

# Meeting Through Grace: Relational Body-Psychotherapy

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## Introduction

After over nine years of Jungian analysis, Grace was shocked to discover repressed memories of sexual abuse surfacing so shortly after commencing psychotherapy. The focus on the body, the use of hypnosis, and, more importantly, a relational positioning are believed to have contributed to this emergent biography. These biographical details illuminate for Grace many of her dissociative and sexualizing tendencies.

'Meeting through Grace' is a co-written account by psychotherapist and client (a psychotherapist herself), which demonstrates the clinical applications of relational body-psychotherapy. Through examining the 'trances' both therapist and client venture into together, transferentially and generatively, the paper further introduces a relational aspect of hypnotic work. Some critical questions about touch, intimacy, regression, and influence are examined.

But, more than all this, this account presents a psychotherapeutic dialogue with surrender: surrender to the edge of love, surrender to the charge of erotic transference, and surrender to an intersubjective third, which threatens to touch and change both parties deeper than they intended to.

The thing about change is that it is never without discomfort, whether good or bad. I heard someone say once that change is like turbulence you feel on a plane. It does not matter if you are moving into the storm or moving out of the storm into the sunlight, it is a bumpy ride sometimes.

**Grace MacDonald**

## River of Dreams

'We are inherently "designed" to have visceral reactions to each other's actions, mishaps and feelings' (Balbernie, 2007, p. 309).

Although psychoanalysis has always placed utter importance on the analysand's autonomy and self-direction (Mitchell, 2005, p. 9), it is widely accepted today that influence, not the least therapeutic influence, is unavoidable. Hoffman (1996) acknowledged that 'Whatever the analyst does is invariably saturated with suggestion' (p. 106). Keeney (1983) emphasized, 'Therapists affect the systems they are treating whether they intend to or not. On the other side of the relationship, the systems treated always affect the therapist' (p. 129). Renik (1993) demonstrated the clinical shift by not only recognizing this impact, but also marking this reciprocal influence as therapeutic: 'Unconscious personal motivations expressed in action by the analyst,' he wrote, 'are not only unavoidable, but necessary to the analytic process' (p. 564).

The central relational shift (the move from one-person to two-person psychology) was, therefore, as Mitchell (2000) illustrated, the understanding that:

The analytic relationship is no longer usefully understood as the sterile operating theatre Freud believed it could be. The analytic relationship is not as different from other human relationships as Freud wanted it to be. In fact, the intersubjective engagement between patient and analyst has become increasingly understood as the very fulcrum of and vehicle for the deep changes psychoanalysis facilitates. (p. 125)

It is from this context that I propose a reconsideration of using trance and touch in psychotherapy. Certainly, both could be used safely. Yet, both therapeutic trance and touch could support not only the therapeutic outcome, but, moreover, deepen the therapeutic relational engagement with respect, while maintaining the integrity of the client's autonomy. The following glimpse into Grace's therapeutic process may demonstrate how hypnotic interventions and body-psychotherapeutic ones can be integrated within relational psychotherapy. I would like to emphasize that neither touch nor trance should be used without appropriate training. I fully support Halsen (1995) in claiming that 'knowing when to touch and when not to, and how to touch, needs just as much insight and training as knowing when and how to interpret' (p. 103).

At the height of our work together, when stories of familial physical and sexual abuse started to surface from a deeply repressed past, when memories of later rapes emerged, and previous sufferings were no longer denied, Grace sang to me:

River of dreams take me with you tonight  
Islands of wonder that gleam and glow  
Under the stars  
As we glide through the dark  
To the heart of the night  
(Hayley Westenra, 2003, 'River of Dreams'<sup>1</sup>)

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Aside from the obvious erotic element, Grace was expressing her deep desire to be known, to have a container, and had done so through her powerful angelic voice. As she sang, she was not a client singing to her psychotherapist. She sang as a lover would sing to her sweetheart; as a young daughter would sing admiringly to her father; as a heart would sing to nature when it celebrates its aliveness.

This intense engagement characterized our therapeutic work from the beginning. On the one hand, our relationship was deeply transference and re-enacted early experience. Grace protected herself through sexualizing the therapeutic situation, deflected painful material, and expressed endless craving for a loving father. On the other hand, we shared a deeply loving equality, creative, intelligent, and generative work. Grace quickly opened to the real, reciprocal engagement, where the centrality of the therapeutic relationship was not only transference but also present to the real people we both were. Grace was ready to meet me and to be met by me as true subjectivities.

Surrendering to relational flow in psychotherapy has a quality of dreaming together, of opening to a space that is both in time and transcendent of time, dreamlike and real at the same time (Bromberg, 1996, p. 520). When Grace started psychotherapy with me, she was already an experienced psychotherapist and an experienced client. While on the one hand she was reserved and softly spoken, on the other Grace readily surrendered into the wider mind. Our relationship had soon become a symbiotic shared self (also called primary intersubjectivity (Trevarthen, 1974) accompanied by a strong eroticized paternal transference, which had later gathered novel I–thou qualities. Our shared understanding of transference dynamics allowed us to take risks in noticing the multiplicity of dyads that emerged. In a diary entry, Grace wrote:

Did he know what unconscious demands I was bringing with me? Not only was I looking for a new therapist, I wanted the perfect partner, the caring father, the soul mate, the person who would be able to somatically respond to my inability to vocalize my internal struggle.

This ‘potential space’ in the transference gave birth, from the beginning, to an emergent third entity in the room with which we continuously dialogued. Indeed, like Winnicott’s transitional space (Winnicott, 1971, p. 38; Doron & Mendlovic, 1999), we seemed to have softly danced the edge between Grace’s play area and my own.

Soon after she sang ‘River of Dreams’, Grace brought a dream to the session. In her dream, she sat on the toilet and expelled a hairy ball. It started bouncing everywhere, full of life, and Grace was watching, partly embarrassed and hoping people would not notice, but also partly enjoying its playful freedom. She wrote, ‘through this therapeutic relationship, something has begun to allow the part of me that no-one had ever really seen before to come out of

hiding.’ Surprisingly, it was not the victim, the abused child, who stirred to life. Quite the contrary: Grace had begun to awaken to her playful, exuberant, and sexual self. A significant part of the intersubjective field takes place somatically. By learning to pay close attention to somatic countertransference (Soth, 2005) and by bringing it appropriately into the therapeutic dialogue with the client we might be able to learn about our clients through our own bodies. This, in turn, can inform us, support the relationship, and help direct the course of psychotherapy.

### **Meeting through Grace**

Grace met me at a workshop, where I presented my work in integrating relational psychotherapy with body and trance. At the end of the workshop, she asked to work with me.

Grace had previously completed eight years of Jungian analysis with a renowned male analyst and a further year with a woman therapist. In our first session, Grace sat in her chair and looked naked and ashamed. She spoke of her sexual difficulties and fears and I felt breathless and wanted the earth to swallow me; I felt so little. Her verbal honesty and openness seemed so incongruous with her body language. I could hear a muted scream and, with what I felt inside, a furious, terrified, longing, and wild roar. I wanted to allow her space to continue to talk, while also acknowledging the embarrassed, shamed, and hiding aspects of our dyad. Wanting to honour both self-states, as they manifested in the body–head split, I made a somatic intervention. Grace wrote this after our first session:

You suddenly got up from your chair and covered me with a sheet so that only my head was poking out. So much was hidden in my body and I felt permission to not have to reveal all straight away. It felt safe cocooned in that sheet. Yet at that time that analytical part of me didn’t see this, I thought how strange! A part of me wondered what my psychodynamic colleagues would make of it, if they knew. But I liked this quirky approach. It felt caring and loving, and unique. I noticed too how cold it felt at the end of the session in contrast when the sheet was removed. I had wanted to stay there, safe and warm. I couldn’t remember ever feeling like that before at the end of a therapy session – I used to wish the time would go quicker so I could get away.

Shortly after the commencement of therapy, I asked Grace to write a concise autobiography. Her story told of an idyllic childhood in a loving family, with a later disastrous marriage to a depressive, dependent, and emotionally abusive man that had turned her life sour. Reading her story, I felt a great sense of unease and a strong physical nausea and stomach-ache. This nausea, which I

had shared with Grace, accompanied me well into the therapy. Only when the lost narratives started to emerge did my nausea disappear. Fairbairn understood repression as a special case of dissociation. While dissociation involved keeping the mental contents unconscious, repression involved keeping the mental structures unconscious (Wollnik, 2005, p. 123). Since my biographical organization was different to Grace's, I was able to explore the intersubjective third in places she could not go. The relational-self becomes an auxiliary organization for potentially loosening rigid habitual patterns in the two subjectivities from which it emerged. Therefore, it allows the therapist and client to process somatic, affective, and biographical material through participating together in the intersubjective field. This provides a playground that is not only between reality and fantasy, internal and external (Winnicott, 1971), but also concurrently manifesting different attachment patterns.

And, I must admit, the work with Grace terrified me. It challenged my own disorganization and my habitual ways of dealing with terror and chaos through creating internal repetitive order (my own compulsive tendencies, my own 'hand-clapping, headbanging' (Fonagy, 2002, p.72)). Witnessing Grace making more life-affirming organizations, I could not but question my own rigidities. The emotional involvement with Grace, the dipping into enmeshed dynamics and dipping out into differentiation, these were very confusing indeed, and Grace featured regularly in my supervision and personal therapy sessions.

The most frightening places for me as a therapist are not found in the traumas or terror, the transference inflammations of hate or love; rather, they are the times where my own shame is touched. Kilborne (1998) stated that 'there can be no regression without shame. Neither can there be trauma without shame' (p. 227). Grace needed me to enable her regression without shame (as Ferenczi, 1932, recommended). To be able to do so, I was reluctantly forced to face my own self-hate and bodily shame in a way I had been unable to do before.

Neither of us planned to meet each other's story so deeply. 'The Thou meets me through grace', wrote Buber (1958) '- It is not found by seeking' (p. 11). Grace wrote, 'Of course I had no idea at that time myself about these unconscious desires. I arrived in your room as a head separated from a body, thinking lots, feeling as little as possible - at that point terrified and I can see now, looking back, excited.'

### **Grace's story**

Her father and mother were first cousins, and so Grace came into the world, the youngest of five, as a product of sin; at least, this is how her religious environment and family saw it. Grace reiterated how loving her mother and father were to each other, but the family did not look kindly on this bond. 'I inwardly

struggled with this knowledge as I questioned my own existence,' wrote Grace, 'but I had one saving grace: my singing voice.'

Grace met me when she was fifty years old. A psychodynamic psychotherapist, Grace was coherent and eloquent, resourceful and artistic. She narrated the story of her first marriage, which she then viewed as the starting point of her difficulties. She married young, and her first husband was sexually demanding. Grace was sexually naïve, gentle, and frightened, and what Mark wanted was an aggressive thrust. His disposition towards depression kicked in soon enough into their marriage, and Grace ended up caring for four children: her two daughters, her son, and Mark. Unstable and paranoid, he sought a mother in Grace as well as a wild animal in bed. Mark humiliated and crushed Grace's confidence and sense of worth, having affairs, culminating in episodes of actively seeking the wild animal – engaging in bestiality. When one day Mark thought that someone saw him engaging in an indecent act, his paranoia escalated, followed by severe depressive episodes, suicide attempts, and emotional abuse of his children and his wife. Grace, forever wearing the rose-tinted-glasses, brought cakes and drinks to the psychiatric hospital to have family picnics. Overburdened with guilt, terror, and the need to support her children and to keep working, Grace stayed in this relationship for many years, daring to leave the scene only when she found Ross, her current husband: a good man.

In my mind, the severity of this first relationship, and even more so Grace's responses to it, did not fit her idyllically described childhood. As soon as a safe connection was established between us, and without prompting of any kind, Grace began to regularly regress in the sessions. I was faced with a toddler, a young girl, a seductive teenager, a young woman. Often her face would change before my eyes, and as Grace changed I felt that I was changing, too: the young father, the older father, the brother, the first husband, the second husband, and more. These spontaneous regressions were not an expression of fully-blown dissociative alters, even though the process of integration might have been similar. Instead, these were abandoned aspects of Grace showing up in the room, telling their story, wanting to be heard. It was as if Grace was waiting for a good-enough relationship that would hold fast to her safety (a wider mind), allowing her to remember, repeat, and work through those traumas

The first to emerge were memories of hitting. Her sister, six years older than her, would repeatedly and violently hit her with sharp objects while Grace was a baby in her cot. Grace recalled being tipped out of her cot. Fighting over what little attention the parents did give their children, Grace got slightly more in the first three years of her life. She was, after all, a baby. And April resented her for that and hit her. The parents did not take any notice. To protect her, Grace was locked in the attic. Grace elaborates:

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When you think of that baby experience of being tipped out of my cot and then being 'banished' upstairs out of harm's way, albeit for my own good, there is good reason for an avoidant attachment? Add to this the fact that my parents, whilst loving and caring, were mostly wrapped up in each other and their involvement around church activities its [*sic*] not surprising that I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

Even this physical hitting should not be seen as the beginning. By then, the psychosomatic organization of self-negating was already well in place. Grace and her siblings were perceived as dirty, even if this was not explicitly spoken. Then memories of sexual abuse started to come up in the sessions. These were not prompted. We sat together, and when Grace started to drift I would make some subtle physical contact, take her hand or put my feet near hers, as if to ground us in the here-and-now of our relationship, and encourage Grace to allow herself to follow the rhythms of the drift. I, too, was following my own bodily resonance, entering a similar trance, coming along with Grace. The memories emerged clear, with both visual images and somatic memories alive in her and in my countertransference, with a narrative that became clear and was later substantiated and echoed by two of her sisters: Grace remembered her uncle's repeated sexual abuse. Here's Grace:

Get away . . . suddenly out of nowhere the most disgusting taste in my mouth . . . I know what that is . . . it's horrible . . . I'm going to be sick . . . I jumped up like a thing possessed . . . I wanted to scrape every last bit of that stuff in my mouth out of the way . . . I struggle to hold back the tears as this inner body memory from three years of age makes itself known . . . for a moment I am back there . . . I even struggle to look Asaf in the eye . . . he is after all a man.

For years afterwards if we went to visit I would hide behind a big armchair when we heard my uncle's footsteps in the alleyway. Everyone else thought it was a funny game I played.

This caught her by surprise, as nothing like this had come up in nine years of previous therapy where Grace could sense a presence wishing to emerge, yet none did. Here, these themes come up spontaneously, effortlessly, and very quickly into therapy. How come? Notwithstanding the contribution of her previous psychotherapeutic experiences to the ripening of Grace's readiness, it was probably the combination of working with touch and trance and, even more so, doing it within a relational context that provided Grace with a safe enough container to do this important work. I was not analysing Grace's suffering, but willing to be unduly influenced (Whitaker, 2000) by her, to suffer with her and therefore analyse our suffering. The reason that this therapeutic relationship

managed to touch and heal places that could not be accessed before is the very reason for the writing of this paper.

While working with EMDR to help contain some of the invasive aspects of her recollection, Grace recalled a rape at five years old by a brother of a kindergarten friend, and she traced back the mechanisms of dissociation and repression that were put into place. Suddenly, the marriage to Mark, her defence mechanisms, her tendency for dissociation, and her Pollyanna attitude all made sense, but they required the deconstruction of her self-told narrative of an ideal childhood. The relational dyad provided sufficient safety to deconstruct Grace's powerfully internalized relational organizations.

One day I asked Grace to bring in a male doll, representing the abusers in her life. It was an opportunity to engage, to own the inner abuser, as well as liberate the victim she had been. Here's Grace:

Anger! This must be the most difficult emotion for me to deal with. Why? Because every time I would allow myself to feel angry, the sleeping beast, Rage, beneath it would stir. . . Rage is something I had never allowed myself to feel. Why? I think because I was terrified to allow myself to feel it.

We looked at the doll, and as we focused on the meaning of ritual, both of us drifted into a familiar trance: this time it was not regressive. Instead, we were a larger mind, together, and rage was rising in my chest. Grace, on the other hand, was frozen: 'All I could do was look at it,' she recalls. Meanwhile, in myself, I could feel both rapist and victim awaken, and Grace spoke of a similar feeling: 'I didn't want to look at it, touch it or anything, I wanted to run. No! That's only half of the story – another part of me wanted to destroy it, to mutilate it, to kill it, but oh the conflict.' Together with the recognition of her woundedness, came the less palatable insight into her own violence, which had mainly been inwardly turned. Farber (2008) iterated, 'In every act of self-harm there are at least two participating, but dissociated, self-states. There is the dissociated part of the self-being abused and another dissociated part doing the abuse' (p. 63). The more Grace owned her internalized abuser–abused dynamics, the less she engaged in (conscious, unconscious, and psychosomatic) self-harming behaviours (e.g., Clark, 2009).

### **Dreaming together**

Grace's dreams were a central axis of our work together. As she becomes aware of the repressed scenes of childhood abuse, her dreams change. Not only was Grace bringing dreams to sessions, she also dreamt during the sessions. These powerful moments were not defensive acts (Alexander, 1976), but rather therapeutic opportunities to work live (e.g., Geffner, 2004). My therapeutic

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interventions simply facilitated holding open the door into the flux of unknown and non-habitual organization slightly longer. In practice, it meant noticing when a trance developed through non-verbal observation and attuning to my resonance. I then pointed such a trance out (verbally or non-verbally), and invited Grace to stay with it. Together, we were both called to surrender to the pulsating flow of dreaming. Grace writes,

Something is definitely waking up in me . . . it's both scary and intriguing . . . I am remembering more details of events in my childhood. My dreams have increased and I find my mind drifting whenever I try to relax. I think about Freud's (1914[g]) assertion that all therapy is remembering, repeating, and working through. This certainly seems to be the essence of our shared journey.

Tracking down the whereabouts of the client can, therefore, be achieved through paying close attention to the therapist's own body, all the while noticing the client's non-verbal communication. Lewis, Amini, and Lannon (2000) termed this phenomenon limbic resonance, acknowledging the wordless harmony we see reverberating between minds (and bodies).

In essence, we attune ourselves to our somatic countertransference – the resonance which is at the basis of all living organisms (Capra, 2002, p. 31; Beck, 2006, p. 100; Rolef Ben-Shahar, 2008). We turn the scrutiny of curiosity to ourselves, in as much as we are part of a wider mind, examining the new somatic organization of us in which we partake, in order to learn about the client.<sup>2</sup>

As Grace regressed and uncomfortable information surfaced, she sought the presence of her absent parents to protect her, and selected me as her surrogate father (Tosone, 1997). The traumas Grace experienced as a child: the repeating physical harm inflicted by her sister, the sexual abuse by her uncle at two years old, the rape at five years old, these were all made worse by the lack of awareness and support from her parents. Preoccupied with paying penance for their horrible sin, her parents' children were both a celebration of their love and at the same time proof of their deviation from social and religious taboo. The two lovers, the two cousins, were always found at church, taking little interest in the suffering of their little Grace.

One day, Grace arrived to the session stirred up and troubled by a chain of dreams. In one of these dreams, I was telling her a story. Below is Grace's recollection of this session.

In the next session I recited the dreams to Asaf. I needed his reassurance and help to understand them. Rather than making an attempt to analyse the dream, he simply helped me explore various aspects of them. In some ways it was as if he encouraged me to talk as one part in the dream to another part to discover lost aspects of myself and to integrate the emotions accompanying them; I think we both sensed something horrible inside is stirring, but I am still not sure what and

Asaf is not pushing to find out . . . If there is anything there it will reveal itself in due course no doubt. What I wanted to know was if the metaphorical story he told me in the dream was really one he would have told me? His answer was to hold me close while he whispered his own version of the story and I swear it was almost word for word . . . How did he remember it so accurately or did I just hear what I wanted to hear? I drifted into a pleasant trance . . . daddy was holding me and I was falling asleep as he read me a bedtime story. After the turmoil of the previous week I didn't want to come back to reality. No matter which; it had the desired effect and I finished the session calm and grounded.

Knowing what story to tell Grace was no psychic act, a father knows his daughter well, and at that moment of shared transference I was her father. While Freud (1912e) recommended that the analyst 'must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient' (p. 115), Ogden (1996) emphasized this as a reciprocal task of attending the 'jointly (but asymmetrically) created unconscious construction of "the analytic third"' (p. 891).<sup>3</sup>

Relational embodied trancework further advocates the somatic attunement to the three bodies present: the body of the therapist, the body of the client, and the sensed body of the dyad. This attunement, as Peebles (2008) noted, helps in making sense of physical sensations, images, thought, and emotions. 'Attunement is not hypervigilance,' she continues (*ibid.*). 'It is openness to what is there, without judgment or premature conclusions' (p. 655).

That night, Grace's dreams were not symbolic, but a surfacing of a lost narrative. Grace dreamt that night a memory; the story of anal rape she had experienced at the age of five. Running home following the rape, she found her mother's only reaction was to get angry with Grace for soiling her underwear. Grace kept silent. In her dream diary, she wrote,

Everything goes black. I feel ill, I want my mum but there's nobody there. It really is getting dark and I'm going to be in trouble. I feel bad. I am bad, but I do find my way home and I am in trouble. I'm sent to bed without tea. I don't care, I didn't want tea anyway. I curl on my side and go to sleep.

I am in that position when I wake up in my own bed here and now.

What do I feel? I know this is more than a dream. Strangely I feel taller and I feel that I have shed some of that restrictive body armour I have been wearing. It is a relief to own this lost aspect of me. With this returned memory of rape at the tender age of five years my psychodynamic mind makes sense of my psychosexual difficulties. A year previously I had undergone a surgical procedure to remove a cyst from a very delicate part of my female anatomy . . . even now I have trouble saying vagina . . . since then penetrative sex had been painful and repulsive to me.

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Grace's dream/flashbacks exemplified contained processing of traumatic material that was previously disassociated. I believe that these were made possible also because of the shared participation in the transference-countertransference. I was not observing. Perhaps Grace was able to process her traumatic experience because the developmental trauma (the lack of attachment figure to support her) was repaired through the therapeutic relationship: that is, daddy was there.

### Touch and trance

Words can hurt, eroticize, disgust, violate, confuse. They can also heal. Bodies can eroticize, disgust, violate, confuse. They too can also offer healing. All communications are double-edged, whether physical or mental or both. (Sinason, 2006, p. 60)

Sometimes, psychoanalysis comes to the ordinary sense embarrassingly late. Tell someone not in the field that touch is crucial to human psychological and physical development and you'll get a contemptuous 'daa' and yet we within the non body, and particularly within the psychoanalytic wing, get singularly jittery and uneasy when touch comes to therapy. (Orbach, 2004, p. 35)

Therapeutic touch was common practice in the earlier days of psychoanalysis and psychotherapy (Kertay & Reviere, 1993; Rauch, 2005). After all, psychoanalysis developed from medicine and hypnosis and touch was therapeutically used in both.

The taboo against touching still stands in mainstream psychoanalysis. Extremists would not even accept the extended hand for a handshake at the end of years of analysis. Practitioners like Winnicott, who did touch their patients, had either to do it in secrecy or be scrutinized and criticized. Relational psychoanalysis has brought a new level of commitment to examining the rationale behind touching (or not touching) in psychoanalysis (Kertay & Reviere, 1993; McLaughlin, 1995; Geib, 1998; Smith, 1998; Casement, 2000; Pizer, 2002; White, 2004; Benjamin, 2006; Galton, 2006; Kahr, 2006).

The centrality of non-verbal communication was also acknowledged in psychoanalytic literature (e.g., Knoblauch, 2000; Sinason, 2002; Geffner, 2004; Bosanquet, 2006). Touch is our earliest mode of communication, and the sense a human baby is most dependent on (Kertay & Reviere, 1993, p. 33). Winnicott's (1960b) concept of 'the psyche indwelling in the soma' connects to the embodiment of our relational human experience but also to our 'non-negotiable need for "holding", which includes both the holding of the baby in mind and empathic identification with his state of mind, and physical holding' (Turp, 1999, p. 24).

Winnicott's call for supporting the in-dwelling of the psyche in the soma could be understood as supporting a relational organization. The good attachment

relationship allows the baby to internalize it in the form of a good functioning relationship between body and mind. The infant is supported in learning to harmonize the somatic and the psychic through touch (Winnicott, 1967). Hence, it is through touch that the baby becomes a person – moving from an it to a he or she, becoming able to organize himself or herself as a self who is centred in the body (Abram, 1996; Turp, 1999). Winnicott (1960a) viewed the true self as emerging from the aliveness of the body. It is to be hoped that these understandings may provide clinical rationale for incorporating touch and trance in psychotherapy.

When clients come to see me as a body-psychotherapist, they usually expect the possibility of touch, and the contracting of touch (which is mostly done explicitly as well) is an important context to bear in mind.

Whether to touch or not is just where the debate begins. I believe that the real issues concerning touch regard how it is used in therapy (Kertay & Reviere, 1993, 1998). How touch is used and what kind of touch is used are two distinguishable questions. The issue of what kind of touch is used in psychotherapy is a pragmatic one – whether it is a simple holding of the hand, a regressive cuddle, or a skilful myofascial release. Whether touch is used in groups or in the privacy of a clinic, whether it is done on the floor, on a massage table, or in a chair are questions of the same category. What type of touch is an important issue, but one that is concerned with repertoire of techniques and with therapeutic training. The question of how to touch is connected to therapeutic stance and orientation. A therapist could use deep manipulative massage as a relational event between two people, and a simple holding of hands as a technique, as demonstrated by Halsen's (1995) saying that knowing when and how to touch requires as much skill as knowing when and how to interpret. The question of how to touch requires us to dialogue with our willingness to engage with another and with our own emergent processes. This dialogue is where body psychotherapy meets trancework and relational psychoanalysis. Let us consider Grace's description of her experience of touch in psychotherapy.

As a result of my previous experience of therapy, from psychotherapy training, supervision, and from following the flow of many sessions I had developed what Casement (1985) refers to as an internal supervisor or 'An island of intellectual contemplation' (p. 32). This allows greater freedom for me to be drawn into the dynamics of a session whilst still preserving, in my observing ego, sufficient detachment for monitoring the moment-by-moment shifts of a session. It could also have served as a useful defense, however. When Asaf picked up on this analytic trait, our sessions began to include the use of touch to support my reassociating with feelings. Initially Asaf would sit beside me and after checking that it was ok he would place his hand at my neck resting his forearm down my sternum. This felt surprisingly reassuring it also meant I had to be more in my body.

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Instead of just sitting, thinking, not sharing thoughts: now a simple ‘what’s happening, Grace?’ or a slight increase in pressure against my sternum reminding me to breathe. It seemed to me that nothing escaped Asaf’s notice. As I write this account it sounds rather invasive, but it wasn’t, it was safe, reassuring and permissive (I use this word deliberately ignoring the sexual connotation although I suppose that was there and rightly so; I did have a ‘psychosexual’ problem which had resulted in my inability to have penetrative sex and loss of interest in sex). For me it was permissive because I felt no censure or disgust from Asaf; I had permission to be myself, to express myself in whatever way was necessary.

The bodywork element had different flavors. Sometimes Asaf’s foot on mine grounding me; other times when talking was really difficult and painful holding my hand as he looked deeply into my eyes; I could drown in his eyes. It’s like I see a deep well of hurt mirrored there and it’s overwhelming for a moment, then something changes, something unspoken moves between us and I melt. I know I have been really seen and understood without the need for words; I feel comforted and forgiven, validated, honored, loved and, yes, alive.

Perhaps the most terrifying sessions in this early part of our work together were ones which included releasing bodywork on my neck.

As Asaf’s hand works its way down my rigid neck muscle, pressure increasing, I want to hold my breath and fight the urge to swear – I never swear. Asaf is urging me to release my breath ‘with noise.’ I feel totally disorientated, lost; it is the scariest feeling of my life as every nerve in my body feels like its [*sic*] jangling. There is nothing beneath me and I am falling, falling into an abyss. Somewhere through the fog I am aware of Asaf’s soothing voice . . . I cry like a baby as he strokes my hair while I lie curled up in fetal position within his protective embrace. Things gradually settle and I become calmer . . . yet in some ways, more hypersensitive than before . . . Strange as it may sound, it’s like there is more substance to me. I know that my body’s always been there but I haven’t really given it that much consideration/regard before. Now, well . . . it’s there!

When somatic organization is characterized by rigidity, very little emotional motility is possible. Grace was always softly spoken, but when we approached painful material in her biography she became almost muted, and her voice disappeared into a whisper. By loosening the fascia associated with voice, the trapezius, the sternocleidomastoid and scalene muscles (and the diaphragm), we temporarily removed the habitual muscular obstruction of Grace’s voice. Within the safety of our relationship, she could begin to explore sound, and the voice that could not have been heard before came out. It was not the sweet angelic voice of ‘River of Dreams’. Grace’s voice was an animalistic, raw, and uncensored reflection of what took place inside: pain, joy, sorrow, anger, fear, aliveness.

Ziehl (2005) beautifully illustrated relational use of touch in psychotherapy:

I can touch somebody in such a way that my touch says: 'You can take your time; I am interested to meet you; where are you? Is this Ok for you? Will you meet me here?' I can touch in such a way that each finger has eyes and ears as I make contact with the other person. When I touch in this manner, I am more likely to be receptive to who the other person is, and what they want, and what they are saying with their body at the moment. From this somatic dialogue, we get to know each other more deeply.

When touch is an extension of my benign curiosity and my desire to recreate myself as intersubjectively, its facilitative nature to surrendering to the relational dyad is second to none. This type of touch is a declaration of connectedness: I demonstrate to you that I am here, with you; that I share every bit of feeling, thought, and humanity that you may harbor, good and bad. I further express, through my touch, a desire to share intimacy safely (boundary-wise) yet dangerously (as we are dancing on the edge of self-organization) with you, and invite you to co-create this intimacy with me (e.g. Orbach, 2004).

Like hypnotic trancework, when we touch with inquiring and not-knowing hands, we role-model courage and capacity to surrender to a wider mind, all the while extending an invitation to our client to do the same. We cannot force the other to join in, but we can be there if they do!

It is this type of touch, which is so conducive to fostering intersubjectivity, that is the most relevant to relational psychotherapy. It is laden with potential space; it is a form willing itself to flow. Working relationally with touch in psychotherapy requires appropriate training, which focuses both on the therapeutic dynamics and on the capacity to closely monitor the client, therapist and dyadic psychophysical responsiveness. It requires training in learning to listen to our own bodies and those of others with the same curiosity and acuity that we listen to narratives. It is probably this type of touch which Asheri (2009) spoke of when saying: 'I believe that in the light of contemporary thinking about the relationship between body and mind, all therapeutic approaches need to re-consider the place of the body and the possibility of touch within their distinct therapeutic framework'. (p. 118)

This manner of touching cannot be faked by technical mastery; it is a conveyance of ourselves in relation in the here-and-now (Rolef Ben-Shahar, 2002a,b, 2003). The intersubjective invitation carries a certain reciprocity in it. Through touch, I am willing to make myself known to you. In my touch I want to know you, and I am willing to risk you knowing me, too.

This field of touch between Grace and me was, therefore, danced with presence. The window of possibilities is opened by hand; the nodding head accepts

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the invitation and the two of us enter. There, amid the middle of nowhere, we both get lost. We can afford getting lost, since we have bodies that connect us to the ground and since our bodies touch. We can unite into a non-differentiated wider self because, at the same time, our skins remind us of our boundaries: 'here you end, here I begin'. Through this distinction, we can flex our rigid organizations and embrace surrender.

### **A brief look at the transference dynamics**

Bodies as aliveness are not regularly attended to in our society, and so diverting attention to our somatic processes already changes habitual patterns of perception. Coming from a highly analytic background, Grace used her experience both to deepen her engagement with the therapeutic process, and also to escape touching on what she really came to see me for: an exploration of sexuality.

Transferential bonds are amplified and accelerated in the hypnotic and body-psychotherapeutic relationship because both take place on the edge of our habitual organization. Strong parental and erotic transferences are characteristic of the first stages of therapy and indicate the need for a containing wider mind. This allows for a mutual attunement, which emulates a corrective attachment relationship (Field, 1985, p. 415); a regression within which a new relational organization may take place (Winnicott, 1956; Quinodoz, 1993, p. 90).

The transferential erotic dance between Grace and I had many faces: that of the abused child who eroticizes love; that of a normal psychosexual development between a girl and her father; that of exploring and revelling in our shared aliveness as it manifested in the sessions. The development of transferential dynamics paralleled the move from primary to secondary intersubjectivity, from a relationship which almost solely existed as a transferential relationship to one that became more balanced and was fed by two equal subjectivities and an analytic third.

Grace dreamt of having sex with me at different stages of our work together. At first, the desire to make love was accompanied by terror that if we were to have sex, she would castrate me and contaminate me. She desired to be known from the inside, yet feared she was both destructive and contaminating. At that stage, my countertransference was mainly paternal.

Grace later brought her desire more courageously and openly into the room: after years of repression, our relationship was a safe place to explore, with the knowledge that it would not be enacted. I felt that the ruptured trust of her uncle's abuse was slowly beginning to repair by her claiming her right to fantasize. However, it was only when Grace showed some negative transference – only when she feared me and was angry with me, confronted me both transferentially and in the here-and-now – that I felt free to truly experience my own subjectivity in relation to her.

The last period of work together was literally hot. Ending brought a desire to bring upon the ultimate closeness and enmeshment. The impending death of our relationship and the daughter who would have done anything to keep daddy there were both activated, but this time they existed alongside an observing ego that could relate to these desires compassionately. In one of our last sessions, Grace told me how painful it was to realize that a part of her always saw me as her father: 'I really want to be a grown-up woman with you,' she said. And she was, alongside the girl and not exclusively, but, none the less, she was. During this last period, our erotic awakening felt natural, organic, and safe. Neither of us feared an acting out, but we both celebrated the depth of our relationship, acknowledging the (shared) eroticizing of the ending, and enjoying the genuine impact we had on one another. I know that Grace is now more able to enjoy the sexual impact she has on men in general, and on her husband, Ross, in particular. She is not only an asexual angelic cherub, but also a hot, powerful woman.

### **Dissociation and trancework**

Therapeutic regression offers a powerfully transformative analytic experience, a new way of reexperiencing, reliving, and restoring longed-for, long-lacking, traumatic, and inadequate primal bonding because of an early environmental failure. Therapeutic regression postulates a return to the point where psychological growth has halted and enables a living breakthrough. (Eshel, 2005, pp. 719–720)

Quick-fix, non-relational psychotherapeutic modalities are presently very popular in the medical model. Not only do they support a fantasy that people, like machines, could (and should) be fixed to operate in some standardized manner, but they also decrease our anxiety regarding our own potency. However, research has shown (d'Ardenne, 2009) that when trauma is accompanied by grief or loss, solely behavioural approaches are inappropriate. Additionally, people with history of childhood trauma and abuse seem to respond better to psychotherapy than to medication (McQueen, Kennedy, Sinason, & Maxted, 2008, p. 63). When faced with the real drama of being human, we need more than a recipe for cure: we require another human presence to heal.

Grace dealt with strong feelings through dissociation. Dissociative responses to trauma are a common coping mechanism, separating the narrative from the intense emotional and, possibly, physical pain (Kluft, 1985; Putman, 1985; Bremner et al., 1992; Cardeña & Spiegel, 1993; Koopman, Classen, & Spiegel, 1994; Marmar et al., 1994; Spiegel, 2003; Bokanowski, 2004; Liotti, 2004; Seltzer, 2005; Holmes, Oakley, Stuart, & Brewin, 2006; Rhoades Jr, 2006a,b; McQueen, Kennedy, Sinason, & Maxted, 2008; Peebles, 2008; Sinason, 2008). Grace frequently used her analytic experience to camouflage her dissociation with

insight. She would tell of horrendous experiences in a manner that divorced feelings from narrative, body from story.

Working with dissociative experiences has been described as the royal road to unavailable and split-off experiences (Davies & Frawley, 1991; Geffner, 2004, p. 144). When therapists themselves open to this material, as it manifests in the somatic transference, they demonstrate to the clients that they are willing to enter the flux of pain and survive: 'Dwelling in it – without losing our bearings and without drowning in the psychic deconstruction,' as Borgogno wrote (2004, p. 12). This process is similar to Benjamin's (2006) poetic notion of surviving the crash. When dissociative experiences are accessed in the shared dyadic space, there is an opportunity for change in our internalized past (Alexander & French, 1946, p. 690; Alexander, 1954). Perhaps this is the source of Ferenczi's optimism that all psychic processes are reversible (Ferenczi, 1932, p. 181). Processing traumas within the analytic third may release us from the repetition compulsion that early developmental traumas often carry with them (McFarlane & van der Kolk, 1996), contributing to what Kluft (1991) termed 'Sitting ducks syndrome'. Unless worked through, survivors of abuse tend not only to repeat their traumas, but also to attract retraumatization (Rolf Ben-Shahar, 2009).

Part of the therapeutic process between Grace and me was an exchange: we began with my (inadvertent) willingness to feel on her behalf. These part-digested traumas, the heartaches, the rage and terror; what Grace could not allow herself to feel I found myself feeling in the sessions with her and I let her know it. My role in the dyadic self was often to feel and name the unspeakable: I am angry, I am terrified, I feel excited. The relational self, to the degree that it was an attachment organization, was able to contain more than either of us could separately. Grace wrote:

In some ways my returning memories helped to make sense of the dysfunctional course of my adult life. Just as in my previous therapies, my first marriage came under the spotlight. I could recount many traumatic incidents almost without showing any emotion. I remember Asaf's typical response was to express his current reactions to what I had just said or done; 'Right now, I'm feeling angry as you're telling me about this'. His comments really had an impact, making me stop and think. Should I be feeling angry?

It was, therefore, not I who bore witness to the unspoken stories of Grace, it was us. When the narrative was uttered, it was uttered by the two of us. I frequently spoke the affect, and Grace unveiled the story. And when she was able to hold the two together, to speak and feel, a true transformation took place. She was first able to own her terror, then her anger, then her sexuality, her love, and her hate. Frequently, I was the first safe object of these feelings. Later, they began to be expressed in her life, too.

Grace started investing more in making her partnership equal, asserting herself and discovering the possible areas for her to explore sexually, and those that were still unsafe. At work, Grace left her institutional work and increased her private practice, and is a very busy and sought after psychotherapist.

There, at the edge, when the depressive movement of mourning had been acknowledged, the lost childhood (and fantasies) grieved for, a boat awaits us. It is we who are the boatman, we who are called to take those aspects of ourselves who sacrificed everything for love and grieve over their failure. Those sacrifices did not make us lovable; they did not deliver their promise. When we can compassionately choose life in face of the death of our old relational organizations, it means we can breathe into our trauma, and then it 'loses its grip' on us. (Hendricks, 1995, p. 119)

Breathing into trauma releases the arrested and incomplete psychological response that fixated trauma in the first place (Levine & Frederick, 1997, p. 12). We may then emerge into the pulsating flow of life. Bromberg (1993) elucidated,

The reentry into life, involves pain not unlike that of mourning. The return to life means recognition and facing of death; not simply the death of one's early objects as real people, but the death of those aspects of self with which those objects have been united. (p. 388)

Towards the end of therapy, Grace wrote herself a letter. Parts of it read:

However did you survive? What else could you possibly have done back then? Every avenue you explored was a dead end . . . no-one wanted to know . . . I know its [*sic*] hard acknowledging that you've been a victim of abuse. It's also frightening and worrying to think that you may have contributed to the children's difficulties by passively and naively accepting an abusive situation, but you don't have to accept either of those things anymore. You don't have to victimize yourself or passively accept anything you disagree with anymore. You have a voice, use it! Maybe it's time you took a new look at things and notice the gift within: the gift of love, support, trust, and stability that you maintained throughout for your children; now its time to do the same for yourself.

Love, Grace

### **Permission to flow: ventures to a wider mind**

Behind the wall we erect to protect ourselves from the history of our childhood still stands the neglected child we once were, the child that was once abandoned and betrayed. It waits for us to summon the courage to hear its voice. It wants to be protected and understood, and it wants us to be free from its isolation, loneliness, and speechlessness. But this child that has waited so long for our attention

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not only has needs to be fulfilled. It also has a gift for us, a gift that we desperately need if we truly want to live, a gift that cannot be purchased and that the child in us alone can bestow. It is the gift of truth, which can free us from the prison of destructive opinions and conventional lies. Ultimately, it is the gift of security, which our rediscovered integrity will give us. The child only waits for us to be ready to approach it, and then, together, we will tear down the walls. (Miller, 1993, p. 3)

Two years into therapy, Grace arrived deeply unsettled to the session. The day before she witnessed an accident involving two reckless bikers, and, after assessing that it was not safe for her there, Grace decided to leave the scene. She felt guilty and remorseful. Is it always bad to leave the scene?

It was the first time Grace had left the scene. She had remained in her familial scene, loyal and loving, without questioning her own interest. She stayed by the side of her abusive dysfunctional husband, out of sense of duty, shame, and desire to give her children a family.

Even though I loved Grace from the moment we met, and my love and respect for her steadily expanded, it was only when she left the scene that I started to trust her. The walls of silence were only then truly broken. Her tendency to lean towards the positive transference and idealize me had since been balanced by her assertive, challenging, and sometimes critical voice. With my growing trust, I could allow myself to surrender more deeply into our relationship and so has Grace, and we have spent some truly intimate moments together that stand among my most intimate human connections.

The relational field between Grace and me was present from start. The quality of this analytic third has changed and matured, not unlike the two subjectivities from which it emerged. We have both allowed the river of dreams to open us to the possibility of meeting one another. We have both grown and emerged from our shared self happier and healthier, more able to relate, and slightly less shamed. Following is Grace's summary of our joint work, and this paper.

In the sense that a therapist helps his client discover their own value as a person, psychotherapy is erotic, and as I discovered through my therapeutic journey with Asaf, it works best when the therapist and client learn to discern subtle and deep dynamics in the relationship. We have touched upon one of the most difficult and risky aspects of psychotherapy: these dynamics are risky because transference-countertransference dynamics are about love, sexual and romantic love. As I discovered in our work together these should not be something to be feared or avoided. Worked with sensitively and with awareness, I discovered life-affirming, playful, and nourishing connection.

It is possible that many psychotherapists specifically avoid working directly with the erotic transference for the misplaced fear of being seen as transgressing

boundaries. More likely to be the case is that, during training, there was no safe space in which to explore the complex feelings associated with sexuality in the consulting room.

Knowing something intellectually is one thing, and letting it reach deeply into my being was something else entirely. The willingness to surrender into connection was what characterized our work together, and this meant I had to put the trauma of the past into adult language, so as to 'break the spell' of the past. It's a bit like how in the fairy tale of Rumpelstiltskin, the queen was able to free herself from her dilemma by discovering Rumpelstiltskin's true name. I learned how profound, difficult, and beautiful this healing journey can be, and have felt blessed to make this journey within the true healing dyad of attentive listening and holding.

When the therapist is able to promote an open discussion of issues related to erotic dynamics in psychotherapy, and has the courage to risk responding directly from his unconscious, allowing a true meeting of selves, while still maintaining the analytic frame, there is the possibility of a truly transformative therapeutic experience.

The most delicious aspect of romance isn't the physical sexuality, but the sense of discovery of self which comes through reflected admiration. It's incredible that someone else admires, or enjoys, or celebrates aspects of your personality which you had taken for granted or perhaps even devalued. This kind of love profoundly reorganizes the sense of self, expands it, and establishes a stronger and more positive self-representation.

I truly believe that I could not have completed this therapeutic journey without both of us, not just me, surrendering to relational flow.

## Notes

1. 'River of Dreams' was written to the music of Vivaldi's 'Winter'.
2. Hasegawa and Jamieson (2002) noted that systems may be understood and analysed on different levels of organization (p. 104). Dyadic states of consciousness represent a utilization of different organizational order to learn about, and intervene with, a part of that system (you, me).
3. Aron (1991) also acknowledged the patient's tuning in to the analyst's attitudes and feelings (p. 251).

## References

- Abram, J. (1996). *The Language of Winnicott: A Dictionary of Winnicott's Use of Words*. London: Karnac.
- Alexander, F. (1954). Some quantitative aspects of psychoanalytic technique. *Journal of the American Psychoanalytic Association*, 2: 687-702.

- Alexander, F., & French, T. M. (1946). *Psychoanalytic Therapy*. New York: Ronald Press.
- Alexander, R. P. (1976). On patient's sleep during the psychoanalytic session. *Contemporary Psychoanalysis*, 12: 277–291.
- Aron, L. (1991). The patient's experience of the analyst's subjectivity. In: S. A. Mitchell & L. Aron (Eds.), *Relational Psychoanalysis: The Emergence of a Tradition* (pp. 243–268). New York: The Analytic Press, 1999.
- Asheri, S. (2009). To touch or not to touch: a relational body psychotherapy perspective. In: L. Hartley (Ed.), *Contemporary Body Psychotherapy: The Chiron Approach* (pp. 106–120). Hove: Routledge.
- Balbernie, R. (2007). The move to intersubjectivity: a clinical and conceptual shift of perspective. *Journal of Child Psychotherapy*, 33(3): 308–324.
- Beck, W. (2006). Countertransference in groups. *Group Analysis*, 39(1): 100–107.
- Benjamin, J. (2006). Crash: what we do when we cannot touch: commentary on paper by Meira Likierman. *Psychoanalytic Dialogues*, 16: 377–385.
- Bokanowski, T. (2004). Splitting, fragmenting, and mental agony: the clinical thinking of Sandor Ferenczi. *International Forum of Psychoanalysis*, 13(1): 20–25.
- Borgogno, F. (2004). Why Ferenczi today? The contribution of Sandor Ferenczi to the understanding and healing of psychic suffering. *International Forum of Psychoanalysis*, 13(1): 5–13.
- Bosanquet, C. (2006). Symbolic understanding of tactile communication in psychotherapy. In: G. Galton (Ed.), *Touch Papers* (pp. 29–48). London: Karnac.
- Bremner, J. D., Southwick, S., Brett, E., Fontana, A., Rosenheck, R., & Charney, D. S. (1992). Dissociation and posttraumatic stress disorder in Vietnam combat veterans. *American Journal of Psychiatry*, 149: 328–332.
- Bromberg, P. M. (1993). Shadow and substance. In: S. A. Mitchell & L. Aron (Eds.), *Relational Psychoanalysis: The Emergence of a Tradition* (pp. 379–406). New York: Analytic Press, 1999.
- Bromberg, P. M. (1996). Standing in spaces: the multiplicity of self and the psychoanalytic relationship. *Contemporary Psychoanalysis*, 32: 500–535.
- Buber, M. (1958). *I and Thou*, R. G. Smith (Trans.). New York: Scribner.
- Capra, F. (2002). *The Hidden Connections*. London: Flamingo.
- Cardeña, E., & Spiegel, D. (1993). Dissociative reactions to the San Francisco Bay Area earthquake of 1989. *American Journal of Psychiatry*, 150: 474–478.
- Casement, P. J. (1985). *On Learning from the Patient*. London: Routledge.
- Casement, P. J. (2000). The issue of touch: a retrospective overview. *Psychoanalytic Inquiry*, 20: 160–184.
- Clark, J. (2009). Facing the abuser in the abused in body psychotherapy. In: L. Hartley (Ed.), *Contemporary Body Psychotherapy: The Chiron Approach* (pp. 212–225). Hove: Routledge.
- D'Ardenne, P. (2009). The aftermath of trauma. *Sexual and Relationship Therapy*, 24(1): 1–3.
- Davies, J. M., & Frawley, M. G. (1991). Dissociative processes and transference–countertransference paradigms in the psychoanalytically oriented treatment of adult survivors of childhood sexual abuse. In: S. A. Mitchell & L. Aron (Eds.), *Relational Psychoanalysis* (pp. 269–304). Hillsdale, NJ: Analytic Press, 1999.

- Doron, A., & Mendlovic, S. (1999). Hypnosis and Winnicott's transitional phase. *Contemporary Hypnosis, 16*(1): 36–39.
- Eshel, O. (2005). A bond of love, emotional risk, and daring. *Psychoanalytic Dialogues, 15*: 717–725.
- Farber, S. K. (2008). Dissociation, traumatic attachment, and self-harm: eating disorders and self-mutilation. *Clinical Social Work Journal, 36*: 63–72.
- Ferenczi, S. (1932). *The Clinical Diary of Sándor Ferenczi*. Cambridge, MA: Harvard University Press, 1988.
- Field, T. (1985). Attachment as psychobiological attunement: being on the same wavelength. In: M. Reite & T. Field (Eds.), *The Psychobiology of Attachment and Separation* (pp. 415–454). Orlando: Academic Press.
- Fonagy, P. (2002). Multiple voices versus meta-cognition. In: V. Sinason (Ed.), *Attachment, Trauma and Multiplicity* (pp. 71–85). Hove: Routledge.
- Freud, S. (1912e). Recommendations to physicians practising psycho-analysis. In: *S.E., 12*: 109–120). London: Hogarth Press.
- Freud, S. (1914g). Remembering, repeating and working-through (further recommendations on the technique of psycho-analysis II). *S.E., 12*: 145–156). London: Hogarth Press.
- Galton, G. (Ed.) (2006). *Touch Papers*. London: Karnac.
- Geffner, A. H. (2004). 'To sleep, perchance to dream' . . . on the couch: the interpersonal nature of dreams and other dissociative processes – a case illustration. *Psychoanalytic Dialogues, 14*(1): 139–162.
- Geib, P. (1998). The experience of nonerotic physical contact in traditional psychotherapy. In: E. W. L. Smith, P. R. Clance, & S. Imes (Eds.), *Touch in Psychotherapy: Theory, Research, and Practice* (pp. 109–126). New York: Guilford Press.
- Halsen, A. W. (1995). Body-psychotherapy in Norway. *Nordic Journal of Psychiatry, 49*(6): 101–105.
- Hasegawa, H., & Jamieson, G. A. (2002). Conceptual issues in hypnosis research: explanations, definitions and the state/non-state debate. *Contemporary Hypnosis, 19*(3): 103–117.
- Hendricks, G. (1995). *Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery*. New York: Bantam Books.
- Hoffman, I. Z. (1996). The intimate and ironic authority of the psychoanalyst's presence. *Psychoanalytic Quarterly, 65*: 102–136.
- Holmes, E. A., Oakley, D. A., Stuart, A. D. P., & Brewin, C. R. (2006). Investigating peritraumatic dissociation using hypnosis during a traumatic film. *Journal of Trauma & Dissociation, 7*(4): 91–113.
- Kahr, B. (2006). Winnicott's experiments with physical contact: creative innovation or chaotic impingement? In: G. Galton (Ed.), *Touch Papers* (pp. 1–14). London: Karnac.
- Keeney, B. (1983). *Aesthetics of Change*. New York: Guilford Press.
- Kertay, L., & Reviere, S. L. (1993). The use of touch in psychotherapy: theoretical and ethical considerations. *Psychotherapy: Theory Research, Practice, Training, 30*(1): 32–40.
- Kertay, L., & Reviere, S. L. (1998). Touch in context. In: E. W. L. Smith, P. R. Clance, & S. Imes (Eds.), *Touch in Psychotherapy: Theory, Research, and Practice* (pp. 16–35). New York: Guilford Press.

- Kilborne, B. (1998). Ferenczi, regression and shame. *International Forum of Psychoanalysis*, 7(4): 225–229.
- Kluft, R. P. (1985). The natural history of multiple personality disorder. In: R. P. Kluft (Ed.), *Childhood Antecedents of Multiple Personality* (pp. 197–238). Washington, DC: American Psychiatric Press.
- Kluft, R. P. (1991). Multiple personality disorder. In: A. Tasman & S. Goldfinger (Eds.), *Review of Psychiatry* (pp. 375–384). Washington, DC: American Psychiatric Press.
- Knoblauch, S. (2000). *The Musical Edge of Therapeutic Dialogue*. Hillsdale, NJ: The Analytic Press.
- Koopman, C., Classen, C., & Spiegel, D. (1994). Predictors of posttraumatic stress symptoms among survivors of the Oakland/Berkeley, Calif., firestorm. *American Journal of Psychiatry*, 151: 888–894.
- Levine, P. A., & Frederick, A. (1997). *Waking The Tiger*. Berkley, CA: North Atlantic Books.
- Lewis, T., Amini, F., & Lannon, R. (2000). *A General Theory of Love*. New York: Random House.
- Liotti, G. (2004). Trauma, dissociation, and disorganized attachment: three strands of a single braid. *Psychotherapy: Theory Research, Practice, Training*, 11(4): 472–486.
- Marmar, C. R., Weiss, D. S., Schlenger, W. E., Fairbank, J. A., Jordan, B. K., Kulka, R. A., & Hough, R. L. (1994). Peritraumatic dissociation and posttraumatic stress in male Vietnam theater veterans. *American Journal of Psychiatry*, 151: 902–907.
- McFarlane, A. C., & van der Kolk, B. A. (1996). Trauma and its challenge to society. In: B. A. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 24–46). New York: Guilford Press.
- McLaughlin, J. T. (1995). Touching limits in the analytic dyad. *Psychoanalytic Quarterly*, 64: 433–465.
- McQueen, D., Kennedy, R., Sinason, V., & Maxted, F. (Eds.) (2008). *Psychoanalytic Psychotherapy after Child Abuse*. London: Karnac.
- Miller, A. (1993). *Breaking Down the Wall of Silence*. New York: Meridian.
- Mitchell, S. A. (2000). *Relationality: From Attachment to Intersubjectivity*. Hillsdale, NJ: The Analytic Press.
- Mitchell, S. A. (2005). *Influence and Autonomy in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Ogden, T. H. (1996). Reconsidering three aspects of psychoanalytic technique. *International Journal of Psychoanalysis*, 77: 883–899.
- Orbach, S. (2004). The John Bowlby memorial lecture: the body in clinical practice, part two: when touch comes to therapy. In: K. White (Ed.), *Touch, Attachment and the Body* (pp. 35–47). London: Karnac.
- Peebles, M. J. (2008). Trauma-related disorders and dissociation. In: M. R. Nash & A. J. Barnier (Eds.), *The Oxford Handbook of Hypnosis: Theory, Research and Practice* (pp. 647–679). Oxford: Oxford University Press.
- Pizer, B. (2002). Blowin' in the wind – considering the impact of 'inadvertent touch': commentary on paper by Graham Bass. *Psychoanalytic Dialogues*, 12: 837–846.

- Putman, F. W. (1985). Dissociation as a response to extreme trauma. In: R. P. Kluff (Ed.), *Childhood Antecedents of Multiple Personality* (pp. 65–97). Washington, DC: American Psychiatric Press.
- Quinodoz, J.-M. (1993). *The Taming of Solitude – Separation Anxiety in Psychoanalysis*. Hove: Routledge.
- Rauch, S. L. (2005). *A Descriptive Study on the Differences Between Body Psychotherapists and Traditional Counselors*. Charlotte, NC: University of North Carolina.
- Renik, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanalytic Quarterly*, 62(4): 553–571.
- Rhoades Jr, G. F. (2006a). Cross-cultural aspects of trauma and dissociation. *Journal of Trauma Practice*, 4(1): 21–33.
- Rhoades Jr, G. F. (2006b). Trauma and dissociation in paradise (Hawaii). *Journal of Trauma Practice*, 4(1): 133–145.
- Rolef Ben-Shahar, A. (2002a). Exploring integrative massage therapy, body-hypnotherapy and the mythology of therapy. *Positive Health Magazine*, 72: 50–55.
- Rolef Ben-Shahar, A. (2002b). Hypnosis and bodywork part II: trancework in the body. *AnchorPoint*, 16(8): 30–35.
- Rolef Ben-Shahar, A. (2003). Dare I touch? *Rapport*, 59(Spring): 17–19.
- Rolef Ben-Shahar, A. (2008). Resonance: the gift of connection. *Self & Society, A Journal of Humanistic Psychology in Britain*, 36(1): 45–48.
- Rolef Ben-Shahar, A. (2009). Trees in shades of grey: trauma, attachment and dissociation in the personal, clinical and socio-political settings. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 3(2): 121–143.
- Seltzer, W. J. (2005). Pre-cognitive therapy: a way to integrate neuroscience and psychotherapy. *Journal of Systemic Therapies*, 24(3): 32–48.
- Sinason, V. (2002). Introduction. In: V. Sinason (Ed.), *Attachment, Trauma and Multiplicity* (pp. 3–20). Hove: Routledge.
- Sinason, V. (2006). No touch please – we're British psychodynamic practitioners. In: G. Galton (Ed.), *Touch Papers: Dialogues on Touch in the Psychoanalytic Space* (pp. 49–60). London: Karnac.
- Sinason, V. (2008). From social conditioning to mind control. In: A. Sachs & G. Galton (Eds.), *Forensic Aspects of Dissociative Identity Disorder* (pp. 167–184). London: Karnac.
- Smith, E. W. L. (1998). Traditions of touch in psychotherapy. In: E. W. L. Smith, P. R. Clance, & S. Imes (Eds.), *Touch in Psychotherapy: Theory, Research, and Practice* (pp. 3–15). New York: Guilford Press.
- Soth, M. (2005). Embodied countertransference. In: N. Totton (Ed.), *New Dimensions in Body-Psychotherapy* (pp. 40–55). Maidenhead: Open University Press.
- Spiegel, D. (2003). Hypnosis and traumatic dissociation: therapeutic opportunities. *Journal of Trauma & Dissociation*, 4(3): 73–90.
- Tosone, C. (1997). Sandor Ferenczi: forerunner of modern short-term psychotherapy. *Journal of Analytic Social Work*, 4(3): 23–41.
- Trevarthen, C. (1974). Conversations with a 2-month-old. *New Scientist*, 2: 230–235.
- Turp, M. (1999). Touch, enjoyment and health: in infancy. *European Journal of Psychotherapy & Counselling*, 2(1): 23–39.

- 
- Westenra, H. (2003). Pure (album). Decca Records/Universal Music New Zealand.
- Whitaker, C. A. (2000). Hypnosis and family depth therapy. *The Family Journal: Counselling and Therapy for Couples and Families*, 8(1): 7–13.
- White, K. (Ed.) (2004). *Touch: Attachment and the Body*. London: Karnac.
- Winnicott, D. W. (1956). Clinical varieties of transference. In: *Collected Papers: Through Paediatrics to Psycho-analysis* (pp. 295–299). London: Tavistock, 1958.
- Winnicott, D. W. (1960a). Ego distortion in terms of true and false self. In: *The Maturation Processes and the Facilitating Environment* (pp. 140–152). London: Karnac, 1990.
- Winnicott, D. W. (1960b). The theory of the parent–infant relationship. In: *The Maturation Processes and the Facilitating Environment* (pp. 37–55). London: Karnac, 1990.
- Winnicott, D. W. (1967). The concept of a healthy individual. In: C. Winnicott, R. Shepherd, & M. Davis (Eds.), *Home is Where We Start From* (pp. 21–38). London: Penguin, 1986.
- Winnicott, D. W. (1971). *Playing and Reality*. London: Routledge.
- Wollnik, S. (2005). Dissociation and repression in trauma. In: J. S. Scharff & D. E. Scharff (Eds.), *The Legacy of Fairbairn and Sutherland* (pp. 121–128). Hove: Routledge.
- Ziehl, S. (2005). Bodywork as poetry [electronic version]. *Open Centre*, 29(1) (accessed 26 August 2009 at: [www.entelia.com/bodyworkaspoetry.shtml](http://www.entelia.com/bodyworkaspoetry.shtml)).