

EMBODIMENT

embodiment: the incorporation of the history of individuals' developmental experiences, emotions, conflicts, culture, and society into their body structures and processes as "body memories;" the bodily expression of these memories through body structures and processes: i.e., posture; gesture; muscle contraction, relaxation, or flaccidity; facial expression; voice tone; breathing; energy level; sensory perception; gait; degree of balance and groundedness; regulation of bodily boundaries; and the ability to move towards and away from contact with others.

Discussion:

Gestalt therapy has a strong focus on embodiment, seeing the individual as a unified organism with an inseparable interrelatedness of body and mind, and the world around it. This emphasis is seen as a correction to past mind-body splits in philosophy and psychology, and to the exclusive use of mental "talk" processes in traditional psychoanalysis. Gestalt practitioners believe that no real change can occur in therapy unless there is a concurrent strong emotional and body experience and awareness. (Andrews, et al., 1988)

To bring forth this bodily awareness and experience, some Gestalt practitioners use *bodywork* along with talk therapy. They first observe and read the *body language*, i.e., the *body processes* mentioned above, to see *where* the resistances to free-flowing expression of movement and energy in the body lie, and *how* the client creates and holds the conflicts within his or her body. *Body awareness*, *sensitization*, and *mobilization* exercises are then used to guide clients towards greater experiencing and owning of what is going on in their body. Physical contact between therapist and client, involving touch or massage may be part of these exercises for both diagnostic and treatment purposes. Psychodramatic experiments are often suggested to help uncover the meaning of these resistances and to enable the client to "try on" new and more fluid ways of using and experiencing their bodies. *Body polarities* are acted out and explored. If a client always stands in a slumped position, the person is asked to stand up straight, and the difference in the experience and meaning of the two positions is then explored. Attention is drawn to incongruities between verbal and non-verbal expressions. A person might say, "I'm fine", while there are tears in her eyes or her hands are tightly clenched. Owning one's bodily processes can be brought to awareness by a change in language, e.g., "My back is hurting" becomes "I am hurting." "My muscles are tense" becomes "I am tensing my muscles."

The main historical influences on Fritz Perls' attention to embodiment, in Gestalt therapy, come from (1) Gestalt psychology, particularly Kurt Goldstein's holistic theory of the human organism, with the inseparability of body and mind, in *The Organism*, (2) Wilhelm Reich's ideas of "character," "body armor," and the use of body contact between therapist and patient, in *Character Analysis*, and (3) Alexander Lowen's ideas on "reading the body," as a means of assessing personality, and on the integration and unity of body and mind, in *Bioenergetics*.

Illustrative Quotations:

Historical Influences on Perls

• **Goldstein:** "...no process ever completes itself in a circumscribed reaction. ... the whole organism, always participate[s] in any reaction. ...with any change in one locality of the organism, simultaneous changes occur in other localities." ... "Changes...noted in various regions of the organism are never independent of one another; rather they stand in a very definite relation to one another. They constitute a functional unit."

“...three behavioral aspects, ...observed in the human being, are reflected...in the ideas ‘mind,’ ‘soul,’ and ‘body.’ We have no objection to such usage, as long as one realizes that these terms do not describe three distinct spheres of existence of the organism, but that they are merely abstractions, each of which represents an artificially isolated aspect of the total behavior of an organism (1934/2000, pp. 173, 178, 245)

- **Reich:** Reich’s...most important theoretical contribution was the concept of...‘muscular armor.’ ...the...solution of...the chronic conflict between instinctual demands on the one hand and the counterdemands of the social world, ...a ...protective mechanism...manifesting on the physical plane as chronic muscular rigidities. ...With this concept of muscular armoring, Reich introduced the notion of defenses as total organismic functions. That is, the character defenses are manifest in the physical structure of the body.” (in E. Smith, 1985, p.5-6)

“Armoring...serve[s] to protect an individual against painful and threatening emotional experiences. ...shield[ing] him from dangerous impulses within his own personality as well as from attacks from others.” (Lowen, 1975/1994, 13)

- **Lowen:** “...in bioenergetics therapists are trained to use their hands to palpate and sense muscular spasticities or blocks; to apply the necessary pressure to release or reduce the muscular contraction...; and to establish contact through a gentle and reassuring touch that provides support and warmth. ... The use of physical pressure facilitated the breakthrough of feeling and the corresponding recovery of memories.” (1975/1994, pp. 27-28) “This emphasis on the body includes sexuality,... But...also...the even more basic functions of breathing, moving, feeling and self-expression. A person who doesn’t breathe deeply, ... doesn’t move freely, ... doesn’t feel fully, ...if his self-expression is constricted, he limits the life of his body.” (1975/1994, p. 43)

Embodiment as Holism

- **Clarkson & Mackewn:** “[Perls’] approach is based upon the inseparable unity of bodily, emotional and mental experience, upon the integrity of language, thought and behavior. He believed that the body, mind, and soul all naturally function as one whole process. All parts of the human being are coordinated and arranged to function with complete collaboration in support of each other and the whole organism. (1993, p. 25)

“...when a person experiences a feeling..., there will always be an accompanying physiological sensation and psychological component. An anxiety attack without breathing difficulties, quickening of the pulse or similar symptoms does not exist. A feeling of grief without heaviness, heartache, tearfulness or muscular restriction to inhibit such responses is equally impossible.” (1993, p. 35)

- **E. Smith:** “One who lives her or his body is...experiencing the body holistically rather than the self as a mental entity which ‘has’ a body. Such a person feels the whole range of emotions deeply and expresses them spontaneously and fully, uses body sensations as input for cognitive and perceptual processes, has a high level of body awareness, experiences the locus of the self in the body, experiences high levels of sensual and sexual pleasure, and takes care of the body, using it fully, but neither damaging it through misuse nor allowing it to deteriorate through disuse.” (1985, p. 155)

- **Kepner:** “An integrated approach to the person...look[s] at any process (...a conflict, a life theme, a physical symptom) as part of a larger whole, which *includes* somatic and psychological aspects. Any psychological issue (e.g., a conflict between parts of the self, an emotional trauma, an unfinished interaction) is part of a larger gestalt that includes the physical expression of that dilemma (e.g. patterns of tension, way of holding the body, breathing inhibitions). Any somatic symptom...is an

expression of a larger whole, which includes a psychological dilemma....”...The classical psychosomatic view...is that the mental conflict causes the physical symptom. The integrated view looks at both as parts of a *unitary* expression of the self or in gestalt therapy terms, the organism.” (1993, p. 39)

Embodiment As Personal Life History and Culture

- **Lowen:** “A person is the sum total of his experiences, each of which is registered in his personality and structured in his body. Just as a woodsman can read the life history of a tree from a cross section of the trunk showing its annual growth rings, so it is possible for a bioenergetic therapist to read a person’s life history from his body.” (1975/1994, p. 57)

- **Kepner:** “One of the biggest areas of application for body-oriented psychotherapy...has been with adult survivors of childhood abuse. Despite the emphasis in the field on the psychological aspects of trauma, much of the trauma...is physical in nature: beatings, sexual intrusion, fondling, [and] witnessing assaults on others’ bodies.... ..much of what is ‘remembered’ of such abuse, particularly of what occurred at a pre-verbal stage, is found in ‘body memory,’ often in the form of somatic symptoms, body sensations and feelings, muscular tensions, and habits of movement.” (1993, p. xvii)

- **Rubinfeld:** “The body tells the truth. ...Our bodies and brains house all of life’s experiences. ...They are as much a part of us as our bones, heart, and bloodstream. They shape the way we think, feel, and react. ... The body does not censor. The mind is a reflecting, thinking tool, capable of changing and molding experience to its wishes. You can...talk yourself out of an idea or a feeling. ...The mind can...make the unhappy bearable, the painful justifiable and the sorrowful joyous. ...but [your body] will continue to tell the truth, more and more forcefully, until you listen. The body has memories stored in every cell, bone, nerve, and muscle. ...Talk alone may not deal with those memories that are lodged deeply in every molecule. One of the most powerful tools to contact cellular memories...is touch.” (2000, pp. 69-70)

- **Clemmons and Burzstyn:** “Within each...culture...certain possibilities of movement and structure are enhanced and more likely while others are not enhanced and less likely. ... An example...[is] the dominant American value of... ‘good eye contact’, a standard bias of most American counseling... and a value of a particular culture (white)... When working with a Japanese or African-American client who is not looking directly in our eyes, ...avoid assumptions about this behavior rather than assume this is a deflection or avoidance of ‘good contact’.” ... “A...misattunement...may be based on assumptions of a different embodied culture where privacy and physical space are managed by averting eyes, or where looking directly into eyes is experienced as a challenge.” (*British Gestalt Journal*, 2003, 16, 19)

Body Language/Body Reading

- **F. Perls:** “A good therapist doesn’t listen to the content of the bullshit the patient produces, but to the sound, to the music, to the hesitations. Verbal communication is usually a lie. The real communication is beyond words. ...don’t listen to the words, just listen to what the voice tells you, what the movements tell you, what the posture tells you, what the image tells you. If you have ears, then you know all about the other person. You don’t have to listen to *what* the person says: listen to the sounds... The sounds tell you everything. ...What we say is mostly either lies or bullshit. But the voice is there, the gesture, the posture, the facial expression, the psychosomatic language.” (1969a, 53-4)

Clarkson & Mackewn: “On one occasion [at a meeting with a group of professionals in psychology and psychiatry] [Perls] entered a room where he knew no one... Indicating that they should not speak, he went round the room observing what he saw in the body posture, self-presentation and facial expression of each member. His description of what he saw reflected each person’s life and character to a degree that shocked the participants.” (1993, p. 24)

• **Lowen:** “When a patient says, ‘I feel fine,’ ...one does not know from the words if the statement [is true] or not. ...If my patient really feels fine, his body should reflect that state of being. I would expect his countenance to be bright, his eyes to have a shine, his voice to have resonance, and his movements to be animated. In the absence of these physical signs, I would question his statement.” (1975/1994, p. 99)

• **E. Smith:** “Many of our basic experiences are graphically reflected through body descriptions...of posture and gesture. ...He holds his head high. He meets one with open arms. He looks down his nose. He keeps a stiff upper lip. He has shifty eyes. He turns away. He is heavy-handed. He drags his heels. He is weak in the knees. He put his foot down.” (1985, pp. 60-61)

“One way of interpreting a body phenomenon is for the therapist to do to his or her own body what the patient is doing, and then experience that. ...The therapist’s own experience with the phenomenon in question can be the basis for understanding the meaning for the patient....I have labeled...[this] method...’empathic body mimicry.’ ” (1985, p. 72)

• **Keleman:** “One end of the continuum is too much restraint,Such people look tight, constricted, rigid or compressed, ...will be overly restrained, reach out little, and tend to be overly-orderly and overly-restrictive in their living. This...person curtails excitement. The other end of the continuum is the person with weak boundaries and no restraint. ... the person of impulse. These people have weak and toneless shapes.” (in E. Smith, 1985, p. 73)

• **Kepner:** “The buildup of energy for action is physically evidenced by increased respiration rate, increased blood flow to...the skeletal muscles...and...the heart, lungs and brain, the release of glycogen...into the bloodstream, and so on. ...Energy charge is experienced as liveliness, warmth, glow, and tingling, and has been described traditionally in the Gestalt literature in terms of ‘excitement’ ” (1993, p. 127)

Body Awareness

• **F. Perls:** “Lose your mind and come to your senses.” (in Zinker, 1994, 276)

• **F. Perls:** **Awareness exercise:** “Concentrate on your ‘body’ sensation as a whole. Let your attention wander through every part of your body. How much of yourself can you feel? To what extent and with what accuracy and clarity does your body – and thus you – exist? Notice pains, aches and twinges ordinarily ignored. What muscular tensions can you feel? Attending to them, permit them to continue and do not attempt prematurely to relax them. Try to shape their precise limits. Notice your skin sensations. Can you feel your body as a whole? Can you feel where your head is in relation to your torso? Where are your genitals? Where is your chest? Your limbs?” (1951/1990, p. 86)

• **Kepner:** “To be deeply embodied is to have access to one’s body experience as *self-experience*. It requires sensitivity to one’s own body sensation and having contact with one’s visceral ‘insides’ as much as with one’s thoughtfulness and intuition; and the capacity to experience an integral continuity between body experience and other aspects of one’s being.” (2003, p. 12)

Interruptions to Full Embodiment

- **F. Perls:** “Once upon a time, before it became a habit, ‘you’ contracted every one of the now cramped muscles intentionally; when you wanted to chase away some sensation, emotion or picture out of consciousness, you...[held back] your motoric functions as a means of squeezing away what you did not want to feel. (1947/1992, p. 282)

- **Zinker:** “Energy is blocked most often by fear of excitement or strong emotions. ...Many people feel if they allow themselves to become angry, they will annihilate their environment; if they become sexual, they will become maniacal and perverse; if they express love, they will overwhelm and suffocate the other person; if they allow themselves to brag, they will be ridiculed and rejected.” (1978, p.102)

- **Wilber:** “There are...all sorts of reasons why we abandon our bodies, and why we...fear to reclaim them, ...we fear to reclaim the body because it houses, in a particularly vivid and living form, strong emotions and feelings which are socially taboo. And ultimately the body is avoided because it is the abode of death.” (1981, p. 107)

“What happens in a body when you...suppress a strong emotion which seeks discharge in some activity? ...It’s like stepping on the gas with one foot and the brake with the other. The conflict ends in stalemate, but a very tense one, with large amounts of energy expended with a net movement of zero.” (1981, 111-12)

- **E. Smith:** “to the extent that the child does not have certain body experiences, that child...would be as if he or she had holes in his or her personality. For example, if the child does not receive enough experience in being supported against gravity by the parenting figures, then the ego would develop with a deficiency in the self-support function. Holding, rocking, picking up and laying down the child would be experiences which would give the body sensations of support and would provide, therefore, early ego growth in the realm of support. The person who did not have...enough of these support experiences would be expected to be deficient in self-support later in life.” (1985, p. 3)

- **Kepner:** “...a physical symptom, such as a shoulder tension, ...may hold back the arms so that the client does not yield to the impulse to push someone away and set boundaries. The therapeutic work must not really get rid of the tension in the shoulders, but it must also link the tension to the belief, ‘I must not assert my want to push away,’ and work through the unfinished situation that gives rise to the client’s tension and fear, freeing the person’s arms for aggressive movement.” (1993, p. 40)

- **Parlett:** “The erosion of the life of the body in our society acts to discourage embodying. As physical beings, not only do we have to breathe, eat, sleep, and so on, but also, for any full and healthy life, we also need opportunities at times to raise our voices and shout; to weep and be moved; to be sexual and physically intimate; to be touched and held; to express ourselves in gesture and movement; and to laugh and be merry. These are all part of living IN one’s body, to be embodied, and in equilibrium with ourselves and others. Yet, in many cramped urban settings – let alone amid the ‘cramped’ social norms and fear of the emotions reflected at least in much British culture – such elemental needs remain unrecognized and unmet.”

“For many..., the collective loss of embodying as a natural human state means that they become desensitized...; experience loss of vitality or lapse more or less permanently into a less than fully well state, ‘supported’ by prescription drugs and by the ‘normality’ of a sedentary, disembodied life.” (2000, p. 23)

- **Frank:** “ Infants whose interactions with their primary caregivers are satisfactory...enough...acquire a balanced rhythm of reaching and being reached. The infant’s needs are experienced by the caregiver and met... in ways that serve healthy contacting....

With some infant/caregiving dyads the infant is neither met nor encouraged sufficiently. In this situation, the reaching patterns that emerge are incomplete. These inhibited patterns alter the existing need either by exacerbating or diminishing it. ...If the caregiver is distracted and vague in her responses, this infant will frequently resort to a forceful and frustrated style of finding attention, ...sharp, constricted, and intense...excitation. ... Another infant with a similarly distracted caregiver may form a reaching pattern that is wholly different. This child’s excitations, in contrast to the first infant, are slow to build and dissipate easily. Rather..., this infant signals to the caregiver in a halfhearted manner and soon gives up on her own interests. She collapses, withdraws, and curls her arms and legs inward. ...this infant’s style of reaching becomes flaccid and inhibited.” ...“These primary, kinesthetic interactions are the foundation for the child’s, the adolescent’s, and the adult’s preferred patterns of relating.” (2001, pp. 110-112)

BodyWork

- **F. Perls:** “...To undo repressions you have to reestablish conscious control of your motoric system. ...Find out the purpose of your contracting. Find out what you are resisting, express the resistance: ... ‘I’ll be damned if I am going to cry.’ ...make conscious the conflict between repressor and repressed.” (1947/1992, pp. 282-3)

“It is insufficient merely to recall a past incident, one has to *psychodramatically* return to it. Just as talking about oneself is a resistance against experiencing oneself, so...[simply talking about] a memory of an experience...leaves it isolated as a deposit of the past – as lacking in life as the ruins of Pompeii.” “(1973, p. 65)

- **Laura Perls:** “I will use any sort of physical contact if I expect it to facilitate the patient’s next step in his awareness of...what he is doing (or not doing).... I will...feed someone with a spoon, fix a girl’s hair, hold hands or hold a patient on my lap – if that appears to be the best means of establishing the nonexistent or interrupted communication. I also touch patients or let them touch me in experiments to increase body awareness: to point out tensions, mal-coordination, rhythm of breathing, jerkiness, or fluidity in motion, etc. There seems to be great divergence of opinion and a lot of anxiety about the admissibility of physical contact in therapy. If we want to help our patients realize themselves more fully as truly *human* beings, we ourselves must have the courage to risk the dangers of being human.” (1959/1971, p. 128)

- **Levitsky & F. Perls:** “ ‘Exaggeration’: ...There are many times when the patient’s unwitting movement or gesture may be a significant communication. However, the gestures may be abortive, undeveloped or incomplete – perhaps a wave of the arm or a tap of the leg. The patient will be asked to exaggerate the movement repeatedly, usually making the inner meaning apparent. Sometimes the patient will be asked to develop the movement into a dance to get more of his self into integrative expression.” (1970, p. 147)

- **E. Smith:** “When there is self interruption, there is some body part which has not been put to full use. There are an arm and a fist which have not hit, a jaw that has not bitten, tear glands which have not secreted, a throat which has not screamed, a belly which has not chuckled, a pelvis which has not thrust. So the patient ...has been as if missing a body part. ...expressive work allows the completion of the [action] and at the same time involves the re-owning of the ‘missing’ body part. For instance, the patient who retroflects [holds back] his anger by clenching his fists...as he talks about his boss may

be invited to pound on a cushion (concrete action) while letting the cushion represent his boss (symbolic interaction). ...He may thus break the rule of his introjected voice which demands ‘Do not show anger!’ ” (1985, p. 136)

- **Baker:** “...each of us has an energy...field, which is real and measurable; there is always mutual influence and exchange among people’s fields; these energetic events are physical – not psychological – events. What distinguishes hands-on energy work from casual and ever-present energetic interactions is the conscious and intentional use of one’s own energy field to shift the energy configuration of another. For example, when one person touches another’s hand, that person is likely to experience heightened awareness, sensation, and warmth in his hand. Consequently, one can use touch deliberately to increase someone’s body awareness, ...and alter the actual physical state of his/her hand.” (2000, p. 273)

“The use of touch to heal is rooted in antiquity. ...Touch is a very potent form of being present to another. It is a way to assess, ...to get a feel for another person’s energy. Touch is a means of releasing restrictions or tensions in a person’s body, which in turn increases vitality. It is a way to guide and heighten a person’s awareness, especially of body process. Touch is a way to introduce new, more beneficial patterns in the body, for example, in breathing and holding patterns. Finally, although touch is a physical technique, its impact...provides access to...mental, emotional, and spiritual energies as well. It is a means of augmenting contact between patient and therapist and of the patient with him/herself.” (2000, pp. 278-9)

- **Clemmons and Burzstyn:** on being an embodied therapist: “I need to be...fully present, that is feeling myself in the moment. I need to be aware of how I move, sit, breathe, gesture. ...I am attending to my own physical experience in the moment. I sense my self in relation to others and how I organize myself/ourselves. I often find myself sitting like my client, ‘trying on’ their gesture, experimenting from where in my body my voice has to come to sound like them.” ... “I am using myself like a tuning fork or a Tibetan bowl, where the vibration resonates inside of me.” (2005, p. 191)

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