

An Interpretative Phenomenological Analysis: Psychotherapists' Lived Experience of Body-Subject

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ABSTRACT

Cartesian dualism dominates psychotherapy and sociology, displacing the body-subject as described in philosophy. This research explores the experience of body-subject in psychotherapy by conducting a qualitative research based on the Interpretative Phenomenological Analysis. Eight semi-structured interviews were conducted with psychotherapists. The analysis identified 4 superordinate themes and 2 subthemes for each theme. The first theme explores what is a body and how embodiment is expressed. The second theme focuses on somatic countertransference which operates either as a guide to understanding or as another way of communicating. The third theme highlights the contradiction between the freedom and the power of the bodies while the last theme focuses on observation and self-observation which are utilized as a way of understanding or overlooked so that therapists can dwell on experience. The findings suggest that dualism permeates psychotherapy, with the body-object guiding the therapy although some experiences manage to escape it and focus on the body-subject thus giving substance to the lived body. Taking into account the limitations of the study, future research could focus on the experiences of psychotherapists from approaches such as dramatherapy since the body is very active and present.

Keywords: body-subject, body-object, IPA, embodiment

INTRODUCTION

The body has preoccupied many fields over the centuries at either a theoretical or at a scientific level. Each era seems to create and reconstruct the body according to its own images and interests and at the same time it constitutes a construction of oneself which affects the way we handle the body and how we live our lives (Synnott, 1993).

In Descartes's era dualism was born arguing that mind and body are completely different from one another and that each could exist by itself (Thibaut, 2018). For Descartes the mind is an intangible but intellectual substance while the body is a material one subject to mechanical laws (Mehta, 2011). In the course of time, the psychophysical parallelism of Leibniz and Spinoza recognises some distinction between the mental and the physical but ignores or does not admit their mutual interaction whereas spiritualist monism denies the notion of body as something different from the spirit or knowledge (Fuentes et al., 2017).

The reduction of the body to its biological dimension reinforced dualism by allowing different scientific fields to be occupied with either the body or the mind and pondering regarding their interaction. In addition, dualism laid the groundwork for positivism based upon empirical observation and measurement through the analytical

approach which involves the breaking up of a problem into pieces and rearranging them in a logical order (Mehta, 2011). The biological and medical aspect of the body which remains a strict materialistic theory (Fuentes et al., 2017) relied on the positivist thinking and managed to become scientific. However, for psychiatry and psychology the Cartesian view introduced a particularly difficult issue since mental disorders must have either physical or mental roots, thus shifting the hope of solving this issue of mind-body causal interaction to the neurosciences (Thibaut, 2018). According to Fuentes et al. (2017) DSM while trying to distance itself from the biological point of view it ultimately reduces the body to a material reality denying the existence or rational validity to everything that does not fall under the epistemological consideration. Thus, the ontological mind-body dualism remains in medical practice (Miresco & Kirmayer, 2006) with the patient to be considered as nothing more than parts of an interaction and every effort of understanding relies on those parts (Fuentes et al., 2017) converting the patient into a static and passive object rather than an active and dynamic process (Bickhard, 2011).

Although literature highlights the dualism in clinical practice, there is limited research on how the psychotherapists experience body and embodiment in general in the psychotherapeutic context. Thus, this research explores the experience of psychotherapists regarding the body and embodiment as expressed in the psychotherapeutic context.

LITERATURE REVIEW

In psychoanalytic practice, many researchers have historically emphasised the neglect of the body by limiting it to its physical reference in contrast to the psyche which is described as a representation thus reinforcing the tradition of dualism (Fortes et al., 2018). For Freud (2008) the body and specially its surface, is a place from which stem external and internal perceptions and

the Ego is described as primarily a physical substance which is not only superficial but it is itself the projection of a surface. For psychoanalysis the body is at the intersection between the somatic and psychic and the drives are in the lead of a multidimensional and complicated game between the immaterial, the material and a mix of those two (Fortes et al., 2018). Thus, the body is driven by the drive with the Ego instincts being side by side with the libido while the biological-real body is eliminated and the Ego instincts are reduced to the object of the sexual drive and to the physical transfer (Guimón, 1997). As a result an eroticised body is born which is the object for another self (Fuentes et al., 2017) while the drive stemming from the body returns to it making it both source and destination (Birman 2009; Winograd & Mendes, 2009). Therefore, in the Freudian approach emerge two dimensions of the body, the representation body and the drive overflowing body while these two dimensions constitute the central traits of the metapsychological function of the body which contribute to its comprehension (Fernandes, 2003). Consequently, in the analysis the body is either dichotomised or ultimately reduced to a metaphor without describing the experience of the body from the patient's perspective nor the way the therapist's body exists, but only providing interpretations of the bodies that either exceed it or ignore it.

However, a disembodied therapy is impossible (Leijssen, 2006). Fernandes (2003) argues that this psychoanalytic perspective has led to a double movement according to which the body is presented either as forgotten or absorbed by the psychosomatic with an emphasis on the sick body while Fortes et al. (2018) conclude that the focus on the "talking cure" resulted in the eradication of the body and its care. Twigg (2007) rightly argues that the belief that bodies are things to be either transcended or ignored remains even today, and as a result, the theoretical approaches often maintain a distance from their subject

and present the body in a peculiar disembodied way. What seems not to be transcended is the tradition of dualism to which both psychiatry and psychology have succumbed to.

Correspondingly, social sciences also adopted Cartesian dualism. With the legitimisation of the exclusive management of the body by the natural sciences and the instrumental fragmentation of man into two qualities, Cartesian dualism was inevitably reproduced in the social sciences where the body was treated as a biological entity, as an object, as a "tabula rasa" subject to the human will focusing on the external dimension of the individual in its apparent existence (Αλεξιάς, 2011). Thus, in most social theories the body is a "present absence" (Shilling, 1993).

In social sciences the body is awakened by Foucault where the body is not natural nor neutral but it is created and reproduced through discourse and Foucault records the history of the bodies and the influences of power as exercised based on knowledge which is a form of power (Twigg, 2007). For Foucault power is something that is exercised rather than owned as a strategy and it is intertwined with knowledge creating the knowledge/power complex through biopower which is linked to the development of social, medical and psychiatric professions that developed new forms of control over the body mostly centred on sexuality (Watson, 2007). Μουζέλης (2009) argues that since passions, desires, expectations and emotions cannot be tamed, they are suppressed and maintained as residual elements controlled by the schools of human relations. Psychoanalysis and social sciences seem to share the fact that they either ignore the body or associate it with sexuality. In Freud as an eroticised body and in Foucault associated to sexuality. Probably Guimón (1997) rightly concludes that Western culture has devalued the body as a source of temptation and sin.

Some post-Freudians such as Ferenczi and Reich focused on the body from a different

perspective. Ferenczi paid attention to muscle activities, body expressions and relaxation techniques that facilitate resistance and free association, while Reich focused mainly on the body developing physical contact techniques with the patient through orgone as the conduit of communication (Smith, 1985). Other psychotherapeutic approaches are also based on bodily expressions, sensations and non-verbal communication, highlighting the body from a different perspective. Cognitive behavioural approaches demonstrate the different views of the body which include how one feels the body from the "inside", how it is perceived externally, how the body is in motion, how non verbal communication is conducted but also how the body is touching another body (Leijssen, 2006). Even the cognitive processes are not feasible without the participation of the body, which acts in every situation and affects the cognitive processes through its posture, facial expressions, the way it moves, the rate of breathing, etc., thus changing the internal environment and affecting the emotional experience (Hauke et al., 2016). In body focused interventions, the concept of embodied cognition emerges through which it becomes possible to effectively process specific problematic situations by utilizing the body (Hauke et al., 2016). Such techniques focus on the "here-and-now" and advocate that the experience of a real or imagined situation causes a wide range of reactions that are usually not conscious and have not yet been expressed in language but through observation comes the acceptance of the embodied unwanted feelings (Hauke et al., 2016). Therefore, body focused interventions aim to achieve awareness in the "here-and-now" while the therapist can also rely on his own bodily sensation in the context of somatic countertransference (Leijssen, 2006). For these techniques the observation of the body is crucially important and for this reason researchers have criticized psychoanalysis and the use of the couch arguing that the psychoanalyst

misses the emotional expressions of the patient (Lichtenberg, 1995) while the couch itself may develop a sense of consent and submission (Frank, 1995).

However, Gallagher (2003) argues that body-based experiences should not be understood in perceptual terms. None cognitive observation can approach the ontological structure of the body, while the main issue regarding the body emerges precisely because it is perceived as a "thing" that has its own laws and it may become conscious through internal observation (Σαρτρ, 2007). This transformation that derives from consciousness results in the blindness of the body as a living possibility (Σαρτρ, 2007).

Although these techniques highlight the body, they do not seem to escape from dualism since they actually use the body to reach out the cognitive perspective provided that observation and acceptance are related to cognitive processes. It seems that as Αλεξιάς (2011) argues, the truth and the meaning of the body are indeed exhausted on its surface (p. 112). Shusterman (2002) considers that behaviorism based on external observation of movements thus providing knowledge about emotions, manages to thematize them through critical distance offering the means of controlling them. So, this representation of the body as an internal structure whose function is to monitor the state of the body and to encode it in order to either falsify it or to disconnect from it, results in the deception of the body since someone may easily explain how he experiences the body but this explanation contradicts the physical reality of the body (de Vignemont, 2020).

Only philosophy and Daseinsanalysis seem to escape from dualism. Heidegger considers that the body as a physical entity ends at the skin, while the limits of the lived body is the horizon of "being" within which human sojourns (Heidegger, 2015). In hence, the lived body is a part of Dasein and co-determines the way in which human entangles in the world and with other beings (Heidegger, 2015). Similarly, Σαρτρ (2007)

argues that the body is superimposed on the world, scattered along things and at the same time concentrated in the point where they all point together and someone can be this body without being able to acknowledge it.

Moreover, the movements that Heidegger calls gestures should not be understood as manifestations of internal psychic states but should be understood in the context of "being in the world" with reference to the things with which man has friction and the others with whom he coexists, while the body is considered to be the most distant in space since it extends and it is involved in all representations (Heidegger, 2015).

Accordingly, for Wittgenstein any bodily metaphors for the psychic part are subject to the false metaphysical inner/outer dichotomy associated with the dualism of the private - hidden - spiritual world and the public physical world of matter, energy and objects (Hacker, 2000) while any attention to movements and emotions prevent the smooth execution of the will since self-observation makes actions and movements uncertain (Shusterman, 2002). Therefore, action and emotions can only be explained in the context of life, goals and practices (Shusterman, 2002). Furthermore, understanding is not something that happens in the mind during verbal interactions, nor an event, a situation or a process, but rather a combined condition related to an individual's ability to participate in public, linguistic and cultural practices (Martins, 2010). Any other form of understanding comes down to logic, and as Wittgenstein (2016) points out, all propositions of logic say the same thing, namely nothing (p. 96). The above reasoning is directly related to the interpretations given within the psychotherapeutic context as a result of understanding. Meaning within therapy is never apparent since speech is by nature ambiguous, so the analyst should show that he does not understand so that the patient can talk more about what he means (Fink, 2006). Thus, interpretation should seek to suggest more meanings instead of

establishing a particular meaning (Fink, 2006). After all, the art of interpretation is the art of asking the right questions, not of explaining something (Heidegger, 2015). Moreover, the tendency to interpret what we already see from the first encounter, deprives any freedom since it constitutes a learning context in the sense of understanding and evaluation thus forgetting the body (Σαρτρ, 2007).

On the other hand, Merleau-Ponty considers that body and mind are not two different states and that they should be identified as a single body-subject which can understand its existence and its particularity as it merges with other body-subjects in the context of social relations (Αλεξιάς, 2011). Merleau-Ponty argues that the body is not just another external object and he makes the distinction between the objective body which includes the muscles and the bones and the “lived” body which we experience in pre-reflective awareness where the body cannot be relegated or located in the objective space (Merleau-Ponty, 1945). This spatiality of the body is also found in one of Heidegger's (2015) seminars for psychiatrists where he gives the example of the representation of the central railway station in Zurich. Based on the example, the body in a way extends to the station emphasizing the experience of a “lived” body that is not related to the objective space. In conclusion, the “lived” body is a space of potentialities for action (Merleau-Ponty, 1945) thus emphasizing an openness that goes beyond bones and muscles from the sensation perspective which according to Sartre (2007) is purely invented. Finally, Heidegger (2015) in an attempt to explain the experience of a phenomenon sets the example of grief, which cannot be measured, but its tears can be measured and analysed. Through this example he concludes that such phenomena are not measurable but are a way of “being” which can only be viewed just as a work of art which is conceived but not amenable to calculation (Heidegger, 2015). Similarly, if someone adopted an objectified stance for

the body, then this objectified body could no longer anchor its way of perceiving the world (de Vignemont, 2020).

Rationale

According to all the above cartesian dualism still prevail in many theoretical approaches except for philosophy. Even from the patient's perspective cartesian dualism emerges as he defensively maintains this dichotomy according to which the mind is the 'self' and the body is 'the other' which can be improved, modified, triumphed over or ignored (Lemma, 2010). Therapist and client never just talk but they are also bodies that interact, and even when the therapist tries to ignore it, the body emerges as a metaphor for the self (Leijssen, 2006). Despite the plethora of theories, there is a lack in terms of exploring the experience of the two body-subjects as they interact within the context of therapy. Since therapists have been patients themselves, they have experienced the body-subject from both sides and therefore they may provide a more comprehensive experience that could enrich the literature and provide an in-depth understanding of the phenomenon.

Thus, the objective of this study is to explore in depth the experience of the body-subject within the therapist-patient relationship. A qualitative research was conducted for the purpose of the study and data collection was carried out using semi-structured interviews that included 1-2 core questions with no more than 5-7 clarifying questions (Creswell, 2003). All questions were open-ended questions providing flexibility and enabling the expression of personal experiences.

MATERIALS & METHODS

Analytic Approach

The analysis employed Interpretative Phenomenological Analysis (IPA) as established by Smith (1996). IPA is a qualitative research approach that examines how people make sense of their life experiences (Smith et al., 2009) with a fundamental assumption that people reflect

on their experiences (Chapman & Smith, 2002) with the intention of embodying them. According to Reid et al. (2005) this can be achieved by exploring an individual's experience, understanding, perceptions and idiosyncratic views on a topic.

The epistemology of IPA is composed of three main areas of philosophy, phenomenology, hermeneutics and the idiographic approach (Smith et al., 2009). First Husserl establishes the stream of phenomenology which advocates a way of understanding people's lived experience and the meaning attributed to these experiences (Alase, 2017) while the hermeneutic component is introduced by Heidegger (1962) who addresses the ontological question of existence itself by restoring meaning (Ricoeur, 1970) and describing the practice of the art of interpretation (Dallamayr, 2009). In research, the use of double hermeneutics as a reflective interpretive process involves not only the description of experience but an interpretative analysis of the historicity and aesthetics of the subjects explaining their experience (Moustakas, 1994). IPA as an idiographic approach resists to the principles of empirical research as it allows itself to learn something from both the subjects and from the narrative world of the participants while telling their stories (Breakwell et al., 2012) by focusing on individuality and analysing unique and subjective phenomena (Moses & Knutsen, 2012).

Sample

The main inclusion criterion was the completion of a psychotherapeutic or psychoanalytic training program. Cognitive Behavioural Treatment (CBT) and Body Oriented Psychotherapy (BOP) based on Wilhelm Reich's perspective were selected as they focus particularly on the body, but also analytic approaches were included since they have been strongly criticized for marginalizing the body. Other inclusion criteria included the age of 30 years old and above since a psychotherapeutic or

psychoanalytic training lasts at least 4 years and follows the undergraduate studies and the minimum work experience of 2 years. The exclusion criteria included individuals under 30 years old, students of a psychotherapeutic or psychoanalytic training and graduates with less than 2 years of experience.

The sample included was 8 therapists out of which 5 women and 3 men. More specifically, Elena and Karolos are psychoanalysts, Maya and Vili BOP therapists, Theodosios and Debbie are CBT therapists and Chrysanthi and Klearchos are Daseinsanalysts. The mean age of the participants was 41,75 years old. The limit of 8 participants is considered sufficient as it is in line with the phenomenological research tradition that demonstrates an adequate size of 2-25 participants provided that the sample reflects and represents homogeneity among the participants (Alase, 2017).

PROCEDURE

An invitation was sent to Training Centres of psychotherapeutic/psychoanalytic approaches as well as to therapist forums in social networks. Participants who responded to the call after confirming that they met the criteria, they signed the consent form and an appointment was made to conduct the interview. Before the interviews participants were given the opportunity to raise questions about the process. The semi-structured interviews were conducted via online platform and each interview lasted 40-45 minutes. No issues arose during the recorded interviews and no harm was caused to the participants. At the end of the interviews, participants received the debrief form in which the right to withdraw was included. After the interviews the process of transcription and analysis of the data followed. A nickname was attributed to all participants in order to secure sensitive and personal information.

ANALYSIS

The analysis of the data unveiled 4 superordinate themes: 1) Defining body in psychotherapy 2) The experience of somatic countertransference 3) Power versus freedom of the bodies 4) Observation and self-observation and each theme includes two subthemes. In this study all themes and subthemes are briefly discussed.

Theme 1: Defining body in psychotherapy

This theme focuses on what is a body and how embodiment is expressed in psychotherapy. Two subthemes emerge from the analysis with the first highlighting the dichotomy of the body presenting the body as a vector of symptoms while the second subtheme highlights an embodiment that transcends the boundaries of the body-object and embodies the voice or the pause thus presenting the body as "everything".

Subtheme 1: The dichotomised body

The body is a carrier of symptoms and that's why all the psychosomatics are expressed. Everything is expressed through our body, emotions and difficulties. Score example is panic attacks which are experienced through "I can't breathe" because he [the patient] has reached a moment that he has "exploded" and all of this is embodied. Basically the body is used in a symbolical way (Elena)

Elena considers the body as a vector of symptoms reinforcing this dual perspective according to which the body is either presented as a forgotten one through this "symbolical way" or absorbed by the psychosomatic with an emphasis on the sick body (Fernandes, 2003). It seems that the body is a "present absence" (Shilling, 1993) in the sense that it initially comes first, carrying the weight of the symptom but in the process it is forgotten and enters the symbolical, thus emphasizing that a lived body does not appear at all since it is a dimension which is neither imaginary nor symbolic (Fortes et al, 2018). The body as a place of expression of either emotions or difficulties seems to be used for the causal mind-body interaction (Thibaut, 2018) in which a "I can't breathe" is associated with

the panic attack and with the psychic part and ultimately expressed through the body-object. Evidently, the ontological dualism of mind-body remains in clinical practice (Miresco & Kirmayer, 2006) with the patient seen as nothing more than parts of an interaction and any effort of understanding him is based on these parts (Fuentes et al, 2017). Consequently, the patient becomes a static and passive object (Bickhard, 2011).

The body enters into the foundation of psychoanalytic theory in the sense of a drive which is the cornerstone on which all psychoanalytic theory is organised. Freud says that a drive starts from the body and is in fact a bridge between the physical and the psychic. Thus, it is a physical need which also acquires a psychic substance. So the body is not left out. If we think about the two basic drives of sexuality and aggression, both have to do with the body. Or both may involve the body (Karolos)

Karolos sets as a core the drive that initiates from the body and becomes the bridge of the psychic. In that sense, the body is represented as its surface and as a place from which external and internal perceptions stem (Freud, 2008). This bridge that Karolos mentions marks the belief that the body is the intersection between somatic and psychic and the drives are in the lead of a multidimensional and complicated game between the immaterial, the material and a blend of those two (Fortes et al., 2018). While the body initially appears as biological-real, it is eventually fragmented on the altar of drives whereas the instincts are reduced to the object of the sexual drive and to the somatic transfer (Guimón, 1997). In the end, the body is eliminated since it may not even participate in the conflict of drives. This limitation of the body to its biological existence as opposed to the psyche seems to reinforce the tradition of dualism (Fortes et al., 2018).

Subtheme 2: Body is everything

Embodiment here [on the couch] is expressed mainly through the voice, which voice is a body, of course. So as far as the style of the voice, its tone, its metal,

everything in a way constitutes the embodiment of the voice. This kind of embodiment includes gestures and posture, and the gaze and everything (Klearchos)

Since on the couch invisibility prevails, embodiment emerges beyond the body-object and becomes body-subject which embodies the voice and everything it carries (tone, metal, etc.) as well as the movements, the posture, the gaze and ultimately everything. This body which adopts the form of subject cannot be displaced or located in the objective space (Merleau-Ponty, 1945). This body-subject is present and speaks independently of the invisibility since everything is a body, thus emphasizing the openness of a lived body. Thus, the couch seems to liberate the body and open up other possibilities rather than losing the patient's emotional expressions (Lichtenberg, 1995) or creating a sense of consent and submission (Frank, 1995). Regarding the gestures as described in the extract, they seem to be far from any internal mental states and closer to the movements as described by Heidegger (2015) which are understood in the context of "Being in the world" with reference to things.

Embodiment starts the moment he [the patient] calls you. It's the voice, the look, the way that he looks at you since that's the way you relate and connect with another person. How a baby looks at the world and the mother? like this. Even the pause is embodiment (Maya)

Maya seems to share Klearchos' view of what embodiment is (voice and gaze), but she adds the way one relates and connects to another. Through the example of the baby looking at the mother it seems that the lived body is a part of Dasein and co-determines the way in which human entangles in the world and with other beings (Heidegger, 2015). Since people are constantly in a reference with things and other people, the way they relate creates a body-subject that extends and relates in a completely different way from how it exists (Heidegger, 2015) as for example through the telephone where

the body extends and relates to the therapist. So even the pause is body since it shows a way of relating to the world. Therefore, anything that is a way of relating constitutes embodiment. This is probably also why the body is the most distant thing in space (Heidegger, 2015), since it is superimposed on the world, scattered along things and at the same time concentrated at the point where they all point together and someone can be this body without being able to know it (Sartre, 2007).

Theme 2: The experience of somatic countertransference

This theme focuses on the experience of somatic countertransference and how therapists perceive and interpret their own bodily sensations. In the first subtheme, the therapist's body acts as a guide to interpretation since their bodily sensations are taken into account with the body being presented as an object and eventually being absent. In the second subtheme the therapist's body is considered as a part of the embodiment of the talking focusing more on the way the therapist-patient relate and on the openness of the therapist that constitutes a body-subject.

Subtheme 1: The therapist's body as a guide

The therapist's body is used in different phases. First of all you feel, and what is happening to the patient acts as a container and you feel in your body what the patient feels and this is a good indication in order to understand what the patient needs at this stage, what is the deficit or trauma of the patient (Vili)

Vili's body constitutes a guide in order to understand the patient since she claims to feel what the patient feels. In body-focused interventions it is usual for the therapist to rely on her own bodily sensation in the context of somatic countertransference (Leijssen, 2006). However this somehow assumes that the patient feels what the therapist feels, which cannot be taken for granted in therapy. Therefore, she understands what the patient needs through

her own understanding and bodily sensations. Here the body-object rises and ultimately the focus is on the body-object of the therapist rather than on the patient's. Probably this understanding comes through the knowledge of the therapist, but this knowledge is a form of power (Twigg, 2007) that seems to be exercised on the patient. After all a knowledge based on sensation is purely invented (Sartre, 2007).

It is important for us to observe whether we may be physically expressing embarrassment or anxiety or whatever in order to see a little bit how we think about the patient. All this corresponds to the mental level and to the thinking process. For example what I think about this person, what interpretations he or she mobilizes in my mind. What I thought about what he just said and where this took me (Debbie)

For Debbie, anything that her body expresses seems to be food for thought, thus activating her cognitive processes that escape from the body as she enters into the search for "where it took her". The body is reduced to a cognitive process and thus to an emotional experience but again the dominant part is the emotional experience of the therapist. As Hauke et al. (2016) argue, cognitive processes are not possible without the participation of the body which acts in each situation and influences cognitive processes through posture, facial expressions, movement patterns, breathing rhythm etc. changing the internal environment and thus influencing the emotional experience. The impracticality of the body's participation here lies in the body-object which functions as the nucleus of triggering the rest. Debbie enters into a process of interpretation based on her own body, her own cognitive processes and her own emotional experience. In the end it is not only the body of the patient which is absent but the whole patient. The interpretations or indications seem to establish a certain meaning which begins from the therapist and goes back to the therapist rather than a meaning to or for the patient.

Subtheme 2: The therapist's body as embodiment of the talking

Once with a blind patient who had had a stroke and came with a difficulty in walking and with a leg in spastic paralysis, I got up after the session and my leg was numb and I couldn't walk thinking that somehow this blind man who couldn't communicate with his eyes and his thinking was poor and was not able to talk about what was happening to him or about his feelings, probably found another way unconsciously to communicate his experience to me (Karolos)

In this extract it seems that the body becomes body-subject in the face of poor thinking and of the inability to express emotions. The lived body therefore speaks and always finds a way to convey its experience. Here they lived body is the way in which the patient finally communicates and the therapist owns the openness to feel the experience of the patient without interpreting it but by remaining in the phenomenon itself. It seems that the limits of the lived body is the horizon of being within which human sojourns and the way in which human entangles in the world and with other beings (Heidegger, 2015). The way in which Karolos and his patient interact "gives birth" to a shared embodiment, while the openness of the therapist allows this birth to take place. Indeed, therapist and patient never just talk but they are also bodies that interact (Leijssen, 2006) and more specifically lived bodies.

A woman, for example, who comes to me in an erotic style, can awaken something similar in my own body. Of course, what we are talking about is part of that embodiment of the conversation. Whether or not the therapist is going to succumb to this embodiment presented to him by his client is another thing. First of all whether he recognizes [the therapist] this and how free he will be not to follow it like a sleepwalker (Klearchos)

Klearchos places any transference and countertransference in the context of the embodiment of the talking. The words

“comes to” and “awaken” involve a movement towards something constitute a condition that a lived body has. Here it is evident the way the body may extend itself towards the other in an erotic mood, “touching” metaphorically the other and awakening something in the other's body. This representation is a mode of “being” in beings, which does not need the addition of “just mentally” at all (Heidegger, 2015). In addition, a body awakening through erotic transference is a possibility, but the issue is whether or not the therapist will focus on the sense of the body and will begin the process of thinking and interpreting. If the therapist ultimately decides to follow the sensation and the body-object then he or she becomes a “sleepwalker” at the cost of both body-subjects (therapist- patient) and of the dissolution of this embodiment of the talking. Furthermore, the therapist's freedom is emphasized as if there are other possibilities beyond the body-object. And indeed, the lived body is a space of many possibilities for action (Merleau-Ponty, 1945). Determination seems to play a significant role since the therapist will have to decide if he will remain in the embodiment of the talking and or he will blindly follow the body-object. Even the word “sleepwalker” refers to a passive body which loses its embodiment, its potential to entangle with the world and any possibility of an active and dynamic process is lost (Bickhard, 2011).

Theme 3: Power versus freedom of the bodies

This theme focuses on power as opposed to the freedom of bodies in therapy. The first subtheme highlights the power of bodies as it emerges through knowledge and understanding via the analytic approach or via an interpretation that limits and consolidates meanings. The second subtheme highlights the freedom of bodies using a different pathway of understanding and interpreting.

Subtheme 1: The power of the bodies

Through the interpretations the person will begin to understand that this trauma can be healed in therapy and then the traces of the trauma can become a non-triggering situation. And even if it is slightly triggered he will know how to manage it and at the end he will not be triggered at all. Is that the goal? yes. These three [body, emotion, mind] to be in total harmony (Vili)

Here the interpretation comes as a redemption since it heals the wounds and solves the problem of the patient. However, power is exercised through interpretation that is inextricably intertwined with knowledge thus creating the knowledge/power complex through biopower which is linked to the development of social, medical and psychiatric professions that brought new forms of control over the body (Watson, 2007). This power is exercised by the therapist to the patient and then exercised by the patient to himself as he learns to manage any triggering situation. However, the meaning that results from an interpretation is never apparent since speech is by nature ambiguous, so the therapist should show that he or she does not understand so that the patient will talk more about what he or she means (Fink, 2006), rather than reinforcing the dichotomy of the body according to which the body can be improved, modified, triumphed over or ignored (Lemma, 2010). The objective of the therapy here is an authoritative and absolute harmony of the body-object whereas the body-subject is devalued since in any condition other than harmony the body ends up being a source of sin or temptation (Guimón, 1997) or problematic. This is the aim of many therapies, either of supportive or of cognitive approach. Logic is put in the service of this treatment in an attempt to separate and repel or isolate or even worse to dichotomize the part of the psyche that creates problems. So if I forget that I am not well, I will use in a refuting way some logical thoughts in order to be able to do this separation of the problematic mental areas (Karolos)

In this extract the exercise of power through logic is evident in order to separate, isolate and thus fragment the body. The aim here is to bring about a change in the internal environment thereby affecting the emotional experience through the exercise of power (Hauke et al., 2016) and thus detaching the problematic psychic areas. As if anything that cannot be understood or controlled must be detached from one's experience, ending up again in controlling it in a different way. Apparently, anything that cannot be tamed by reason is pushed and held as a residual element (Μουζέλης, 2009). Whatever involves the somatic becomes a mental issue by constituting the body absent, whereas the focus of such an approach is the psychic-object. Logical thoughts establish a certain meaning by isolating the psychic-object as problematic although an interpretation should seek to suggest more meanings (Fink, 2006). Moreover, such a perspective of interpretation in which one would adopt an objective attitude towards the body, deprives any freedom since it constitutes a learning context in the sense of understanding and evaluation and as a result the other appears as the one that needs to be understood thus, rendering the body as past (Σαρτρ, 2007).

Subtheme 2: The freedom of the bodies

I don't want him [the patient] to control it [the body], I want him to be able to communicate it freely and to use it as a medium of expression, I don't want to restrict that. I may acknowledge it, I may throw it back to the patient telling him that "you're doing this" and use it in interpretation but I'm not going to try to change it and use it as a means of treating the symptom (Elena)

The body here, beyond any instrumentalization, is left to express itself freely and to find its own way without any restriction or specific way of understanding. No attempt to change is interfered in the body-subject of the patient and nothing interferes with the embodiment as developed by the two body-subjects. Even recognition is not utilized to create an

interpretative framework through an analytic approach but it is thrown back in a movement through which embodiment emerges and is reproduced. Here interpretation takes another form and is more reminiscent of Heidegger's (2015) hermeneutic art in which hermeneutics is the art of asking the right questions rather than explaining something. In addition to the freedom of the bodies, the therapist also seems to be free from coding or decoding the body as a symptom and thus manages to escape the body's fallacy. Such an attitude and perspective of interpretation constitutes another form of understanding in connection with the world and especially with the patient.

If there was something authoritative about it, it would have had a decisive effect on our relationship. To the extent that the other person would also be available to undergo such a thing, it would put him in a position of obedient or a follower, which is not the objective in a therapeutic encounter. A mutual embodiment is achieved when we both make steps. I am not something special, that I will listen, judge, think about, decide, interpret and then announce. And the other will either accept it and follow it or else resists (Klearchos)

Klearchos describes the whole process that may imprison embodiment and the therapist-patient relationship. In an authoritative relationship each body-subject would take a stance far from 'becoming' since the therapist would imprison the patient-follower through his knowledge which constitutes a form of power (Twigg, 2007). Even the term resistance describes the resistance to an authority that is imposed by the therapist. For Klearcho, then, the issue is not the exercise of knowledge-power but the common path to the freedom of the bodies as long as steps are made from both sides. Only in this way mutual embodiment is maintained, whereas any other attempt to transcend or ignore the bodies through thinking, judgment, decision or interpretation creates a distance from the

subject, thus presenting the body in a strangely disembodied way (Twigg, 2007).

Theme 4: Observation and self-observation

The last theme focuses on observation and self-observation in therapy in relation to the body. In the first subtheme, observation and self-observation are utilized as a way of understanding the body through the analytic approach and cognitive supervision thus objectifying the body. The second subtheme goes beyond all observation and self-observation in a way that allows therapists to dwell on what is happening which constitutes a body-subjects encounter.

Subtheme 1: Observation and self-observation as a way of understanding the body

Most of the times we try to assist in the process of self-observation by discussing the patient's experience in order to understand the physical discomfort. We are like co-modulators of observation and we try to make sense of the physical symptoms (Theodosis)

According to Theodosis, observation and self-observation are used as a way of understanding the body. However, this body is identified with the bodily symptom and therefore with the body-object. This understanding reinforces dualism since it requires a logical thinking that is based on empirical observation and measurement through the analytic approach which involves breaking a problem into pieces and rearranging them in a logical order (Mehta, 2011). Only in this way the patient finally understands what is happening 'outside' and 'inside' his body, thus achieving a further dichotomy of the body as to how it is felt from 'inside' and how it is perceived as an external observer with a focus on non-verbal communication (Leijssen, 2006). However, any observation of bodies or emotions essentially prevent the smooth execution of the will since self-observation makes action and movements uncertain (Shusterman, 2002). Here the body is treated as an object subject to the human will, focusing on the external dimension of the individual in its

apparent existence (Αλεξιάς, 2011) and allows bodily experiences to be understood in perceptual terms even though this should be avoided (Gallagher, 2003).

The objective of a bodily-based therapy is for the person to observe and understand his relationship with his body, i.e. what happens to their body, how they function with their body, how they place their emotions in their body, to understand symptoms such as a headache or pain and how to get out from them and to understand what is actually happening on a psychic level (Maya)

As in the previous extract, the understanding here comes from an analysis of how the body works, what a headache means and how it all goes back to the psychic level. This understanding stems from observation and through the emergence of embodied cognition which makes it possible to effectively deal with specific problematic situations by utilizing the body-object while through this observation derives the acceptance of embodied unwanted feelings (Hauke et al., 2016). The external observation provides knowledge about emotions by thematizing them through critical distance, thus offering the means to control them (Shusterman, 2002). However, none cognitive supervision may reach the ontological structure of the body while the basic issue about the body arises precisely because we initially posit it as a thing that has its own laws and the only way for the body to become conscious is through internal supervision (Σαρτρ, 2007). This transformation that occurs through consciousness brings to surface a blindness of the body as a living possibility (Σαρτρ, 2007) while this focus on 'talking about the body' brings the cost of uprooting the body and its care (Fortes et al, 2018). Consequently, the extract does not feature a body-subject but the representation of the body as an internal structure that has the function of monitoring the body's state and encoding it in order to either falsify it or disconnect from it, resulting in the deception of the body (de Vignemont, 2020).

Subtheme 2: Beyond observation and self-observation

I used to interpret what I noticed more easily, now it just rings a bell but I try not to name it or take it as an explanation that I feel this way so the other person feels this way too. Instead, I feel that at that moment something is happening between us. A lot of times we do it without realizing it and we realize it afterwards. I may not say it but I may think of it spontaneously but then I say, now okay, that's yours, hold on (Chrysanthi) Chrysanthi compares the way she used to interpret in the past with how she views therapy today. Whereas before she was almost unconsciously creeping into the cognitive part and into that understanding that analyses and interprets everything she observed or felt in her body, today she manages to escape from the body-object and to experience the body-subject through a "happening". Although somewhat spontaneously someone follows the analytical understanding, however, understanding is not something that happens in the mind or brain during verbal interactions, nor it is an event, a situation, a process or a discrete experience, but rather a combined condition related to the individual's ability to participate (Martins, 2010) as Chrysanthi does when she dwells on the moment when something is woven between them. It is the recognition of this distinction that releases Chrysanthi and makes her a body-subject capable of remaining to what is happening between them.

Observation is one way of relating to things. But it is not the only one. Where observation monopolizes our relationship with things is where the world does become very poor. I think that from there on, this 'penny-wise and pound-foolish' thing doesn't help anyone. Only what we talked about before [this beautiful meeting of the bodies] is itself healing (Klearchos)

Clearchos moves beyond an observation that suggests a certain way of relating to things and thus impoverishing the world. Any analysis or else "penny wise and pound

foolish" does not help since such phenomena are not measurable but they are a way of "being" which can only be viewed as a work of art which is conceived but cannot be measured (Heidegger, 2015). Any other form of understanding comes down to logic, and as Wittgenstein (2016) points out, all propositions of logic say the same thing, namely nothing (p. 96). For Klearcho any other stance regarding the body would indicate an objectified body which could no longer anchor its way of perceiving the world (de Vignemont, 2020) nor could experience "this beautiful meeting of the bodies". This meeting as presented in the extract reflects Merleau-Ponty's point of view that the body-subject may understand its existence and its particularity as it merges with other body-subjects in the context of social relations (Αλεξιάς, 2011).

DISCUSSION

Dualism dominates in most scientific fields suppressing the body-subject as described by philosophy. This analysis highlights the dominant tendency of dualism within psychotherapy although the experience of some therapists is inextricably intertwined with the body-subject and the lived body. The capture of each participant's experience is unique and provides information about the way that embodiment emerges in therapy and if the therapists take it into account, follow it, control it or allow themselves to move freely within the psychotherapeutic context.

The analysis is consistent with the view that dualism remains in clinical practice (Miresco & Kirmayer, 2006) with the body being presented either as a forgotten body or one that is absorbed by the psychosomatic with an emphasis on the sick body (Fernandes, 2003) which is either transcended, ignored (Twigg, 2007) or controlled through the knowledge/power complex (Watson, 2007) thus reducing it to a psychic metaphor through the analytic approach and focusing on the body-object. However, some experiences agree with the view of Merleau-Ponty who considers that

body and mind are not two different states and should be identified as a single body-subject which can understand its existence and its particularity as it merges with other bodies-subjects in the context of social relations (Alexis, 2011). One such relation is the psychotherapeutic context where the therapist free floats on what is happening without interpreting the body-object of the patient but remaining in this intermingling of body-subjects.

The first theme investigated the definition of the body and how the embodiment is expressed in the psychotherapeutic context. On the one hand, the dichotomy of the body is highlighted with an emphasis on the body-object which is either a carrier of symptoms or the core of drives but in the process the body is forgotten and enters the symbolic, thus constituting the body a "present absence" (Shilling, 1993). On the other hand, some therapists distanced from dualism describe embodiment as "everything" including the gaze, the voice, the pause and the way of relating to the other or of becoming present through its absence, thus constituting a body-subject whose body cannot be displaced or located in the objective space (Merleau-Ponty, 1945).

In the second theme, the therapist's body takes on a more active role as it negotiates the experience of somatic countertransference. In the first subtheme the body is a guide to understand the patient by using interpretation based on cognitive processes so that the body-object of the therapist dominates with both the patient's body being absent. The second subtheme views somatic countertransference as another way of communication that 'gives birth' to a shared embodiment while the openness of the therapist allows this birth to take place. Without any intention of interpreting, the therapist is free not to follow the body-object allowing the body to be a lived body and a space of many possibilities for action (Merleau-Ponty, 1945).

The third theme focuses on the contradiction between the freedom and the power of the bodies in psychotherapy. Logical interpretation exercises power over the body-object by fragmenting the body-subject, which is in line with Mouzelis' (2009) view that anything that cannot be tamed by reason is suppressed and retained as a residual element. The experience of other participants point out a body beyond any instrumentalization where nothing interferes with the embodiment created by the two body-subjects reminding that hermeneutics is the art of asking the right questions and not of explaining something (Heidegger, 2015). This freedom of the bodies is a shared therapist-patient path away from any form of power thus managing to adhere to embodiment. Any other attempt to transcend or ignore the bodies through thinking, judging, deciding or interpreting creates a distance from the subject resulting in presenting the body in a strangely disembodied way (Twigg, 2007). The last theme investigates how observation and self-observation are utilized in therapy in relation to the body. Some participants utilize observation and self-observation as a way of understanding the body through the analytic approach thus enhancing dualism. The acceptance of embodied unwanted emotions is achieved through the internal supervision of the body-object, (Hauke et al., 2016). This awareness that emerges from the process results in either a "blindness" of the body as a living possibility (Σαπτη, 2007) or the uprooting of the body and its care (Fortes et al., 2018). Other participants manage to experience the body-subject since they escape from the spontaneity of analytical understanding because they realise that this kind of phenomena can only be viewed as a work of art far from any measurement or calculation (Heidegger, 2015).

CONCLUSION

To sum up, dualism permeates the psychotherapeutic context, with the body-object guiding the therapy through analysis,

observation and cognitive based interpretations. However, some experiences manage to escape the body-object and focus on the body-subject thus giving substance to the lived body and dwelling on the experience. This research was an attempt to explore the experience of the body-subject in therapy as literature-based qualitative studies of embodiment in psychotherapy are lacking. A limitation of the study was the small sample size and the fact that psychotherapists from all approaches were not included. Therefore, future research is recommended focusing on the experiences of psychotherapists from other approaches and more specifically alternative approaches such as dramatherapy, music therapy and art therapy since in these kinds of therapies the body is very active and present.

Declaration by Authors

Ethical Approval: The study was conducted based on the Code of Ethics for Psychologists as established by the American Psychological Association (APA, 2017). Participants were informed of the objectives, the duration of the interviews, the procedure and they signed the consent and debrief forms. Their participation was voluntary and the primary principle of the study was to secure confidentiality, anonymity and to ensure the safe keeping of the material and personal data based on the General Data Protection Regulation (GDPR 2016/679).

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