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The Analyst's Body: A Relational Perspective *From* the Body

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This paper argues that the analyst's own body is the essential foundation for our capacity to experience and communicate in the analytic situation. The analytic process is seen as a continuous process of registering, feeling and sensing what is happening and changing in the analyst's body as she interacts with the patient, a process that largely proceeds beyond the bounds of conscious awareness. It is argued that therapeutic action is fundamentally dependent on the analyst's ability and freedom to respond immediately—verbally and nonverbally—to the patient's emotions, actions, and verbalizations. The importance of reflective thought is acknowledged but is seen as resting on the analyst's ability to gain awareness of unconscious bodily relational experiences. On the basis of these assumptions, it is suggested that analytic training and supervision, in addition to its traditional emphasis on the exchange of words, should focus on sensitizing analysts to embodied experiences and expressions.

> In short, my body is not only an object among other objects, a nexus of sensible qualities among others, but an object which is sensitive to all the rest, which reverberates to all sounds, vibrates to all colors, and provides words with their primordial significance through the way in which it receives them.
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> —Merleau-Ponty (1945, p. 236)

In this paper I argue that the analyst's own body is the nexus of experiencing and communicating in the analytic situation. The analytic process is basically seen as a continuing process of registering, feeling, and sensing what is happening and changing in the analyst's body as she interacts with the patient, a process that for a great part goes on outside the realms of conscious awareness. The importance of reflective thought is acknowledged, but is seen as resting on the analyst's ability to become aware of her unconscious bodily relational experience. On the basis of these assumptions, it is suggested that analytic training and supervision, in addition to its traditional emphasis on the exchange of words, should focus on sensitizing analysts to embodied experience and expression. I refer to this perspective as a relational perspective *from* the body.

By implication, this perspective focuses primarily on the body as subject, the embodied self or bodily I, or, in Merleau-Ponty's words, the "object which

is *sensitive to* [emphasis added] all the rest" (1945/1996, p. 236). Within psychology and psychoanalysis, the body has tended to be seen as object, in line with the Cartesian conception. The mind, more or less disembodied, has been considered the subject. I have previously termed my alternative to the Cartesian conception Spinozan (Sletvold, **2014**); in Spinoza's own formulation, it can be described as follows: "The human mind does not perceive any external body as actually existing except through the ideas of the modification (affections) of its own body" (Spinoza, 1677/**1982**, Proposition 26). Within psychoanalysis, Marion Milner (**1987**) was the first to my knowledge to describe how ideas emerge from concentration on "the modification (affections) of one's own body" (Spinoza, 1677/**1982**, Proposition 26). Later, neurobiologist Antonio Damasio (**1995**) wrote, "In the beginning there was no touching, or seeing, or hearing, or moving along by itself. There was rather *a feeling of the body* [emphasis added] as it touched, or saw, or heard, or moved" (p. 232). Because of all of this, I consider the body itself as constituting our basic perceptual system.

Although my focus in this text is on the body as subject, the body clearly exists as an object as well, a physical (anatomic, physiological) and cultural object. Taken together, we are left with one living body that incorporates the experience of being in the world as an object among other objects, as well as in the world as a body as subject.

Historical and Theoretical Foundation

I have previously described the historical context in which the perspective presented in this paper was developed (Sletvold, **2011**, **2014**). As I have written, my point of departure is to be found in the character analytic work of Wilhelm Reich. Reich (Reich, 1942/**1978**) wrote, "Alongside the 'what' of the old Freudian technique, I placed the 'how.' I already knew that the 'how,' i.e., the form of the behavior and the communications, was far more important than what the patient told the analyst" (p. 152). In this new direction in psychoanalytic technique, rather than focusing almost exclusively on the spoken word, the analyst attends to the emotional communication of the patient's body. This focus implies a view of the body as a communicating subject, an embodied self, or I. It departs quite significantly from Reich's later perspective, in which the body is viewed as something that needed to be cured from muscular tensions and energetic blockings by means of vegetotherapy, orgontherapy, and other forms of Reichian body-work (Sletvold, **2014**).

It is Reich's (1933/1979) early character analytic view of the body as the site of emotional experience and communication that above all has had a lasting effect on me. Reich's focus was on the patient's bodily experience and emotional communication. I think it is fair to say that my work on developing a contemporary relational character analysis primarily involves extending this point of

view to encompass the analyst's emotionally communicating body as well. As a consequence, one's focus is less on how the analyst sees the patient—the patient's character so to speak—and significantly more on how the analyst experiences (feels, senses) himself in sync with the patient in his own body. At the core of my view lies the assumption that we learn about others and ourselves basically through the feelings and sensations of our own body.

Theoretically, my conception of the embodied analyst—or the analyst's body—rests on an integrated psychoanalytic and neurobiological view (Sletvold, **2013a**, **2014**). Here I would underscore the idea that body movements and feelings are inseparable and constitute a single integrated phenomenon. It is an illusion to think that we can separate what we feel from what we do. How we—from the vantage point of the analyst's body—react, respond, and feel stems from the same emotional body state. This view rests on contributions stemming from classical, Freudian psychoanalysis centered on the concept of *enactment* (Jacobs, **1986**; Katz, **2014**) and is further developed within the relational tradition (Aron, **2003**; Bass, **2003**; Black, **2003**). It also rests on observational studies of infants focusing on *action and interaction* (Beebe & Lachmann, **2002**, **2014**; Stern, **1985**, **2004**). Finally, it rests on my perspective on *embodiment* developed within the character-analytic tradition (Reich, 1933/1979; Sletvold, **2011**, **2014**). I suggest that we develop an explicit language for bodily phenomena. The idea of the embodied mind has attracted growing interest over the last decades but often under rubrics such as nonverbal, implicit, and unformulated. These terms reflect the factual historical starting point in the verbal, the explicit, and the formulated. Rather than these, I use terms such as *embodied, bodily, body-emotional, affect-motor,* and *e-motion*.

The E-Motional, the Imagistic, and the Verbal

Not only did psychology make a mistake when it separated perception from movement, it compounded the problem with the separation of feeling from movement. Language has always known that feeling and movement are two sides of the same coin, as indeed the word *emotion* or *e-motion* illustrates. When we "are moved" by something, it does not usually mean that we are being pushed or pulled physically but rather that we are affected by something. This concept is fundamental to the understanding of the analyst's body advocated in this paper. It is about how our body is continuously being moved, by both ongoing body-emotional communication from the patient and by our own body-emotional responses to that communication.

Inter-action and feeling are inextricably linked to the life process. This process always moves in one direction, from inception/birth to death. Patterns may be repeated more or less accurately, but body-emotional life cannot go back in time; we have no repeat button. The embodied mind, character, and the bodily I, are grounded in this ongoing body-emotional life process. Thoughts and fantasies, on the other hand, can take great leaps backward and forward in time, and

sideways as well. I argue that felt, intentional action and interaction, e-motions, constitute the foundational level of the mind, a level from which the imagistic-reflective (fantasies) and verbal-reflective expressions of the mind emerge. This view resonates with Stern's (**2010**) suggestion that the verbal narrative in psychoanalysis is not the outcome of interpretations but "the unbidden outcome of unconscious aspects of clinical process" (p. 107). The argument finds further support in the seminal work of the Boston Change Process Study Group (BCPSG; **2007**) when they stated, "Previous psychoanalytic theory had the surface/depth distinction upside down. … What has arisen from the previous upside-down view of the mind is a privileging of abstraction over interaction, a privileging of the symbolic/semantic over the affective/interactive" (pp. 2–3). To see bodily affective interaction as the foundational level of the mind—mostly unconscious, but not necessarily repressed—does not imply a renunciation of the role of reflective, imagistic, and conceptual thought. However, its implication is, and again in the words of BCPSG (**2007**), that "thinking itself requires and depends upon feeling emanating from the body, as well as upon movements and actions" (p. 17).

Thoughts emanate from the body but also have the capacity to emancipate themselves from the body, something that feelings can never do. To paraphrase Damasio (**1995**), we might say that feelings are the body's *captured audience* while thoughts are *free floating*. I believe that the capacity of thought to emancipate itself from the body has also served to underpin the idea of the disembodied mind.

Freud (**1923**) suggested that thinking in images is older than thinking in verbal concepts. I, however, do not accept his implication that imagistic thinking remains a more primitive, restricted form of thought. A consequence of this view would be that the visual arts were in some way inferior to verbal, narrative arts. Thinking in images starts when perceptions become re-membered perceptions; images that are no longer tied to ongoing interactions. So images, followed by verbal concepts, are no longer tied to the here and now as are sensations and feelings but can be about anything imaginable there and then. This ability, particularly in humans, to form "an idea of the idea" (Damasio, **2004**, p. 215), is of course a tremendous achievement. But, I think, it has also stimulated the notion of a disembodied mind or soul.

An important aspect of the distinctions between e-motions, images/fantasies, and verbal thought are that they move at different speeds. Feelings move fastest, verbal thought slowest and images and fantasies probably somewhere in between. Kahneman (**2012**) captured this notion in the title of his book *Thinking, Fast and Slow*. I would rather say "Feeling fast and thinking slow." However, feelings are never without a cognitive component, an appraisal of the situation, most often without consciousness. Given that we act affectively much faster than we think or reflect, this has implications for therapeutic action, a point to which I soon return. We respond far faster than we are able to formulate an interpretation or intervention. We work essentially with "unbidden experience" (Stern, **2013**).

I have therefore suggested that *response* might be a better description of most of the therapist's activity than *interpretation/intervention* (Sletvold, **2013b**, **2014**).

Enactment: Transitional Object Toward an Embodied Analysis

Early in his career Freud (**1890**) wrote, "A man's states of mind are manifested, almost without exception, in the tensions and relaxations of his facial muscles … in the modifications in his vocal apparatus and in the movements of his limbs and in particular of his hands" (p. 286). These physical changes, Freud says, stand in the way if one wishes to conceal one's mental state from other people. "But they serve these other people as trustworthy indications from which his mental processes can be inferred and in which *more confidence can be placed than in any simultaneous verbal expressions that may be made deliberately* [emphasis added]" (p. 286). Freud also explains that the affects in the narrower sense are characterized by a special connection with somatic processes; "but, strictly speaking, all mental states, including those that we usually regard as 'processes of thought,' are to some degree 'affective'" (p. 288).

Despite Freud's (**1923**) early conviction and later conclusion that the I (ego) and the mind are first and foremost bodily, psychoanalysis and psychotherapy developed throughout the 20th century primarily as "the talking cure." As part of a gradual realization that Freud was right in his early formulations, the term *enactment* has taken on growing centrality. Seen from my perspective, "enactment" has functioned as a "transitional concept" on the way from a "talking cure" to an "emotionally communicating cure."

Early views of enactment saw it as comprising discrete events, disruptions of the verbal flow. This view was a natural first step, a realization that therapeutic action is not only about talking; actions on the part of the patient or the analyst may sometimes also play a part. Over the years it has become more common to see enactments as an ever-present component of analytic process and therapeutic action. Aron and Atlas (**2015**) recently situated enactment within the larger flow of therapeutic process:

> Therapeutic action is viewed as part of a developmental process within the dyad that relies on implicit and emergent processes more closely tied to the body and to "relational apprehension" … not as a return of past dissociated memories but rather as the threshold for the introduction of emergent ways of being, of an opening toward new relational possibilities. (pp. 316–317)

In their discussion of generative enactments in "Memories From the Future," Aron and Atlas (**2015**) argued that enactments might be seen as rehearsals for future solutions. I fully agree with this perspective and have myself written about memory as past, present, *and future*. In *The Embodied Analyst* (Sletvold, **2014**), I

wrote, “When a smiling, apparently conciliatory patient has his arms and legs in a defensive posture, he may want to run away and at the same time long for a close and trusting relationship” (p. 117). Character masks two antagonistic forces. On one hand, we meet others with expectations of a rerun of past events; on the other, we meet others with expectations of a new and better outcome this time. The change process, in this sense, is about how this engaging with old ways of being together paves the way for new ways of being together, a “new beginning.” The two forces are ever present, however, in the therapeutic relationship, and for that matter, whenever people come together.

I have also written of evolutionary memory: “It is knowledge about our needs and what kind of relations to others we need in various stages of life. This memory is as I see it our most important ally in psychotherapy. It is what makes change possible” (Sletvold, **2005**, p. 502). Actually, the focus of this paper—therapeutic action as basically an embodied response to the patient’s ongoing actions, with and without words—is completely dependent on the premise that the patient’s actions or enactments are generative or have a generative potential that can be responded to. This is illustrated in two forthcoming vignettes.

What Promotes Change?

Being with, witnessing (Reis, **2009**), apprehending (BCPSG, 2013), responding (Sletvold, **2014**), are in my view at the core of therapeutic action. We need to tell our life to somebody, verbally and nonverbally; we need partners in feeling and thought (Stern, **2010**). Of course, new narratives are needed, but “the real work has already been done by the time a new story falls into place” (Stern, **2010**, p. 116). The important thing about a new understanding is the appearance of a new freedom, “a freedom to feel, relate, see, and say different than before” (p. 116). This might explain why patients often remember few of the interpretations offered by the analyst. To illustrate how a felt experience creates a new freedom, I use the following vignette.

Biting on Fingers

At the ending of an analysis, and after having reflected on the process more generally, I asked my patient Jim if he could remember any special moments that he felt had been of particular importance. After some hesitation, he started talking about when he told me about an aspect of his wife’s behavior that had troubled him (they were newly married). This concerned his wife’s habit of sometimes putting her fingers in her mouth and biting them. Jim found this behavior distasteful, almost disgusting even. He had been concerned about his reaction and asked me what I thought about it. I had, Jim said, expressed an understanding of his reaction, which had felt good. But next, he said, I had put my own fingers

to my mouth in much the same way as his wife did. Seeing me do this elicited a reaction in him and a feeling that something important had changed. The feeling of something distasteful and disgusting did not appear; rather, it felt quite agreeable.

The felt change following seeing me biting my fingers somewhat like his wife was what came to Jim's mind as the most charged moment when he looked back on our analytic process. What I found striking was that I had no memory of this event. It seems that the occurrence also exemplifies how much of analytic interaction happens without the conscious awareness of the analyst, or with some felt awareness at the moment that was immediately forgotten. However, these nonconscious or implicit bodily inter-actions or enactments might still be among the most potent when it comes to therapeutic action.

The vignette illustrates a basic assumption proposed in this paper. In the analytic two-body situation (Balint, **1952**/1985) we respond first and fastest with our body, with or without accompanying words. These responses might take place without conscious awareness, or there might be a "feeling of what is happening" (Damasio, **2000**) at the moment but without this momentary conscious feeling finding its way to episodic memory. It comes and goes in core consciousness (Sletvold, **2014**). Based on my experience with embodied supervision, it seems that much of the experienced interaction is stored unconsciously in affect-motor memory and can be made conscious by appropriate attention to the body.

It is my belief that the quality of psychotherapy is highly connected with how we respond bodily, unconsciously, or from our immediate feeling. In other words, I agree with Donnel Stern (**2013**) that "therapeutic action depends on our freedom to allow ourselves novel, unbidden experience" (p. 227). I interpret my action as reported in the preceding vignette as showing that I—at least at that moment when unbidden experience arrived—acted with reasonable relational freedom and "creative responsiveness" (Bass, **2003**, p. 661). Furthermore, my response illustrates the preceding point that for an enactment, in this case on the part of the analyst, to be therapeutic, it has to respond to something with a generative potential. Jim obviously wanted not only an affirmation that his reaction was reasonable but an opportunity to find another response to finger biting.

I offer another vignette to highlight the value of words in the change process. However, in this illustration, words become important insofar as they comprise an integral part of a bodily emotional response.

You Don't Say

As the end of another analysis drew near, the patient, Mary, and I looked back at the process. In her opinion, Mary said, it had been our relationship in general that had been helpful to her. In this case, I also chose to follow up by asking

her if she nonetheless could remember any event that seemed in her eyes to be particularly important. After thinking for a while she nodded and said, yes, there was one special occasion. I had said that to her, "You don't say!"[1] Neither of us remembered the actual circumstances for the comment, nor did we feel it was important to try to remember.

Afterward I came to reflect on how these words could have taken on such importance. The words in themselves carry very little content. They confirm that the speaker has heard the other say something, but very little beyond that, except for perhaps some surprise. There is no reference to what has been said. When these words nonetheless can carry strong impact, I think it testifies to the fact that the impact stems from the accompanying gestures, facial expression, and tone of voice. In other words, it is about how the whole body responds, the words being one part of the total response. Again, for the response to be therapeutic, what was responded to had to be generative.

I see the bodily verbal response illustrated in the preceding vignette as an example of what the BCPSG (**2008**) termed the "intention unfolding process." They explained,

> In spontaneous speech, there is something in mind that wants expression … an idea, movement, a gesture, an affect, a vitality affect, a background feeling. … This process … is dynamic, unpredictable, very messy, and widely distributed in the body; it usually involves all analogous conscious and unconscious bodily happenings. This nonlinear dynamic process is perhaps what makes us human. (p. 137)

It is important in my mind to distinguish between words that are an integral aspect of body-emotional action and words that are part of reflective thought. The first is a component of an immediate response, and the second is resulting from a mental—sometimes also a bodily—step aside from ongoing interaction. The preceding illustration of "You don't say!" is an example of words as integrated parts of ongoing emotional interaction. Rachel Sopher's (**2015**) "Our Secret Auschwitz," a piece recently published in the *New York Times*, exemplifies a word somewhat in the borderland between these two forms of speech. At one moment, Rachel Sopher asked her therapist,

> "Do you think the trauma of the Holocaust impacted my family, impacted my life?" She looked at me with a frank expression, and with blunt certainty simply said "yes." It is hard to know what it is therapy does … to know which moments changed all the moments that followed. But I feel lucky that I have the memory of one such instance, the time my therapist spoke the word "yes" out loud. (paras. 19–20)

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[1] With reference to this same vignette I titled an article published in Norwegian (Sletvold, **2013b**) "Sier du det!" a common interjection in Norwegian. Translated literally, it means "say you so!" My English language consultant Christopher Saunders suggested, "You don't say!"

In "Our Secret Auschwitz," the meaning of the word "yes" was certainly important, but so was the "frank expression" and "blunt certainty."

I am not arguing that the greater part of therapeutic action depends on "moments of meeting" of the kind I have illustrated. The vignettes are used primarily as a means of illustrating how the analyst's and patient's interacting bodies shape the foundational level of therapeutic process. This is a process that always moves forward. Feelings, and words tied to these feelings, also move forward as they are inseparable from the body and the process of life. They are, so to say, life's "flight recorder," a black box recording events from start to end. Reflective thought (imagistic and verbal), on the other hand, implies the existence of a "repeat button." In fantasy and thought we can step back, step aside, and step ahead. Classical psychoanalysis privileged words conveying reflected thought, the traditional conception of interpretation and intervention. Comments resulting from reflected thinking will always have a place in psychoanalysis and psychotherapy, of course. I don't want to throw out the baby with the bathwater, but space does not permit further discussion of the role of reflected verbal interventions.

In this paper, I assert that emotional communication is a body-based process. When words are part of this communication, they are always carried by bodily happenings. These bodily happenings, including what Stern (**2013**) termed "snags and chafings," are unbidden, and the bodily responses take form in us prior to any conscious reflection. However, they are sometimes available to be reflected upon afterward. Moreover, I believe that the degree of relational freedom and creative responsiveness guiding our bodily responses can be enhanced by targeted training aimed at sensitizing ourselves to bodily experience and expression.

We Need More Than One Perspective

The view argued in this paper implies that the analyst's (and the patient's) body is at work for better *or worse*, whether or not the analyst is aware of it and takes it into consideration. Actually, when it comes to stalemates and impasses, my experience tells me that it is mostly the unconscious body–emotional interaction rather than the verbal dialogue that creates the material stalemates are made of. As I have contended, human interaction creates unconscious emotions that are stored in e-motional or affect-motor memory. Stalemates and impasses occur when the created e-motions, the enactments, do not allow for more than one perspective. In practice, this tends to take three main forms. One can be termed disconnection, a moving away from each other (Aron, **2006**). Both parties become stuck in their own emotional body states with little sensitivity to or perception of the emotional state of the other. The other two main forms imply emotional contact, but in a repetitive form with little relational freedom (Stern, **2010**). This phenomenon has been extensively described and discussed

in the psychoanalytic literature under different headings including projective identification, concordant and complementary identifications, acting out, and enactments. The complementary form has been eloquently described as "the doer–done to" relationship by Benjamin (**2004**). Referring to the "seesaw," being stuck on a straight line in complementary twoness, Aron (**2006**) wrote, "While each partner plays out one side, both of them identify with both positions. We know that the sadist identifies with the masochist, and vice versa, even if these identifications are repudiated in consciousness" (p. 355).

The third form, Racker's (1968/2002) concordant identification, I describe as being stuck in empathy. In this situation, the analyst is often exclusively concerned with understanding the patient but remains disconnected from his own emotional reactions to the patient. Several authors have described these main forms of impasse. What I add is an explicit focus on the bodily nature of these phenomena. This bodily focus is codified not only in psychotherapy but also in a model of embodied supervision developed by my colleagues and me over the years (Sletvold, **2012**, **2014**).

An Embodied Approach to Supervision

The start of a supervision session based on this model can be like any other supervision session. However, after the supervisee has given a fair description of the therapy situation she wants to look at and the supervisor feels he has a fair understanding of it, the supervisee may be asked to move to "the therapy room." Usually we ask her to sit in the therapist's chair first, before proceeding to the patient's position. The supervisee is encouraged by the supervisor to re-create the physical bodily posture and movements in both positions as accurately as possible. Supervisees are then encouraged to use words to convey their experiences of occupying both positions. Experiences of both positions tend to be new and often surprising to the supervisee.

When this is done we ask the supervisees to move to a third position, sitting in a chair placed at right angles to the therapist and patient positions. Seated in this third position, supervisees are asked to keep their reactions in the two former positions in mind. This tends to generate new perspectives and ideas and generally seems to strengthen the reflective capacity of the supervisee, enhancing a kind of we-centered objectivity. Often, reflecting from this third position results in new ideas about how the therapist can interact with the patient. We then ask the supervisee to go back to the therapist chair and explore these new ideas, especially their bodily implications. To illustrate how this process might unfold, I would like to share one of my own experiences of using this model in my peer supervision group.

The American Civil War

In an analysis that had lasted for some time, I was struck by Paul's undiminished eagerness to spend time telling me things that in my mind had no obvious connection with the challenges in his life that had motivated him to stay in therapy. Literature was Paul's profession, so he was widely read and could talk about many topics that I also found interesting. As time went by, I began to feel increasingly that, although I found it mostly entertaining, I was not doing the job I was paid for. Paul's eagerness to talk about topics without —in my opinion—clear relevance to his problems, might, I thought, be a defense against confronting more vulnerable issues. I tried to address this by saying that even though I found what he was talking about interesting, I found it hard to grasp in what way it addressed the challenges in his life, which were considerable, not the least of which was how to make a living from writing. He always managed to give what appeared in the moment to be a reasonable answer to my question.

However, after a while our dialogue, or better his monologue, was back on the same track. Paul came up with a new topic. He had become very fascinated by the American Civil War, studied it intensely, and shared the results of his research with me in detail. At first this also caught my interest; I too am quite interested in history. But after a while it began to feel increasingly absurd. Emotionally, I registered a growing sense of irritation within me. Added to this was an unmistakable feeling of contempt for Paul. In short, my emotional body state had become anything but empathic. Recognizing this, I decided to explore the situation with Paul in my peer supervision group, using the approach just described. Exploring what I felt in my body in the analyst position I found a feeling of helplessness in addition to the irritation and contempt I was already aware of. When I started physically imitating Paul in the patient position, surprising things happened. His eagerness to talk particularly about the leading generals of the Civil War (Grant, Sherman, Lee) started to take on a completely new and different meaning. I developed an impression that Paul, in the general's characters, in their decisions with various consequences, somehow saw his own challenges and difficult choices. I saw Paul's explorations and verbal sharing in a new perspective, more like an instance of what Aron and Atlas (**2015**) recently termed generative enactment. Sitting in the third position, a step aside, it seemed clear to me that the analyst—myself—had captured only the contents of what Paul was talking about and had steadily lost emotional contact with him. What I felt instead was irritation, contempt, and helplessness. Having reestablished empathic contact with Paul, a new and different way of relating to Paul automatically emerged.

It should be noted here that this newfound embodied empathy must somehow have existed unconsciously within my body (see Aron, **2006**). Embodied empathy cannot be found through imitation alone; unconscious affect-motor memory is required too. Back in therapy with Paul, it all felt very different. The

sense of a discrepancy between what he was talking about and what I thought we ought to be doing disappeared. Indeed, I now felt what he was telling me was on the right track. He continued with his still somewhat unusual way of exploring and illuminating the future challenges of his life and I could still question some of his views, but now from a shared stance, not one of disconnection. It was still difficult for me to see clear signs of change in the way we interacted nonverbally. However, a close colleague with whom I shared a waiting room told me that he had experienced my patient quite differently when they crossed paths in the waiting area. Paul evolved from evincing no response at all to my colleague, and then gradually showed sign of some awareness of his presence, and finally, at the end, they had established friendly eye contact.

Conclusion

"Being human involve[s] living in a body" Seligman (**2014**, p. II) stated discussing *The Embodied Analyst.* I believe that most if not all psychoanalysts, psychotherapists, and human beings, for that matter, understand this fundamental principle. Yet this core idea has not always been considered necessary or important to the analytic process and to therapeutic action. Rather, attending only to the disembodied minds of patient and analyst has been considered sufficient. My own thinking on these matters has evolved primarily from a strong sense of identification with relational psychoanalysis. It was the early theorizing of this movement that helped me shift my attention from the patient's body to the *analyst's*.

What has convinced me above all of the clinical value of attending to the analyst's body is my extensive experience over more than 10 years of using the embodied approach in supervision sessions. Over and over again, I have been astonished to see how therapists/analysts gain access to aspects of their experience that were hidden from them when encouraged to attend systematically to bodily sensations and movement. It also seems essential that the model inserts a physical distance between the analyst's position and the patient's position, between the "I, you, and we" or "the first, the second, and the third." What comes to mind during supervision with an embodied approach varies depending on whether a supervisee is in the therapist's physical position or the patient's physical position. Most often, what she finds as she moves into the physical spaces of these two people has an element of surprise, sometimes great surprise. The third position, the step to one side, is also essential because it allows the analyst to contemplate and experience the meeting of the two body-minds after having experienced them in separation. The third position gives the supervisee space to think. Often, but not always, it is from this position that we are able to see new perspectives and alternatives emerge.

What, besides separating the point of view into three positions, seems to be the most important factor in "helping the body speak"? Most important in my

experience is that the supervisor, who in this model works more like a theater director, patiently helps the supervisee find the physical postures and movements as accurately as possible and then gives her ample time and support to attend to emerging body sensations and feelings. We try to help the supervisee to sink "down into total internal body awareness" (Milner, **1987**, p. 236). I think it is telling that when we conduct our supervision sessions in this way, I sometimes hardly remember the details of what actually emerged. My focus has been on the supervisee's process. My job is to help the therapist find her way, and it is her job to go that way.

We all know how easily we become attached to our own beliefs and theories. For someone like me who so strongly "believes" in the body, it is easy to credit therapeutic success to bodily experience. However, seeing what other therapists/analysts are able to find in their own bodies (and what other analysts have been able to help me find in my own) has impressed me more than anything else. I would like to encourage other analysts and therapists to join me in this quest to further explore these ideas, both theoretically and practically.

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