

The John Bowlby Memorial Lecture 2003

PART I: THERE IS NO SUCH THING AS A BODY

Susie Orbach

Our self is first and foremost a body-as-experienced-being-handled-and-held-by-other-self (Lewis Aron)

Common sense, though all very well for everyday purposes, is easily confused, even by such simple questions as . . . when you feel a pain in the leg, where is the pain? If you say it is in your head, would it be in your head if your leg had not been amputated? If you say yes, then what reason have you for ever thinking you have a leg? (Bertrand Russell)

How much energy did you put into thinking about what you might wear this morning? Or yesterday when you were seeing your patients or clients? Do you have a uniform you grab for, an all purpose work look that minimizes fussing about clothes on a daily basis? Do you wear different clothes for different patients? Has your style changed? Do you wear bright clothes one day, sexy another, elegant or scruffy at other times? Do you fret about your appearance, wonder how you are perceived by your patients, worry lest they comment on the bodily changes you are going through?

What do you think of how I wear my clothes? Of how I move as I talk, of the register my voice occupies, of how I seem in my body? Do you like what you see? Do you feel uncomfortable, think I'm mutton dressed up as lamb? Are you disturbed by my regularly flicking my hair out of my eyes?

Let's go a step further. How does the way in which I am in *my* body affect your feelings about *your* body. Does it make you more or less self aware? Does my body presence sanction, confirm, disturb, turn you off, overwhelm you? Does it please you? What does it tell you about you and your body and your relation to other bodies?

Doreen

When I opened the door to Doreen, I never knew quite knew what to expect. A 50-year-old professional woman, a heterosexual mother of four grown children, roughly 5 feet 9 inches tall and of big build, she would arrive in

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what I can only describe as incongruous outfits: stilettos and a short, pink fru-fru frock one day, a manly and rather cheaply cut business suit with elaborately printed silk cravat the next, a pair of tight lycra leggings with a sweat-shirt the time after with childlike ribbons in her hair and then, just once in a while, an outfit which was noteworthy for its credibility. None of these costumes quite seemed to fit her. There was a sense of rehearsal of *dramatis personae*. Unlike the multiple personality whose individual *alter alters* may inhibit different bodies so that their gait and bearing, the tonal qualities of their voice, the facial expressions they use are discrete (Sinason 2002), Doreen was not so much a multiple person accommodating different bodies in one skin as a woman trying to find a form of clothing and embodiment that could let her be in her body rather than constantly fret and pay attention to it.

Doreen's sartorial extravaganzas were far from giving her recreational pleasure. Her body was clearly out of synch. It seemed she was using her clothing as a kind of key to get the starter motor going on her body but, sadly for her, while the engine would turn over exuberantly as though to engage it would soon splutter and stall as she donned some other outfit which failed to vivify her body. I pictured going to her wardrobe as though it was a big dressing-up box – expectant and hopeful about who she might be that day.

For my part, I began to feel rather tiny. Like Alice (Carroll 1865), I felt myself grow down and grow in as though I were a miniature. Doreen appeared as a blow-up doll or, perhaps I should more accurately say, an overblown, overgrown, blown-up pretend woman figure such as are sold for sexual purposes on the internet. My diminution was not altogether unpleasant. I went back and forth between feeling teetered over as though I was this little thing underneath her, and then sensing my lungs expand to take a metaphorical hearty breath as they were poised to shoot forward to prick and deflate her. She was at once substantial and puffed out, carrying too much water to let her feet sit comfortably in her dainty shoes, and yet almost menacingly large and solid.

My body countertransference with Doreen was a visceral rendition of her early experience of bodies around her being too large and yet not sufficiently robust or stable for her to find or develop a body herself from. She *did* feel them teetering over her. She couldn't get them to be in focus, and the volatility of the body size I experienced in the countertransference was a version of the search for a body for herself that could moor itself by finding a place in the physical storm that surrounded her.

Rob

Rob was a 48-year-old man who came to therapy in the middle of a breakdown. His sleep had been disturbed for months and he was in a loop about

being anxious about being anxious. A barrister who was required to perform in front of juries and judges, he could only get himself going on a case if he found a love or sexual interest: the barrister for the other side, the plaintiff or defendant, his junior, his solicitor. The sexual interest took the weight of his anxiety which became transformed into pursuit and sexual performance anxiety. In the course of our time together Rob revealed a wide range of sexual activities. He frequented call-girls, picked up prostitutes for dangerous car rendezvous around a red-light district and engaged in consensual sex so close to the edge that it took a great deal on my part to be curious rather than frightened. Indeed, of course, I did become frightened. I found myself one day in a perfectly ordinary session suddenly fearful that Rob would rape me. I felt my body being pulled apart and tearing. I was so scared that time held me in a pincer. I became rigid, started to sweat, cursed myself for not having an alarm alert in my room before I could find a way to still my momentary psychosis. After the session, as I replayed the rape scenario occurring in my body, I was stunned at the level of brutality and the visual acuity of a scene of bodily fluids, teeth and fight coursing through my body.

Rob had talked about 'transgressive' sex in a pseudo-liberated way during our sessions. His repetitive sexual exploits appeared to both soothe and terrify him. They gave him a sense of being physically rooted and yet driven by physical forces he couldn't control. He welcomed the rush of desire that precipitated a sexual encounter. He described it as feeling more himself, but in detumescence he felt empty as though in entering into himself he simultaneously vacated himself. With a consideration of the stark physicality of my body countertransference in my awareness, we could get much further than the formulation that his sexual activity was a vehicle for anxiety. I took the savagery I experienced as a clue to his terror and his search for another body, for a body that could respond, a body that didn't collapse, a body that could meet his body.

Rob had never had an experience of embodiment. His subjective sense of his body was staccato with three main modes. Each mode was an attempt for recognition, for a body that could be seen, a body that could be received, a body that could be confirmed either in its sense of okayness or in its sense of being foul.

In court, Rob entered the performing body. He sought, in the eyes of the jury who watched him, the admiration and pleasure, the acceptance and recognition that he had failed to see reflected in his parents' eyes when he was growing up. In sexual pursuit he entered the giving body, the body full of love and tenderness, the body he could love for himself because he could be loved by another. In the third mode, the degraded body, the body in the sleaze of a paid sexual encounter or on the sexual edge, he was propelled by a physical force going at the crash barriers looking for a kind of containment that could meet his body hatred.

In my body countertransference experience of imagining myself the victim

of potential savage rape, I felt I was in a corporeal translation of a famous Winnicottian paradoxical formulation (Winnicott 1971): the patient needs to destroy the object and the analyst need to survive the destruction. What became acute for me was engaging with the notion that my body was required to receive Rob's hatred and aggression, that I must manage my alarm, to allow myself to be disturbed by him, but not to collapse under that disturbance. Instead I was required to take the challenge to my physical integrity, remain stable, rooted in my own body in order for there to be a body in the room for him. He could only put together a body for himself via a violent encounter with another and yet on-the-edge-and dangerous sex failed for him because he had to hold the boundary. He couldn't go the full destructive route. Via my body countertransference, I think he gave me the chance to enter into the sense of desperation and need for a body which could be destroyed and yet survive.

A Challenge to the Body as Dustbin to the Mind

In both of the cases and the many others that I have directly experienced or supervised, I have been pushed to challenge the mentalist preoccupations of the psychoanalytic wing of our profession with its over-evaluation of mind and thinking as a kind of moral superego to feeling and bodies. Bodies in the current psychoanalytic session are adjuncts to mental processes: sometimes they stimulate affects, sometimes they become diseased, sometimes they represent memory – the body as elephant – sometimes they are seen as deeper, as more truthful (this would be a Jungian or Reichian notion), or they are seen as a theatre, as Joyce McDougall (McDougall 1989) does, as a stage on which the troubles of the psyche are acted and inscribed. But mindedness to the body, as a body which is speaking for itself, is peculiarly absent.

From Freud and Breuer's hysterics onwards to today's patients with disordered eating and body image problems, to those driven to cut their arms, lacerate their stomachs, their breasts, or become Munchausen creators or psychosomatic text book entries, the body has become as poetry is to prose: a distillation, an encapsulation, a metaphor.

It has become almost everything else but a breathing, living, desiring body. In the post-Freudian, post-instinctual body, along with losing the sexually pursuant body that marauds and must be tamed for civilization and art, we seem to have lost the body *as body* and the body as having a *psychological and developmental history of its own*.

In moving away from the early medicalized situating of psychoanalysis into a theory of mind and clinical practice, the mind has taken supremacy. In the interpersonal, intrapsychic play of our lives, the mind has taken not just the lead role but all the supporting cast leaving the body as a kind of prompt when the lead actors lose their lines.

This curious lock into the mind and mentalism is so powerful that it even flies in the face of the great findings of psychoanalytic research, developmental psychology and John Bowlby's towering work on Attachment theory. In reading Bowlby what becomes immediately apparent is how physical a theory the theory of Attachment is. Indeed if we tilt our lens slightly and think about attachment theory and developmental theory in general, we notice how frequently words like proximity, holding, feeding, weaning, motor development, bodies, anal, oral, genital occur and we probably can also notice how rapidly we translate these words into a picture of the inter-subjective and intrapsychic relationship, the internal object relationship representations of our patients and their relation to us, their inner world and the transference-countertransference enactments and pressures in the room. Rarely do we see these developmental stories as commentary about their physical development and their subjective sense of their bodies. Let me give you an example of what I mean.

The Mother-Child Relationship and the Physical Body

When I was becoming interested in the aetiology of eating problems in girls and women (Orbach 1978, 1982, 1986) and thinking about women's psychology and the construction of femininity and the way in which the social requirements of gender inequality shape the mother-daughter relationship, I would reflect on the research that showed that girl babies are breastfed for a shorter time span than boys, that each feed tended to last less time, that weaning was more rapid, that potty training was introduced earlier and that girls were held less than boys (Brunet & Lezine 1966) as examples of the very visible dynamics in that mother-daughter relationship (Orbach 1978; Eichenbaum & Orbach 1982, 1983) that constructed a femininity that was arced by emotional deprivation and a consequent feeling of unentitlement, a psychic receptivity to second-class citizenship. I would evaluate such material as it occurred in my patients and in the general psychological and psychoanalytic literature as evidence for the internalization of the denial of dependency and the thwarting of autonomy visible in the feminine psychic structure (Chodorow 1978; Eichenbaum & Orbach 1983).

I still believe this to be a valid approach but what it misses or rather what it collapses under the rubric of the psyche is the significance of the physical treatment of the body in terms of how the baby girl came to feel in her body and the ways in which the mother's gender specific treatment of her baby girls and baby boys affected, not just their psychological sense of self, but their *physical* sense of self and their *physical subjective sense of self*.

When I began to look at the powerful body countertransferences occurring for me with certain people, I began to re-evaluate the dynamics of reading bodily symptoms whether they be eczema, eating problems, colitis, backache and my bodily countertransferences, less as symbolizing the state

of the mind, as much as representing the struggle of the body to come to therapy and to come into being.

But I am getting slightly ahead of myself. What I want to be expressing are the limitations that occur when psychoanalytic therapies, and indeed body therapies too, take bodily symptoms and turn them almost exclusively into statements about the mind's inability to contain the uncontainable which is then visited on this object or perhaps part object, the body, so that eczema, for example, becomes understood as a physical concretization of mental prickliness and as a psychic eruption which forces the patient to pick at him or herself.

The Body as Body

In my investigations with patients, and with an open mind to what that eczema feels like if I imagine it occurring on my arms or tummy or legs or fingers, I begin to expand my repertoire and to extend beyond the idea of the mind's prickliness to include the notion that the eczema might be the body's prickliness, the body's attempt to insist upon its presence: to announce itself as a body that weeps, a body that itches, a body itself that is in discomfort. A body whose casing and interface between inner and outer corporeality are somehow compromised. A body that is in need of attention. A body that is not exclusively a vehicle for the mind but a body searching to become. A body that needs another body in the room to deconstruct itself and to remake itself.

As psychotherapists we are accustomed to and comfortable with the idea that our patients use our psyches as external psyches, as containers and holders when they feel shaky, when they are in the process of deconstructing their defence structures. We see that we become a kind of auxiliary psyche which is robust and flexible enough to manage some of the very terrifying anxieties that ensue when an individual is in the process of dissolving known ways of being. In that process we often experience ourselves as being capable and competent. The sense of a self with a psychological stability we are able to use in the 50-minute session can be far more contained, alive, sensitive and in a sense emotionally healthy during that period. In practising our craft, the technical skills of reflection, self-scrutiny, commitment to hearing the other, to take what we receive and, in particular, to ponder before spontaneously responding to heavily charged material are what the patient requires of us and, without much noticing it in the countertransference, that is what occurs, we do manage to provide a steady external psyche which can be used by the other.

Patients with very troubled bodies have been able to invoke in me a parallel sense of my body's reliability and steadiness which can then act as a temporary external body for them. In the case of Doreen, when I could recover from the Alice-like volatility, I could use my body countertransference as a way to

help her deconstruct the stabs she kept making to get a body through clothing so that we could help her face the profound difficulty with embodiment and the sense of not having a body that lay at the core of her body uncertainty.

Doreen was both fussed over and neglected. The awkwardness of her dress sense enunciated this combination. Her body was not yet grown up nor grown into. At the same time it was too big for her and prematurely overgrown. Doreen's mother was neglectful of her own body, sleeping at odd times, living off cigarettes and irregular meals, and failed to attend to Doreen's developmental and daily bodily needs. As a child Doreen would go to sleep at night and, when her band-leader father returned from his work after midnight, she would wake up to be with him as he chilled out with whisky and story-telling. Doreen would eventually fall asleep next to him.

One night, without the body countertransference, he led to alight on sexual misconduct as the explanation for her clothing confusions and interpret her outfits as the child, the wife, the secret oedipal victor and so on. But taking seriously the body countertransference I was led to consider the rather more fundamental problem that had faced Doreen: the impossibility of finding a fitting body from a mother whose own body was unstable and disregarded. Her mother's chaotic body had of course been internalized as the basis of Doreen's own body. This internalized unstable body could not provide much sense of body security and, coupled with the lack of attention she received from her mother *vis-à-vis* her body, Doreen was unable to inhabit a body she could just live in. The stillness which she found with her father in that late night quasi-somnolent state was crucial in her being able to feel in any way inside of her physical identity. But father's stillness wasn't enough.¹ She was always trying, always attending to this ill-fitting home.

How We Develop a Self

Scholarship within psychoanalysis and Attachment theory has focused on the problematic nature of self (Fairbairn 1953; Winnicott 1971, 1975; Bowlby 1969). We know that it is the emotional relationship between care, mother and baby, which provides the sustenance, the psychic nourishment for the infant's development of a sense of self. Two conditions are essential for the development of self in the infant. The carer needs to see the baby as separate, as a 'being' with its own needs and desires, and they need to see and accept the baby's dependency. In other words, for the baby to feel that what emerges from inside of her or him is okay and thus feel that it exists in an alive way for itself, it needs recognition. Its coos, its initiatives, its cries, its curiosities need to be acknowledged, seen, and responded to. Repeated experiences of recognition are the way the baby comes to have a sense of self as generative and vibrant. The relational interchange is the emotional food which the baby internalizes in the development of self.

Experiences in which the baby's gestures are consistently misunderstood or interpreted as being about something else create in the baby a sense that what it produces, its essential productions or me-ness are somehow wrong, and then the baby's sense of self has to develop to incorporate this psychological reality.

There are several ways we conceptualize the developing psyche managing this psychic reality. In the first instance (Fairbairn 1953), it blames itself. When hurt, harmed, ignored, the baby renders its helplessness as a form of power. It imagines what it could do to change the situation. It is not in a position to blame the mother or carers for that would make it feel too powerless and endangered. Instead it inverts its own powerlessness taking all responsibility for its inability to get the recognition it requires. Thus when its own gestures are repeatedly ignored or remain unreflected on, it finds the part of itself or develops those aspects of self that the mothering person can receive. It looks for confirmation of self through bringing forth acceptable attributes, activities and emotions to its primary caregiver. It takes on and finds within itself the gestures of its mother as a means of holding her within the relationship (Winnicott 1975). In a general sense, of course, this is what we all do, we make relationships based on the shared recognition of various aspects of self. The problem arises when the self we present or inhabit is a self that feels fraudulent, not reliable, is labile and needs to be constantly confirmed in order to feel its existence.

How We Develop a Body

Everything I have just said also applies to the body. The body which is not received, the body that has no body to meet in its development becomes a body that is as precarious and unstable as a precarious psyche. Like Winnicott's false self (which is perhaps better thought of as an adapted self), this adapted precarious body not only requires constant affirmation but it is so lacking in continuity that its viability for the individual is in question. As Winnicott would argue in relation to the psyche so too the precarious body which also depends upon creating and surviving emergencies. Through being thwarted, through having to create itself anew all the time, the precarious body gathers a kind of strength from recovering from emergencies. This 'surviving of or recovering' from emergencies provides the individual with the sense that their body exists. And I think we can see this clearly with Rob and with Doreen. In their daily or hourly emergency bodies they show us about their early intersubjective body relationship and their search to give themselves the affirmation they never received.

The body then is not a thing in and of itself, not even the integral or material basis of an individual's life, but the body, much like the psyche, has relational and object relational elements to it. The body is only made in relationship. It doesn't exist in any viable way outside of relationship, and

the body of the baby is introduced to the specific ways of being human through a parental, usually a maternal relationship, which encodes the ideas and the idioms ascribed to the body in that particular culture.

In contrast, and to make the point more starkly, children who have raised themselves in the wild do not have bodies that move or gesticulate in ways that we would readily identify as human. They take on the attributes of the animals that the child has grown alongside. Wild children do not masturbate and are not sexual in ways that we would recognize. They do not necessarily move about on two legs all the time and they do not develop speech (Lane 1978).

Everything about our human gesture, about how we move, how we are held, how we experience the arms of carers, our experience of their skin and our skin with their skin, the quality of the touch with which they hold us, the physical reassurance, the soothing, the rocking, the swaddling, which is absorbed at a physical level, becomes our physical mimetic. Similarly the misreading of our physicality in gruff or inappropriate touch, physical neglect or physical punishment or regimens – think the Schreber case, provides our fundamental body sense. If our feeding needs are responded to with just the right amounts and with just the right flow for us and if we can experience the feeding relationship as mutually satisfying, not only will we have physical confidence where appetite is concerned but we imbibe the idea that other appetites that arise within us will similarly be responded to with pleasure. We are not frightened of ourselves and we are not frightened of our bodily selves. Our raw physicality received with interest and delight becomes the material from which we make our body sense and from which our confidence can flow.

To paraphrase Winnicott's famous and oft-repeated phrase, *there is no such thing as a baby*, there is also, I suggest, *no such thing as a body, there is only a body in relationship with another body*.

The body of the developing baby comes from the body of her or his mother, both literally and in terms of the psychic history which bequeaths her relation to that body.² The social rules around bodies, around sexuality, around what kind of body one can have and be in are initiated in the intimate bodily exchanges between carers and baby's. How a mother sees a baby's body, whether she perceives it as beautiful or 'good' or cute, just like her first child's body, or awful and greedy like her own body, or uncontrollably discontent or graceless, is a crucial feature of the transformation of the way in which cells, muscles, bones, tone, smile transmute into body sense. To make clear how crucial the early relationship is on a baby's subjective sense of its own body, we can look at gender, perhaps the most social of all constructs, and see how gender has to be written onto the biology of the baby. Girls do not just become girls and boys just become boys. This is an outcome of relationship, fantasy, projection, role expectation, prescription and culture enforcement. Our perception of the baby's gender is part of the

imaginal body we bring to the baby (when we have a different perception, as in Stoller's cases (Stoller 1968), the gender identity of the child is confused and unstable). The body we can see for the baby, the body we can imagine for the baby joins together with the body that we bring to the baby ourselves as the baby makes it own subjective sense of its own body.

The work of Trevarthen (Trevarthen 2003) shows delight reflected and reflected. But we know that, because of the breeding of body insecurity in women over the last 50 years, many women are tragically uneasy in their bodies. Many treat their own bodies as emergencies – in the Winnicottian sense. They are in need of attention or in crisis and it is a crisis-laden body that they bring to their baby girls in particular who then, in my clinical experience, grow up to be women with a great instability in their bodies. Some mothers with this difficulty are able to see their boys' bodies as different and not subject to the same troubled projections, but, as we saw, this was not so with Rob, who acutely felt the absence of a body from which to develop. Of course, fathers and the paternal body are not absent from our body identity as I think Doreen's circumstances show us. In fact for many women, as I have earlier suggested (Orbach 1999), the father's benign still lap is a physical experience of considerable positive significance as much as the negative significance of a father's fear of a daughter's pubescent body.

I hope you will understand that, in drawing attention to the relational nature of the body and the mother's role in the child's experience of her or his body, I am not blaming mothers. Mothers today have been subject to the most massive onslaught and attack on their bodies. This attack has come from those industries breeding body insecurity (Orbach 1986), which has intensified the kind of foreboding women have always carried in relation to their bodies in which femininity, particularly female sexuality, has been represented as being extremely dangerous and in need of containment and denial usually in the form of maternity (Orbach 1978).

The Body of the Patient

The question of the body is important because, at present, by mentalizing physical experiences we are missing crucial dimensions in our patients' experience. We are perpetuating a kind of hyper-psychism, if I can call it that. Developing the cerebral capacities of our patients at the expense of understanding their physical development. If we focus on their physical development via the body countertransference we learn many interesting things which enhance our work. Body difficulties come in many different guises. Some people feel their bodies in a paradoxical sense as a void, not really knowing how it's plotted, where it begins and ends. Other people experience their body as a hated attribute; for others, it means having this thing, the body, which is out of control. For still others they take their own bodies as their object. These difficulties then lead the individual to become

involved in a kind of physical obsession with self in the attempt *to create a body object that didn't exist from the beginning. They try to fill the void by creating a body for themselves. By doing, touching, fretting, fussing, manipulating, abusing, caring, and obsessing in one way or another over this body, they concretize for themselves something that has not felt alive. These are not simply obsessive activities, they are a search for a body.*

If we bring the body into the therapeutic relationship, which is what I believe many of my patients are asking for, we then have a chance to recognize the missing bodies and reverse the ravages of body hatred. This is a complex and poignant process. We must first welcome the hated body or the disintegrated-in-bits body, the body that is a void, the precarious adapted body, the body that can only weep, scratch or scream. It is from this standpoint that we can help our patients build from what is and what was rather than fictionalizing their experience of hated bodies (Orbach 1993, 1995).

Unwittingly, when faced with the horror many people in therapy feel about or towards their bodies, we can be tempted to not quite hear the pain, even when our interventions sound impeccable. We may find ourselves offering what can only amount to false assurance rather than grappling with the patient's distress. What is required, however, is to find a way to not be frightened of the hate or disintegrated or voided bodies of our patients so that we can address their pain. We know that pain diminishes or disperses when it has been addressed not sweet talked.

The Body of the Psychotherapist

The second thing I believe we need to be able to do is to bring our bodies to the therapeutic encounter: to not leave them out of the relationship. Our patients are already using our bodies just as they use our psyches. The issue is how we can help them use them actively, consciously and effectively.

Many people working as therapists find the confrontation with one's own body particularly challenging. It can be extremely discomforting to recognize that our bodies are being scrutinized by our patients not just for how we look but for how we are in them, whether we project comfort and ease and whether we feel safe enough to let our patients use our bodies as we encourage them to use our psyches. It is obvious, once we reflect upon it, that our patients will be wanting and needing our bodies to be in the room as something that they can work with in the therapy. If therapy is an intersubjective experience, this must surely include our bodies too.

So what does this mean? Does it mean we have no place to hide as our patients see and sense everything? (Others, of course, see nothing and that is another kind of problem.) Having nowhere to hide is one of the wonderful opportunities that working psychotherapeutically offers us as therapists. We get the chance and are required to be reflecting upon our own processes. Our reflections help us tremendously. They allow us to shift our relation to

ourselves, to expand our emotional repertoires, to enter more fully into our own sensibilities. The countertransference and our awareness of it is something we can treasure and embrace because of the amazing openings it give us personally as well as in our work. But, of course, it doesn't just happen. We have to pay attention. We have to look, listen, feel and interrogate ourselves. And if we pay the same kind of attention to our body nuances and body feelings as we do to our more commonly apprehended countertransference, I think we will have a great deal to offer those with troubled bodies and body symptoms.

I want to say in closing that the John Bowlby Memorial Lecture gives us a chance to look at this very neglected area. By looking at it, we skew the picture because of course it is very hard to separate mind and body. But we do need to try to do this in order not to rebalance the tilt towards a rather too cerebral turn within psychoanalysis. We are at an exciting moment in considering these issues, partly because so little has been mapped out for us and so little thought about. A lot of our endeavours will have to be provisional but I don't think that should stop us staking a claim for this territory. In my clinical experience it has been of enormous value to the people I work with that the body can be addressed in its own terms rather than solely for what it symbolizes. It has given them a way into bodies that often felt chaotic, dangerous, disorganized – that have only made their presence felt through pain, illness and anxiety. Focusing on the body has helped them find a home which is both psychic and corporeal, and has helped me to realize that the body's development is every bit as crucial as the mind's.

Thank you.

Notes

1. It was a version of the still lap of the father which has provided a balm against the activity/neglect spectrum of the maternal relation to the baby girl's body (Orbach 1999).
2. Of course, women also give boys their bodies which raises very interesting questions about the nature of otherness, of gender, of both female and male sexuality and the role of the mother in the development, acceptance and integration of that sexuality.

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BRITISH JOURNAL OF PSYCHOTHERAPY
STUDENT ESSAY COMPETITION 2004

Once again we are holding a competition for essays written by clinical students of adult or child psychotherapy or psychoanalysis. Papers are invited on either clinical or theoretical topics. We are particularly interested in those integrating theoretical material with clinical material from an original perspective. Topics should also consider the unconscious, transference and countertransference, and the writer should bear in mind issues of confidentiality. Papers may have been submitted to the student's institution during the course of their training, but must not have been published elsewhere, or be under consideration for publication.

The papers will be judged by a panel of senior psychoanalysts and psychotherapists, and the prize winning paper will be published in the Journal. Up to three cash prizes will be allocated.

Manuscripts should be typed, double spaced, on one side of the paper only, and *not longer than 5000 words*. References should be in the order of author, [date], title, place of publication, and details of volume and pages or city: publisher. The name of the competitor should not appear on the manuscript but should be listed on a *separate page* with address, telephone number, email, if applicable, institute of training, as well as the title of the paper. Manuscripts will not be returned, and unfortunately those over length cannot be considered.

Four copies should be submitted to

Marguerite Valentine, 39 Womersley Road, London N8 9AP.

CLOSING DATE: 31st March 2004