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# *Why the Body in Psychotherapy?*



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*The advantages of working in a body-focused manner include not only direct physical work to relieve blocks and tensions experienced in the body, which may express underlying psychological problems, but also access to the information that the body may provide of emotional processes and historical traumas. Using case vignettes and clinical observations, NARELLE MCKENZIE describes her work as a body-centred psychotherapist.*

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**R**ecently a friend and colleague asked me why, as a psychologist, I would bother working with the body. It is now almost twenty years since I first trained in Radix body psychotherapy and having worked with this modality for this length of time, my immediate response was *'I can't imagine working without the body.'* Nevertheless the question stimulated my thinking, pressing me to articulate my reasons.

### **The embodiment of consciousness**

All of our thoughts, actions and emotions are expressed by our body. The same life force underpins all of these expressions. In Radix therapy we call this the 'radix', meaning the root or source. Hence mind and body are false dichotomies; we cannot split what is happening in the mind from what it is happening in the body.

For example, if a client is suffering from depression, they are likely to have unrealistic goals, a low self-esteem, a lack of faith in themselves, and a general lack of responsiveness to the world. All of these behaviours and thought processes will also simultaneously have parallels in the body. The obvious manifestation of this will be a low energy level; depressed people are usually shut down energetically. They are like a stagnant pond.

If I work with the *body* in psychotherapy to treat depression, then while I am talking with them I also work to get their energy moving and to sustain it. This may involve massaging their body in such a way that they can relax and their energy can flow. Or it may simply involve reflecting and/or mirroring back the postures and expressions I observe and playing with changing these. It might involve engaging the client in some active physical, energetic activity in the session so that they actually *experience* how different they feel as their energy starts to flow.

In doing any of these activities, both the therapist and the client may notice some chronic tensions that inhibit the flow of energy. Or alternatively there may be a lack of physical energetic boundaries. Without such boundaries there is no container for the energy so it can't be sustained. A client of mine, Jim, had been depressed for many years. Although very tall and apparently strong looking, he has a very soft body and has lived a large part of his life dissociated from his body. When he started therapy, he had little sense of where his body ended in relation to the rest of the world. He would bump into objects and get bruised. Over the last six months in our sessions we have focused on building a sense of a physical body boundary for him. He can now feel the periphery of his body, where he ends and I begin. Significantly, with a sense of having a physical container, he finds that for the first time in many years he can cry.

When he lets himself sob, he no longer feels depressed.

There are however, subtler ways of working with the body. Generally, if someone has very unrealistic goals of how they should be, they either live in the past or the future. They may constantly compare themselves with how they were when they were younger or berate themselves for the mistakes they made yesterday or last month. Or they may gaze wishfully into the future with the desire that all will be better then or contemplate how it will be worse. It is no good just telling someone who does this to be in the here and now. It is not that simple. They are not in the present and have difficulty staying in the present because that means they have to accept where they are and what they feel and think right now. Training in body-centred therapy teaches one to discern manifestations of not being in the present, and how to work with these processes to assist clients to come into the present and to identify when and how they 'go away'.

Another example of how the body embodies our consciousness concerns assertion. Many of us have attended assertion training that teaches us what words to say and even how to say them. But the words are hollow if one's body is not fully congruent with what one is saying. I may assume assertive postures and behaviours, but unless I experience my body internally as congruent with what I am saying and doing externally, then the assertive words and behaviours are ineffective.

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### **Being 'in' one's body.**

We all walk around with a body but it is surprising how few of us actually fully inhabit our bodies. Most of us are unconsciously dissociated from our bodies to some degree. What this does is reduce the aliveness and vitality that we feel. This is more than merely being extroverted; one can be fully alive even when doing something quiet like meditating.

People who disconnect from their bodies also lose a crucial gauge for evaluating people and situations. They may lose the possibility of physically protecting themselves. Being fully in one's body is also important in decision making. For example, when plans are made involving only one's intellect, rather than one's head *and* heart, the decision lacks conviction.

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The effects of this kind of dissociation are seen readily in cases where there has been abuse and trauma. A few years ago some colleagues and I wrote a paper titled 'Yes, I do have legs', which addressed the question people sometimes ask of one who has been attacked or abused: 'Why didn't they run away or fight back against the attacker?' Often the answer to this is that the person attacked had legs but had no sensation in them and no awareness of them. Once they would have, but after some earlier abuse it became too painful to stay in their bodies and feel the pain inflicted on them so they dissociated. Later, if attacked again, when they need to feel their legs to protect themselves and run away or kick, they can't so they become re-traumatised. The adult client, after effective verbal therapy, may fully understand cognitively that they have a right to fight back but the body/physical manifestations of the abuse need to be addressed so that they can do so.

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After a session with Lillian, a young woman client who had a severe history of trauma, I suggested that when travelling home on the bus she sit next to a little old lady. She looked at me rather surprised and said 'How will I know if it is a little old lady?' She didn't look at people when she got on the bus. She feared that if she looked at anyone, they would see right through her. So we extended the session a little and I taught her how to push people away with her eyes, and how to nail passengers to the window of the bus with her eyes. Going home on the bus she practised this, and in doing so was able at least to look up and around and see who might be a safe person to sit next to.

### **Therapeutic tools and interventions**

Working with the body greatly increases the range of diagnostic tools and interventions accessible to the therapist. In addition to the common tools of empathy, transference, reframing and the therapeutic relationship and so on, one also has the body structure and body functions such as breath, sound, touch and movement to observe and work with. Working with these physical therapeutic tools brings simplicity to the work at the same time as it offers depth

For example, clients often come to sessions complaining

about being confused about what they want or what they should do. In body psychotherapy, this can literally be a consequence of different segments of a client's body expressing different things. Wilhelm Reich (1945), the father of bodywork, divided the physical body into seven segments corresponding roughly to the chakras of the Eastern approaches. Each of these segments can express functionally different attitudes and expressions; one's mouth can be smiling while their eyes are looking fearful and their chest is held high with unexpressed anger. It is not surprising then that they don't know what they feel or don't know which expression to trust.

Tony, a young male client, exemplified this process. He came to a session feeling very confused about committing himself to a long-standing relationship. His eyes looked sad, his mouth looked tight and angry and his chest was deflated and immobile. He said he felt scared to commit and whenever he thought of doing so he felt angry. This didn't make sense to him and he was confused. He believed that he really loved his partner.

In working with Tony over several sessions I assisted him to express one feeling in all of his body, to be congruent from the top of his head to the tips of his toes, if only for a moment. Eventually, he was able to stay with the sadness in his eyes, and let his mouth droop with the same sadness. He began to breathe into his chest and with this mobility in his chest he began to sob. He recalled being abandoned as a child by his mother whom he loved dearly. It had broken his heart and he didn't want to feel that sadness or vulnerability again. The time it took Tony to be able to connect to this sadness in sessions and to fully experience it, showed him how hard it had been to surrender to his old sadness. Blocking the sadness to protect himself had stopped him from making a commitment in the present, but accessing his sadness enabled him make physical and experiential sense of his cognitive reality once head and heart were united.

### **'Knowing' and 'Knowledge'**

There is a great difference between knowing something with only one's head and knowing it in one's whole being. We live in an age where there is a lot of information about every aspect of our lives. How do we know what to trust and what to feel and do? The right information seems to keep changing, and each of us has to return to our own individual experience and discover what it means for us. If one does this then one lives from a solid base of knowing, rather than merely an intellectual understanding that is easily challenged the next time new information arrives. Integrating body psychotherapy with traditional approaches enables this 'knowing' to occur. Gains made are embodied in the whole person, not just their mind. Working in this way may take a little longer but it can be very enriching for both client and therapist.

I have been working with Michael, another young man, for three years. When he first came to see me he was completely

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cut off from his experience of his body. He didn't know what he felt and his psychiatric history had him diagnosed as a schizophrenic/borderline. Over the years of our work together Michael gradually embodied his experiences. He started to feel temperature for the first time in his life, and after nearly three years of therapy he could identify what he was feeling emotionally and physically in his body.

Throughout this time a regular theme of our work has been Michael's relationship with his mother. He was terrified of losing her support in his life though at the same time he was furiously angry with her for denying the validity of his perceptions and experience when he was young. Recently we were having a session in which he was expressing his anger at various members of his family. In a deep resonant voice he was able to do this towards his father and his grandfather. He then began to say to his mother 'Don't squash me'. As he said this his voice became a whisper and his throat jammed.

I said 'Listen to your voice right now.' Michael stopped and listened, and the two of us burst into laughter. His voice had become a graphic expression of his reality; he had begun to whisper and couldn't swallow, and the back of his neck felt like it was throbbing with an iron bar of tension. He tried again to be angry with his mother but his voice didn't change. He then went back to being angry with his father and his voice boomed. For the first time he had experienced all his bodily restraints against expressing this anger to his mother whom he loved dearly. He felt relieved and he now knew experientially - with his whole body - why it was so hard for him to be himself around her. Previously he had thought he just had to get on with doing it and that he was gutless, that he was making it up or, worse still, that he was crazy. Now he felt the power of the restraints within him.

## Empowerment

One of the greatest challenges for Michael, and for most of us, is to maintain our sense of ourselves and of our individuality whilst wholeheartedly being part of a community or family. Being cut off from one's body may bring a superficial acceptance by others, but one remains susceptible to others telling one who one is and how one feels. One can literally lose one's self. This can even happen in therapy sessions, but when working with the body there is more likelihood that the client will be the expert. The client experiences what they are doing and feeling, and conflicts are often more observable. A therapist may say to a client 'You are smiling with your mouth but your eyes look dead. Have a look in this mirror. What do you make of this?' Or the therapist may say 'You say you are relaxed but your breath is very shallow. Can you feel that? I wonder what that is about?' The client's process is mirrored, and they can check out their experience and learn what it means for them. They also have a measuring stick to check against interpretations that may be made about them, and the therapist has observable events to reflect upon.

## Concluding remarks

With such advantages, why wouldn't any therapist want to work with the body? I am reminded of a quote from Bill Thrash, a former training director of the Radix Institute, USA, who said:

*The most important experience and background that I bring to a session is precisely to bring my senses to the students present ongoing vegetative experience. The ability to surrender theoretical presuppositions to the student's process and to the interactive process between the student and me has been a hard won education... We must learn to trust the deeper processes, those which precede the meanings we might assign them, both imagistic and somatic processes.* (Thrash, 1994)

## REFERENCES

- Reich, W. (1945) *Character Analysis*. New York. Simon and Schuster.  
Thrash, W. (1994) Somatic Experience and Memory. *Radix Journal*. Volume 7, No 3.

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