VALIDATION OF THE BODY IN PSYCHOTHERAPY

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MIA LEIJSSEN is Professor at the University of Leuven, Belgium. She teaches experiential psychotherapy, professional ethics, and general counseling skills at the Psychology Department. She has a practice in individual psychotherapy and group therapy. Her first training as psychologist and therapist was in the humanistic tradition of Carl Rogers and Eugene Gendlin. Her interest in body therapy brought her in contact with a wide variety of approaches, which she has integrated in her way of working as an experiential psychotherapist. She experiences the "best moments" of psychotherapy as a spiritual practice, resulting in healing for client and therapist.
Mia.leijssen@kuleuven.be

Summary

The primary focus of this article is on the practice of psychotherapy and especially on how psychotherapists can improve their verbal psychotherapy by adding a bodily perspective to their existing ways of working. In an experiential map of body-orientedness, different approaches can be situated on a continuum from verbal to nonverbal: on one side therapy that works with mostly verbal communication and on the other side therapy where words are hardly used and attention goes to body work and bodily expression. The richness of the bodily source can be used in a more conscious way by paying attention to different aspects of bodily information. In psychotherapy, body-oriented interventions can be directed to different aspects of the body. The body as sensed from inside, or the experiencing body, is one source of information. This is different from working with the body as perceived from outside and paying attention to nonverbal communication. In a next stage, major methods are working with the body in action, in movement, and other nonverbal expressions. At the end of the continuum attention goes to the body in physical contact with another body, usually by touch. The different ways of validating the body in psychotherapy are illustrated with clinical vignettes. The effects of body-oriented interventions on the client's process are many and multifaceted: greater awareness, engagement in the present, deepening of experience, opening the body memory, cathartic release, resolving blocks, exploring new possibilities.

INTRODUCTION: AN EXPERIENTIAL MAP OF BODY-ORIENTEDNESS

Body-oriented interventions do not rest upon a single theoretical base. Many psychotherapists integrate theory and techniques from different camps that provide a place for a body-orientation. Support for body work is found in different theoretical models: psychodynamic theories, including Reichian and neo-Reichian theories, humanistic and existential psychology, transpersonal psychology, and behaviour therapy. This article does not discuss these theories because in practice the lines between the camps are often more conceptual than real (Smith, 1998). The experienced usefulness of different models underpins our preference to integrate different therapeutic approaches on an *experiential* rather than a theoretical level.

There is often confusion when the body is talked about in psychotherapy because there are many ways of validating the body as a valuable part of the psychotherapeutic process. Different approaches can be situated along a *continuum* from verbal to nonverbal.
Verbal psychotherapies that pay no attention to the body are situated on the far left of the continuum. The spoken word dominates the therapeutic interaction and in the verbal

interventions there is no reference to body aspects. But even if verbal therapies pay no attention to the body in their theory, it could be possible that the bodily felt and the nonverbal interaction have an important impact in practice. Therapist and client are never just 'talking', they are always 'bodies interacting'. When therapist and client want to ignore the body in their interaction, they still are confronted with the body as a metaphor for the whole self; therapy with 'no-body' is impossible.

Moving further on the continuum we especially pay attention to how each approach works with a *different aspect of the body*. When the emphasis moves to body-orientedness, a first stage can be paying attention to the body as sensed from the inside. The body-sense in relation to any specific situation is explicitly used as a source of information. This way of working with the experiencing body is different from a next stage where the focus is on the body as perceived from outside. Body-oriented interventions in this stage validate the body language and the nonverbal communication. In these approaches the body-oriented interventions in therapy can still be mostly verbal. Moving further on the continuum there are approaches that are sometimes called "body therapy." Major methods here are: working with movement, nonverbal expressions, and touch (Hanna, 1973; Kelley, 1972; Lonsbury, 1978; Rappaport, 1975;). I will approach these methods in addition to verbal psychotherapy as aspects of an integrated treatment and not as formalized and systematized techniques that can be used as a treatment by themselves (like for example: bioenergetics, music therapy, massage… strategies that can stand alone). When a psychotherapist wants to validate the body in psychotherapy, he or she can work with one or a combination of these aspects of the body: the body sensed from inside, the body perceived from outside, the body in action in movement and other nonverbal expressions, the body in physical contact with another body usually by touch.

Many of the body-oriented interventions I include in this map might not be 'new' for psychotherapists. The 'map' offered rather can make therapists more aware of what they are already doing and encourage them to use the richness of the bodily source in a more conscious way. Although in this article the focus is on body-oriented interventions in psychotherapy, it is not the aim to put the emphasis on 'the body', because then in a sense the Cartesian split of 'body' and 'mind' is reinforced. Body-oriented interventions in psychotherapy *supplement* rather then replace verbal interactions. The aim is to develop a full psychotherapy that is not restricted to verbal interaction alone and that can relate to different dimensions of the human being, *including* the body (Nevins, 1979).

THE BODY SENSED FROM INSIDE

Here I use the word 'body' in a certain way: it is the body as sensed from inside*, the experiencing body*, what someone has as a body-sense in relation to any specific situation. Focusing oriented therapy for example is based on this experiencing body (Gendlin, 1996). It relies on the premises that what is most essential can be experienced in the body. The person's knowledge of what is happening, is felt within the body through meaningful body sensations. This is a visceral process, rooted in emotional experiences, with cognitive activity secondary. It is at first an unclear felt sense, it can open into a whole field of intricate detail from which new steps of thought and action can emerge. The following example from psychotherapy practice illustrates this.

> A 32-year-old woman has been depressed since the birth of her child 3 years ago. She has read a great deal about postnatal depression, but the explanations don't touch her. She thinks "That is probably what I have" but doesn't feel that it fits. The therapist invites her to stop looking for explanations, to direct her attention towards the centre of her body and remain with the question "What is really the matter with me?" Tears well up in her eyes. She wants to give an explanation for it but the therapist encourages her to wait and remain

> silently attentive to her body. She spontaneously crosses her arms over the region of her abdomen and heart. The therapist lets her fully feel this gesture. Suddenly an image appears of her little daughter being carried away immediately after birth. "I don't want them to take away my daughter!" she shouts. This verbal expression is obviously right; her body recognizes that this is it, and it obviously relieves her to repeat the expression several times. But that is not all yet; further tension remains in her body. The therapist asks her to keep her attention on her body and to see what else is there. Then she sees herself standing behind glass with, in the distance, her baby in the incubator. She despairs deeply of ever being able to reach the helpless little being in the distance; she cries but with pain and anger at the gynaecologist (while in reality she had behaved "reasonably"). She now discovers that she was forced to accept the situation of leaving the child behind in the maternity ward. When, 2 weeks later, she was allowed to take the baby home, it "wasn't hers any more". Although these were painful experiences, she now feels very relieved when bringing them into the open. For 3 years her body has carried this without finding a proper expression for it. The woman herself had "forgotten" the events but her body kept carrying them in the form of a depression. Now that this bodily knowledge has been opened up, the woman feels liberated. Her energy returns and, for the first time, she feels love for her daughter. (Leijssen, 1998, pp.121-122)

The inclusion of the simple invitation to pay attention to the body as sensed from inside, can enhance each method without changing it very much (Gendlin, 2003). So when the client says something important, the therapist can ask: "If you *put your attention in the middle of your body,* what comes in your body about this?" Or an invitation such as: "Wait a moment, can you check inside what you are feeling there?" If this bodily source is not too strange for the client, the symbols arrive right from that place and therapy will immediately deepen.

The verbal interventions with which the therapist invites the experiencing body to take the lead are normally rather short. But some clients might need more guidance and practice *to learn* how to let a bodily felt sense come in relation to their life experience. Guiding an exercise in which clients systematically examine what their body brings on, takes longer interventions. Breathing exercises, relaxation exercises, body attunement exercises (learning to listen to the body in its natural state), can be useful in helping clients begin to sense the body from inside and to explore inner sensations (Eigen, 1977). No attempt is made initially to label bodily experiences as signaling a special affect, only the concept of awareness to physiological responses is introduced (Brems, 2001, p.333). Once the client gains more familiarity with internal physiological reactions and is attuned to sense his or her body from inside, the recognition that affect is carried and reflected in the body can start and the felt sense process can develop.

In the interaction with the client, *the therapist* can rely on his or her *bodily orienting sense* (some might call this: 'somatic countertransference'). In their research on therapists experiences of empathy, Greenberg and Rushanski-Rosenberg (2002) questioned therapists internal process while being empathic. Therapists reported often using their own bodily responses as tools to find the most accurate connection with the client's experience as a clue to what is going on for the client and as a feedback for the correctness of the interaction.

> The therapist has a physical sensation of having captured the client's experience: "When I'm on the mark there is actually a physically sensation of having landed on it." … The therapist feels alert and excited, when capturing the client's experience: "I feel it down my back. That tenses almost as if, I'm not in pain, but I know there is a resonance in me that goes, "Ssss," that's sore. So, I feel a mix of that alertness, which is a body thing." (Greenberg & Rushanski-Rosenberg, 2002, p.213)

During therapy the therapist can also verbalize that he or she uses his or her own bodily

feelings as a source of interventions. For example: “I notice that my heart bounces faster when you talk about that. It scares me to see what you are doing.”

When the therapist validates the body as felt from inside, *effects* on the client’s process are many and multifaceted. Scanning how different areas of the body feel and identifying somatic tension areas invokes immediately the actual. It makes one alert to what is palpabel, alive and relevant. When a client imagines a situation and surrenders into the spontaneous sensations that come into the body, strong affective memories can be triggered. There are more benefits of learning to sense the body from inside: it increases self-awareness, it helps slow down responses and delay automatic behaviour, it has a calming, grounding or centering and stress-reducing effect, it can be refreshing. Clients can also practice body awareness on their own at home and so they can become more their ‘own therapist’.

THE BODY PERCEIVED FROM OUTSIDE

Another person can perceive someone’s body from outside and pay attention to the communication beyond words. A person’s facial expressions, body posture, gestures, breathing, but also voice quality, sighing, laughing… are different aspects of body language or nonverbal communication. In this way of validating the body in psychotherapy, the therapist makes use of the *spontaneous bodily expressions* of the client.

People have a natural tendency towards mimicking the posture, gestures, facial expressions of the people they are looking at. A spontaneous *empathic attunement* between two persons is expressed in their body language. Mimetic synchrony is a natural and automatic response to the experience of being with another. It is the most basic and primitive form of natural empathy. From social psychology, developmental psychology, and also from psychotherapy research we know that mirroring of body positions and an unconscious synchronisation of actions between people, help to develop and maintain rapport and relatedness (Cooper, 2001; Davis & Hadics, 1994; Stern; 1995). In psychotherapy it is important for a therapist to take time to *synchronise* with the client’s body. If the focus is exclusively on thoughts or expressed emotions, then the therapist loses the sense of the client’s embodied whole. The patterns by which a therapist synchronises with the client’s body and creates a ‘holding environment’ are rather subtle and they are not likely to be experienced consciously by the client. They are more likely to be experienced if they are missing.

In experiential therapy the body communication can be a valuable *aid to understand* another’s total felt experience. The therapist does not use such material as grist for explaining the other person to himself or herself. The therapist refrains from interpretations. It is important that the client can get in touch with his or her own resources and can discover and uncover what is there and generate the meaning. This is a critical difference in practice. It is a radically different human transaction to use physiognomic empathy to become closer to someone than it is to use it for diagnosing another’s psychic life from a professional distance (Bebout, 1974). While clients are talking about an issue, sometimes they do not identify or label their feelings. A specific gesture, a facial or voice inflection, a sudden movement… can ‘leak’ emotions that the client is not aware of, wants to deny, or tries to hide as they occur.

> One does not observe the ‘tight ass’ of a person who is felt to be holding back his emotional life and himself. But one can see a tight mouth, narrowed eyes, and stiffness in the walk, hear constriction in the voice and parsimony in the words (and most people feel ‘uptight’ in response) (Lowen, 1967 cit. in Bebout, 1974, p.399).

The therapist can use the nonverbal communication as *complementary to the client’s narrative*. Greenberg and Rushanski-Rosenberg (2002) report how a therapist translates the body language of a client into an image: “The client holding both hands across her abdomen cued me that she might have some tightness there. So I kept having this image of her holding

herself in and that was what I was trying to understand. What is she protecting? … As long as I was still having that image, I knew we were still dealing with fear" (p.209). Another therapist reports in a process recall that he is sensing what the client is experiencing through body language: "I am actually responding to her face and voice. She looks and sounds plaintive. A lot I think, had to do with her nonverbal expression looking kind of powerless. There was more going on than just the words. It was the manner" (p.211).

The therapist can also use his or her perception of the body of the client as a feedback trying to *bring into the awareness* of the client the fact that the body language is communicating something *different than the narrative*. The therapist can give a verbal *reflection of the nonverbal* behavior of the client, for example: "It strikes me that you suddenly sit up straighter when you talk about this." The therapist can also choose a nonverbal way to direct the client's attention to the not yet labeled emotion, as there are mirroring postures or movements. For example: The therapist mirroring the balled fist of the client shows extra support or an invitation to the client to express aggressive feelings. By means of these interventions the therapist focuses the client's attention on 'something' that is already present with the client but to what the client doesn't pay full attention or of which the client isn't aware.

All clients will leak emotions at least occasionally even when they claim not to be feeling anything or while talking about an issue (Brems, 2001, p.359). The therapist can take advantage of these emotional leaks, using them to draw the client's attention to the body, and to increase the awareness that feelings are being experienced, even if they are not identified. When the nonverbal expressions *do not fit with the client's narrative*, a gesture of the client can give the therapist an opening to invite the client to pay attention to what more there can be felt and a simple reflection of the body language can encourage the client to recognize the underlying affect that he or she was not aware of, or tried to block. The client can then be invited to come up with a more exact label for the feeling that is expressed in his or her body. If the procedure of reflection doesn't work, the therapist can *ask clients to repeat* a certain gesture or what they said exactly as they said it and to pay attention to their body. For example (Brems, 2001, pp.361-363): The client is talking about an incident that occurred between her and a close friend and she denies feeling any particular feelings about this. While talking about an interaction with her friend, the client crosses her legs and swings her lower leg rhythmically and quite forcefully. The therapist asks her to repeat the position and the swinging of her leg and to notice what's going on in her body. The client discovers: "I'm not sure, but it seems like the right thing to do when I think about her right now. … Oh, I got it; it's like I really wanna kick her out right now!"

Becoming aware of body expressions can be followed by a query about *internal bodily* experiences. If the client starts to identify his or her physiological reactions, the focus shifts to the validation of the body felt from inside. This leads to a deepening of the clarification of the affective process already present.

Switching the emphasis to the nonverbal level of communication provides therapist and client with a *trustworthy evaluation* of how the person is handling the situation or a specific intervention. Awareness of body reactions and nonverbal cues makes room for the freshness of the moment and engagement in the present. It can also be a perfect opening for here-and-now work. Acknowledging body language facilitates affective contact (awareness of moods, feelings, and emotions) in the client. Even a small gesture can open a door to important memories. Physical components can provide a ground for deeper exploration and following them uncovers levels of meaning the client was not aware of or might have denied.

Although it is true that drawing attention to physical components provides therapist and client with the opportunity in which new meaning can be discovered, sometimes clients are *confused* when the therapist reflects or asks to repeat a nonverbal communication, as they

were not aware that they engaged in it. Sometimes they may deny it as they appear to be embarrassed by it (Brems, 2001, p.360). Too close observations can feel like an intrusion and block further communication and exploration. When a therapist chooses to confront the client, which is the case when the therapist brings in a perception of body language the client was not aware of, it has a better chance if the therapist creates the opportunity for the client to come in contact with the 'strange' element step by step. "It should be used with caution as its use can quickly accelerate contact with traumatic memories … If taken prematurely, too quickly, or in too big bites there is the risk of overwhelming the client or triggering an unproductive flashback" (Rothschild, 2002, p.109). If rapport is still being built or the client feels too vulnerable, the therapist has to make a judgment call as to whether it is right to catch the body language.

THE BODY IN ACTION: MOVEMENT

When a reflection or a repetition of a movement the client was doing has not enough impact to help the client recognize the expression contained within the movement, the next stage of the continuum, bringing the body *more into action*, can be indicated. In this step of validating the body the therapist pays more explicit attention to kinaesthetic, movement-related experiences, and there are experiments with *new movements and body postures*. This is sometimes a simple addition to the validation of the body as it is perceived from outside. Therapists can introduce a difference in scale. Downing (2001, p.285) makes the distinction between "internal techniques" when an exploration of gestures is used, and "external techniques" when the movement worked with becomes bigger, like working with amplified movements. His idea is that internal techniques start by focusing on an affective process already present, and consciously so; they start from "inside". On the other hand external techniques start from "outside"; they are designed to stimulate an affective process which was not yet there, or at least not conscious.

The therapist can ask the client here to *exaggerate a movement* to increase its emotional salience and to bring the client in contact with something that is further away from his or her awareness. Or the therapist can introduce small steps of experiential learning and invite the client to *experiment* with active behavioural expression. This activity is used as data for therapeutic interaction. An experiment grows out of themes emerging during the observation of the body. For example, a client is reporting that he is "fed up" with doing something and he hunches his shoulders as he says it. The therapist might invite him to exaggerate the small movement in his body posture, or alternatively the experiment might be exploring the opposite body position. Also the experiment can be a risky-seeming 'first try' at a new behaviour (Parlett & Hemming, 1998, p.211). For example one client in group therapy always chooses the chair with a view of the door. One day the therapist asks her to try a seat where she can't see the door. Sitting in that new position immediately brings back panic and memories of a traumatic experience when she was raped in a group and she couldn't escape because the door was locked. Experimenting with a new movement can also bring energy and excitement as, for example, with another rather depressive client in a group therapy: this client comes in contact with having been always such a 'responsible child' and her body posture is bowed and crumpled; at the therapist's invitation to try out a new position she would have liked as a child, she starts to dance and becomes full of joy! Some experiments from Gestalt therapy have become classics, for instance "empty chair work" and "two-chair work", in which the client is asked to move to the other chair and react from that changed position. Fritz Perls viewed many of clients' troubles as stemming from unfinished business and he used awareness of body structure to develop dramatic life scenes in order to help clients re-enact and process past incidents (Bingham Hill, 1997, p.4).

The therapist can sometimes *modulate body postures or movements* that are unusual

for the client, in order to help a client to achieve a recognition of a bodily experience of impulse or explore new possibilities. For example with a client who is always submissive to his wife the therapist hits on the table with his fist very powerfully and then asks the client to try that movement several times. Bioenergetics especially has developed specific exercises to improve client's functioning. It asserts that clients' physical expressions serve as their being in the world. Alexander Lowen (1967) defined different character types based on different holding patterns in the body. For instance, in Bioenergetics a dependent person who 'holds on' to others and has difficulty standing on his own legs, learns to plant his feet firmly on the ground. The usefulness of grounding can be illustrated by a client who complained in psychotherapy that she was constantly beaten by her husband. The therapist notices in the session that the client sitting in her chair never has her feet on the ground. The therapist asks the client to put both her feet on the ground and to feel the difference. The client experiences more firmness. The therapist advises the client during the coming week to remember to put her feet on the ground each time her husband starts quarreling. In the next session the client reports that to her amazement the simple gesture of putting her feet on the ground had been extremely helpful: during the whole week she was not once physically maltreated!

Movement exercises and experiments can have the *effect* of literally stretching muscles and creating bodily flexibility. This opens spaces to new awareness and new experiences. Interruption of actions and modulation of postures can provide access to dysfunctional emotional processes; unconscious material and conflict that are contained in the body can come to the surface. The body in action facilitates expression of emotions and unmet needs. Further expression can be a useful tool for resolving blocks, it can cathartically release unexpressed experiences and promote new functioning. It is striking how kinaesthetic, movement-related experiences have the power to be remembered and relived easily by the client. Activating (new) movements can function as an entering to experiences from the past, but also as an exploration of new possibilities in the present. There is a transforming and progressive aspect to activate new movements.

Also the power of working with the body in action will be extended and deepened when the therapist continues the work by inviting the client to pay attention to the body as felt from inside. It is from the client's *felt sense that results* from the body in action that further new steps can come.

The '*pitfall*' of working with the body in action exists when the therapist takes too much control and tries or make things happen, or sees him- or herself too much as an agent of change (Cochrane & Holloway, 1973). Clients can get a sense of being overwhelmed by the suddenness and intensity of the experience, or clients do not feel the therapist's compassion and patience for the rhythm with which they try to relate to blocked parts in themselves. Also they can have the experience that someone else is responsible for their change process. Instead of becoming more self-aware and powerful, they become dependent on the charismatic authority.

THE BODY IN ACTION: NONVERBAL FORMS OF SELF-EXPRESSION

This way of validating the body is an extension of movement in more nonverbal actions. The therapist introduces expressive arts (dance, drawing, painting, sculpting, music, sound) as an alternate path for exploration and communication. When the therapist brings nonverbal forms of self-expression into the client-therapist relationship, a person's preference for visual, auditory, kinaesthetic and proprioceptive experience is valued and the therapist introduces expressive arts as supportive or adjunctive to verbal psychotherapy. In the consulting room of Carl Jung for example, people danced, sang, acted, mimed, played musical instruments, painted, modelled with clay (McNeely, 1987, p.39). Working with nonverbal modes in psychotherapy is a diverse field with an approach for almost every taste.

In this way of validating the body, it is necessary to remind the client that *performing* visibly is good but is *not essential*. It is not the intention to produce something beautiful. The aesthetics and the craftsmanship is left to those who pursue the arts professionally. The art is not used to "analyse" the client. This approach uses imagery and improvisations for self-insight (N. Rogers, 2002). The expressions are tuned into the internal experience of the client; therefore the client has to attend within the body and wait until an impetus to do comes from there. What is essential is to feel oneself physically in the action so that new energy arises in the body. It is while people prepare to act that they best let bodily impulses arise inside themselves uncensored. They then have time and privacy to feel their way physically into the action. If expressive arts are used experientially, the emphasis shifts to the time before the actual performance, letting the impulses come, and to experiencing the energy resulting from the action (Gendlin, 1996, p.195).

> For example a client speaking about a new plan, suddenly changes his mood and says to himself "Don't get your hopes up, it won't turn out well anyway!" When he visualises what comes up, it feels like a parrot sitting on his shoulder pecking at his ear and his weak spots. The client feels that he has no power to silence the parrot. He prefers to draw it and that gives him obvious pleasure. He starts to find it grotesque and not as powerful as he had expected. He surrounds the parrot by a cage and experiences it as a funny comic figure. He can put the parrot away in the cage when it exaggerates. But he doesn't want to get totally rid of it because he discovers a sense of humor in it which gives him pleasure. In this case, the shift to a different medium of expressing and the externalization of the image provided a new perspective and new insights for this client. (Leijssen, 1998, pp.149-150).

Integration of nonverbal forms of expression in verbal psychotherapy is *helpful* for clients to unblock their process, find appropriate self-direction and give expression to what arises from their inner experience. The body is used to express, to create outer forms for the inner process, to let go, to gain insight, to provoke change, to find new energy (N. Rogers, 2002). Nonverbal expressions can replace or supplement words when talk fails to produce results.

People who have difficulty expressing themselves verbally, including mentally retarded clients, patients recovering from brain injuries and seriously disturbed patients, welcome a nonverbal alternative. But also for other clients, there are moments that words fail to reflect fully the complexity of their inner world, or that emotions need to be expressed physically; then it is helpful when they are encouraged to use other forms to express their experience.

When talk therapy becomes too much of an intellectual game that brings little change, expressive arts can be a way to overcome dead-end discussions. A nonverbal form of expression may be a valuable intermediate step to offer the client a chance to explore a taboo. Moreover, clients can enter experiences which they would censor otherwise.

> For example, a client with an incest experience felt that 'talking' would be the same as "betraying her father". In this case, it was helpful for the client to explore that experience first by means of drawings. Thus, a whole change in her experience was brought about, while she did not have to take the difficult step of talking about it (Leijssen, 1992).

With nonverbal expressions clients end up more often in the primitive layers of their experience. Nonverbal modes can be a fruitful means of expression, able to complete the client's process.

Nonverbal expressions and expressive art as language of communication also attract healthy people, particularly those drawn to use the body to further expression, to create new patterns of experience and to facilitate psychological growth. Using expressive arts can foster emotional healing, resolve inner conflict, and awaken individual creativity. By expanding their expressions, clients surprise themselves and increase their emotional and cognitive

functioning. What is creative is often therapeutic (Adzema, 1985; Kahn, 1985).

Some clients who are unfamiliar with nonverbal expressions may be uncomfortable at first, or some overly controlled clients may utterly refuse to try an action. They need a brief demonstration by the therapist or some explanation, and the therapist can skillfully share his or her enthousiasm and experience with this kind of expressions. But the avenue for interaction must not be violated. Clients can be reminded to try it as a play, but if they can't enjoy the nonverbal expressions, or if they do not experience new energy arising physically in their body, this particular nonverbal action is not the right avenue.

THE BODY IN PHYSICAL CONTACT: TOUCH

Everybody knows by intuition that there are a lot of variants of body contact and that every touch is linked to a subjective quality. The same sensory stimulus, like a tap on the shoulder, can be seen as an encouragement by one person and as a reprimand by another person. Since one here literally touches someone's body border, there is a heightened sensitivity and intimacy involved. There is a range of touch, starting with handshaking, hugging, holding, containing, to different forms of deep massage; from incidental physical contact in primarily verbal therapies through intensive bodywork. A survey of members of the American Academy of Psychotherapists, indicated that only 13% "never touch" their clients (Tirnauer et al. 1996).

However, some psychotherapists are sceptical of using touch, and afraid of transference issues and retraumatization when misuse of touch was the source of the client's original trauma. But acknowledging these concerns doesn't have to imply that touch becomes problematic in psychotherapy. Closer to the truth is that the patriarchal Anglo-Saxon culture has developed a fear of intimacy and is afraid to be touched at any level. In a feminine tradition, touch is valued as a normal aspect of human communication and a healthy expression that is not necessary erotic in nature. *Ethical concerns* seem to reduce to a fear that touch will lead to exploitative, sexual interaction. However from research (Milakovich, 1998) we know that there is no statistical association between sexual experiences with therapists and therapists' practice of using or not using bodily ways of working. "Rigid taboos discourage the discussions of issues related to erotic transference and countertransference and will do little to improve the field of psychotherapy" (Hunter & Struve, 1998, p.258). Essential for the ethical practice is that the therapist communicates that he or she will maintain a respectful and trustworthy relationship and that the boundaries of the relationship are clearly defined, including the statement that under no circumstances will sexual contact be a part of the therapeutic relationship. It is the responsibility of the therapist to promote an open discussion of issues related to erotic dynamics in psychotherapy.

Touch in psychotherapy can be a genuine human expression of person-to-person relating, it can be a strategic means of providing nurturance and support, it can be a formalized and systematized intervention in the service of elicitation of affect and expression of deep feelings (Smith, 1998, p.13). In humanistic therapy touch is often seen as an open, honest, natural expression of a genuine, caring relationship, while in psychodynamic traditions touch is seen as an expression of nurturance and support that is important to meet developmental needs. A basic assumption is that the needed parenting is inherently known by the organism, and that physical contact can lead directly to feelings and childhood memories. In the Reichian and Neo-Reichian traditions touch is formalised and elevated into systematized techniques. Wilhelm Reich, one of the most influential pioneers of body work, believed that people develop "muscular armoring" during childhood in order to avoid painful emotions (Bingham Hull, 1997). While this armour is useful early on, its persistence blocks the body's natural flow of energy, limiting the capacity for pleasure. Convinced that talk was insufficient to release armoring, Reich used manipulation of the body, including touch. By

applying pressure to particular muscle spasm, Reich found he could release the emotions it contained. Different "hand-on-body-techniques" have been developed by Gerda Boyesen, Lisbeth Marcher, Ilana Rubenfeld, Ida Rolf, Ron Kurtz (Hakomi) and others (Brown, 1979). My focus is not on "body therapy", my interest is in how psychotherapists can value the body in psychotherapy by touching clients.

Touch in psychotherapy encompasses a broad range (Hunter & Struve, 1998). *Various types* of physical contact between the psychotherapist and the client can be condensed in three covering categories: attentional-affectional touch, emotional-expressive touch, cathartic touch. Normally the first actual skin-to-skin contact in psychotherapy is a handshake. This touch for greeting and departure is used to acknowledge the beginning and the end of the encounter. Much can be felt in this simple ritual. Is it firm, clinging, grasping, "dead fish"…? How does the therapist respond in this physical contact: warm, withdrawing, supportive…? Once rapport and safety have been established, sometimes a brief hug at the end of a session can be employed to emphasize positive regard, to encourage and nurture the client during an especially difficult or painful period. Sometimes the therapist can invite the client to enter embodied, meditative states by suggesting to physically self-contact an identified tensiona area (Schneider, 1998). Clients' self-touch can be a very powerful alternative to the psychologically loaded therapist initiation of such contact. All kinds of attentional-affectional touch are less intensive than emotional-expressive touch, where the therapist can use his or her hands to provide support and protection when the client is decompensating or "falling apart". A simple physical contact can communicate that the therapist takes care. As for example (Leijssen, 1993, pp.130-131) with a client in an overwhelmed state of fear, the therapist asks the client's permission before she puts her hand on the client's knee during the exploration of her scary feelings, to offer physical holding as a way of containing the client in trouble. This holding or containing can become a cathartic touch in case the physical contact facilitates the expression of emotions. This is especially the case if a specific area of the body is a location for constricted emotions. The physical contact with a specific body part can trigger the body memory and release strong emotions.

The most acceptable parts of the body to touch in psychotherapy are the hands, shoulder regions, lower, middle and upper back. The genital regions of the body should never be considered an acceptable area of touch.

With each occurrence of touch it seems appropriate to ask permission and state intention to touch before making contact. Touch in psychotherapy must have an easy-to-define purpose and when there is a risk that clients misread the intent of the therapist's touch, a clear verbal explanation is necessary. The patient's tissues will respond to a tentative, unsure touch; they will know that this touch cannot be trusted (Torraco, 1998, p.236). Intensive forms of touch should not be employed until the relationship is well established. Touch must always be congruent for the therapist and feel comfortable and appropriate. Neither therapist nor patient should experience the touch as a demand, nor as an expression of intimacy beyond that felt on the emotional level (Kertay & Reviere, 1993).

Physical touch is only one of many possible interventions therapists have at their disposal at any one moment. It is a more intrusive technique that can *be used* to move a patient through and beyond a layer of fear that 'freezes' his or her ability to benefit from other interventions (Torraco, 1998, p.236). Physical contact can help clients to re-own the disowned parts of the body/personality. For example for people who have suffered bodily trauma, healing through physical contact can be necessary. As one of the therapists from the Healing Center for Survivors of Political Torture gives evidence:

> The only way they survived is that their souls left their bodies and they don't know where they went. Through kind, gentle touch they gradually come back into their bodies. When people are maimed and electrocuted, to just talk about it is not enough

> because the predisposition for reoccurrence of the trauma is so plainly embedded in the tissue. (Bingham Hull, 1997, p.6)

Certain types of patients may be more suited to the use of touch than others, and it may be that certain types of therapeutic issues are better suited than others to therapeutic interventions that employ touch. However, the picture is far from clear (Kertay & Reviere, 1993).

There seem to be some contra-indications: touch can be confusing for individuals prone to distorting reality, making them uncertain about the therapist's motives (Bingham Hull, 1997, p.11). Especially a "pushing through the blocks approach" can be too forceful. When the therapist doesn't respect enough the function of the defences clients have built up, and is not aware of the self-care the client has developed by the "armor-building", armor-breaking practice can be retraumatizing.

CONCLUSION

The primary focus of this article is on the practice of therapy and especially on how psychotherapists can improve their psychotherapy by *adding a bodily perspective* to their existing ways of working. Even if the nonverbal events in psychotherapy are overlooked or not consciously noticed, they occur, and relational mutual influence happens largely on a bodily level. Putting the body on the map of psychotherapy can help psychotherapists to perceive and to use the bodily information. While it is natural for psychotherapists to use a wide range of verbal interventions with which they focus on cognitions and emotions, they can also develop skills with which they pay attention to the nonverbal communication and the body in many facets. Body-oriented interventions can be woven into the verbal dialogue taking place in psychotherapy and become one of many possible interventions therapists have at their disposal at any one moment. Often even the subtle body-oriented interventions prove powerful.

Body-oriented interventions can be used to achieve greater awareness of the *here-and-now*. Awareness of body reactions and nonverbal cues makes room for the freshness of the moment, it invokes the actual and it makes one alert to what is relevant. It facilitates affective contact in the client and it provides a ground for deeper exploration. Attention to bodily information gives access to dysfunctional emotional processes and unconscious material. Conflict that is contained in the body can come to the surface. A bodily perspective can be used to gain new insights and to discover richer levels of experience and expression. Body awareness helps slow down and delay automatic behaviour, it has a calming, grounding or centering effect and it can be stress reducing.

Attention to the body is not only a perfect opening for here-and-now work, it also gives access to *the past*. Levels of meaning the client was no longer aware of or might have denied can be uncovered by exploring the physical components and the spontaneous sensations that come into the body. The fact that body-oriented interventions can trigger strong affective or traumatic memories should warn therapists to use them with caution, especially with vulnerable clients. It is always a good rule of thumb to wait with more confronting interventions until a good therapeutic alliance has been built. Clients can get a sense of being overwhelmed by the suddenness and intensity of the experience when blocked or traumatised parts are touched. Body language and nonverbal reactions of the client provide the therapist with a trustworthy evaluation of the situation. Body language is often a more reliable feedback of the rightness of the interaction than the verbal statements of the client. Attention to the physicality of their being and to what their body remembers can help clients to re-own the disowned parts of their body and personality. The body can be used to create outer forms for stuck places and overwhelming experiences, to let go painful memories and to foster emotional healing.

The richness of the bodily source includes benefits for *the future* of the client. The resolving of blocks and the cathartical release of unexpressed experiences and unmet needs can be refreshing and it provokes change. The discovery of new physical possibilities promotes new functioning. This opens spaces to new awareness, new experiences, new energy. It awakens creativity and it provides a ground to find appropriate self-direction.

Body-oriented interventions can draw from a wide variety of disciplines. Instead of engaging in arguments over whether one approach is better than another, we rely on the experienced usefulness of different interventions and we prefer to integrate different approaches on an experiential rather than a theoretical level. We want to bridge the mind-body divide and the male-female values gap. The field of psychotherapy can make more progress in taking full account of the experience of interweaving thinking, feeling and bodily sensations and expressions. There has to be a physical change as well as a verbal or cognitive change for the change to be supported or real. Psychological change must be experienced physically if it is to stick. After all, we know for sure that human life is existence in a body and a bodily experience.

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Reprint request: Mia Leijssen, Psychology Department, Tiensestraat 102,

3000 Leuven, Belgium.

mia.leijssen@psy.kuleuven.be