When the War is Over
Dialogues between reality and fantasy, healing and psychotherapy

Shamit Kadosh

Received 01 August 2016; accepted 04 October 2016

Abstract

In this paper I describe two sets of irreconcilable binaries in psychotherapy. The first between reality and fantasy, and the second between dynamic psychotherapy and healing. I present my clinical work as a body psychotherapist integrating touch, with Sara, a seventy-one-year-old holocaust survivor. Interweaving clinical experience, psychoanalytic theories and my own biography, I discuss the inevitable tension derived by these binaries and the profound impact of holding them in the therapeutic encounter.

Keywords: body psychotherapy, inter subjectivity, fantasy, reality, touch, healing

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*
Volume 16, Number 1, Spring 2017 pp 08 - 15. *ISSN 2169-4745 Printing, ISSN 2168-1279 Online*
© Author and USABP/EABP. Reprints and permissions secretariat@eabp.org

---

"To see a world in a grain of sand
And a heaven in a wild flower
Hold infinity in the palms of your hand
And eternity in an hour."

William Blake, Auguries of Innocence (1803)

She was born in Auschwitz. At the age of two weeks she was thrown by her mother over the fence with faint threads of hope of someone being there to catch her.

Her body tells her story. Lean, contracted muscles, tightened shoulders; Sara hardly makes eye contact, holds her breath. Six months into therapy, she keeps withdrawing rather than attaching, surviving rather than living. The thrown unloved baby, who grew up in an orphanage, was saved from the atrocities of the Nazis yet abandoned. She became a bitter, angry and hopeless seventy-one-year-old woman, destroying potential relationships in her life. The only thing enlivening her is the war. She keeps living in the war; the war keeps living in her.

I can sense her craving for a mother and her repressed inner yearning. I carefully and slowly try to reach out, but she keeps holding back. From time to time I am drawn forth into helplessness and frustration.

Sara reminds me that children's primary attachment patterns are acquired through affect-laden interactions with their primary caregivers (Ainsworth, 1979), and are encoded as "implicit relational knowing" (Ogden, 2006, p. 45, 2015 p.585). In other words, our early caregiving experiences, encoded as procedural memories, lead to our non-conscious relational strategies. Those interactions encompass somatic exchange, a body to body, brain

to brain dialogue addressed as "affect synchrony" (Schore, 2003, p.76). When the attuned caregiver responds to the infant's affective body "language" in a pleasure-enhancing manner, the infant experiences a positive nonverbal communication, which fosters the development of his sense of self and cultivates regulatory abilities (Caroll, 2009; Ogden, 2006).

Winnicott (1963) emphasised the profound importance of a facilitating environment of mothering, the way of holding, responding and perceiving the infant's internal needs. Bollas (1979) stressed that the mother was experienced as a process rather than an object of transformation, a feature that remained in the trace of this object-seeking in adult life, resulting in a quest of an object that promises to transform the self.

Based on attachment theory, originally developed by John Bowlby (1951) who studied the nature of infant-caregiver relationship, there are four identified attachment patterns: secure, insecure-avoidant, insecure-ambivalent (Ainsworth, Belhar, Waters & Wall, 1978), and disorganized-disoriented (Main & Solomon, 1990). Those patterns correspond with attachment styles in adulthood (Hazan & Shaver, 1994). The main behavioural features of the disorganized-disoriented style are both sequentially and simultaneously contradictory, and stressful. Disorganized and disoriented behaviour is accompanied by movements and postures indicative of freezing and apprehension in relational situations (Main & Solomon, 1986, 1990).

Sara's biography explains her disorganized attachment style. She expresses confusion and incoherence in our relationship. She craves proximity and contact while withdrawing, freezing and wandering around with labile dysregulated affect and fearful expressions.

Sitting in front of me, Sara tells me about a fight with her neighbour; no one is there for her. She flagellates herself for her aloofness and complains about her loneliness. I can hardly hear her; her words are scattered in the room, and there is only one thing I can feel now. It's clear and powerful, I can hardly resist it. My hands are tingling, my heart racing, and I certainly know, from the depth of my inner being, that I have to touch her chest. Troubled by this overwhelming unfamiliar sensation, I try to figure it out in terms of countertransference and resonance (Soth, 2005). Is it my craving to mother her? Is it the comforting sense of my hand touching my own heavy chest? My desperate attempts to use my knowledge and clinical experience fail. The only thing that feels right is to touch her chest. Months ago she made it clear, no touch is allowed. My chest becomes heavier; I can hardly breathe while trying to repress my unpredictable urge. A battle is taking place inside of me. A war between knowledge and knowing, between illusion and reality.

Truly, I am a woman of knowledge; I have always been. I valorise science and research; I am trapped in Western scientific scepticism. However, practicing family medicine and later psychotherapy, I am experienced in interweaving knowledge with clinical intuition. While looking at Sara, I can feel in the countertransference the desire to mother her, alongside resistance and fear. Notwithstanding, in this bewildering yet clear moment, my desire to touch Sara feels bigger than anything I have ever felt before. How do I discern between an enactment and a pure intuitive knowing?

Psychoanalyst Christopher Bollas (1983) claimed that by cultivating a freely roused emotional sensibility the therapist welcomes news from within himself, expressed as hunches, feeling states, images, fantasies and imagined interventions. He stressed that neither do we know whether what we experienced was due to that which was projected into us or whether we were having our own idiomatic transference responses to the patient. As I understand, he indicated that the discernment between an enactment and intuitive knowing would be possible only in retrospect. Bollas (1987) punctuated the necessity of uncertainty about how

we feel, and recommended that the therapist gets lost in the countertransference for a long time before making use of it.

So here we are. I want to touch Sara. How do I know to touch or not to touch? Cambry (2011) described moments of complexity in which linear time was resisted, while each potential choice could lead to alternative pathways. While in those moments of uncertainty, we cannot know which paths were optimums. She advised us to attend to intuitions about the quality and flow of complexity, which might provide some guidance. She suggested that such moments often occurred at the onset of enactment in therapy, or when something new was about to emerge beyond the transference/countertransference field. Rossi (1973) wrote:

"A creative moment occurs when a habitual pattern of association is interrupted . . . and introduce a momentary void in awareness. In that fraction of a second when the habitual contents of awareness are knocked out there is a chance for pure awareness . . . This fraction of a second may be experienced as a 'mystic state,' satori, a peak experience or an altered state of consciousness "(p. 461).

Looking at Sara, I carefully venture into my inexplicable knowing, while considering the complexity of touch (Asheri, 2009). I introduce her gently to the option of touching her. Her big brown eyes are wide open looking at me. "Sometimes I think that all I need is a big hug, well maybe it's time," and then she says, "Let's go for it."

I gently put my palms on her chest. I am relieved; she is taking a deep breath. She looks calm. "I like it," she says. Touching her chest, I sense inside me vulnerability and yearning for a mother. Her contracted muscles start to relax; her head drops on my chest. For a brief moment I can feel my own longing for motherly holding. A wave of sadness expands in my chest, when I hold her, the unwanted baby and child. But there's something else in this emotionally laden moment I am trying to fight, something bigger than me. My hands are burning and tingling, surges of infinite love are passing through me. Am I allowed to feel it? I surrender, I no longer fight it, and I let it be. I feel how little and limited I am in what I can give Sara and it feels as if I am channelling an endless energy for her, holding infinity in my hands. Her face is calm; her wrinkles look as if they are resting after a strenuous journey. Her body armour melts in my bosom, tears trickling down her cheeks. My whole being resonates with hers, bright light piercing through, illuminating us both, we are breathing together, we have a shared body (Rolef Ben-Shahar, 2014), and we are one.

It is clear to me (and yet confusing) that a substantial part of the work I have done is healing. Is it allowed in psychotherapy? How will it change our relationship? Touching Sara evoked a regressive self-state and ensued an intense parental countertransference. As body psychotherapists we may choose to work with touch interweaving both the symbolic and sub symbolic with the language of touch (Bucci, 2008; Rolef Ben-Shahar, 2014). While touch can be healing (Orbach, 2004; Sinason, 2006; Stern, 1991), it may yield intense transference and regression (Rolef Ben-Shahar, 2014), and we no longer use touch as naively as before in body psychotherapy.

The psychoanalytic literature is full of references regarding the profound therapeutic potential of regression. Winnicott (1954) depicted profound regression as an opportunity to fulfil, in the transference situation, primitive needs that had not been met at the appropriate level of development, hoping for softening frozen situations and ushering adaptation. Bollas (1979) noted that the analytic space might facilitate deeply regressed states to what Balint (1968) called the level of the basic fault. He claimed that the analyst served as a transformational object for the patient.

While carrying reparative potential, regression may hold risks as well (Mitchell, 1993; Totton, 2003). Balint (1968) discerned between benign and malignant regression, describing

the latter as perpetuating maladaptive patterns, increasing dependency between client and therapist and preventing growing in the relationship.

While holding Sara I take upon myself the mother role. Being a mother to my own children is the most natural and fulfilling aspect in my life. However, while playing the mother role in the session, I am aware of a fearful, resisting part in me, which hinders my surrendering to the situation. Growing up being manipulated and lied to, I relentlessly fight illusions and fantasies, and I pursue truth. Being a mother for Sara feels, for a part of me, as if I am deceiving her; whereas, another part of me is eager to give Sara the missing experience and save her. I identify two sets of binaries: the first between reparative regression and an illusional promise; the second between dynamic psychotherapy and healing. I ponder my ability to hold these irreconcilable binaries.

Winnicott (1971) introduced us to the transitional phenomena, where the baby and mother share both an illusory and real experience. He claimed this kind of illusion belonged to human beings and could not be solved. He wrote, "My contribution is to ask for a paradox to be accepted and tolerated and respected, and for it not to be resolved (p.3). . . . The resolution of the paradox leads to a defence organization which in the adult can encounter true and false self-organization" (p.14).

While attempting to understand the oneness, I am reminded of

Bollas's notion of the aesthetic moment (1978). A moment of deep rapport between subject and object, providing the person with a generative illusion of fitting with the object. It might induce an existential recollection of the time when communicating took place solely through illusion of deep rapport of subject and object, which may correspond with intersubjectivity that takes us both. He argued that such experiences are transformative. Just as in a "good enough" situation when the mother as a transformational object manipulates the environment to meet human needs, so does the therapist.

Researcher Colwyn Trevarthen (2001, 2009) conceived human intersubjectivity as a process that enables subjects to detect and change each other's mind and behaviour, and emphasised the human need for sharing emotions and feelings. He termed two kinds of intersubjectivity. Primary intersubjectivity referred to the preliminary symbiosis between caregivers and the newborns characterized by mutually regulated interchanges and surrendering, while the newborn had no real choice. At around the age of nine months, the infant is able to integrate a new form of cooperative intersubjectivity (person-person-object awareness), termed as secondary intersubjectivity characterized by surrendering out of choice. Trevarthen stressed that this development was fostered best when caregivers responded with perceptive sympathy to the motives and feelings infants expressed to them (2001).

Sara and I mutually choose being in this fusion. While sharing an aesthetic moment and an illusion of mother holding her baby, I ponder the implications. Although feeling authentic with her, I cannot avoid the feeling of being deceptive, providing her a bite from a cake that can no longer exist. I deeply believe in the healing potential of the therapeutic relationship, and I meet my clients in an authentic and empathic way, listening to them non judgmentally, fully present as far as I am able to. While participating in becoming a transformational object for them, I collaborate in establishing an unreal relationship that might enliven desires and cravings that can never be met in reality. While doing so is part of my job as a psychotherapist, I cannot avoid my ambivalence towards it. In my own therapy, as a client, captured by my own biography, I perceive the therapeutic relationship as a professional one, insisting on and struggling not to go to the realm of fantasy and

illusion. As a therapist I tend to surrender to the illusionary space, hurting each time I shatter the illusion of my clients when I set boundaries of time and money. Winnicott (1965) pointed out that professional work was quite different from ordinary life, and he reminded us that our patients met our professional attitude rather than the unreliable men and women we happened to be in real life.

Segal (2006) discussed the implications of the notion of cure and change that did not rest only on attaining truth but also on the personal influences of the analyst (e.g. his support and comfort). He wrote, "For when the analyst actively takes upon himself the parental role, he invites the patient to live in a lie" (p. 189).

Without belittling the significance of my relationship with Sara, I cannot attribute the healing just to my personal influence. My hands holding Sara were not only mine. Transformative moments, aesthetic moments or what Stern (2004) called "the present moment" are moments of healing. Healing is not something I do, but I can call forth and cultivate. I believe that surrendering to something bigger than me made it happen. My inability to explain it is a comfort, as well as a challenge for me without feeling a fraud. I am reminded of neuroscientist Daniel Siegel's (2010) notion of bottom-up processing, which is based on incoming non-verbal, implicit information, he calls "Beginner's Mind".

Relational psychoanalyst Steven Mitchell (1993) contributed to the subject by referring to the complex relation between reality and fantasy in the therapeutic relationship. He defined this relationship non real, as compared to other real relationships in our personal life. However, the unreal dimensions of the analytic situation enable enlivening of deep experiences, much more than in daily real life. I would like to argue that sometimes there is more reality in therapy for me than in my own personal life, even if it lasts for a fraction of moment.

Sara confronts me with an inevitable conflict. Clients come to therapy and often create intimate relationships with their therapists, while being contained, unjudged and listened to. While this kind of relation is of paramount importance for development and growth, in my opinion it might inspire unreal desires for such relations. Clients perceive us and the co-creation of the relationship as real, while they meet us in a professional attitude blended with transference/countertransference and regressive self-states. Poised on the border of fantasy and reality, I contemplate the advantages and disadvantages, while trying to hold the inevitable tension and reconcile between the two inside of me and between us.

Am I real? Am I a fraud? Who am I? Am I A psychotherapist or a healer? Holding Sara while surrendering to something bigger than me, reminds me of Bion's reverie (1962) and Ogden's analytic third (1994). We are both in a special state of consciousness, creating together as two subjectivities a third unique entity consisting of our thoughts, feelings and bodily awareness. That third heals us both. Psychoanalyst Ofra Eshel (2016) pointed out how client and therapist forge an emergent new entity of interconnectedness –"an emergent two-in-oneness" (p.189). She suggested that this dimension of analytic work engenders new possibilities of being and experiencing.

Sometimes, it seems to me that as psychotherapists we tend to give psychological terms to spiritual phenomena. As a woman of knowledge, I need it to quiet my own fears and confusion.

Pinkas-Samet (2016) referred to bodily reverie as a sleep state of mind of the therapist and the client that allowed understanding shared bodily experiences by tolerating and examining them from the inside. Sara and I co-create the intersubjective space, where our minds are the sum of all we are and we share a wider mind (Rolef Ben-Shahar, 2014). Aligned with the

transformative potential of these moments, I am familiar with my fear regarding merging and fusion (Pinkas-Samet, 2016) and the threat of being changed as a dynamic participant (Rolef Ben-Shahar, 2014).

She opens her eyes looking at me. It seems as if I have met her for the first time; her interpenetrating look leads me into the heart of her soul when she whispers, "Is it possible? Is it really possible that the war is over?"

Seventy-one years of dreadful war subside for a few moments of peace; years of my inner war against the unfathomable depth and mystery of the universe and humankind are transiently over.

Is it real? It will probably not last, but it was felt unforgettably real. Those valuable miraculous moments were derived from a long significant therapeutic relationship, as well as a healing energy channelled through me.

It will only be months afterwards that I will truly let myself believe and appreciate the profound effect of these precious moments for us both. A belief that will not contract my scepticism and cynicism. We will never be the same. Sara will soften; her vulnerability will be painfully exposed; she will open her heart, and for the first time in her life she will truly hug her daughters and grandchildren.

Sara helped me partially retreat from an endless inner war between illusion and reality, to dare to surrender and hold the tension between the edges of fantasy and reality and to regain my faith and hope in the healing potential of relationships. My own ambivalent attachment style that withheld me from holding a transitional space would suspend, the same as Sara's disorganized style. Despite my ambivalence towards illusions and fantasies, Sara gave me the opportunity, as written by William Blake, to see a world in a grain of sand, heaven in a wild flower, and to hold infinity in my hands and eternity in an hour.

In the twilight zone, where illusion and reality interface, where the ineffable and the known engage, where we meet our scant capabilities and surrender to something bigger than us, when the war is over , that is when something new emerges, a looming opportunity for healing, faith and hope.

BIOGRAPHY

Shamit Kadosh is a family physician (MD) and a practicing body-mind psychotherapist in Israel. She has been teaching family practice residents and medical students for the past ten years in Faculty of health Sciences at Ben Gurion University and in Faculty of Medicine at Bar Ilan University. She headed a training program for residents in family medicine in the Department of Family Medicine in North Israel. Additionally, she is a lecturer in the body-mind psychotherapy program in Shiluv Institute, Haifa University. She is experienced in integrating scientific and clinical writing.

REFERENCES

Ainsworth, M., Belhar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, NJ: Erlbaum.

Ainsworth, M. (1979). Infant-mother attachment. *American Psychologist,* 34: 932-937.

Asheri, S. (2009). To touch or not to touch: A relational body psychotherapy perspective. In: L. Hartley (Ed.), *Contemporary body psychotherapy* (pp. 106-120). Hove, UK: Routledge.

Balint, M. (1968). *The basic fault. Therapeutic aspects of regression.* London: Tavistock.

Bion, W.R. (1962). *Learning from experience.* London: Tavistock.

Bollas, C. (1978). The Aesthetic Moment and the Search for Transformation. *Annual of Psychoanalysis,* 6: 385-394.

Bollas, C. (1979). The transformational object. *The International Journal of Psychoanalysis,* 60:97 107.

Bollas, C. (1983). Expressive uses of the countertransference- Notes to the patient from oneself. *Contemporary Psychoanalysis,* 19:1-33.

Bollas, C. (1987). *The shadow of the object.* New York: Columbia University Press.

Bowlby, J. (1951). *Maternal care and mental health.* Geneva: World Health Organization.

Bucci, W. (2008). The role of bodily experience in emotional organization. In: F.S. Anderson (Ed.), *Bodies in treatment- The unspoken dimension* (pp. 51-76). Hove, UK: Analytic Press.

Cambray, J.(2011). Moments of complexity and enigmatic action: A Jungian view of the therapeutic field. *Journal of Analytical Psychology,* 56: 296-309.

Carroll, R. (2009). Self-regulation: An evolving concept at the heart of body psychotherapy. In: L. Hartley (Ed.), *Contemporary body psychotherapy* (pp. 89-105). Hove, UK: Routledge.

Eshel, O. (2016). In search of the absent Analyst: Commentary on Janine de Peyer's "Uncanny Communication". *Psychoanalytic Dialogues,* 26:185-197.

Hazan, C., & Shaver, P.R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry,* 5: 1-22.

Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In T. Brazelton & M. Yogman (Eds.), *Affective development in infancy* (pp.95-124). Norwood, NJ: Ablex.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/ disoriented duringmthe Ainsworth Strange Situation. In M. Greenberg, D. Cicchetti, & E. Cummings (Eds.), *Attachment in the preschool years: Theory, research and intervention* (pp.121-160). Chicago: University of Chicago Press.

Mitchell, S.A. (1993). Hope and dread in psychoanalysis. New York: Basic.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York: W. W. Norton & Company.

Ogden, P, & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment.* New York: W. W. Norton & Company.

Ogden, T.H. (1994). The analytic third- working with intersubjective clinical facts. *International Journal of Psychoanalysis,* 75: 3-20.

Orbach S. (2004). The John Bowlby memorial lecture: The body in clinical Practice. Part II: When touch comes to therapy. In K. White (Ed.), Touch, attachment and body (pp.35-47). London: Karnac.

Pinkas-Samet, S. (2016). Falling in and out of deep sleep: Embodied processes of awakeness and sleep in psychodynamic therapy. *International Body Psychotherapy Journal, 15*:66-77.

Rolef Ben-Shahar A. (2014). *Touching the relational edge – Body psychotherapy.* London: Karnac.

Rossi, E. L. (1973). Psychological shocks and creative moments in psychotherapy. In E. L. Rossi (Ed.), *The collected papers of Milton H. Erickson on hypnosis* (Vol. IV - Innovative Hypnotherapy, pp. 447-464). New York: Irvington.1989.

Schore, A. (2003). *Affect regulation and the repair of the self.* New York: W. W. Norton & Company.

Segal, S. (2006). Reflection on truth, tradition and the psychoanalytic tradition of truth. *American Imago,* 63:283-292.
Siegel, D. (2010). *Mindsight: The new science of personal transformation.* New York, NY: Random House.
Sinason, V. (2006). No touch please – We're British psychodynamic practitioners. In: G. Galton (Ed.), *Touch papers* (pp. 49-60). London: Karnac.
Soth, M. (2005). Embodied countertransference. In: N. Totton (Ed.), *New dimensions in body psychotherapy* (pp. 40-55). Maidenhead, UK: Open University Press.
Stern, D.N. (1991). *Diary of a baby.* London: Fontana.
Stern, D.N. (2004). *The Present moment in psychotherapy and everyday Life.* New York: W.W. Norton
Totton, N. (2003). *Body psychotherapy: An introduction. Maidenhead,* UK: Open University Press.
Trevarthen, C. & Athiken, K.J. (2001). Infant intersubjectivity: Research, theory, and clinical
applications. *Journal of Child Psychology and Psychiatry, 42*(1):3-48.
Trevarthen, C. (2009). The intersubjective psychology of human meaning: Learning of culture depends on interest for co-operative practical work-and affection for joyful art of good company. *Psychoanalytic Dialogues,* 19:507-518.
Winnicott, D.W. (1954). Metapsychological and clinical aspects of regression within the psychoanalytical set-up. In D.W. Winnicott (Ed.), *Through paediatrics to psychoanalysis: Collected papers* (pp. 258-294). New York: Basic, 1975.
Winnicott, D.W. (1963). Psychiatric disorder in terms of infantile maturational processes. In D.W. Winnicott (Ed.), *The maturational process and the Facilitating Environment* (pp. 230-241). London: Karnac, 1990.
Winnicott, D.W. (1965). *The maturational process and the facilitating environment: Studies in the theory of emotional development.* London: The Hogarth Press and the institute of Psycho-Analysis.
Winnicott, D.W. (1971). *Playing and reality.* London: Tavistock Publications.