

Abstract

Since Freud's abandonment of hypnosis and touch, the therapeutic use of both trance and touch were largely alienated from the psychoanalytical milieu. As a consequence, research and clinical applications of both disciplines developed disconnectedly, and became fragmented. In this paper I propose a non-mechanistic, Buberian view of trance as a naturalistic process (Gilligan, 1987), in which transferential-fields (resonance) are more discernable, workable and concrete. I further wish to demonstrate the important relevance of embodied and relational hypnosis to modern relational psychotherapy, and in particular to attachment based work. The paper explores theoretical and clinical aspects for integrative and relational use of embodied hypnosis within psychotherapy.

Embodied Trances, Relational Hypnosis

The place of trance and hypnosis in an integrated relational psychotherapy organisation

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Pay attention now:
a heart that's all by itself
is not a heart.

Antonio Machado, 1983

Seeking Connections

"I hate you! I hate you! I hate you!" Rose (61-year-old) shouts at me. We are close to each other and everything outside us seems to blur. I feel so big, she seems so tiny, and I cannot hold back – she reminds me of my baby girl - and I burst out laughing. Rose joins in and for a long time, we giggle together. "I wish you spent more time with me daddy," she says. "I wish you were more real." Her own dad left home when she was three.

Relational psychotherapeutic approaches share the view that self-organisation is a dialectic, bodymind, relational process. What is meant by this is that our defence mechanisms and our psychological strengths, our body armours as well as our gifts and our activated predispositions all come into the world through dialogue with others. Our organism is first and foremost a relational

organism, and our organising principles are relationships. It is our primary attachments around which our bodyminds are organised, and a positive (loving?) object-relation that hold the chance for a genuine reorganisation of self. It is my belief that trance states are the organising processes of our bodyminds, and I hope to arouse your curiosity about trance in this paper.

Relationality begins with the therapist's willingness to bring him or herself into the therapeutic relationship as a person, to weave the transference reality with an I-Thou reality, and bear the consequences on his or her bodymind. Father of modern generative hypnosis, Milton Erickson, did exactly that. In 1965 he wrote: "How do you expect to make your living except by meeting your patients, by respecting and liking them - by thoroughly liking them?"

It is a great joy to live in a time where attachment-based practice and relational psychotherapy are no longer seen solely as breaches of the therapeutic frame but are actually celebrated and thoroughly explored. Now is the time to reconsider whether our previous therapeutic exclusions and inclusions were genuinely necessary distinctions between 'us' and 'not us' or perhaps an acting out of our fears of closeness – of being touched, or changed, or personally moved too much.

Hypnotherapy and Body psychotherapy are closely related. Their alienation from the psychoanalytic discourse, as well as the relative lack of mutual engagement between them date back to Freud's rejection of hypnosis and consequently, of touch. It is not a coincidence that both body-psychotherapy and hypno-psychotherapy suffered from this split from psychoanalysis so similarly: both involve highly influential, closer-to-the-unconscious tools. Both disciplines not only had to deal with understandable rejection of such ways of working (their proximity to unconscious material results in highly charged transference / counter-transference events); but also had to fight off an array of myths, misconceptions, ignorance and years of misuse of these tools. The survival of both disciplines throughout such trends and over time is an indication of the value of working with body, and working with trance in psychotherapy.

When we consider trance as a natural and biological set of phenomena, we come to realise that it is not merely a personal 'state' of enhanced concentrated relaxation but a relational process of opening up to a shared field of resonance. Furthermore, such a view of trance will illustrate to us that many psychotherapeutic disciplines regularly use trance. Natural, spontaneous phenomena that are commonly considered as trance phenomena include: catalepsy, time-distortion, visual and auditory hallucinations, dissociation, regressive patterns and more. All these are frequently observed in most 'affect friendly' psychotherapies, and in many complementary therapies.

Learning to recognise hypnotic fields, to join our clients there and work with these processes can be transformative in the therapeutic practice. This is a natural complementary set of tools for the body-psychotherapist and the psychoanalytic psychotherapist. By creating Integrative-Mindbody-Therapy (IMT), I have endeavoured to bring these three pillars (attachment-based psychoanalytic psychotherapy, body-psychotherapy and hypnotherapy) together into the therapeutic dialogue (Rolef Ben-Shahar, 2001; 2002a; 2002b; 2002c; 2003a; 2003b).

This paper wishes to demonstrate the relevance of embodied hypnotherapy to relational, attachment-based work. It will therefore explore the historical, contextual and clinical connections of these disciplines in their endeavour to come back from their exile.

Introduction: The Garden of Eden

Something happened to Adam and Eve when they ate the fruit from the tree of knowledge; they became self-aware: “Then the eyes of both of them were opened, and they realized they were naked; so they sewed fig leaves together and made coverings for themselves” (Genesis 3:7). The biggest pain of humanity, of having been sent away from the Garden of Eden, and the biggest gifts of humanity – those of self-awareness and sexual connection, are inevitably entwined, and are both at the very core of the human journey.

But why did god exile Adam and Eve from Eden? What was it about self-awareness, about sexual awareness that drove god to take such extreme measures of shaming and severing the connection? Or was it simply their disobedience?

Somehow, before becoming fully human (before waking up into awareness), we can all be present easily, effortlessly. Zohar, my 6-month-old baby girl is always fully in the present moment. Yet at the same time she still lacks organised consciousness (self) to support her presence. It is the very ‘sin’ of eating the fruit (of opening up to our embodiment and sexuality) and the subsequent exile that have created humanity. To become fully human we have to leave home, be sent on exile into disconnection and isolation in order for us to find our humanity in the process of coming home. It is the very pain of exile that creates space for the journey back home.

Insofar as we are human, we are preoccupied with the process of coming home – of getting lost and coming back home. The healing and therapeutic arts all aim at supporting ourselves and others in this task of daring to inhabit our lives more fully, of daring to be present to ourselves and our world more fully; relating, connecting and staying in our centre; balancing giving and receiving, finding place for both integrity and compromise, for pride and humility.

Like god, Freud was in the business of creation. A single parent; a father with no apparent mother around, was trying to support two sexually curious children. What a mess! He was indeed a brilliant creator, yet the qualities necessary for a good creator differ from child-rearing qualities. The beginning of creation requires the masculine – sperm energy, the wielding male-warrior, Thor. Later, the feminine is called upon – an egg energy embodying compassion, inclusiveness, containment and attachment, yielding, mother-earth. It is the mother, the feminine that is also needed to support the creation inside the womb, and outside it - once the child is born. What happens when such a feminine presence, an anima, is missing? What happens when the sole attachment figure is a stern, if loving, father?

The absence of a mother is apparent in Freud's attitude: he was, in many ways, unforgiving to differentness and excluding. He excluded (exiled) those who dared to differ – even when these were the closest to him - including, among others, Jung, Adler and Wilhelm Reich (father of modern body-psychotherapy). It is my opinion that two such highly powerful exiles were those of hypnosis and body, Adam and Eve.

Once Adam and Eve recognised their genital sexuality they could no longer bathe with daddy. Their bodily presence and the awareness that came with realising their embodied sexuality were too much for God to bear. Their sexuality/awareness was only acceptable in its regressive, pre-genital way. They were both, from that moment, on their own.

What's love got to do with it? In and out of the Garden

Like touch, the therapeutic use of hypnosis in psychotherapy was brought to the acceptable therapeutic arena by Freud. Both body-centred therapies and Hypnosis were practiced extensively long before Freud, and some forms of both were already accepted as valid medical tools. Yet Freud's research, practice - and indeed his person - opened a door to practicing hypnosis within

psychotherapy in a systemic, methodological way. Body-psychotherapy, too, greatly owes its current, thorough and cohesive form to Freud and Reich.

Freud's early practice involved extensive use of hypnosis and some therapeutic touch. In fact, his 'passing' technique (an old-fashioned hypnotic induction technique, of slow passing movements in a downward direction while giving suggestions to sleep), was a place where touch and trance met.

In an autobiographical note (1923-1925), Freud narrated the following incident: "And one day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origin. As she woke up on one occasion, she threw her arms round my neck. The unexpected entrance of a servant relieved us from *painful discussions* ,(italics mine) but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued."

It is not too speculative to assume that Freud was not particularly aware of his own body or body-countertransferences: these are current trends that were not encouraged at the time. Nor was Freud a particularly good hypnotist. His lack of skill made these two rich sources of human connection seem like futile, fragmented, sometimes dangerous techniques, which he gradually came to shame and dismiss as irrelevant to the psychoanalytic process. Hypnosis and Body were both exiled from Eden by a shaming father, and as a result (unlike the biblical couple) they stopped relating to one another.

And so, having been abandoned by Freud, touch and trancework were henceforth marginalised and ostracised from mainstream psychotherapy practice.

The therapeutic uses of both touch and hypnosis within psychotherapy have developed as a result in two separate routes:

- On the one extreme we have a non-psychotherapeutic praxis, usually drawing from traditional disciplines and often lacking appreciation of the complexity of human dynamics (and a consistent split from the history of previous endeavours to understand psychology of mankind). These practices are still legitimate ways of working, of bringing about change and healing – and can frequently be very powerful, only these are not psychotherapy.
- The other route was the development of a relational, integrative way of working (body-psychotherapy / hypno-psychotherapy), informed by both traditional and modern psychotherapeutic perspectives. Some of these practitioners sought (and are still seeking) to come back home to the psychoanalytic / psychodynamic bosom, but are still struggling to come back from their forced exile. To a certain extent, this paper represents my own knock on heaven's door.

Most controversies around touch, as well as those regarding hypnosis, argue against the complications these approaches bring into of the therapeutic alliance. These may include contaminating transference and counter-transference with highly charged, undifferentiated material, treating 'the symptom' rather than 'the cause', or satisfying the narcissistic, unprocessed needs of the therapist on the expense of therapeutic clarity and integrity. Much criticism is directed at the perceived 'doing' of these therapies, which can seem as a compensatory defence against 'being with'. I hope to address some of these controversies in this paper.

As a result of the exile of touch, and alongside this split, the entire body has disappeared from the psychoanalytic dyad leaving the analyst and analysand present in head alone (with potential phantom genitals present as well).

Hypnotic therapies too, once announced 'suggestive' by Freud were exiled from the analytic practice (excluding 'research') and were often seen as manipulative, dangerous, short-lived or otherwise inappropriate. Hypnosis had

become, in fact, the very thing that prevented good therapeutic progress: "Hypnosis" wrote Freud, "had screened from view an interplay of forces which now came in sight and the understanding of which gave a solid foundation to my theory" (1923-1925). All in all, hypnosis was excluded from the psychotherapeutic toolkit, and declared a totally different field of work: this is not psychotherapy.

But did the problem genuinely stem from the evil of hypnosis or from the sexually deviant touch? Could the father have also been responsible for the exile?

It is my belief that Freud was not ready for relational work, where the therapist's person (not simply his persona) is not only present in the therapeutic relationship, but is a part of it, equally touched and affected as the client, potentially called to share that with the client as a part of the therapeutic process.

As demonstrated in Freud's writing (1913): "I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psycho-analysis was evolved. But it deserves to be maintained for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me."

Focusing on the body in psychotherapy, as well as practicing hypnosis in psychotherapy is highly challenging for the practitioner who has sufficiently developed self-awareness. In self-aware practice of hypnosis or body-psychotherapy, the bodily aspects of transference and countertransference have a very powerful, somewhat unnerving quality - they cease to be concepts and become embodied in both client and therapist in an undeniable way (for examples see Asheri, 2004; Maroda, 1998; Soth, 2005).

Freud recognised the relative transparency of his unconscious processes, and was not willing to bring these (i.e. himself) fully into the relationship. He was not willing to form an attachment to his clients; only their attachment - as long as it was not embodied - was allowed and encouraged.

Introducing a paradigm shift to the understanding of human psyche was a true act of genius, but relational psychotherapy required maturation that was yet impossible for Freud to attain. It required the feminine, the softening of Freud's solipsistic reign – it called on him to dare and ask to be held as well. He could not do that. And hypnotic approaches, as well as embodied ones, have a very different quality and value when they exclude relationality.

While practicing body-psychotherapy or hypnotherapy non-relationally is possible, it is limited in scope and loses its generative, humane connections (Rolef Ben-Shahar, 2007). I believe that it was this undeniable relational aspect of both these approaches, coupled with Freud's incapacity to work relationally with them that drove him to abandon these practices. Freud was not ready for his countertransferences, for his unconscious stream to be a part of the dyadic, shared space.

Relational psychotherapy is taxing; it forces us to work on the edge of safety, of boundaries. We are called to stretch our own person in a continuously dialectic organisation between our own processes and those of our clients. We genuinely risk having our own lives changed in the process. The Portuguese writer Clarice Lispector summed it up beautifully (1974): "What am I saying? I'm saying love. And at the edge of love - there we stand."

The frequent confusion between relationality and the therapist's selfdisclosure stem, in my opinion, from a similar fear: "I must not be fully present with my bodymind with the other; I must not fully surrender to the relationship." It is a result of lack of trust: "I cannot be me AND hold safe space. I cannot challenge my boundaries AND maintain them." Freud did not have the emotional language and sophistication, which have later developed

only because of his work, to tolerate such reciprocated intimacy and openness.

Moreover, Freud's illusion that avoiding eye contact would have made him invisible (i.e. that he could be in the room in a bodiless form) is highly refutable. Love, hate and growth all happen in embodied relationships, these are not mere concepts.

It is therefore no coincidence that it was relational psychoanalysis and relational psychotherapy that were able to be receptive to body-psychotherapy and welcome Eve back home.

Eve's return from exile

Three main movements facilitated the return of body-psychotherapy back from exile into the psychoanalytic and psychodynamic fields. The first two movements result from the maturation of the daughter (body-psychotherapy), the last with maturation of the parents.

The first movement concerns advances in **neuroscience**.

The second movement is **relational body-psychotherapy**.

The third movement is concerned with the maturation of the father (psychoanalysis) and mother (psychodynamic psychotherapy) and is related to the growth of **relational psychoanalysis and relational psychotherapy**, and within this field the capacity to receive differentness without being threatened. The third movement is about an inclusive expansion of the therapeutic milieu, to which different approaches can belong.

Below I shall shortly discuss the first two movements belonging to the daughter. While the third one, the emergence of relational psychoanalysis is, in my opinion, a paradigm shift in therapeutic understanding and practice, this

paper is concerned more with the exiled parties. Suffice it to say that the maturation of the parent, the progression into working relationally and the willingness to engage in dialogue within the therapy room (the content) is manifested in the way relational psychoanalysis was willing to discourse with other modalities (the form). What allowed the daughter to return was the arrival of the mother.

Neuroscience:

In the last few decades, advances in neuroscience suggested that bodily organisation is closely related to (and in a continuous dialogue with) mental/emotional/cognitive organisation (see Junah, 1988; Kandel, 2005; Schore, 1994). The holistic approach has greatly gained credibility in showing that our brains – and our bodies – are important in forming our cognitive, mental and emotional self and vice versa. Furthermore, it has been shown, particularly around trauma, (For example see Levine, 1997; Ogden, Minton & Pain, 2006; Rothschild, 2000; Shapiro, 2001) that body-centred interventions (somatic therapies) are frequently able to introduce change into the system more economically, and sometimes where other techniques prove inefficient.

Bodywork and body-psychotherapy disciplines have subsequently attracted many more practitioners. Yet, although we live in an age where bodywork and body-psychotherapy are 'trendy', this movement has not secured the psychoanalytic embrace and inclusion of body-psychotherapy.

Relational Body-Psychotherapy:

Relational body-psychotherapy presents a maturation of body-psychotherapy, manifesting a new level of relational organisation. Relational body-psychotherapy, while bringing the wealth of understandings gained by Reich, his followers and more traditional body approaches, seeks to establish these within an ever negotiated relationship in the therapeutic room.

This process is an inter-subjective, relational reorganisation. I believe that the essence of relational body-psychotherapy is not in its body interventions, but

in saying: "Let us bring the bodymind of the client and of the therapist into the dialectic relationship." "Let us dare to be stared at for eight hours a day (or more), to bring our own unconscious processes into the dyadic organisation, to even dare and have genitals present in the room, perhaps even be informed by them and our bodies."

And so, now that enough time has passed, Eve can come back to the softened, somewhat more forgiving mother and be accepted with her differentness. What separated body-psychotherapy from the psychoanalytic milieu were both the residues of a dogmatic non-relational father (Freud) and a shame-based, differentness-centred (mismatching) daughter (I'd never be like those distant, heady psychoanalysts). But it was also a generative, non pathological, separation that involved growth and maturity.

Relational approaches in body-psychotherapy claim that bringing body and touch into the therapeutic relationship can indeed introduce complications and challenges to client, therapist and community – but can also deepen connection, foster understanding and facilitate assimilation of therapeutic attachment within the client's (and therapist's) reality (see Bar-Levav, 1998; Keleman, 1985; Torracco, 1998).

But what about Adam?

Hypnosis was understood by Freud and many of his followers as a means to an end – a technique that was powerful but inaccurate. Mitchell (1988) wrote: "Eventually the analysis of unconscious derivatives within 'free association,' and later the analysis of defences, replaced hypnotism as the basic instrument for reclaiming memories."

Some later influential clinicians still held an appreciation for the powerful tools of hypnosis and its relevance to the clinical presentations of clients. "Any physical alteration that can be produced by hypnotism," wrote Winnicott

(1931) “can also be met with in the medical clinic. The power of the unconscious over the body is only just being appreciated.” Winnicott understood the naturalistic, biological foundation of hypnosis and therefore its relevance to learning about mind, mental-health and body. It is my understanding that the body is the unconscious.

Sarita, a 27-year-old Italian, arrived in my therapy room in panic. For the last three months she had experienced sudden (intermittent) episodes of blindness. Her neurologist found no organic cause, and suggested to her it might be hysterical blindness. We connected very quickly, a fact that surprised Sarita, and although we were not able to trace back the cause for her blindness, these episodes ceased as soon as psychotherapy commenced. After six months of therapy Sarita brought up, for the first time, doubts regarding her boyfriend of 13 years, and as she spoke, for but a fragment of a moment, I experienced a sudden blackness. Sharing my experience with her made immediate sense to Sarita, this is what she fought not to see. How can she separate from a boyfriend who has been with her since she was fourteen? How can she do so when attachment has always been so costly?

But regardless of whether hypnosis as a set of techniques has been adopted or abandoned, whether studying hypnosis as a phenomenological, biological process was of interest or of no interest whatsoever, little psychoanalytic research was carried out into the relational value of hypnosis.

Relational hypnotic practice, where client and therapist enter a shared field and are both open to the full spectrum of mindbody resonance is more than a technique (extending the physics paradigm). Generative hypnosis offers a genuine skill of deeply ‘being-with’ one another, and demonstrates a deep rapportful connection between two people, a way of relating deeply and meaningfully to self and others. Relational hypnosis is not done ‘by the therapist’ on or to the client, but is a joint exploration. This was the main aspect of hypnosis that was lost through the exile.

Ben is 84. He seeks therapy post-operatively, and following a depressive episode. "I don't want deep psychotherapy," he clarifies. "I simply want to feel more positive about life." Ben is a strong man, who had always been independent, and is now sporting a colostomy bag and a shattered ego. After ten sessions of futile dialogues, constant blaming and unexpressed despair, I feel utterly at loss. I dread the coming session. As he arrives, I have a feeling of giving up. We sit together in silence, a shared trance, and a tear drops from my eye. Surprisingly, Ben hands me a teddy-bear and takes one for himself. "I feel so alone in the world. I really miss my mummy," he says. Our psychotherapy work can begin.

Since the departure from the analytic setting, much development in the field of hypnosis was achieved in terms of tools, efficacy and feedback. Hypnotic techniques, when applied artfully by competent practitioners, are no longer the crude and clumsy, semi-stage-hypnosis rituals they used to be in Freud's time. Linguistic advances, greater understanding of cognitive, emotional and behavioural patterns, and systemic practice have created an artful path of mastery. However, it is only since Gregory Bateson and Milton Erickson became involved with hypnosis – and more so with the works of contemporary clinicians like Stephen Gilligan and Bradford Keeney that effort has been made to advance hypnosis in terms of relationality.

Severing the connections between body-psychotherapy, psychoanalytic psychotherapy and hypnosis had adverse affects on all three disciplines. Much of modern hypnosis had developed with little systemic understanding, which was developed and formed in the attachment fields. The hypnotherapist saw himself outside of the system, doing things to the client. Traditional and authoritarian hypnosis involved 'bypassing' the client's consciousness, 'rearranging' unconscious habitual patterns and bringing them back into the world. The fantasy, that reorganisation could be a non-relational process,

created a great degree of fear, scepticism and all-together avoidance of hypnosis from the psychoanalytic field.

And the split between the relational potential of hypnosis and the technical ease and applicability of hypnotic techniques attracted a different crowd – those interested in the mysterious, the impactful, the influential (and usually, goal-oriented therapy) which is different from the analytic and relational folk. The split, however, lays not in trance or trancework itself but in the way it was practiced – or more accurately, not practiced, and in those who initiated the split. The same fears of relationality that led to non-relational body-psychotherapy practices also resulted in non-relational hypnotherapy practices.

‘Professional hypnosis’ had therefore become limited (and still is in many countries) to a practice by selected ‘experts’, primarily from the medical professions. The medical and dental applications of hypnosis, while of great value, have little to do with psychotherapeutic hypnosis (just like a phone call to a BT help-centre is only remotely connected to psychotherapeutic conversation).

The ‘lay’ hypnotherapy became marginalised by the psychotherapeutic communities, and frequently practiced by untrained professionals with minimal psychological understanding. The relational practices of hypnosis remained only in the more esoteric branches of hypnosis, drawing from shamanic traditions or meditation practices.

The expelled son chose to walk a different path. When I ask, in this paper, to be welcomed back to the analytic field, I do so not to find a hiding place, but because I believe that hypnotherapy has a valuable body of knowledge to contribute to the relational, attachment based practices and that similarly, trancework could be enriched by dialoguing with relational psychoanalytic psychotherapy – in theory and practice.

Moreover, the double-exile of Adam and Eve, of Hypnosis and Body from the analytic milieu has also caused a separation between the two disciplines.

I remember the day Marietta sat me in the chair and declared that therapy should stop now, because it became very clear that I found her behaviour unacceptable, and she didn't blame me for it at all. An ex-catholic nun of 75, she explained how she felt my disapproval, following her transfixed attention on my genital area. I asked Marietta, who was an experienced meditator, to fixate on my genital area as she dropped into a trance. We followed through roads that were never allowed before, and her discovery of herself as a woman.

At that time I had three supervisors: a hypno-psychotherapist, an analyst and a body-psychotherapist. All three were riveted with Marietta, all three necessary for our work. Allowing herself to openly embrace her sexual transference has opened a door for genuinely exploring her yet unrealised sexuality. At 77, Marietta started dating.

In my training events, body-psychotherapists and hypno-psychotherapists alike recognise similar demonstrated processes (which I would call trance) by different names. Yet the lack of mutual theoretical and clinical engagement prevents these disciplines from using the knowledge accumulated by the other.

Many practitioners of body-psychotherapy and bodywork view hypnosis as dangerous, manipulative and performance-oriented. Many practitioners of hypnotherapy view body-psychotherapy as dangerous, seductive and unethical. How come such close siblings ended up in such a feud? I believe that the historical background presented in this paper could offer an answer. Thus, Adam's homecoming will not only reunite him with his community of origin, but also bring him back into contact with Eve for a fruitful reunion. Body-psychotherapy and hypnotherapy are too similar to deprive themselves

of mutual discourse, of learning from each other and contributing to one another.

A naturalistic view of trance

The naturalistic view of trance relates to trance as a cross-contextual and biologically essential process. This description is largely based on Gilligan's (1987) exposition on naturalistic trance which can be summarised in the following understandings :

The experience of trance exists in all cultures, across nations, ages, sexes, mental abilities and stabilities. It is the rituals involving trance (labelled 'hypnosis' / 'healing' / 'spirit possession' etc.) that differ.

Trance experiences are distinguished by increase of Ideo-dynamism (ideas leading into action; thinking and 'being' which naturally and organically develop into doing and acting) and 'both and' (systemic / recursive) logic. The effortlessness by which ideas are translated into actions is a strong characteristic of trance. Both/and' thinking involves transcending lineal processes of 'either/or' into the ability to step in and out of frames, and 'hold paradoxes' together in the same system.

Michael wanted a change. He wanted out of his marriage of twenty years, the last ten of which were without sexual contact, the last three in separate rooms. Michael realised how the early loss of his mother has created such an extent of abandonment anxiety, that he could not fathom leaving his wife. He seemed so certain about wanting to leave, though, only 'needing a nudge; yet months passed and he was unable to make a move. One day, as we sat together I noticed my anxiety about 'our failure to change' and allowed it to consume me. "You know, Michael," I said, "I am just noticing how invested I have become in your

leaving; so much so that we focused more on your leaving your wife than we have noticed you." After a long silence Michael whispered: "I fear that if I don't work hard, do the right thing and leave Jenny you would send me away." Finding a way to accept Michael without him needing to fix things, or change was something he rebelled against, yet it was the very shift in our therapy that allowed for change in his life.

We experience trance in many situations, and trance is biologically necessary. I believe that hypnosis is a process of parallel communication with somatic experiences, and trance is the context from whence such communication is done. Trance is an attentional and attitudinal shift, a principle of organisation. It is a required process for the balancing of biological and psychological rhythms of the bodymind. In trance, the different languages of our being (thoughts, emotions, sensations, images, functions) can relate to one another with greater ease than usually (Gilligan, 1987; Rossi, 1986).

Ronnie is a brilliant Israeli mathematician. He came to see me to help him resolve some traumas, having read all the books about trauma. He sent me long emails before our sessions emphasising paragraphs from books that he thought 'would help you help me.' We spent the first few months of work intellectually sparring, and his manner was always well thought, robotic, unemotional and so cold that I found it hard to relate to him.

During an embodied trance session, he described a horrific scene from his childhood, and as I sighed with pain he suddenly laid on the floor, shaking. I held him for an hour, not letting go for a second, during which time he shifted ages, talked to me, not at me, and cried. He gained some significant insights and spoke as if the robot were gone. Towards the end of the two-hour-session Ronnie looked at me and I could see a slight shift. "Do you think it would be therapeutically advisable to cognitively understand the

processes that took place today?" he asked in his robotic voice.

"No I don't," I answered. "I didn't think so," he said, smiling.

As a balancing and synchronizing agent, trance is biologically and psychologically used for various functions. "Trance aids", writes Gilligan, "...[in] preserving and expanding the integrity ('wholeness') of an autonomous ('self-regulating') self-identity" (Gilligan, 1987). At its best, trance is a reminder to 'come home' to self-in-relation.

Trance can be generative (self-valuing) or degenerative (self-devaluing). Trance is a process, in itself empty of 'value' – it is neither positive nor negative, but instead context-dependent and form-dependent. It can help lead to integration or disintegration. Therefore, the quality and context of a trance process (the relationship in which trance takes place) is much more important than the depth of it or the rituals it involves.

Trance phenomena are the basic processes by which psychological experience is generated. The way we perceive psychic experiences, the way we make meaning of our reality manifests in trance phenomena (Winnicott, 1931). We remember certain aspects and forget others [Hypermnesia / amnesia]; we make distinction and gestalts from our perceptions [negative hallucinations / dissociation]; we call upon memories and ideas [positive hallucination / symbolic expression] and immerse in them somatically [progression / regression] etc. During hypnotic work, these phenomenological experiences are intensified and can therefore appear unusual or out of context – but this is how we are in the world.

The difference between trance phenomena and clinical symptoms is their context. Symptomatology involves the same patterns of trance: dissociations, regressions, amnesias, symbolic expressions and hallucinations. The contexts differ greatly – while generative trance involves (mostly) enjoyable, expansion of choices and meaning (validating psychological contexts), symptoms tend to limit and be painful (invalidating psychological contexts). Degenerative trances differ in their attachment organisation to generative trances.

This is how Sylvia described her binge eating sessions to me: She would walk with her trolley in a supermarket and engage in an inner dialogue: "surely if I'm strong enough I can pass the sweets aisle without being tempted". She would then turn to go into the aisle, and the next thing she would remember is sitting in her car, with dozens of wraps of snacks and chocolate fully consumed, feeling sick and bloated. Her capacity to use self-deprecating trances was phenomenal, and indeed our work used the structure of what she was already doing so well (using motivational self-dialogue, dissociating, operating amnesic barriers and having hallucinations) to support her recovery, and our connection.

There are many ways of developing trance. More than the 'traditional trance induction', any rhythmic and repetitive engagement, singing and attention absorption, myofascial balancing (muscle toning, massage, relaxation and drug-induced states) can all lead to developing trance. Any 'sinking into' connection involves trance. Relational hypnosis is based on inter-subjective trances, a deep meeting of bodyminds.

One day, when Kim (57-year-old) and I were drifting in and out of trance, discussing her relationship with her father, I heard whimpering sounds, like a dog crying in the distance. My heart was sinking. "What's that whimpering sound?" I asked her, "Oh, she replied, "there are two puppies in the window and dad's going to let me take one home. I have to choose one. I'm not allowed the two." We later learned that the second one had to stay in the shoebox, and Kim believed that it died a few days later, as the shoebox was no longer on display.

Relational Hypnosis, I beg your pardon?

In one of the first methodological descriptions of Relational hypnosis, Gilligan (1987) writes:

“The cooperative approach emphasises an interpenetrating triad of units involved in the hypnotic interchange... This approach emphasises that trance always occurs in a relationship context in which neither hypnotist nor subject can be considered independently of each other.”

“Creative solutions to vexing problems can emerge when therapist and client trust their unconscious processes to cooperate in a joint endeavour... Dedication and rigor are needed as the therapist discovers how to be ‘a part of and apart from’ the client’s reality in this process... therapists must be in tune with and draw on both their own and their client’s unconscious capacities if this process is to succeed” (ibid).

By ‘dropping in’ into the therapeutic relationship (surrendering to the relational field, to the somatic presence), we are able to harness skills that are collective and unconscious, that would otherwise be inaccessible to us. “Conscious purpose,” illustrates Keeney (1983), “with its aim of achieving specific goals, cannot take into account whole ecological contexts.” This is where trancework (as well as bodywork), by their very nature of working alongside consciousness, can assist in creating meaningful connections and transformations that cognitive approaches alone cannot attain.

If we are able to see trance as a biological state of organisation, then relational trance is a field of ‘I-thou’ organisation (i.e. a field of attachment). The therapeutic relationship offers a unique opportunity for intersubjectivity, whereupon the therapist is both inside and outside of the client’s reality, and both client and therapist engage in recreation of their relationship – and of their own organisation. This is neither a subjective, nor an objective

organisation, and is – in my opinion – the exact difference between Object-Usage and Object-Relations (Winnicott, 1971).

Amy, 25-year-old, started therapy following a debilitating illness, which brought forth a deep neediness that was never before expressed or indeed experienced by her. Deeply attached to her mother, Amy's newly expressed need met with disgust, and I was expected to cure her from her unreasonable emotional state. Professional care (including psychiatric and CBT therapy) had all seemed to collide in the transferential story of mixed boundaries, excessive exercise of control and inappropriate behaviour – arousing suspicion in me. Yet Amy could describe no biographical detail that confirmed these suspicions.

After 18 months of working together, Amy began to spontaneously regress, during which episodes she was highly distressed and very 'little'. To my horror, instead of feeling sympathetic, I felt a combination of sexual arousal, rage and desire to hurt her, coupled with shame and disgust. During the next two years, bit by bit, Amy began to explore (using hypnosis, dreamwork and body-psychotherapy) a myriad memories involving incidents of sexual abuse by her father. As soon as the story was 'out' I stopped getting sexually aroused by her regressive suffering. My own body-countertransference, brought about by trance, became a gauge to her recovery.

Gregory Bateson (1904-1980) was in many ways a man of the renaissance, thoroughly exploring many areas of thought and art – from anthropology and evolution, through psychiatry and psychotherapy, to cybernetics and systems theory. (He was also the husband of anthropologist, Margaret Mead). He influenced many forms of psychotherapy including Family systemic therapy, NLP and brief therapy (Eaton, 2001a).

Mind, according to Bateson, was a cybernetic system. It was not only an intrapersonal but also the interpersonal connections ('patterns that connect') that constituted 'mind' (1979). When therapist and client sit together, 'mind' is not a personal, but a relational, inter-subjective process – including the two of them, a 'wider mind'. The relational hypnosis process is that very joining together into a 'wider mind' – this is interpersonal trance (or relational trance). And this very process happens in any good therapeutic relationship.

Understanding trance can help clinicians across disciplines to recreate those situations by 'practiced surrendering' into this interpersonal (inter-subjective) trance. Bateson's student, Bradford Keeney (1983) further reiterates: "there is simply no way a therapist can avoid being a part of a cybernetic system recursively connecting his behaviour with that of other members of the treatment ecology."

Relational hypnosis engages with a process of self-reorganisation, whereupon the system includes the client, the therapist, the therapeutic relationship and wider contexts. The hypnotherapist recognises his or her part in therapy, for there is no such thing as 'client' or 'symptom' independently of the context, and while in therapy – independently of the therapeutic situation (Bateson 1972; Keeney, 1983).

The way we are positioned as therapists by our clients therefore becomes a part of their own organisation (object-formation is a part of object-relations) and changes in the course of therapy (Keeney, 1983).

Moreover, hypnotic processes are often the context in which transitional reality-formation occurs, a context that allows for reorganisation of attachment and of self (Eaton, 2001b; Keeney, 1983).

In relational hypnosis, we lend ourselves to join a genuine I-thou relationship with our clients (while still holding the transferential relationships), expanding the bodymind field so to allow for more possibilities, wider expression and deeper connection with self, other and with a larger system [community / collective / god / spirit] (Gilligan, 1997; Keeney, 1983). And so, through

learning to cultivate interpersonal trances, we are able to 'hold a space of deep listening' (Cicetti, 2004) for our clients, ourselves and for the relationship that emerges.

Coming together

A student of mine, a psychodynamic psychotherapist, wrote her Masters dissertation on Tummy-Rumblings. None of her lecturers were able to refer her to the substantial work that Gerda Boyesen, one of the foremost practitioners of body-psychotherapy, has done on this subject (Biodynamics). This is akin to an art and drama psychotherapist not knowing of Winnicott's work.

It is my hope that in the coming decades, the isolated accumulation of knowledge from the fields of relational psychoanalytic psychotherapy, of body-psychotherapy and of hypnotherapy could come together. We have much to give to one another. May we be able to remove the fig-leaves and be, if only for a fraction of a moment, less ashamed in our wanting to connect.

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.
Through the unknown, unremembered gate
When the last of earth left to discover
Is that which was the beginning;
At the source of the longest river
The voice of the hidden waterfall
And the children in the apple-tree
Not known, because not looked for
But heard, half-heard, in the stillness

Between two waves of the sea.
Quick now, here, now, always—
A condition of complete simplicity
(Costing not less than everything)
And all shall be well and
All manner of thing shall be well
When the tongues of flame are in-folded
Into the crowned knot of fire
And the fire and the rose are one.

T.S. Eliot – Four Quartets, 1963

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Bio

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