

The Body and Identity – An Explorative Study

By Caroline Ng

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Supervisor:

Cathal O’Keeffe

***“THERE IS NO GREATER AGONY THAN BEARING AN
UNTOLD STORY INSIDE YOU.”***

Maya Angelou, from ‘I Know Why the Caged Bird Sings’

CONTENTS

ACKNOWLEDGEMENTS	i
ABSTRACT.....	ii
CHAPTER 1	1
INTRODUCTION	1
1.1 What is a body?.....	1
1.2 The Mirror Stage.....	2
1.3 Attachment Theory	4
CHAPTER 2	8
WHEN THE BODY SPEAKS, WE LISTEN.....	8
2.1 Pain in the body	8
2.2 The concept of ‘Surrender’	12
CHAPTER 3	17
CONCLUSION.....	17
BIBLIOGRAPHY	20

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ABSTRACT

Using a desk based research approach to this study; it contains secondary resources taken from library books, and online academic journals. The study aims to illustrate how we come to identify with our body which in turn influences how we think and feel about ourselves in our body. Additionally the study aims to show the connection between the soma (body) and the psyche (mind) and it gives different examples of clients experiencing limiting pain in their bodies.

Throughout these accounts, psychotherapists help their clients realise that their pain may not be what they think it is. By allowing themselves to connect with both their physical symptoms and their mental and emotional distress, clients were able to live more fulfilling lives.

CHAPTER 1

INTRODUCTION

1.1 What is a body?

Our bodies can represent many things. It is a container for our organs, our thoughts and our emotions. It is an expression of something; an image to others and ourselves. It speaks verbally and non-verbally through body language. The outer parts are representative of our inside world; the phrase ‘healthy body, healthy mind’ comes to light. The body is an object of movement and action; it is also a vehicle for communication, connection and change; and it is the make-up of two people: our parents. Without it, we cannot make sense of the world around us; as sensual beings, we process our surroundings through the five senses of touch, taste, sight, sound, and smell. The body is also something that is used and abused, respected and disrespected, and something that is loved or hated. It defines us by our talents, culture, gender, sexuality and age. We are energetic organisms beating to the rhythm of our hearts. We are also carriers of pain and grief, affected by the environment we have moulded ourselves into, whether past, present or future. We can use it to create, as well as destroy, and it can be the prison we live in or the seeker of freedom.

Babette Rothschild (2002, p.107-128) views the body as a *resource* which comprises of the following elements: 1) act as an ‘anchor’ which distinguishes the past from the present; 2) a ‘gauge’ to estimate what a person is experiencing in their body in the here and now; 3) to have the ability to stabilise oneself by applying the ‘brakes’ when the body is stressed or in hyperarousal mode; and 4) to use the body as a ‘diary’ for unlimited information and answers through its sensory storage and messaging system e.g. tracking the triggers which disturb the

automatic nervous system (ANS). The following paragraphs will look at how we identify with our body from a young age, and how this in turn influences the way we see ourselves in the world. It is also the beginning of internalised beliefs about ourselves and those around us. This study will also explore some case studies whereby therapists have assisted their clients in the process of recognising parts of themselves that hold them back in life. Furthermore, not focussing on any particular form of psychotherapy, the case studies highlight that the therapeutic work involved and the trust within the therapeutic alliance empowers the client to unlock restrictions and limitations in their body.

Additionally, this study acknowledges the connection between the soma and the psyche. As Freud (1905) points out in his work with hysteria, that it is not enough to just look at mental disturbances and physical symptoms separately; but to know and understand that they are actually inseparable entities and incredibly interlinked. Noting the importance of and linking in the memories of a patient's history and family background to their illness, Freud (1905, p.18) was able to achieve two aims: 1) to remove a patient's symptoms and to replace them by conscious thoughts; and 2) to help the patient piece together missing parts of their memory. When one aim is achieved, so is the other.

1.2 The Mirror Stage

Bailly (2009, p.29) writes about Jacques Lacan's (1963) 'Mirror Stage' and explains that the concept behind Lacan's theory relates to the first time a child identifies itself with an image it sees in the mirror. This identification then becomes the 'I' in which the child refers to itself. This is also the 'I' whom we describe ourselves to the outside world and is referred to as the ego to Lacan e.g. 'I am Australian, I am an Olympic Champion.' By reading the previous 'I

am...’ statement, it is almost impossible not to imagine and ascribe certain viewpoints or images to the words used. Bailly (2009, p.29) further writes that Lacan refers to the child identity as the ‘Subject’, in which it contains and discloses itself through signifiers; it expresses itself unconsciously.

When babies are born, they are completely dependent on their mother. As a result, their own perception of themselves is fragmented and they only see themselves as a part of their mother. Unlike other animals and higher primates e.g. monkeys and apes, human babies are unable to walk, stand or dexterously grasp objects. The first time a baby (between six to eighteen months old) sees itself in a mirror and acknowledges that it has a body all to itself, there is a feeling of excitement and joy which it shares with the accompanying adult e.g. it turns to look at its mother during this new revelation. Lacan states (as cited in Bailly, 2009, p.29) that the mirror stage is the beginning of ego formation, whereby there is a change in the Subject’s perception of themselves; and their identity is now attached to an image which has evoked powerful emotion within the Subject.

The Mirror Stage can also cause perplexity for the child. It experiences itself as an ‘other’ (Bailly, 2009, p.30) and feels split off from itself in the mirror. The child has to face reality and is met with false beliefs about itself, firstly that they are no longer a part of their mother; and secondly that it’s easier to recognise others than it is to recognise themselves. The Mirror Stage becomes a symbolic realm for the child; the image of themselves is skewed (left becomes right) and they know that the image they see is not the real person. They are the same, yet not the same. From a young age, the child’s identity becomes ‘what I am’ and ‘what others and I see of me’ (Bailly, 2009, p.31).

In psychoanalysis, it is viewed that the relationship a person has with their own identity is based on the term ‘narcissism’ (Bailly, 2009, p.31) – not in the negative sense of vanity, but

in a way that arouses a beloved view of ourselves (and this isn't in a positive sense either). We hold on to this beloved view because without it, everything else tumbles down. To criticise or attack this beloved image/identity is to shake up and threaten their perceived world with which they have identified. Bailly (2009, p.37) illustrates that the mother's gaze is the baby's first mirror and that it registers whether the mother is smiling lovingly or is met with anger. This sets the tone for the child's mirror image/identity and it also stresses the consequences in a child's development if a mother's gaze was to fail at being the baby's first mirror. Children experience distorted mirrors or no mirrors at all when they have a mother who is severely depressed, mentally ill or if they happen to be completely self-centred e.g. the lack of eye-to-eye contact seen in autistic children can be seen as an omission of Subject. In other words, their lack of eye contact is not because their social skills are disturbed, but because their difficulty in communication is caused by a lack of an early Mirror Stage where the perceived fragmented self (still a part of the mother) has not progressed onto the transformed perception of self (image identification/Subject).

1.3 Attachment Theory

Although Bailly's (2009) writings refer to the mother in 'The Mirror Stage', Bowlby (1969, p.177) mentions in his footnotes that throughout his book the case histories relate to the person who mothers the child and whom they become attached rather than to their biological mother. Bowlby's (1969) research shows our biologically driven need for connection and describes four phases in which children develop attachment behaviour.

During Phase 1, babies learn to discriminate one person from another through their sense of smell (olfactory stimuli) and sense of hearing (auditory stimuli). This phase lasts from birth

to about eight to twelve weeks and a baby learns to orientate itself towards a certain person by tracking movements of the eyes, grasping and reaching, smiling and babbling (Bowlby, 1969, p.266). Babies will often use crying as a way to get a person's attention and influence that person's behaviour in order to gain proximity to them. After twelve weeks these behaviours are intensified.

Phase 2 is met with similar responses, but the baby's friendly responses are directed more towards its mother-figure than towards other people. In this phase, babies start to learn how to discriminate through visual stimuli before about ten weeks old and Phase 2 lasts until about six months of age. The first two stages could last longer depending on a child's circumstances.

Phase 3 involves an increase in discrimination between people. This phase is particularly notable around the child's behaviour when their mother leaves them, greeting her when she comes back and using her as a base from which to explore. In conjunction, the friendly responses to other people begin to fade. Some people become subsidiary attachment-figures, others not so much. Strangers are treated with caution as they tend to cause alarm and withdrawal. In this case, it's easy to see the child's attachment to their mother-figure. This phase starts between six and seven months of age but could also start after the first year if an infant had little contact with a main figure. The phase could last throughout the second year and into the third. During Phase 3, a child maintains their proximity to an attachment-figure by means of simply organised goal-corrected systems utilising a more or less primitive cognitive map (Bowlby, 1969, p.267). Using this map, a child begins to learn that the mother-figure is an independent object, moving and existing in their own time and space. A child can't fully comprehend what influences their mother's movements away from or to them, or

what they could do to influence her behaviour. The mother attends to her own goals which may conflict with the child's desires.

However, during Phase 4 all this changes and the child learns to observe the mother's behaviour and what influences it. By doing this the child also learns to communicate through a new form of language (verbal and non-verbal) and begins to read the mother's feelings and motives, all the while familiarising themselves with the mother's set-goals (actions) and how she plans on achieving them. This phase is all about developing insight into another person's world and opens up a more sophisticated understanding of the environment for the child.

Bowlby (1969, p.268) calls the beginning of this complex relationship a 'partnership'.

Bowlby (1969, p.371-374) points out that there is a difference between 'attachment' and 'attachment behaviour' in that to call a child attached or experiencing an attachment means they are disposed to seek proximity to a specific figure, especially when frightened, tired or ill; and attachment behaviour relates to the different forms of behaviour the child engages in in order to gain and maintain proximity.

As mentioned earlier, Bowlby's (1969) attachment theory doesn't only involve biological mothers but also extends to fathers, grandparents, relatives, school teachers and other possible carers (persons who mother). During adolescence and adulthood, attachment behaviour is directed towards our peers and partners. Our attachment behaviour is then structured around groups and institutions other than family. Many people can establish a subordinate or principal attachment-'figure' in a school or college, a work group, a religious group or a political group (Bowlby, 1969, p.207). In doing so, we identify ourselves with a person, a group/institution, an idea or image.

Both Lacan's (1963) writings and Bowlby's (1969) research reflect the need for and importance of connection between infant and carer. Bowlby (1969, p.209) states that no form

of behaviour is accompanied by stronger feeling than is attachment behaviour, and attachment-figures are greeted and met with love and joy. Both theories echo the power between emotion and connection. Bowlby (1969, p.209) further writes that as long as a child is in close proximity to their principal attachment-figure, he/she will feel secure; but if he/she experiences a threat of loss, then anxiety and sorrow will ensue; this in turn arouses anger.

CHAPTER 2

WHEN THE BODY SPEAKS, WE LISTEN

2.1 Pain in the body

The following case study describes Barbara Shapiro's (2003) work with an adolescent girl named Kai¹ who suffered from paralysing chronic pain. Chapter 1 asked 'What is a body?' and explored how identity is attached to the body. Chapter 2 will look at the experience of living in a body and what it could mean. It will also look at different approaches that therapists adopt when working with their client. In the case study of Kai, we see a need to respect the patient's image identification and an unravelling of unconscious signifiers that represent different aspects of the patient.

When Kai was referred to Shapiro (2003), she was unable to walk, move any part of her body, feed or toilet herself, or maintain personal hygiene for several months including her menstrual flow. She was in severe pain and extremely fatigued. She slept with her mother and her mother fed her, took up bathroom duties, and Kai was washed by her family. Shapiro (2003) saw that her medical examinations were normal except for her physical examination which showed a diagnosis of fibromyalgia² and Shapiro also observed modern day society's need to separate the body from the mind in biomedical treatment. Medical professionals focussed mainly on Kai's physiological causes of her symptoms.

Aged 13, Kai slumped over in Shapiro's (2003) office chair after her father lifted her from her wheelchair. Her father spoke of how any touch would hurt her. Realising that not all

¹ All case study names used in this dissertation are pseudonyms given by the authors to their clients.

² Fibromyalgia is a chronic pain syndrome involving the muscles and tendons. Kai experienced a weakening in her muscles and tendons from inactivity. *Shapiro (2003)*.

patients and their families are accepting of the notion that the body and the mind are linked; sometimes it is better to be diagnosed with a physical symptom than to be labelled with 'it's all in your mind'; or to be seen as a liar, or be the parent of a liar. With this awareness, Shapiro (2003) had to trail a fine line between setting boundaries in her work and respecting the complexity of the inner workings of a familial system by honouring Kai's symptoms as her own; and also voicing the possibility that pain could exist without disease and that all feelings, thoughts and observations about both mind and body were to be respected and listened to.

Winnicott (1964, as cited in Shapiro, 2003) says psychosomatic symptoms reflect a primary and defensive mind-body split and indeed, when the parents left Kai alone with Shapiro (2003) in their first meeting, Kai revealed that she wasn't sure herself that she wanted to get any better and felt bad about it. She also didn't believe in the connection between her physical symptoms and her psyche. This was a classic example of Freud's (1905, p.42-43) Dora case whereby the patient held onto her illness because it offered a secondary function or gain; it served an unconscious motive. Shapiro (2003) never spoke about the link between Kai's emotional difficulties and her physical problems because Kai's defenses were still strong; and taking into account Kai and her family's cultural background, it was better to 'save face' and have physical symptoms than to suffer the sting of shame and cultural stigma. Shapiro (2003) points out that the shame had to be addressed before the soma and the psyche can be bridged.

After ten months of psychotherapy and two years of analysis, aged 16, Kai briskly walked into Shapiro's (2003) office and presented a poem that Shapiro read aloud:

Two faced

*Blazing warmth and comfort,
Security and hypnotic rhythm,
I relax you and heal the aches of your day.
Scorching red poison, my limbs can kill
Licking at your body,
Flirting with your hair,
I toy with you, and destroy you slowly.*

For Kai, it elicited sexuality and destruction. Shapiro (2003) described Kai as unusually articulate and introspective for her age. Kai's parents were born in Asia, were college educated and came from professional families. From a young age, Kai was to learn about cultural customs and expectations which caused problems in her parent's marriage. When Kai was 4 months old, the family moved to the United States and found it difficult to adjust. Kai's mother felt isolated and lost; she missed being surrounded by family members while the father worked most of the time. The mother's attention focussed on Kai's brother who was 5 years old at the time and who withdrew and didn't talk with the parents. Kai's mother became extremely depressed until it began to lift when Kai was 18 months old but she tearfully described the relationship with her baby as 'crabby' and 'I wasn't there'.

Shapiro (2003) learned of Kai's regression to be forever young (like a baby), free from family responsibility and free from family secrets that she had internalised e.g. unspoken conflicts, the options open to women, and her mother's deep inner sadness. She was a high achiever in school and responded to stress with headaches and abdominal pain. She hit puberty at age 11. At age 12 she developed headaches when her brother left for college (which also deeply saddened the parents), and then developed abdominal pain when her mother started working again for the first time since the brother was born. This pain was joined by great fatigue. The mother had to take leave of absence from work and this was the beginning of Kai's illness and several months of medical examinations before she went to see Shapiro (2003).

It was easy to see that Kai's symptoms were a result of separation, aggression and sexuality which led to a split between the soma and psyche (Shapiro, 2003). Kai's parents were also split in their relationship with each other and their view towards the illness; the mother believed in emotional triggers while the father believed Kai to be severely ill or a malingerer. When Shapiro (2003) agreed to meet Kai and the parents separately on a weekly basis for psychoanalytic psychotherapy, their work together revealed how Kai's illness acted as a buffer for the parent's troubled relationship; that the mother felt depressed and feared her own future as Kai improved in her health; and that Kai's father thought Kai would never get better and believed that it was weakness of will that explained her symptoms. Her illness prevented her from dealing with conflicts around sexuality and dating, independence and autonomy – things of which she believed her father would be highly critical over. She also expressed her anger towards her brother for not paving the way towards being American.

Working with dreams and imagery, Shapiro (2003) was able to unlock the deeper meanings behind Kai's problems e.g. Kai talked about a geometry question she always got wrong, in the same way test after test, and it involved calculating the reverse angle in clocks. When asked what it was about clocks, times or angles, Kai stated that she always wished it was this time or that time but never the time it was; wishing for a better time and wishing she could rewind the clock to when she was a baby. When she heard what she had said aloud, she wondered whether that was the source of her problems – at that moment in *time*, Shapiro (2003) pointed at the clock and ended their session, 'Speaking of time, it is time.' Shocked and hurt, Kai felt the anxiety of separation and rejection, 'I hate that. How can you interrupt such a pensive moment?', and stood up with slouched shoulders while shooting Shapiro an angry look. Walking towards the door, Shapiro (2003) described Kai slouching even more, face puckered, looking down and grabbing her stomach as she 'whisper-wailed', 'My stomach hurts'.

Although Kai found Shapiro's approach insensitive to her needs and Shapiro admitted to her own blind spots, this enactment opened up future opportunities to explore themes of longing for closeness with her mother, wanting acceptance from her father, separation, aggression, her cultural background and difficulties in assimilating into a new culture and her sexuality. By addressing the shame that Kai felt, Shapiro (2003) could finally help Kai unite her soma and psyche to her illness. We see in Kai's case, a mirroring of her family problems and also a desire and need for attachment – to find a secure base. Her emotional pain was reflected through her body, and she eventually accepted the link between the two.

Comparing Shapiro's (2003) work with Babette's (2002), they differ in that Shapiro is a psychoanalyst and Babette is a body-psychotherapist specialising in trauma but both use techniques in gauging and acknowledging the body as a diary of unlimited information through sensing and feeling; helping their client use their body as an anchor in the present moment rather than staying in or imagining themselves in the past. These techniques empower the client to replace their symptoms with conscious thoughts (Freud, 1905), therefore enabling them to take control of their life and put the brakes on their hyper-aroused ANS³ (Rothschild, 2002).

2.2 The concept of 'Surrender'

Throughout Totton's (2003) book on body psychotherapy, he refers to the notion of 'surrender'. The word 'surrender' oftentimes has a negative connotation to it, as Totton (2003, p.49) points out that men especially have difficulty in identifying with their body and emotions, seeing it as 'unmanly' and that equally, women feel the repression from their connection to their body and emotions. Totton (2003, p.49) highlights that our gender and

³ Automatic nervous system

sexuality is influenced by the views of society in which 'surrender' is identified both with femininity and with subordination. Thus, there is a need to address these issues in psychotherapy.

Wilhelm Reich (1897-1957), originally a psychoanalyst, believed that Freud's theories related directly to the body. He gradually developed theories around the body and introduced bodywork to his clinical practice. Instead of believing that neurosis and anxiety were only caused by mental stresses; he believed that they were caused by a lack of physical sexual satisfaction. Reich went on to develop this view of sexual satisfaction on a deeper level; suggesting that in order to have a full orgasm, followed by a full release of bodymind tension, it is only made possible by working through our bodily and psychological resistance against surrendering to our own impulses (Totton, 2003, p.89).

Totton (2003, p.89) states that by exploring resistances to the act of surrendering, this shows us the path to a myriad of childhood relationships. He highlights Reich's 'armouring' theory which describes unexpressed feelings and undischarged anxieties as manifestations and patterns of muscular tension. On the somatic level it appears as 'muscular armouring' and on a psychological level it appears as 'character armouring'.

Richard Grossinger (1995), an American writer, wrote about the 'delicate sensings' in the body during his experience of body psychotherapy, and Michael Eigen (1993), an American psychoanalyst, wrote about becoming an 'explorer' of his body's liveliness (as cited in Totton, p.13). Both speak of the pleasurable sensations as they allow the different currents of energies pulsate through their whole being as if they are transported on a journey of self-discovery, allowing different sensations to emerge. For Totton (2003, p.14) there is a distinction in body psychotherapy compared to other psychotherapies in that although

feelings play a crucial part in all psychotherapy, body psychotherapy connects the soma and psyche to emotions.

Although, Totton (2003) distinguishes between body psychotherapy from other psychotherapies, he acknowledges the fact that you don't need to be a body psychotherapist in order to work with the body and mind. He illustrated the work of Emilie Conrad Da'oud's (Johnson, 1997, as cited in Totton, 2003, p.15), an American practitioner and dancer, who established a form of body-centred practice called Continuum. Her work involves observing breathing patterns in the body and following the body's micro-movements; which in turn helps clients to release their 'biped mentality', whereby the body is believed to be a fixed solid form rather than a fluid and fertile field, containing its own mysterious future (Conrad Da'oud, 1995, as cited in Totton, 2003, p.113).

Totton's (2003, p.15-18) account of Conrad Da'oud's (Johnson, 1997) work with her client 'Barbara', describes a young woman who had been paraplegic since a car accident. Barbara first met Conrad Da'oud some 11 years after her injury. The intricate account shows the complexity between the somatic and the psychological aspects of her work. Working on the shock from the injury, and believing that the breath is the key to dissolving shock, Conrad Da'oud described Babara's breath like a trapped bird high in the chest, desperately flapping to escape a tight cage. As Babara's nervous system was accustomed to a held breath pattern, this pattern was interrupted by tracking the breath in the body; allowing Barbara to breathe deeper into her body.

Since Babara was in a wheelchair, she focussed her attention on her legs and walking. With the help of Conrad Da'oud, they were able to explore her capacity for movement in the body by using the breath to stimulate intrinsic movements; stating that walking begins with intrinsic movements of the spine, where the origin of 'legless' lies (Johnson, 1997, as cited in

Totton, 2003, p.16). Feeling herself moving from the inside was a revelation for Babara, in which she felt whole for the first time; and in which at that moment there was no paralysis. The more Babara surrendered to her body instead of fighting and resisting against it, the more she could feel tiny movement in her legs. By breathing deeper and working with intrinsic movements, Barbara created more expansion within herself and her body. Conrad Da'oud's work ultimately revealed Babara's issues around compensation; problems relating to her trauma and her habitual way of living – which Conrad Da'oud (Johnson, 1997, as cited in Totton, 2003, p.17) pointed out it could be a paralysis in itself.

Their work together encountered Babara's self-hatred and despair, her emotional storms, her wheelchair-identity, and her social isolation in which Conrad Da'oud (Johnson, 1997, as cited in Totton, 2003, p.17) viewed her injury as not localized in her spine, but spread everywhere, reaching out in many directions. It later emerged that Babara's character was a major obstacle in healing – especially her propensity to push and to try with every effort. Conrad Da'oud feared her tenacity to reach a goal, mainly to be able to walk again, may become a trap. As a former athlete, Babara was used to pushing herself and asking her to stop was like surrendering to death. It was further revealed that Babara was 18 years old when she had the accident on her way to an illicit weekend with her boyfriend. She had connected sexuality with her injury and saw it as the betrayer, experiencing fear and confusion below her hips. By slowing down she was able to notice sensual feelings again. This also opened up a space for her to express her deep self-hatred in which Conrad Da'oud felt the space around them grow thick with shame and disgust. After two decades of work, when Babara allowed herself to enter the 'Forbidden City', she no longer qualified as a paraplegic; she was not quite able to walk but had flexion in all her joints, quadricep articulation and continuing strength and innovation in her legs, ankles and feet (Johnson, 1997, as cited in Totton, 2003, p.18). She also became an artist, leading movement groups and lives with a life partner.

Barbara's case demonstrated that having a strong identity to something (in her case identifying with paralysis, her wheelchair and her innate ability to push through challenges), can in actuality create our very own stuck-ness or stiffness in our own lives. Feeling stuck in our bodies denotes a lack of movement. By becoming aware of and gently shifting our automatic thoughts and habits, attention can be moved towards desired and positive change.

CHAPTER 3

CONCLUSION

From looking at ‘The Mirror Stage’ (Lacan, 1963) and ‘Attachment Theory’ (Bowlby, 1969), it is important to note the significant influence that the first few years of life (birth to 3 years of age) has on the rest of our lives. We see the beginning of identity formation in which we attach certain words and images to ourselves. Along with this begins the complex relationship we have with ourselves and others. The study has shown how people become a reflection of their outside world and in turn their inner world is reflected through their bodies. In both cases with Kai and Barbara, there was a split within their bodies. There was also a split in their minds, in that they were cut off from aspects that were the source of their problems.

Although, this study mainly concentrated on the clients’ process in connecting the soma and the psyche to their illness; it did not venture into the possibility of and what it would mean for the client if for example, they were working with a psychotherapist who was split in their beliefs towards the soma and the psyche, or if they were unable to connect with their own body and mind. It could be postulated that the therapeutic relationship could work on a short term basis but for a deeper level of work and fuller understanding of a case history, it may not work. Or, because there is greater focus on either side – clients could get a more detailed account of either their psychological processes or bodily sensations; but as seen in Conrad Da’oud’s (Johnson, 1997) example, one ultimately leads to the other.

Other areas which this study has highlighted in relation to identity are issues encompassing culture and sexuality. As the world is becoming more diverse and multicultural, can therapists and clients work together while also being aware of their differences? In Juan-

David Nasio's (2003, p.9-11) powerful story about his psychoanalytic sessions with his client 'Clémence', he takes the reader on a journey of supporting his client of three years through her infertility, to receiving good news about her conception, to congratulating the birth of a baby boy named Laurence, to suddenly receiving a phone call three days later that her baby had died that morning in the nursery. The attachment and identity she had to her lost baby was portrayed through her body that seemed vacant, lacking in energy and devoid of any emotion. Although Nasio (2003) would never know what it was like to carry a child or give birth, the pain of the other deeply affected him. And it was not in their differences that Nasio (2003, p.9-11) could help Clémence move forward, but in his deep understanding of what it was like to be in excruciating pain and to lose something or someone that you loved dearly.

Rothschild (2000, p.118-119) writes that somatic memory does not have to be constantly linked to frightening traumatic memories, but it can be used as a resource for remembering positive feelings. In her account of 'Tom', who had problems with assertiveness due to an ingrained fear of confrontation; his father's beatings as a child resulted in a fear of authority which extended to his boss. Tom desperately needed a raise but couldn't face the confrontation. By asking Tom if he remembered a time he had safely and successfully asserted himself; Rothschild (2000) was able to encourage him to identify with the positive feelings within himself as he gathered the courage to ask for a raise. They discovered that a few years ago, Tom had asked a woman he was attracted to out on a first date, who later became his wife. By focussing on the victorious and proud feelings, they were able to identify with Tom's memory of literally dancing down the stairs of her apartment. By relating to the excited and confident feelings, Rothschild (2000) helped Tom to 'dance his way' into his boss's office by refining this movement to a subtle tapping of toe and heel. Feeling the fear and using his body as a resource, Tom was able to negotiate an acceptable raise for himself and he felt very proud of himself.

The descriptions of accounts given in this study can only provide a glimpse into how psychotherapists help their clients live more fulfilling lives. Working on an interconnected level of the soma and the psyche is not always easy; and psychotherapists, no matter what strand or approach, need to create a safe space for their clients and work with patience and gentleness. Equally important, psychotherapists need to know their own limits and to also have an understanding of their own process and routine of self-care in this work – acknowledging their own need for surrender.

Reich (1945, as cited in Totton, 2003, p.139) states that human beings have a desire to discharge inner tensions and this is impossible without contact with the outer world, therefore the *first* impulse of *every* creature must be the desire to establish contact with the outer world. On the other hand, Bowlby (1969, p.208) dislikes the term ‘regressive’ when it is applied to attachment behaviour seen in adult life as seen in psychoanalytical writing, as he sees it as misleading and disregards the human need for connection with others. Emphasizing that the term ‘regressive’ overlooks the vital role that it plays in the life of man from the cradle to the grave (Bowlby, 1969, p.209). As human beings, clients, and psychotherapists, we may want to start taking note of the important messages that our bodies and minds are firing at us every day, because they both come as a package, ready to be explored and, ‘There is no greater agony than bearing an untold story inside you’ (Angelou, 1984).

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