Embodiment as a creative resource in working with split and "borderline" clients

Tim Sheard

Introduction

Including our bodily experience in psychological therapy is becoming more mainstream, particularly in the emerging trauma therapies (Ogden P et al 2006, Levine 2008, Rothschild 2000) and it is also featuring in neuroscience (Siegel 2012). However its place in CAT is unclear.

This paper briefly describes experiences in workshops with CAT therapists and trainees held over the last six years in which participants were guided to attune to their experience of their own embodiment in relation to specific instances of stuck or overwhelming therapeutic process, usually with 'borderline' clients suffering from developmental trauma. Many participants were surprised at how this adjustment rendered relational processes and reciprocal roles much more tangible and 'real' while at the same time appearing to open and free up the therapeutic relationship. Surprise extended to shock at times in the recognition of how much burden and stress they were unknowingly taking in at a bodily level while at the same time the embodied approach addressed how this might be much reduced.

It is suggested that many of the key relational processes when working with split borderline clients are mediated through what we call our bodies. If consciously included and engaged with this dimension of relating can support, even mediate, the therapeutic process. But if dismissed and ignored it can slide into unrecognised collusive reciprocation that is very likely to be damaging to the therapeutic process and the therapist.

This approach appears to 'knit in' very well with CAT as well as challenging an implicit mind-body dualism and power relationship in both the theory and practice of CAT.

These workshops and my broader embodied relational approach to CAT have emerged from a longstanding holistic orientation originated in my days as a medical student. I trained in body psychotherapy because I found CAT peculiarly disembodied in its way of addressing early relational developmental experience (by definition preverbal and bodily mediated). But then I found body psychotherapy rather unrelational. So over the years I have had to forge my own integration. These workshops represent a part of that and continue to mediate a continuing dialogue about embodiment with the CAT community; one that I find particularly enriching.

A note on language:

I will use the word 'borderline' not as a diagnosis but to indicate a way of relating characterized by splitting and acting out that can be understood to be a repetition of 'developmental trauma'. I apply this not only to identified 'clients' but also to the many of us who have borderline aspects to or pockets in our relating, perhaps most obviously in intimate relationships.

By the word 'embodiment' I am suggesting a movement away from a narrow identification with or over-valuation of 'rational mind' prevalent in our culture to a position of a greater subjective identification with our incarnate selves. Through this we can begin to experience relationship with ourselves, with others and with the living world in and through what might be called 'embodied presence'.

Borderline relating: a problem and potential opportunity:

Participants were asked to select one client, preferably a current one, with whom they felt stuck or the process was particularly difficult. It has never been a problem at the workshops for CAT therapists to come up with an example of a very difficult therapeutic process to focus on: no surprise. The clients or processes chosen would almost always be describable as 'borderline', with a few in more narcissistic territory. I will briefly review CAT understands the difficulty in borderline relating, then focus on the elicitation of intense, often bodily mediated, counter-transference and potential burdening of the therapist.

CAT theory names the relational 'difficulty' presented by borderline clients as a therapeutic opportunity. Collusive reciprocation, the elicitation of reciprocal 'acting out' in those around them, is understood to be the central maintaining factor. Consequently the therapist's first (and at times possibly only) job is seen as 'first do no harm'. In seeking to minimise collusive reciprocation we can offer the client a new experience of close relationship and of themselves.

CAT offers powerful theoretical and clinical tools to support the therapist in this endeavor. Recognition of counter-

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transference elicited in the therapist is seen as crucial in reducing collusive reciprocation. Ryle (1997) describes three forms of counter-transference: identifying, reciprocating and personal, very similar to earlier Jungian models (Lambert 1974). However 'enactments' are still likely, perhaps at times essential to the process coming alive. In CAT diagrams are used to name this, contain dialogue about it and mediate relational repair and integration.
But despite these considerable clinical and theoretical resources the therapeutic process can still become overwhelmed: clients can literally get under our skin. 'First do no harm' can be immensely difficult to hold to. For most, if not all of us this is at times very, very difficult relational terrain.

Working with borderline clients is often very demanding and exhausting. On a narrative level we may be told terrible stories of childhood abuse and neglect and clients' re-enactments of these in adult life, be it as victim or perpetrator. This can be traumatic for us to engage with and may be profoundly challenging to our sense of basic trust in life.

But probably even more challenging is the almost inevitable 'acting out' within the therapeutic relationship. This may be explicit, obvious or even gross, in which case it can be recognised, named and hopefully discussed and contained through contracts and reformulation. But quite often relational acting out and our own elicited response can be much more elusive, difficult to name and grasp, though no less powerful.

When working as therapists with borderline organisation we engage with relational fields characterised by splitting, with intense identifications and dis-identifications and concomitant disruption of healthy boundaries of personal relational space and of our very sense of self. We can feel overwhelmed by the presence of unmanageable feelings or deadened by their dissociated absence. Within this disorientating relational landscape we may experience intense pressure to reciprocate collusively (Ryle 1994) or perhaps the problem presents itself in a narrowing, stultification or even disabling of our usual relational flexibility. Our personal sense of identity and our imagined control of the boundaries of our self can feel eroded, brought into question, violated.

This can clearly be named as a counter-transference that is not only limiting the therapist in her work but also harmful if maintained. Intense counter-transference of this kind very frequently has a bodily dimension or is experienced only through the body, for example as exhaustion, muscle clenching, coughing/choking etc. Decades ago Jungians and psychoanalysts observed that unrecognised or un-integrated experience very often seeks to be found, heard, felt and included through our therapeutic bodies. (Schwartz-Salant 1982, Schwartz-Salant and Stein 1984, Field 1996, Soth 2005).

I feel this raises two profound questions:

1. How is it that counter-tranference is so often experienced on a bodily level?

2. How is it that our bodies can mediate another person's un-integrated self states, as if we have another person's experience for them?

I outline three possibly important aspects of the first question here and address the second later.

1. If we understand borderline relating as originating in developmental trauma then much of the acting out on children by their carers is bodily mediated. It can be an impossible absence, an abandonment and/or a violating physical/sexual abuse. The relational language is bodily: the acting out can be seen as a 'doing to' or 'putting into' the child's body by a more powerful other of experience that cannot be contained by the perpetrator. It is put into the victim to gain relief. This is redolent of the processes described in projective identification: but in this case with the child on the receiving end. The phenomena bracketed under the rubric 'projective identification' are primarily bodily. The body is the medium through which the relational difficulty is 'communicated', through which relational healing of the bodily transmitted trauma is sought.

2. Much developmental trauma is preverbal: our developing sense of self, others and the world in relationship is mediated through embodied relationship rather than formal words or thoughts.

3. It can be argued that embodiment has been marginalised and devalued in our culture for centuries if not much longer. The body is objectified, it has become 'other' and any sense of identifying with it, any experience of embodied subjectivity has been lost. (I feel we need new words here to mean 'de-subjectified' and 'dis-identified'). Our identification has become narrowed and restricted to being invested in a disembodied rational objective mind. This position is underpinned in perhaps only slightly differing ways by the prevailing cultural ideologies of scientific materialism and Christianity. It is as if our bodies have become marginalized repositories of what we don't want to include in ourselves, alongside other abusive power relationships such as those around gender, ethnicity, sexual variation, poverty ..... and last but not least, borderline experience. Borderline is at the margins, where the unwanted is dumped and carried as a burden by a powerless minority. So I suggest that borderline experience and its being acted out on and through bodies has important political and cultural dimensions of power and control. Also this is not a far cry from

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our dis-identification with the planetary eco-system, another place we seek to dump the unwanted and unseen.

The workshops

I am drawing on experience of a number of one and two day workshops and one series of workshops held in the UK and Finland. They have been attended by around 200 CAT therapists (including some workshops for trainees), group size varying between 7 and 30.

A therapist may be fairly naturally embodied, but my experience is that this is rare in our dualistic, rather disembodied culture. It has been a struggle for me

and I am aware that we teach what we seek to learn. It is as if it is we need to learn afresh what in some (so called 'primitive' or 'undeveloped') cultures may be 'natural' or culturally innate. This 'learning afresh' is likely to be rather unfamiliar and may be challenging. It is not a simple extension of our conventional educational or cultural models in which the body is conceptualised as an object, a thing, a biological or sport machine. Learning to be more embodied is outside of our cultural ZPD. A therapist who has attended a number of workshops said it was like "soap in the bath", she would feel that she had grasped it but when back at work it would be eluding her again!

However, partly through dialogue in the workshops, a simple (at least on the surface) model has emerged which ties in well with CAT practice.

Outline of the workshop process

Participants are asked to identify a client they feel stuck with or particularly challenged by and are informed that we will do a series of exercises that focus on their experience of trying to be in a constructive therapeutic relationship with this particular client.

The stage is then set through an exercise which could be seen as an extended version of "what is it like to be in the room with this client?" Participants are guided through a systematic survey of their responses to this client in terms of their thoughts, emotions, experiences in different parts of their bodies, their impulses. These are explored in three different contexts: being about to see this particular client, being in a session with the client and finally being in the room after the client has left.

Participants are asked to represent these responses by drawing with crayons, then share them in dyads, and then with the group if they wish. This exercise invariably reveals an all too familiar litany of difficult experiences; for example feeling profoundly invaded, nausea, tension in muscles or clenching in guts, restricted breathing, burdened/exhausted, beaten up, dread in anticipation of seeing the client, wanting literally to run away, ravenous hunger or pressure to smoke after a session, etc, etc. It is notable that these difficulties are predominantly felt in the body and its surrounding personal space, not in what we might call 'the mind'.

This simple process of giving attention to embodied experience, representing it in images and finally spoken dialogue frequently leads to recognition of reciprocal role enactments that can readily be described in terms of embodied reciprocal or identifying counter-transference. Reformulation of key reciprocal roles 'put on a plate'. Quite frequently there is also startled recognition of the degree of burden and strain being carried by therapists. This new clarity can be experienced as a helpful or a disturbing revelation. For some it is a complete surprise, for others it is a bringing into the foreground of something already half recognised but either ignored as irrelevant or dismissed as something to be pushed through and endured.

This mediation of reciprocal roles becoming more vivid, tangible and 'real' is a striking aspect of embodiment work. Dower also describes this in her reformulation paper 'Bringing bodies into dialogue' (Dower 2015).

This first exercise generates a lot of discussion and for some acts as a kind of 'wake up' to embodiment as an important dimension of therapeutic work. For the remainder of the workshop participants are guided through a series of exercises of attunement to different dimensions of their embodiment. The effect of each of these on their experience of trying to be in a therapeutic relationship with the client is explored.

Embodied attunement is introduced in three overlapping dimensions: Musculo-skeletal/vertical, visceral and energetic. I will outline these in turn.

The first exercise addresses our posture in a literal sense. An attunement to the musculo-skeletal system simply in terms of our capacity for relaxed vertical alignment. Participants are guided through an exercise of aligning the spine and head with gravity, grounding the feet and pelvis and then scanning through the musculature for tensions and seeking to relax them. They are then invited to again imagine being with their client while maintaining awareness of this vertically aligned condition.

For many, but not all, this apparently 'only physical' or 'only body focused' exercise changes their experience of the relational dynamics. Many feel more boundaried, 'separate' and more safe. There may be an experience of more 'space' to actually have a relationship with the client and a concomitant relief from oppressive invasiveness or

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from being impaled upon the client's acted out emotion. It is important to stress this outcome is not even hinted at when introducing the exercise. It is conducted on a level simply of focusing attention on bodily alignment and relaxation and aiming to find a degree of relaxed vertical poise. The exercise is not about achieving a perfect posture, seemingly out of reach for many of us, but is more one of positive adjustment and an intention of being more vertically aligned. Relaxed vertical poise is sadly something many of us have lost: we carry heavy things in our hands, not elegantly on our heads …. partly perhaps because we try instead to carry in our heads relationally heavy things that don't belong there!?

Many participants are surprised at what they experience, surprised at the emergence of strengthened boundaries and relational space without a specific intention, effort or act of will by the mind. Rather it is as if an embodied action, one of simply inhabiting a state of a degree of conscious alignment with gravity, one of beginning accurately to use the extraordinary engineering of our human bodies, co-creates or mediates an experience of boundaries. As if our boundaries and sense of self are not something of the mind but rather are integrated with the very use of our musculoskeletal system. The experience arises literally as well as metaphorically: one of definition and delineation in space, an experience of occupying space, ground and position that is both physical and relational.

This can be seen as an adjustment in therapist self to self reciprocal roles that in turn offers the client a potentially different relational presence with which to engage. If the therapist can occupy boundaried space with some ease, perhaps the client can begin to have this too. Then there may be the possibility of a space between (therapist client) and even a space within for relationship (client self to self). Conversely if we are either collapsed (under-held) or rigid (over-held) in our embodied orientation to gravity and ground we can reflect upon what we are modeling and how this posture might affect the relational presence we offer clients to engage with.

Some participants are disturbed by this exercise in that they feel as if this strengthened sense of boundaried-ness actually cuts them off from a feeling of connectedness with clients. The next exercise seeks to balance this, although this perceived loss of a familiar sense of connection may also represent a problematic relational stance on the part of the therapist (see below).

In the next exercise the vertical poise skill is repeated and then a second dimension is introduced and attuned to by guiding participants through conscious engagement with their bellies and hearts. Their attention is taken to their guts, to attune to and if possible not simply to observe from the head but actually allow one's sense of presence to move down into the belly. Then to notice whatever sensations of presence, solidity, space or emotions they experience there. They are then invited gently to touch their guts with their breath, opening a different quality of self to self contact. This process is repeated with the heart.

They are again asked to imagine being with the client, before, during and after a session and note their relational experience.

The constraints of a day workshop prevent belly and heart being introduced separately. This would point up more clearly which relational capacities are supported by each. The impression gained is that attunement to the belly supports an empathic contact that is able to reach through the boundaries that were established and clarified in the first exercise, without their being compromised. It is as if a different relational capacity is opened or supported by attunement to our hearts. On a number of occasions participants have very movingly described how this part of the exercise enabled them to see or feel through all the layers of difficulty and acting out and feel touched by the client as a vulnerable human being. For the first time they were enabled to feel the client as a fellow human being. For the therapist it is as if feeling touched but not invaded, as if touched but not coerced or 'made' to have an emotion or experience. For the client one can imagine this might be a potentially pivotal healing movement from identification with being an unfelt dehumanised object to being felt as a human feeling subject.

Finally participants are guided through attuning to and engaging with what might be called an energetic dimension. I do not feel able to pin down exactly what I mean by this in a logical way, but can give indications. Perhaps the most everyday example of 'energetic' relational contact is eye contact. The 'windows of the soul' clearly convey and receive far more than is allowed for by their physiology. The eyes are marvellous organs of visual perception, versions of which independently evolved in insects, molluscs, and vertebrates like us. However for us humans they are clearly also profoundly sophisticated organs of communication and relationship.

The power and nuance of communication through eye contact, fleeting, darting, dancing or held, is familiar to us all as therapists, and perhaps known most clearly of all between parents and young children, and between lovers. Another example of energetic relating in everyday life may be the split second immediacy of 'first impressions', be they positive or negative or even scary with hair rising on the back of the neck. Feelings in the

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