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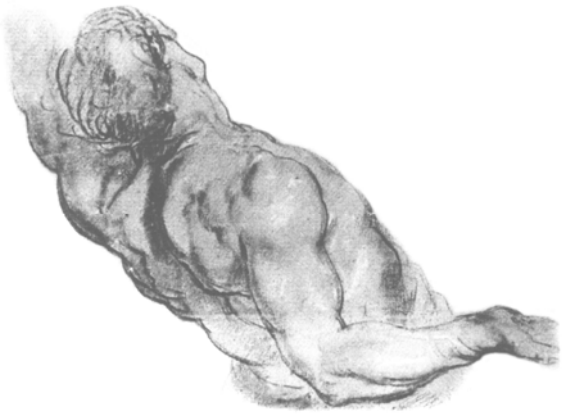

USABP Mission Statement
The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humani

The Relational Turn and Body Psychotherapy
II. Something Old, Something New, Something Borrowed, Something Blue; Individual Selves and Dyadic Selves in Relational Body Psychotherapy

Asaf Rolef Ben-Shahar, Ph.D.

Abstract

The therapeutic relationship is a matrix of relationships, from the functional relationship of 'doing something for' the client, through the attachment-based transferential dynamics to the genuine I-thou moments of shared humanity. The relational dynamic is created by the tension among those fields. This paper sets out to explore what is meant by the idea that there is no such thing as a body, only bodies in relationship (Orbach, 2003). Exemplified with case vignettes, theoretical background and clinical examples, this paper attempts to present the exciting discipline of relational body psychotherapy and the new horizons it may offer to the field of body psychotherapy.

Keywords

Intersubjectivity – Functional – Relational – Mirror-neurons - Transference

This is the second of four papers, together forming *The Relational Turn and Body Psychotherapy.* These papers examine the touching points between body psychotherapy and the exciting and encompassing field of relational psychoanalysis. The first paper *From Ballroom Dance to Five Rhythms* (Rolef Ben-Shahar, 2010), explored some basic concepts in relational psychotherapy. It also pointed to the relevance of relational thinking to the history and practice of body psychotherapy. This paper expands the discussion on intersubjectivity, attachment and dyadic selves, examining the balance between regressive and novel aspects of intersubjectivity. The third paper: *Salsa Lessons and the Emergent Self*, will explore connections between somatic organization, relationality, and the place of the self in relational body psychotherapy. Lastly, the fourth paper: *Gliding on the Strings That Connect Us,* will demonstrate the use of resonance (somatic countertransference) in body psychotherapy within a relational framework.

Introduction – Relational matrix and wedding vows

Our wedding day still stands as one of my happiest memories, a resource I find myself drawing upon time and again. I remember standing hand in hand with my wife and watching our guests. We were deeply connected and full of love. We stood there as one, yet we were also highly differentiated: a bridegroom and bride, Asaf and Tom, Adam and Eve. The Rabbi spoke of us creating something new, a new family, a new bond of love which has never before existed, a bond like no other bond in the world. "At the same time," he said, "you stand here together like every couple who has ever gotten married: you repeat the same vows, you share the same sentiments, and you walk the same path. You are symbols, you are man and woman. At the same time: unique and archetypal, old and new." Somehow, although my mind could not fathom this contradictory position, my body recognized it as true.

According to a centuries-old tradition, still in place in many countries, every bride should have five items on her body during the wedding ceremony. The verse reads like this:

Something old, something new
Something borrowed, something blue
And a silver sixpence in her shoe.

This Victorian English poem marks the importance of embodied-wedding symbolism. Each one of the five items represents a different aspect of (and a blessing for) the marital union. *Something old* is an item symbolizing continuity and the link to the bride's past and family. *Something new* represents optimism, hope and new beginnings. *Something borrowed* may stand for leaning against other people's experience and trusting in the support of family and friends. *Something blue* – a symbol of love, good luck and purity. A sixpence (an old English coin) in the bride's shoe is, of course, an emblem for wealth and prosperity (Tevis, 2007).

Since the field of relational body psychotherapy is a marriage of sorts (between different professional milieus), this paper will try to stay true to form and bring these items into embodied, professional life.

Gregory Bateson (1979), who forever insisted on seeing both the forest and the trees, boldly wrote: "According to the popular image of science, everything is, in principle predictable and controllable; and if some event or process is not predictable and controllable in the present state of our knowledge, a little more knowledge and, especially, a little more know-

how will enable us to predict and control the wild variables." (p.37) However, Bateson continues, "This view is wrong, not merely in detail, but in principle."

We enter therapy with explicit and implicit expectations, with spoken and unspoken vows. We enter therapy with hope, some of it justified, some of it wishful thinking. Since pain is our primary motivation for seeking therapy, we look to the therapist to help us with this pain, we pay our therapist to make our pain go away; and this promise will be broken. It will be broken because the human bodymind is not a machine, even though it may sometimes be useful to pretend it is so. As 'not-machines,' we cannot be fixed. We can heal – and we really do heal, but we cannot be fixed. And one of these broken vows concerns our contract – yes we will help you, but not as you think we will: we will help you by relating to you.

Every meaningful relationship, not the least therapeutic ones, is a matrix of dimensions. The interplay between these dimensions creates the rich tapestry of human relatedness, and would provide us, here, with a lens through which to examine relational body psychotherapy.

The first dimension is that of utility or function (something borrowed): Each and every relationship fulfils some purpose; we want something from the other, be it material or emotional. Our engagements with other people include a functional, utilitarian side to them. When we enter therapy, we expect our therapist to offer their service to us – and the contract is based on a functional vow.

The second dimension is transferential (something old). It means that into each new relationship we bring the wealth of our previous relationships, particularly attachment relationships, and the way we have internalized these. Any newness in relating is therefore partially colored by our previous relating-models (organizations).

The third dimension is the humanistic one (something blue). In this dimension, notwithstanding the transferential and utility relationships, there exists a genuine meeting of people inasmuch as they are people. This meeting takes place beyond the roles and functions, beyond the history and future.

These three levels interact and are not mutually exclusive. Successful therapeutic relationships flexibly dance among all three dimensions. Moreover, the richness of intimate relationships arguably exists in a fourth dimension (something new) which is created by the tension among these three fields, a matrix that includes both symmetrical and asymmetrical aspects, utilitarian and humanistic, transferential and I-thou.

In this paper, I wish to suggest a possible way of looking at this complex relationship between preserved and novel aspects of self not only in psychic terms but also in the way they manifest in the body.

Winnicott (1951, 1971) speaks of the transitional space as an in-betwixt space - between reality (interpersonal field) and fantasy (internal, intrapsychic field) - between me and you. Does this intersubjective field have an anatomy? Does it have a body? I believe that this "us-ness" indeed has a body. The placenta is an obvious organ of this shared body – belonging both to mother and baby, to the babymother. But the placenta represents a primary intersubjectivity – one we are born into, this is our primary body. We have a shared body before we develop a differentiated, individuated body. Just like the placenta, mirror neurons too could be thought of as transitional phenomena - they do not belong to us and to our nervous system (or at least not entirely) - instead, mirror neurons might be understood as the nervous system of the relational field, as the part within our body that isn't only our body - this is the body of the relationship (and we only carry half of this body) – this will be expanded on in the last section.

This way, we might understand somatic transference as embodied sensing of the intersubjective field. When we 'feel into' the relational body, we do not simply sense our ego-centered, skin-boundaried body. Instead, we sense the shared-body, the potential-space-body: we feel into the intersubjective third. And we do so through the nervous system, the endocrine system, the immune system of our shared body. The bond between self and other and between intrapsychic and interpersonal ceases to exist as a conceptual phenomenon and becomes an affective, embodied dance. We have prepared for this wedding for a long time – so, let's boogie!

Something borrowed – the utility (functional) field

On a very basic level, the utility relationship is the motivation for seeking therapy, and all other relational dimensions are answerable to this one. By the end of therapy, if no shift has taken place for the client, if none of his goals (or orientation toward those goals) has changed, this would not seem like a good relationship. Our clients usually arrive to therapy in a hurting place, and are willing to give us, in return, what we want – be it money, time, energy, relationship. Psychotherapy is not (only) a sacred profession; we do want things from our clients too. On the functional level, these are very clear: they pay us. We receive a socially accepted reward for our worth; we are paid for being willing to put our own functional needs aside and primarily attend to their needs. The payment is therefore a compensation for the inequality of the utility relationship, as well as an acknowledgement of our expert *service.*[1]

On this level, the therapeutic relationship is one of service, interdependence, mutual needs, and utilitarian gains that develop and are woven between therapist and client. Some relationships center around, and are almost limited to, the functional field. Service relationships are a good example. When I pay someone to paint my flat, we contract a functional relationship. Not only is our relationship focused on the function, but I may even limit the development of other relational dimensions lest it

[1] For example, see Muriel Dimen's (1994) extraordinary discussion on money, love and hate in psychoanalysis.

would obstruct the work. For example, I might leave the house and come back only when the work is done. The language of utility relationship is one of contracts.

The therapeutic contract is often seen as a very rigid one. Possibly because so many other dimensions of relationship develop therein, we ensure and protect our needs and functions very early on: our meetings are fixed in time, there is a firm cancellation policy in place, and money is frequently paid without real room for negotiation.

The particular nature of the service we are providing/giving (our function) and the exchange rate (money for help) turns the utility dimension into an asymmetrical, power relationship. Our client's utilities are explicitly placed at the center of the relationship. While both parties contribute to the functional field, they do so unequally. Within the functional relationship, the basic question we pose to the client is "What can I do for you?" and the quality of the relationship is measured by our capacity to dialogue with their answer to this question satisfactorily. Let me illustrate a therapeutic relationship focused on the functional field.

Richard was a lean and anxious 54-year-old insurance broker, who was referred to me by his physician. Richard was reluctant to start therapy; he would have preferred medication. He suffered from debilitating panic attacks for many years, and slept very badly. Recent change of job (an unsolicited promotion) brought with it great distress, and Richard felt pressured by new demands, and bullied by his boss. Inquiring into his history, I discovered that Richard had a physically abusive father, and he described himself as forever struggling with depression. However, Richard made it clear that he did not want long-term psychotherapy.

What was most striking for me when I sat with Richard was his jaw. My own jaw was aching from the moment he sat in the chair with me, and his face looked strung, tense, and effortful. I offered Richard to do some bodywork together, and to my surprise he readily agreed. The immediacy and tangible nature of my offer was possibly more appealing (and less scary) than speaking about his pain. After some warming up of the area, I applied strong pressure to the masseter muscles and waited. Richard's face became crimson red almost immediately, and he got up and started pacing the room up and down. "I'm furious," he said. I gave Richard a racket and big pillow and he started hitting and shouting. One could almost see the cushion changing faces before one's eyes: at first his boss, then other bullies from his life, and in the end – his father. It was as if this small tense muscle held an entire history of subordination.

Richard came to see me three more times, and he reported a great improvement at work and at home. He confronted his boss and workers assertively: "I am no longer everybody's doormat," he told me.

Richard would have undoubtedly benefited from psychotherapy. In many ways his life was very rigid, but he was not ready for, nor was he interested in, such an endeavor. Our brief work together helped open the door to reorganization long enough for something to change, and for that particular context – it was all that was needed. And my place was that of an expert mechanist: I knew where to press.

The functional therapeutic intervention is a journey into habit formation and deconstruction, and has an important place in many therapeutic relationships. Keleman's (1981, 1987) Accordion Exercise (where bodymind organizations are exemplified as posture, amplified and reorganize), for example, offers a skilled application of functional change – and many forms of somatic interventions mainly operate on that level.

This type of focus is not necessarily a bad practice. While therapy cannot and should not always be quantifiable, we do have to facilitate a process of change: even if the change is *just* in the orientation to ourselves and our problems. However, ignoring the transferential and I-thou dimensions, as is historically a common practice in bodywork, does not mean these dimensions are not present within the therapeutic relationship. The insufficiently trained bodyworker is often impacted by these other dimensions without being aware of it, leading to potentially problematic effects on the client, therapist, and the therapeutic relationship.

Something old – the transferential field

"Personal influence is our most powerful dynamic weapon." Sigmund Freud[2]

Were humans simply machines, the relational complexity could have ended in the utility field. A huge web of utilitarian functions and interests would have created a complex world of needs and contracts, all driven by explicit and implicit agendas of functions. Thankfully, though, we are more than machines. We are first and foremost social creatures. As soon as we enter a relationship, however simple it may be, we (both of us) inevitably position ourselves in the relationship in accordance with our previous relational forms (Boadella, 1992; Pulver, 1963).

Everything we know about relationships is with us from the onset of any new connection. We carry our mothers and fathers, siblings and teachers, heartbreaks and expectations. Harry Stack Sullivan (1954) illustrated: "even though only two people are actually in the room, the number of more or less imaginary people that get themselves involved in this two-group is sometimes really hair-raising" (pp.8-9).

The psychotherapeutic relationship, since it is from the onset an intimate relationship on the one hand (we talk about our deepest pains and yearnings), and a very asymmetrical relationship on the other, is a fertile ground for transferential dynamics. While all relationships carry transferential dimensions, the therapeutic relationship is unique for its willingness to name these influences, work with them and do it without shaming.

[2] (Freud, 1926, p.224).

In classical psychoanalytic theory, transference was seen as a unilateral event, where "the patient-therapist 'dyad' becomes a stage on which the patient re-enacts formative experiences and reactions, and so brings directly into the interactions between the patient and the therapist the very processes by which his personality developed" (Karle & Boys, 1987, p.200). It was recognized that the patient transferred past experiences and expectations - frequently attachment relationships (Dozier & Bates, 2004) - to the therapeutic situation and an important goal of therapy was to help the patient disentangle the tainted projections of previous forms (Houston, 1995; Klein, 1960). In this one-person psychology model of transference, the analyst was at most, responding to the projections of the client.

Questions then started to arise regarding the realistic presentation of this unilateral dimension. Jung, for example, perceived the therapist as deeply and emotionally involved in the therapeutic process (Field, 1996, p.84) and Sándor Ferenczi (1930) already recognized that the transferential dimension represented a bilateral relational field, where the analyst's personal biography and experiences (transferential history) play out in the therapeutic field as well. Hans Loewald (1986) exemplified the disenchantment regarding the therapist's neutrality:

> The resonance between the patient's and the analyst's unconscious underlies any genuine psychoanalytic understanding and forms the point of departure for eventually arriving at verbal interpretations of the material heard or otherwise perceived. The analyst, during that internal journey, in his effort to stay sane and rational is often apt to repress the very transference-countertransference resonances and responses, induced by the patient, that would give him the deepest but also most unsettling understanding of himself and the patient (p.283).

Loewald therefore recognized that the transferential dynamic was a bilateral field. The past histories of both psychotherapist and client affected the current therapeutic relationship (McQueen, Kennedy, Sinason, & Maxted, 2008), and both parties had to collaborate in order to extract genuine connection from this complicated biographical matrix. This entanglement is not merely verbal, though, as it also manifests in the bodily attitudes of both therapist and client towards one another (Orbach, 2004; Schneck, 1966, p.218).

Relational psychoanalysis represents the culmination of what both Ferenczi and Loewald began arguing for. The psychotherapist's own biography, as it manifests in the therapeutic relationship, is now not only seen as inevitable but is further understood as essential for the therapeutic relationship. Stephen Mitchell (2004) wrote: "there is no way to filter out the analyst's impact on the process" (p.540). The disentanglement of transferential dynamics thus becomes a joint voyage of seeking clarity in the faith of the possibility of, and for the purpose of, real connection (Dozier & Bates, 2004). Christopher Bollas (1987) for example, suggested that the analyst must become *lost* within his countertransference "for long periods of time" (p. 203) before the process of identifying, sharing and disentangling can take place. Bollas encouraged therapists to surrender to disorganization before inviting their clients to do the same. In fact, as Mitchell (2005) emphasized, if the patient doesn't get "under the analyst's skin" (pp.5-6), then the therapeutic process is limited in scope. The art of therapy involved entering those old organizational patterns (attachment schemas) and providing corrective conditions to recover what Winnicott called real-self (Bowlby, 1988). Therefore, relational perspectives challenge Freud's concept of primary narcissism – we seek connections (and are a part of dyads) from our very beginning (Ainsworth, 1969; Bacciagaluppi, 1994).

Like the functional dimension, therapist and client enter the transferential dimension asymmetrically. The distress and dependency that clients bring to psychotherapy mean that most therapeutic relationship also activate attachment styles (i.e. parent-child organizations). The transferential dimension is informed by and is in tension with the utility dimension. Beginning therapists often get angry that transference phenomena seem to prevent the natural course of treatment, and clients get frustrated that instead of focusing on what they wanted to achieve they seem to be preoccupied with the therapeutic relationship and with the therapist.

Within the transferential field, the relationship can take many forms. The therapist is in essence asking "who are we to one another?" We may be father-daughter, mother-child, two lovers, abuser-victim etc. Transference dynamics therefore potentiate a corrective experience. Each dyad is certain to be of deep relevance to both of our lives. When a sound therapeutic alliance is created in the transferential dimension, a secure attachment can form between therapist and client. Such a relationship was shown to be a reliable predictor for positive therapeutic outcome (Farber, 2008, p.64; Holmes, 1996).

When we transfer our previous relational organization into a new relationship, we engage in an act that is both degenerative and generative at the same time. The degenerative aspect manifests as repetition-compulsion. At worst, transference prevents us from enjoying and benefiting from the reality of a relationship, because we are in fact relating to our own internalized models, recreating these in the present. At best, transference provides the therapeutic dyad with the very opposite: an opportunity to relate differently; to liberate the ghosts of our fragmented past from their repeated patterns. I believe that in our repetition there is also a wish for things to be different, and when we find a facilitative relationship that can contain our transference and challenge it at the same time, we stand a chance of stopping cyclical and painful patterns.

Transference phenomena in psychotherapy are often expressed as highly rigid forms of relating. A client who is used to being rejected, for instance, may interpret anything the therapist does as a sign of rejection. Character armor could be seen as somatic expression of rigid transference phenomena. The therapeutic relationship aims at moving transference dynamic from a solid organization to a more fluid and adaptable movement.

We are highly invested in our somatic, cognitive and relational organizations. When we experience a threat to our familiar forms we take refuge in relational organizations. Constantine Sedikides and Lowell Gaertner (2001) illustrated this:

"Encountering a threat to the individual self ignited protective strategies; namely, an identity shift to the collective self." (p.14) The relational position suggests that the self is first and foremost relational, and that the primary (perinatal) intersubjective self is transferential: we co-create a dyad that is similar to our primary intersubjectivity (Trevarthen, 1974). We partake in a relationship that is similar to our attachment relationships, yet offers curative aspects to it (Gruenewald, 1971, p.79; Spiegel, 1988).

I believe that transferential dynamics are always part of relating. These are inescapable since we carry aspects of our relational organizations with us everywhere. After all, we were created from these wider selves. James McLaughlin (1991) exemplified this claim: "The transference ghosts of the past are never entirely laid to rest. In the intensity of new work with qualities unique and not yet known, they return in fresh shape to revive shades of significance I had long forgotten I knew." (p.613)

A short case vignette will demonstrate transferential work within body psychotherapy.

Lilly is a beautiful 60-year-old woman whom I have seen for individual psychotherapy for nearly six years. Lilly is one of the most creative people I have known, yet when we met she was consumed by fears and anxieties, with a wide avoidance spectrum. While her mother was physically and emotionally abusive, her father engaged in multiple romantic relationships and was mostly absent from home. Lilly's mother used her to lure her husband back: either to discipline Lilly or to buy her clothes. Her mother forever treated her as a silly, useless, and unlovable child. Throughout our work together, Lilly began to reclaim her life and separate from her tyrannical mother. I would like to offer you a moment from our work together, which changed the course of the psychotherapy.

It was during a period when my baby daughter woke up every 45 minutes, every night. Both my wife and I were exhausted and I was finding it very difficult to function at work. But with Lilly I found it exceptionally tempting to fall asleep. Notwithstanding the erotic aspects of our transference, our relationship was primarily paternal: she frequently called me Daddy Asaf. Our relationship was an opportunity for her to reconnect – as a girl – with the father that she never had, and mourn for the loss of her childhood, for me it was a chance to have a daughter who favored me and sought connection with me (at a time when my daughter was only interested in mom).

One day Lilly asked that I hold her, lying down, in silence. I felt a joyous bond weaving between us and a sweetness that I knew from connection with my daughter, and before I realized I woke myself up with a loud snore. I looked at Lilly apprehensively, and she was gleaming with happiness: "you fell asleep, you fell asleep" she cried with joy. During the sessions that followed there was a marked difference in Lilly's trust; it was as if she allowed herself to surrender to our relationship more honestly and fully. Over a few sessions, I learned that her father rarely slept at home. His visits to her mother and siblings were always brief and practical, and Lilly yearned for him to stay, so that they could have a *real* family. Lilly had known that I had a baby girl a few months previously, when I took paternity leave, and she was very worried that her own story would be repeated: the father that left for another family and abandoned her. Yet falling asleep in the session made me the father who stayed. Lilly began to trust me to remain loyal to our connection, and to her in the process. Gradually, and alongside our father-daughter relationship (which would always be there), another relationship started to develop – one where we could sometimes meet as subjects.

Something blue – the I-thou field

> "When *Thou* is spoken, the speaker has no *thing*; he has indeed nothing. But he takes his stand in relation." Martin Buber[3]

I take this to be our saving grace: genuine moments of connection occur despite all that was discussed here before. Regardless of our previous history and the involvement of our wounds in choosing our partners, friends, and professional direction; notwithstanding the truth of transferential trances and how tainted our connections are, real meetings of souls do take place in the world.

The previous two dimensions presented quite a grim prospect for interpersonal relationships. We are flooded by explicit, and moreso unconscious and implicit interests and agendas that shape our communication; we operate out of utilitarian calculations, all the while doing so without properly seeing the person we are with. All we are able to engage with are mirror images of our previous relationships. Should this picture truthfully represent humankind, then all we have left to do is learn and acknowledge our dark, egocentric and forever calculated relatedness, attempting to destroy our naiveté in favor of open-eyed, if hopeless, realism.

But we are more than that. We are more than our uncultivated drives which, at best, could be sublimated, granting us a noble façade and entry passage into society. We are also capable of deep experiential connections to other persons that transcend utility or transferential dimensions; we are capable of genuinely meeting as people, uniting in our human similarity. Martin Buber (1958) described the I-thou relationship as a stance. We cannot fully know it or even speak of it without losing this connection. The transcendence is transcendence from utilitarian and transferential dynamics, and is primary and self-validating. It might be understood as surrender to a wider self. Within the wider self, it is meaningless to speak of me and you as separate: "If *Thou* is said, the *I* of the combination *I-Thou* is said along with it." (ibid, p.3)

[3] (Buber, 1958, p.4).

I-thou dynamic is a magical occurrence indeed. As Erich Fromm (1957) realized: "The desire for interpersonal fusion is one of the highest striving in man" (p.14), and the momentary I-thou connections present a more hopeful prospect for humanity. The humanistic movement, which is one of the strongest influences on body psychotherapy, represented a third force in psychology, perhaps because of its recognition of the possibility of meeting. Both Carl Rogers (1961, 1970, 1986) and Abraham Maslow (1968, 1971) repeatedly expressed their belief in the possibility of I-thou connections.

It is easy to see that the I-thou dimension is always reciprocal: this is where we unite as one, regardless of our roles and gender, utility or function, history or age. This is where we meet as two people who share a self. There is something peculiar about I-thou connections in psychotherapy. While the previous two dimensions are asymmetrical and involve power aspects, the I-thou connection is a place of equality and symmetry. Amidst a highly unbalanced relationship, and mostly without intending to do so, a shared human place grows where we are nothing but the same.

I-thou meetings are rare occurrences of intersubjectivity. They are effortless and deeply meaningful, mostly taking place in silence and often difficult to speak about, even later on. It is my belief that, because of the immediacy of touch and similarities in somatic organization (with all our differences, we share very similar anatomies), body psychotherapy in general, and touch in particular, are facilitative for I-thou moments.

Humanistic psychology had put great emphasis on this dimension, believing that those moments of meeting can serve to promote health and humanity. Discussing heart-based ethics, Faith Kaufhold Ray (2001) suggested: "Openheartedness does not mean there is no direction in therapy, but rather that defining and categorizing problems must never precede a kind, uncensored human connection." (p.27)

Here, in the core of I-thou we declare "I am here with you" and our declaration serves as an invitation to connect, an invitation with which we demonstrate our equal human longing for connection.

The dualistic division (you and I, body and mind) does exist, but outside of this place and through the tension with the transferential and utility trances, here we are one. In these humanistic moments there is nothing to be done, no therapeutic skill to be applied or techniques to be executed; in fact, we cease to exist solely as *you* and *I* and become us. Our capacity to remember our separate subjectivity comes from the multilayered truth: we are fully and completely this shared dyadic self, but this is not *all* of who we are. Nathan Field (1996) wrote about those moments "where two people feel a profoundly united sense of one another yet each retains a singularly enriched sense of themselves." (p.71) These moments emerge from the meeting of the two orders of wider self: the unity of the I-thou and the unity of transferential wider self (attachment); they exist in the tension between primary and secondary intersubjectivity.

Joining into an encompassing wider self is an act of creation, as we partake in the creation of newness, and indeed this unity is a creative act. In *The Art of Loving* (1957), Erich Fromm considered creative activity as an important way of attaining union and softening our existential loneliness and isolation. This relates not only to interpersonal union but also to spiritual connection: pathology does not preclude generative, transcendent connection (and vice versa). Spiritual and personal connections are sometimes possible even when not all psychological blockages have even been noted. At the same time, the capacity to deeply relate to another and to spirit does not imply liberation from transferential and pathological elements.

The therapeutic value of I-thou moments is huge. Amidst a potentially humiliating and unbalanced relationship, where one party is possibly needy and dependent on the other, where the importance of the relationship to the two people is rarely symmetrical, those moments of equal connection are an invaluable gift. As Ferenczi (1925, 1949) wisely noted, the very entry point (initial positioning) of the psychotherapeutic relationship is potentially wounding and shaming as it repeats a highly unequal transferential scenario.

Cultivation of these moments in psychotherapy may provide a balancing, healing place for the inevitable wounding rejection of our children and our clients.

Body psychotherapy (and bodywork) can easily take both therapist and client to a place that Franklyn Sills (2009) called *core states*, where "the emptiness of all forms, their transience and interdependency, becomes clear; it is understood that therapist and client are not separate, that their processes mutually arise." (p.46) Perhaps these affective moments are close to the shamanic notion of surrendering to the *big love* (Keeney, 2005), where the dualistic nature of our perception is experientially challenged and we unite as parts of a larger, wider mind.

The following vignette may illustrate a therapeutic I-thou moment.

When Daniel, a gifted body psychotherapist (40 years old, married, and father to three) came to therapy, he wamed me that one of the issues he would like to work with concerned his bisexual orientation. Daniel and I ventured on an increasingly analytical exploration and, despite my occasional nudges, there was seemingly no sign of any erotic dynamics. We would normally sit side by side and I have rejoiced in having such an ally, a man with whom exploration could take place without threats of inconvenient enactments. While this position was comfortable for us both, it compromised both regressive aspects of his process and our capacity to work with erotic material. And then, eight months into therapy, his lower back started to ache.

Since we both like working with touch, we have chosen to attend the ache bodily, and in parallel process Daniel's vulnerability started showing up more regularly in therapy. One session, after doing some pelvic work, I felt a surge of erotic awakening in me. A long conversation started between us about Daniel's protecting us both from homoerotic charge. Once acknowledged by him, I noticed my own apprehension and appreciation surfacing: here was a man who had boldly processed his sexual orientation – more than my own homophobia ever allowed me to. When I managed to relax into this place, something happened. Daniel looked at me, and for a brief moment we were not therapist or client, but two people. Daniel reached out and touched my arm gently, and smiled. "What is it?" I asked. "You know, Asaf," he replied, "it seems that you

are asking to relieve your embarrassment of our moment." He was right. That 'moment' that he was referring to, I believe, was not our homoerotic process, but the moment that followed – where we seemed to be symmetrically human - two men as one.

Something new – the relational tension and the second return to co-consciousness

Don't surrender your loneliness
So quickly.
Let it cut more deep.
Let it ferment and season you
As few human
Or even divine ingredients can.

Something missing in my heart tonight
Has made my eyes so soft,
My voice
So tender

My need of God
Absolutely
Clear.
Hafiz[4]

Different therapeutic approaches organize themselves differently along these three described models. In coaching and outcome-oriented psychotherapy, for example, the transferential dimension is rarely addressed and if it does emerge, it is at the service of the functional relationship. Similarly, I-thou connections may be seen as facilitative for the overall outcome but are not focused upon. Psychoanalysis and psychodynamic approaches, on the other hand, may begin with the functional dimension but as soon as transferential dynamics emerge they become the focus of therapy. The transferential relationship is understood as reflecting other areas in the client's life and as the axis for change. Humanistic – as well as some body-centered psychotherapies (Kurtz, 2007) cultivate the I-thou dimensions. This is sometimes done at the expense of acknowledging the complexity of the transferential and utility dimensions of the therapeutic relationship.

The fourth dimension is one of embracing paradox and withstanding tension. Each and every human relationship has the potential of existing in all three dimensions: the functional, the transferential and the I-thou. The relationships we partake in are both reciprocal and asymmetrical, saturated with transferential projections and yet holding a potential for true meeting of souls, full of implicit unspoken agendas yet embedding transcendence of ego-centred utility. The dialectic tension among these three dimensions creates yet another order of connection: one where contradictory tendencies coexist in dynamic and co-created ways – where newness can actually take place. Martin Buber (1958) described the awakening into relational complexity with one of the most beautiful phrases in modern philosophy: "But a moment comes, and it is near, when the shuddering man looks up and sees both pictures in a flash together. And a deeper shudder seizes him." (p.72)

The therapeutic relational matrix is a field of fields: it is the tension held between the three dimensions of utility, transference and I-thou dynamics. These different dimensions cannot be reduced to one or the other. It is, as Stephen Mitchell (1988) wrote, a "*multifaceted relational matrix* which takes into account self-organization, attachment to others ('objects'), interpersonal transactions, and the active role of the analysand in the continual re-creation of his subjective world." (p.8)

In a previous paper (Rolef Ben-Shahar, 2010), we have discussed the phenomenon of intersubjectivity as the special, semi-autonomous field created between two people involved in affective relationship. When we both submit to a relationship, a third entity emerges to create an 'us' in which we partake, yet at the same time are shaped by. Colwyn Trevarthen (1974, 2004) argued that we were born into a primary intersubjectivity: i.e. we are first and foremost a babymother, and only later we develop as a baby. The primary intersubjectivity could be thought of as preconscious relatedness – it lacks the knowledge of our split. This enmeshed state, where self is decentered and bodies are entwined, does not carry the complexity of a relational event.

When we recognize our separateness, surrendering to a larger self carries much more weight – and involves more fear – than that of a baby. The relational self, as Sullivan (1953) noted, is characterized by tension between intimacy and separation – being a part of, and apart from at the same time. Mature surrender is a second return of consciousness: a holding of the both/and of individuation and belonging, of a self that lives within the bounds of the skin and a self that is dynamically created in relationships.

Relational dynamics involve an impossible task. They involve concurrent working with all relational dimensions: the functional relationship, awareness of transferential relationship and use of transferential dynamics, and allowing for (and even cultivating) I-thou positioning.

Together, this matrix is a hive of contradictions and possibilities, which we cannot master by trying hard to grasp the different levels, but that instead requires of us to surrender ourselves into the emergent wider mind.

[4](Hafiz, 1996, p.50).

Psychoanalyst Jessica Benjamin (2006) considered this intersubjective meeting as "a dyadic trance that is mutual and cocreated, though not symmetrical." (p.378)

The following vignette can illustrate the relational stance, as the holding tension of various relational dimensions:

Melissa and I had been working together for eighteen months when she arrived one day in a physically and emotionally fragile state. A 30 year old pianist (married), Mel brought into therapy a very complicated history of familial incest and boundary violation. Our transference dynamics were similarly complex, with recurrent shifts between paternal, sibling, and authoritarian relationships, all the while dancing to and fro with erotic charge, and learning (by stumbling) to create safety in a non-sterile environment.

In my own countertransference, I was washed into my history of body-shame, dissociation and terror, and it was very difficult at times to discern the two enmeshed stories (which were both supported in supervision and personal therapy).

During that special session, Mel complained about her inability to form stable boundaries. I offered some work with strings and we each created our boundary, using a string, on the floor. After noticing what our physical boundaries felt like, I suggested that we swap places to experience the other person's boundary and learn about our own boundary in the process. We then returned to our own strings, and I asked that we each made a small change to our own boundary, to reflect a learning that we took from the swap. Mel tightened her boundary and made it slightly more ordered; her breathing slowed down, her face less flushed and her posture calmed.

When I was trying out Mel's boundary, I suddenly recognized how much rigidity mine had, and then consequently made a very tiny opening in my string. Immediately, I froze, as if all my blood washed away from my body. I couldn't see Mel at all, I was instead a child in a paddling pool, exposed, shamed, and screaming. Mel took my hand and held it; my breathing relaxed, and I too came back.

And alongside this momentary role-reversal, and while the two stories of shame were concurrently acted upon and woven into one another, there was a glimpse of home, and of newness.

The repetitive story was similar to what it had always been, but it was not the same. Somehow, the shaking of our frame (the therapeutic positioning) brought the tension of our multifaceted relationships to the fore and allowed for something different. The break in the boundary – in my body, and in the relational 'fixation' fostered a change. Mel witnessed us both enter the familiar (and familial) transferential spirals – yet we together, survived. And this survival can account, in my opinion, for many of the changes that followed in Mel's life.

The wedding march, or Whose nervous system is it anyways?
[Mirror neurons]

> "We are inherently 'designed' to have visceral reactions to each other's actions, mishaps and feelings." Robin Balbernie[5]

Once more, I am standing with my wife in front of our friends and family. As the Rabbi speaks, I can see a tear running down my father's face, a novelty. Our hands are connected, our hearts are beating. We turn towards each other in unison and smile. Yes, we are enmeshed, I am not sure where my hand ends and Tom's begin. But we are at the same time highly differentiated: we are both at once deeply connected and yet deeply separated.

The placenta; what an amazing organ! Has there ever been a more concrete symbol for the fluidity of the self and for the negotiated space between *I* and *Thou*? As the fetus develops it grows in a territory that does not belong solely to the fetus or to the mother. The fetus is regulated by the placenta, which in turn communicates with *the mother system*, and shapes the womb, the endocrine system: the mother. Baby and mother create one another already in the womb.[6] Like Winnicott's transitional space, the placenta is the epitome of developmental relationality. There, at our very beginning, we share identity with our mother. It is within the placenta that our shared existence is at its clearest: our bloods flow, our separateness and togetherness physically sensed and pulsating to and fro. We are one; we are two – and we share a space that is both. "Even if viewed from a purely *biological* point of view," wrote Margaret Mahler and John McDevitt, (1982) "the newborn infant is only a partial system: between the distress signal and the relief of need, there must be a mother." (p.828)

Natural Birthing pioneer Michel Odent (1994), claimed that the huge surge of adrenaline after childbirth, which is followed with parasympathetic activation, contributed to the mother and baby's alertness immediately after birth, ensuring the possibility for eye contact and bonding. We are biologically geared to connect.

It is for these reasons - not only of the ultimate dependency of the human newborn, but also of its shared existence with its mother - that early relationships have been seen as fundamental for the organization of self (for the first creation of united and separated forms) (Mitchell, 2000; Suttie, 1935). In his tender work *The Origins of Love and Hate*, Ian Suttie (ibid) described how at the early developmental stages, self and other were not differentiated. The early love relationships, before weaning, are therefore the base upon which the child learns not only to form other relationships, but also to form its own identity (ibid).

[5] (Balbernie, 2007, p.309).

[6] Traverthen (1974) described this as *primary intersubjectivity.*

If the placenta is the heart of our shared self, if it is the first intersubjective organ, than mirror neurons are its nervous system. Mirror neurons were discovered during the mid 1990s (Gallese, Fadiga, Fogassi, & Rizzolatti, 1996) when Italian researchers (accidentally) found that motor neurons involved in reaching out were activated (in monkeys) by merely watching others reach out to grab a raisin. This discovery led to an extensive study of this miraculous phenomenon – someone else's activity influences my nervous system!

Apparently, in order for mirror neurons to be activated, the stimulus needs to have affective meaning for the observer. (Gallese, 2001) Is it not a physiological translation for countertransference? Ann Marie Barry (2009) posited that mirror neurons break down the barrier between ourselves and others, "as the actions or expressions of others resonate within us, we empathize and recognize the other as us." (p.80)

But I would like to suggest a more radical claim: that the barrier between our self and others never fully existed. That we have two types of bodies. Our first body is a half-body, one that can only come into existence when we connect with another. This body is the body of our dyadic-self, a body that is forever incomplete. On that level, we dynamically move between identities and connections. Our second body is our skin-boundaried one, a body that is centered and can be known by us without connecting to another. Our seeking connection and individuation can also be seen as the tension between those two bodies, between those two nervous systems.

Some changes and healing might therefore only take place within a larger body – and the relational body psychotherapist lends her body to surrender to this shared body, where regulation is no longer self-regulation, but instead dyadic. The client and therapist move from belonging to one another and coming back into their separated selves. If we adopt this view of bodies, we could start to think about different types of pathologies – those that happen within individual bodies, and those belonging to the shared body. Similarly, therapeutic interventions may vary between working with the larger or smaller body.

I am particularly interested in understanding resonance in those terms. It is my deep belief that intersubjectivity is primarily somatic, and therefore – when I resonate (somatic countertransference), it is not my own centered body that I sense – but instead, I am feeling into a co-created, shared self. This view has great therapeutic implications, which will be demonstrated and discussed in the fourth paper of this series. I hope that you can share my excitement at the prospect of not only being a body and having a body, but also of belonging to a body.

Traditionally, a Jewish wedding ceremony ends with the bridegroom breaking a glass (by crushing it with his right foot). In our wedding, there were two glasses wrapped in aluminum foil. Two right feet crushed the glasses, everybody cheered, we cried. Hugs were everywhere, our faces ached from smiling, hearts were wide open. And then came the music and, as we knew we would, we danced, and danced, and danced.

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Biography

Asaf Rolef Ben-Shahar, PhD is a relational psychotherapist, writer and trainer from Israel. Asaf integrates Body-psychotherapy and trancework within a relational framework. He teaches in a variety of academic and clinical settings in Israel and Europe and is widely published. Asaf is married to Tom and a father to Zohar, he collects tattoos, enjoys country music and loves animals and birds. asaf@imt.co.il

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How does material in this manuscript inform the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e, back ground information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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Jacqueline A. Carleton, Ph.D.
Editor
USA Body Psychotherapy Journal
115 East 92nd. Street #2A
New York, NY 10128
212.987.4969
jacarletonphd@gmail.com