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Why Body Psychotherapy? **An Interview by Mick Landaiche with Bill Cornell**

Mick Landaiche: *Your work as a psychotherapist has been influenced by several, fairly divergent schools of thought, right?*

Bill Cornell: Yes—I studied phenomenological psychology in graduate school, which has a strong philosophical base. After that I started my training in TA. I had been reading Reich and Berne in college and during graduate school. I thought of Berne as a phenomenological psychoanalyst. Lois Johnson was my clinical TA trainer. She and I trained together in the Radix, neo-Reichian program, back in the days that it was thought that trainers and trainees could intelligently handle more than one role in each their relationships with each other. I wrote my first article in the *Transactional Analysis Journal* in 1975 trying to link Reichian theory of character armor with Fanita English's model of the second order structure of the Child ego state. I've written a lot over the years on the relationship between TA and body-centered theories. Since then, I've had training in several forms of body work, which is central to my practice today. And in the past ten years I've been influenced mostly by contemporary psychoanalysts—by being in personal therapy, supervision, and training with them. I read a lot of psychoanalytic writers. I've gotten to know a number of them personally. This has had an enormous influence on my practice. But I don't think of myself as practicing psychoanalytically.

ML: *Yet when I talk with you about your work and read your papers, something strong unifies your practice and what you teach.*

BC: That's my experience, too. I don't think of myself as practicing eclectically.

ML: *But isn't it hard to describe your approach in a systematic or integrative way?*

BC: (Laughs) That's not something I have a problem with. So much of how we practice operates outside conscious awareness.

ML: *That doesn't mean it isn't highly organized.*

BC: That's exactly why I think working with the body is so important. Such a great deal of our psychological organization, our experience of wholeness comes from our physical sense of being in the world.

ML: *I have a lot of questions about what it means to work with the body. I have only ever worked as a talk therapist. But I am very oriented to the body—to visceral experiences, to bodily reactions and shifts in myself and in my clients. I think of mental representations as emerging from bodily, emotional experiences. I think of our bodies as how we primarily relate to one another, especially to our most important others. Yet I don't consider myself a body psychotherapist.*

BC: I'm not sure I would agree. The way you talk about your work is exactly the way contemporary body psychotherapists are thinking and writing.

ML: *But I don't touch my clients as part of my work. If the term "body psychotherapy" has any meaning, distinct from "psychotherapy," direct contact with the body has to be part of the work, or at least an option. I don't think it's enough just to consider the body or to reference it*

BC: I guess that's true. Body therapists are trained to use their eyes as much as their ears, and hands are understood as an extension of the eyes, another means of gathering information. Most body psychotherapists are trained to do something, usually with their hands, though interventions are by no means always hands-on. We may suggest things for clients to try in their own bodies through movement or self-sensing, or suggest shifting awareness to different areas of the body. There is probably more learning through doing in body therapies than traditional, more cognitively based approaches.

ML: *There's something directive going on, something active, which I think differs from standard "talk" therapies.*

BC: I would agree. There is a risk in body therapies of the therapists leading and doing too much.

ML: *I also see body psychotherapy as supporting a larger psychotherapeutic effort.*

BC: What do you mean?

ML: *Well, people come to us for help. We provide that help in the form of psychotherapy, and one technique might be direct body contact or awareness.*

BC: That's right. I think about what each of my clients needs, since I can work in a variety of ways, depending on those needs. To me it's all psychotherapy, whether I'm talking, or working with my hands, or asking for associations to a dream. I don't always work directly with the body, even if I'm pretty much always thinking or feeling in terms of the body. I'm a psychotherapist, first and foremost.

ML: *So how would you define psychotherapy? That would seem essential to eventually defining body psychotherapy.*

BC: It's hard to define psychotherapy concisely. I think the purpose is to expand people's capacities to relate differently to themselves and to others; to have more access to unconscious levels of experience and organization, more capacity to experience internal, conflicting mental and emotional states. The point of psychotherapy is to deepen our capacities for sexual and aggressive urges, understanding sexuality and our somatic experience as creative, generative functions. Interpersonally, psychotherapy is meant to develop more of a capacity for entering another person's experience more fully and deeply without losing track of oneself; to be engaged in relationships that serve some kind of passionate function or meaning; to foster relationships that can embrace and support differences and conflict.

ML: *And so body psychotherapy works toward those outcomes with a focus on body processes?*

BC: Any meaningful psychotherapy, I believe, has that combination of outcomes that I mentioned, both personal and interpersonal. Body psychotherapy adds a component of paying more systematic attention to bodily process and experiences as part of a person's

primary psychological organization. It's a conscious awareness of our bodies as important sources of self experience and self understanding.

ML: *It sounds like a pretty essential part of getting to know ourselves. But aren't there times when body psychotherapy isn't helpful?*

BC: For starters, over the years I've come to the conclusion that body psychotherapy isn't a good idea if the therapist isn't already trained well in psychotherapy—and I don't just mean trained in body work. I mean trained in working directly with the body in support of psychotherapeutic aims.

There are also plenty of times when a focus on the body isn't most useful for a particular client at a particular period in therapy—though I think even then it is always relevant for the therapist to be thinking of what is happening in the client's body.

ML: *What do you mean?*

BC: Take for example, a client who is talking about an early life experience, perhaps one that is disturbing. I'm not likely to interrupt to ask him what he's aware of in his body or to suggest he *do* something with his body. That would probably interfere with his process, the way he's coming to articulate or understand something about himself, maybe even to understand what it means to be talking to me. At the same time, I will be paying attention to how his body moves or doesn't move as he's talking, how he is breathing; and I will be looking for clues in his story for the ways he may have physically experienced that early time in his life and may be re-experiencing it as he speaks to me. This gives me a much richer picture of what it is like for him to live in his particular body. I can use that as a guide to understanding his experience, where he gets blocked, where he wants to grow.

ML: *That sounds a lot like what I do.*

BC: Right. Any therapist can think in this way without having to be a body psychotherapist. But in terms of hands on work or being directive about body awareness, even for someone with that kind of training, there are still times when I make a decision to not do body work when I think it won't be helpful. Some of it is a matter of timing. I don't work rigidly.

ML: *What do you mean?*

BC: For example, in working with clients with bodily trauma, I am not likely to initiate touch or in any way "act upon" their bodies. These are bodies that have already been acted upon, often suddenly, intrusively, without explanation or consideration of impact. The contact can be too overwhelming. It can generate more stimulation than the person can take in or make sense of. In those cases, simple, directed exercises, rather than touch, can help raise awareness in a more controlled way and can help the person activate a capacity to take initiative—which is often what a person loses when traumatized. It is important in working with trauma at a body level that the client has the opportunity to initiate action or direct physical contact, to be in charge of what happens with and to his or her body. The goal here is for one's body to gradually become a resource again, rather than a threat.

ML: *That's got to be a tough call, though. I think of clients who seem pretty together on the surface—and who in fact have lots going for them—and yet they have vulnerable spots that we stumble into without any warning.*

BC: I always proceed slowly before doing any body work. And even then I want to make sure we can still talk to one another—that the body work doesn't become a substitute for verbal communication or become a way to get around the difficulties we have relating to one another. I've too often seen therapists intervene with a body technique or touch to release emotions or relieve stress within the therapeutic relationship rather than explore it. I tend to introduce the possibility of direct work with the body as something I'm considering long before I actually do it. There is a dialogue that precedes body level interventions, and a dialogue that follows it, which is very different from how I was originally trained.

ML: *What other reasons might you not do body work as part of psychotherapy?*

BC: This may sound paradoxical, but I don't do hands on work with clients who are primarily seeking physical comfort and nurturance. And I say this knowing how important touch is in our lives. But I think this kind of touching can be at cross-purposes with the psychotherapy.

ML: *Why is that?*

BC: Because when clients get that kind of comfort from their therapist, it reduces the need and capacity for self exploration. It changes the treatment relationship from one that is challenging and exploring to one that is nurturing and calming—which may be healing in some ways but it's not about learning. For clients who ask for body work because they want to be touched in a nurturing way, I suggest that they work with a good massage therapist or someone who does body work with a different purpose in mind. It's not a question of nurturing touch being bad. It's just that it's not a primary function of the psychotherapy contract.

ML: *Are there other client situations where you don't use body work or even directed exercises?*

BC: I don't do direct, hands-on work with someone who is actively psychotic, that is, with someone who is having a hard time differentiating between internal states of mind and external events and stimuli. I don't think body work is helpful for someone who doesn't have a clear understanding of the function of touch—from a psychotherapeutic perspective. I see touch in psychotherapy as being primarily structuring, informative, enlivening and activating. Touch has the capacity to evoke things about one's experience of self and others. But if a client sees the touch as meant to be calming, or controlling, or sexually arousing—anything that makes our relationship rigid and that shuts down exploration, then I think touch isn't helpful without careful discussions of meanings and expectations. The meanings and impact of touch cannot be taken for granted. We cannot take for granted that the intentions of a therapist, whenever we are directive or take initiative, matches the experience of the clients.

ML: *What about directed exercises, where you aren't touching the client?*

BC: Those can be helpful in many instances, but I don't think those kinds of suggestions for physical activity or sensory awareness are useful if they do not follow the client's immediate bodily experience, if the exercises don't elaborate that emerging experience in some way. Some body-centered therapist—as I had done too often in the past—tend to rely on their repertoire of body-centered activities which essentially conform the client's body to those activities, rather than the other way around. Ironically, the body becomes

essentially disembodied with this kind of practice, because it comes out of the mental repertoire of the therapist, it becomes routinized, rather than emerging from the client's growing awareness of somatic impulses. I think when we rely too heavily on certain body-focused activities we bypass the client's emerging sense of self-experience. We are then working against the psychotherapeutic process.

ML: *In those cases, it sounds as if the therapist may be anxious about the emergent process, and may be falling back on familiar "techniques" as a way of managing the intensity.*

BC: Yes, and that's not any different than what we may do as talk therapists when things get too intense. Body-centered work at its best is carefully attentive, subtle, following the client's process in the here-and-now. Reich vividly described the therapist's attention to the client's patterns of breathing, movement, and interpersonal relating that that brought the person and the process more to life or more defended/deadened. For Reich, the therapist worked attentively at the border of the enlivening and deadening processes that emerged in each session.

ML: That reminds me of something the analyst Betty Joseph wrote, "...one cannot help patients break out of the old methods of operating...except by following minute movements of emergence and retreat, experiencing and avoiding...." (1993, p. 96).

BC: Indeed! Reich could have written that himself. Joseph addresses the tension between enlivening and deadening. It's constant, inevitable in psychotherapy. The therapist, whether working at a body level or not, needs to attend to both emergence and retreat, to use Joseph's language. Treatment modalities tend to split, favoring attention to one side of the coin or the other. Humanistic models tend to emphasize the support of emergence while often distracting from or avoiding the depth and power of retreat. Some analytic and many neo-Reichian models tend to emphasize the identification and interpretation of retreat/defense while minimizing the potentials of emergence, what Berne called physis (which Berne himself tended to ignore). When we know how to look and notice, we can literally see and experience the patterns, the struggles, between emergence and retreat in the bodies of both client and therapist.

ML: *Well, as a talk therapist, I ask this next question with some trepidation: Do you think there are psychotherapeutic outcomes that cannot be achieved without body psychotherapy?*

BC: I think it's partly an issue of efficiency. When a goal of psychotherapy is to facilitate a person's experience of being physically active in the world, with their body as an active and useful component of self experience and self understanding, then direct interventions with the body are the most efficient way of getting there. Traditional modes of psychotherapy—what you're calling "talk" therapy—aren't effective at promoting true sensorimotor learning or reorganization. If the body gets any attention at all in traditional psychotherapy, it's more an observed body than a working body.

ML: *The latter being a more direct experience compared to the observed body which is more conceptual, one step removed?*

BC: Exactly. A working body, not just a working mind. The advantage of body psychotherapy—of working directly with the body as well as the mind—is that you develop a sense of self as having an exploratory body as well as an exploratory mind, an organizing body as well as an organizing mind.

ML: *Can you give an example?*

BC: Take relationships as an example—we can learn a lot by talking about them. Yet there is another level, deeply held in the body, that often doesn't shift with just talking. This is what Berne referred to as the tissue level of the psyche and the protocol level of script formation. Words—even someone else's understanding those words—often aren't enough to reach us deeply. But when we are able to use our bodies to press into one another, to move away from each other, able to use our arms to reach, to connect, to push away, to stop—it evokes a whole other kind of organization that is profound. It gives us a whole new access to our sense of self with others.

ML: *The conceptual becomes embodied.*

BC: That's right. We can talk about being inhibited, or reaching, or grasping—but when we do those things with our actual hands, arms, and bodies, we access another kind of learning, one that operates at the sensori-motor level because it happens in the body. Sensory somatic experience facilitates understanding at the cognitive and affective levels, too.

In good psychotherapy, as things change, people become more conscious of their different impulses. If they are living in an environment (outside the therapeutic setting) that welcomes those impulses, learning to act on them may happen quickly. But that kind of welcoming is not a fact of most people's lives. Too often in our clients' lives, the people around them and their day to day environments support the status quo much more than change. Exploration and change are often met with opposition, disapproval, shame. So if those kinds of active experiences can be had with the body therapist, the changes get internalized more quickly, more deeply because they are now part of the body's process, not just ideas.

ML: *Can you give an example?*

BC: I worked with a woman who knew what she didn't want but not what she wanted. Talking about it was getting us nowhere. But when we worked directly with her bodily experience of not-wanting—people talk of wanting as if it comes from the mind instead of the body—that force in her body, the force of not wanting, changed from her idea of it being something negative, a defect or defense, to the felt sense of a positive activity. Her not wanting was *active*. And once she could experience that, she could begin to expand that active sense into areas of more obvious wanting. But it had to come from a direct experience in her body. It didn't work for her as just an idea.

ML: *It brings to mind my own experience with tango dancing, which isn't framed as a psychotherapeutic activity, but which has still pushed into and against so many areas of vulnerability: relationships especially with women, belonging as an individual in a community, having a sense of my own center and grounding, letting others publicly see what moves me erotically (and how I move erotically)—all of these were just ideas I had no idea how to address in standard talk therapy. But the discipline of the dancing provided me a way to move through many painful experiences, productively. I've seen a spillover in other areas of my life—at work, in my community. I had to have this sense of myself in my body in order to move past some of my psychological barriers.*

BC: Yes, that's it exactly, and all without paying the fees of a psychotherapist! I like to use the example when I teach about sensori-motor learning of my learning how to ski, through my

body. When I tried to learn skiing by remembering techniques in my mind, it was impossible. I was inept. When I learned by imitating someone's moving body, I "got" it.

ML: *What you've described gives me a sense of the limits of my own practice as a talk therapist. There are a number of things I will not be able to help my clients achieve if I just work with words.*

BC: Not to minimize what you do offer...but yes, I'd have to say it's true. It's partly what has kept me continually opening and refining the way I practice.

ML: *I know there are a lot of body work trainings out there, not all of them supporting body psychotherapy as you've defined it here. How would you evaluate a training program that would give me at the least the beginning of the kinds of skills you've implied here?*

BC: This is an important question. I am very leery of body therapy training programs that are technique centered or named after the trainer. For that matter when I see any training program named after the leader or only uses the theories of one or two people, I figure it's more of a religion, so run the other way. More seriously though, technique-centered trainings (and there are a lot of them) overly focus the therapist on having to do something and do not pay enough attention to the internal experience of the client and dynamics between client and therapist. I think every body therapist needs to have a clear theoretical frame of reference, a theory about why one might use touch in psychotherapy, along with the developmental aspects of touch, the functions of touch, and of physical contact over a lifetime. With that, I think the therapist needs direct experience with the different forms and functions of touch.

ML: *What you're describing sounds so basic.*

BC: It is. Body psychotherapy doesn't require a lot of complicated maneuvers. Those can be useful, but they first have to be grounded in a solid sense of how people function psychophysiologicaly and how they might respond to the use of touch in a manner that facilitates psychotherapy.

For example, just sticking with the basic practice of touch, how can the therapist learn to match different styles of touch and contact to clients' different developmental needs, all with the goal of promoting self awareness through touch?

ML: *I guess it's similar to learning how different clients make use of our asking questions or making statements—so much depends on where each person is psychologically or developmentally.*

BC: The therapist also has to learn the difference between touching and being touched. When a therapist is initiating touch, he is also being touched. There are times when the client is the one who needs to initiate or define the touching, not the therapist. Touch is a two-way process.

ML: *Similar to the way we think of transference and countertransference?*

BC: Touch is part of a complex, relational process. So a therapist's training would include recognizing the unconscious components of touch, the discrepancies between conscious intention and unconscious motivation, the client's reception of and not-always-conscious attribution of meaning to the touch.

ML: *It sounds like you're saying the therapist needs a psychodynamic understanding of the work, in which touch is just one component.*

BC: That is what I'm saying, in the sense that I think a psychodynamic orientation is the best way we have of working with very complex human processes. A body-centered therapist must have a strong grounding in character theory and some working understanding of unconscious processes. A body therapist has to have a theory of the mind as well as a theory of the body. I would also want a therapist to be exposed to multiple modalities of touch, to different theoretical frames of reference. It's otherwise too easy to get locked into one set of ideas and set of techniques.

ML: *That last requirement seems a bit much for a beginning body psychotherapist.*

BC: Perhaps. But I also think that we need set expectations for what mature practice will look like and what we will need in terms of continuing education. It's not enough just to get a two-year certificate.

ML: *It's one of the hardest things to convey about practicing as a psychotherapist—the way we have to keep learning. Bill, thanks so much for taking this time to talk.*

Reference

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