(Dis)embodiment in Psychology and Psychotherapy: A Critical Historical Analysis and Clinical Implications

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Embodiment may refer to a centering and acknowledgement of the felt and physical body as an active agent in the experiencing, processing, and interpretation of one's environment. In contrast, disembodiment decenters the body and internal processes. Despite body-based perspectives and practices being present within psychology since its inception, the body has historically been marginalized within psychological theory and clinical practice. The present analysis aims to answer the question of why disembodiment is woven into psychological and psychotherapeutic practices by examining the historical roots of disembodiment in the west. Beginning with philosophical foundations which have formed the tenets of Western tradition, Descartes' mind-body dualism (i.e., a concept in which mind and body are distinct entities, often placing the mind in a dominant position over the body) and Foucault's notion of the docile body (i.e., the body as a subject to discipline and control) are discussed. These prominent philosophical roots are connected to dominant Western institutions, in which dynamics of discipline and control are manifested. Subsequently, philosophical underpinnings are present in the subject areas created within such institutions (i.e., psychology and psychotherapy). Examining historical roots of embodiment can be viewed in relation to Edward Sampson's (1996) seminal paper, which called for a more embodied psychology. Critical to the employment of embodied practices in psychotherapy via increasingly popular cognitive-behavioral third-wave therapies (e.g., Acceptance and Commitment Therapy [ACT], Mindfulness-Based Cognitive Therapy [MBCT]), a historical perspective brings to light deep roots of disembodiment that must be overcome to access a more embodied psychology.

Keywords. embodiment, Foucault, docile bodies, psychotherapy, third-wave therapies

Psychotherapy developed as a Western oral tradition and, consequently, has been imbibed with Western philosophical values. Mind-body dualism is one such philosophical stance that is intimately connected with psychological and psychotherapeutic practice, and with the contexts in which psychology and psychotherapy arose. Descartes' cartesian dualism (i.e., the concept in which mind and body are distinct and separate entities, often placing the mind in a dominant position over the body) permeates Western medicine and health care, such that there are separate professions that specialize in either problems of the body or of the mind (i.e., physicians versus psychologists), with their respective professionals often governed under separate health care systems (i.e., public versus private). "Mental" disorders are categorized in their own diagnostic manuals, such as the Diagnostic and Statistical Manual (DSM-5), most often used in North America, or are categorized within their own diagnostic sections, such as in the International Classification of Diseases (ICD-11).

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Health care professionals, their governing bodies and systems of reimbursement, and their classificatory tools are only a few examples of how dualistic thinking has been [c1]integrated into Western conceptualizations of wellness. While efforts to integrate embodiment, a concept that centers the body as an active agent in experiencing and processing one's environment, have been present since the beginnings of psychotherapy, divisions between mind and body are ever present and easily identifiable. An embodied psychology is yet unrealized, even two decades after Edward Sampson's (1996) seminal paper argued for the establishment of embodiment in psychology and warned of the domination and oppressions that are perpetuated in a disembodied tradition. Within current day psychotherapeutic theory and practice, some discussion has been put forth regarding ways to amend problematic dualistic practices (e.g., practices that may neglect important physical or internal aspects of a patient's experience, or that may perpetuate stigma against non-observable conditions), yet embodiment in psychotherapy is, for the most part, afforded little discussion (Leitan & Murray, 2014).

Establishing embodiment in psychotherapy is no easy feat, as doing so is an attempt to upend deep roots of dualism and disembodiment. As such, an understanding of the historical roots through which psychology and psychotherapy inherited a disembodied tradition is crucial to successfully progress and integrate embodied practices and approaches. The current discussion arises at a time when third wave therapies, in which the body maintains a central role, are rising in presence and popularity (Brown et al., 2011; Kirmayer, 2015). For example, Acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), and mindfulness-based cognitive therapy (MBCT) are considered third-wave cognitive-behavioral approaches which use techniques such as meditation work, body scans, physical anchoring, or methods originally used for psychosomatic conditions (Messer & Kaslow, 2020). However, attempts to accommodate embodied methods in a historically disembodied tradition presents a danger of adopting and perpetuating superficial and inaccurate practices.

Superficial or inaccurate applications run the risk of violating ethical mandates of psychological practice, as ethical codes mandate competent provision of services (American Psychological Association [APA], 2017; Canadian Psychological Association [CPA], 2017). As such, true integration of embodied practices for those therapies that rely on body-based techniques is integral to upholding ethical obligations of practice (Kirmayer, 2015). With an understanding that forward progress necessarily begins with a critical look back, the present article will examine (dis)embodiment within and beyond the history of psychology and psychotherapy. The following will highlight the course from philosophical roots of dualism and mechanisms of control to the institutions in which psychology developed, and subsequently to the discipline and practice of psychology and psychotherapy. By understanding the historical extent of disembodiment in the field, solutions to a true integration of embodiment in psychotherapy arise. The present analysis was conducted via a literature review of primary resources, academic manuscripts, and books recovered from libraries and online databases (e.g., PsycINFO, EBSCO, EMBASE) using related search terms (e.g., embodiment, disembodiment, third-wave therapies, psychology, psychotherapy, dualism, Foucault) and Boolean operators.

Embodiment in Psychotherapy

Multiple definitions of embodiment exist and span various disciplines and fields of study (Krieger, 2005; Ziemke, 2015). For the present discussion, a relevant definition of embodiment is an awareness of one's internal experience, or "the body experienced from within," (Hartley, 2004, p.12); thus, felt and physical experiences are centered in the processing of one's environment. Thomas Hanna (1970) is credited as introducing the

term "somatics" into the field of psychology, providing a name for body-based techniques, such as breathing exercises, that have been used by practitioners since the mid-1800s (Hartley, 2004). Of course, holistic approaches that acknowledge the integration of body and mind as inherent to wellness have existed long before then, through practices such as yoga, vipassana, and other meditative techniques (Hartley, 2004; Johnson, 1995). Despite the historical significance of embodied healing practices, and efforts to maintain embodiment within psychology, body-based work has not held a consistent presence in mainstream psychotherapeutic practice throughout the 20th century.

Historical accounts most often refer to Sigmund Freud as the founder of psychotherapy (Engel, 2008; Smith, 1985; Walker, 1957); however, Young (2006) suggests another founding figure, Dr. Pierre Janet (1859-1947), as "the first proper body psychotherapist" (p. 17). According to Boadella (1997), Freud's psychoanalysis was derived from Janet's body-oriented work, yet Freud moved away from a body-orientation, instead popularizing therapy mainly as a "talking cure" (Young, 2006). Wilhelm Reich (1897-1957), who is also credited as an originator of body psychotherapy, held close ties to psychoanalysis through his research and clinical endeavors (Totton, 2002). However, Reich's views led to his exclusion from psychoanalysis, marking yet another divide between embodied practice and psychotherapy (Young, 2008).

Both Janet and Reich have maintained an established position in psychotherapy's origin story, and their body-focused contributions continue to hold influence within less mainstream psychological research and practice (Feldman, 2016; Van Der Kolk, 1994). Thus, when considering various historical perspectives, the origins of psychotherapy appear to be based within, rather than alongside, concepts of embodiment. How then has the body remained on the sidelines of psychotherapy? Answering this question requires an in-depth look at Western philosophical tradition as well as the interconnection between institutional practices and the development of psychotherapy.

Foucault as a Philosophical Foundation

Descartes' philosophy is a foundation of Western thought and scientific inquiry (Olson, 1982), and dualistic thinking is still ever present in modern health care systems. In addition to Descartes, Michel Foucault is another foundational philosopher whose ideas provide insight into cultural conceptualizations of the body. Foucault wrote *Docile Bodies* (1977) as part of his seminal work, "Discipline and Punish: The Birth of the Prison," which contributed to his popularity in North America (Major-Poetzl, 2017). A docile body, according to Foucault, is one that is both precise in construction and malleable to discipline. It is dual in nature, insofar as it gains efficiency and power, as well as relinquishes power to the disciplinary body or authority that facilitates its construction. Foucault provides the example of a soldier, representing a body which is both impeccably trained and wholly subjected to its trainer (e.g., a political/institutional authority). Thus, a docile body is one that, while practiced and improved, achieves such efficiency via subjugation.

Beginning in the 18th century, Foucault describes the methods by which control was exercised in order to create docile bodies. Specifically, he introduces the scale of control, the object of control, and the mode of control. The scale of control refers to a focus on the body as manipulable parts, rather than as a whole or as an "indissociable unity" (Foucault, 1977, p. 137). Whether the reference is to a body as a populace, or a body as an individual, the scaling down to the individual body or, further, to parts of the body, is a method of discipline and control. The object of control refers to exercise as a method of control. In other words, exercise increases the efficiency of the reduced body. The mode of control

refers to constant supervision and codification of activity as a method of discipline. In describing supervision and codification, Foucault refers to the partitioning of time, space, and movement, again implying a reduction from whole to partial.
Of relevance to the current discussion, Foucault implicates institutions, specifically the hospital and the school, as settings in which these methods of control have been exercised. The present thesis asserts that psychology and psychotherapy have adopted the ideologies Foucault brought to light through his observation of institutions, as they themselves were created within those institutions. Therefore, it is necessary to understand how methods of control were utilized in such institutional settings in order to better understand how they then manifested in psychological and psychotherapeutic research and practice.

Institutional Roots: Medicine and the Academy
Foucault's observations of mechanisms of control are evident in institutional practices and in the disciplines developed within them. Foucault's notion of a powerful and efficient, yet malleable and subjected, body is represented by the medical institutions of the 19th and 20th centuries, which were paradoxically both strengthened and controlled by the state. During this time period, medical systems and hospitals had gained a great deal of power in Western society. However, the authority, power, and efficiency of medical institutions were only made possible through state financing (Fox, 1993). The state relied on physicians to "care for the sick in order to make them productive and law-abiding…" (Fox, 1993, p. 1219). Thus, medical professionals were likewise in the authoritative position, strengthening the bodies of their patients, which served to further subject their patients to the law-abiding expectations of the state. Yet another illustration of Foucault's subjected body is provided by Berg and Harterink (2004), who proposed that by focusing on controlling the hospital systems, as opposed to the individual practitioners, governing bodies ensured a broad scope of influence while allowing physicians to maintain their autonomy. As such, physicians were bestowed power while simultaneously relinquishing power to a governing body.

Ties between medical and academic institutions were well-established throughout the 20th century. In a paper outlining the history of the teaching hospital in the United States, Burbridge (1957) stated it was "axiomatic that the medical college should be located in a university setting…" (p. 179). The mechanisms of control described by Foucault, which were present within medical institutions, existed similarly in academic institutions. An abundance of scholarship has been dedicated to identifying the parallels between Foucault's *Discipline and Punish* and academia. In fact, Foucault's work "has arguably been the most frequently drawn upon in critical examinations of education" (Morrissey, 2013, p. 797). To exemplify aspects of Foucault's philosophy relevant to the current discussion, the following will elucidate how the academic institution, and particularly its focus on a scientific methodology, engenders powerful yet subjugated bodies. Examples of the scale, object and mode of control present in academic institutions are discussed.

Meyer (2006) suggests that the 20th century academic knowledge system "authorize[d] enormous control over humans, society, and nature" (p. xv). The empirically based education system served to "empower humans…as small gods, with legitimate purpose and comprehension." Yet, at the same time, the "rationalistic social sciences…provide[d] the needed supports for this explosion of what Foucault called governmentality." (Meyer, 2006, p. xiv). In essence, the institution which empowered human knowledge and productivity also served to strengthen the institution and its ability to exercise control over those residing in the academic institution, and consequently over society more broadly. Thus, Foucault's governing authority and powerful yet subjected body were in

one way manifested in the academic institution and its human constituents. Foucault's scale, object, and mode of control became evident when significant shifts in academia occurred in the early 20th century, which formed the basis for the current academic institutional system (Goldin & Katz, 1999). Specifically, the late 19th and early 20th century witnessed the development of research into a core foundation of academic practice (Etzkowitz, 2001).

The use of scale, in which control is exercised by breaking down the subject of control into component parts, has constituted a basis for factious debate within the realms of scientific inquiry and research methodology (Lee & Wallerstein, 2010). However, these discussions center around the related term of reductionism rather than scalability. The scale of control (i.e., the reduction of constructs into more operative components in order to harness knowledge), is "often justified by reference to the methodological ideal of parsimony" and the "prerogative of scientific abstraction" (Sayer, 2010, p. 6, 12). That reductionist philosophy and practices are argued to be elemental to the scientific research endeavour exemplifies how a scale of control is interwoven into the very foundations of academic research. Furthermore, while qualitative methods have more recently gained ground in psychological research, such methods that aim to take a relatively more holistic and contextual approach have remained on the sidelines of academic research (Henwood & Pidgeon, 1992; Madill & Gough, 2008; Mason, 2017).

Foucault's object of control is evident in the practice of publication. The emphasis on research publication is such a prevailing characteristic in academia that the term "publish or perish" is a common colloquial aphorism in the research world. The origins of the term dates back to the early 1930s, demonstrating the historical presence of a culture of productivity in academia (Coolidge, 1932; Rawat & Meena, 2014). The efficiency required for prolific publication is analogous to Foucault's object of control, where economy and efficiency are prioritized. Foucault's (1977) assertion that "the only truly important ceremony is that of exercise" (p. 137) is apt when viewing publication as an exercise through which power is both gained by the individual researcher, and relinquished to a broader academic institution.

Supervision and codification as modes of control are also conspicuous in academic institutions. Put succinctly by Morrissey (2013), supervision was evident in the 20th century institution and could "be seen in the managerial practices of performance evaluation and efforts to frame, regulate and optimize academic life" (p. 799). Morrissey (2013) argues that, within academic institutions, "productions must be coded, ascribed value and quantified," in order to "govern the academic subject" (p. 799). While many examples exist, the ones provided herein demonstrate how Foucault's concept of a docile body and the scale, object, and mode of control was evident in 20th century conceptions of research institutions.

Manifestations of Foucault's philosophy within 19th and 20th century medical and academic institutions may appear distinct from discussing embodiment in psychotherapy; however, the present argument asserts that an understanding of the body in psychotherapy is necessarily grounded in Foucault's observations of Western culture and its institutions. Two points are proffered to substantiate this claim. First, in Foucault's exposition of docile bodies, not only did he direct a spotlight on the hospital and the school as relevant locales of his philosophy, his literal and metaphorical employ of the body evidences his philosophy's relevance to the body itself. Second, areas of research and practice are a function of the context in which they are created (Jovchelovitch, 2019). Knowledge of the context in which psychotherapy developed allows for a more thorough

understanding of how the body was conceptualized in psychology and psychotherapy. In other words, Foucault's designation of academic and medical institutions as domains of control, may suggest that those methods of control are inevitably manifested in the areas of inquiry and practice developed within those institutions. Academic and medical institutions were essential to the development of psychology and psychotherapy; as such, the following will discuss how the methods of control present in those institutions also emerged in psychotherapy and, subsequently, in psychotherapy's relation to the body.

Methods of Control Manifested: The Founding of Psychology and Psychotherapy

Psychology and psychotherapy have been closely related to academic and medical institutions since their formation. Hartley (2004) asserts that "modern psychology's roots grew out of the ground of the biological and dualistic medical model of nineteenth-century psychiatry" (p. 14). Freud earned his medical degree and worked in hospital as a medical doctor in Theodore Meynert's Psychiatric Clinic (Walker, 1957). Both Pierre Janet and Wilhelm Reich were medical doctors and spent time employed in hospitals (Hart, 1983; Sharaf, 1983). Freud, Janet, and Reich were professors, whose research and ideas were facilitated by various academic institutions, including the University of Vienna, the Sorbonne, and the University of Oslo. Thus, key figures in the development of psychotherapy were embedded within major academic and medical institutions of their time. Wilhelm Wundt, who is famously known for creating the psychology laboratory (Harper, 1950), is a critical figure to acknowledge when drawing the link between psychology and institution. "Evidence of a rapid process of institutionalization" (Danziger, 1990, p. 32) could be witnessed in the operations and output of Wundt's psychological laboratory, which has been recognized as an exemplar of institution due to the social structure and division of labour adopted within it. Specifically, Danziger states that "the division of labor that was spontaneously adopted in Wundt's laboratory was none other than the well-known division between the roles of 'experimenter' and 'subject'" (Danziger, 1990, p. 30).

The division between the actor and the acted-upon, as a tenet of institution, was present in various forms within medicine, academia, and subsequently within psychology and psychotherapy. Medical doctors were powerful actors in society who acted upon the body of patients. In so doing, they facilitated both the power and subjugation of the patient. Within the research tradition of academic institutions, the researcher adopted the role of objective observer, while the participant was quite literally a "subject" of investigation. To provide an abstraction of the researcher-participant dynamic as it relates to a tradition of institutional control, the research subject's participation in the experiment facilitated the power of the individual in society insofar as the research was meant to bestow power through knowledge upon society's citizens. At the same time, the experimental participant was passively subjected to whatever rules were laid out by the researcher. Notably, this division of labor between experimenter and subject served to establish psychology within the academic research institution. Psychotherapy did not deviate from this tradition; it maintained the distinct relationship between the observer and the observed. Thus, the methods of control central to a historical institutional structure were maintained and reflected in the interactions that were taking place at an individual level.

The Body in Psychology and Psychotherapy

The necessary path has been traced from embedded systems of control in 18th and 19th century Western culture, to 19th and 20th century medical and academic research institutions, to the founding of psychology and psychotherapy. The following is a discussion of how these embedded methods of control were consequently manifested in conceptualizations of the body in psychology, psychotherapy, and their major

developments. Here, a focus becomes the micro-level dynamic that arises in the therapeutic context, in which inter- and intra-personal interactions occur between and within bodies in space. Examples of how these dynamics existed in psychology and psychotherapy are provided.

The Inter- and Intra-personal Relationship to the Body in Psychotherapy

The psychotherapeutic relationship, in its founding days, is often discussed in terms of the power differential between therapist and patient. By nature of the psychotherapeutic context, in which an objective and neutral therapist provides aid to a patient, the therapist is placed in a position of control (Gannon, 1982; Whitebook, 1999). In the early days of psychotherapy, therapists may have utilized their power to "gain a privileged post within the ferment of the patient's mind, and thus more ably leverage his own suggestions to the patient…while retaining his position of utter aloofness" (Engel, 2008, p. 10). Dr. Jerome Frank, a professor of psychiatry in the 1950s, described the treatment setting as providing cues that encouraged the patient's dependence on the therapist, with the implication being that healing cannot occur without allowing control to be exercised over oneself by an external authority (Frank, 1959). Thus, similarities are present between the therapist-patient relationship, a historically established physician-patient relationship, and Foucault's observation of a body as an object that is acted upon, with a powerful entity that subjects the body while simultaneously facilitating its power.

Reflecting broader social systems of control, as well as the mainstream interpersonal therapeutic dynamic, the intrapersonal dynamic between an individual and their own body in psychotherapy displayed a similar relationship, whereby the body was something to be controlled, acted upon, and subjected to the authoritative self. In Western society, the body has historically been conceptualized as "a repository of sin," "a disgusting sexual object," "something to be perfected and controlled through diet and exercise," "something to be medicated or fixed by the medical profession," and "an object of scientific research by biology and neuroscience" (Young, 2006, p. 21). The body in psychotherapy was treated similarly and was considered something that holds "baser impulses to be sublimated by Freudian analysis" (Young, 2006). Thus, Foucault's docile bodies are directly represented in the way that the body was, and often still is treated, both in society and in psychotherapy. In other words, Foucault's philosophy detailing a facilitation of power and simultaneous subjugation of the body is represented in how the body has often become an object to be acted upon as a means to an individual's power and efficiency.

The Body in Psychotherapeutic Modalities

The conceptualization of the body as an object of control has been woven into the roots of mainstream psychotherapy. As such, major movements within psychology and psychotherapy inherited the body's marginalized position. Beginning in the 1800s, behaviorism and cognitivism represent major movements in psychology and therapeutic intervention. These traditions evidence the body's lack of autonomy. The body is treated not as a source of knowledge through which insight into one's emotional experience could be gained, or a means through which healing could occur, but as an object which could be submitted to a strict training protocol in order to undo maladaptive and observable habits and behaviors. Humanistic traditions, such as Emotion-Focused Therapy (EFT), align more closely with an embodied perspective; yet; they evidence a disembodied tradition via historical and current rejection of aspects of their practice. In the case of EFT, the underlying theory of the approach also contains elements of a dualistic approach.

Behavioral Therapy. In the behaviorist tradition, "feelings…were simply irrelevant to mental health" (Engel, 2008, p. 88). If feelings, by definition, are *felt*

experiences, indifference towards feelings implies an indifference towards that which facilitates and processes the felt experience (i.e., the physical body). In contrast to a more phenomenological and subjective approach, which was, for a time, present in humanistic psychology, behaviorism "was an oddly cold approach to psychology: one which elevated observable behaviors to the exclusion of all other aspects of human existence" (Engel, 2008, p. 83). As embodiment is closely related to a subjective, inwardly-felt experience, to exclude the subjective experience from psychology in favor of a purely observable approach consequently excluded embodiment from the approach altogether.

Behaviorism was applied to therapy via behavior therapies in the 1950s, which brought a similar "body-as-object" approach to therapy as it had brought to research. Reminiscent of Foucault, behaviorist methods facilitated the healing of the individual through the individual's subjection to a highly precise and measured regime. Engel (2008) described behavior therapy, which:
"used rewards, punishments, aversions, and conditioning to teach or train subjects to behave differently than they had in the past. Behavioral therapists utterly rejected traditional psychotherapy as useless, preferring instead to focus on the very observable and measurable changes wrought through operant conditioning" (p. 83).

The principles underlying behaviorist methods reflect the dynamics of control which contribute to powerful yet docile bodies. As with Foucault's methods of control, behaviorism operated on a scale of control which broke down human functioning into smaller and more manageable components, or "basic units." Specifically, Watson stated that "the basic unit of learning is the conditioned reflex" (Watson, 1957, p. x). The level of reduction enacted upon human behavior thus lent itself to an exercise of sorts, through which associations between reflex and response could be systematically strengthened (Tomic, 1993). The emphasis on observable and measurable change is akin to the supervision and codification observed by Foucault. While an emphasis on the body is observed in the behaviorist tradition, it is characterized by subjecting the body to rational observations and, thus, exemplifies a disembodied tradition based on dualism and efforts to control. In sum, the rejection of felt, internal processes in behaviorism, coupled with the therapeutic techniques reflective of the modes of control underlying a disembodied Western tradition, placed the body in a subjugated position in behaviorist therapies.

One could argue that behaviorism did not hierarchize the mind over body, as the "black box" of consciousness was essentially circumvented in the behaviorist approach. Rather than concerning itself with mental processes, the focus remained solely on observable behavior (Tomic, 1993). In fact, Watson asserted that "all psychology except behaviorism is dualistic" (Watson, 1957, p. 4). However, to treat the body in a way that reduces it to observable behaviors by an external authority serves to place it in an inferior position to the observer. Furthermore, a focus on observable behavior contradicts the definition of embodiment, which, as stated earlier, is "the body experienced from within" (Hartley, 2004, p. 12). Even while behaviorism did not concern itself with unobservable mental or internal processes, the entire behaviorist enterprise was highly rationalized, objective, and empirical - characteristics representative of the cultural and systemic context in which it was created. Thus, to claim that behaviorism was not dualistic fails to recognize how behaviorism was created upon a Western philosophical foundation that favored the mind above body, and that facilitated dynamics of control reflecting that hierarchical order.

Cognitive Therapy. While cognitive-behavioral approaches to therapy assumed a dominant position beginning in the 1980s, cognitive therapy was originally developed as an independent form in the mid-1900s. It arose, in part, out of dissatisfaction with

behaviorist approaches, which were criticized as being overly simplistic and unable to address more complex human problems (Newman et al., 2017). Cognitive therapy was based on the premise that healing could occur if clients were taught to think in more rational and adaptive ways, as opposed to responding in an emotional or "neurotic" manner (Engel, 2008). Rational Emotive Therapy (RET) was an early form of cognitive therapy founded by Albert Ellis, a trained psychoanalyst who diverged from the psychoanalytic tradition due to what he perceived to be a lack of theory and efficacy (Ellis & Bernard, 1985).

Marginalization of the body in psychotherapy is evident in the cognitive tradition, which favored cognitions and thought over felt, emotional experiences; in other words, it privileged mental processes with little heed to the body or physical processing. Similar to behavior therapies, conceptualizing the emotional and felt experience as either inconsequential or as something to be mastered by cognition, undermined the body's role as an equal player or potential agent of change in the healing process. Through a comparison of cognitive therapy and more mindfulness-based approaches, Fennell and Segal (2011) provide an example of disembodiment with a cognitive tradition. Specifically, they refer to elements of cognitive therapy as representing "a shift of gear… from mindful embodiment to lecture mode" (p. 132). Cognitive therapy's emphasis on rationality and cognition as a way to exercise behavioral change reflected a dualist conceptualization of the mind-body relationship (Leitan & Murray, 2014), which points to certain philosophical foundations of cognitive therapy. Specifically, situating the body in an inferior position was in alignment with the hierarchy put in place by dualist philosophical roots. The dualism present in cognitive therapy is parallel to the dualism present in Western society and the institutions present within it, which favored rationality, empiricism, and objectivism.

Foucault's methods of control, present in these institutions, were also present in cognitive therapy and served to maintain a dynamic of control which subjugated the body. While the scale of control in behaviorism was reflected in breaking down behavior into component parts, cognitive therapy's "units" of control were thoughts and cognitions. Ellis' scaling down of cognitions resulted in the identification of a list of precise irrational thoughts (Capuzzi & Stauffer, 2016). In cognitive therapy, thoughts were the subject that held the power to change the "operations of the 'body' (i.e., behavior)" (Leitan & Murray, 2014, p. 3). The use of exercise and codification as the object and modes of control was clearly present in cognitive therapies, which introduced the use of homework and worksheet exercises to psychotherapy (Ellis, 1962). While no doubt providing benefit to clients (Broder, 2000), the habit of engaging in cognitive exercises and codifying the process in cognitive therapy favoured a highly intellectualized and rationalized processing.

Humanistic Therapy. When discussing the therapeutic relationship, one cannot forgo discussing the humanistic movement in psychology and Carl Rogers' person-centered therapy. Rogers, credited as one of the founders of humanistic psychology, wrote extensively on nondirective psychotherapy throughout the 1950s and onward (Orlov, 1992). In direct contrast to the hierarchical relational dynamic described above, "client-centered therapy required the therapist to reduce his role in the therapeutic relationship to one of sympathetic and nonjudgmental listener" (Engel, 2008, p. 76). In Rogers' own words, the therapist-client relationship in the humanistic tradition was one in which the therapist approached the client "not as a scientist to an object of study, not as a physician expecting to diagnose and cure, but as a person to a person" (Rogers, 1989, p. 409). In addition to this relational shift brought forth by humanistic therapy, embracing a

subjective and phenomenological perspective was also present (Moreira, 2012). This perspective represented a greater importance being placed on the subjective lived experience and the felt body, rather than the more traditional objective, empirical viewpoint. Despite some discrepancies between phenomenology and a truly embodied perspective (Sampson, 1996), the phenomenological perspective takes a step closer to embodiment, and requires one to "set aside not only the ways in which the natural sciences approach the body, but also the ways in which we have tacitly taken over natural-scientific assumptions into our everyday understanding of embodiment" (Behnke, 2011).

Innovations in humanistic psychology can be attributed to its democratic and phenomenological approach, which directly contrasted the Western philosophical and institutional roots that formed the foundation of a disembodied psychological tradition. This contradiction did not go unnoticed, as Engel (2008) pointed out that "client-centered therapy seemed to contradict Rogers' roots in a psychology department within a school of education" (p. 80). However, that which placed humanistic psychology on a mantle of innovation may have simultaneously been what contributed to its dismissal, as its lack of objective empiricism has it considered by some as "a detour in the history of American therapy, more than a milestone" (Engel, 2008, p. 82). Humanistic psychology still holds great influence, perhaps in part due to Rogers' "move away from a clinical phenomenological approach in the 1980s" (Moreira, 2012, p. 51). While humanistic therapies have no doubt made a lasting and continuing impact on psychological practice, somatically-based methods associated with humanistic psychology, such as Alexander techniques, Rolfing, and the Feldenkrais method (Moss & Shane, 1999; Posadzki et al., 2010; Taylor, 1999), to name a few, remain on the sidelines of therapeutic practice (Hartley, 2004).

Emotion-Focused Therapy. Emotion-Focused Therapy (EFT) is a popular therapy based in the humanistic tradition (Greenberg, 2011; Greenman & Johnson, 2013). Developed by Leslie Greenberg and colleagues in the 1980s, EFT views emotion as fundamental to the self and to the healing process (Greenberg, 2010, 2011). Unlike behaviorist traditions, which rejected the importance of felt experiences, EFT considers embodied emotional shifts as a catalyst for change. In a clinical synthesis of EFT written by Leslie Greenberg (2010), several references to embodiment are made. Greenberg asserts "bad feelings can be transformed by…the evocation of meaningfully embodied experience" and "enduring emotional change occurs…not through the process of insight or understanding alone" (p. 37) as "emotional awareness involves feeling the feeling, not talking about it" (p. 35). EFTs dialectical constructionist stance, in which reason and emotion are integrated, serves to position the body and mind equally as collaborators rather than hierarchically, and thus stands in opposition to a dualist or disembodied perspective (Greenberg, 2011). The therapist-client relationship in EFT aligns with humanistic methodologies, eschewing the traditional dynamics of control through a client-centered gestalt-style therapy (Greenberg, 2010, 2014).

The embodied perspective in EFT is present in descriptions of its clinical application, but less so in explanations of the modality's theoretical basis. In describing the theoretical underpinnings of EFT, Greenberg (2010) refers to emotions as a "brain phenomenon" (p. 33). Albeit different from "thought," Greenberg asserts that the emotional brain houses neural networks that effect emotional responses. The language used in Greenberg's theoretical explanation is reminiscent of cognitivist language (Richards, 2010), describing emotion memories as "units stored in memory networks" (Greenberg, 2010, p. 33). This perspective is differentiated from body-based perspectives, in which emotion memories are not only stored in cognitive networks, but are imprinted in the body and are re-

experienced in real time (Van der Kolk, 2015). While the role of the felt physical experience is not lost upon the clinical application of EFT, its theoretical foundations do not reflect the embodied perspective central to its practice. Even so, embodied practices in EFT make it a unique psychotherapeutic modality in the landscape of past and current therapeutic methods.

The evidence supporting EFT as an effective modality contributes to its popularity and establishment in the field. Despite evidence to show it may be a modality equal to, and in some respects, surpassing outcomes of cognitive-behavioral therapy (CBT; Greenberg, 2010; Watson et al., 2003), EFT nonetheless trails behind the scope and influence of CBT. CBT's broader impact in Western psychotherapy can arguably be due to a relatively larger evidence base in comparison to EFT and other therapies; however, a greater number of studies dedicated to a modality does not imply the relative empirical soundness of that modality (Leichsenring & Steinart, 2017). In a "CBT-centric" era (Leichsenring & Steinart, 2017; Roy-Byrne, 2017) arising from a historical tradition of dualistic practices and disembodiment, the incorporation of embodiment in EFT, foreign to Western practices, may contribute to its trailing role behind CBT. Simultaneously, the adherence of EFT to cognitively-based theoretical underpinnings may facilitate its place in mainstream psychotherapeutic practice.

Looking to the Future: Clinical Implications

Major developments within psychotherapy throughout the 19th and 20th century, including aspects of behavior therapy, cognitive therapy, as well as the reception of humanistic methods, can be viewed from an embodiment lens as characterizing a "disownment" of the body and maintaining the body as an inferior and subjugated object (Young, 2006). Why and how this occurred can be explained in relation to the philosophical and institutional traditions out of which psychotherapy developed. These traditions are present within various aspects of early and present-day psychotherapy, namely, within a persisting dynamic which maintains the client as a subjugated body in the therapeutic context, as well as in relation to the client's own mind and cognitions. However, developments have taken place in psychotherapy such that a new third wave of cognitive-behavioral therapies are gaining in popularity and widespread use. The origins of third wave CBT approaches can be traced back to the mid-1990s, with the early 2000s marking a more official designation of third-wave approaches, most often including acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), and mindfulness-based cognitive therapy (MBCT) (Messer & Kaslow, 2020).

Given the predominance of cognitive and behavioral approaches in Western therapy, adoption of meditation and mindfulness-based practices in third-wave cognitive therapies (MBCT in particular) represents a significant shift in general practice due to adoption of an embodied perspective. Meditation and mindfulness practices are historically rich and deeply embodied practices (Hartley, 2004; Mruk & Hartzell, 2006); MCBT itself was drawn from mindfulness-based stress reduction (MBSR), a method originally developed for psychosomatic conditions (Messer & Kaslow, 2020). In clinical practice, techniques which encourage clients to use mindfulness techniques, somatic anchoring points (i.e., focusing on one's breath, feeling one's feet on the ground), and body scanning are now commonly used alongside traditional CBT techniques (Aloneftis, 2017; Barlow et al., 2017; Hayes & Hofmann, 2017).

The significance of adopting third wave practices and embodied techniques in mainstream psychotherapy lies in the contrast between their underlying philosophy and epistemology, and those underlying the culture and institution of traditional Western

psychotherapeutic practices. In Virtbauer and Shaw's (2017) discussion of epistemological, methodological, and ethical issues of mindfulness in Western psychology, they state that "…a mindful science is in stark contrast to the Cartesian dualism of mind… which has shaped much of modern Western scientific epistemology" (p. 41). However, the authors also reflect on the opportunity to integrate contrasting approaches.

Widespread acceptance of third wave therapies and mindfulness techniques presents a fruitful opportunity for diversity in psychotherapeutic practice, but also presents a danger of superficial application. Students in clinical training programs as well as seasoned clinicians may be asked to apply techniques without an understanding of how the history of their field and context of their academic training engenders a perspective incompatible with one necessary to employ embodied perspectives in their practice. In a study exploring medical and psychology students' experiences in learning mindfulness, Solhaug and colleagues (2016) found that, while students identified embodiment as key to mindfulness practice, their acknowledgement of core tenets of mindfulness, such as non-striving and acceptance was often at odds with "instrumental aims of improvement and control" (p. 842). The authors point out "a gap between the original intention of mindfulness… and Western society's drive for instrumental[ity]" (p. 847). Important to a mandate of best practice in psychological practice, the philosophical and epistemological discrepancies between embodied practices and Western healing traditions may impact the quality and efficacy of service delivery (Kirmayer, 2015).

Integrated approaches and the adoption of an embodied perspective in psychotherapy provide exciting avenues of inquiry and practice. How then do clinicians, researchers, and trainees explore these avenues while avoiding the pitfalls of superficial application? Through the present discussion, I hope to engage in one method proposed by Virtbauer and Shaw (2017), which is to reflect on our scientific history and foundations so as to avoid "naïvely assum[ing] that the concept and practice of traditional mindfulness can be received without questioning the mindfulness of the receiver (i.e., Western science)" (p. 42). Researchers have identified the differences between waves of therapy as philosophical rather than empirical, necessitating philosophy of science as a required subject of training for therapists (Hayes & Hofmann, 2017).

Another method is the utilization of cross-disciplinary collaborative approaches, in which researchers and practitioners may share experience, knowledge, and practice. Even within academic campuses, experts in various disciplines are close in proximity, but far in integrative practices. Maintaining disciplines, methods of practice, and specialized experts in silos can be viewed as a vestige from a philosophical system which scales down from whole to partial, resulting in the reduction of a broad system of inquiry and human curiosity to component parts which rarely integrate. If psychotherapy is to make successful progress towards a credible use of embodied practices, learning from individuals and immersing in disciplines whose practices are rooted in alternative epistemologies (e.g., somatic practitioners, movement and fine arts disciplines) is necessary. In fact, the radical crossing of established disciplinary boundaries may, in of itself, build the bridges necessary to undo a tradition of disembodiment and forge a more embodied psychotherapy (Glenberg, 2010; Slife, 2021).

Discussion

This work provides a critical historical analysis regarding an embodied perspective, which has typically been neglected in psychology and psychotherapy. This discussion also reviews the prevalent dynamics in the field, which presently focus on the power and

control exercised over the body. In relaying a historical account, I return to the philosophical roots upon which Western tradition is founded upon, which include dualism and, importantly, Foucault's observations of control and the creation of the docile body. Foucault identified institutions, namely, the school and the hospital, as locales where these dynamics of control are exercised and perpetuated. Predicated on the notion that disciplines are influenced by the context and environment within which they are created, psychology and psychotherapy were necessarily influenced by the medical and academic institutions within which they were founded and developed, and through which deeply rooted systems of mind-body hierarchy and control over the body have existed.

Important to note is that disembodiment in psychotherapy has not gone unnoticed by scholars in the field. Edward Sampson constitutes a primary voice in the call for a more embodied psychology through his work titled "Establishing Embodiment in Psychology" (Sampson, 1996). In it, he argues that dominant Western traditions have impeded an embodied perspective. He argued that even contemporary discourses, such as "more inclusive discourses of social constructionism" (p. 602) maintained a body-as-object tradition and have failed to incorporate a truly embodied perspective. What has been discovered in examining the history of the body in psychology, reflects Sampson's assertion that "if there is one dominant message that has been carried for many centuries in the Western tradition's relationship to the body, it centers on the ideas of… control" (Sampson, 1996, p. 612). While Sampson makes mention of the historical roots of disembodiment in psychology, providing a comprehensive discussion of historical foundations was beyond the scope of his paper. Thus, the present discussion addresses this gap by taking a critical look at the roots of disembodiment in psychology and psychotherapy.

A critical examination of psychology and psychotherapy through a historical lens is crucial as it provides insight into the present practices and future directions of psychology and psychotherapy. Regarding the ways in which the body has been treated in medicine and academia, referencing Foucault is not a novel undertaking; however, an application of his philosophical theories to psychological and psychotherapeutic practices is unique. Furthermore, an understanding of the ways in which the body has been dealt with in psychology and psychotherapy is critical at our current juncture, given a growing trend in the field to incorporate mindfulness and other body-based practices. Exploring the historical perspective in order to more thoughtfully and effectively move the field forward is best described through the work of Sampson (1996), in which he states that "if social relations of domination are indeed somaticized… and as my idea of embodiment also recommends, we will need to be certain that our transformative practices are themselves as embodied as are the oppressions we hope to undo" (p.621). In other words, to overcome a deeply embedded tradition of disembodiment requires an awareness of the depth to which disembodiment is rooted in history, the ways in which disembodiment manifests in our current ways of being, and an equally substantive reification of embodiment.

Limitations

The discussion presented herein must also be considered in light of limitations to the present analysis, which may guide future areas of inquiry. First, definitions and conceptualizations of embodiment and the mind-body relationship vary both within and outside of psychology (Leitan & Murray, 2014; Smith, 2017); thus, other conceptualizations may yield alternative considerations. Second, while the current exploration focuses on traditions of disembodiment in psychology and psychotherapy's history and current practice, embodied and somatic practices have still been present in

various forms within psychology. The examination of (dis)embodiment in psychology may benefit from future research which aims to explore ways in which the body has indeed been present throughout the course of psychology's history. In turning to the philosophical foundations upon which the present analysis is based, there are other Western philosophical traditions which may provide additional insight into historical roots which have shaped the body's presence in current Western practices (Babbitt, 2014). Further exploration of other major philosophical influences may guide a broader understanding of embodiment in the west. Importantly, such a focus on Western philosophies and practices neglects to consider non-Western philosophical traditions and embodied practices, which may align with, or run counter to, traditions of embodiment attended to in the present analysis. Advancing this area of research would involve extending current inquiry to other disciplines, as well as to other populations and cultural contexts.

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