

## SELF IN ACTION: THE BODILY BASIS OF SELF-ORGANIZATION

William F. Cornell

Chapter for ***Bodies in Treatment: The Unspoken Dimension***  
Frances Sommer Anderson, editor, The Analytic Press

*From the start of life, a new-born infant moves to communicate “interest”... Face, voice, hands, the whole body display the dynamic impulses of seeking for conscious awareness and for testing changes in reality “outside”. ...thus the infant shows us it has a “self” that intends. (Trevarthan, 2004, pp.3-4)*

*The mature mind, not a body-free structure of logic and rationality, is a body-based organization of increasingly sophisticated and nuanced patterns of experience in which the personal and emotional are of continuing importance. (Fast, 2006, p.275)*

There were but two early childhood memories, both in the upstairs living room of my maternal grandparents' house, a second floor flat in which my mother, father and I lived until I was nearly four years old. The first memory was a visual image of the brown slats of a wooden play pen. There was no narrative, no sequence of events, only the image of the slats and the sensation of my back pressing against the wood. The other memory, taking place in the same room, was the music of the refrain of “Hernando’s Hideaway,” and the sensation of being carried in my mother’s arms as she danced.

I presented these memories in a workshop at the beginning of my training as a psychotherapist. The workshop leader, Christopher Whitmont (1972, 1973), a Jungian analyst, noted that my memories were held as physical sensations rather than as stories or images. He explained that in working with early memories or dreams, he attended to the primary mode of experience in the memory/dream: be it somatic sensation, visual imagery, or narrative. He then worked to explore the material, using Jung’s concept of active imagination, within the primary mode of experience with which the memory or dream was organized.

He suggested we work with my memories as sensate experiences and see what we might discover. He asked that I sit with my eyes closed, centering my attention on the sensation of the slats against my back, and notice any inclination of my body to move. He encouraged me to inhabit each sensation and

movement. The sensations were startlingly vivid and profoundly disturbing. I found myself standing, arching backward, pressing into the air with my back, the sensation of the slats sharpening. I wanted to bang my head. I wailed. The only movement available to my body was to press backward and against. With these sensations came a deep and familiar ache of loneliness. I finally collapsed to the floor in tears, feeling lonely to the core.

Whitmont waited in silent attention for my distress to subside. He then pointed out that I had presented two memories and asked if I would like to move into the other. Again he asked not that I remember and tell the memory, but that I *move into* it, that I let *it move within* me. He asked that I hear the music and feel the sensation of the music in my body. It was immediate. In my mental recall of this experience, I remembered the music sweetly. I had associated it with older childhood memories of dancing the jitterbug with my mother, to an LP that I still have. But the experience in my body as I moved into this music was not so sweet. I felt a deep tenderness toward my mother. I felt the sensation of the dance, held to my mother's body. And I felt the intense, melancholic loneliness of her body. I wept again and felt lonely still. I felt loneliness alone and loneliness with and in my mother.

I had entered psychotherapy training after a highly intellectual graduate program in phenomenology. I was in a phase of overworking, overly responsible early adult life, following an adolescence of drug dependency and heroin addiction. In these embodied memories I got my first glimpse of the functions of both my manic and my addictive efforts to ward off this profound loneliness.

It was in that singular piece of body work early in my training that I learned something about myself that I would return to again and again over the course of my body psychotherapy and subsequent psychoanalysis. The sensations of that bodily exploration of those two memories informed me of something fundamental about myself. I remembered it in my body, explored it through my body, and the experience shaped my development as a psychotherapist. I did not yet know the theory or the techniques of body psychotherapy or body work, but I knew that the direct engagement of the body would be an essential element in my work as a psychotherapist.

It is not uncommon, in the midst of deep relational psychoanalysis, for the body—be it that of the client or the therapist—to present itself in the therapeutic playing field, often unbidden and unsettling in its arrival (McLaughlin, 2005; La Barre, 2005, 2001; Bucci, 2001; Frey, 2001; Knoblauch, 2000, 1999; Lyons-Ruth, 1999; Wrye, 1999; Wayne, 1999). In the classical analytic model of the “talking cure,” mind was privileged over body in the enduring expectation that everything that “comes to mind” (the patient's mind) was to be put into language, and the analyst (should she offer an response at all) should respond in kind with language. When

language “fails” and the somatic takes over, it was assumed that the therapeutic dyad had fallen into some mutual enactment or, even worse, regression. Contemporary models of psychoanalysis—object relations, neo-Kleinian, and relational—have opened up new therapeutic terrain in their deepening attention to the relational field. In contemporary relational models patient and analyst alike have the option of speaking their minds and emotions. The unconscious relational field tends to inevitably cast patient and analyst alike into states of affective and somatic experience, raising the question “What comes to body?” in addition to that of what comes to mind.

When the body shows up (for the patient *or* the therapist) in the consulting room, what is an analyst to do with it? Ignore it and hope that it goes away? Talk faster? Interpret more brilliantly? Seek supervision? Refer out? This chapter is designed to inform an analytic audience of some of the primary body-centered modalities that can supplement the psychoanalytic process in providing systematic attention to somatic patterns or that can be incorporated within the psychoanalytic endeavor, drawing upon sensate experience or exploratory movements so as to deepen self awareness and more fully inhabit what we have come to understand as implicit/procedural knowledge and subsymbolic processing.

In a mode of therapy such as psychoanalysis that has historically valorized the capacities for language and verbal symbolization, the emergence of the body is often, I suspect, more disturbing to the analyst than to the patient. Contemporary relational paradigms increasingly see the experience of nonverbal, somatically centered experiences in the consulting room as informative and communicative (Shapiro, 1996; Aron & Anderson, 1998; Knoblauch, 2000; La Barre, 2001; Rick, 2001; Dorpat, 2001; Beebe, 2004; Anderson, Resnick & Glassman, 2005; McLaughlin, 2005) in sharp contrast to the more traditional analytic understanding of bodily manifestations within the analytic dyad as regressive or defensive acting out.

In this chapter, I will speak primarily about “the body” in human development and psychoanalysis, in keeping with the title of this volume. In so doing, I am maintaining a cultural artifact and an artifact of the dominant attitude toward “the body” over the course of psychoanalytic history. The body is, of course, never actually without a mind, and the mind is never without the body. These are in lived reality and neurophysiological processing a functional unity, no matter how persistently (and inadvertently) we spilt them apart in our language and theories (Johnson, M., 1987; Bucci, 1997a,b; Pally, 1998; Fast, 2006; Aisenstein, 2006; Mancina, 2006).

Relational sensibilities and the growing influence of parent/infant research seek to describe and emphasize dyadic and intersubjective experience, be it that of

parent and infant or analyst and patient. To my mind, however, what the relational perspective too often overlooks, is the fact that we as infants, children and adults, spend significant amounts of time *alone*, in a solitary relation to our own thoughts, affect states, reveries, and bodies. And when alone, we are not simply waiting desperately for someone else to show up so that we can be engaged in some sort of dyadic completion. An enormous amount of learning, of psychic growth, of self-organization and disorganization happen through our bodily experience when alone, engaged with one's self in the tasks of psychomotor mastery and in interaction with the physical environment. One's relation to one's own body, at all phases of life, is central in the development of a cohesive sense of self agency (Butterworth, 1995; Brewer, 1995; Krueger, 2002; Goldfield & Wolff, 2004). As Shaw observes, "The body is not merely an imbiber of external stimuli... Our bodies are the means by which we engage with the world; they are how we come to understand our environment and make sense of our place in the world" (2003, p.40).

Seen from a body-centered perspective, human development swings constantly, throughout the course of life, between the body in relation to others (Cornell, 1997, 2000, 2004, in press), and the body in relation to itself—i.e., the realm of sensation, sensori-motor organization, and bodily movement. Psychomotor development precedes and underscores the life of the mind and is foundational in the development of self agency as well as interpersonal relatedness (Downing, 1996). Subsymbolic learning and organization are never fully replaced by cognitive and symbolic processes. These dual realms of intrapsychic and interpersonal organization remain in constant dialogue, often in a dialectal tension.

Within the diverse range of modalities characterized as body-centered psychotherapy and body work, the body itself is the primary field of therapeutic endeavor. The therapeutic process may well be brought into language, but the direct work with bodily movement and sensate experience is understood to be a central mechanism of self-learning and change. Body-centered modalities seek to stress self-learning through direct exploration and experience of the body, assume a life-long plasticity of sensorimotor and psychomotoric systems, and understand the work to be accessing systems of implicit memory (Aposhyan, 2004; Fogel, 2004; Cornell, 2003) and subsymbolic organization (Bucci, 1997a,b). It is beyond the scope of this single chapter to present comprehensive overviews of both body-centered psychotherapy and body work. Body-centered psychotherapy, most often anchored in a neo-Riechian or Gestalt foundation, views bodily experience and expression from a psychodynamic perspective as a mirror to the mind and as providing avenues of intervention in intrapsychic and characterological structure and self understanding. As this chapter focuses on the role of the body in self-organization and psychoanalytic self-investigation, my primary attention here will be to models of body work. Body work seeks to

provide avenues for direct exploration of sensory, postural, and movement patterns. Body work practitioners seek to inform and enliven a client's body through altering chronic patterns of breathing, posture, and muscular configurations through body awareness, experiments with novel and exploratory movements, and hands-on physical manipulation of the client's body.

The history of psychoanalysis and the history of body work have run in precarious parallels of mutual interest and suspicion. Vienna, Baden-Baden, Budapest, and Berlin were all sites of psychoanalytic excursions into body work. With their bold and rather poorly informed experiments with direct somatic interventions in the treatment of hysteria, Freud and Breuer seemed to have frightened (if not traumatized) themselves. The body, as a result, was increasingly banished to the sidelines of the psychoanalytic endeavor.

But attention to the body did not disappear altogether. Groddeck at his spa and residential clinic incorporated massage, deep tissue work, sensory awareness, hot baths, special diets, exercise and his own brand of psychoanalytic inquiry into his therapeutic regimens. He maintained a friendly relationship with Freud, and his work influenced Ferenczi and Reich. Ferenczi, Horney, and Fromm-Reichmann, among other analysts, were visitors to Groddeck's clinic.

Ferenczi experimented constantly. Initially he actively discouraged patient's bodily movements, which he understood as a defense against free association, imagining that this stilling would facilitate the verbal associative processes at the heart of the talking cure. He noticed that this did not necessarily work as he'd had expected, so he began to experiment and, influenced by his contact with Groddeck (Downing, 1996; Rachman, 1997; Ferenczi, 1917/1955, 1921/1955), began to work actively with the patient's body process, intervening directly in patterns of body movement and expression (1920/1955, 1928/1955, 1930/1955). His experimentation was not well received by many of his analytic peers. Once at the center of the psychoanalytic universe as a beloved friend and colleague to Freud, Ferenczi's immersing himself into the analytic endeavor as a deeply personal and emotional enterprise (with his risk taking and the consequent errors in so doing) seems to have threatened those in the analytic community committed to a more distant, observer/surgeon position. Ferenczi and his colleagues in Budapest found themselves gradually relegated to the periphery on analytic orthodoxy.

And then there was Reich, first in Vienna and later in Berlin. Always an analyst with a deep fascination with the body (1949, 1961, 1982, 1983), it was in Berlin where he was deeply influenced by the body awareness and dance therapy movements in Germany. In Berlin, and subsequently in Norway, the body itself became the primary field of Reich's therapeutic intervention and correction, leaving free association and verbal interpretation as secondary forms of

treatment. But for the experiments of Groddeck, Ferenczi and Reich, the lived, breathing, moving body of patient and analyst received little attention for decades.

To body workers, the traditional psychoanalytic attitudes toward the body and the hands-off prohibitions seem rather strange. Johnson, a Rolfer, body worker and historian of body work modalities, comments rather humorously on the psychoanalytic attitude toward the body:

There is a psychoanalytic body. Despite Freud and Jung's immersion in bodily experience, the body that surfaces in much of the later psychoanalytic literature is freighted by images of the erect penis, full breast, Greek murderers, Hindu devas: dramatic, meaningful, but with little reference to sweat, blood, and the muscular stresses of daily work. One searches hard for simple expressions of what it might be like to experience the primal waves of breath from moment to moment; or the knees, elbows, and shoulders of the everyday walking body; or the peristaltic waves of grief; or the cerebrospinal fluid leaps for joy. (1998, p.9)

From her perspective as a relational psychoanalyst, Shapiro (1996) captures this sense of the body as she describes "the whole range of somatosensory phenomena: our breath, pulse, posture, muscle strength, fatigue, clarity and speed of thought, sense of boundedness, our skin, mucous membranes, bodily tension, facial expression, taste, smell, pulse, vitality" (p, 298), arguing against the standard analytic view of "these experiences as more primitive and pathological than verbally symbolized experience" (p.299), suggesting that the welcoming of somatosensory phenomena have the potential to interanimate and interpenetrate the therapeutic process. Krueger (2002) stresses the self-organizing functions of bodily experience:

The body is the primary instrument through which we perceive and organize the world. We regularly return to the body as a frame of reference throughout development. Subsequent learning and experiences are referred to what has already been sensorily experienced for confirmation and authentication. (p.23)

In turning our attention now to the evolution of body work modalities, we return first to Berlin. As in Vienna, Berlin at the time of the Weimar Republic was a center of artistic, intellectual, psychoanalytic and somatic experimentation (Danto, 2005). As in many periods of fervor and creativity, it is difficult to delineate a simple narrative of the evolution of the body awareness movement and its interface with psychoanalysis.

A central figure in the body awareness movement was Elsa Gindler (Weaver, 1994, 2004; Downing, 1996), a gymnastics teacher who developed a system of "movement and breathing experiments for sensing our way" (Weaver, 2004,

p.39). Gindler married Heinrich Jacoby, an experimental musician and educator with a deep interest in psychoanalysis. Through Jacoby, Gindler's body methods drew the interest of analysts in Berlin, especially the Fenichel's (Danto, 2005). Friends of the Fenichel's, Wilhelm and Annie Reich learned of Gindler's work. Elsa Lindenberg, a dancer and Reich's long-term companion after divorcing Annie, studied with Gindler and further influenced the development of body-centered psychoanalytic techniques. At the same time, Rudolph Laban, a dancer and choreographer, was the central figure in the dance therapy movement (Laban, 1971; North, 1972; Bartenieff, 1980), seeking to help students experience habitual patterns of movement which can then evolve into freer, more "authentic" patterns of movement and self expression. In 1931, a major psychotherapy conference in Dresden brought together psychoanalysts, psychotherapists and body awareness teachers. Groddeck presented a paper there on "Massage and Psychotherapy" (1977, pp.235-240). Had events unfolded differently in Germany, one must wonder what influence these creative experiments might have had on the evolution of psychoanalysis and psychotherapy. In Germany, these originators laid the basis for a variety of models of sensory awareness and therapeutic dance (Proskauer, 1968; Heller, 1984; Meyer, 1984; Stolze, 1984; Muller-Braunschweig, 1986; Becker, 1986; Dahmann, 1986; Boris, 2001; Trautmenn-Voight, 1991).

As with the psychoanalysts, many of these teachers were forced to leave Germany. One important émigré in the body awareness movement was Charlotte Selver, a student of Gindler, who continued and further developed the work in the United States, calling it "sensory awareness" (Brooks, 1974). Selver, who wrote very little, was widely influential through her teaching. Erich Fromm was a devoted student, giving a joint paper with Selver at the New School for Social research in the mid-50's. Clara Thompson, an analysand of Ferenczi, studied with her, as did Fritz and Laura Perls (who originally studied with Gindler in Germany), Christopher Whitmont, Alan Watts and Judith Weaver.

Parallel to the evolution of sensory awareness models, dance therapy (Bernstein, 1979; Boris, 1991; Chase, 1993) and "authentic movement" therapy (Chodorow, 1991; Pallaro, 1999) have gained wider recognition. These approaches to working with the body emphasize process over content, offering the student the opportunity to notice habitual, unconscious (subsymbolic, Bucci, 1997a) patterns of body organization, moving in a rather meditative fashion from the initial noticing of patterns to the allowing of more spontaneous movement. Movement therapists may begin a session with a series of simple, open-ended, inner-directed awareness and movement exercises, or they may move from current life situations, recurrent body sensations, dreams or images that the student brings to session. Patterns of both inhibited and spontaneous movement are explored. Deeply influenced by the work of Jung, this style somatic exploration is understood to open the student to unconscious desires:

Powerful images, feelings and memories may arise out of self-directed movement and out of the relationship which contains it. Because the process involves the use of the body to express the imagination, it tends to take the mover to complexes that can be traced back to the sensory-motor period of infancy and early childhood. ... Rather than attempting to evoke behavioral change, this approach to dance therapy relies on the natural development of internally-generated cues. It sees the body as the primary guide to the unconscious. (Chodorow, 1999, p.258)

The “psychoanalytic body” has been imbued with decades of bias framed in various theories of primitive modes of experience, acting out, projection, regression, and developmental failure or trauma. Body workers are well aware that many of our bodies have troubled histories and are highly sensitive to areas of disturbance and disorganization. Most are well trained to identify and work with patterns of both hyper-functioning (manic or rigid) and hypo-functioning (depressive or collapsed). But body workers are also trained to see the rich potentials of the body as a resource for self-agency, passion, resilience and creativity. It is particularly in this regard that I think psychoanalysts have much to learn from body workers and body-centered psychotherapists.

It is difficult to capture work of movement therapy or sensory awareness on the written page. It is taught in an oral and experiential rather than written and academic tradition (Johnson, 1995,1997). The written literature in many of these modalities is extremely limited; Else Gindler (1926/2004), for example, wrote but one article her entire career. Johnson (1995, 1997, 1998), a Rolfer and somatics practitioner, has edited three books of articles and interviews to provide a written history of the some of the founding creators of body work methodologies. He captures something of the quality of their work in this way:

They worked quietly, wrote very little. Typically, they spent their lives outside of the vociferous worlds of university and research clinics. ...These pioneers in embodiment are typically a feisty lot, unwilling to take at face value a poor medical diagnosis, a dull exercise class, ordinary states of consciousness. Rejecting the bleakness of conventional wisdom, they have chosen to survive outside the mainstream, like artists who often struggle to make a living by doing something other than their heart’s work. (1995, pp.ix & xi).

In the typical sensory awareness experience, the student is sitting, lying down or standing up in a quietly relaxed position, breathing softly but consciously, often with eyes closed. Now you, as a reader, are most likely seated and your eyes are most definitely open. So, as a little experiment, I will take you through a

standard body awareness exercise, though we shall have to bypass the standard opening instruction to close your eyes:

Give yourself some time to notice the rhythm of your breathing. Don't change it, just notice it. Can you sense the moment of transition from the inhalation to the exhalation? Notice that moment of stillness as your breath shifts from inhalation to exhalation, from exhalation to inhalation. Allow the pause. Perhaps you'll notice that while you are "sitting still," your body is actually moving in subtle ways. Perhaps you'll notice that your body wants to move more, shift in some way. Perhaps there is a way you can sit, shift your posture, that frees your breath. If your breath flows more freely, what happens to your body? Perhaps it is a little more still. Perhaps it wishes to move more. Allow your body to do what it wishes. Don't direct, don't push, don't expect, just allow and notice. Where in your body do you feel your breathing? When your attention wanders from your body, where does it go? Don't change or judge it, just notice where your attention goes. Perhaps your body slips out of awareness. Perhaps your body senses go one way, your thoughts another. Now actually close your eyes, stay with your experience of your body, accept whatever happens.

As perhaps you have discovered, it is not easy to maintain body awareness while reading. The bulk of bodywork training is not through the written text—quite a contrast to the psychoanalytic educational style. Typically, of course, in an actual sensory awareness or movement experience, the instructions would be spoken, you would hear them not read them. The voice of the teacher would be non-intrusive, permissive, and paced to what was emerging in your body. I offer two brief case vignettes to illustrate how sensory awareness and movement interventions might be incorporated into ongoing psychotherapy.

Abby was one of four siblings, two sons and two daughters, born to ambitious, upper middle-class parents. The family prided itself on its social and political accomplishments, the children pressured to be outgoing, independent, socially competent, and academically accomplished. Abby, both as a child and as an adult, felt she often fell short of the mark. Her therapy tended to focus on professional concerns and self-doubts and the stresses of being a professional woman while raising very active children. In discussing struggles with colleagues or family members, Abby was intensely self-critical, rarely feeling or expressing anger or disappointment toward those around her. She was able to express anger and disappointment toward me, though with considerable apprehension and difficulty. Our sessions were productive, and yet no underlying theme seemed to emerge. Abby remained uncertain as to why she was "really" in therapy, whether she could justify the time and expense.

During one session, she was talking about her growing pleasure in drawing and painting and mentioned, quite in passing, that she had become preoccupied with a photograph she'd seen in a magazine, one that both fascinated and disturbed her, which she kept wanting to draw. She had thought several times of

bringing it up with me but hesitated, feeling embarrassed and uncertain of what to say about it. She finally decided to draw it, hoping she could then discover its meaning. After drawing, redrawing, and reworking the image several times, she asked to bring the drawing to a session.

The image was of three football players walking off the field, hunched over, soaked in rain and covered with mud. The figures were somewhat obscured in the rain and mist, their faces hidden by their helmets. The figures communicated both a menace and a fatigue. The men were physically close, touching each other, clearly part of a team. The drawing was very finely rendered and quite moving as a drawing in and of itself.

As Abby began to associate to the picture, she thought of her father, his pride in his body and his athleticism, his preference for his sons over his daughters, his narcissistic bullying and self-righteousness. All of this was familiar material from her previous therapy, Abby reported, and she expressed bewilderment at not being able to get through to whatever it was that made the image so compelling for her. I suggested that rather than talking about the image, she *become* it physically, literally taking it on with her body.

A series of sessions ensued in which she worked standing up, mimicking each of the figures, gradually entering the posture of each, walking and moving in the way she imagined they would move. We spoke very little. I stood near her, offering no interpretations, simply asking her to express in words what she experienced if she was so inclined. She *did* a lot and *said* very little, occasionally commenting on sensations in her body, on what she was feeling, on what she sensed the men in the picture might be feeling. She felt keenly that the enormous energies she sensed within and between the bodies of the men in the picture had been forbidden to her. She felt for anger, longing and envy. She began having a new sense of her own body. She began to notice a different sense of herself between sessions, feeling more substantial in herself with her thoughts and feelings. She realized she felt angry more often. She was moving into the way of being that had captivated her in the photograph, one that had been denied to her as a daughter in the family. Language and insight gradually followed, informed and enriched by her bodily activity and exploration. I made no observations of possible transference/countertransference implications of her work. I did not bring the experience into the field of our therapeutic relationship. I saw this work as a fundamental exploration of self-organization. I served largely as a witness. I was mostly silent but deeply attentive. She, too, was largely silent but deeply attentive to herself in this process of somatic inquiry and gradual reorganization.

Fogel (2004), in his discussion of implicit (or procedural) body memories and explicit (narrative) verbal memory, introduces the concept of “participatory memory,” defined as “lived reenactments of personally significant experiences that have not yet become organized into a verbal or conceptual narrative” (p.209), arguing that “participatory memories arise from unconscious implicit

memories and, under certain social relational conditions (during psychotherapy, for example), may become transformed into explicit verbal memories...and may become resolved and integrated into a more complex and expanded autobiographical sense of self through time” (p.210). Fogel concludes that “implicit memory forms the core self, the unconscious processes that regulate our response to the sensory and motor aspects of the environment, the interpersonal world, and emotion” (p.223) and characterizes the emergence of participatory memory as “unexpected, nonrational, spontaneous, and emotional” (p.223), quite consistent with the descriptions afforded in the writing and training about sensory awareness and authentic movement.

The second clinical vignette was one truly unexpected and for me very disturbing. I saw Ann as she entered the movie theater. It was a shock. I had been working with Ann for several years in weekly psychotherapy, but our paths had never crossed outside of my office. In the office I saw a woman who was deeply anxious, hypersensitive to approval or disapproval, and often withdrawn. She was also sweetly naïve and maintained a subtly ironic sense of humor about the struggles in her lonely life. I knew that she was profoundly lonely, but I never quite understood how she kept herself so socially isolated.

In the theater, I barely recognized this woman hunched down into her overcoat, arms held tightly at her sides, unkempt hair over her face, moving like a street person with the thorazine shuffle. She walked up and down the aisle several times before choosing a seat far from others. I could not tell if she had seen me. As I watched Ann, I was seeing someone very different from the woman I saw in the familiarity of my office; I suddenly had a glimpse of the mechanisms that kept her so alone. I sat wondering whatever would I be able to do with the information I had unexpectedly come upon.

In the next session Ann asked, “What did you think of the movie?” I told her that I found it disappointing and rather insipid. She agreed. I told her that I had seen her in the theater but couldn’t tell if she had seen me. “It looked like you were with a friend,” she replied, “so I didn’t want to intrude. I was alone, as usual.” With considerable trepidation, I ventured, “I think I learned something important about you. I’d like to talk with you about it.” She agreed. I told her that if I hadn’t known her, I’d have found her way of coming into the theater rather scary, that her whole demeanor seemed to emanate “Leave me the fuck alone.” “Even knowing you,” I went on, “I didn’t feel I could approach you to say hi. All I could see said ‘Stay the fuck away!’.” I asked if that was what she was feeling coming into the theater and if that was what she wanted to convey.

Ann was startled, “NO! Is that really what I look like? What I’m feeling is that everybody else is at the movies with a friend, a partner, a boyfriend, a family, and I’m alone, always alone, and people are staring at me. I hate it. I try to find a

seat where I won't bother anybody, and where I don't have to see the couples. I hate it so much that most of the time I can't even get out the door to go to the movie. But I didn't know I looked so weird."

I could see her anxiety rise and shame cloud her face. "It felt important to tell you what I experienced, but I was worried that it might shame you. I think there's a lot we can learn here." She asked how, and I suggested that we bring the body that was in the theater into my office. I suggested that she put her coat back on, hunch into it and shuffle into the office. I felt sick to my stomach as I watched. I wanted to move to her, to tell her to pull the hair out of her face, to look at me, to do or say something kind to her. I asked her to notice any feelings that came up in her and to allow her body to move in any way it needed. Gradually she became still and then slumped to her knees, curling over, pulling her coat over her head. She looked to me now like she was awaiting a beating. I thought of her stories of beatings by her father, the teasing and taunting by her brothers, the delusional ravings of her mother. But I did not feel compassionate. I felt irritated. She just knelt there, curled over and inert. I wanted to kick her. I got bored. I started thinking ahead to my evening after work. My bladder began to ache. I wanted the session over. I felt I'd made a mistake in talking to her about the theater, in intervening this way. Still she did not move. I forced myself to look at her inert form. She looked like a supplicant. I began thinking of my Catholic upbringing (Ann was also raised Catholic), forced to genuflect, to kneel, to pray for forgiveness, awaiting the sound of the nuns' clickers informing us we could stand up and move on. Submission. Defeat. Hatred. An object of derision and disgust. Do I speak to Ann? Do I wait? I waited in silence.

Ann began to stir. She placed her hands on the floor and pushed herself upright, brushing the hair out of her face. "This is a relief," she said, "This is what I feel all the time, but I've been afraid if you knew it you would give up on me. Did I scare you this time, too? I feel like a freak when I'm outside. But I'm glad we did this. I'm glad I could show you this. This is how my body feels all the time. This is why I'm late for work. You know, I try to remember what we talk about in here. I write it down after the sessions, but I can't use it. It's like my body lives in a different world. I hide it from you, so it's a relief you've finally seen it."

What Ann did not know at that moment was not only that I had seen it, but I had felt it, endured it, hated it in her, hated it in me. Perhaps this could (and likely would) be understood as a projective identification. My experience could also be understood as a somatic resonance. I did not bring my own emotional or bodily experience to her attention in that session. I had learned a great deal through *my* body about *her* body. Was this a form of communication from Ann to me? In part, I think, yes, as Ann clearly felt she had communicated something to me that had been long hidden. But it was also an exploration of her somatic self-organization, of her shaping of herself *in* the world, and her shaping of herself

*against* the world. She was focused on her relationship to her own body, *knowing* something about herself through her body, and *showing* me something about herself through her body. In time, I have been able to bring that experience of her body into the relational work between us: I now see in some sessions the subtle hunchings-down, her dread of visibility coupled with her longing to be seen and taken up, and can speak to it in a way that allows us to examine what is happening between us as well as within her.

These clinical vignettes are offered to illustrate how body awareness and movement can be utilized within a more traditional psychotherapeutic arrangement. There are, however, many approaches to body work, some of which involve direct hands-on interventions by the practitioner, that can be compatible with psychoanalysis as a collateral form of treatment. At the risk of overlooking some modalities, I will list those that I have seen as valuable adjuncts to verbal psychotherapy and psychoanalysis: massage (Green & Goodrich-Dunne, 2004), sensory awareness (Brooks, 1974; Hanna, 1988, 1993; Weaver, 2004), dance and authentic movement (Chodorow, 1991; Chase, 1993; Caldwell, 1997; Pallaro, 1999), structural integration (Johnson, 1977; Rolf, 1989), the Feldenkrais method (Feldenkrais, 1950, 1981; Bartal & Ne'eman, 1975); Alexander technique (Jones, 1979; Gelb, 1981; Maisel, 1989), Rosen Method Bodywork (Rosen, 1991, 2003), and body-mind centering (Cohen, 1993; Aposhyan, 2004; Hartley, 2004).

While the practitioner's primary attention in working with a student (the more common term in body work than client or patient) is to body process, the work develops within the context of a relationship. I have found many of my analytic colleagues reluctant to refer out for body work both out of concern to giving advice and suggesting action (still a common analytic taboo) and out of fears of splitting the transference. In my own experience, the transference relationships may become more complex, but often in a way that can be informative, rather than inevitably defensive and splitting. I rarely consult directly with the body worker practitioner, preferring instead to leave the responsibility for communication within the working triad to the client. I have found it extremely important to present such referrals in the context of the client's attention to self and somatic organization, collateral to an ongoing, psychodynamic psychotherapy.

Informed and systematic attention to one's body can greatly enhance the psychoanalytic endeavor. Body work can provide a means for deep self exploration and the possibility of a somatic reorganization of myself in relation to my self. While done in the presence of another (a teacher or facilitator), there is an essential privacy of the self in these somatic explorations. It is my personal hope that as the psychoanalytic process evolves into an ever more deeply affective and intimate exploration between two curious beings, thereby bringing

bodily experience increasingly into the analytic field, psychoanalysts will seek their own body work and body-centered training.

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