The Relational Turn and Body Psychotherapy
IV. Gliding on the Strings that Connect Us
Resonance in Relational Body Psychotherapy

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Abstract
This is the fourth and last paper of the series The Relational Turn and Body Psychotherapy. These papers examined 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 out the relevance of relational thinking to the history and practice of body psychotherapy. The second paper Something Old, Something New, Something Borrowed, Something Blue (Rolef Ben-Shahar, 2011a) expanded the discussion on intersubjectivity and examined the balance between regressive and novel aspects of intersubjectivity. The third paper (Rolef Ben-Shahar, 2011b) explored connections between somatic, linguistic and relational organizations, and the place of the self in relational body psychotherapy. This last paper will demonstrate the use of resonance in body psychotherapy within a relational framework, borrowing from psychoanalytic framework, from Jungian and from shamanic traditions.

The paper is dedicated with love to Yanina.

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Keywords: relational BP, resonance, shamanism, intersubjectivity, transference

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1. Could my daughter be Chinese?

“...The mission ahead of you requires a surrender of the attempts both to be still and to be shaken. We must patiently wait to be caught by the medicine. We cannot take this medicine. The medicine waits to take us”.

Bradford Keeney, Shaking Medicine

This is the fourth article in a series by Asaf Rolef Ben-Shahar, Ph.D. Previous articles can be found in The USA Body Psychotherapy Journal, Vol. 8, No. 1, Vol. 9 No. 1, Vol. 10, No. 1, and Vol. 10, No. 2. They can be accessed online at www.usabp.org. Please contact usabp@usabp.org if interested in ordering printed copies.
Last night, as I put my eldest daughter Zohar to bed she asked if we could play the make-believe game. In this game, we should both close our eyes (tightly) and describe what we see in our mind’s-eyes, inviting the other to join. Throughout the day she had been a bee, buzzing from flower to flower drinking nectar and collecting pollen. So, as we lie I ask her to close her eyes and suddenly we are gliding over petals and playing on the flowerbeds, making nectar cakes (which the Smurfs like very much), made of roses, daffodils and hibiscus flowers. These cakes are yummy!

“Can you hold me really tight until I fall asleep?” Zohar asks, and I partly delight in the opportunity to spend some more time with her, but another part of me wishes to have some time for myself, or be with my wife and baby daughter, whom I have barely seen during the day. “Sure,” I say and stay with Zohar. I hold her firmly for a few minutes. At first our contact is all that I can feel, and it is the most precious gift I can think of. But then, my thoughts take over and I find myself preoccupied with the many things I need to do later that night and tomorrow. I’m waiting for Zohar to fall asleep, but she is annoyingly restless, “I cannot fall asleep like that daddy,” she says, “you are not sleepy at all; your thoughts wake me up.” And she is right, of course. So, I make myself a little bit more comfortable, allowing my body to sink ever so gently into the bed, and I close my eyes and slow down; the things I have to do can wait till tomorrow. Thoughts are still coming and going, but I let them pass as much as possible and they too slow down. I feel the little body of my daughter softening, her breathing is a bit deeper, as well as my own.

My mind is drifting as my body surrenders, yet I am not fully asleep. Zohar has fallen asleep, smiling, and I can imagine her little bee-wings as she travels from one flower to the next, and the sense of freedom that envelopes me is soothing and exciting at the same time. The choice is clear – I can either join her and let go into sleep, or get up now.

The capacity to sense another person through our bodies can sound, as I hope this description above does, as the most natural and innate human ability. At the same time, when skillfully honed, it can contribute to highly complex communication processes, ranging from the therapeutic (noticing the unspoken), to the forensic or even some so-called paranormal phenomena (mind reading, channeling, telepathy etc.). Therapeutic resonance can serve as a superb diagnostic tool, allowing us to feel into the relational-field, picking up shown yet unspoken fragments of communication. And my daughter, in her highly attuned nature, easily sensed my energetic activity and was unable to sleep.

Moreover, there is another side to resonance. If affective-fields indeed open wider-selves in which we partake, then surely changes we make in ‘our side of the field’ contribute to the whole system. Calming myself down and submitting into the rhythms of sleep affected Zohar and eased her falling asleep. When cultivated, resonance can prove a highly potent therapeutic intervention.

The famous parable of the rainmaker, which Carl Jung allegedly told in every possible seminar (Jung & Foote, 1976), can further demonstrate the value of resonance as an intervention tool. It goes something like this: There was once a Chinese village suffering a great draught. The village people thus sent for the rainmaker, who lived in the farthest corner of China (prophets frequently come from afar). As he arrived, and the elders of the village gathered around him, the rainmaker merely asked for a place to stay in solitude. He was provided with a small hut, where he sat and meditated for three days, while the entire village people impatiently awaited him. On the third day the rain started to come, and the rainmaker left his hut.
Excited and grateful, the village elders gathered around him curiously. “What have you done?” they asked. “Nothing,” he replied. “But you have brought the rain after so many months of draught.” “I don’t know about that,” answered the rainmaker, “in the village I come from people live according to the ways of the Tao. We maintain the dynamic balance of Tao – so people are sad, and people are happy, babies are born, and people die; the sun shines and the rain comes. When I arrived at this village I felt that I was totally off-balance, I couldn’t think straight or calm down. It had taken me three whole days to retrieve my inner balance.”

Jung’s concept of synchronicity describes the interdependency between objective events, both among themselves as well as with the subjective observer. In his preface to the I-Ching, Jung (1949) wrote: “The ancient Chinese mind contemplates the cosmos in a way comparable to that of the modern physicist, who cannot deny that his model of the world is a decidedly psychophysical structure. The microphysical event includes the observer just as much as the reality underlying the I Ching comprises subjective, i.e., psychic conditions in the totality of the momentary situation. Just as causality describes the sequence of events, so synchronicity to the Chinese mind deals with the coincidence of events” (p.6).

The traditional Chinese perception of interconnectivity seems to fit the relational understanding of self. Adopting such a point-of-view allows us to relate to resonance as the most natural and organic of phenomena. Could synchronicity be a more appropriate logical construct to explain resonance than causal attempts?

2. Non-cerebral consciousness: sensing the field.

“The brain is the seat of the ideal consciousness. And ideal consciousness is only the dead end of consciousness, the spun silk. The vast bulk of consciousness is non-cerebral. It is the sap of our life, of all life”.

D.H. Lawrence

That a great deal of the communication between people occurs nonverbally is both commonsense and broadly agreed upon (e.g. Benjamin, 2000; Farrelly & Brandsma, 1974; Klein, 1960; Knoblauch, 2000; Loewald, 1977; Ramberg, 2006; Shapiro, 1996; Stern, 2004).

“Considering that words account for as little as 7% of the perceived message,” wrote Jungian body-psychotherapist Gottfried Heuer (2005), “a cure exclusively relying on talking is an impossible endeavor indeed” (p.108).

Resonance constitutes a significant aspect of relational work. Resonance, as the term will be used here, describes a primarily nonverbal affective response to what is taking place in the other. It is a conversation taking place between bodies and unconscious processes, where the other moves and lives through us and is deeply felt through our bodies. Freud (1915) was deeply curious about this: “It is a very remarkable thing that the unconscious can react upon another, without passing through consciousness,” (p.126) he wrote. This is slightly less curious if the self is, as argued in the previous papers, primarily dyadic – if the ‘us’ precedes the ‘I’.

When a depressed client enters a room and the therapist immediately feels tired and low, or when we are able to complete the sentence that the other began with an inner, bodily, knowledge that we experience (not simply know about) the other as part of us, we enter resonant fields. A more analytic term for this specific form of resonance is body-countertransference, noting that our bodies serve as amplifiers of the system (which includes the other). Somatic resonance allows us to connect to the shared field in an attuned manner, responding to a showing that is not yet a telling (Schafer, 1992; Turp, 2000).
Resonance might be perceived as a necessary sociobiological skill that allows for impact within systems and in between them, like the neural network of a large village. When a cheetah approaches a herd of antelopes, it ignites a resonant response. As soon as one antelope senses its presence - a wave of fear passes through the herd almost immediately. An expression from the other (mostly non-conscious, frequently belonging to the autonomic nervous system) is making an impression on us, registering first and foremost through somatic processes. An antelope that insists on maintaining individualist consciousness and shuts off interconnected messages will probably end up as dinner.

The phenomenon of resonance receives poetic meaning when we consider it a marker of surrender to a greater-self. When the personal-self expands to partake in a larger, communal-self, sensing the other (resonating) is no longer an interpersonal act, but a process that takes place within the same system. While we partake in an expansive-self, this wider-mind (Bateson, 1979) is in turn within us: God manifests in our belly. Resonance could be considered the epitome of relationality: we are asked to surrender our narcissistic-solipsistic fantasy, namely, that the ‘self’ is an independent object, and that this object belongs to us. A basic working assumption for relational practice of resonance is that as soon as we enter a relational field, nothing simply belongs to us anymore: no thought, no feeling or image, no sensation is fully disconnected from the other and the relational-field. It is not ‘the other person’s stuff’ either. Rather, it means that once we have entered an affect-laden relationship, we partake in a larger system, and are a part of as well as apart from the other. Whatever we are exposed to is therefore also a manifestation of this shared mind.

According to traditional shamanic philosophy, assuming anything else is considered madness: perceiving the individual person as disconnected from its surrounding can seem absolutely crazy, for we are primarily a part of the whole (Capra, 1982; Castaneda, 1971; Jung, 1920; Keeney, 2005; Sheldrake, 1987). This worldview would be expanded later on in the paper. However, while our resonant sensory experiences are valid and evident, this doesn’t mean that we are able to accurately interpret whatever newly acquired information we received in our dyadic intersubjective form. We cannot successfully and methodologically (without feedback) interpret the other, as what we sense is not the personal other but the emergent Us, a dynamic-self that is different to I and different to You. For example, if my client speaks of a new exciting relationship and my stomach begins to ache, my bodily response indeed indicates a movement (a dissonance of sorts) in the shared field, but it does not provide me (or us) with a linear causal explanation for the event. Instead, wondering about synchronicity might be a more appropriate way of intervening; we are seeking connections, rather than cause and effect. I might say for example: “As you were telling me about your new girlfriend, my stomach began to hurt. Can this have any meaning for you?”

When I enter an intimate connection and an image or sensation emerges, I therefore consider it as inevitably relevant to our shared affective-field; it cannot but be relevant to our, newly formed, dyadic-self. Could individual events be at all considered as meaningful outside their relational context? How can one genuinely be said to have any private experiences when one is in a relationship? Thoughts, sensations, emotions or memories all belong to the tension between private and public: their very domain changes. The relational dynamic is one of pulsating tensions between negotiating systems: a process that takes place within us (intrapsychic aspect), between us (interpersonal aspect), and within the system that emerges from our connection (intersubjective aspect) (Pizer, 1992). In this regard, the relational-self is a transitional phenomenon.

Resonance experiences, when shared appropriately, are among the most powerful tools in psychotherapeutic work. Traditionally, analysts noted their countertransference (which is
part of resonance) and kept it to themselves, or, if sharing, found a way to de-personify the event and minimize the relevance to themselves as subjects. Today, primarily thanks to the relational turn in psychoanalysis, sharing countertransference material and resonance material sometimes takes a different form – of bringing the therapist’s person more into the dyadic relationship (Aron, 1992; Davies, 1994; Eagle, 2000; Renik, 1993; Searles, 1979; Soth, 2005), and furthermore acknowledging the therapeutic-dyad as the affective, analyzable unit.

The therapist’s disclosure of his resonance (or countertransference) can be powerful in mobilizing client’s resources, in deepening relational aspects, and in ‘hooking on’ to what really is happening (Pizer, 1997, 2006; Rachman, 2001). When prematurely shared or insensitively executed, it may also prove a disruptive force that imposes pace, direction or otherwise interferes with the client’s natural rhythms. Clinical decisions regarding the appropriateness of sharing resonance, and the amount of disclosure involved, require experience and practice (and mistakes).

3. Gliding on the strings that connect us: shamanism

The rope is the most important thing we know.
Cgunta I Kace

The last three papers delved into the conceptual and clinical juxtaposition between relational psychoanalysis and body psychotherapy. Now, let us take a detour into a third body-of-knowledge, and one that would portray similar understandings in a very different terminology: Shamanism. Shamanic worldview speaks in the language of magic, symbols, energy, and faith.

Shamanism emphasizes the unity of all that is alive and the aliveness of nature. Shamans believe it is possible to attain direct contact with the spirit world – but also with other people (Capra, 1982). Through focused attention the shaman can surrender to oneness with minerals, plants, animals, people and God.

These connections are made possible and conducted through (energetic) strings or ropes. There are strings that connect different geographical places (horizontal), strings that connect one person to another and to all living beings, and strings that connect us to other realms of realities (vertical) (Keeney, 2005). These strings are found cross-culturally in many shamanic traditions. For example, the strings have been described in the Bushman Shaman tradition (ibid) and can also be found in the Polynesian (Hawaiian) religion of Huna, where connection between selves is visualized as a cord and prayer activates its flow (Boadella, 1988). Don Juan’s men of knowledge are experts in traveling along the fibers, which radiate from their stomachs (Castaneda, 1971, 1972, 1974, 1977; Mindell, 1982). The physical shape is understood as secondary to the principal organization process - connection and relationship – the organization between forms. Do these descriptions sound familiar? Are they not exemplifying resonance and intersubjective connections?

When we surrender to a relational-field, Don Juan explained to Carlos Castaneda (1971), we sense the other through those strings that connect us to become one. He elaborated: “Every man is in touch with everything else, not through his hands, though, but through a bunch of long fibers that shoot out from the center of his abdomen. Those fibers join a man to his surroundings; they keep his balance; they give him stability” (p.33).

Since the individual in shamanic cultures (and in relational psychoanalysis) is always seen as connected to his social and cultural contexts, illness is consequently never understood in isolation from the sociocultural balance (Capra, 1982). It is the responsibility of the entire social-structure to retrieve the balance, when an individual manifests (through physical or
mental illness) an imbalance. The shamans take the shape of the animals and plants they know to be medicinal (Jung, 1964) and administer these medicines from within, through sharing their psychic identity (ibid). Shamanic medicine is therefore a process of reestablishing lost connections (Levine & Frederick, 1997), between different parts of an individual, between the individual and others – and between those and realms of spirits. The shaman performs a similar act to the rainmaker, expanding his identity and making inner rebalancing rituals.

The shaman glides on the strings that connect us by mobilizing the center of self from the individual (skin-bound) self to the pulsating field-self (or relational-field). Could my daughter have done the same? I believe that empathy in general and skillful therapeutic resonance in particular, involves a very similar act. The shamanic worldview sits well with attachment theory and relational perspectives: we reclaim the context (relational form) that allows for flexible exploration (individuation).

4. Transference dynamics and resonance

Transference is an unavoidable psychological phenomenon. In short, our early experiences of relating and interacting, particularly those we formed with attachment figures at the first five years of our lives, seriously influence and impact the way in which we relate as adults. Our early relationships provide us with sets of lenses (or veils) through which we look at later relationships in our lives. Principally speaking, it is impossible for us to relate to others except through those early matrices. When client and therapist meet, they both bring their biographical veils and together attempt to relate to one another not merely as actors in their past-dynamics (objects or part-objects) but also as here-and-now subjectivities. The unraveling of our veils is the psychodynamic endeavor, an attempt to retrieve subjectivity. These complex dynamics becomes even more complicated since we don’t only bring our own biographical relationship-matrices (our own veils), but also, naturally and organically, respond to the other through their life story – we reenact their relational dynamics.

These two aspects of transference have been differentiated in the first of four papers (Rolef Ben-Shahar, 2010) as reactive and responsive transference (Racker, 1968), and will be expanded and reiterated below.

Reactive transference dynamics is easily understood. However much we have processed our history, we nevertheless bring our past ways of relating into new relationships, including the therapeutic relationship. We therefore tend, at times, to respond to the other through the beliefs, generalizations, limitations and distortions of past-relating. For example: Arielle came into the session uncharacteristically proactive. After many weeks of severe depression, accompanied by suicidal ideation and very little motivation to act, she was enthusiastically describing different job interviews she applied for. I wasn’t focused on the content though, but was merely noticing how something in her was yet-again choosing life, and it made me smile. Arielle continued to speak, but as she spoke she became increasingly agitated. “What’s going on, Arielle?” I asked. “Why are you mocking me, Asaf?” she replied. “Whenever I make a real effort to do something for myself I am mocked.” She was shocked to hear that I smiled because I enjoyed seeing her alive. As both her parents mocked any effort Arielle made, it was easy to interpret my response as belittling.

To exemplify the parallel transference response in the therapist (reactive countertransference) we can look at Aaron, with whom I frequently froze. Every time Aaron was excited or wanted to emphasize a point, he would wave his finger at me. It took me a while to realize that, for me, the waving finger registered as a threat from my own early childhood. Awaiting punishment,
I would become silent and move very little which, in turn, communicated to Aaron indifference (so he waved harder). Our two life-stories interwove into a paralyzing and highly frustrating bond.

As explained in previous papers of this series (Rolef Ben-Shahar, 2010, 2011a, 2011b), traditional psychoanalysis considered reactive countertransference as a sign of insufficient analysis, while relational perspectives relate to countertransference (including reactive) as not only inevitable, but also as invaluable - holding a genuine therapeutic potential (Loewald, 1986; Mitchell, 2005; Orange & Stolorow, 1998).

Whereas reactive transference involves our own biographical buttons being triggered, the second type of transference describes a more complicated communication dynamics. Responsive transference (and countertransference) describes how we respond to the other person's biographical dynamics and become part of their repeated and reenacted story (and they do the same for us). A simple example is being late for an appointment with the one client you really don't want to be late for, since everybody in his life always forgets him. Projective identification (Klein & Khan, 1975) is based on responsive transference dynamics. It means that, inasmuch as we open to an affective field, we also accept (not by choice) a role in the other person's continuous life-story. With introspection and curiosity, these roles can be unraveled, understood and (hopefully) transformed.

While reactive transference is a highly fascinating phenomenon, at the moment I wish to wonder about the means through which we become actors in someone else's dynamics: how is responsive transference possible at all? Many theoreticians and clinicians attempted to explain projective identification. Kohut (1959; 1971) believed that the therapist provided the client with missing functioning (projected on her by the client) until the client was able to internalize these and self-regulate. Bion (1989) thought that the origin of the phenomenon rested in the mother's containment of her baby's negative feelings. But both clinicians explained why projective identification occurred but not how it came to manifest. Body psychotherapist Babette Rothschild (2006) understood projective identification as the psychobiological foundation of empathy. This brings us closer to looking at the mechanisms that enable transference: and I believe it is resonance (or the strings that bind us).

While transference dynamics is a psychological phenomenon, resonance is a socio-biological one. It means that, as social organisms, we are highly sensitive (attuned) to our environment. Should we adopt biological language we can speak of Damasio's (1994) somatic markers theory, which proposes that emotional experiences begin with a gut feeling which appears as a response to various stimuli, including empathy. When we attempt to understand how a client might feel, for instance, we tend to assume his affective and physical gestures. Research into Mirror neurons (Gallese, Fadiga, Fogassi, & Rizzolatti, 1996; Platek, Critton, Myers, & Gullup, 2003; Preston & de Waal, 2002; Wolf, Gales, Shane, & Shane, 2001) also provides interesting arguments for the physiological nature of empathy, and thus of resonance and transference.

However, when explaining social and psychological phenomena, I find biological-causal-explanations insufficient and logically mistaken. Of course, mirror neurons demonstrate how we empathize, but we do not resonate and empathize because of them. Attempting to explain social phenomena using biological language is a class-error (Bateson, 1974; Capra, 2002) (this argument has been elaborated on in the third paper (Rolef Ben-Shahar, 2011b). If we refuse to accept the biological explanation as cause, how are we then to explain transference phenomena? Can Jung's synchronicity support us here? How can we explain the way intersubjectivity exists? Shamans (as well as attachment psychotherapists, and Jungian analysts) might raise an eyebrow and argue that explaining how the individual exists without the system to which he belongs is futile, and that intersubjectivity (the dyadic-self, collective-self) – is the primary unit, only later differentiated as an individual.
Gregory Bateson (1972, 1979, 1987) perceived the mind (today he might have called it body-mind) not as an object but as a relational-field. He considered mind to be a process rather than an object. Therefore, when therapist and client sit together, affectively relating to one another, the mind (thought-fields, feelings, sensations, and insights) is not merely the two separate units but rather: two people together, the background they bring with them, their connection and the context in which they connect. Therefore, a therapeutic demonstration in a training-event will express a different mind to a therapeutic session in the privacy of a clinic.

The strong Western inclination (and need) to maintain the belief that the self (and therefore the mind) is a personal object - that our thoughts, feelings and sensations are ours alone - is understandable. During the process of identity-formation and organization, it would have been too big a challenge to tolerate the paradox that the ‘I’ is both a personal, and at the same time an interpersonal process. The capacity to tolerate such contradictory truths is a precondition for a flexible theory of mind and thus, according to Bateson (ibid), a sign of mature thinking.

If we truly adopt a relational (or shamanic and Jungian) perspective, then intersubjective phenomena, including resonance, become the clearest example of communication – we resonate, because we are a part of a system and we do it through our whole body-mind – the nervous system, the affective system, the energetic system: we glide on the strings because this is what we are made of.

In fact, we might argue that it is categorically impossible to ever get to know ourselves in isolation, let alone get to know another person. All we can come to know is the me-in-relation to you, or the you-in-relation to me: the us that was formed with the other. Fundamentally, we may only come to know ourselves as persons-in-relations.

To summarize, transference is a psychological phenomenon, which is expressed through the wider sociobiological phenomenon of resonance. Transference dynamics is a form of resonance but not all resonance is transferential. Personally speaking, I am much more comfortable with explaining resonance (and thus transference phenomena) through synchronicity than causal logic (biological or otherwise) and through the shamanic notion of strings, rather than through mirror neurons, but this is clearly a matter of personal style.

5. Elle and the search for a self-object

I felt nauseated even before Elle stepped into the clinic room. Coming down to meet her at the waiting room, we greeted each other and I walked upstairs, Elle following behind. I was extremely self-conscious about my weight and body, and felt threatened by her watching me as I climbed the stairs. I tried to walk quickly so she would not have time to concentrate. I wanted to hide. We sat in our chairs and a good proportion of my attention, throughout the session, was my preoccupation with how I looked. These feelings are not foreign to me, but their magnitude and timing felt too peculiar to simply ignore.

During our second session, when I asked Elle whether she was bulimic, she shook her head vigorously: “No, I just hate my body and hate being fat, but I don’t throw up.” Asking her again, six weeks later, Elle responded with the same answer, but was agitated “you’re talking about building trust,” she said, “but you don’t believe me.” In hindsight, my questions were premature. Elle was referred to me by a colleague whom I thought very highly of and whom I desperately wanted to impress. Moreover, I wanted to hand my uncomfortable feelings back to Elle. I felt embarrassed and ashamed about my body, and wanted her to take it. I really wanted her to take it from me and own it, and was internally angry with her for not taking responsibility for her feelings.
Elle was a stunning thirty-year-old woman and everything seemed to go smoothly and easily for her. During the first two months of therapy, and although Elle was quite distressed, my main feelings towards Elle were envy and jealousy. I wanted to have what she had, I wanted to be like her in many ways, and couldn’t understand why she was so unhappy. Her unhappiness made me angry, how ungrateful can she be! Elle was financially stable, studied something she was very passionate about and was doing well. She had a loving boyfriend who was ten years older than she, and Elle said he was everything her mother would have liked her husband to be. During the first year of therapy we discovered that her mother, whom she at first considered “my best friend, my soul mate, my twin sister” always used Elle to regulate her own emotional life. Elle was expected to comfort her mother from a very early age, to perform perfectly “to make mummy happy,” to bring home the expected goods or else her mother would slip down her depressive slopes.

Elle therefore never attained appropriate differentiation, she continued to exist as a partial-system, unable to regulate herself on her own, entering symbiotic relationships where she disconnected and felt betrayed and lonely. Israeli Self-psychologist Eitan Bachar (2001) explored bulimia in terms of the difficulty to occupy space. He claimed that the role-reversal, commonly observed between the bulimic client and her early attachment-figures, represented a parental tendency to excessively use the child as self-object. Interestingly, during the early stages of psychotherapy with Elle I have done the same: my insistent questions regarding her bulimia were directed at regulating my own needs for acknowledgement and anxiety-regulation. My empathetic failure was similar to her mother’s and this powerful transferential dynamic was, as my supervisor helped me to realise, an expected re-enactment of her attachment dynamics.

With the help of my supervisor, and work in my own psychotherapy, I realised that in order to help Elle I had to survive myself, to self-regulate. For weeks, as she entered the room I would be bombarded with self-loathing internal-dialogues, an urge to cover myself or hide, and nausea. Going back to basics, I would practice conscious breathing techniques (Hendricks, 1995), and a lot of inner-child work. I felt slightly better, and the need to push Elle into saying things decreased. Her suffering was more apparent to me, and it was relieving to feel my therapeutic empathy returning and therapeutic positioning regained. About that time, Elle admitted to having been bulimic for five years: “it’s just that your questions seemed invasive at first, I didn’t even know you,” she said.

When I was blindly drowning in the transference dynamics, I was too deeply ashamed to share any of my processes with Elle, but self-disclosure at that stage would have been easily understood by her (and rightfully so) as being used, again. It was only when I was more able to self-regulate that self-disclosure of my countertransference (or resonance) became valuable. It was as if the mother (or therapist) were now able to acknowledge her (my) needs and sufficiently differentiate, allowing Elle to take her own space. As Rachman and Ceccoli (1996) argued, therapist self-disclosure should occur within the context of empathic attunement and responsiveness, and in the psychotherapeutic process with Elle, it accompanied the growing differentiation, as well as connection, between us.

After two further years of therapy, Elle stopped her bulimic behaviour. During these two years, a significant part of therapeutic work was my own regulation of the invasive resonance (or somatic countertransference). Slowly I learned to tolerate and even like my body in her company, and it felt like we were both recovering from a painful addictive process. The change manifested in many facets of her life – and our therapy. From being held almost every session, we now sat facing each other. Touch was no longer necessary, but instead became a possibility that was gauged according to the need, and our shared dialogue.
I would like to return to the beginning of this paper and the description of bedtime rituals with my daughter, Zohar. The two processes share a contextual resemblance, even though the content is different. With both Zohar and Elle the attempts to “do something to” the other miserably failed, with both I had to closely monitor my narcissistic needs and attend to myself before attempting to support change in the system. Perhaps the rainmaker was right, and retrieving our own balance, inasmuch as we are part of the village, is the best that we can do?

Elle’s psychotherapy continued for three more years, and resonance experiences continued to be central to our work, but decreased in magnitude. It was as if the relational-field slowed down; our intersubjective-self held us close together and encouraged us to be separate, and belong to one another, and both at the same time.

6. Epilogue

The Good Walkers are those who “step out” in altered states of consciousness to “fight for the fertility of the field.”

Stephen Karcher

Resonance is organic and natural, yet it is also a skill that could be honed and calibrated. By opening to a wider-mind we drop into an expansive sharing space that is bigger than ourselves, a mind that includes us but is not limited to us or excluding the other from us. Resonance is not only a beautiful practice; it is also a skill that can be supported by, and deeply relevant to both body-psychotherapists and relational psychotherapists.

If psychoanalysis was originally based on letting go of the body and coming into the head, famously captured in Freud’s (1933) “Where id was, ego shall be” (p.79) and some of the early body psychotherapy replied with the notion of letting go of the head and coming to the body, as Fritz Perls (1969) wrote: “Lose your mind and come to your senses” (p.38), then modern body psychotherapy is hopefully less dichotomist; we can have both. And indeed, for good practice of resonance skills we require both the embodied capacity to open to our senses, and at the same time, the analytic capacity to name these for ourselves and appropriately use this information therapeutically. When we are able to reconnect with other fields of knowledge, we stand a greater chance at growing and developing as a profession, and as people. No longer is it satisfying to be a disembodied mind or a mindless body.

The way resonance is used depends on the orientation of the practitioner. While resonance can offer a deep and oftentimes quick sense of empathetic sharing, it is not about therapeutic fireworks. The therapeutic task of naming those surfacing aspects that are calling for recognition is a complex clinical practice. Premature disclosure of countertransference can be damaging for the client, the therapeutic process, and the therapist, who is also exposed.

How can we open and speak of that which hasn’t yet been opened and spoken of without hastening the process prematurely? How can we do so without shaming the other person, or dangerously exposing ourselves? I am still struggling to find answers to these questions. Perhaps one aspect of the answer can be found in the ongoing negotiation of and dialogue with these questions.

One of the cornerstones of a dynamic field involves being informed by and maintaining a continuous dialogue with the work of others. It comforts me to know that other clinicians have struggled with similar questions, and it inspires me to find myriad attempts to address such questions. In these four papers, I have shared some of my professional and personal inspirations with you, and I hope that you have been excited and moved, and that whether you’ve agreed or disagreed, the papers have managed to sustain your curiosity and aliveness.
When an intersubjective field opens between two people something bigger than the two comes into existence. This is a rich and fruitful ground for growth, for connection, and for change. Relational body psychotherapy is hopefully such a field. Unraveling between two separate, yet interconnected disciplines, relational body psychotherapy has the potential to become an aesthetic and pulsating novelty, where practitioners dare to surrender and “fight for the fertility of the field.”

I welcome feedback, questions or comments on the ideas, questions, and opinions expressed in these papers (asaf@imt.co.il) and wish to thank all the friends, and colleagues who supported the creative process. My clients and supervisees provided a dialogue without which these papers would not have been written. Thank you, Jacque, for the interest, challenge and support for the series. Most of all, I wish to thank my wife, Tom, whose astute, critical and loving reading is one of her many gifts.

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