

THE EMBODIED PSYCHOTHERAPIST: AN EXPLORATION OF THE THERAPISTS' SOMATIC PHENOMENA WITHIN THE THERAPEUTIC ENCOUNTER

Robert Shaw

Private Practice

This study explores psychotherapists' somatic experiences during the therapeutic encounter, linking these to ideas from the phenomenological school of philosophy, in particular the notion of the lived-body paradigm in relation to therapists' physical reactions to clients. The methodology for this research evolved from 3 discussion groups, which led to a series of 14 in-depth interviews and 2 professional scrutiny discussion groups. All the participants were experienced psychotherapists. A grounded-theory analysis generated a set of first-order themes that were clustered into the second-order themes of body empathy, body as receiver, and body management. The final grounded theory of psychotherapist embodiment emerged after an analysis of the permeative themes of professional and personal discourse and researchers' bodily responses. The grounded theory of psychotherapist embodiment has revealed the importance of the therapist's body within the therapeutic encounter.

Psychotherapy can be considered a way of constructing meaning out of an encounter between two bodies: that of the client and that of the therapist. The principle of this article is that psychotherapy is an inherently embodied process. If psychotherapy is an investigation into the intersubjective space between client and therapist, then as a profession we need to take our bodily reactions much more seriously than we have so far because, as some authors have noted, the body is "the very basis of human subjectivity" (Crossley, 1995, pp. 44–45). This study explores how psychotherapists experience their bodies during their work with clients. The research begins with a question addressing how the body in psychotherapy had become marginalized and somehow ignored, or as Boadella suggests (1997, p. 31), "the body which became symbolically banned from psychotherapy with the political expulsion of Wilhelm Reich from the psychoanalytic movement... has had 60 years in the cold."

It is hoped that this study will contribute to a debate that will enable the body to "come in from the cold."

Embodiment

The perspective of embodiment relevant to our discussion is taken primarily from the phenomenological movement. The phenomenological school of philosophy has been influenced by the work of Edmund Husserl (1859–1938), Maurice Merleau-Ponty (1908–1961), Jean-Paul Sartre (1905–1980), and Martin Heidegger (1889–1976) among others. In particular, our discussion is concerned with the phenomenology of perception and is, therefore, influenced by the work of Merleau-Ponty (1962, 1968), who was part of the French phenomenological philosophical movement, which rejected the idea of Cartesian dualism. The importance of his work to this research is summed up in the following quote from Merleau-Ponty (1962, p. 186): "It is through my body that I understand other people."

This study explores, in particular, how therapists experience their bodies in relation to their clients and how this becomes an important way that therapists make sense of their therapeutic encounters. Merleau-Ponty's work provides a starting point for viewing this process as an intrinsically embodied experience. It is true that psychotherapy has examined the idea of somatic reactions during therapy, but the emphasis within the literature is to study the body of the client; the therapist's body is largely absent (Kepner, 1993; McDougall, 1974, 1989; Schwartz-Salant & Stein, 1986) as though there is only one body in the consulting room. This may well symbolize some of the problems inherent in dealing with bodies within psychotherapy. Boadella (1997) provides a persuasive argument for taking the body seriously and viewing the rich material emanating from clients' bodies as a form of nonverbal communication. However, the argument is again client body oriented. Although there is a general dearth of literature that studies the therapists' bodily response, Field (1989) explored some of his somatic phenomena in a very open account of his practice experience. He presented a tentative hypothesis for the appearance of such phenomena, which he termed *embodied countertransference*. This term has also been used by Samuels (1985); the type of phenomena described ranged from wearing similar clothes to the patient to pain and sexual arousal. In a later work, Samuels (1993, p. 33) openly acknowledged that "the analyst's bodily reactions are an important part of the picture: The body is an organ of information."

This echoes Merleau-Ponty's views in that an understanding of our life world starts as an embodied experience. Rowan (1998) has noted Samuels's use of embodied countertransference and introduced his own idea of *linking*, a term that describes a special type of empathy. The embodied nature of the connection between therapist and client is provided as an example of this concept. Rowan is unusual in suggesting a new term; he moves away from the confines of old discursive terms such as transference and countertransference and proposes that new ways of thinking are needed to explain such embodied phenomena. On discussing empathy, Rowan (1998, p. 245) states:

We try to enter into another person's inner world, but know very well that they are over there and we are over here... we are talking about something different, which goes much deeper into the world of the other person: it is as if it actually overlaps with ours.

Thus, the idea of linking offers the opportunity to view the therapeutic relationship as an embodied encounter: There are two bodies in the room—the client's and the therapist's—and the types of embodied phenomena that therapists experience may

be viewed in the context of an overlapping of experience. This also suggests, but is not explicit in Rowan's study, that some form of bodily communication is at work. This view of embodiment is very different to the prevailing attitude of embodiment in psychotherapy, which is often perceived as a form of countertransference.

An example of this countertransferential perspective is given by Mathew. She has become aware, through her own psychotherapy practice, of powerful physical reactions to clients. She provides an account from her own practice of many varied responses that she terms *somatic countertransference*:

The body is clearly an instrument of physical processes, an instrument that can hear, see, touch and smell the world around us. This sensitive instrument also has the ability to tune in to the psyche: to listen to its subtle voice, hear its silent music and search into its darkness for meaning. (1998, p. 17)

Authors such as Mathew, who are steeped in the psychoanalytic tradition, not surprisingly view these processes through a psychoanalytic lens. Thus, when describing a particular patient who evoked strong bodily responses in her, Mathew reported, "Perhaps that had something to do with the very concrete way I experienced him in counter-transference" (Mathew, 1998, p. 17). She later states, "This time it was possible for me to collect and process my objective bodily response to my patient's unconscious material fairly quickly so that I could offer it back to her during the session" (Mathew, 1998, p. 21).

Here the use of the terms *concrete* and *material* suggest a tangible substance. The problem with this is that Mathew is describing intangible subjective phenomena, and this is in danger of reifying these subjective phenomena. This is a tendency within psychotherapy that was evident in the data collected in this research.

Turning now to psychology, there has been some debate concerning embodiment (Radley, 1998; Sampson, 1998). Radley (1998, p. 13) suggests that "embodiment, rather than the body, is central to psychological life and to social relationships." In a sense, this is an attempt to break free of the cultural mind-body dichotomy and to view embodiment as symbolizing a being-in-the-world. This clearly echoes those authors who have written on the phenomenological aspects of body (Leder, 1990; Merleau-Ponty, 1962, 1968).

Radley (1998, p. 27) asserts that "embodiment is vital to expression," making a strong argument for investigating this concept in a way that looks at "how people deal focally with their bodies," and proposes that this may reveal important information for psychological theory. Crossley (1995) provides a useful account of Merleau-Ponty's work and suggests that phenomenological descriptions of intersubjective experience are a starting point from which to investigate embodiment. The research discussed in this article is within this framework, in that it is attempting to investigate therapists' phenomenological experience of their bodies and thus gain a deeper insight into the embodied experience of the therapeutic encounter. The aim of this study is to examine the therapist's body as a subject of perception. Therapist body experience is, therefore, invaluable information relating to the intersubjective space between therapist and client. Such perceptual phenomena are important in an understanding of therapeutic processes.

Embodiment as seen through a psychotherapeutic lens appears to be a rather narrow concept, although authors such as Rowan (1998) are engaging in a debate that might develop the concept beyond the therapy room. The phenomenological constructs of embodiment provide a broader perspective, discussed next.

The Lived-Body Paradigm

Everyday life provides compelling evidence of the importance the body plays in our search for understanding. (Halling & Goldfarb, 1991, p. 313)

The lived-body paradigm derives from the phenomenological school of philosophy, which is concerned with an understanding of a person's life world. A fundamental tenet of this approach is that "knowledge is an act of consciousness" (Hughes, 1990, p. 140). The authors who have contributed to the lived-body paradigm are Merleau-Ponty (1962), Straus (1966), and, lately, Leder (1990).

In essence, the lived-body paradigm emphasizes the notion that it is our perception of the world that is crucial in acquiring knowledge. The argument here is that we can only understand our lived world with the apparatus with which we are provided to sense it, namely our bodies. As Liedloff (1986) points out, we are born with eyes expecting to see, with ears expecting to hear, and with bodies expecting to feel and to be touched. Therefore, any knowledge of our world must be a body-oriented knowledge:

An examination of experience reveals that it is the body which first "understands" the world, grasping its surroundings and moving to fulfil its goals. In phenomenological terms, the body is not just a caused mechanism, but an "intentional entity" always directed toward an object pole, a world. (Leder, 1984, p. 31)

The ideas put forward here are essentially phenomenological in nature and vehemently against the Cartesian dualistic method of separating the body and mind into discrete entities.

The lived-body paradigm allows for an interaction with the environment, lending a perspective of dynamism to the body, being not merely an imbibitor of external stimuli to which it responds in an automatic manner but involved at the very center of being. Bodily reactions are related to past as well as present experiences. Our bodies are the means by which we engage with the world; they are how we come to understand our environment and make sense of our place in the world. As Merleau-Ponty (1962, p. xi) so eloquently put it, "The world is not an object such that I have in my possession the law of its making; it is the natural setting of, and field for, all my thoughts and all my explicit perceptions."

This study, therefore, sets out to examine what is the lived-body experience of therapists within the therapeutic encounter.

Method

The Research Sample

Data for this study were collected from five discussion groups composed of counselors and psychotherapists and 14 in-depth interviews with psychotherapists. Five discussion groups were conducted, three before the interviews and two after. The professional scrutiny discussion groups were conducted after a presentation that included a preliminary analysis of the data collected in the interviews and in the two initial discussion groups. In all, 90 psychotherapists took part in this study.

Discussion groups: These groups were akin to the methodology of the focus group (Kitzinger, 1994; Marshall & Rossman, 1995) but, because the numbers in these groups were quite large ($n=15-25$), "discussion group" seems a better description. At the beginning of this research, the groups were set up to explore in general the issue of the body in therapy. An analysis of the data generated from these initial discussion groups resulted in the focus of this research being an investigation of phenomena within the therapist's body. The most appropriate method for collecting these data was unstructured in-depth interviews to allow a phenomenological exploration of the therapists lived-body experience (Moustakas, 1994).

The interview group. For inclusion in the interview group, psychotherapists had to have been in practice for at least 5 years, which was considered an adequate amount of time to have experienced working with a variety of clients and to be aware of issues relating to the body in therapy. Participants were required to hold membership in professional organizations and to have completed a recognized training program. Fourteen therapists were interviewed (Table 1).

It was decided to interview therapists mainly from the humanistic school on the assumption that they were more likely to be body conscious. Interestingly, the membership of the British Association of Counselling and Psychotherapy (BACP), which totals 19000, is made up of a ratio of 3:1 women to men (BACP, 2000). The samples in the interview group and discussion groups thus seem to be representative of the therapy profession in the United Kingdom in terms of female-male ratio.

Professional scrutiny discussion groups. After interviewing the therapists and subjecting the data to a preliminary grounded-theory analysis, the findings were presented to two groups of psychotherapists: one group in Vienna, Austria, (Shaw, 1999) and one group of gestalt psychotherapists in Stockholm, Sweden, in November 1999. The purpose of these presentations and ensuing discussions was to provide a

TABLE 1. The Interview Group^a

Therapist no./gender	Prof. affiliation	Practice experience
T1/f	B, U	15-20 years, integrative
T2/f	B, U	15-20 years, integrative
T3/m	B	30-35 years, eclectic (including clinical theology, psychodynamic, humanistic)
T4/f	B, U	5-10 years, gestalt
T5/f	D	5-10 years, dramatherapy, psychodynamic
T6/m	B, U	5-10 years, gestalt and integrative
T7/f	B, U	5-10 years, gestalt
T8/f	B, U	5-10 years, person centered and integrative
T9/f	B	5-10 years, integrative
T10/f	U	5-10 years, integrative and gestalt
T11/f	U	10-15 years, integrative
T12/f	B, U	15-20 years, integrative, psychodynamic and person centered
T13/m	NZ	20-25 years, gestalt and person centered
T14f	U	5-10 years, gestalt, cognitive-behavioral

Note. B=British Association of Counselling and Psychotherapy; D=British Association for Dramatherapists; NZ=New Zealand Association of Counselors; U=United Kingdom Council for psychotherapy (Humanistic and Integrative Psychotherapy section).

^aFirst published in Shaw (2003, p. 157). Reprinted with permission from the publisher.

level of professional scrutiny to the research process and to determine whether the data stood up to professional inspection. This part of the research also served as a means of triangulating the data (Flick, 1998; Seale, 1998, 1999). Presenting the data back to the profession also verified the categories generated from the previous stages of data analysis.

Ethical Considerations

At the beginning of each interview or discussion group, the issue of informed consent was addressed. Because all the participants in this study worked as therapists or counselors, the idea of informed consent was well known to them. For the discussion groups, an introductory talk was given on the purpose and nature of the study. Confidentiality was ensured in that names and place names would be changed. They were informed that the researcher was the only person to have access to the tapes and would be transcribing them. All respondents were offered the opportunity to remove their responses from this research.

All the therapists who took part in the in-depth interview stage received a transcript of their interview to amend as they wished and return. They were all pleased that their responses were included in this research and published.

Clearly, the therapists in this study have shared some intimate aspects of themselves and their working lives. As a member of the BACP and the United Kingdom Council for Psychotherapy (UKCP), the researcher has also been directed by their respective research guidelines, which have used throughout this research. Although ethics approval was granted at the proposal stage, which was necessary to conduct this research, to ensure that ethical issues were addressed throughout the research they were discussed with research supervisors on a regular basis. Ethical considerations have, therefore, been paramount throughout this research.

Research Method

Grounded theory governed much of the analysis for this research (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The main aim of grounded theory is to allow the theory to emerge from the data. The approach adopted in this research is based largely on that of Strauss and Corbin (1990): "A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon" (p. 23).

As with many aspects of qualitative methodology, there is not a consensus of approach toward it. One of the problems with grounded theory is in the organization of data and formation of themes to organize the data and, subsequently, whether the eventual grounded theory makes sense to those people in the field who have experienced the phenomena (hence, the use of professional scrutiny discussion groups).

Data Analysis

The data pool for this research consisted of 5 discussion groups and 14 in-depth interviews. The discussion groups were used to help guide the study in the beginning and to check validity of findings at the end of the research. The majority

of the data arose from the 14 in-depth interviews. It could be argued that this is a small sample size, but it was noted that, after the first 10 interviews had been conducted, the respondents tended to repeat themes that were emerging and thus saturate these categories. At this stage, the analysis was following the constant comparative method of Glaser and Strauss (1967). A further 4 interviews were conducted to test this and to ensure that enough data were available for analysis.

The first aim of analysis was to generate a large number of categories. Then, by applying the constant comparative method (Glaser & Strauss, 1967), these categories were saturated with data, and the first-order themes were generated (Hammersley & Atkinson, 1995). This phase is also described as "open coding" (Creswell, 1998). Codes were generated by a process of line-by-line coding (i.e., reading each line of the data and devising a code; Charmaz, 1995).

If we now look at an example from one of the initial discussion groups, one therapist described a physical reaction as follows:

Particularly with some clients I am more strongly affected. I somatize myself. With an anorexic and bulimic client who talked of vomiting and diarrhea, I felt I had a bug during the next client [session]. I understood this as somatizing from her. With a client in denial and cut off from feeling I felt lots of anxiety in my body.

The line-by-line coding was as follows:

Particularly with some clients I am more strongly affected: *client impact*
 I somatize myself: *therapist somatization*
 I understood this as somatizing from her: *therapist interpretation*
 With an anorexic and bulimic client who talked of vomiting and diarrhea, I felt
 I had a bug during the next client [session]: *therapist reaction*
 With a client in denial and cut off from feeling: *therapeutic discourse*
 I felt lots of anxiety in my body: *therapist body feeling*

This process generated hundreds of codes. To refine the codes into themes, Charmaz's (1995) focused-coding method was adopted, which attempts to create and explore categories as the data are analyzed. Again using the discussion group piece of data, the focused codes evolved into first-order themes; thus,

Somatization: "I somatize myself. I understood this as somatizing from her." The term *somatize* is being used, and this was an important concept to explore with therapists.

Gut reaction: "I felt I had a bug during the next client [session]." This was relating to a particular aspect of the therapist's body. Certain parts of the therapist's body being described became a feature of the data.

Bodily communication: "Particularly with some clients I am more strongly affected. I felt lots of anxiety in my body." Therapists seemed to be saying that there was something being communicated to them at a bodily level.

The next level of analysis was to develop these first-order themes and to look for connections and devise second-order themes before the final grounded theory emerged. The next section demonstrates how this was achieved.

Results and Discussion

The first-order themes are listed in Table 2. Three clusters—physical reactions, communication, and styles and techniques—evolved into the second-order themes of body empathy, body as receiver, and body management, respectively (Table 3).

The theme of pregnancy can be found in the physical reaction cluster:

T8. I was off sick with some sort of influenzy type bug, and felt very poorly. But upon actually recovering from this influenzy type bug, people would say to me, "How do you feel, are you feeling better?" I'd say, well I am, but I feel pregnant...and they sort of laugh, because you know I can't be pregnant because I've had a hysterectomy and you know... But, because I felt very nauseous, but it wasn't just nauseous I actually likened it, I actually said deliberately I felt pregnant... anyway this client came to see me last week, and she's pregnant. And I can't not connect the two somehow, because I'm very fond of this client."

TABLE 2. Overview of First-Order Themes

1. Physical reactions	2. Communication	3. Styles/techniques
Nausea/sweaty palms	Bodily communication	Cultural perspectives
Gut reaction	Therapist history: therapist body change	Touch
Pregnant	Somatization	Management of the therapeutic encounter
Asthma	Here-and-now experience	Therapist health
Musculoskeletal pain	Clients' bodies	
Somatization		
Therapist body change		
Mirroring of body		
Internalization		
Body reaction linked to abused clients:		
visual; revulsion and		
closing off; smell		
Cold and hot		

TABLE 3. Overview of Second-Order Themes

Theme	Therapist view
Body empathy	T3. "Well in a sense I don't know... I think it's a sign of... that... I was with someone, that there was an empathic bond."
Body as receiver	T1. "For me it's like using the body as radar, you think of those sort of dishes that collect satellite messages and funnel them down, well I see the body in that way."
Body management	T11. "And I take moments out during the day when I can just put one foot in front to the other, and just kind of be with myself or ground myself again."

She reported that, on meeting with this client, her pregnancy feelings disappeared:

T8. But when she said it I smiled because it just automatically...clicked into place and I have not felt nauseous since, it's as if I can place where that was now. I mean that's...that was very significant because that's happened within the last two or three weeks that I found out."

It is interesting that, although well versed in the psychodynamic model by means of her training in integrative psychotherapy, her interpretation of this phenomenon did not include any reference to countertransference or projective identification. Instead, she used the idea of extrasensory perception (ESP):

T8. I don't know that I sort of have much experience with extrasensory perceptions or...you know these sort of sympathy pains that, people sometimes talk about but that was the connection that I made, that somehow her being, psyche had somehow infiltrated through to mine.

One interpretation for using ESP might be that this is a better fit than the notions of countertransference or projective identification.

An example of data from the communication cluster relating to bodily communication arises from T12, who associates bodily tension with something emanating from the client:

T12. Yes, I suppose it brings up memories of tensions, having tension in my body in different places...yes, I can often feel tension in my body that I presume comes from tension in the client, it may also be proactive but it may possibly be reactive, that I'm reacting in a bodily sense to my client.

The use of the words *proactive*, relating to herself, and *reactive*, relating to the client, provides another level of interpretation and allows for the bodily sensation to be attributed to the therapist as well as the client. It seems clear, however, that for this group of therapists bodily reactions in response to clients are not unusual. Indeed, they are very common, and therapists frequently draw on their somatic experience to help them understand the therapeutic process.

An example of data from the final cluster—styles and techniques—comes from the theme of management of the therapeutic encounter. T9 is aware of how she can override her bodily response:

T9. Well I'm thinking of a particular client...I think part of the reason I find this difficult is that, at the same time that I'm having the bodily sensation in the session, it might, I might override it by feeling at the same or, a theoretical, or more of a thought response that I need to...get alongside the client or, that it's important for the client to feel accepted. So, in a way I'm kind of overriding the initial impact, which is a bit of a gut reaction...I'd, I'd be probably overriding that in the session would be how I remember it anyway...so it kind of involves me having to soothe, soothe the initial reaction, so it's quite difficult to identify it because what I'm actually doing maybe counter to what the impact is.

It is almost as though this therapist can somehow pigeonhole her somatic response and put it to one side. By doing this, she is then able to "get alongside the client"

and, therefore, work with the client. It is as though the therapist's physical response would be a hindrance to working effectively at that moment. This seems to require a high degree of bodily awareness to make a clinical judgment at this juncture.

The next phase of the grounded-theory analysis required going back to the data and looking for links between the first-order themes. This generated a further set of categories or second-order themes: body empathy, body as receiver, and body management. These themes emerged from an analysis of the first-order themes (or open coding) and in seeking connections between the first-order themes. This process is also referred to as axial coding, which Strauss and Corbin (1990, p. 96) defined as "a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories." This was achieved by looking for common strands between the first-order themes and then by looking for data that would justify, illustrate, and back up the construction of this linkage between themes.

Thus, in Table 2, somatization and bodily communication were seen as linked via a means of something being communicated to the therapist. These themes were merged with the other related first-order themes of therapist history, here-and-now experience, and clients' bodies to form the second-order theme of body as receiver. This phase then produced the second-order (or axial coding) themes in Table 3. The quotes from the data are representative of the respective theme.

The final stage of the analysis was to look for the relationship between these second-order themes and relate this to relevant literature. The connection between the second-order themes generated a grounded theory, which was embedded in the original data.

Throughout the analysis, various checks were undertaken to assess the validity of the first- and second-order themes and the eventual grounded theory. In the context of this research, Kvale's (1995, p. 19) position on validity was used in which he describes validity in relation to the construction of knowledge as "the social and linguistic construction of a perspectival reality where knowledge is validated through practice."

Validity was checked primarily by means of feedback from research supervisors (Bolger, 1999) and the use of the professional scrutiny discussion groups, which served to assess the credibility of the data analysis to practitioners. Other methods of checking were carried out by assessing whether four criteria had been met (understanding, control, fit, and generality; Glaser & Strauss, 1967) and the seven guidelines suggested by Strauss and Corbin (1990, p. 253) were used.

The final level of analysis was the use of the permeative themes of psychotherapeutic discourse and researcher embodiment. The term *permeative themes* was used to convey that these two themes permeate the whole of the analysis. The ways and means used by therapists to bring their bodies into the therapeutic process are naturally described by professional discourses. They do, however, incorporate personal beliefs and thus draw on their autobiographical history to help make sense of the therapeutic process. The theme of researcher's bodily response refers to the researcher's own responses to the interviews and also tries to make explicit his or her socialization into the therapeutic world. The purpose of using these permeative themes was to add another level of analysis before arriving at a final grounded theory. This data, together with the professional scrutiny stage, was the final part of the analysis from which emerged the grounded theory of psychotherapist embodiment (Figure 1). The diagram aims to represent a summary of how the grounded theory of psychotherapist embodiment is grounded in the data for this research. Thus, the grounded theory arises from an analysis of the first-order themes of physical reactions,

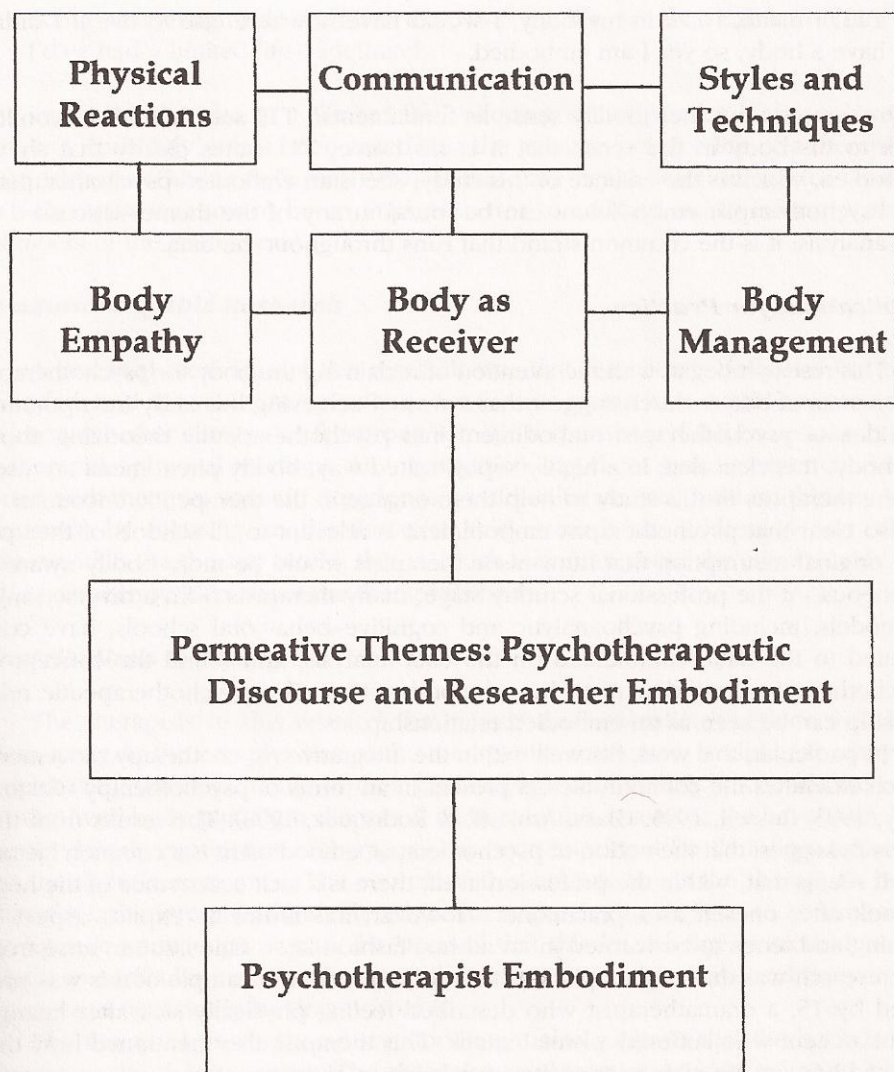


FIGURE 1. Diagram demonstrating the grounded theory of Psychotherapist Embodiment.

communication, and styles and techniques and second-order themes of body empathy, body as receiver, and body management. A further analysis using the permeative themes of psychotherapeutic discourse and researcher embodiment generated the grounded theory of psychotherapist embodiment.

The grounded theory of psychotherapist embodiment represents the significance of the therapist's body in the therapeutic encounter and is indicative of the relationship among first-order, second-order, and permeative themes.

Quotes from two therapists grounded the theory of psychotherapist embodiment within the data:

T13. Often what I am doing when I'm with clients or when I'm in any situation I suppose, is like coming back home, it's the sense like that my body is my home, I come back home to it.

T11. I mean, I live in my body, I would have nowhere else to live if I didn't have a body, so yes I am embodied.

Both therapists put their bodily sense as fundamental: T13 sees himself as coming back to his body in the sense that it is his home; T11 states clearly that she is embodied, which is the essence of this study; she is an embodied psychotherapist.

Psychotherapist embodiment can be found in any of the themes discussed in this analysis; it is the common strand that runs throughout the data.

Implications for Practice

This research began with the intention of reclaiming the body for psychotherapy. The results of this research suggest that a way of achieving this is by incorporating the idea of psychotherapist embodiment into psychotherapeutic theorizing about the body. It is clear that, in a highly sophisticated way, bodily phenomena are used by the therapists in this study to help them engage in the therapeutic encounter. It is also clear that psychotherapist embodiment is relevant to all schools of therapy. The original assumption that humanistic therapists would be more bodily aware is erroneous. At the professional scrutiny stage, many therapists from a diverse range of models, including psychoanalytic and cognitive-behavioral schools, have contributed to the data, commented on the data analysis, and found the concept of psychotherapist embodiment to be a helpful notion. The psychotherapeutic relationship can be seen as an embodied relationship.

In particular, this work fits well within the integrative psychotherapy movement, which examines the common factors present in all forms of psychotherapy (Castonguay, 1993; Russell, 1995; Glass, Arnkoff, & Rodriguez, 1998). The results from this research suggest that the notion of psychotherapist embodiment is a common factor.

It seems that, within the profession itself, there is a tacit acceptance of the need to look after oneself as a practitioner. However, this is not an explicit aspect of training and tends to be learned in an ad hoc fashion later. One issue to arise from this research was that of therapist health (see Table 2). An example of this was provided by T5, a dramatherapist who described feeling physically sick after hearing about a client who suffered a brutal attack. This therapist also mentioned how this affected her sex life after hearing stories relating to child sex abuse:

T5. I get a real physical connection, of you know my womb and my stomach, and of needing to protect that space and close up completely. And it did have an effect on my sex life as well, that kind of reclaiming of a woman's space and you know not being penetrable or anything. A kind of completely closing up, it left quite an imprint on me emotionally and physically.

This therapist was deeply affected in a very physical way that could affect her relationship with her partner. The impact of therapists' work on their own emotional and physical lives is considered by many in this study, sometimes described as the "cost of therapy." One therapist described how she became physically exhausted by the process of becoming a therapist:

T10. I became tired all the time, I know that was to do with having you know, done a case study and getting all that stuff done as well it was actually trying to keep a practice going, it felt like everything was therapy, every weekend was

doing something to do with it, it took over my life. So, if I'd carried on like that I'd've had a limited life... definitely.

She introduces the idea of a "limited life," referring to her practice life as a therapist. Rather surprisingly, it has been noted that the average practice life of a therapist is only 10 years (Grosch & Olsen, 1994). If there are health implications for working as a therapist, it seems to be an important area to address and to inform potential members of the profession.

Limitations of this Research

A potential weakness of this research was that the client's body has not been included, and this could be an avenue for further research. It would be interesting to know whether clients also felt strong somatic responses and if these corresponded to therapists' physical reactions. An investigation into client somatic experience combined with therapist somatic experience would enhance and build on this research. However, by focusing on the therapist, this research has addressed one of the issues within the therapy world; that is, much is written about the client's body, but little has been written about the therapist's body.

Contributions to Theory

The therapists in this research have used their somatic experiences to help them navigate the complexities of the therapeutic encounter. In doing so, they are emphasizing the importance of their bodily perceptions. This links with the ideas on the lived-body paradigm discussed earlier. In this research, we have seen how the lived-body experience of therapists has been important for them in interpreting the therapeutic encounter. The source of this knowledge is the therapist's body. Therefore, the interpretations offered in this research can be seen to be embodied therapeutic knowledge. It must be stressed that this knowledge is local; that is, it relates to particular instances between the therapist and the client, and no generalizations can necessarily be drawn from it.

The theme of psychotherapist embodiment also suggests that the body is very present in the therapy room. The therapists in this study tended to report bodily sensations that were uncomfortable; hence, their bodily state was more noticeable. As Leder (1990, p. 160) suggested, "The body stands out at times of dysfunction only because its usual state is to be lost in the world." Thus, far from the body receding into the background, it was felt as present, and in some cases, this brought with it considerable somatic discomfort.

Often when clients invoked in the therapist some bodily phenomenon, that client had a strong connection in some way to the therapist. It was almost as though the more emotionally involved the therapist was with the client, the more significant bodily phenomena appeared, as in the case of T8, who felt pregnant in response to a particular client of whom she was also very fond.

The importance of the work presented here is that knowledge of the therapeutic encounter can be acquired somatically by psychotherapists. This knowledge makes a significant contribution to the therapeutic encounter. It is, therefore, an important, but not necessarily easy, task for therapists to acknowledge their bodily contribution.

A feature to emerge from the exploration of embodiment was that therapists seemed to receive all sorts of bodily information and acted on this within therapy;

yet this way of working was not addressed in the training of therapists. This seems to be an omission from the education of psychotherapists and suggests that there is a need to include teaching on this in psychotherapy training possibly by exploring the nature of embodiment and by examining some of the management strategies therapists use in their practice lives. A way forward could be by studying the themes of body as receiver, embodied styles of working, and body empathy, which could provide a basis for a body curriculum for psychotherapy trainings.

We can see, then, that the therapeutic encounter is embodied; the therapist's body is, therefore, a vital part of this encounter. Therapists may well be suggestible to embodied states of being because of the nature of therapy, a peculiarly intense and intimate relationship unlike other adult relationships common in Western society. To make sense of these phenomena, therapists often claim to "pick up" information:

T11. But I do pick up client material very quickly in my body.

It must be actively debated whether or not therapists pick up clients' symptoms or material. This is the problem of reification, which can bedevil psychotherapeutic discourse, conjuring up a belief that subjective phenomena are real and tangible and corresponding in some realistic way to language. The description of bodily sensations with words is also problematic; it is impossible to check the correspondence of a word to a bodily feeling because this represents a translation of a somatic experience into a verbal experience. Although it is true that verbal experience is also somatic experience, it is different in quality than, for example, feeling asthmatic or feeling pregnant. Therapists, therefore, need to be aware that they are, by their use of psychotherapeutic discourse, in danger of reifying subjective phenomena. This use of discourse needs challenging because it is more likely that the embodied nature of the relationship echoes an aspect of the therapists' lives and, therefore, they feel this in their body. Clearly, therapists are encouraged to look at their past lives through a psychotherapeutic lens by means of their own therapy. It is not surprising, then, that somatic phenomena are viewed through the same lens.

Perhaps the way forward in investigation of these phenomena is to ask clients what occurs in their body at these moments of somatic resonance. Thus, the movement toward narrative ways of viewing therapy could have much to offer a deeper exploration of psychotherapist embodiment (Gergen & Kaye, 1992; Guignon, 1998; McLeod, 1997; Meier, 2002; Shaw, 2003; Speedy, 2000). This would be a means of verifying with the clients whether these embodied phenomena had meaning for them as well as their therapist.

The phenomena described by the therapists here arise from experiences within their own bodies, not their clients' bodies. It is by interpreting their own lived-experience through a psychotherapeutic lens that therapists produce claims to knowledge about their clients. An example of this follows:

T1. So what I was doing, I think, was picking up the unconscious body memory [of the client].

The claim to feel someone else's body memory is remarkable, especially because this memory is also unconscious in another person's body. This is clearly problematic. It is specious whether therapist bodily responses are located within the client. These somatic phenomena are therapist responses, which, through a layer of

psychotherapeutic interpretation, become located within the body of the client. However, what is possible is an exploration of therapist embodiment; this may have something to say about the therapeutic encounter and the intersubjective space between client and therapist (Cole, 2001; Thompson, 2001; Toombs, 2001; Zahavi, 2001). It can, however, unless discussed with the client, only ever mean anything to the therapist. Body perception is an intensely personal experience. Therapists must realize that theories about their bodies relate to their perceptions of the therapeutic encounter, not necessarily the clients' perceptions.

The psychotherapy profession would do well to reconsider its position regarding the use of psychotherapy discourse to describe somatic phenomena, as Halling and Goldfarb (1991, p. 328) observed:

To take embodiment seriously is to take seriously how one speaks and how one listens to self and other. The recognition that one is an embodied being includes, the acknowledgement that even in a situation of being an observer one is an involved observer—someone who is being affected by and is affecting what is taking place. Being a researcher or a therapist requires that one become fully and thoughtfully involved. It is as if one is engaged in a dance moving forward and moving back: One steps closer and steps away, has an effect and is affected, all as an embodied being.

It is clear that the therapist's body is used as a means to monitor the psychotherapeutic process; this is the major theme to emerge from this research. One aspect of this may be an intuitive process of empathizing somatically with the client. This process of body-oriented communication seems to be an important area to research and incorporate within psychotherapy training, but it would need to be investigated in a rigorous and critical fashion. Such phenomena are not merely aspects of countertransference. Indeed, the use of this type of psychotherapeutic discourse seems inappropriate in the context of the findings from this research because therapists tend to reify such experiences. The types of phenomena described seem to represent a profound connection between therapist and client and are informative of the embodied therapeutic relationship. The suggestion here is that psychotherapy in general needs to embrace other disciplines to investigate and theorize about these phenomena. This would necessitate viewing embodied phenomena through a wider lens and incorporating the traditions of, for example, the lived-body paradigm. This is likely to be an uncomfortable process because it would require an analysis of the discourse currently used within the profession and, by implication, necessitate a thorough critique of current psychotherapy training regimens. The importance to psychotherapy of this project is clear because, if these somatic phenomena are commonplace, they are far too important to ignore. It is time to bring the body in from the cold.

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Zusammenfassung

Die Studie befasst sich mit den Körpererfahrungen von Psychotherapeuten während der therapeutischen Begegnung, indem sie Ideen der phänomenologischen Richtung der Philosophie, insbesondere das Paradigma des gelebten Körpers, in Beziehung bringt zu den körperlichen Reaktionen des Therapeuten zu den Klienten. Der methodische Ansatz für diese Untersuchung hat seinen Ursprung in drei Diskussionsgruppen. Diese Diskussionsgruppen haben zu einer Serie von 14 Tiefeninterviews und einer Überprüfung bei 2 professionellen Diskussionsgruppen geführt. Alle Teilnehmer waren erfahrene Psychotherapeuten. Eine auf der begründeten Theorie basierende Analyse ergab einen Satz von Themen erster Ordnung, die in die folgenden Themen zweiter Ordnung geclustert wurden: Körperliche Empathie, Körper als Empfänger und Körpermanagement. Die endgültige begründete Theorie der Verkörperlichung des Psychotherapeuten entstand nach einer Analyse von Themen, die sich bei professionellen und persönlichen Gesprächen und körperlichen Reaktionen aufzeigen ließen. Die begründete Theorie der Verkörperlichung des Psychotherapeuten hat die Wichtigkeit des Körpers des Therapeuten in der therapeutischen Beziehung zeigen können.

Résumé

Cette étude explore l'expérience somatique du psychothérapeute au cours de la rencontre thérapeutique en référence aux idées de l'école philosophique de la phénoménologie, notamment au paradigme du corps-vécu concernant les réactions physiques du thérapeute au client. La méthodologie de cette recherche a évolué à partir de trois groupes de discussion pour aboutir à une série de 14 interviews en profondeur et de deux groupes professionnels de discussion de l'investigation. Tous les participants étaient des psychothérapeutes professionnels. Une analyse "grounded theory" a généré un set de thèmes de premier ordre qui étaient assemblés en thèmes de second ordre comme suit: l'empathie corporelle, le corps comme récepteur et le maniement du corps. La "grounded theory" finale de l'"embodiment" du psychothérapeute a émergé après une analyse des thèmes perméables du discours professionnel et personnel et des réponses corporelles des chercheurs. La « grounded theory » de l'"embodiment" du psychothérapeute a révélé l'importance du corps du thérapeute dans la rencontre thérapeutique.

Resumen

Este estudio explora las experiencias somáticas de los psicoterapeutas durante el encuentro terapéutico, y vincula estas ideas con las de la escuela de filosofía fenomenológica, en particular con la noción del paradigma "cuerpo vivido" y en relación con las reacciones físicas de los terapeutas hacia los clientes. La metodología para esta investigación se desarrolló a partir de 3 grupos de discusión que condujeron a una serie de catorce entrevistas en profundidad y dos grupos de discusión profunda de profesionales. Todos los participantes eran psicoterapeutas experimentados. Un análisis de la teoría básica (*grounded theory*) generó un conjunto de temas de primer orden que fueron agrupados en temas de segundo orden, a saber: de empatía corporal, cuerpo como receptor y administración corporal. La teoría básica final (*grounded theory*) de la corporización del terapeuta emergió después de un análisis de los temas recogidos del discurso profesional y personal y de las respuestas corporales de la investigación. La teoría básica final de "corporización" (*embodiment*) ha revelado la importancia del cuerpo del terapeuta en el encuentro terapéutico.

Resumo

O estudo explora as experiências somáticas dos psicoterapeutas durante um encontro terapêutico, associando-as às ideias da escola fenomenológica da filosofia, em particular à noção do paradigma corpo-vivido relativamente às reacções físicas do terapeuta aos clientes. A metodologia desta investigação envolve 3 grupos de discussão de escrutínio profissional. Todos os participantes eram

psicoterapeutas experientes. Uma análise grounded theory gerou um conjunto de temas de 1ª ordem que foram agrupados em temas de 2ª ordem de empatia corporal, corpo como receptor e gestão corporal. A última grounded theory da corporalização do Psicoterapeuta emergiu após uma análise dos temas permeáveis do discurso profissional e pessoal e das respostas corporais dos investigadores. A grounded theory da corporalização do terapeuta revelou a importância do corpo do terapeuta no encontro terapêutico.

Sommario

Questo studio indaga l'esperienze somatiche del terapeuta durante la seduta, collegando l'esperienza a quelle idee della scuola fenomenologia della filosofia, in particolare alla nozione del paradigma "lived-body" (il corpo vissuto) in relazione alle reazioni fisiche del terapeuta di fronte al paziente. La metodologia per questa ricerca si è sviluppata da 3 gruppi di discussione i quali hanno condotto una serie di 14 colloqui approfonditi e 2 gruppi di discussione professionale. Tutti i partecipanti erano psicoterapisti esperti.

Un'analisi della grounded-theory generava un set di temi di primo ordine che sono stati raggruppati nei temi di secondo ordine dell'empatia fisica, il corpo come ricevente, e la gestione del corpo. La conclusione circa lo psicoterapeuta che somatizza emergeva dopo un'analisi dei temi pregnanti dei temi pregnanti di discorsi professionali e personali e le reazioni corporee dei ricercatori. La grounded-theory del terapeuta che somatizza ha rivelato l'importanza del corpo del terapeuta nell'incontro terapeutico.

摘要

本研究探討心理治療師在治療交會中的身體經驗。治療師對於案主的身體反應，與現象學的哲學概念，特別是人透過身體認識世界的思想典範有關。研究的方法為組成三個討論團體，接著進行 14 次的系列深入訪談，以及組成兩個專業討論團體審視初步分析的資料。所有團體參與成員都是有經驗的治療師。應用紮根理論的分析方法，從獲得的第一層主題中類聚出第二層的主題為身體的同理、身體是接收器、與身體的管理。以紮根理論分析的治療師身體經驗，也發現了治療師的專業與個人的對話，以及研究者的身體反應這兩個互相交錯的主題。研究結果顯示在治療交會時治療師身體反應的重要。

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