling cold,' James replies slowly, 'and I have butterflies in my tummy, except they feel more sinister than butterflies ... Can't catch my breath properly ... Chest feels strange ...'

'Strange how?'

'Like ... Like ... It feels frozen. Black. Feels like a frozen black lake ...' James is becoming distressed.

Alan can see that he is pale, breaking into a sweat and his voice is laboured as if he is struggling to breathe. Alan keeps his response calm and relaxed. 'Uh-huh. That's great, James. A frozen black lake. Just stay relaxed and tell me, what would be the opposite of that image? Can you visualize something that is the opposite of a frozen black lake? What comes to mind?'

James is silent for a moment. 'A sunrise ... What I see is a sunrise – you know, all red and orange and yellow, everything opening up and warming up ...'

'Good, a sunrise, that's beautiful. Stay with that image, James. And tell me what you're experiencing in your body now,' Alan says.

'Still cold, but it feels a little easier.' James is visibly less distressed, but still pale and constricted. His breath has become

deeper. 'Not butterflies in my tummy ... Bats ... Like bats in the belfry! Trying to fly up into my chest ...'

'Is it OK to let them fly up? Fly up into the sunrise?'

James pauses to check this out internally. 'Yes, it feels OK ... I'm letting them fly up ... Makes everything shaky though ...'

Alan can see that James's chest and torso are indeed starting to tremble. He recognizes this as a positive sign that the body is discharging stored distress. 'Great, James, that's fine – let the shaking happen ... Let the bats fly up and away ... Let yourself shake, yes, that's great, let it spread.' The tremour spreads from James's chest into his shoulders and arms, becoming stronger and fuller. Alan supports and encourages James in allowing this, until it dies away naturally. James is breathing in deep sighs which gradually settle down along with the shaking. His eyes have closed.

'How are you feeling, James?'

'Good,' James says slowly. 'I feel pretty good ... Strange but good. Relaxed.' Alan knows that they have embarked on the next stage of their journey together. Eventually James may connect up his bodily sensations and his imagery with memories of painful events, but this can come gradually, in its own time.