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Body work and psychotherapy – Nov 2023 - Dave Spenceley TSTA

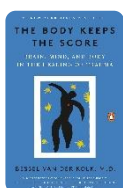
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TA psychotherapy and body work.

As TA practitioners the discussion regarding touch is in the context of core TA values of OK – OK relationships, open communication and the contractual approach. Therefore, touch within the therapeutic work is no different from all other aspects of the therapeutic endeavour. Our experience as therapist and client is open for discussion – and is approached with an attitude and intention of exploring the client's world and their experience together, promoting autonomy, intimacy, relationship, and spontaneity.

As humans we are thinking & feeling, an embodied living experience, of relationship to ourselves – others and the world around us.

Touch: Touch is a normal relational / human expression of contact from one person to another: Therefore, the question is not should we touch – rather it is how and when and why we touch. Or if we decide not to touch – what is the reason and intention in withholding the touch.



The Body Keeps the Score – by Bessel van der Kolk, which is currently an extremely popular book the author has an all to brief section on the importance of all those recovering from trauma needing to attend “body work” sessions in order to deal with their trauma, and to find ways of re-entering and owning their embodied lives.

- All emotions / thoughts / actions and reactions / relationships are embodied – therefore the body is central to psychotherapy.
- The therapist may well ask: Where in your body do you feel the sadness, the anger, joy, scare etc?
- Much of our psychological organisation, experience and wholeness comes from our physical sense of being in the world.
- There are no thoughts or feelings without the body and no body without feelings and thoughts – so to approach one is to approach all.

The therapists focus of attention is on embodied experience of the client – can be through seeing / hearing / touch – all of which have a number of functions: Evocative / stabilising / nurturing / relational.

- Touch to notice / bring awareness to / heighten awareness of / focus on an embodied experience.

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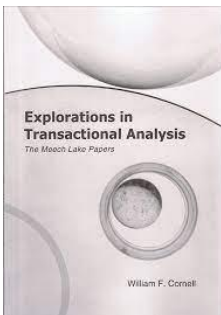
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- Touch to support / focus the expression of emotion / sensory motor organisation and expression. This can be many forms- to stand supportively against the clients back while they express their rage / thoughts / or providing a person / object to to push against / to pull away from / to kick / to hit a cushion. Normally with accompanied by verbal expression / screams / shouting / noises or words.
- To experiment with different modes and patterns of contact and withdrawal.
- Touch to nurture / sooth / hold / affectional / reparative touch an aspect of holding that was missing from infancy.
- Touch providing containment or grounding – offering a hand to hold / to push against / making eye contact and suggesting the client breathes.
- To provide a real physical presence of another in contact-full relationship with the client – through holding / hugging / pushing against – all with eye contact / verbal expressions.

The client has an opportunity to initiate action and direct physical contact and to be in charge of what happens, with and to their body. The goal is for their body to once again become a resource for the client.



Bill Cornell: Body Centred Psychotherapy – the Meech lake papers – an excellent and important collection of Bill’s writing – perhaps the best of TA’s writers although others would also make a claim for that award – if there was such a thing. If I was making the award Bill would certainly win it – closely followed by Richard Erskine and with apologies to all the other great writers!

Bill describes how the central organizing premise of the body centred psychotherapies is that psyche and soma are indivisible in healthy cognitive and emotional functioning and that direct attention to cognitive, emotional and bodily experience must be actively included within the therapeutic project.

- A central therapeutic principle that somatic processes, such as sensate experience, sensory-motor development, muscular movement and structure, all constitute forms of mental organization and function, which underlie subsequent cognitive development and are essential to health and vitality. Body work is slow – “I tend to introduce the idea of body work and explore this before actually doing it” – note Bill’s approach is not to do body work to provide physical comfort / nurturance – as that can be contrary to the psychotherapeutic work.

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- The therapeutic goal is for the opening of emotional experience and motoric freedom to develop a liveliness and gracefulness of the body.
- Boadella (1997) described the extension of the field of therapeutic attention and intervention in the body-centred modalities to include work with movement, breathing, body image, emotional expression, channels of contact, touch, and language. Perhaps more than any other characteristic, the direct work with the actual movement and activity of the body within the therapeutic session distinguishes body psychotherapy from other psychotherapeutic modalities.
- Reich (1949) sought to bring the patient into the subtle and immediate experience of bodily process. It is as if the person has put on armour – which protects from un-pleasure however also reduces libidinal and aggressive motility and capacity for pleasure and achievement.
- This section also includes a clear description of the characterological defensive structures:
 - Schizoid – in the face of severe / chronic rejection and hatred and develop to avoid disintegration.
 - Oral/depressive – in the face of chronic deprivation of emotional / relational needs, and are aimed at managing anxiety of abandonment.
 - Psychopathic (note; not sociopathic) defence is against being overwhelmed / overtaken by the others needs and emotions and are an effort for rigid control to prevent enslavement.
 - Masochistic: In the face of highly conditional patterns of affection – love being transformed from passionate attachment to loyalty and submission. Masochism therefore crushes the persons own impulse so as not to be judged and the shame that follows.
 - Narcissistic and Hysterical defences are developed in the face of parental rejection of the child's love, individuality and autonomy as a result the child fears losing the self as the condition for love and secure relationship.

Body work from the TAJ's

William Cornell: Wake up Sleepy: Reichian techniques and script interventions: TAJ: April 1975 TAJ 5.2 One aspect of the rapid growth of transactional analysis has been the continuing exploration and integration within the TA treatment structure of techniques developed in other therapeutic modalities. This paper considers the use of body-oriented methods of therapy, derived from the work of Wilhelm Reich and his students, within the theoretical framework of TA. Awareness of a client's gestures, posture and nuance of

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expression has always been important to transactional analysts. Steiner, in referring to Berne's attention to sphincters and Reich's concept of character armour, suggests that postural patterns may be learned to support adherence to parental injunctions. Berne describes relationships between various muscle groupings and their movement to the ego states and their functions. Transactional analysts use observations of a client's bodily movement and musculature for primary diagnostic purposes. Reichian techniques, on the other hand, work directly on the client's body to soften muscular restriction and to trigger emotional discharge: Awareness of a client's gesture, posture and nuance has always been important in TA.

Richard Erskine: Script Cure: Behavioural, Intrapsychic, Physiological. TAJ: Vol 10, April 1980: Script is a life plan based on decisions which limit a person's ability to problem-solve and relate intimately with people. An integrative therapy view of script cure emphasizes changes in overt and internal behaviour, the cognitive processes, the emotional experiences and the physical restrictions carried within the body; In this excellent and key article Erskine reviews what is meant by cure, he describes behavioural cure and intrapsychic cure, and importantly goes onto say: "Therapy aimed at the behavioural and intrapsychic cure does not account for the pervasive physiological aspects of the script and since rigidity in the body represents a limitation in being the somatic aspects of script need to be an important focus of script cure". When I engage in body script work the treatment goal is to energize the body tissue which was inhibited and rigidified in the repression of unmet needs and primal feelings.

Suzanna Ligabue: The somatic component of the script in early development: TAJ 21, Jan 1991: This article integrates transactional analysis theory and neo-Reichian perspectives. Following a developmental model, the author describes how the child may tense and relax the body physiologically in a comfortable and healthy environment, one with an optimal level of frustration. Traumatic experiences and excessive or unpredictable frustrations are linked to chronic muscle contraction and retraction. The child establishes a gestalt, with specific feelings, thoughts, muscle tone, and levels of energy that maintain the script in its structural form. Clinical manifestations of body scripting and phases of treatment are considered. A case example is provided to illustrate this process: An excellent review of the development of TA concepts regarding body scripting and body work... "The body holds injunctions, prohibitions,"

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“The body is the guardian of both the most deeply hidden or denied feelings and those which are permitted and expressed.” The article also emphasises the need for use of body awareness when making the diagnosis of the client and also describes some techniques the author used

Physical contact in therapy... Geib (1998) outlined several criteria that guided a positive experience of physical contact, as reported by the clients:

- the therapist provided an environment where the client felt that she, rather than the therapist, was in control.
- the therapist was clearly responding to the client’s needs, rather than his own; the therapist encouraged open discussion of the contact, rather than avoiding the topic.
- the therapist made sure that physical and emotional intimacy developed at the same pace, rather than being insensitive to the issue of timing.
- Therapists within the humanistic tradition who advocate the use of touch in psychotherapy often frame these interventions primarily within the context of the therapist providing a corrective emotional experience of holding, nurturance, comfort, or soothing.
- However, physical contact provides a broad range of functions beyond that of comfort. These include the focusing and deepening of self-awareness and emotional experience, experimentation with patterns of contact and withdrawal, facilitation of sensory-motor organization and activation, sensate stimulation, and provision of somatic structuring.

K. Cecilia Waldekranz-Piselli: What do we do before we say hello? The body as the stage setting for the script. TAJ: vol 29, Jan 1999: An exploration of how one can change our script at its core by being aware of how one emotionally and physically structures, enters into contact with the world. A consideration of body orientated interventions and defences.

Why Body Psychotherapy – A great discussion between Bill Cornell and Michael Landaiche – TAJ 2007 – also in Bills book – if you don’t read anything else read this!!

Embodied Trauma – Using sub-symbolic mode to change protocol in traumatised clients – Caizzi – TAJ 2012 – work with tortured clients described.

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Books:

1. **Affect Regulation and development of the self... Allun Schore:** As the title suggests this book details in depth the importance of relationships and emotions in the organisation and development of the self... an amazing complex and detailed book.
2. **The body remembers... Babette Rothschild:** A discussion of how the brain organises the bodies response to stress and trauma.
3. **The Interpersonal World of the Infant: Daniel Stern:** A description of sterns view on the development of the infant. In this significant contribution Stern changes the view of child development to one based on an assumption that the child has a sense of self at birth.

“Infants begin to experience a sense of an emergent self from birth. They are pre-designed to be aware of self – organising processes. They never experience a period of total self / other undifferentiation. There is no confusion of self and other in the beginning or at any point during infancy. They are pre-designed to be selectively responsive to external social events and never experience an autistic like phase.

During the period of 2 – 6 months the infant consolidates the core sense of self as a separate, cohesive, bounded, physical unit with a sense of their own agency, affectivity and continuity in time. There is no symbiotic like phase. In fact, the subjective experiences of union with another can occur only after a core self and a core other exists.”

The four senses of the self. Each one defines a different domain of self-experience and social relatedness.

- a) The emergent self, 0 – 2 months. In which the infant responds to the environment and develops their sense of self.
- b) The core self, 2-6 months. The infant appears in social interaction to be an integrated whole. They are controlling their own actions, own their own affectivity, with a sense of continuity and a sense of others versus others.
- c) The subjective self, 7-15 months. In this phase the infant develops a sense of themselves with others. Including attachment.

- d) The verbal self, 16 months +. During the 2nd year language emerges. A new medium to exchange with others and create shared meanings. Language causes a split, an alienation, in the self between the verbal self and the emergent, core, and inter-subjective relatedness, all of which continue to have experiences.

Attachment theory - Bowlby 1951 wrote that mother love in infancy is as important for mental health as vitamins and proteins are for physical health. Individuals with any kind of psychiatric disorder always show a disturbance in their social relationships.... This has been caused by disturbed bonding in childhood. There is a general tendency in infancy to seek attachments. The strength of attachment refers to the intensity of the behaviours, the security to confidence the child has in the attachment figure being there when needed. (Nb. Famous experiments with monkeys by Harlow and Zimmerman 1959, the warm cloth mother was more important than the wire but feeding mother)

There are 4 types of attachment as defined by Ainsworth following equally famous experiments with the “strange situation”:

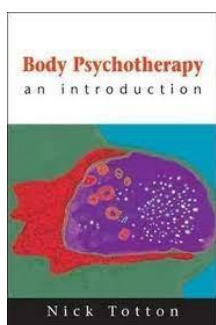
- a) Anxious – avoidant. (Indifference to relationships.)
- b) Anxious – resistant. (Ambivalent re relationships)
- c) Chaotic / disorganised / disorientated attachment indicates likelihood of abusive history where care take is feared as a cause of harm / pain / fear.
- d) Securely attached.

Explorations in Transactional Analysis – The Meech Lake Papers – William Cornell – This book is a collection of articles Bill wrote while staying at retreat in Meech Lake – most have already been published in TAJ’s or other forms. –

Section 3 has 6 chapters on “body psychotherapy” -

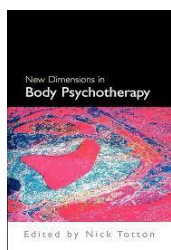
Bucci – quoted by Cornell – **Note** similarity to memory – implicit and explicit memories. Sub-symbolic organisation – central to knowledge of body and emotional self-experience. This is the area of organisation which is none language – motoric / sensory / affective – these can be described with language but are

experienced none verbally – e.g., our experience of swimming / walking / running / riding a bike. Symbolic non-verbal and symbolic verbal are later developmental stages for the infant's organisation of the self. The symbolic none verbal is full of imagery and none verbal communication / behaviour – which is used to make meaning – which can be brought into the verbal / language realm.



An introduction to Body Psychotherapy – Nick Totten (2003) – A basic introduction to the different methods and frameworks for body psychotherapy with some excellent case stories to illustrate how and when different approaches to body psychotherapy can be effective. Probably the book to read first, prior to using body work with clients.

Differentiates clearly between psychotherapeutic body work and other approaches to working with the body such as massage and other physical treatments such as dance therapy – all of which can be used alongside the psychotherapeutic endeavour.



New Dimensions in Body Psychotherapy – edited by Nick Totten - An essential read for anyone interested in working with clients in a body orientated psychotherapeutic approach.

This book starts with a brief review of the history of the place of body psychotherapy and then explores the exciting new world of neuroscience and the information we have about infants – recognising emotions in their caregiver and making faces to express their own feelings in the first weeks of life.

There follows a really interesting chapter on transference being embodied – and countertransference as being embodied responses – and I am reminded of the line – “Finding the client within” – An emotional / cognitive / embodied experience of transference / countertransference. The therapists subjective body / mind / emotional experience informs him/ her about the other.

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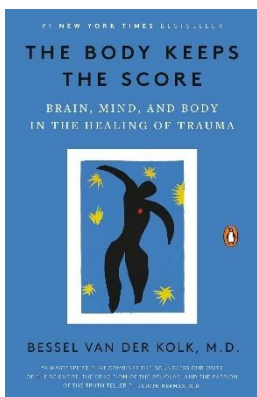
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The ethics of touch – an excellent chapter on the dilemmas concerning the ethical use of touch by David Tune.

I would ask – is it ethical not to touch clients... Touch is a normal relational / human expression of contact from one person to another: therefore, the question is not should we touch – rather it is how and when we touch.

Differentiates clearly between psychotherapeutic body work and other approaches to working with the body such as massage and other physical treatments such as dance therapy – all of which can be used alongside the psychotherapeutic endeavour.



The Body keeps the Score – has an all too short a section on body work and its importance for healing trauma.

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