Angela Klopstech

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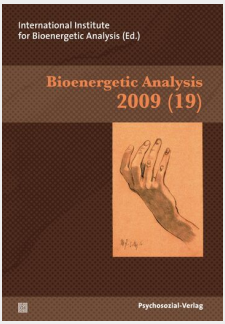

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So Which Body Is It?

The Concepts of the Body in Psychotherapy

Angela Klopstech

Summary

This paper addresses the issue of how the body is conceptualized in modern psychotherapy and, in consequence, how the conceptualizations inform treatment. The paper also addresses the question to which extent a coherent conceptualization of the body and its place in treatment is necessary (or counterproductive), and possible (or even desirable). The author argues for a multiple body perspective where required centering is provided by a selection process. A clinical illustration is also provided.

Keywords: body concepts, relationality, multiple body perspective, body metaphor,

Mainstream psychotherapy, after decades of bypassing at best and shunning at worst, is discovering the body. It is beginning to consider bodily experience and bodily communication as essential aspects of the therapeutic process. At the same time, what is perceived to be "the body" varies considerably among different schools of psychotherapy; and, in addition, body oriented psychotherapies, by their very nature, have a different perspective from verbally oriented psychotherapies when they address the body. And as the perceptions and concepts vary, so do the treatment approaches. My paper addresses the question of how is the body conceptualized in modern psychotherapy and, in consequence, how the conceptualization informs

treatment. This paper also wrestles with the question to which extent a coherent conceptualization of the body and its place in treatment is necessary (or counterproductive), and possible (or even desirable).[1], [2]

Emergence and Convergence, Part 1: The Discovery of the Body in Mainstream Psychotherapy

This is a time of convergence in psychotherapy: different disciplines have softened their ideological boundaries, have started borrowing key concepts from each other, and are in the process of integrating and absorbing concepts formerly ego-alien to them. The body, how it is viewed and conceptualized, plays a crucial role in this crossover process and the body's place in psychotherapy is being reconsidered. Obviously, it has always been at the heart of body-oriented psychotherapies, e.g. the 'energetic body' and the 'character structured body' (Reich 1983 (first English publication in 1945), 1967; Lowen 1958, 1975; Kelley 1972; Pierrakos, 1987), the 'formative body' (Keleman 1975, 1979), the 'energy flow body' (Boadella 1987), and the 'gestural body' in gestalt therapy. Now, the body emerges more and more in verbal psychotherapy, in varying contexts and with different meaning constructions, perhaps most familiarly through the concepts of somatic countertransference and bodily-based communication.

There are also other convergences taking place. After decades of separation between psychotherapy and neuroscience "the best of modern science [e.g. neuroscience] converges with the healing art of psychotherapy" (Siegel, 2003 preamble). From the convergences of the various fields of neuroscience and psychotherapy, a complex and holistic (brain-mind-emotion-body) view of the human being and of human interaction is emerging. As a by-product, various sub-fields of psychotherapy are discovering the body, but there is an absence of any nuanced conceptualization of the role and place of it in treatment.

1 Revised version of a keynote speech delivered at the inaugural conference of the Northern College for Body Psychotherapy, Lancaster, England, July 2008.

2 This paper is part of a series in which I deal with the broader topic of exploring and defining the place of bioenergetic analysis in the contemporary psychotherapy world (Klopstech 2000a, 2000b, 2004a, 2005a, 2005b, 2008).

While it is clear that the patient's body, or the bodies of both patient and therapist, have entered into awareness and gained a right of existence, how does this existence manifest itself? Non-body-oriented psychotherapies have become aware of the importance of bodily phenomena, mainly immediate bodily experience in the form of body sensations within the patient, within the therapist, and between patient and therapist. There is a growing sense of its role in communication, (tone of voice, facial expression, gestural expression, somatic countertransference etc.), but a place for the actual (whole) body has not been established. Body sensation and communicative process obviously constitute only a part, not a full array of body process. Moreover, even with the awareness of body aspects, there still is the lingering, at times uneasy, often dismissed question of what to do, if anything, with the actual bodies other than being aware of them and talking about them (Cornell 2007). There is an understandable lack of know-how about what to do with the body, and there is also judgment as well as discomfort with the tangible, emerging body itself. Discomfort paired with simultaneous interest creates conflict, which looks for resolution. The discomfort channels interest in bodily phenomena in predictable, limited ways, and into the narrow channel of the body via its symbolization, meaning construction and localized sensation. It forecloses wide-scanning curiosity in the actual flesh and tissue; in gestures in their broadest sense, including the functionality of gestures (e.g. pushing away as a means of creating distance and separateness); in the body in movement (so that sitting is the only way to be): in the body below the face in it's energetic and vital manifestations; in the body in interpersonal connection, or non-connection, with another (via negotiation of distance and space etc.). In contemporary psychotherapy, there is no expanded therapeutic frame to express, act, interact except through the narrow channel of symbolization and localized sensation. And there is still some tendency to view doing, like in acting and inter-acting, as "acting out", and broad gestural expression other than facial is still, often enough, deemed primitive and regressive (Shapiro 1996; Dimen 1998).

So which concept of the body do we, each of us, have in mind when we talk about – or pay attention to – the body in psychotherapy, and therefore, which body is it that we are we **dealing** with (talking to, talking about, fantasizing about, seeing, smelling, reacting inwardly to, reaching out for or moving away from, breathing with, touching, etc) in our consulting rooms? Is it the **actual**

body and if so, what is that exactly: the body of drives, of energy, the breathing body, the moving body, the scientific body, the medical (psychosomatic) body, the sexual body, the impassioned body? And then, is it the moment-to-moment experiencing body (i.e. the body as vehicle for reception and expression of emotion, as carrier of communication), and/or the body as place of and container for personal history; or is it the metaphorical body, the body symbolized in language? And what about the relational body, the intersubjective and interactional body? Does the body just have a face or also a torso, limbs, a skin? Do bodies touch each other, shape each other, move together?

To summarize, what correspondences, overlaps, incompatibilities, matches and mismatches are there between the different perspectives and treatment approaches? Which body is it that we are dealing with? How does the conceptualization of the body inform the treatment approach? In order to answer these questions, I first will need to provide a contextual sense of the by reviewing in broad and selective brushstrokes how the place of the body in psychotherapy evolved and changed over time. A more comprehensive overview, though not with the same focus, can be found in Downing (1996), Goodrich-Dunn & Green (2002, 2204) and Cornell (2003, 2007).

The Place of the Body in Therapy: Brief Historical Overview

1. The Common Ground: Freud

At its origin, psychotherapy was the single theory of psychoanalysis, created by Freud's genius. In constructing and reconstructing his theory, Freud seemed to struggle with the problem of how to conceptualize the body, or the connection of body and mind. His ideas changed over time, from an emphasis on psychic energy, originating from the biological drives of sexuality and aggression, to a structural theory of the unconscious. In conjunction, his treatment approaches changed, from a more body based emphasis on hypnosis and catharsis in early years, to free association and the interpretation of dreams in later years. There is a defined shift in importance from body to language, from matter to mind. All along though, the body seemed

to have held some central, if changing place. It is the body that drives the mind, making a "demand … upon the mind for work in consequence of its connection with the body" Freud (1915, p. 122). Drives are conceptualized as bodily phenomena, constituting "the frontier between the mental and the somatic" (Freud 1915, p. 122). I consider his well-known later statement that the "ego is first and foremost a body ego … derived from bodily sensations" (Freud 1923, p. 23) as a conceptual extension, linking body and bodily processes to the construction of ego and self.

It is also important to realize that Freud initially was interested in a neuroscientific foundation of psychic phenomena. In his (posthumously published) article 'Project for a Scientific Psychology' (Freud 1950, written 1895) he attempts to anchor his understanding of the 'psychic apparatus' in the just recently discovered theory of neurons, foreshadowing the contemporary struggle to bridge psychology/psychotherapy with what was to become neuroscience. He gave up on the project, but indicated in later writing that he considered this failure as merely temporary (Freud 1915, p. 174, 175).

2. Diversification and Divergence

During the decades immediately after Freud, psychoanalysis is further established as a discipline and, even more important, is the development of the broader discipline of psychotherapy with its different schools. Most of these schools are rooted in some aspect of Freudian thought, retaining various theoretical and clinical pieces while neglecting or rejecting others. Originating in the common ground of Freud's ideas, the field of psychoanalysis and psychotherapy widens and diversifies over time with increasingly diverging theories and treatment approaches. For the sake of brevity and comprehension, from this point on, I will mainly focus on the development of psychoanalysis as the example for mainstream psychotherapy, and on the development of bioenergetic analysis, as the example for body psychotherapy. This procedure carries the risk of oversimplification but it has the advantage of limiting an otherwise dizzying array of theories and 'bodies' to a manageable quantity for the scope of this paper.

Freud's theories of drives and the unconscious keep dominating **classical psychoanalysis**, while, simultaneously, the privilege of language over body,

insight over direct experience, mind over matter becomes firmly cemented. The therapeutic frame allows only for the 'languaged', i.e. the metaphorical or symbolized body. The actual physical body, the 'unlanguaged body' representing subsymbolic process (Bucci 1997), is viewed as primitive, to be removed from the consulting room.[3] Consequently, bodily experience and expressions are considered as 'acting out' and regression.

Also, Freud's neuroscience efforts fall into oblivion because neuroscience data and theories are considered as too biological, too focused on the cognitive and irrelevant for treatment issues. **Neuroscience** follows its own path and develops into an altogether medical discipline, in turn considering psychoanalysis as irrelevant and unscientific.

Classical body psychotherapy, as created by Reich (1983, first published in English in 1945), has its roots in Freud's ideas, but in contrast to psychoanalysis, in his early, more body oriented theories. Reich expands Freud's drive theory significantly. He introduces the crucial concept of bodily defenses, the energetic counterpart to psychic defenses, thus developing an understanding of, and a model for, the connection and interaction of body and mind. Subsequently, he went on to formulate not only new body-oriented methods for treatment, but a holistic model of human behavior, based on the concept of energy. Reich's theories get further developed and diversified into different schools of body psychotherapy by his followers, e.g. into bioenergetic analysis (Lowen 1958, 1975, 1988), radix (Kelley 1972), formative psychology (Keleman 1975, 1986) and biosynthesis (Boadella 1987). While they differ significantly in detail, they share the common view that the body and not language, is at the heart of theory and treatment. Their theory and clinical practice centers on the 'energy body' of cells, muscles, flesh and movement, the observable body, the 'touch body', the body as experiencing and feeling agent in the present and the body as repository of history. In this therapeutic frame, the body represents freedom and impulse, not primitivism, and what psychoanalysis labels as 'acting out' is labeled here as aliveness or vitality.

3 I will use the term 'unlanguaged body' for the body of movement, gestures, holding patterns, facial and vocal expressions, in short for the body whose experiences and expressions have not (yet) been transferred into language. More familiar in this context might be Bucci's term 'subsymbolic (Bucci 1997). By 'languaged body' I will be referring to the experiences and expressions of the body that have been put into words. Traditionally this may be referred to as the symbolic or linguistic or verbalized body.

Most schools of psychotherapy, which developed in the decades after Freud, trace their roots back to psychoanalysis, and most of them give little room to the body in their theories or clinical practice. The humanistic psychotherapies are an exception. Particularly gestalt therapy and transactional analysis try to straddle the divide between the languaged and the unlanguaged body, e.g. making room for the body as experiencing and communicating agent. Over time, the term 'verbal psychotherapies' is coined. They are considered mainstream psychotherapy while body oriented psychotherapies remain marginalized. This only begins to change with the emergence of new paradigms in the therapeutic arena.

3. New Paradigms: Relationality and Affective Neuroscience

In the later part of the twentieth century, the psychoanalytic field shifts. By bringing together the British object relations school and the American interpersonal tradition, a new paradigm, **relationality**, emerges that emphasizes the importance of the relationship between therapist and patient. Relationality (Greenberg and Mitchell 1983) is a dyadic theory of mind. It has a profound impact on how therapy process and the therapeutic encounter are conceptualized. Key concepts are subjectivity and intersubjectivity, i.e. the recognition of subjective mental states within oneself as well as in the other; mutuality, i.e. the mutual influence within the therapeutic dyad; co-creation of experience and meaning; two-person psychology which emphasizes therapist and patient as co-creating individuals; enactment, i.e. the intermingling of unconscious experience.

The other paradigm, **affective or interpersonal neuroscience** (Damasio 1994, 1999; Siegel 1999; Schore 2003a), emerges from a renewed interest in and re-evaluation of the role of emotion and affect in human development. It is grounded in a wealth of data originating from new imaging techniques in neuroscience. Emotion and emotional relationships become the core issue in the study of consciousness and the unconscious. Theory building revolves around "body and emotion in the making of consciousness" (Damasio 1999, cover). In this context, the body resurfaces as processor and expresser of emotion.

Emergence and Convergence, Part 2: The Interweave

As old and new paradigms interweave, links between psychotherapy and neuroscience, as well as between brain, body and therapeutic process unfold. Differing therapeutic modalities are beginning to have key concepts in common. As part of this interweave, the body, with its physicality as well as with its various linguistic and cultural meanings, is occupying a prominent place.

The Impact of the Relational and the Neuroscience Paradigms on Bioenergetic Analysis

The relational paradigm changed the clinical practice and the view of the body within bioenergetic analysis in major ways (Campbell 1995, Finlay 1999, Heinrich 1999; Hilton 2007, Carle 2002, Klopstech 2000b, Resneck-Sannes 2002, Schindler 2002, Sieck 2007). All along there had been some unease with the exclusively energetic and characterological body and the potentially mechanistic and overly objective view of the body. The relational perspective made room for subjective and intersubjective experience of patient and therapist, questioning the hegemony of assumed objectivity in bioenergetic theory.[4] In my view, the integration of relational ideas allowed

4 The coexistence of the objectively assessed (by the therapist) and the subjectively experienced (by the patient and the therapist) body in bioenergetic theory and practice is of recent vintage and, the entire topic deserves further elaboration. But for our current purposes, I will briefly deal with a philosophical background. It was through the advent of postmodernism that the existence of an objective view of the world, and with it the omnipresence of hierarchical, logo-centric, male-centric and rational interpretations of human nature and culture has been challenged. Co-constructed experience and co-constructed understanding, or 'meaning', by all players involved is favored over objective and deterministic views within a given hierarchy. In Bioenergetic therapy, this would e.g. mean that the therapist does not become an arbiter of objective truth via his/her knowledge of character structure and body-reading, but instead holds just one view of the goings on in the therapeutic encounter. This view, together with the patient's view rooted in her/his subjective experience and also the therapist's subjective experience would lead to a co-created meaning or understanding of what is happening. Meaning' (or reality, or understanding, or truth) is thus always objective and subjective, a social construction, sensitive to time and context. Relationality, with its emphasis on subjectivity, intersubjectivity and mutuality as opposed to objectivity and hierarchy has certainly some roots in postmodernism. An in-depth review on the connection between relationality and postmodernism is provided by Mills (2004).

for the richness of the clinical repertoire of traditional body oriented psychotherapy to become more evident and to unfold more fully. In addition to the traditional focus on the more fixed and defended characterological body, the focus is now equally on the bodily experience in the immediate interaction in the therapy dyad, the body 'in action' within the interaction, the body in the present moment, the communicating and interacting bodies of patient and therapist, within a somatic dyad.[5]

The relational view has now become firmly established in body psychotherapy, but only recently has body psychotherapy, including bioenergetic analysis, begun to consider the implications of neuroscience to its domain (Koemeda & Steinmann 2004; Lewis 2004, 2005; Klopstech 2005a, 2005b, 2008; Resneck-Sannes 2005, 2007; Koemeda 2007). On one hand, the implications require a re-evaluation of some of our own core concepts, such as catharsis, charge and self regulation and imply some re-shaping into broader concepts, e.g. extending Reichian self regulation into the broader concept of mutual regulation.

But the implications are potentially larger in different and unexpected ways. It becomes increasingly clear that neuroscience has fundamentally changed the view of what matters in psychotherapy and that it is breaking up the long standing privilege of languaged process over body process, giving both equal importance. "For the first time from outside of body psychotherapy, the body is treated as an active and necessary protagonist for understanding development and process in psychotherapy" (Klopstech 2008, p. 119). As an aside, body process is our area of expertise which, if "advertised well", might create substantial interest from mainstream verbal therapies in body oriented thinking and interventions (Klopstech 2008).

The Rediscovery of the Body in Psychoanalysis

The expansion that psychoanalysis experienced from the emergence and its embrace of relationality was accompanied by a changed view of the body

5 As is frequently true with new syntheses, there is now the danger that the relational emphasis will swamp out the knowledge and techniques that are contained in the characterological and energetic understandings.

and its role in analytic process. Subjectivity focuses on feeling and subjective experience and therefore, necessarily, on the body. The experienced body, as we refer to it in bioenergetic analysis, becomes the subjective body, and the "bodily rooted self" (Aaron 1998, p. xxvii) in psychoanalysis, moving it from the kitty corner of analytic theory towards the limelight. Intersubjectivity is not only about two minds intertwined but about two bodies intersubjectively intertwined, Therefore both the patient's body and the therapist's body contribute to the relational body The 'relational body' in psychoanalysis is both; it is physical and subjective, like Aaron's bodily rooted self and it is a "complex construction" that is "interpersonal and fluid" (Harris 1998, p. 39, 43). And Dimen (1998, p. 68) brings relational and body-oriented concepts together by pairing up enactment and embodiment, as they "have in common their habituation of the inarticulate" i.e. the unlanguaged body.

To summarize, the integration of relational concepts has contributed much nuance to the theory of **body psychotherapy** and more 'bodies' to pay attention to in the clinical process, while the interweave with neuroscience provides links to the mainstream. The integration of relational and neuroscience concepts into **psychoanalysis and psychotherapy** has brought the physical body into awareness and language, and potentially into actual treatment.

Multiplicity and Selectivity

Initially, there was insufficient attention paid to the body, and now there may be 'too many bodies' to pay attention to. There is a "dizzying array of languages for the body … [that] expresses an excess of meaning the body stands for, contains, generates" (Dimen 1998, p. 65, 66). This newfound multiplicity requires selectivity and centering in order to be of any use either theoretically or practically. In my own view and clinical practice, I have adopted an approach that can be summarized by the somewhat awkward label of 'centered multiplicity of bodies'.

Multiplicity addresses the issue of inclusiveness. The body in modern (and postmodern) psychotherapy needs to include the objective physical body with its emotional and energetic (i.e. arousal and vital) dynamics,

with its history and its character structure. But it also needs to be viewed side-by-side with the subjective and the intersubjective body that allows for communication, co-creation, and enactment. And there needs to be room for the interactional body, the body in action and inter-action (one can consider awareness, reflection and symbolization as action (Harris 1998). Obviously, others also argue for a multiplicity of bodies. Cornell, a psychoanalytically informed body-centered psychotherapist, speaks of the body in relation to itself as well as the body in relation to others (Cornell 2007) and Dimen, a relational psychoanalyst, sees multiple bodies forming "a crazy quilt of overlaps, mismatches, and novelty, the stuff of excitement, anguish, sanity and madness" (Dimen 1998, p. 74). All these bodies take up residence in our consulting room as soon as patient and therapist meet, even if they are denied conscious entry.

While I argue that it is necessary for psychotherapists to have multiple perspectives on the body, this alone is not enough. The complexity of multiple bodies can be awesome, and, with all the various bodies vying for attention, an element of choice has to be present. Multiplicity needs to be paired with selectivity. Specificity and centeredness need to smartly counterbalance multiplicity so that creative and productive multiplicity does not turn into headless/mindless proliferation. It seems to me that each of us, in our way of attending to the body, has explicit preferences and implicit predilections which are based on our training, our philosophical outlook, our professional readings, our professional identification and, of course, our own bodily organization and it's issues. Which specific body -or bodies- takes center stage at a given moment, a specific day, or during a particular phase of treatment, depends on the preferences (which I consider a conscious matter) and predilections (which I consider more elusive to consciousness) of therapist and patient. These preferences and predilections shape which conceptualizations of the body speak to us and which do not, and which body oriented interactions (in the broadest sense of the word) become part of the therapeutic encounter. Selectivity via preferences and predilections establishes the mix of choice and enactment, a blend of the explicit (conscious) and the implicit (preconscious, unconscious), from the pool of multiple bodies.

I would like to believe that we, as therapists, have come to know the various bodies well, in their many incarnations, and that we invite them

into our consulting room, as well as into our personal lives. But the complexity of multiple bodies is awesome and I wonder, even with selection and focus, how we can deal with this multitude. I believe the best we can do is to stretch our professional comfort zone and to gain some familiarity with 'the other bodies', the ones that, for whatever reason, we tend not to appreciate. Becoming familiar presupposes being curious and informed rather than judgmental and rejecting. With curiosity and the familiarity that comes through knowledge, we can allow for different bodies to 'show up' and for any enactment to have it's pull, while still making a conscious choice within the therapeutic dyad along the lines of 'which body is it'. This means for non-body oriented psychotherapists to overcome their discomfort and fear of the actual body, specifically bodily expression of emotion. It also means for body psychotherapists to abdicate the power of being the ones who know about "the body" and instead give more credence and attention to the co-creations within the somatic dyad. It is this stretch of comfort zones that might help to anchor the emerging somatic paradigm more firmly in psychoanalysis and psychotherapy. In body psychotherapy, it might facilitate the necessary process of creating nuance.

Clinical Perspectives: Body-in-Language

I will present a clinical illustration of how I attempt to juggle multiple body perspectives. For purposes of identification, my home base is bioenergetic analysis leavened by psychoanalytic understanding and neuroscience findings.

The illustration focuses on possibilities of 'what to do with the body beyond talking', and will take a multiple-body perspective. There will be my conscious choices of which 'body' to focus on, but there will also be present my reacting to and interacting with my patient's choices. The example is presented in the form of small segments from several therapy sessions. The segments are cursory and moment-focused, and I call them clinical moments. The clinical moments revolve around a body metaphor brought into the therapy process by my patient Susan. This metaphor is the way Susan brings her body into the sessions.

In a recent session, Susan talks about her body as "being a house with many windows". All the while, she keeps pointing to her chest rather vigorously, as if to claim ownership. My immediate association is an image of Susan from an early time of her treatment when there was obviously 'nobody home', 'no body home' in the woman who was in my office then: her chest was sunken, her handshake limp, her face rather grayish and her eyes half closed, eyeballs rolled up and eyelids fluttering. This earlier woman was quite different from the one sitting in my office right now, perky and with a direct gaze, speaking about being a house with many windows.

Her metaphor is rich with many different components. There is the 'house' standing for ownership, belonging, for structure and for boundaries. And there are the 'windows', actually many windows, standing for openings, views, and eyes; for looking out and for looking in, looking for a relationship to the outside world. The togetherness of 'house' and 'many windows' in the metaphor evokes a simultaneous sense of stability and openness, maybe vulnerability from openness; the gesture of pointing to the chest, the seat of the "I", at least in the Western hemisphere, accentuates the ownership. Obviously, this metaphor presents multiple experiences of and perspectives on the body with many opportunities for choice and exploration. Within the context of multiplicity and selectivity, I will point to some of the routes we followed in subsequent treatment. The sequencing of interactions corresponds to the actual sequence of the way they occurred in the therapy.

Initial clinical moment: There is the relational body psychotherapist in me that has an immediate response of delight, and a question to go with it: "Sounds inviting to me! Does your house have a door?" "Of course, Angela", my patient responds, opening her arms and extending her hands – without being consciously aware of the gesture, as she later tells me. I stretch out my hand, picking up on the perceived verbal and bodily invitation with a body response of mine, no words. She takes my hand without hesitation. There is no limp handshake this time, there is somebody home, welcoming me in.

Explication: In the moment-to moment-interaction I pick up on the relational content of the metaphor, the openness expressed by 'many windows'

that feels to me like an invitation, maybe? This assumption, put as a question, leads to a spontaneous physical interaction, bringing both our gestural/relational/touch bodies into the foreground. In the further course of the session, my patient's characterlogical body surfaces, when we both talk about how difficult it has always been for her, given her family context, to trust and reach out. Alternately, viewing our spontaneous physical interaction as limbic resonance would pay attention to the neuropsychological bodies in our dyad. And, of course, our talking about what happened involves the languaged body. This course of action is a typical example of modern body-oriented psychotherapy, including bioenergetic analysis. The relational bodies, the energetic/physical bodies and the neuropsychological bodies share the stage in roughly equal amounts without giving ideological authority to any single perspective.

Second clinical moment during one of the subsequent sessions: Remembering her half-closed, fluttering eyes of the past, I ask her what the windows look like. She laughs and says that, of course, the windows are very clean and sparkling, testament to her strict Irish-German upbringing. But, she adds, these are her own windows in her own house, not the ones in her parents' house, and she would do the cleaning because wants to, not because she has to.

Explication: By using my memory of her 'past body' from our early therapy process, and, being struck by the contrast, I arrive at a question that addresses the body image in her metaphor. My emotional body is curious about a specific aspect, the windows, in Susan's metaphorical body. Susan's association about her upbringing brings us right into the midst of biographical material, i. e. a much earlier body from childhood**.** This is a direction that any non-body psychotherapist could easily follow; verbalizing and exploring further the metaphorical body, developing it into a narrative body.

The third clinical moment a couple of sessions later: This is more in the spirit of classical body psychotherapy. I invite Susan to explore her house further, particularly the view from every window. Although **I** invite an exploration, the method of exploring will be **her** choice. She chooses to get down on all fours, crouching, to look through the basement windows. Then,

she sits on the floor for the ground floor windows, then on a chair for the first floor windows, and then stands on her feet for the upper floors. Finally she is up on her toes to look out of the attic, feeling "on top of the world", but also a little unstable. In this manner, she inhabits all of her house; using her whole body, while being able to, and actually wanting to, look at the 'outside' world. There is somebody home and she feels at home.

Explication: In this scenario, Susan implicitly builds on the grounding work we had experimented with in many previous sessions. She starts looking out of the windows from the "ground", providing herself with safety and security for the daring endeavor of actively looking out at the world outside of herself. Active looking at the world, especially at people, even staring them down, has been an important part of her therapy process up to this point. All of this is classical bioenergetic process – the patient experimenting with her energetic, moving body – following basic principles such as grounding and working with energetic blocks, in this instance an eye block. Gestalt therapy or psychodrama, or any verbal therapy that makes room for experimentation with the moving body, might have followed a similar route by asking the patient to explore her house, though without paying attention to underlying energetic principles.

Body Metaphors in Clinical Process

I have deliberately chosen clinical moments involving a body metaphor because body metaphors are particularly suited examples of how the body appears in language. They are immediate examples of the 'languaged body' and the subjectively experienced body. At the same time they offer easy access to other bodies: in the above instances, the energetic body, the moving body, the relational body, the touch body, the developmental body and the biographical body.

It is my belief that body metaphors are not worked with frequently enough with sufficient depth, and are thus an underutilized area of psychotherapy, even of body psychotherapy. This is unfortunate since the immediacy, the knowledge and empathic potential contained in their imagery provide potent vehicles for dyadic interplay. They need little explanation,

but lend themselves to rich exploration, deep into biography and far into associations. This applies even more so to 'hardcore' body metaphors than to personal body metaphors such as Susan's. Hardcore body metaphors are phrases and expressions that have distilled essential meaning about the body in its everyday action and appearance and that, through this distillation process have become part of common language, part of everybody's language. Examples of such universal metaphors, familiar to any bioenergetic therapist, are: to lose one's head, to keep one's feet on the ground, to be thin skinned, to have a voice, the eyes are the mirror of the soul, etc. These are different from Susan's metaphor, which is an individually created one and not a hardcore or universal one.

Body metaphors, both individual and universal, are powerful forms of communication and instruments of limbic resonance, and the multiplicity of bodies they bring into the consulting room is obvious. Thus, they provide an easy treatment approach from somatic, verbal and relational perspectives. In this sense, body metaphors are at the contact boundary between body psychotherapy and "not-primarily-body-oriented psychotherapy", blurring the boundary between the two.

Final Remarks

Body metaphors are a good playground for multiple bodies. By definition, they are about the unlanguaged body and the languaged one, and by choice –of patient and/or therapist –, they involve the relational body as well as the neuropsychological one. But body metaphors are only one example involving multiple bodies in treatment. For most of the topics and issues that my patients bring into the office, a variety of bodies are present and vying for attention. It is my hope that we, as therapists, through the continuing process of smartly adopting each other's concepts, keep making room for the body in all its incarnations in our theoretical frames and in our consulting rooms.

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