



International Connections

By Asaf Rolef Ben-Shahar

About touching psychotherapists

It is one of our first sessions together, and I offer Deirdre my hand as a way of exploring contact. Deirdre, an experienced psychoanalytic psychotherapist, is also experienced as a client, with well over fifteen years of analysis. And yet, the field of body psychotherapy in general and working therapeutically with touch in particular is a completely foreign land for her. She came to see me specifically to explore her anxiety in relation to her three children through therapeutic touch. She accepts my offer and touches my hand. Our first contact is apprehensive, Deirdre lowers her eyes – like a wild animal testing the safety of contact. I can sense the potential for both danger and comfort in this first hand-to-hand connection. Soon, Deirdre makes eye-contact and breathes. She is surprised how quickly she trusts the contact. "It's like my body knows that it is safe, but my head tells me I shouldn't trust so quickly," she says.

A few weeks later, I hold Deirdre as she allows herself to regress into a younger state. Immediately she recoils, saying, "We should stop now, I feel sexually aroused." I hold back my automatic response. My own reactive patterns to such a charged statement would be to first freeze and shame myself, all the while withdrawing; instead, I manage to breathe. In my countertransference, I feel no erotic charge at the moment, so I suggest, "Can we wait just one more minute to see if there's anything else there, aside from the sexual arousal?" After a long silence, Deirdre responds. "I feel young, and I feel my anxiety." We now have access to the very process she wanted to talk about, and we continue our exploration, both through touch and psychodynamically.

Some body-psychotherapy modalities do not use touch at all, with important reasoning. For instance, Stanley Keleman (1981), founder of Formative Psychology and director

for Epigenetic Studies at Berkeley, doesn't use touch and offers many other paths for doing body-psychotherapy. Another example is Babette Rothschild (2000), who specializes in working with trauma and PTSD and believes that touch is generally inappropriate when working with complex trauma. Many colleagues of mine scarcely work with touch, either for ethical or practical positions, or because of their training. More often than not it is also connected to their own personal aptitude and orientation. I work with touch extensively in my clinic. I like touch; it is one of the main reasons I was attracted to the field of body psychotherapy, the sense that I wouldn't have to exclude such a crucial part of myself from my professional life. Touch feels as my mother tongue, and I understand it more and can write and read more fluently in Touch than I can in Hebrew or English, which I dearly love too and are crucial languages in my practice. I sought and found therapeutic modalities that trained in touch-work to professionalize my natural tendencies and qualities.

While not always using touch in each session or with every client, truthfully, there's physical contact with the vast majority of my clients. And there's a particular client group which I'd like to think about with you—psychotherapists. Having psychotherapists as clients is both a delight and a real challenge to begin with. When intimacy and discourse is one's native tongue, it can easily be used as a defense mechanism, so the therapeutic language itself may at times be self-defeating. Rather than offering a fully formalized structure around using touch with this client group, I'd like to think about it together with you.

Of particular interest to me are psychotherapists like Deidre who come from non-touching traditions, primarily psychodynamic and psychoanalytic. While for many clients the association between touch and psychotherapy includes

Names in this article are fictitious and patients have given permission to use this material here.

feelings of apprehension, danger, and a sense of boundary-crossing or otherwise fearful scenarios, most clients quickly learn about the safety of the therapeutic relationship and can fully engage therapeutically. In the forward to her edited book "Bodies in Treatment", analyst Frances Sommer Anderson (2008) writes of her experience of bodywork alongside psychoanalysis as transformative; still, what happens when bodywork and analysis occur in a single room? After all, this integration is what we attempt to provide as body-psychotherapists. There are a few aspects that make working with psychotherapists from other modalities unique, and I'd like to explore three of them here and invite you to think of your own clients who fall into this category.

Sophistication and naiveté

Psychodynamic and psychoanalytic psychotherapists who come to body psychotherapy bring sophisticated self-awareness and language. They are often well able to engage with transference dynamics and acknowledge it and are frequently (but not always) willing to explore the therapeutic relationship as a central axis. At the same time, many of the psychotherapists that I have seen as clients brought a real deep naivety regarding their body and in particular about the way their body speaks and is transparent to others, that while expert psychotherapists may conceal their thoughts – feelings and sensations could frequently be expressed through their body and consequently witnessed by the body psychotherapist.

Somatic transference and countertransference carry such deep involvement that it has caught many clients by surprise and introduced levels of transference they were not familiar with. Erotic charge, parental, authoritarian and oral transferences, aggressive drives, competition, jealousy, love, and hate are frequently amplified when the body enters the therapeutic arena (Totton, 2006). I have found that, for many psychotherapists who now sit in the client position, the gap between their cognitive, emotional, and relational sophistication and their embodied naiveté is sometimes hard to bear. The virginity of those clients' relationship with their body is both a source of inspired exploration and also of shame and, thus, of acting out.

Legitimacy and illegitimacy – the cultural component

The psychiatrist Karl Menninger (1958) once wrote that "transgression of the rule against physical contact constitutes evidence of the incompetence or criminal ruthlessness of the analyst" (p.40). We cannot ignore the psychoanalytic and psychodynamic culture within which touch in psychotherapy can be considered as unethical, if not as Menninger implied even a criminal act. So even though within a short while Deidre learned to appreciate both the therapeutic value of touch in our work and also the ethical safety of bodywork; every time she went back to her own clinic, she

faced a dilemma.

This is not merely a practical dilemma, nor is it only ethical. It is also an ethnologic one – a conflict of cultures. In her own clinic, Deidre may choose to expand her use of somatic interventions or not, but she operates in a culture where what she currently receives as a client in psychotherapy is forbidden in her own practice. In choosing a touching body psychotherapist she entered a conflicted position. There is potential for implicit occurrence, a familial secret to be strictly kept. What does Deidre tell her psychotherapists friends and colleagues? Does she share the extent of the physical contact? If she shares, does the holding become a teasing anecdote? Can anything else be heard aside from the fact she was held when touching involves a deep professional indoctrination?

Deidre, like many of my other psychotherapists-clients, faces a serious conflict regarding the legitimacy and illegitimacy of both what she receives in therapy, and in turn what she gives to her friends and clients. I may even suggest that being a client of a body psychotherapist positions her in a compromised cultural place: either she becomes an ambassador of body-psychotherapy, advocating its efficacy, its ethics and legitimacy, or she maintains her therapeutic work as a secret. Like Meursault, the clerk in Camus' *The Outsider* (1942), Deidre found herself in a cultural position where she was forced to assume a stance. In that respect, body psychotherapy today still carries some of the Marxist power that it held during Reich's days (1933) – the client is forced to make an active choice in regards to his position with society.

Is Deidre sharing her experience with her colleagues, dialoguing with or protecting body-psychotherapy? Is she protecting herself and others by keeping what is really happening in the room as secrets? This conflicted position, which my psychotherapist/clients find themselves occupying, has both therapeutic advantages and disadvantages. On the one hand, the client becomes an active agent not only in the clinical setting but outside of it and is, thus, mobilized and proactive – personally, culturally and, indirectly, politically. At the same time, this proactivity may impact the nature (and volume) of the transference dynamics and at times makes it very difficult to discern and disentangle.

John, for example, a psychiatrist who I saw as a client, chose to keep the bodywork component of therapy secret from his friends and colleagues. He regularly got angry with me for the time and energy he spent during staff meetings holding this secret and keeping quiet.

The cultural component became a vessel for his negative transference and while it allowed us to work through it, it was frequently just too much and too early for this pressure

Continued on page 29

to prove therapeutically valuable. It was only later, when John *came out* as a client of body psychotherapy that we managed to work through these frustrations.

I have to admit that operating within counter-cultural movement nonetheless excites me, and even though body-psychotherapy is a widely acknowledged modality today, in many places and cultures (and the psychodynamic and analytic are among these) it is still a strange creature. However, this counter-movement impacts our clients, and in some ways I found a similar need for gentleness and slow pacing with my orthodox Jewish or Muslim clients as with the psychodynamic psychotherapists. By their very participation in touching body psychotherapy, they are placed in a conflicted situation within their culture.

Representatives of body-psychotherapy

John and Deirdre, like other psychotherapists who are clients of body-psychotherapy, are amazing representatives of body psychotherapy in their respective communities. Alongside publications and organizational efforts, it is also thanks to people like them that our profession gains credibility and respectable status within the wider field of psychotherapy. Throughout the years, I encountered practitioners who have heard about body psychotherapy from clients like John and Deirdre and were as a result more open to my work and writing. As ambassadors of body psychotherapy, John and Deirdre have done a remarkable service for us, and for me. And this is where problematic dynamics inevitably enters the equation: I need them.

I needed Deirdre and John when I was working in the UK, where body psychotherapy is an accepted modality within the main national regulatory bodies (the UKCP – The United Kingdom Council for Psychotherapy and BACB – British Association for Coun-

selling & Psychotherapy). When I approached people who had heard about body psychotherapy from respectable, psychodynamic, or psychoanalytic oriented practitioners, they were more open to accept my papers, to consider workshop proposals, and to refer clients to me and my colleagues and students. In Israel, where the reputation of body psychotherapy is still dubious, and its name is at best tainted by mediocre prejudice, I need the likes of John and Deirdre even more to pave the way for me, my students, and supervisees.

But what happens to the therapeutic relationship when I am invested, consciously or unconsciously, in keeping good relations with John and Deirdre? When I need them to attain professional credibility? How does it shape my willingness to risk negative transference, to encourage anger or hate or a challenging position? What happens to me as a professional in their company when their word might significantly influence the furtherance of my career?

No answers, just further questions

I do not know how to answer the questions I have posed in this column. When choosing body psychotherapy as a professional identity, I have unknowingly entered a complex web of socio-cultural influences that make me more political than I intended to be at the beginning of my career.

Despite its many decades of history, body psychotherapy still has to prove its validity and importance and as carriers of the torch we bring exciting clinical novelties into our practice, which deeply benefit our clients. At the same time, as I hope to have demonstrated, this position creates unique challenges and the client group of psychodynamic psychotherapists is one such challenge. I delight in the possibility of spreading the word of body psychotherapy but am also mindful that my therapists-clients are forced

either into a missionary stance or into holding a secret-taboo. Sometimes, so it seems, I un-deliberately sacrifice individual psychotherapists-clients for the sake of advancing the reputation of my profession. I wish it wasn't so.

If the choice we face is between touching our psychotherapists-clients and potentially invoking unsolved complexes or avoiding touch altogether and remaining relatively safe, I choose risk. I wish I could say it is always a mature, well thought of choice, but it is not.

I hope to have stirred some questions and curiosity with you. It would be good to hear about your choices, your compromises, and risks.

I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at asaf@imt.co.il

References

- Anderson, F. S. (2008). At a loss for words and feelings. In F. S. Anderson (Ed.), *Bodies in Treatment - The Unspoken Dimension* (pp. 1-25). Hove: The Analytic Press.
- Camus, A. (1942). *The Outsider*. [S.l.]: Penguin Books.
- Keleman, S. (1981). *Your Body Speaks its Mind*. Berkley: Center Press.
- Menninger, K. (1958). *Theory of Psychoanalytic Technique*. New York: Basic Books.
- Reich, W. (1933). *The Mass Psychology of Fascism*. New York: Orgone Institute Press, 1946.
- Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. New York: Norton.
- Totton, N. (2006). A body psychotherapist's approach to touch. In G. Galton (Ed.), *Touch Papers* (pp. 145-162). London: Karnac Books.