BODY PROCESS

WORKING WITH THE BODY IN PSYCHOTHERAPY

Foreword by Joseph C. Zinker with a new prologue by the author

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Chapter 5

Resistance and Body Process

In the usual character-analysis, the resistances are 'attacked,' the 'defenses' are dissolved, and so forth. But on the contrary, if the awareness is creative, then these very resistances and defenses—they are really counter-attacks and aggressions against the self—are taken as active expressions of vitality, however neurotic they may be in the total picture. (Perls et al., 1951, p. 248)

In all psychotherapies—be they behavioral, analytic, or systems, physical or verbal—sooner or later the phenomenon of resistance is confronted. Despite the genuine desire for change expressed by the client and the most intelligent analysis and well-chosen skills of the therapist, progress in therapy begins to falter. The client knows what he or she should do or wants to do and yet cannot. The therapist can see a direction for positive growth, but is unable to move the client in that direction. The client, whether an individual or group, couple or family, seems to undermine the therapist's efforts to help and persists in behavior that is apparently unhealthy.

Resistance is not only a phenomenon of psychotherapy. When you believe you need to be more (or less) assertive but simply cannot, when you know that you should do your homework but just cannot seem to get to it—this is resistance. When a friend constantly arrives late at meetings with a genuine disclaimer, "No matter how hard I seem to try, I just

59
can’t get anywhere on time”—this is also resistance. In relation to body processes, many people have been told to sit up straight or to stand tall throughout their school years, and yet cannot seem to maintain “correct” posture despite the best of intentions—this too is resistance. Resistance is any change we know we want to or should make but cannot seem to accomplish. Something is in the way, resisting that change.*

The particular way in which a therapy explains resistance phenomena is critical to the therapist’s intervention in such processes. Body-oriented approaches are no exception: the way in which bodily manifestations of resistance are identified, defined, and understood is critical to the therapist’s way of working with such body phenomena.

In verbally-oriented therapies, resistance frequently manifests indirectly, such as through lateness or missed appointments or the failure to carry through on homework. In more direct forms of resistance the therapist’s interventions seem to lack impact: the client’s responses to interventions are consistently negative, certain topics are avoided, and so on.

All of these occur in body-oriented therapy as well, with an added dimension. Since much of the body-oriented therapist’s work is aimed at reducing chronic musculature tension and postural disturbances, a frequent form of resistance is seen when tension does not yield to the therapist’s efforts. Tense musculature does not loosen in response to therapeutic work. It may temporarily loosen during a session, but will return to its original tense state once the session is over. Apparent changes in muscular patterns do not result in related changes in posture and movement, such as when the release of musculature that holds the shoulders curled forward does not result in the shoulders uncurling and shifting back.

What is the meaning of such phenomena? In the following, I briefly discuss some of the alternative views of resistance phenomena as a contrast to the Gestalt approach to resistance.

**VIEWS OF THE NATURE OF RESISTANCE**

**The “Common Sense” View of Resistance**

Psychoanalyst Bertram P. Karon (1976) notes that, “According to common sense, there are only two possibilities; either we do not know what to do, or we know the right thing to do, the frequently used by the therapists with similar frustrating approaches. In the considered to be: anti-irrational, or force of reason.

Resistance is viewed as the best thing because, when wanted to change, you will need. The resistance is to change, and yet you still want the right thing. It is this point of view. Although being weak-willed, you phenomena either a.

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Resistance and Body Process

what to do, or we know what to do and do it" (p. 203). If we know the right thing to do, then we should do it! The common sense approach is frequently used by friends, family, and well-meaning co-workers, and with similar frustrating effects, by some psychotherapies and somatic approaches. In the common sense view, resistance to change is considered to be: anti-self (alien to the "I"), weakness (lack of will), irrational, or force of habit.

Resistance is viewed as anti-self because the goal of change is deemed the best thing for the person, so anything contrary to that goal must be against the best considered aims of the person. It is considered weakness because, as many relatives and friends note, if you really wanted to change, you would be able to; hence inability implies a lack of will on your part. It is irrational because, obviously, your logical choice is to change, and yet you cannot despite all of your reason telling you it is the right thing. It is viewed as force of habit because if you are persistent enough, you will replace it with a new habit.

Somatic approaches often approach resistance from a common sense point of view. Although not so naive as to accuse the resistant client of being weak-willed, somatic approaches are prone to labeling resistance phenomena either as irrational or as mere force of habit.

When resistance is labeled as irrational, the therapist refuses to acknowledge its manifestations, confident that the correct and rational thing is being done, even if the client is in pain or avoidant. Clients (and therapists) are urged to ignore or tolerate the pain as best they can, knowing that the goal somehow justifies the means.

An example of this approach to resistance is described by Rolf, the founder of structural integration, or Rolfing. Rolfing is a somatic approach that treats tense, rigid musculature by the application of physical pressure by the practitioner. It is frequently quite painful. Rolf describes a client (Feitus, 1978) who reacted angrily toward a Roler, accusing him of hurting him during work in the groin area. Rolf discounts the client's reaction as "a projected, irrational response" (p. 150), and tells the Roler, "You're not there to spend time investigating the sources and means by which this projection has been released," and urges the Roler to ignore the resistance in order to accomplish the required intervention.

This view minimizes the client's experience. Certainly the Roler was not intending to hurt the man, only to do him a particular kind of good, but he caused pain nonetheless. To react with anger to pain is a natural organismic response. How can this be construed as an irrational response? Must the client repress the natural, and I would say healthy, response to pain simply to comply with the Roler's emphasis on the
goal? What happens to the client’s sense of hurt and desire for self-protection? It does not simply disappear; one cannot entirely get rid of a valid and legitimate organismic response. The result is a further alienation from the identified self of natural impulses.

Other somatic approaches view resistance as strong habit. These methods emphasize retraining body habits through control of old “bad” habits, substitution of new “good” habits, and constant practice of the new and more desired habits so as to prevent return to the old “bad” habits. I call such approaches mastery approaches because the emphasis is on mastering the body by the ego (will). In this case the “I” remains distinct from the body and shapes “it” through altering behavior, that is, through changing habits.

Unless the change of habit comes about by addressing its reason for existence, it can only be mastered, not undone. The new habits may “feel better” because they are mechanically better organized for movement. Clients may also feel better because they now have mastery over what had previously been experienced as victimizing and controlling. But what has happened to the original impulse the habit or structure contained?

Let us take a hypothetical (although quite common) case where a woman has controlled her feelings of sadness over the death of a parent by tightening and compressing her chest. She felt that she must be strong for the remaining parent and not “fall apart.” Over time she has split her holding off from her self and merely experiences tension and discomfort, which she wants to get rid of. If she is taught new ways to hold herself or to adjust to move and breathe that are patterned after a model of “correct” posture and biomechanical functioning, she may feel more comfortable and have some relief from the pain. However, her way of coping with sadness has become divorced from the physical process on which it is based. Nothing has been done to release the held feeling or to alter the neurotic belief that “I must always be strong” and “Falling apart is horrible.”

If the conflict identified with the body process is not clarified and worked through, the old habit will return. We do not so easily get rid of parts of ourselves merely by unlearning them. Worse, however, is the possibility of so over-learning the new, good habit that the original conflict becomes inaccessible beneath a thick layer of secondary repression. I have seen this repeatedly in devotees of various training arts, such as dance, athletics (particularly weight lifting), and the martial arts. Such people have often so assiduously worked to counter their bad habits that the original feelings and expressions are driven far below the surface. These clients have to spend much time undoing their overlearned “good” habits that led to the tendency.

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"good" habits before they can restore contact with the self-expressions that led to the tensions and distorted postural holdings.

**Psychoanalysis and Resistance**

Freud brought the understanding of resistance beyond the common sense approach. To continue with Karon’s (1976) earlier comment:

> There is a difference between a psychoanalytic therapy and a common sense approach. According to common sense, there are only two possibilities: either we do not know what to do, or we know what to do and do it. Any real therapist knows that there is a third possibility—knowing what one should do, but being incapable of doing it. Here is where most of the time in psychotherapy is spent, finding out why it is that the patient cannot do what he believes makes sense. (p. 203-204)

The addition of this third possibility was one of the major contributions of psychoanalysis to the art and science of psychotherapy. Resistance, far from being irrational or the result of weakness or merely habit, had a meaning and function of its own in the life and economy of the person. This meant that the therapist, rather than ignoring or denying the resistance, looked on it with curiosity.

Freud considered resistance as one of the two “facts” that psychoanalysis “endeavors to explain” (Freud, 1938/1966, p. 939). His prototype was the resistance of forgetting, since psychoanalysis requires the remembering of one’s past, which he called the defense of repression. In psychoanalysis resistance is seen as the operation of a defense in the context of therapy: “What serves as a defense for the patient in his neurosis is directly observed by the therapist . . . as resistance. A defense operating against the efforts of therapy is termed resistance” (Colby, 1951, p. 95).

In this view resistance is the functioning of defenses against internal drives that threaten the personality structure. Such defenses are by definition unconscious in their operation because they defend the person from conscious recognition of problematic impulses. Since the aim of analysis is to reconstruct the past and make conscious what is unconscious, resistance must be “overcome,” as Brill has put it in his introduction to Freud’s work (1938/1966), through its interpretation as a defense and the exposure of the underlying impulse.

Psychoanalysis considers defenses the means by which the psyche maintains equilibrium in the face of internal conflict between drives and the external evocation of that conflict. In this sense it is viewed as a mechanism or tool used by the person. This distinction between the per-
son and the defense allows the analyst to see resistance as functional in
the psychic integrity of the person, but as something that is not essential
to the self given proper conditions. Thus the analyst sees resistance as
necessary to the psychic economy of the person and yet must under-
mine its presence so that the work of reconstruction can take place. This
distinction will be important in my discussion of the Gestalt view of
resistance later.

The Reichian View of Resistance

Wilhelm Reich extended the psychoanalytic notion of resistance
into his notion of character and character armor (Reich, 1945/1972).
Reich also saw resistance in therapy as the operation of a defense. He
saw this defense as identical to the person’s character, what he called
the characteristic defenses or “armor.” Reich believed that the charac-
ter armor was the same as the body armor (chronic physical tensions).
The characteristic way of being for the person, including physical tens-
sions, posture, and mannerisms, constituted the defense against dis-
agreeable memories, especially those that the analyst was trying to bring
to consciousness. (See the appendix for a more detailed description of
Reichian therapy and how it compares to Gestalt therapy.)

In his view it is only by dissolving this character armor, in the form of
its bodily manifestation, that one can contend with resistance to the
analytic work of reconstructing and resolving conflicts from the past.
Character analytic work (work on the character resistances) functions
by vigorous comment on and interpretation of character manner-
isms, and physical work to break down and loosen up the defensive
body armor. Resistance, whether in the form of muscular tension or
character style and manner, is considered a secondary phenomena that
covers the “true” self. Resistance is seen as necessary but only minimally
desirable, since the goal is to restore access to the true self (Lowen,
1983), which has been repressed and distorted by parental needs
and socialization.*

The understanding of resistance as a defense was a major advance
for psychotherapy. But this explanation also created problems of its own.
In particular the more vigorously a resistance was attacked by the
therapist, the more tenacious it became. This occurred whether the
resistance being attacked was a cognitive defense (as in psychoanalysis),
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a character mannerism, or an unyielding body tension (as for Reich). From the therapist's standpoint, such defenses interfere with the aim of therapy, and ultimately the health of the patient, and so must be eliminated before progress in the central task of therapy can be accomplished.

Approaching resistance from the client's standpoint, however, gives us a clue to the dilemma inherent in this approach to resistance. From the point of view of the client's psychic economy, we might substitute the term "protection" for "defense." By resisting the therapist, the client is protecting himself or herself from a perceived harm. It is difficult to argue with the natural impulse to protect oneself from harm. The therapist who attacks or overcomes resistance is thus put in the position of having to overcome a natural and valid response. What organism could be expected to give up protection of its integrity, even when this is supposed to be "good for it"?

Even where the client fully agrees with the aims of the therapist and looks on his or her own resistance as undesirable, the therapist and client are merely colluding to circumvent the natural protective functions of the organism. Such a task will frequently be blocked, as the needs for survival and self-integrity generally outweigh pressures for change.

**Gestalt Therapy and Resistance**

The view of resistance by Gestalt therapy is closely related to its predecessors and yet has some important differences. Like psychoanalysis and Reichian approaches, Gestalt therapy goes beyond the common sense approach and asserts that resistance has meaning and must be worked with therapeutically. Gestalt therapy also considers resistance to have an important function in maintaining the balance and integrity of the organism.

An important difference in viewpoint is that resistance is not considered a mechanism or tool of the self; it is seen as the self itself in action. There is nothing behind the resistance that is in substance different from the resistance itself, no "true self" different from the resistance. Both the defense and the defended are self. To the Gestalt therapist, to break down or eliminate resistance would be the same as breaking down and eliminating a capacity of the self. Resistance, in this view, is an expression of self.

The opening quotation to this chapter notes that resistances, in Gestalt therapy, are taken as "active expressions of vitality" despite the fact that, in thwarting the conscious intention to change, resistances seem pathological in terms of the "total picture."
If we are not to get rid of them, how do we work with resistances to the benefit of the therapeutic process? While resistances are expressions of the self, they are frequently not fully owned and aware expressions and so occur automatically and in a truncated or partial form. This means that these expressions, given their operation outside awareness, are not expressions of choice. They do not allow the person to adapt to environments and organismic needs that are different from those under which they were learned. Given their truncated and partial form, they are not full expressions, and so the organism cannot serve all its needs fully.

Let me contrast the Gestalt view of resistance with the others presented using the example given by Rolf earlier. The Rolf, following Rolf’s common sense belief that the man’s anger at being hurt is irrational, must convince the person either to inhibit or to bypass the emotional response so that the work can continue and so result in a “new place” for the client’s physical structure. An analytic approach to this resistance might be to interpret the man’s anger and pain as a transference reaction; the client is projecting his feelings towards a castrating parental figure onto the Rolf who is causing pain in his groin area. A Reichian approach to the tension and resistance in this client’s groin might use breathing and touch to encourage the man to release his anger so as to break down the restraining body armor and thereby evoke the original natural sexual feeling of his pelvis.

In contrast, from a Gestalt perspective, both the tension in the client’s groin and his anger towards the therapist are expressions of the self (the organism). A Gestalt therapist might choose to encourage the man’s expression of anger at being hurt in a clearer and more direct way, suggesting he experiment with phrasing relevant to his life experience: “I won’t let you hurt me here, just like I didn’t let Mom hurt me . . .”

Another choice, certainly not exclusive of the foregoing, might be to back up a few steps when such a strong reaction is encountered and look at the tension itself in terms of the client’s self-expression. The therapist would ask, “What movement or posturing is he creating through his pelvic tension, and how can we bring this into fuller expression?” The client would then be asked to emphasize the tension, perhaps by pushing against the therapist’s hands or encouraging the implicit movement that the tension only partially expresses. The goal is to allow the client’s full ownership and expression of the nature of the tensing.

A similar phenomenon occurred with one of my own clients. Over the course of our work, it became apparent that she could not allow tension in her left shoulder to release, although she could let go of her right shoulder fairly easily. In the early days of my own work, I might have simply redouble comfort I was ea resistance, I slo picture of the m I asked her to shoulder. This ccial expression, asked her to say The theme of h boundaries be can be seen h in itself an expr ing “No.”

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simply redoubled my efforts to effect release, ignoring the pain and dis-
comfort I was causing. Having a different appreciation of the meaning of
resistance, I slowed down our work, taking the time to build a clearer
picture of the nature of her persistent holding of her shoulder. One time
I asked her to intentionally push back against my hands with her
shoulder. This clearly had a mobilizing effect for her—her breathing, fa-
cial expression, and bodily stance quickly supported her pushing. I
asked her to say "no" to me while she pushed, and she began to smile.
The theme of her difficulty with acknowledging her need to protect her
boundaries became an important one in our subsequent work. Here it
can be seen how her resistance to letting go of her shoulder tension was
in itself an expression of a previously restrained function: the act of say-
ing "No."

Another example of this approach to resistance took place while
working with a man, a mild-mannered and scholarly individual. I began
by working with him to release some of the structural narrowness and
tension of his chest. As I supported him to breathe more fully and to
release his chest, tension appeared in his legs. With each release of ten-
sion in one area, he would become tense in some other body area. It was
apparent that the existence of his tension was important enough to his
functioning that he was finding ways to maintain it, despite my attempts
to help him release it! In my early days of practice, I might have seen this
resistance as undesirable and insisted that he learn to inhibit this
transfer of tension. In this case, however, I focused on how we could
utilize this "conservation of tension."

Rather than encouraging him to relax and let go, we began to experi-
ment with converting his tension into action by him pushing back at me.
We discovered that this resulted both in release of his chest tension and
in less displacement into other body areas. This confirmed my hy-
pothesis that when he translated his tension into action, there was no
need to conserve it. I then asked him to stand, a position appropriate for
more active work, and began to develop this pushing-back process, with
me pushing against his chest and asking him to use his breathing to push
back. I encouraged him to convert each tension that became apparent
into a fuller, more direct action. As I noticed tension in his jaw, I would
ask him to exaggerate it into a grimace; as he began to tense his arms, I
asked him to find some way to use his arms to engage with me; as he
tightened his throat, I asked him to add sounds to his exhalation.

The result was a lively and delightfully aggressive engagement be-
tween us—a vocal and vigorous tussle. In the processing time after our
experiment, he noted how he had not wrestled another man since early
childhood. Being the skinny and weak younger brother in a family full of
boys, he had learned to restrain his aggression and withdrew into books and studies, avoiding the humiliation of getting trounced. Our wrestling gave him an opportunity to feel his strength without being overwhelmed by another, and allowed him to put his energy into action rather than continue to engage it against himself.

Had I approached his displacement of tension as something to get rid of or inhibit, or interpreted it as a resistance to yielding his heart to his father, or as his armor against orgasm, we would not have been able to discover the function such tension served in its own terms. Certainly his tension could be looked at as a defense against his aggression, in the analytic view, and indeed it served as such. But it was not merely a defense; the tension was itself the expression of his aggression, albeit in a more indirect, retroflected form. By trusting the validity of his tension and finding ways to develop and expand it, we were able to make more apparent its meaning to his functioning. Further, we were able to bring the resistance fully to the service of the organism, that is, fully aware, owned, and expressed.

So far I have been speaking of resistance and body phenomena in a very specific and technical sense. I have commented that, according to the view of Gestalt therapy, we can look at resistance as self (or, more accurately, as a function of self) and an expression of one’s intrinsic being. When viewed in this way, particular physical manifestations of resistance can be reframed as expressions. This allows the emphasis of therapy to shift from surmounting resistance to bringing out expressions.

SOMATIC PROCESS: MESSAGES FROM THE DISOWNED SELF

To truly understand the meaning of resistance, we need to place it within the context of the whole person. Resistance is not merely expression of self; it is a particular kind of expression, or rather the expression of a particular aspect of self. To understand resistance, including such complex forms as somatic and emotional symptoms, it is important to understand the relationship between the self, the body, and the organism as a whole. The traditional understanding of resistance and somatic symptoms comes about because we identify “self” with a limited and narrow set of characteristics, and so feel other parts of our self to be foreign and alien to our goals.

Imagine a situation with the person in mind. The message in language will be clear; the receiver will receive the message in language. The receiver can only communicate with the person who was the sender. The receiver could merely get through to the sender. This is analogous to a sense of self, so becomes identical with functioning. The expression cannot be self-centered or self-centered “receiver” (the is unimportant aspect of self frequently avoided, impotent)

Like Perls’ “body” from disowned the client is the unfinished aspect of the self following are things:

1. To work
2. To develop
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4. To work
Imagine a situation in which one person must communicate an important message to another. If the person who must hear the message is receptive to the communication and the communicator can send a clear message in language that is mutually understood, the important information will be conveyed. If, on the other hand, the person who must receive the message wishes to have nothing to do with the sender, in fact would like to deny the very existence of the sender, and the sender can only communicate in a relatively unknown language, then important information will be difficult to convey. Given the gap between sender and receiver, the sender has virtually to hit the receiver over the head merely to get the receiver to attend to the communication!

This is analogous to much of our seemingly irrational body process. In a previous chapter I described how we alienate our body from our sense of self, so that body process and our disowned contact functions become identical. Since these aspects continue to have relevance to our functioning, despite the fact that we disown them, they are constantly seeking expression. Like the unattended message sender, our disowned body-self can only communicate nonverbally about important things to a “receiver” (the owned self), who would rather pretend that the sender is unimportant and not worth listening to. Is it any wonder that our body-self frequently has to do something drastic—migraines, disabling back pains, impotence, ulcers—to get our attention?

Like Perls’ formulation of dreams as “existential messages” or communications between parts of the self (Perls, 1969), much of our “inexplicable” body processes can be usefully viewed as existential messages from disowned parts of self. The therapist is faced with the task of helping the client make the messages from the body intelligible, and resolving the unfinished situation that required the person to alienate that aspect of the self, and thereby restore the gaps in the organism. The following are the tasks of the therapist:

1. To work with the body to restore contact with body processes.
2. To develop a verbal vocabulary to describe body experience and clarify the meaning of movements, sensations, and other nonverbal processes.
3. To establish a relationship (dialogue) between the split-off parts of the self.
4. To work through unfinished situations so that the disowned functions are assimilated back into the self; the range of possible responses is expanded, and a new creative adjustment is possible.
I will illustrate with a clinical example. I had been working with one man for several sessions on restoring a sense of connection to his body. He was born in Italy but was educated and had now settled in the United States. He was strongly motivated to achieve and much of our body-oriented work had been focused on recognizing the identification of his tension with the high degree to which he pressured himself.

During one session we were working in his abdominal muscles and discovered that he seemed to have little awareness and sensation in this area. As I used touch to enliven and loosen his stomach muscles, I asked him to verbalize his experience. He reported that his stomach felt very distant. Coupling his report with his obvious lack of awareness of this area, I suggested he make this into the statement, “I have lost touch with you, stomach, I feel so distant from you,” and to say this to his belly area and pay attention to any response it elicited.

As he spoke the words, he appeared profoundly moved, and when I commented on this he began to cry. He told me that the response to his statement was in Italian, his native tongue. When he “heard” this response, he immediately felt the appropriateness of the situation, since this language reflected a culture that was strongly rooted in the visceral and emotional center of the belly and lived life “from the guts.” In recognizing how alienated he was from his guts and passion, he felt a deep sadness. To be accepted into the mainstream of U.S. society, he had worked hard to eradicate many of his Italian characteristics. In so doing he also divorced himself from his passion, his sensuality, and his attention to pleasure. Here, at last, was the missing counterbalance to his relentless drive and constant work.

In our continued work we paid careful attention to the sensations, tensions, and responses from his belly. We worked to discover how tensions there could be mobilized into movements, and what those movements meant. We worked to understand the “vocabulary” of his sensations in his belly, and how this vocabulary allowed him to connect with his passionate nature. We used his belly sensations as a commentary on his life that would signal his overinvolvement with his striving for achievement to the exclusion of his other needs.