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Michael Soth is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), with more than 30 years' experience of practicing and teaching from an integrative perspective. Drawing on concepts, values and ways of working from a broad-spectrum range of psychotherapeutic approaches across both psychoanalytic and humanistic traditions, he is interested in the therapeutic relationship as a bodymind process between two people who are both wounded and whole. He was Training Director at the Chiron Centre for Body Psychotherapy in London for 20 years, until its closure in 2010. He now teaches independently through INTEGRA CPD. He has written numerous articles and several book chapters and is a frequent presenter at conferences. Extracts from his published writing as well as summaries of presentations and hand-outs are available at www.integra-cpd.co.uk, or find him on Facebook and Twitter (INTEGRA_CPD). He is co-editor of the *Handbook of Body Psychotherapy and Somatic Psychology*, published 2015.

The *Somatic Perspectives* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City.

This transcript was slightly edited. For better or worse, it retains the spontaneous, spoken-language quality of the podcast conversation.

Serge: 00:00:01 So Michael, we're going to be talking about relationality and maybe it makes sense to first start by talking about what we mean by relationality.

Michael: 00:00:12 Okay. I think that's quite confused question out there in the field, in the UK especially, relationality is really fashionable over the last 15 to 20 years, it's been one of the big movements that has really expanded the field, but when you look more closely into it - I was recently running a CPD event for 'The Relational School' in London on exactly that topic "What do we mean by relational?" - we find that under the surface of that common term and the general recognition that "it's the relationship that matters in therapy", there is actually not a lot of consensus, really. There's really quite a diversity of opinions and definitions as to what 'relational' means.

00:01:04 So one way of approaching it would be maybe to think: what binds the relational movement together is a kind of anti-position towards what they might perceive as 'non-relational'.

00:01:16 Now what would that be? I think generally speaking in the US, probably you would call that 'one-person psychology', classical 'one-person psychology', either of the Freudian variety, or behaviorism or any kind of 'treatment'. Whereas in the UK that debate was really very acute in the 1990's in the professional journals in the UK where it was talked about more as the 'medical model' versus 'relationship'. And out of that conversation came a conference, I think in the early 2000's, the BACP, which is one of the national organizations in the UK, ran a conference with the title "It's the

relationship that matters". So I think lots of people congregate around that, which is then implicitly in contrast and in contradistinction to the 'medical model' and 'one-person psychology'.

00:02:12 So then you ask positively what do people actually mean by being 'relational'. And then the apparent consensus really disappears quite quickly.

00:02:22 I guess most people would say: "well, I work with attunement" . Well, without attunement even modern psychoanalysis doesn't work, following Heinz Kohut, everybody works with attunement. Or, empathy - well, we all need that.

00:02:42 I guess there's another aspect of it where people think of relationality in terms of it being reparative [or in terms of] providing an authentic relationship (some people [e.g. Martha Stark] wouldn't mean authentic relationship in the definition of Carl Rogers). But that's really what [humanistic therapists] mean by relational: I-Thou relating. I don't think that is the consensus [,either]. Some people assume that what Carl Rogers meant by I-Thou relating is roughly equivalent to what in relational psychoanalysis they call mutual recognition or intersubjective mutual recognition. That's also not quite clear whether that actually is the same thing. I don't quite think it is.

00:03:23 So basically the consensus breaks down and people don't quite know what we mean. And I think one of the problems of defining the term is that really if you look at it as a community of practitioners, it has emerged in the 90's and early 2000's mainly in the US through relational psychoanalysis and there's a whole community of practitioners around that which then inspired similar organizations and movements in other countries. Their definition of relationality suffers from the fact that they are a little bit, or at least originally, they were a bit oblivious of the humanistic tradition and Carl Rogers and all the I-Thou dialogical relating that we find in Gestalt or in Body Psychotherapy, we would just take that for granted, that that is part of what we do. So, the way it emerged initially as a movement, I think it excluded or to some extent neglected the humanistic definition of relationality that was already well underway since the 1950's, 1960's.

Serge: 00:04:30 So maybe it's a moment to pause and say for people who listen to this: okay, what do you actually mean yourself by the word relationality?

Michael: 00:04:44 Well, there was a big paradigm shift that was really very crucial to my development as a therapist, which happened in the UK in the 1990's with the help of one of the elders of the professions in that country called Petruska Clarkson. And she developed an idea of the multiplicity of relational modalities. So she said: relationality isn't one thing. If we look back over the history of psychotherapy over the last hundred years - she didn't quite say it like that, but the way I've been teaching it, I was teaching in Pakistan recently, I've been saying: you could think that the last hundred years have given us a sequence of theories and techniques that have evolved out of each other, sometimes in splitting and contradiction to each other and that at the end of the 20th century, we were left with a collection of theories and techniques as to how to do psychotherapy.

00:05:50 But she [Petruska Clarkson] would say: well, underneath theories and techniques - what we call the traditional approaches - there are actually relational stances which she called 'kinship metaphors'. If you think of an extended family - the way we don't have it in the West these days - there are many kinds of loving; there are

many kinds of being helpful, many ways that human beings can be helpful to each other depending on what kind of kinship [relation] they have to each other. There can be a kind of more hierarchical helpfulness where I have a relationship with an elder, like an uncle, not just my mother and my father, an uncle or an aunt, i.e. an elder or it could be more on a non-authority level, on an equal level with a cousin. So she was basically proposing - Petruska Clarkson - that we could think that over the last hundred years the different therapeutic approaches have discovered the validity of underlying relational modalities.

Serge: 00:06:50 Let's stop a little bit, that's a lot. So when we talk about relationality, we lump everything together and something that being in a culture that's more traditional, like for instance, that of Pakistan, shows that there are many ways within an extended family to experience kinship and the relationship that you have with an elder is going to be different from, say, the relationship you have with a cousin. And and so the whole idea in talking about relationship is to pay attention to that multiplicity of ways in which we can be related to others.

Michael: 00:07:32 Yes! And in which we can be relationally helpful to each other, if we then apply that to psychotherapy. The way I like to talk about these days is that there are different relational spaces that can all be helpful and found helpful by different clients at different times. And that was how Petruska Clarkson introduced her idea in the early 1990's, which then provides a very solid foundation on which we can actually integrate the different traditional psychotherapy approaches - which people have found really quite difficult to integrate, let's say on a theoretical level. People who have tried to build a metta theory that integrates all the different approaches on a, on an abstract level, conceptual level and it doesn't really work very well.

Serge: 00:08:21 Whereas, so we're talking about that talking abstractly actually misses the point that interaction and therapy is actually a relational process and in order to better understand that relational process, it makes sense to think of it in terms of the various ways of relating or the various relational spaces?

Michael: 00:08:41 That's right. That's, I think, the paradigm shift that Petruska Clarkson initiated. Because you could think that as long back as starting with Freud, people tried to characterize the traditional approaches in terms of 'theory' and 'technique'. When people said: what kind of therapist are you? What is your theory? What's your technique? Now, what over the first hundred years of psychotherapy we weren't aware of is that that actually implies a 'one-person psychology' paradigm, you see, because it's more like a doctor who applies a theory and technique. If you come to me and say you want help, psychological help of whatever sort, and then I think of myself as responding to you primarily in terms of a theory and a technique, then I treat you more like a case, you know, I will try and perceive you in the context of a theory that I've already learned that I will apply to you. So by definition, as long as we think of the different traditional approaches, mainly in terms of theory and technique, we are actually in a paradigm of 'one-person psychology'.

Serge: 00:09:48 We're really the paradigm, as you say, of the patient-doctor medical model. So there's three parts you have the medical theory and the body of knowledge

that's medical. You have the patient and the doctor or therapist is intermediary that actually brings this to the client but not necessarily with the client-therapist relationship being central.

Michael: 00:10:13 Yes! I think that is in the US the history that Martha Stark tried to write for psychoanalysis - this is where the terms [one-person and two-person psychology] come from, don't they? Where she described one-person psychology as Freud's classical treatment paradigm, which then in the 1950's changed more to what she calls the one-and-a-half-person psychology paradigm where basically the therapist wasn't fully there as a person, but they were using their countertransference experience as relevant to the therapeutic relationship. So it wasn't a one-person psychology anymore where only the patient's psychology mattered. Now there was a half of the therapist, half of the therapist's psychology was also relevant; and then she talks about the two-person psychology model and I think I have got some disagreements with her with how she defines that, precisely because she excludes all the humanistic understandings of two-person psychology, which we would find more in I-Thou relating or in Gestalt dialogical relating. So when she talks about two-person psychology, she means actually relational psychoanalysis and she doesn't quite mean what the humanistic people mean by two-person psychology. So the relational multiplicity that we then can develop on the basis of Clarkson's proposal can include ALL of that, which means it can include one-person psychology. This is one of the things that is a weakness of Clarkson's model - I've written about this - that she actually by definition excluded the treatment modality from psychotherapy because in her mind she took it for granted that this is not what psychotherapists do, but I've proposed that we need to re-integrate it. That it is actually a valid modality of therapeutic relating

Serge: 00:12:04 And it's a form of relating. It might be a weaker form, but it is a form of relating.

Michael: 00:12:10 Yeah. Especially if we then think more of traditional family doctors who often were related [in terms of a deep long-standing attachment], who knew the patient over decades, sometimes having been there at their birth. And traditional family doctors were thinking very much in systemic terms, in a bio-psycho-[social-]neurological, systemic way, the way we're really rediscovering it in neuroscience. So a family doctor like that would be able to provide a very relational presence that would certainly be experienced by the patient. So Petruska Clarkson, when she formulated her proposal in the early 1990's, was very much caught in that polarization between medical model versus relationship. So we can re-integrate that and say: well, actually (which is something that Martha Stark also says when she talks about her 'model 4' whatever that is), that it basically reintegrates one-person, one-and-a-half person, and two-person psychology. And that then takes us closer to Petruska Clarkson and this idea of this multiplicity of relational modalities which underlie and underpin all the various theories and techniques that are out there in the field, but that are in a way structured by an underlying diversity of relational modalities or, as she says, kinship metaphors.

Serge: 00:13:42 So, so then, when we talk about modalities of therapy, we don't necessarily think about it in terms of the theory that the people who founded them, the people who practice them think about. But we think about the nature of the ...

Michael: 00:14:00 Well, yeah. There's two different ways of using the word 'modality'. So in the UK, 'modality' was used equivalent in the way that you are saying, you know, when we think of traditional [therapeutic] modalities, we do think more of approaches. Whereas what Petruska Clarkson talks about, when she uses the word 'modality', it's a completely different category, she means a completely different level of experience. So yes, we need to distinguish those two different meanings [of the term 'modality], because in the UK they used to talk about the 'modality wars' which basically meant psychoanalytic versus humanistic versus behavioral. So these modalities that Petruska Clarkson is talking about, they are prior to theory and approach - they are more fundamental. They are about relational spaces, they are about the relational position that I take as a therapist, which always already creates a universe of a particular relational space that's based not just on what I'm thinking I'm doing - or what my left brain intends to do - but it is really who I am as a person and what kind of relational space my personal presence generates. That includes my theory and technique and all my learning as a therapist, but it is not really just about that.

Serge: 00:15:17 So, so does it make sense to talk a little bit about how one becomes conscious of it and especially how it affects, either the way of conducting a session or the way of conducting therapy?

Michael: 00:15:33 So I think one way of talking about it that's more relevant to the Body Psychotherapy tradition would be to think about how we would write the history of our approach equivalent to how Martha Stark wrote the history of psychoanalysis and I think similarly we could say that Reich had no doubt that he was giving treatment. When one reads his case studies, I think there's all kinds of other things going on, there is a deep kind of attunement - vegetative identification as he calls it - you know, there's all kinds of other things involved that make the bond, but in terms of the relational stance that he takes, I think it is a one-person psychology stance. And that manifests theoretically in him - certainly for most of his early career - identifying as a psychoanalyst and very clearly - more clearly than the rest of the psychoanalysts - thinking about the transference, but not really thinking about the countertransference. 00:16:39 And that's I think one of the weaknesses of the Body Psychotherapy tradition. I got into it when I was reading Reich in the late 70's and I started training in the early 1980's in London at the Chiron Institute. At that time - as I reflect on it later - one of the things that we took for granted really was an implicit emphasis on the one-person psychology treatment paradigm and Reich's emphasis on the transference. That was all inherent in the model and in character structure theory. That was all clear that, you know, through a particular character structure there would be a particular kind of transference, and that what I like to call the 'wounding object' (you know, the bad parent), would be part and parcel of the transference. But in those days we certainly didn't think about the countertransference. Or when we thought about it at all, we really thought about it like Freud, which is basically similar to this famous paper by David Boadella - I think, in 1972 - where he writes about transference, countertransference and interference: our understanding - when we thought about countertransference at all - really was equivalent to Freud's who basically said the countertransference of the psychoanalysts is just that he's not completely analyzed and it's his own pathology. And we in the humanistic tradition would think equivalently and

say: well, if I'm left with anything disturbing after a session and I'm having countertransference of whatever sort, then that's 'my stuff'. And then I go to supervision and then my supervisor helps me separate out 'my stuff' from 'my client's stuff' and if I can do that separation neatly than I'm qualified and fit to return to the next session because I've separated that out to - 'my stuff' from 'their stuff'.

Serge: 00:18:38 Right? So we have two units and no consciousness of the space and the phenomenology of what happens in that space.

Michael: 00:18:46 Exactly. And so what I only came across in the mid-80's, which then really began to influence how I thought about therapy generally, but relationality more particularly, is that the psychoanalysts actually - or a large chunk of them - had started disagreeing with Freud's definition of the countertransference since the 1950's, which is what with hindsight now people call the 'countertransference revolution' in psychoanalysis. So people like Paula Heimann and Heinrich Racker, they talked about how the transference and the countertransference interlock. So they were thinking about the interrelation, the interwovenness of the two, and then basically came up with the recognition that the countertransference can be another 'royal road' into the client's unconscious because it gives us information via the transference about what really is the client's wounding and what is their unconscious world and their unconscious process. So rather than it being an 'interference' with the therapeutic process, it could be thought of as another 'royal road' that gives us information and that actually deepens the relationship. So for me in the 1980's, that was a completely new definition and potential of the countertransference, which then brought me much closer and much more interested in psychoanalysis in its more modern versions rather than the classical Freudian version. I think in those days we had very much set up Freud and classical psychoanalyst as a straw-man that we could beat down and dismiss without really taking on board that psychoanalysis had developed and there were many schools and many differences within psychoanalysis, just about as many as within the humanistic movement, you know, that there was all this diversity.
00:20:43 But one of the fundamental recognitions had been the countertransference revolution. If we take that down more into the nitty gritty of what actually happens between client and therapist, especially when we think of the two of them as bodyminds, then Body Psychotherapists should really be the first to think about projective identification. You know, the step from what we call resonance - somatic resonance and vegetative identification - into projective identification is only a tiny step. I'm always bemoaning that as Body Psychotherapists we should be experts - we should be known as experts - on projective identification. Whereas because of this historical development where we shunned the more modern definition of countertransference

Serge: 00:21:33 How could we think about resonance without thinking actually that an implication of resonance is we're carried into being different.

Michael: 00:21:44 Yes. Well, I think one of the other major shadow aspects of theBody Psychotherapy tradition, I think, certainly in the 1980's, is its emphasis on catharsis and that I had - and I think with hindsight we [all] had - and I was really committed to a very idealizing notion of the body, and in a way what Reich called 'liberating the animal'. So

when I think back to those times now, there was a very simplistic idea of the client's internal conflict; basically, that there was the life force and the body that needed expression and permission and that there was some kind of defensive character structured ego-system that was inhibiting all of that and the expression. And that my task as the body psychotherapist was basically to liberate the animal and that we had this whole array and toolkit of techniques and powerful interventions that we could use to bring that about. So, I think in that universe, in that kind of paradigm, there is always the assumption that what I resonate with as a therapist really is only one half of the client's conflict - the one half that I have decided is the precious part, which is, you know, in those days we would equate the life force with the body, the spontaneous expression of the body. In some ways we would equate that with the child, like the 'gifted child' of Alice Miller or the 'free child' in transactional analysis and that it was my task to liberate all of that. And when I was thinking about resonance in those days, I think I was assuming I'm resonating with that. What is missing from that way of conceptualizing it is the idea from object relations - which is sort of there in character formation, [although] not quite explicitly enough - is that if there's character formation, then the wounding object, the bad parent has been internalized (which they are quite clear about in transactional analysis). So that means, and this is one of the weaknesses I think of character structure theory, that we constantly keep thinking that the body in front of us is the wounded child. Now if you read Stephen Johnson's "Character Styles', the chapters are headed "the used child", "the neglected child", [etc}.

00:24:25 So we are thinking of the client's body in front of us - when we think characterologically - in terms of the wounded child. And that is then the part that I would be resonating with. Now that's a huge shortcut and very counterproductive and I got into all kinds of troubles trying to work according to that preconception; because it ignores the fact - that I think we more easily get from an embodied version of object relations - that the parent has also been internalized; that there is a fixated version of the wounding parent in the client's bodymind just as much as the child is also arrested and fixated there. So I'm thinking about that conflict, that internalized conflict, which to me it's just a slightly more expanded version of character formation, but then resonance becomes a more complicated phenomenon, you see, because the question is: what am I resonating with? am I resonating with the child, or am I also resonating with the internalized parent? Because I'm not preconceiving the client as a singular entity

Serge: 00:25:38 Or myself as a therapist.

Michael: 00:25:41 Exactly.

Serge: 00:25:41 So when we're talking about the character formation is not just something creating and forming something like a sculptor creating a statue, but character formation includes internalization of the parent, for the client obviously as much as the therapist, as any other human being. And so that when we as a therapist focused only on thinking that the only thing that we see in the client is the result of the effect of being formed as a character, we miss having an explicit connection with something or we are ignoring another part. We ignore it also in ourselves. And as a result, all kinds of shit can happen.

Michael: 00:28:07 When you wanted to talk about power, sex and shadow, to me that is one of the shadow aspects of [Body Psychotherapy], that's something that we do not attend to, it's not in the focus of our awareness. And yes, I think all kinds of negative stuff can happen. I mean, the simple upshot of it is that we are then getting fixated on a fairly reparative oversimplification of the therapeutic process where it is my task to heal the wounded child, which I have made the focus of my perception and intervention. And then I fail to understand something that Fritz Perls criticized Reich for very early on, when he was criticizing Reich's notion of the defence. And he said that famous thing, you know, in the human being the defence is about as defensive as Hitler's Defence Ministry in 1933. It's aggressive, you know, it has an active aggressive inhibiting function. There's a lot of energy in it. So if you think of the defence not just as a defence, but if you think of the defence like we do in character formation as a 'turning against the self', which then involves [an internalization of the bad parent]. The turning against itself takes its shape - I'm thinking of Keleman here, you know, how does the whole bodymind organize itself? - and so the defence takes its shape from an internalization of the bad parent, or you could say an identification with the aggressor. And so what we're confronted with, in Fritz Perls' view, is that whole conflict, where I do not want to preemptively take a side, where I'm going to do therapy for the sake of this wounded child and therefore I'm going to put all my focus on that. He said: well, no, what wants to happen, if we think of it in Gestalt terms, is a reorganization of the whole conflict. So that means - coming back to resonance - I need to resonate with all the parts of the conflict rather than take sides. It's a bit like with a couple, you know, when you do couple therapy, one of the first mistakes of couple therapy is that you take a side with one against the other and then you're mince meat. So the same thing applies internally. If we oversimplify the internal conflict as this wounded child - as we tend to in character structure theory, then we neglect that there's another pole, the internalized parent, and that we are really confronted with a task of: how can that internalized conflict reorganize itself. Then resonance becomes a more difficult concept.

Serge: 00:29:25 We're missing the action. We're focusing on something that is static, but the idea is instead of focusing on something that is static, we pay attention to the action that's underlying what's happening and we observe it playing so that there is a chance for some reorganization, some change in the roles to happen.

Michael: 00:29:47 Yes. So to me that would be a nice formulation: rather than thinking of the character wounding as something that happened a long time ago - I mean, that is not something that Reich didn't say - it's constantly being repeated. So this is one of the things that I've sort of abstracted when I teach: I'm thinking about three parallel relationships. I'm thinking there was a wounding relationship in the past, which is the original character formation. That becomes internalized as a bodymind process as character formation. And that conflict then becomes re-externalized in the transference-countertransference, and reenacted [constantly] in the transference-countertransference, so we can catch the same wounding dynamic on each and every of these three levels, you know, and it's something that's constantly reoccurring. The wounding didn't just happen 20, 30, 40 years ago. It's constantly reoccurring and being reenacted, and that is what maintains the character structure. So that becomes much more dynamic, because then the relationship becomes more obviously the crucial

arena in which the character is constantly reconfirmed in a way through the transference-countertransference process and through the client's pattern evoking in me reactions that re-wound them. So the wounding gets constantly re-enacted, which is what happens in most intimate relationships, but it also happens in therapy, if I'm available to that in a way that doesn't oversimplify, as we've just said, if I don't oversimplify the relational space, and the multiple relational modalities and the multiple relationships that are occurring.

Serge: 00:31:33 Yeah. So, so then all of this occurs at an implicit level and for both the client and the therapist. And so what we're talking about is a sense of being in touch with it at an implicit level, knowing that we're both, you know, studying and trying to help the client, but also very much caught in the same ....

Michael: 00:31:57 Yes, exactly. So I think that is the big impact that our tradition could have on psychoanalysis and modern psychoanalysis where some of these things are abstractly formulated. You know, in relational psychoanalysis they talk about implicit relational knowing now, but a lot of it is still in the verbal domain in a way that doesn't fully access the implicit pre-verbal, non-verbal, the way that our tradition has really, transgenerationally, accumulated all of that expertise, not just in our perception of the other but also in our perception of ourselves. So one of the main things that Allan Schore talks about - has been talking about for a long time - is the right-brain attunement and perception of these implicit dynamics, but always with a sort of assumption, well, because it's the right brain, the left brain doesn't have conscious access to it and it's subliminal. So that's one of my gripes with Allen Schore and everybody who uses that kind of idea of the right brain attunement as if the subliminal nature of my perception, my right-brain perception is just a given. Whereas I think it varies hugely. Over the last 30 years I am now able to be aware of things that I would have been completely oblivious of 30 years ago, and that's mainly a function of my own embodiment. If I'm more available to my own bodymind, subliminal isn't just subliminal, it's not a given. It's a really moveable feast, how much of what for other people is a subliminal process I can be aware of. And when I teach in Pakistan, for example, [this is] one of the key issues which is really important in psychotherapy training. So much of psychotherapy training - even in Body Psychotherapy - is still in the 20th century. If we really think that relationality and especially implicit relational knowing are the key foundations are the key skills of a psychotherapist, then what are we doing in psychotherapy training?

00:34:21 When I was training in the 1980's, there was a lot of experiential work, but over the years, it has become more and more academic, whereas what I'm trying to do, when I teach, I make it very experiential: we do role plays, we do live sessions, we do stops and starts, so we can catch up with all these nonverbal and pre-verbal cues that are going on, where these dynamics of transference-countertransference enactments are visible in the nonverbal interaction. That's a huge thing that body psychotherapy can contribute to the understanding that's out there in the world of what they call enactment in relational psychoanalysis, but they don't really know how to work with it other than to talk about it. Whereas I think as a tradition, we have got this huge, vast richness of perceptive skills, but also intervention skills that could really make that all useful and bring that all more out and make that more accessible to therapeutic reflection and intervention.

Serge: 00:35:25 Right? Right. So when we're talking about having arrived at the conceptualization that there is a richness of the relational, it's implicit, the next step is not to develop more of a vocabulary and have a syntax to talk about it, but actually to use tools and skills and develop the skills that allow us to understand and perceive them more in order to play with them.

Michael: 00:35:54 I don't know whether you've heard Allan Schore talk recently. I think he's been talking about - I'm summarizing and condensing what he said - but the essential point was that deep transformation, transformation of early attachment, early character styles, anything like that is only possible through client and therapist falling into implicit enactments and recovering from those. So if we spell that out, what does he mean by enactments? He means re-enactments of the wounding dynamics, which happened a long time ago, are constantly re-occurring within the client's character, as internal internalized object relations, and are then also re-enacted externally with a therapist. Long before anybody says anything or does anything, even before the therapist has entered the room, in a way, some kind of anticipation of that enactment is already present and then the therapist falls into it and then it's through falling into it, that through the countertransference revolution we begin to appreciate that it's a two-person psychology process by which we then can slowly gain some awareness of what the wounding dynamics are because we've been part of acting them out.

Serge: 00:37:18 My suspicion of where you were going is to say that where we add is that as we're aware of somatic markers of that experience and we make our clients aware of it, the understanding is actually a gut level understanding of the patterns as opposed to some kind of abstract understanding. And so we're able to actually change from there.

Michael: 00:37:40 Yes. Well, I think that's a whole complex question of what's our theory of therapeutic action? How does deep transformation - like Allan Schore has been saying about these early patterns - actually work? And one thing I think that's clear is that it doesn't work from the outside, through any kind of one-person psychology approach to it - a little bit like the metaphor I sometimes use is of these kind of robot arms behind 3-foot glass operating on some kind of explosive substance. It's not really gonna work because of the delicate implicit human intersubjective nature of it. The therapist needs to get involved and implicated in the wounding and then the whole thing transforms from within rather than from without. So I think there's a consensus about that, but how that actually works [i.e. recovery and transformation of enactment, is unclear]? Most of the people who theorize about enactment and how to recover from enactment - or sometimes people talk about it in terms of rupture and repair - are still very caught in reflective repair, that it is the reflective capacities of the human being, of the therapist, of the therapist and the client that repair the rupture that has happened implicitly. So there is not yet a clear comprehensive bodymind formulation of how we recover from enactment. That's really what I've been trying to do now, I think, for the last 10 years: I'm really trying to get as close as possible to thinking from within the therapist's stream of consciousness [within the enactment] which includes my own bodymind process and all the kind of subliminal somatic markers and all of that. When I teach that for practical purposes, I usually talk about charged bodymind fragments: there is my stream of consciousness and I've been perceiving your face, you know, for

the last 10 minutes, but it's only in the moment when there is a charged expression, like, you know, the facial expression changes or you're frowning or something like that - that's a charge fragment that stands out, that impacts me, and then has an internal effect on me. So I'm thinking about charged bodymind fragments.

Serge: 00:39:56 So something similar to how animals perceive movement and would not see necessarily something that's immobile but movement is perceived. And so the charged moment is is such a moment.

Michael: 00:40:11 Yes. So I think all of our tradition, you know, movement, the idea of charge going all the way back to Reich, the idea for ripeness, you know, those are ideas that come from organismic routes - embodiment is really crucial to formulating those kinds of ideas. And I don't think they are quite taken on board yet in most theories of therapeutic action: that the same intervention that I made a minute ago was disastrous, but it could be depending on the kind of bodymind process ripeness between the two of us, that it could be really just the right thing a minute later, or the other way around.
00:40:59 So how do we know about that as therapists? I think because so much of the psychotherapeutic field outside Body Psychotherapy and somatic psychology is still too stuck in kind of left brain machinations, they don't have access to really the foundations on which one would decide implicitly, intuitively what's ripe, what's not ripe, what's a charged fragment, what is the relational significance of a charged fragment?
00:42:13 Like when I was teaching in Pakistan just now, we had a beautiful session where a whole narrative, a whole family constellation arose from one little charged hand movement. There was just one hand movement that had a whole story in it, both in terms of its expressiveness but also its inhibition (which is the point that we were talking about earlier in terms of how Fritz Perls criticized Reich). And if we take that then further into object relations, then the hand movement isn't just the hand movement that expresses a feeling; it also conveys the inhibition of the expression. So all the objects and all the whole wounding dynamic is actually inherent in that hand gesture. And then the whole narrative of the family scenario within the context within which that occurred, can unfold from within one charged gesture, one bodymind fragment like that.

Serge: 00:42:26 So as you've talk this way, I'm thinking about the diagrams in physics about forces and so you have a force going this way and a force going this way and you have the resulting force that's, you know, the result of all of this. And so the image of, you know, as we act as we are is we live a sense of the pressures that come from different directions and who we are and how we act is the result of how we organize to face these pressures. And what you're talking about is being very conscious in observing something, uh, as this interplay of forces that are not necessarily visible to the open eye, but that's why we have the trained eye of thinking in terms of these pressures, of thinking in terms of body awareness, to see it both from outside but also from inside.

Michael: 00:43:20 I think in our tradition we have a deep understanding that my character structure conditions perception and that my whole being - my character structure - opens up and discloses a whole particular experiential universe, but it also shuts out other possible universes. And so I think we understand like few other therapeutic

traditions understand - mainly through our own experience of going through all kinds of heaven and hell of regression and catharsis and full expression of deep, raw emotion - just how many universes of experience, feeling and perception we can inhabit. And so I think that is the whole kind of spectrum, that palette, that Body Psychotherapists can draw from when they are perceiving the subtlety of somebody else's charged bodymind fragment. And so in our tradition, we don't have as much of that [top-down] bias that we filter everything through some kind of languaged, reflected, already categorized, named conceptual system. Reich uses that phrase, you know, repeated by William Cornell [in the title of his recent book] "in the expressive language of the living" and all the neuroscience like with mirror neurons where they confirmed that [the bottom-up, non-conceptual, non-representational understanding of others]. I just watched Vittorio Gallese talk about extending the idea of mirror neurons into embodied simulation: that the way we know what's going on in somebody else is because inside ourselves we, our body, our body mind simulates what I perceive to be your internal state. And that is something that I think when Reich talked about vegetative identification he sort of was pointing in the same direction. So I think we can use that. So that is what I've been trying to do over the last 10 years, to bring all the relational subtlety that has been developed in the psychoanalytic domain, including countertransference, projective identification, enactment, all of those ideas, but to bring a bodymind phenomenology to them. So we get the best from both traditions.

Serge: 00:45:46 So in a way that we came to a similar place, but there is an enrichment that can come from our tradition of paying attention to actually the experience of embodiment.

Michael: 00:46:00 Well, I think, especially in the modern somatic trauma therapies, which are obviously wonderful in the way they have contributed to the field of trauma therapy and to how much more effectiveness is available in trauma treatment these days through the Body Psychotherapy tradition feeding into that. It's increasingly recognized that one of the downsides, even of the modern versions of Body Psychotherapy and Somatic Psychology, is that they still carry a lot of one-person psychology elements and attitudes within them. So the kinds of terms that we use - implicit relational knowing, somatic markers, resonance - these are very common terms across the whole field of Body Psychotherapy. And they would suggest that we have this particular embodied, privileged access to relationality in that way, which I think is partly true.
00:47:04 But [our expertise in terms of the bodymind to a large extent has been forged at the expense of relational obliviousness, by us being dedicated to an implicit Reichian ‘medical model' treatment stance, hidden behind a humanistic equality stance. That means on the whole Body Psychotherapists do not access the full multiplicity of the relational modalities and the insights of the countertransference revolution, but stay restricted to a limited range of stances which minimise the heat of the transference and avoid the intensities of enactment needed for transformation of charatcer patterns]. I have had to battle with that [the implicit Reichian ‘medical model' stance, the idealised reparative image of the therapist as body magician and the somatic catharsis and transformations I felt obliged to facilitate in pursuit of bodymind integration and wholeness] in my own development as a Body Psychotherapist, and with my colleagues that the Chiron Centre we went through intense polarizations and fights and conflicts about this [the reparative versus the transference-

countertransference modality]. Because of what we talked about - using character structure to mainly see the wounded child - a lot of what we were trying to do traditionally was reparative. Maybe the reparative technique included some kind of catharsis and expression and expression of hostility - it wasn't all kind of cozy and cuddly and pink and fluffy, but in the back of our minds we had an overall reparative idea and many people in Body Psychotherapy think relationality equates with a reparative attitude, that we care about, that our heart is open, we care about obviously the client's wellbeing in a deep embodied kind of way, and that we have an understanding, a deep attuned understanding of their woundedness, and that therapy is partly, or it's largely, about helping them repair that woundedness.

Serge: 00:48:24 So now are you talking about maybe as opposed to repair it to, to think of it in terms of renegotiating?

Michael: 00:48:31 Well, you see, for the first 10 years that I was trained as a Body Psychotherapist, I fancied myself as this body magician who could affect that kind of deep reparative therapeutic process. Now that is not two-person psychology, which is one of the hidden shadow aspects certainly of the kind of Body Psychotherapy that I was involved with (which was a very feminine version, it was inspired by Gerda Boyesen and she was - if we kind of caracaturize it - we could say it's a kind of Earth Mother type of melting the character-armour [therapy] - it's not a kind of cracking the walnut of character-armour, it's a melting the character-armour kind of approach in a kind of nurturing way; so we nurture the client into a transcendence of their character structure rather than confronting them and cracking it). But the hidden unacknowledged implication is that there cannot be repair until I've diagnosed something. You have to diagnose a wound in order to repair it. So I actually do take [a 'medical model' stance], even if I have a predominantly reparative nurturing attitude. What's hidden is that I have actually made a quasi-medical doctor assessment, a diagnostic assessment of what the wound is.

Serge: 00:50:03 ... because the space of relationship is that, that modality of relationship that is the doctor with the client. Yes. Yes.

Michael: 00:50:13 And that was very hidden. That goes right back to Reich, whether you have a kind of bioenergetics approach, which is more confronting and stress positions and all the rest of it, or whether you have a Gerda Boyesen approach, the prior assumption always is of the therapist as the the healer, the repairing object in contrast to the bad parents that happened a long time ago and now we are the better parent who makes up for this. And it's always based on an implicit and often accurate [diagnosis (as explicitly manifest for example in Reich's and Lowen's procedure of body reading, sometimes on stage)] - I'm not debating the accuracy of the perception: with character styles, with that whole theory and that whole tradition I think we have an incredibly accurate tool for perceiving the woundedness, the characterological embodied woundedness of another person, I'm not debating the accuracy of it. All I'm saying is that as soon as we use the tool, we are not in an I-Thou relationship, right [and neither, and more importantly, are we paying attention to the various transference-countertransference enactments implicit in our diagnostically judgemental stance]? We are in an I-it relationship like a doctor. Now, as we said earlier, we can reformulate the

doctor relationship into something that's actually [therapeutically] valid and beneficial and helpful, that we can embrace, but we certainly didn't do that in the early 1980's because our whole meta-psychology was very much in the humanistic realm of, you know, we're not doctors, we're not doing treatment, it's an I-Thou authentic relationship that you and I are having and we were trying to get away from any kind of hierarchy, any kind of authority. Like this was really the 60's anti-authoritarian bias towards egalitarianism. Now, the thing is that characterological woundedness by definition [originally] occurs within huge power differential: there's a parent and there's a child, you know. That's a huge power differential [especially the more you take the ealier developmental stages into account, including infancy]. So if I'm now maintaining a therapeutic relationship with you, that is constrained by having to be equal, because client and therapist humanistically are meant to be equal, I don't actually get to the relational roots of the wounding if I'm avoiding inequality. So to me these are shadow aspects that I was completely at the mercy of and bamboozled by in the 1980's, because I couldn't conceive of the fact that - as much as I was dedicated to repairing the characterological woundedness of my client - I would have to be a Reichian kind of diagnostic functionalist who would say: "well there is a woundedness there - look, it's in your body: you are hardly breathing, you know, and look how you're limping there and how your pelvis is pulled back and all the rest of it". So I had a whole functional diagnosis, but I was disavowing it because that would have put me into a kind of doctor-like authority position. So these contradictions between the reparative versus the medical model, I think they are still largely undigested in the Body Psychotherapy field. So when it then comes to trauma - where really the repair is very urgent because we feel we resonate so much with the terror and the urgency - then I think most modern somatic trauma therapies fall into one-person psychology, because we desperately urgently want to be effectively repairing the terror state and the traumatized state. So then we are oblivious of the stance that we're taking and the strong tendency that we are actually re-enacting an authority relationship that we are officially disavowing because we are humanistic therapists. So it's not a two person psychology then. I mean this [kind of trauma therapy] might work all very well on single-event trauma in adult life. My wife and I wrote an article about this recently for a UK journal really confronting the claim of most modern trauma therapies that they can nonchalantly extrapolate from working on single-event trauma later in life, like a car accident or something like that, to developmental trauma; [supposedly] because it's both trauma and the same principles apply and the same neurophysiology applies, so therefore we can treat developmental trauma in the same way that we treat single-event trauma later in life. So we were challenging that because there is no way that one can treat developmental trauma without relational complications. And so the more people are taking a one-person psychology stance - a treatments stance - and expanding that and extending that to treating developmental trauma (which is [traditionally] the province of psychoanalysis, characterological long-term therapy, and deep depth therapy), there's all kinds of fallout that happens because people don't attend to the relational complications and they think they've got this somatic silver bullet of a technology that is going to solve everything when actually there's all kinds of relational complications that happen. So that's one of the main areas where relationality is not attended to sufficiently.

Serge: 00:55:38 Right? Right. Because essentially the trauma is actually what happened from the relational space that the child was when it happened.

Michael: 00:55:50 Exactly.

Serge: 00:55:51 And so if we simply deal with the trauma, we're not dealing with what it is that created it.

Michael: 00:55:57 Yes. And Allan Schore would say that that true transformation of the whole embodied neuro-bio-physiology of the traumatized state and identity cannot happen without another human being really getting involved and in a way re-enacting the wounding. You could say in simple terms that neuroplasticity is available in the re-enactment of the wounding dynamic. So the therapist needs to be implicated and often they are implicated without them even noticing. So this is one of the things that if we can combine and integrate those two traditions - the tradition of relationality in a more psychoanalytic fashion and trajectory with all that accumulated wealth [in the Body Psychotherapy tradition] that we talked about of implicit relational knowing, somatic markers, our own embodiedness and the way that vastly extends the realm of what other people call subliminal perception - then I think we can do much more justice to the relational complications of the enactment of the wounding in a relational space that we can then think about as a bodymind process. So I'm always talking about the holistic phenomenology of enactment.
00:57:22 That's the thing that I think we really want to get down to. What that means in really simple terms in trauma therapy, because we just talked about that; in that article we basically argue that in any traumatizing, certainly developmentally traumatizing situation, we can really use that simple idea of the 'drama triangle' (although originally they meant something else with it), but in trauma therapy it's quite common these days to talk about the victim, the perpetrator and the rescuer. And then [following a suggestion by Petruska Clarkson] we add a fourth person to that which is the indifferent bystander [giving us the trauma quadrangle]. And we could say in simple terms that whenever any kind of trauma is constellated or being worked on, that these four figures are somehow in the field and that they can be manifested and enacted by both client and therapist alike. So between client and therapist, those relational positions, that would be the minimum number of bases that we we want to cover and want to have an awareness of: where is the victim, where is the perpetrator, the bystander, where is the rescuer [here & now, in the relationship between client and therapist]? How are we configuring ourselves in the relational space right now and how are they present?

Serge: 00:58:37 So we're talking about reconfiguring the relational space that was at the time victim quote unquote that did not have the capacity to make sense of and in order to reconfigure it, it's an active process of going through it as opposed to an intellectual process of ...

Michael: 00:59:02 ... of operating on it. Yes, yes. I would say, the precious thing that the Body Psychotherapy tradition and the somatic trauma therapies can add to what would otherwise still be talking therapy type treatment (you know, working on the shame around the trauma and CBT and all), that we understand that for the traumatized

person it's a question primarily of biology and regulation - affect regulation of arousal, freezing and overwhelm - and making sense really comes much later. The traumatized person doesn't give a toss about making sense of it. They just want to be less at the mercy of being in some kind of cauldron of heat and cold and frozenness and they want to return to more of a living, pulsating regulated state. So I think we understand that in the body, which is why all these [embodied] terms - like we said earlier - come from our tradition, the idea of ripeness, the idea of cycles, the vaso-motoric cycle or the gestalt cycle - we understand that instinctively and we have been trained to understand that over 80, 90 years of our tradition in a way that the talking therapies really haven't. It's largely absent. They can theorize about and philosophize about implicit relational knowing, but they don't have the transgenerationally accumulated expertise of their own embodiment to actually translate it into practice, I think.

Serge: 01:00:47 Right.

Michael: 01:00:49 But I think the shadow aspect of Body Psychotherapy is that still we are only covering some of the corners of what Petruska Clarkson would think of as the full comprehensive spectrum of relational modalities. So in simple terms, most Body Psychotherapists still do not think of how am I enacting the wounding object? How am I - with my intervention when I am, let's say, nudging somebody to scream or make a noise - such a simple Body Psychotherapy intervention - [how am I enacting the very person who the client needs to scream AT? - that's what I call the 'relational turn': "It is impossible to pursue a therapeutic agenda of breaking through the armour or undercutting the ego's resistance without enacting in the transference the person whom the armour/resistance first developed against."]
01:01:28 Most Body Psychotherapists that I come in contact with, they would think: "well, there is somebody out there, let's put them on a cushion, you know, somebody that you scream at - your father, your mom, your somebody, you know, your boss - and now express your hostility towards them. Most Body Psychotherapists would not be wondering who am I becoming in the transference when I'm making that intervention. I'm also becoming an authority that is now kind of further imposing on this client, under all kinds of therapeutic benign intentions. But that enactment of me being an authority that now gives instructions again, that would not be noticed by many Body Psychotherapists because they're so focused on the bodymind coherence of the client in relation to some other 'bad object'. Whereas I'm thinking, I'm constantly wanting to track [the enactment] (like I said, the most simple version of it would be the trauma quadrangle). When I was teaching in Pakistan just now, we really slowed many sessions down to the point where [in the charged moment] we discovered many characters [corresponding to each of the steps of character formation, not just a child and a wounding parent]. One language that we started developing was of the fairy godmother: for the wounded child there often is some kind of fantasy of a fairy godmother or fairy godfather who was absent in the original scenario, but often the therapist out of their care and love and empathy would make interventions that would be perceived as a manifestation of the fairy godparent, but that would then be perceived as defensive because the client would also instinctively unconsciously know that the therapist is protecting themselves against becoming the 'bad object'. So the therapist would be contributing to a splitting of the transference into an idealized transference and the negative transference. And so how Body Psychotherapists can

work to take on the negative transference in relation to themselves as they are working [as it is understood in the analytic, and especially the Kleinian tradition], I think that's not quite established enough.

Serge: 01:03:48 Great, but it's a very. So maybe that might be a good conclusion in the sense of not a conclusion that's an end point, but a conclusion that is an invitation to curiosity about a vast open field that makes our work more interesting.

Michael: 01:04:07 Well, to me it was only because I [recently] had to teach people who are very unfamiliar with the whole idea of embodiment - in Pakistan this is not really at all established - it's an integrative counseling course; so the idea of Body Psychotherapy, Somatic Psychology, embodiment is really beyond the conception of the kind of therapy that they are doing - so I had to really keep it simple and keep it as close to the therapist's stream of consciousness and phenomenological experience and keep simple language rather than bandy about kind of what we think we know kind are the concept of Body Psychotherapy, to keep it really very close to the therapist's experience and then how to, for example, draw out the whole wounding scenario out of the therapist's usually accurate perception of a bodymind fragment. So there's this whole question, as you said, there's this whole field of investigation, how can we bring, you know, 90 years of Body Psychotherapy understanding to a [more comprehensive and relational] bodymind theory of therapeutic action when most theories of therapeutic action are still so traditionally biased towards theory and technique; they don't really take into account relational spaces and they don't really take into account the bodymind process of the relational field. So there's lots to do - it's exciting.

Serge: 01:05:45 Thanks Michael.

Michael: It was a pleasure.