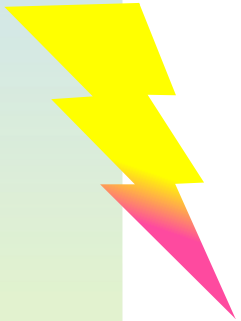
thinking

# THE PRAXIS OF SOMATIC COUNTERTRANSFERENCE

## CREATING THE CONTEXT FOR USING IT IN CHILD PSYCHOTHERAPY

attention



MA Dissertation
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All clients' names are anonymised

sensing

If we met in an elevator (Turabian 2018: 132-3) and you asked:

– So what was your research on?

I'd probably have answered:

– Oh, it is on how I can use my body to understand what my clients communicate beyond and between what they're saying – or if they have no idea or words to describe what is going on for them, like children often do.

A more academic answer would be:

'My literature review addresses the lack of reflection on somatic countertransference in child psychotherapy. I explore the practices of managing embodied communication in adult work to gauge the potential of applying them in working with children.' (Raczynska 2019: 5)

# I Who Am

C. H. Sisson

I who am and you who are –
If we are, as we suppose –
None the less are very far
From knowing what each other knows.

Even the curl of that curled leaf
Is not the same for both our eyes,
Much less a hope, much less a grief,
A memory, or a surmise.

Much less the whole that makes the Is
Of any living creature. I
May utter perfect sentences
And so may you, who may reply,

But these toy structures are no more
Than any rule held in the hand,
And what your words, or mine, are for
Is not a thing we understand,

So ask the body. It alone
Knows all you know, and it imparts
Little enough of what is known
To what we call our minds and hearts.

(2014: 9)

# My premises

EXPERIENTIAL BACKGROUND

My own pre-verbal traumas and how it made me that woman from the Winnicott's 1953 'Mind and Its Relation to the Psyche-Soma' in search of integration

THEORETICAL BACKGROUND

The concept of 'emotional revolution' (Schore 2014) = a paradigm shift: affects determine all areas that constitute who we are

To make therapy effective, the client needs to feel understood by the therapist – including what is transmitted by impact (Casement 1985), i.e. their unconscious affective communication

But how do I become aware of a feeling in the client that is not symbolized, especially if she is a child, rarely able to communicate explicitly what she is experiencing anyway?

Reading Bollas and his concept of 'transformational object' (1987: 3-14) I realized the therapist can *psychosomatically* feel the client's yet unsymbolized experience, inducing via CT the quality of that 'envirosomatic caring' (ib.: 4)

# First reconnaissance

Growing recognition of brain-to-brain communication (Schore 2014) – but related approaches (e.g. Siegel 2010, Ogden and Fisher 2015, Fisher 2017) seem to ignore the concept of CT*

GAP!

Most psychodynamically-oriented literature on CT, (including a smaller body of work on CT in child psychotherapy) reduce it to mind-related impact

Filling that gap started from about 1985: of SCT in adult therapy and CT in child work → Available literature on somatic countertransference (SCT) – still scarce and mostly focused on adults

CHANGE OF PLANS

Explore the available literature on SCT in adult work to find out how therapists manage embodied communication in their practice in order to gauge the potential of applying their practices in the field of child psychotherapy

* Correction needed after attending a webinar by Pat Ogden and Bonnie Goldstein on June 11: there is an interest in CT in sensorimotor therapy and the use of it but not really theorised: 'T & CT are always there, enactments are always there, we use it, we are aware of it' (Ogden 2020)

‘We have always engaged our bodies as child psychotherapists. We play hide-and-seek, doll’s house, teachers, ‘it’, doctors and marbles. We build slides and retreats to hide from sharks, ghosts and monsters. We get dirty in clay, covered in slime, splashed in paint and fed imaginary food. We witness sandpit dramas and puppet shows. We also stay with selectively mute, compliant or highly defended children, for months tracking what may be going on for them based on what we see and feel, our loneliness in this task mirroring and containing theirs. So, we know how to do it. We just lack the published reflection on it. My research aims to challenge this gap.’

(Raczyńska, 2019)

# Sample

20 ARTICLES

EXCLUSION CRITERIA

- Accessible for free online or by authors' permission
- No dissertations (unpublished, no time)
- No articles on somatising – too narrow client sub-group
- No articles on the client's somatic experience – my focus was on the clinician's perspective
- No articles on vicarious traumatization – too narrow, but I kept it in mind
- Excluded one of two accessible article on SCT in child psychotherapy – in French
- Excluded the other accessible reading on SCT in child psychotherapy (Music 2018) – neither sufficient to create a sample nor matching the one I defined - but I used it in Conclusions!

SAMPLE'S STRUCTURE

- 17 articles published in peer-reviewed journals, 1 book chapter, 1 post-conference publication, 1 expanded blog post on a respectable website by an author considered classic in the subject
- 1 literature review
- Apart from 2 articles, all qualitative
- Majority phenomenological research studies / practice-based publications / practice-based opinions (in-depth case studies or shorter vignettes)

# Method

QUALITATIVE CONTENT ANALYSIS / LIT REVIEW / NO OWN CLINICAL MATIERAL

Quant/qual, sample, method:

Citation:

‘emotional revolution’

‘So ask the body’

| | THEORY RECAP | TRANSLATED TO PRACTICE | WHAT THE AUTHORS ARE SAYING? | QUOTE / PAGE |
|---|---|---|---|---|
| 1 | Feelings are grounded in specific, describable body sensations, not abstract mind-related ideas | How to recognise the client is embodying a feeling. | | |
| 2 | Feelings constitute a part of a system of reactions and indicators of an experience; thus, they determine the sense of the client’s self | How to make sense of the sensation the client evokes in the therapist. | | |
| 3 | Feelings are relational: co-created, shared and communicated in interaction | How to recognise the moments of embodied relating. | | |
| 4 | Feelings are somatically transmitted, through body-to-body impact, this communication is predominantly unconscious | What is the nature of embodied communication? | | |
| 5 | Healing happens through the ability to attune to this somatic relay | How to use somatic countertransference to attune to the client. | | |

# How to recognize the client is embodying a feeling

Systematic attempt at building an evidence-based, quantifiable scale (Egan and Carr 2008, Booth, Trimble and Egan 2010)

Reluctance to quantify or exhaust – curiosity of and attention to anything that is unusual, unexpected or vexing

Immediate physical reactions, changes in relating or the style of clothes, feeling pregnant, spikes in anxiety, muscular tension, constriction in the chest, shifts in the tone of voice, feeling sick/pregnant/assaulted, noticing touching one's hair, noticing changes in own arousal levels, involuntary acts…..

Noah & Sally

Trying to group somatic signals into categories:

- From sensation to cognitively organized sensory experiences (Forester 2007)
- Ordinary affects vs deeper, unconscious dynamics (Gubb 2014)
- Somatic & behavioural responses / feelings / phantasies – all grounded in the body (Samuels 1985)
- Observable / the nature of contact / therapist's awareness of own shifts = SCT proper (Orbach and Carroll 2006)

Any aspect of the client's body and behaviour that impacts the body of the therapist can serve the communicative role (Dosamantes-Beaudry 2007)

(Stone 2006)

PREDISPOSED CLIENT GROUPS

- Borderline, narcissistic, psychotic
- Instinctual problems, i.e. eating disorders, aggression, sex
- Emotionally inhibited
- Trauma, regression, reduced verbal capacity, psychosomatic illness (other authors)

PREDISPOSED THERAPISTS

Introverted intuition as dominant personality trait = focus on inner experience and dissociate (by somatising the sensory output from the environment

# How to make sense of the sensation the client evokes in the therapist 1/2

Winnicott (1963), Stern (1985), Bollas (1987)

SCT reveals the nature of the client's internal world

Noah

Feeling the quality of the client's developmental history and attachment experience:

- what it was like to be them in their early environment
- how they were held and handled by their carers
- what they may have suffered or missed
- how it felt for them
- how their mother felt about her own body

Bion (1962)

SCT highlights the client's dissociated and disowned parts

Manu & Finn

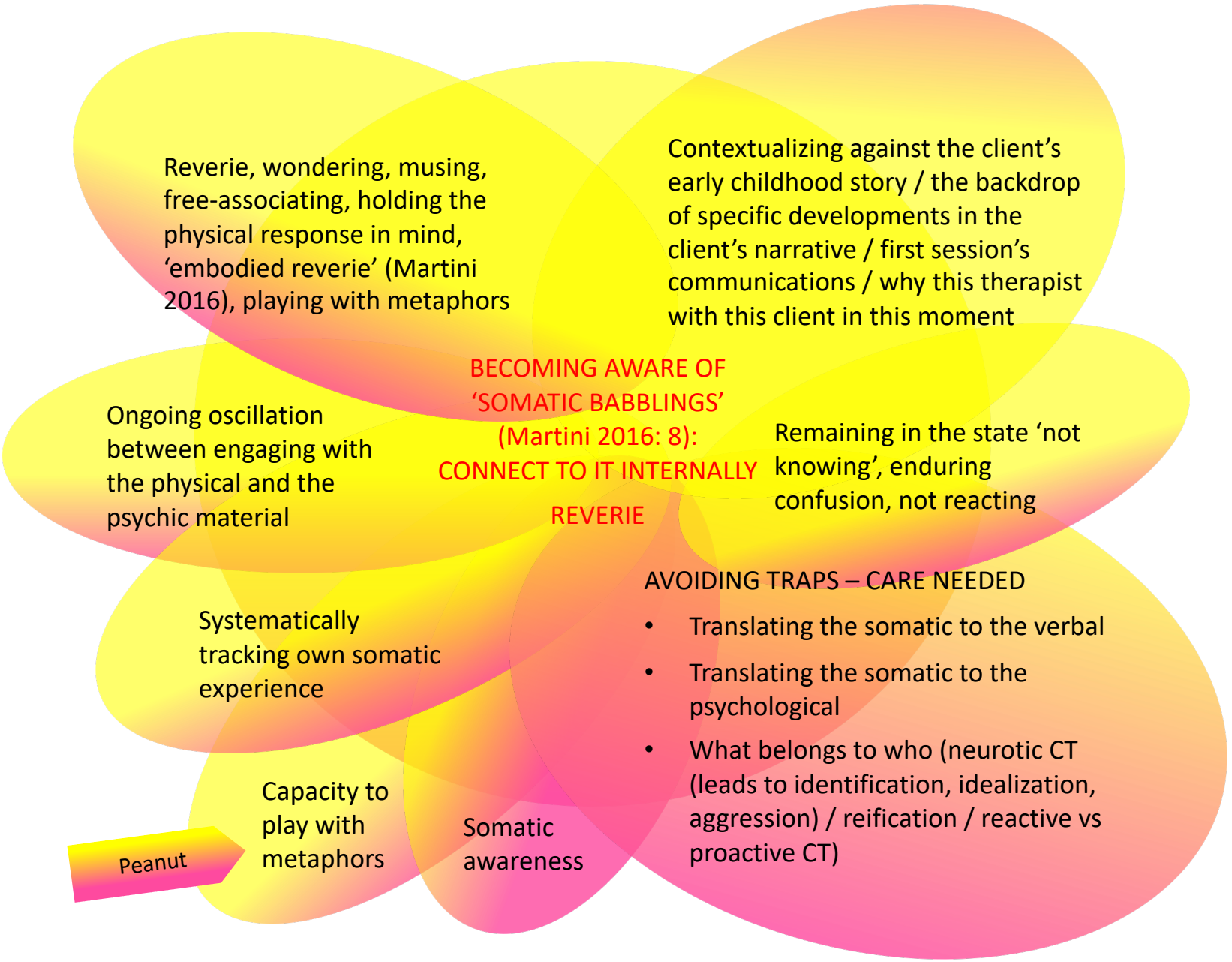
Whatever fails to reach consciousness and stays in the body is sure to be expressed through the body.

The client projects his intolerable affects to the therapist who then needs to contain them until the client is ready to integrate them – which can manifest as physical symptoms in the therapist's body.

Somatic symptoms = pointers to the gaps in the client's or the therapist's reflective awareness and capacity to think, signaling areas where more work is needed

SCT improves the understanding of the therapeutic process

# How to make sense of the sensation the client evokes in the therapist 2/2



‘My diminution was not altogether unpleasant. I went back and forth between feeling teetered over as though I was this little thing underneath her, and then sensing my lungs expand to take a metaphorical hearty breath as they were poised to shoot forward to prick and deflate her. She was at once substantial and puffed out, carrying too much water to let her feet sit comfortably in her dainty shoes, and yet almost menacingly large and solid. My body countertransference with Doreen was a visceral rendition of her early experience of bodies around her being too large and yet not sufficiently robust or stable for her to find or develop a body herself from. She did feel them teetering over her. She couldn’t get them to be in focus, and the volatility of the body size I experienced in the countertransference was a version of the search for a body for herself that could moor itself by finding a place in the physical storm that surrounded her.’

(Orbach 2012)

# How to recognize the moments of embodied relating

elusive nature of contact

NOW MOMENTS

(Stern 1998, Lyons-Ruth 1998)

The client needs to experience feelings in relation to the therapist / feel felt for the sake of the healing process

Essential for the therapist to find her indicators of when that contact might be occurring in order to seize it

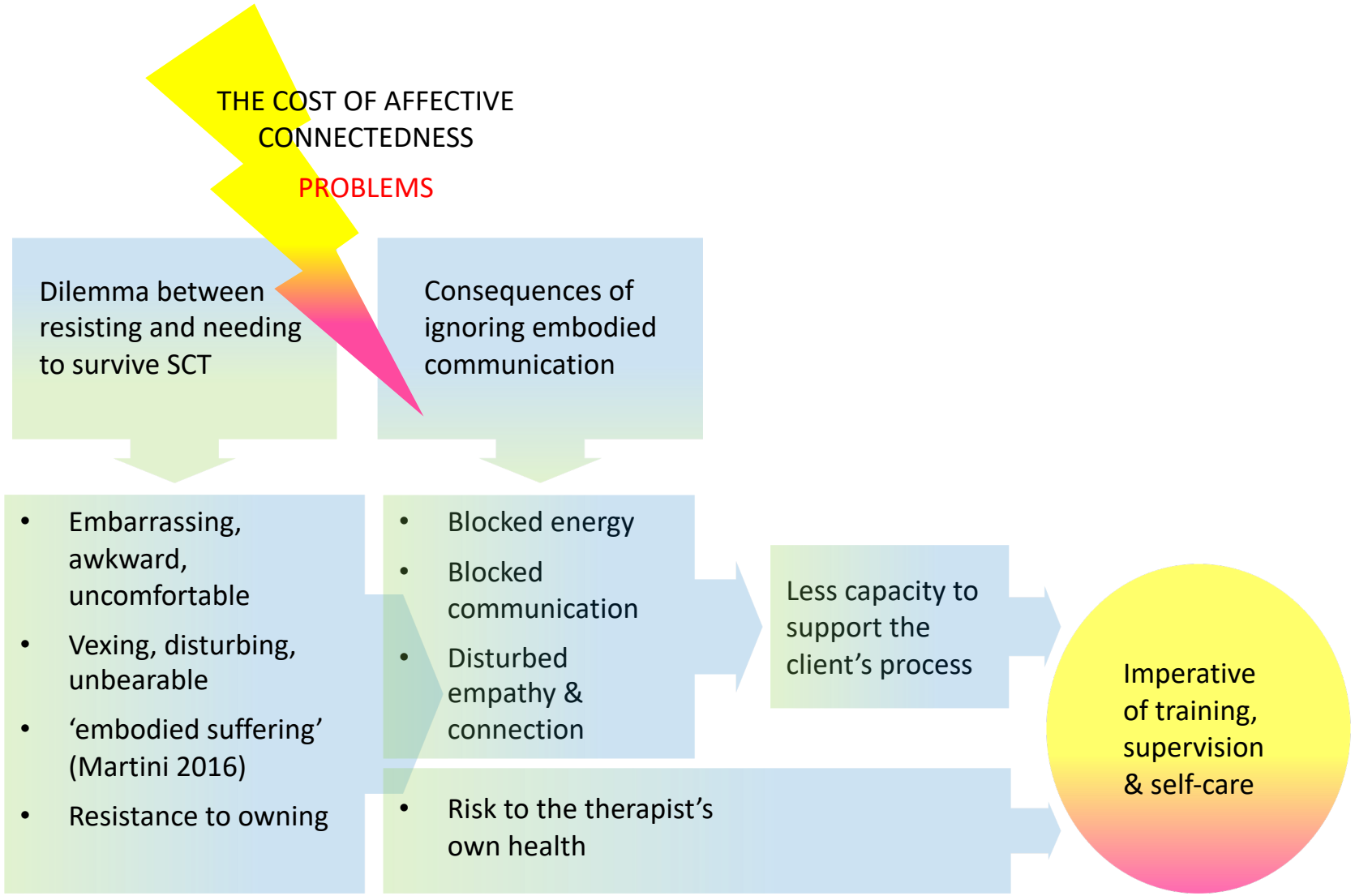
- Becoming aware of 'somatic babbling' (Martini 2016: 8)
- Physical symptoms – 'harbingers and omens of potential moments of meeting' (ib.: 16)
- Systematically tracking shifts in the therapist's body
- Personal 'wonderful symptom' (Schellinski 2013: n.p.)
- Tracking 'the sense of contact quality' (Orbach and Carrol 2006: 64)
- Noticing moments when the client is disconnecting / regressing
- Checking with the client – but not as intervention yet

'I get hot feet, an energy rising from the floor, tingling, going up, all the way towards the knees, thighs and up and up. It feels like grounding, a good "standpoint". (Schellinski 2013: n.p.)

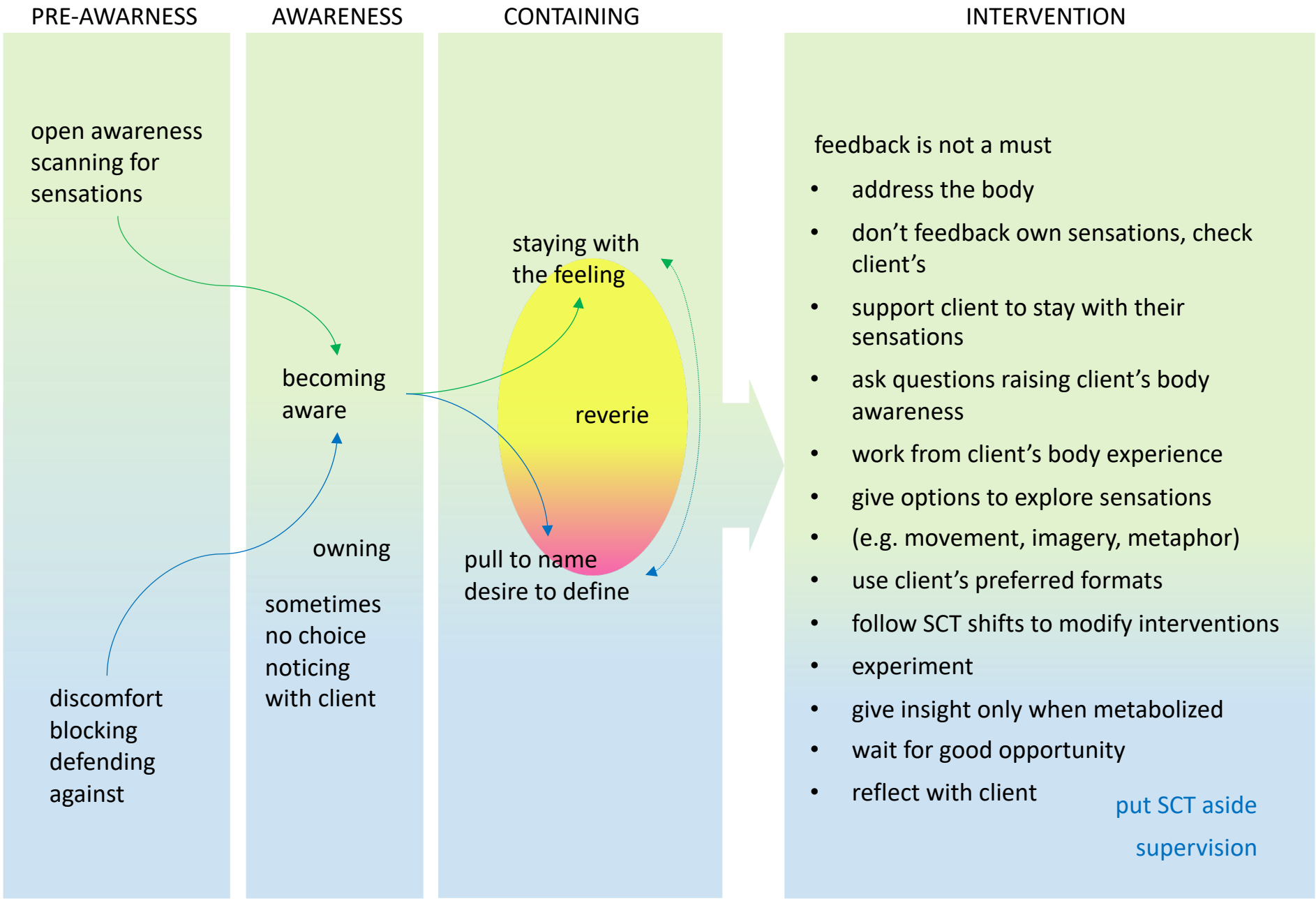
# What is the nature of embodied communication? 1/2

I'm skipping here a theoretical overview of concepts the authors refer to when they define the nature of embodied communication, spreading on the spectrum from SPIRITUAL APPROACHES (mundus imaginalis, affective alchemy, mystical state, shared space, combined unconscious, wearing your patient, Qi, kinship libido, cauldron of transformation) to PHENOMENOLOGICAL ONES (lived-body paradigm, analytic setting – embodied setting ) to DEVELOPMENTAL ANALOGIES (potential space, maternal preoccupation, basic relatedness, intermediary site, intermediate buffer, body reverie) to PHYSIOLOGICAL/NEUROSCIENTIFIC DESCRIPTIONS (attachment enactments, postural mirroring, affective communication)…

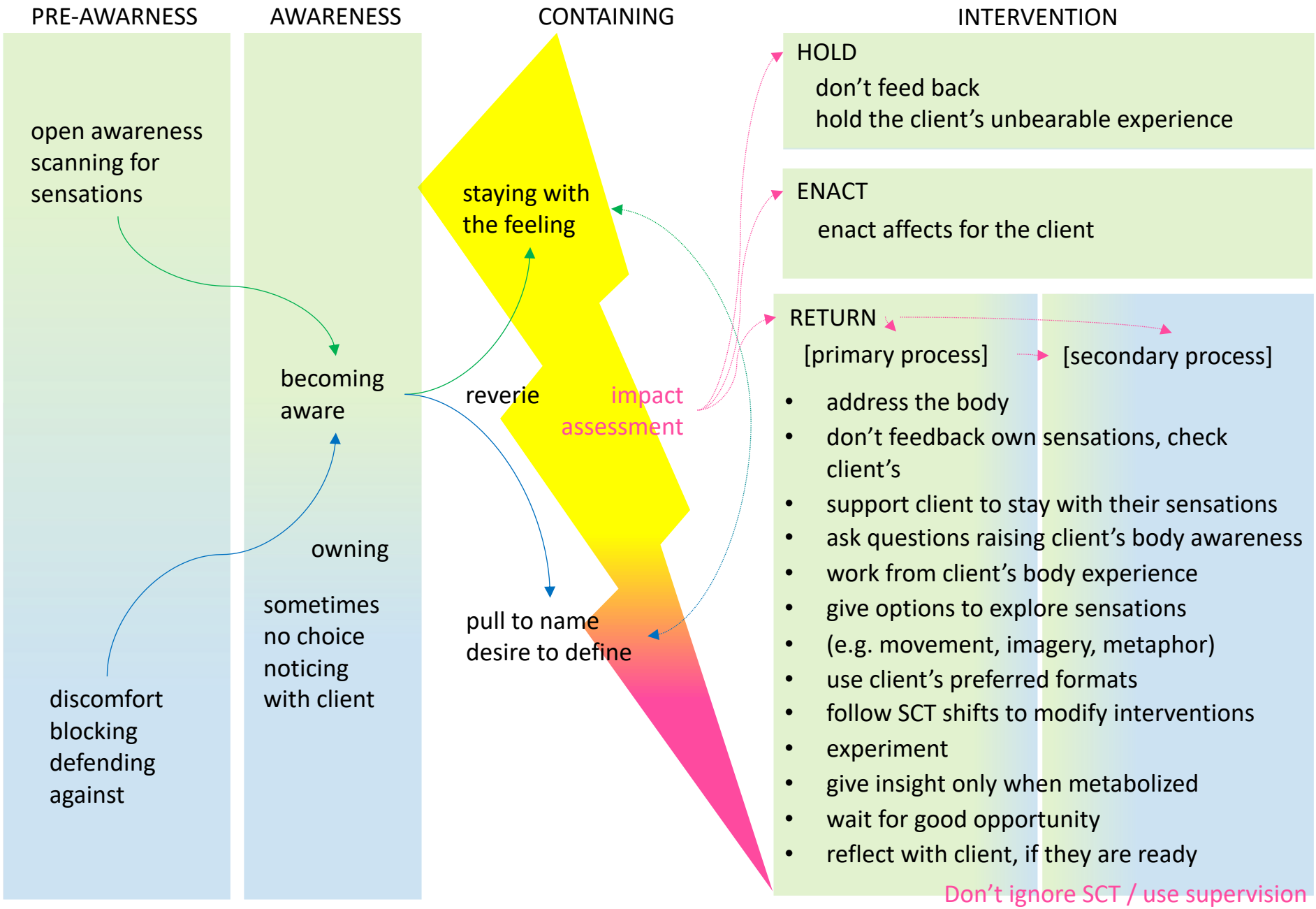
# What is the nature of embodied communication? 2/2



# How to use SCT to attune to the (adult) client



# How to use SCT to attune to the (child) client



# The nature of child psychotherapy

NO ONE ADDED THE CHILDREN

- Exceeds language
- Action is superior to reflection
- Play demands physical proximity => relational experience more immediate

- Children's capacity to mentalise developmentally limited (Luyten and Fonagy 2015)
- They tend to stick to primary process (Ekstein and Wallerstein 1956)
- Defense mechanisms as forceful as those of adult psychotic clients (Benveniste 20015)
- Weaker containment of child aggression and sexuality => the likelihood of the therapist's regression (Schowalter 1985)

The presence of the child's primary objects – parents, grandparents, siblings, teachers (T/CT)

Sensitivity around interpretation and feedback

The stage of containing is messier and in need of stronger holding

The impact of CT-based feedback needs to be assessed and its location decided (Alvarez 1996)

PARADOX

- CT is embodied by nature – every time the term CT is used it connotes an integrated psychosomatic experience
- Child therapist has no choice but to rely on psychosomatic signaling to understand the child's experience
- Yet it is more intense, direct and physical than in adult therapy – thus more difficult to process and contain.

# How to use SCT to attune to the (child) client

Peanut?

PRE-AWARENESS

sensing

open awareness
scanning for
sensations

discomfort
blocking
defending
against

thinking

AWARENESS

becoming
aware

owning

sometimes
no choice
noticing
with client

CONTAINING

staying with
the feeling

reverie

impact
assessment

pull to name
desire to define

INTERVENTION

HOLD

don't feed back
hold the client's unbearable experience

ENACT

enact affects for the client

RETURN

[primary process] → [secondary process]

- address the body
- don't feedback own sensations, check client's
- support client to stay with their sensations
- ask questions raising client's body awareness
- work from client's body experience
- give options to explore sensations
- (e.g. movement, imagery, metaphor)
- use client's preferred formats
- follow SCT shifts to modify interventions
- experiment
- give insight only when metabolized
- wait for good opportunity
- reflect with client, if they are ready

Don't ignore SCT / use supervision

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