

ARTICLE

Politics of appearance: Bodily transference and its implications for the counselling relationship

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Abstract

This article explores how bodily appearance impacts the psychodynamic transference and countertransference in the counselling relationship. It calls attention to the perplexing silence that pervades the field of psychology with respect to the importance of appearance in counselling. To elucidate these transferences/silences, the author delves into an intimate account of clinical work with a client called “Mrs. C”, highlighting the power of appearance as well as its apparent silence within the field. Tying this with dominant philosophies, this article shows how *appearance is political* as discourses dictate how a body “should look,” which impacts the way that client and counsellor relate to one another based upon past experiences. The author posits that appearance is a pivotal part of the transference and countertransference for counsellor and client and addresses the potential that congruent discussion of bodies in relationship can start to break the silence that can dictate such relationships.

KEYWORDS

bodily appearance, bodily countertransference, bodily transference, body politics, body psychotherapy, Foucauldian power, mind/body

1 | WHAT DO YOU SEE WHEN YOU SEE ME?

The body of the psychodynamic analyst is never neutral or a “blank screen,” as early psychoanalytic theorists once put forward (Alexander, 1954; MacGillivray, 2011). Well over fifty years ago Alexander (1954) realised that no amount of neutrality can change the voice, height, or age of the analyst. Despite his or her best efforts, the analyst

will always remain an individual in his or her own right. How appearance impacts the counselling relationship will depend on the past experiences and histories of both client and counsellor, playing out in intrapsychic relating. This is often dubbed “transference” and “countertransference,” which are complex, interconnected, and often unconscious relational phenomena between client and counsellor (Eber, 1990). While this seems evident, there has been relatively little research on how the bodily appearance of the counsellor impacts the transference or countertransference in the counselling relationship.

In past research with fellow psychotherapists, I illustrated how appearance can be one of the key ways in which transference and countertransference become manifest within the counselling relationship (Erb, 2019). However, the bigger discovery made in this research was the realisation of how the act of *researching* and giving importance to bodily appearance can be deemed shallow and superficial, especially within a profession that emphasises the inner workings of the mind. This was corroborated by psychotherapists' accounts of feeling the weight of body image in the counselling relationship, and yet also feeling silenced in knowing how to speak of it. As Orbach (2003, p. 6) writes:

Bodies in the current psychoanalytic session are adjuncts to mental processes: sometimes they stimulate affects, sometimes they become diseased, sometimes they represent memory . . . But mindedness to the body, as a body which is speaking for itself, is peculiarly absent.

As a female psychotherapist in my mid-thirties, my body is assessed, used, and valued by clients. With my blue eyes, height of 5'9", and blonde hair, I embody perfectly my Scandinavian heritage. My heritage is the easy way to write about my body. The more difficult one (the one that calls for more scrutiny) is to say that for the past 2 decades I have constantly been told that I am the spitting image of American actress, Kirsten Dunst. Whether on a small plane in the Philippines at age 19 or at the market now in my mid-thirties, people come up to say, “Has anyone ever told you that you look like . . .” This flatters me, as I find her very pretty, but it also makes me question if this will be a problem with clients. The question hanging in the air is: What is it like to be counselled by Kirsten Dunst?

One of the impacts of my appearance is that my clients have openly questioned whether a young, blonde woman can *really* help them. How can I know the pain that they are facing when my bodily representation suggests that I have never known such trauma (Agthe, Spörrle, & Mane, 2011)? It is here that I often feel stuck. Do I disclose my past experiences to help them see that I can help them? Or, do I stick with the client's process to explore where this understanding of my body has come from?

In following a client's processing of my body, I face another quandary: I struggled to know how to ask “What do you see when you see me?” without the barrage of messages that are attached to speaking about bodily appearance: that the body is shallow, superficial, vain and a shell whose purpose is to house the mind (Boadella, 1999; Grosz, 1994; Young, 2006). How can I speak of my body without feeling that shame that comes with bodily appearance? It is here that the body holds a paradox: my body is assessed, evaluated, and categorised, yet I am silenced by not knowing how to discuss these demarcations—to discuss them could be perceived as conceited.

2 | THE SHALLOW BODY

Amongst the psychotherapists I have researched, many have admitted having a complicated relationship with their body, and this was further complicated when clients would hint at, or speak to, their feelings related to how the counsellor *looked*. Psychotherapists spoke of feeling ashamed and silenced in these moments, and indicated that it was easier to shrug off the issue of appearance rather than trace it and feel further implicated in the transference reactions of their clients (Erb, 2019). In fact, many psychotherapists admitted to employing various strategies to hide their bodies, including wearing baggier, shapeless clothing or donning either scarves or cardigans (Erb, 2019). I came away from this research realising just how significant our appearance is in affecting our relations with others, not

only because of our past histories and what our bodies may “say” through body ideals (Ben-Shahar, 2015), but also how difficult it can be to work with bodily appearance in the here-and-now of the counselling relationship. Pushing against these constraints on bodily appearance, Balsam¹⁰ posited that we have to “find a way to acknowledge that each of us humans *does* have a biological housing that has relatively stable and recognisable features”. As she quipped, “[it] is not as if we do not know it”.

Rising to Balsam's (2012) imperative, this article addresses the intersectionality between the privileged socially sanctioned body, along with power structures that bind the body in silence—and how these two can interweave together, impacting the counselling relationship while also creating an impasse on how to talk about it.

3 | COMPLICATING THE BODY THROUGH MY WORK WITH MRS. C

One thing that has become clear in my research is that the body's place in the psychotherapeutic relationship is predominant and yet starkly silenced. In this article, I work to break this silence by *leaning into* my feelings and offering a vulnerable account of my practice through a “composite” client whom I will call Mrs. C. Using a composition of Mrs. C as an ethical consideration enables further established anonymity for my clients, as well as enabling the nuance of interaction and stories to merge—allowing both a breadth and depth to emerge from the work without multiple stories being told. As Simon (2012, p. 21) said, a composite enables me to “capture enough detail for readers to recognise themselves, others, scenarios, dilemmas and narratives . . . to show people what happened with a wider range of senses—similar to the ones I use when I am in those situations.” Furthermore, it enables a composite of myself and my reactions to my own shame and guilt—and subsequent silence—in knowing how to speak about the politics of appearance without hijacking the session with my own narcissistic needs. It is being able to write about and investigate these experiences that enables me to iteratively re-experience moments again and, further, “hear, see, remember and notice all manner of things which I must have noticed at the time but moved on from—until I started to write . . . I start to re-feel the atmosphere, hear other voices which I moved away from quickly in order to privilege another” (Simon, 2012, p. 3). I resonate with Simon's recognition of the iterative quality that writing can give her as I move closer to feelings that were left scattered along the alleyways of my mind. However, even in writing I notice the push-and-pull of wanting to move away from feelings attached to the body. For example, it took three revised attempts and a reviewer's suggestion to describe my appearance before I could write that I look like Kirsten Dunst. It pushes me to the uncomfortable ground of recognising how easy it is to skirt around the taboo of appearance, even when I write about feeling its constraints and power. This is what this piece attempts to tackle.

Through opening up about the complications of bodily appearance in the transference relationship, I will highlight the importance of appearance along with the embarrassment I felt at having my appearance used and scrutinised by Mrs. C. Using key moments in which I felt I psychotherapeutically “failed” Mrs. C in our transference interactions, I explore the political reasons I felt silenced through assumptions that label the body as base/lower compared with the “advanced” mind (Grosz, 1994), along with how we can be affected by outside themes that deem what an “appropriate” body is (Ben-Shahar, 2015). I will refer to Foucault (1977, 1978), Grosz (2015), and Orbach (2004, 2009) to highlight the complicated role of the body within the counselling relationship, and to show how the position of the body is never neutral—but is laden with assumptions.

4 | MEETING MRS. C

Mrs. C is never far from my mind when I think of the clients who have deeply impacted me as a practitioner, changing the way I see the counselling relationship as a result. One of the many reasons for this is that Mrs. C was brave enough to dive into her complicated emotions related to my bodily appearance and attempt to *use it* to deepen our relationship. My body became an essential aspect to the counselling relationship, yet due to my lack of

understanding on how to unpack this, I could not handle these overt comments on my body. Instead of using the material she brought, I failed to provide a holding environment in which Mrs. C could explore her feelings in safety and honesty.

I am protective of our therapeutic story, as if fearing that were another psychotherapist to look in on my practice with Mrs. C there would be too many crowding the intimate space we created over the span of the year and a half that we worked together. I have fallen in love with her wildness, her laugh, her self-deprecating humour, and the way she made me and our relationship a fully complicit part of her therapeutic work. It is Mrs. C who readily comes to mind when addressing the impact of appearance in the counselling relationship. It is this intimacy that both frightens me and compels me to share her/our story.

5 | SESSION 1

Mrs. C sits down hard on the black chair offered to her. A woman in her mid-forties, she is fierce; a face with piercing eyes and a furrowed brow—Mrs. C scares me. Nearing her late forties, Mrs. C's hair is greying and curly—accentuated by the fact that, when nervous, she pulls at it, making it stick up on end. Towards the end of session, Mrs. C becomes self-conscious about this pulling, and attempts to smooth her hair down with both hands explaining that she is “trying to present a ‘respectable’ image to the world.” She is relatively short, maybe 5'2”, and I would say of “average” build—though I recognise that that does not describe much. What is average anyway? She is not overly thin, but certainly not fat. She also has relatively large breasts, which she often highlights by wearing plunging shirts, and I struggle not to look at her cleavage in session. On more than one occasion she has told me that she “works out a lot, though it most likely does not show.” Her body is important to her, and it is important that I do it justice here. Yet, it is hard to capture a woman like Mrs. C as she feels somehow *more* than her body. For example, the counselling space we have sessions in is a relatively small room, a room she manages somehow to shrink even smaller; she feels larger than life. Mrs. C scares me; her frantic movements and her piercing glare makes me feel exposed. But I also feel drawn to her. Drawn and repelled—an exhausting tension.

She tells me how many therapists she's already “been through” because they have failed to “fix” her, and says that she doubts I can help as well because I seem “too nice” to handle her; I am “too perfect and happy.” I am stunned, taken aback by her directness, and slightly angry. While I am empathic as a practitioner, I often feel missed when the comment that I am “too nice” comes my way. My blonde hair and joyful nature deny the trauma of my past. I grew up in a broken, often abusive home, and being “bubbly,” as I am often labelled, was a defence that allowed me to forget for a bit that my home life was filled with fear. I understand why Mrs. C might see me that way, yet I also appreciate why I have such a strong countertransference reaction against this. I did not want Mrs. C to see me as “nice,” but *different* and unlike other therapists who may not have been able to handle her. I wanted her to believe that I could be the one to stand by her when others seemed to shrink away, that I could handle her darkness because I, too, feel a darkness within myself.

During this first session I struggled with these intense countertransference reactions to a client whom I found shocking and intimidating and who provoked my inner rebellious child. I struggled not to act on these impulses, but also knew that, if I did give in to these reactions, I would miss the *impact* of what Mrs. C was saying to me—that she was terrified of being misunderstood by another therapist based on how she presented in the room. And, similar to my own experiences, Mrs. C had also often been “missed” by others—those who simply saw her appearance and not the pain and vulnerability underlying it. However, our appearances misled others in very different ways: while I may come across as “sunshine,” Mrs. C came across as a “thundercloud,” dark and ominous. She was angry, aggressive, almost untouchable. If my appearance relayed a message of “*Come here, I am safe,*” hers said “*Back away!*” She may have missed my darkness, but I did not want to miss her potential light—or vulnerability. I started to feel a connection between us that was strong and interconnected—a “ying-to-her-yang,” so to speak.

I lean forward in my chair and say to her: “You want so badly to be fixed, and I can sense how absolutely frustrating and painful it can feel to know that other therapists have tried to help and failed you. And here you are again, with *one more therapist*. I would like to work with you, very much so. But there is a problem here, Mrs. C, because I actually hate the term “fixed.” It is a shitty term. It is diagnostic and misses who you are, like you are some sort of faulty product or something, and I am going to somehow make you normal. Nope, I think that if we are going to think that way from the beginning, I will also fail you. Instead, what would it be like if I just dive into the shit with you and we both get messy together? What would that look like?”

I was shocked by my direct response to Mrs. C. While some might call it real, or congruent (Rogers, 2007), for me it was a risk. Looking back now, with the luxury of time and hindsight, I recognise that I made this response so that she could see part of my darker side and begin to trust me. Yet, by dismissing her presenting problem, I also feared that my countertransference reaction had got the better of me. What if she did not see my response as congruence but rather as a dismissal of what she wanted from therapy? I hold my breath waiting for her reaction. She looks at me directly, unnervingly, in the eyes. “You want to get in the shit *with me*?” I nod. Silence. Now it is Mrs. C who leans forward in her chair and looks down at the floor for a time. When she looks up there are tears in her eyes, “What if I *am* faulty though? That is what my diagnosis says.” Her whole demeanour in that moment changed—a body that was at once aggressive and frantic became soft, vulnerable, childlike. I shake my head and feel a wave of warmth towards her. Tears also sting my eyes. We contracted that night to work together.

6 | EARLY SESSIONS TOGETHER

I left that session and the next few sessions afterwards feeling drained. Mrs. C was a “big” client—her frantic movements and energy, her loud voice, she was the focal point in the room. There were moments, like the one above, of softness, but this was only when her defences dropped a bit and she realised I could “contain” what she was bringing. I often felt the eerie feeling of one’s heart dropping while being on a rollercoaster—and I sometimes would find myself clutching my chair cushion discreetly so I could ground myself in session. Sometimes this was in fear, but other times it was because she was incredibly funny and it was not uncommon for us to share in laughter. Everything pointed to her. I often came away with her lodged in my mind, and during these early sessions it was Mrs. C that I would consistently bring to supervision.

Consequently, I seemed to have been lodged in her mind as well. Within the first few weeks of seeing each other, Mrs. C shared that she often brought up our sessions with friends, and she would laugh as she relayed to them how she’s being counselled by a tall, blonde counsellor who resembled “the girl from the movie *‘Bring it On.’*” Laughing, she quipped, “I told my friends that my counsellor could have been a cheerleader, but instead chose to be a therapist.” In those instances, I felt a complicated mix of being both flattered and demeaned. My appearance affected her and how she saw me, and I felt that she was trying to tell me something about *me* that she was seeing—something about how I didn’t fit the counsellor mould that she had constructed in her head. I could not tell if she was flattering me or trying to say that this bothered her. When she told me this, I felt like I *became* that blonde cheerleader she imagined, and could feel my grip slipping from my therapist role. I clung tighter and tried to ask “how this feels for her,” but recognised that this was a meagre response to what was needed. I remained stuck in not knowing what this meant for her, and also what this meant for *me as her therapist*. She does not elaborate and I feel a bit frustrated; I wanted her to tell me *how* this affects her. *Who was I to her?*

Her view of me was completely different from the one I carried inside; I felt flattered because I have never in my life thought of myself as a cheerleader. In high school I was quite heavy, wearing baggy sweaters to hide my stomach, and using my weight as a means of protection from an abusive home. Eating was my refuge—something that I realised by reading Orbach’s inspiring book *Fat is a Feminist Issue* (1978). Eating gave me comfort from the dangers I experienced at home and, I realise now, made me feel safer against the occasional sultry look from one of my mother’s many boyfriends. Back then, to me, those labelled “cheerleader” were the pretty, skinny girls who were

popular and *belonged*. That was not me; I felt isolated throughout my childhood and adolescence and though I was outwardly loud and friendly, I often felt invisible. The “battle” to lose this weight has been fraught with years of psychological scarring. It has taken years of my own therapy to get past this, and to gain self-confidence.

Addressing my appearance in session felt impossible: I felt caught between my need to get Mrs. C to explore her feelings for me and my own need to see another side of me. After she quips about how she describes me to her friends, we sit stuck in silence. The session ends with our usual goodbyes and something important feels lost.

7 | POLITICS OF APPEARANCE

Ben-Shahar (2015) wrote of the politics of bodily appearance and the ways in which we are made to think of ourselves through our bodies. He posited:

Thus, the body has its own politics and, faced with the speeches of our persona, the body tells the stories of our unspeakable shadow: our pains, our unrealised wishes, our jealousy, passion, and neediness which sometimes are too painful even to be spoken of. (p. 15).

As Ben-Shahar rightfully acknowledged, our histories and the pain within these narratives live within the site of our bodily presence. Our bodies hold the shadows of our past, and our identities are shaped by how our bodies are perceived. In my research, I came to realise how true this was: our understanding of “self” is shaped by our bodies in the way others view us, relate to us, love us, and discard/ignore us (Erb, 2019).

Mrs. C often shared that she was not good enough, that she was dark and not like other girls. This script came from her mother, who told Mrs. C how different she was from other girls who could “get any guy they wanted” because they were little and cute. Her mother often would negatively remark on Mrs. C’s appearance, or overtly compliment other girls who better matched her standards. Orbach (2003) writes of the interconnection between the body and our sense of “self,” which often comes from our earliest interactions with our caregivers as they provide the first instance in which we understand how others may perceive us. Unbeknown to Mrs. C, my complicated relationship with my body also came from my relationship with an early caregiver, though for me it was my step-mother. My step-mother had naturally dark hair that she dyed a deeper shade of burgundy, and had a disdain for blonde women (namely, my biological mother). These feelings of shame have been internalised, hidden, yet gripped me as Mrs. C would speak of my appearance. Orbach (2003, p. 11) highlights that the infant does not solely receive their caregiver’s conception of appearance, but rather society’s:

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. 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 babies.

Foucauldian biopower helps expound on this, as biopower refers to how societal standards and norms are internalised and accepted, rather than seen as external to us. Passed down from generations, the internalisation of messages from our early caregivers and relations means that we also more frequently accept societal images of how a woman/man *should look*. And, as Workman (2010) states, “[b]ecause these idealised images of women are often automatically and unconsciously processed, women are less likely to question them.” Many feminist scholars posit that to *not* look like these pervasive images is to “fail” as women (Asevedo, 2004; Bordo, 1993; Frost, 2005; West, 2016). Therefore, images are no longer felt to be “out there,” but are internalised and rendered part of one’s identity. Therefore, conforming does not necessarily feel like social control, but rather a normalised practice (Henderson-King, Henderson-King, & Hoffman, 2001). Even as a child, I internalised that being blonde was

associated with stupidity or being “easy,” and on one occasion I vividly remember my step-mother shaming me when I tried on a tighter shirt. These early insults became one of the main reasons I hid my body away. Due to these past memories, when Mrs. C commented on my *perfect* looks, it weirdly felt as uncomfortable and embarrassing as hearing my step-mother’s angry words. Mrs. C brought back shameful reflections of my early negative experiences with my step-mother, even though Mrs. C’s words were rarely used in anger, but often in moments of intimacy and warmth.

Foucauldian biopower illuminates the struggle that many women have with their appearance, and the ways in which power structures need not put people in chains, for subjects fetter *themselves* through constant surveillance. As Bordo stated, “there is no need for arms, physical violence, material constraints. Just a gaze” (1993, p. 27). Orbach’s focus on these earliest interactions, along with Foucauldian biopower, helps elucidate how both Mrs. C’s and my internal worlds were shaped by others—how they were similar yet also diverged from one another. These understandings of our appearance were so normalised that not only did we not question them, we also struggled not to maintain these same scripts in session, creating an internal battle within and between us. Yet silence remained in the room—for my part, at least.

8 | MIDDLE SESSIONS

Nevertheless, while Mrs. C was warm towards me, there were often hints of jealousy mixed into her comments. Mrs. C did not hide her resentment of women who were blonde, tall, and conventionally pretty. Though I was by no means the ideal body weight of Western standards (Bordo, 1993), Mrs. C seemed to begrudge that I was someone that her mother would “approve of.”

As feminist writers such as Bordo (1993) and Orbach (1978) recognise, it is these internalised scripts from the past that impact our relationships. I could feel these “rules” in the room when we were in session—these hidden scripts on what each of our bodies meant. For example, on numerous occasions Mrs. C would tell me about a diet that she was on to lose extra weight, or brag about how much she worked out. She would look at me and admit that “It doesn’t really show much. I don’t even know why I bother!” After a pause, Mrs. C would often ask me if I worked out, and also state that I must think that she is an idiot for worrying so much about her weight.

Mrs. C’s comments, and my reaction to them, demonstrate that the social comparisons women make of other women’s bodies *impact* their relationship with those women (Jones & Buckingham, 2005; Myers & Crowther, 2009). As Agathe et al. (2011, p. 1043) suggested, attractiveness between same-sex individuals can actually be detrimental to the relationship, as “social comparison processes are greatest when the self is categorically similar to the target of comparison.” In Agathe et al.’s research, which looked at how positive biases towards attractiveness (Lemay, Clark, & Greenberg, 2010) do not apply to same-sex relationships, Agathe et al. (2011, p. 1050) discovered that “whereas participants displayed a strong desire to be with attractive members of the other sex, they displayed a desire to avoid interacting with attractive members of the same sex,” thus showing that “[t]his desire for social avoidance is consistent with the hypothesis that attractive same-sex targets are perceived as a threat.” The psychotherapists in my past research linked this with what they called the Female Gaze (Erb, 2019), a gaze based upon bodily appearance and what it might “represent” based upon both societal norms and social comparisons.

Mrs. C would cite this gaze when talking about the way that her mother made Mrs. C feel as a child, but also her colleagues at work and friends—all of whom talked about how Mrs. C was a bit scary and intimidating. Mrs. C seemed to have internalised that she was unruly, a dark horse, and someone who would constantly be overlooked for other, prettier girls. This was something that she both internalised and realised negatively affected her mental health (Calogero, 2004). She would recount story after story of being in clubs or bars and seeing that men would ignore her to talk with other women. She once said to me, “I bet that you can’t relate—how nice it would be to be like you.” The Female Gaze is often linked with shame, judgment, and jealousy (Erb, 2019). One reason for this, as described by Schwinghammer, Stapel, and Blanton (2006) is that rejecting someone who may be seen as a threat can

protect the self from these threatening social comparisons by denigrating the source of the threat. As much as Mrs. C would tell me these tales, she made sure to posit that I could not relate to her. This was one of the poignant moments where Mrs. C *did not want me to inject part of myself into the relationship*. In these instances, she was angry that our appearances could mean something very different outside of the counselling space. And, I have to admit, she was right that I could not relate to her experiences of being overlooked at the bar or being a dark horse. While she was wrong before to assume that I had not experienced pain in my life, she was right to recognise that I am not regularly faced with dismissal or disapproval. Silence in these instances seemed to be all I could do for Mrs. C, as I realised that to say anything would be to confirm her fears that I was different. I was to be silently *with* her in this moment; it was not about me here. Mrs. C could talk about my body, but I was to remain silent.

It is here that the confluence between outside labels on appearance and its impact on the counselling relationship is most apparent, yet also why my silence evaded talking openly about appearance: I was stuck within the stickiness of internalised appearance standards and Mrs. C's penetrating gaze on what I represented for her.

9 | SESSION 13

Mrs. C can only briefly glance at me as she tells me that her friends tease her that she may actually have feelings for me. "They think that I have a crush on you . . ." I sit in a stupid stunned silence that grips me and prevents me from doing anything other than nod my head. She goes deeper: "It is like being able to see someone, and love someone, who represents all that I have grown up to resent. I do resent you, but more seriously, I also love you. And it is complicated. And it is messy. But it is also important." It was important, but it isolated me further from Mrs. C—the more she reaches out to tell me what she sees in me, the more I retreat inwards as I struggle with body image. Again, I offer her my therapeutic "warmth" with little to no reflection, and feel even more ashamed as the "warm bath" approach is one that I have often criticised; I am not being the therapist I want to be with her.

Looking back now, with the safety of time, research, and distance, I see that there is so much potential for our relationship, especially when I see it framed within the Female Gaze and erotic transference—a transference that bridges on how feelings towards the therapist can move into the sexual/erotic space (Guttman, 2006; Schaverien, 1995, 2006). Our relationship was a central focus for Mrs. C: how my body looked and what this meant for her, along with her feelings of who I could potentially be for her. However, during the time of our sessions, I was silent and scared when any mention of my appearance came up in session. In the following section, I will address why I felt restricted to silence using Grosz's (1994) understanding of the hierarchy between mind and body.

10 | SILENCE SPEAKS VOLUMES

I see Mrs. C bravely carving out a space to dive into something that felt important for her—my presence in the room—and apply it to her own transference reactions. Instead of shying away from this often "taboo" topic (Balsam, 2012), she was able to use it to show her own ambivalence to us working together, making direct links to her past to indicate how she felt *othered*, marginalised, within a Western ideal that often emphasises a preference for a particular kind of woman (Bordo, 1993). She desperately tried to show where these transference reactions could take us, including potential erotic feelings. It was *me* that did not know what to do with this information. I did not know how to foster this work in a way that would not somehow make me feel conceited or vain—taking over the therapy session to meet *my needs*. While clearly Mrs. C felt comfortable making references to my appearance, using it for her clinical work, I struggled with how to talk about the body in a way that welcomed these comments without somehow feeling complicit in their renderings.

As many authors state, the silence that prevents talking about appearance is through schemas that label the body as shallow, vain, and base (Asevedo, 2004; Bordo, 1993; Vejar, 2009)—terms that I felt while in session with

Mrs. C and consistently heard when researching the topic of appearance (Erb, 2019). Elizabeth Grosz (1994) added valuable insight in elucidating *why* these words get attached to appearance, and she did so by looking at the Cartesian mind/body dualism. She highlighted that the body is implicated within philosophies that deem it as *lesser* compared to the more advanced and sophisticated mind; a duality that has had prominence since the philosophical writings of Descartes (Descartes & Cress, 1993; Descartes & Moriarty, 2008). Descartes' infamous phrase *Cogito Ergo Sum* (*I think therefore I am*) shows that the very process of thinking confirms a person's existence. As a result, the mind became elevated as it necessitated a "thinking individual" which therefore enables confidence in existence. Grosz (1994) recognised the body's devalued place within Cartesian philosophy, but she also pushed this further to show that it is not *just* a dichotomy between mind and body, but a hierarchy. The body is not just "other" to the mind, it is *inferior*. Using this insight as a branching off point, Grosz states that this hierarchy between mind and body is equated with other binarised pairs. To think of one binary (mind/body) is to link it with other lower pairs, such as surface/reality, shallowness/depth, vanity/humility, immanence/transcendence. The body is the opposition to "the operation of the mind, a brute givenness which requires overcoming, a connection with animality and nature that needs transcendence" (Grosz, 1994, p. 4). These associations relegate the body to that which is superficial, immanent, and purely matter. Furthermore, as Vejar (2009) posited, pithy sayings like 'don't judge a book by its cover' or "beauty is only skin deep" impart messages suggesting that appearance is secondary to the internal depth and beauty that resides within. Vejar (2009) quipped that these messages get passed down by parents who "reassuringly instil such mantras into their children, hoping to infuse values that reflect wisdom, profundity and skill over that which is superficial and frivolous". The association with these lower, binarised terms immediately sets up the body to be devalued, and breaking the silence on the body by addressing its importance places one in a very "low" position.

Reading Grosz's account of the hierarchy between mind and body, and its relation to other lower binarised pairs, gave me breath as it perfectly matched my experiences with Mrs. C and other clients. The power structures that dictated what to think about the body also silenced me from speaking out because I did not want to be implicated into a system that would denote me as shallow, thus losing credit as a therapist who was "above" such labels. Pushing at the seams of this, I realise that while I was scared of delving into this subject lest it be more for my need than Mrs. C's, *not* doing so also seemed to be more to protect my self-image as a respectable professional.

Oddly, realising this enabled me to be a bit gentler on myself as I could now observe the impact of how the political power structures that dictate and silence one's relationship with one's body are necessarily present in the counselling space. Leaning into this new understanding, I am starting to see how *using* this complexity of outside social comparisons, the Female Gaze, and politics on the body could help move the relationship deeper. If only I could now broach the subject with Mrs. C!

11 | BREAKING THROUGH WITH MRS. C AND BROADER IMPLICATIONS FOR OUR FIELD

I was excited about the possibilities this could bring to my work with Mrs. C, but was also nervous to address themes that I had been running away from for months. I could feel my stomach tighten when she came into our twenty-second session rather aggressively; she was clearly angry with me.

12 | SESSION 22

We had been talking about a relationship that she had been struggling with since the beginning of our work together; a relationship that swung from being amazing one session to horrible the next—a pendulum that also represented how the session would likely go week-to-week. Needless to say, this week had not gone well for the couple. Mrs. C described a blowup that they had when her partner had flippantly said that Mrs. C looks *nothing* like her mother, and

Mrs. C got enraged at him. I was baffled at her response to him as I could not fathom why she would be so angry at his comment when she is so antagonistic towards her mother. Mrs. C explodes, "Well, I suppose I could believe that he loved me if I looked like *you*. But I don't. I look like me. And I can't imagine that you will ever understand." Again, Mrs. C attempts to put me in my place by saying that I could not understand her. However, instead of silence here, I reach out and offer her a chance to reflect on my appearance: "Mrs. C, is there something about how I look that means I can't understand you and what you go through? You have mentioned my appearance many times . . . I am wondering if you want to explore that here, with me?"

Mrs. C looks at me with a bemused smile. "What do you mean? Explore what? What you *look* like?"

Damn. I feel ashamed for bringing it up. I gulp, "Yes, you bring up my appearance a lot. I am just wondering if you wanted space now for us to talk about it? What does my appearance mean to you?" It is a clumsy reflection; a clumsy approach. It is all I've got.

"Well . . . I never told you this before . . . but part of why I don't know how to feel around you is because you *do* look like *her* . . . my mother." She says it quietly, but the impact resounds in the room. It was in that moment of sharing that all her comments, all her anger, all her ambivalence towards me came to a head: I was the woman who not only represented all that her mother said Mrs. C should strive for, I also looked like this woman. My silence throughout all these months was a silence she was also dealing with, for how could she care about a therapist who represented one of the key reasons she was in therapy?!

Her transference reaction was based upon representations that my bodily appearance held for her, and my role in that moment was to stay close to her shame, her feelings of inadequacy. I finally get it: "Mrs. C, it must be so painful, so difficult, for you to have to sit in front of me week after week, seeing someone who embodies all you have felt you have never been. To see someone you would "*want*" to be and also want to hate." I pause and silence hangs heavy in the room.

Mrs. C slumps in her chair. "It just hurts to know that you can't understand what I have gone through. And yet there are so many times where you *do*. Like your perverted sense of humour. Your laugh. I want you to love me. But I don't want to love you back. I want to hate you. And I hate that I can't, because you may be the only therapist who has ever *got* me." She laughs. "Go figure, the one counsellor who I was certain would never understand me is the one who actually does. I don't know why I hate you so much for that. Maybe I wanted you to be the woman I initially thought you would be. But you aren't because you are dark, like me!"

I am dark like her, but I realise that I also was not; I was light. I represented for her everything that she was not, to the point of being the maternal figure who was the one to shame her for this "lack" in her appearance. I had to let go of my perception of myself and my own countertransference reactions based on my past experiences to work with Mrs. C's experiencing and transference of me, and when I did this I could see how difficult it must have been to have a counsellor who embodied the person she never felt she could be. Her honesty granted an opening to assess her ambivalence towards me and moved us to deeper intimacy.

13 | IMPLICATIONS FOR PRACTICE

Mrs. C was the first client to show me both the importance of transference and countertransference reactions to the body, but she was not the last. Since her work, and since discussing similar experiences with other psychotherapists, it has become apparent that bodily appearance impacts the transference and countertransference reactions for both client and counsellor. The ways in which the body is perceived, assessed, and judged *outside* of the counselling space impacts the counselling relationship as we form assumptions about the other based upon our bodily histories and narratives. This shapes how we come to view the other and how they might view *us*. While this may seem sensical, even an obvious observation about the importance of appearance in the counselling relationship, talking about the body is not something that feels acceptable to do in our field. By tying this to dominant philosophies, I have shown that this political issue is manifest within the counselling relationship, and has the potential to reveal wider endemic

problems in society based upon socially sanctioned physical beauty. It is here that it becomes clear that neither transference nor countertransference are neutral, but are embedded in one's cultural, personal, and interpersonal dynamics (Gelso & Hayes, 2002). These societal scripts and expectations inform the expression of transference/countertransference, which makes attending to these reactions difficult but also necessary. For myself, it was in unpacking these feelings of shame and fear about emphasising appearance (Erb, 2019), and reading scholars like Grosz (1994) that helped me voice why addressing the body can feel shallow and vain. Applying this to my work with Mrs. C, I could finally start to let go of my own subjective understanding of what my bodily appearance meant, and the feelings of shame attached to this, and meet Mrs. C in what she had been bringing to me for months.

This is a personal and particular story, as is all our work with clients. It shows the complications of the body as political, and how the privilege of normative understandings of physical beauty is also held within familial narratives. It also shows how the "shadow side" to beauty means that clients may judge, and may fear, the competence of a counsellor who looks as if they may never have had problems based upon their appearance—especially as more and more therapists coming into the field are young and female (Erb, 2019; Lewis & Walsh, 1978). One of the most poignant ways in which addressing appearance is applicable for our work is becoming aware of how our past experiences of others, as well as our own histories, projections, and meanings can help us better dive into the transference and countertransference between counsellor and client. This allows us to understand where these projections might have come from and lean into these comments about *who we may be* for clients when it is therapeutically pertinent to explore this topic.

Within the therapeutic relationship the personal and relational are political, which grants potential to *change* these narratives by shedding light on that which is hidden in our subconscious. Therapists enable clients to delve into the darkest of materials that are repressed and hidden, using the here-and-now therapeutic relationship as a microcosm of change for the outside world of relationships. Similarly, the therapist's body can also become a point of change, as addressing projections placed onto the body actively enables clients to realise how their past influences their perceptions, which may then influence their relationships. Psychotherapists must be able to provide a safe and holding relationship in order to allow all transference material to surface, even if it feels difficult or scary. My research and clinical experiences—like the vignette with Mrs. C—helped me realise that discounting the body only perpetuates this silence, and wrongfully ignores the fact that the first point of meeting with another is always through the body (Merleau-Ponty, 1968).

This is easier said than done; I still struggle against the confines of shame and feelings of shallowness when I talk about the importance of appearance with colleagues and clients. However, through this work I have also gained an appreciation of how congruent discussion on bodily appearance, within the here-and-now relationship, enables the body not to be shied away from, but rather *used* as a point-of-entry for addressing how bodies are both revered and devalued, dictated to and silenced. For just as we do with our darkest of materials, shedding light on that which is unspeakable is often the first point of change. It is from this point that I could finally meet Mrs. C and, in some ways, come to meet myself.

14 | CONCLUSION

In this article, I have provided an intimate account of how appearance is integral to the counselling relationship, highlighted through my relationship with Mrs. C. I have shown how talking about appearance can feel complicated due to internalised political messages about the body, which silence our awareness. My work with Mrs. C has taught me that appreciating bodily transferences enables a depth of awareness of how we view ourselves as well as indicating how we will relate to each other. Paying attention to these transferences and bringing them up in the counselling room when appropriate enables a deepening insight into how outside narratives and scripts impact each person. In this way, it is *using* the body of the counsellor as a pathway to insight into the client's internal world—something all psychodynamic practitioners strive for.

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