



International Connections

By Asaf Rolef Ben-Shahar

A duty to honor our hearts

Waking Up with a Heartache

A few weeks ago I received an annual update from a client. We finished working together five years ago. I am still missing her. I miss being with her, and I miss her smell. I miss the way she looked at me and the feeling of her hand in mine. I miss having her in my life.

Every once in a while I wake up at night with a heartache. I ache from missing people that I dearly loved but are no longer a part of my life; people with whom I shared laughter and tears, connection and pain, hope and fears. Sometimes I feel guilty for missing my ex-clients so much. Am I allowed to have made such permanent bonds in my body and mind? Should I have let go of them? Is it unethical or unprofessional to still be curious about them, to miss her or him, to grieve over lost contacts? Whether it is right or wrong and regardless of being given permission, I do. People who enter my heart and spend some time there are usually granted residency. Even if our relationship has no expression in neither of our lives anymore, my love remains. I want to know how they are doing, whether they found love; whether they are happy; I wish to know about their health and sickness, marriages, divorces, births, and deaths. I do not wish to feel ashamed about it, and somehow I have a sense that at least some of you may share a similar sentiment.

There is something seriously wrong with us psychotherapists. I am not joking: we form deep attachments, only to be serially abandoned by those with whom we made contact. We encourage

intimacy and give the other person all the power to leave us while we deny ourselves the same right to protect ourselves from hurt by defensively withdrawing too, except in extreme conditions. We delightfully opt for a life full of little deaths.

Furthermore, when we work with body and with touch these are frequently amplified. Relational psychoanalyst Stephen Mitchell (2005) went as far as to say that if the patient didn't get "under the analyst's skin," then the therapeutic process was limited in scope (pp.5-6). When we don't observe a touching distance, when we incorporate our bodyminds and entwine them with our clients, when we actually touch our clients and let them physically sense us too, then our clients may easily end up not only getting under our skin, but also inside our hearts.

It's Never Too Late to Have a Happy Childhood

Have you ever seen this sentence before? Can you take a moment to notice your responses to this statement? What thoughts are invoked in you, feelings, and sensations?

The first time I saw this statement was when a client brought a t-shirt with this slogan on it to therapy. It inspired a long dialogue between us about the possibility of healing childhood wounds. This sentence has since given me hope, made me feel naïve, and sparked my cynicism and all at the same time.

Historically speaking, as a discipline fathered by psychoanalysis and mothered by humanistic psychology, we carry a strange legacy. On the one hand, orthodox psychoanalytic thinking, certainly Freudian, sees us as more or less slaves to our developmental indoctrination. On the other hand, the Human potential movement holds an almost opposite view according to which we have an almost unfathomable capacity to heal and grow.

To examine the possibility of healing childhood injuries, let us explore some notions of regression in psychotherapy. In his collaborative work on hysteria with Breuer, Freud (1893-1895) believed that hypnosis involved a regressive state which held a high potential for healing. Freud (1921) had initially understood hypnosis to be a temporal regression: a return to an infantile mode of functioning. Thus, healing the past was possible since we 'went back in time' to make amends. With time, however, psychoanalysis became less optimistic about the possibility of change. The analytic endeavor turned into a process of grieving and coming to terms with our unchangeable wounds.

Can we have a belated happy childhood? According to psychiatrist and psychoanalyst John Bowlby (1988), our early forms of relationships became the matrices which we imposed on our reality in adulthood. Our character, personality, and identity were all conditioned by our real and internalized attachment figures (Whitaker, 2000). Attachment theory, which followed Bowlby's research and

clinical applications, and was further developed by Mary Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) and Mary Main (1993), observed patterns of interaction between the child and its attachment figure and considered these attachment styles as more or less persistent throughout our lives.

Therefore, the quality and security of our attachment was seen as central to our development, and insecure attachment seriously compromised our capacity to relate as adults (Alexander et al., 1998; Bretherton, 1995; Miller, Sicoli, & Lemieux, 2000; Schore, 2003). This is no fun; does it mean that those of us who had difficult childhood are bound to forever repeat our patterns? Is there any hope for people with insecure attachment?

Conceptualisations of Healing the Past: Reparative Regression and Earned Secure Attachment

Reparative Regression

Jason's mouth moved uncontrollably as he made repetitive sounds and rocked. I gently touched his soft chin and a sucking reflex was there, his lips were seeking a nipple. In my arms he felt so calm and relaxed. Time after time, he would come to my room and the man became a boy, the boy became a toddler, and we ended up with the baby who was once abandoned learning afresh about love, about being held. It took over two-and-a-half years of physical holding with scarcely any talking before we moved from this stage. I don't know if we could say that Jason's childhood

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changed, but we could definitely feel that, alongside the neglectful somatic memories of infancy, he now had a new set of memories. And these affected his life, and his choices.

Hungarian psychoanalyst Sándor Ferenczi (1930) found that therapeutic work was particularly effective when it allowed for (and at times encouraged) regressive processes. These were attained through trance, body relaxation, and various techniques of touch. The idea of reparative regression is appealing to me, as it does offer some hope for healing. But can we change what already happened?

Dialoguing with the earlier Freudian conceptualization of regression, psychoanalyst Michael Nash (Nash, 2008) claimed that temporal regression was not attainable. We could not really go back in time during regressive processes. Instead, proposed Nash, regression was a moving back in space from thought structures to sensory processes, from secondary to primary processes. Thus, when working regressively we made contact with the rich, creative, and affect-laden resourcefulness of nonverbal processes. These are far more accessible to the therapist who utilizes affective psychotherapeutic skills, and body psychotherapists indeed work directly with sensory and affective processes.

In orthodox psychoanalysis, the concept of regression has traditionally suggested an undesirable movement in therapy from developed and integrated patterns of self (hierarchically

superior) to earlier dimensions (hierarchically inferior). But forerunner of relational psychoanalysis, Hans Loewald, offered a very interesting take on primary and secondary processes. Loewald (1977) suggested that mental activity involved both primary and secondary processes interweaving with one another, and that analysis (by encouraging free association) was an endeavor to move the patient closer to primary processes.

On the contrary, both Loewald and Nash offer us a fresh perspective on regression – where secondary processes are no longer put on a pedestal and nonverbal processes are no longer seen as inferior; on the opposite – these are essential entry points into change. Nash, for example, saw the importance of “induced regression in the service of the ego” (Fromm & Nash, 1997, p.28), whereupon the patient was encouraged “to ‘let things occur’ rather than to make them occur” (ibid, p.29). We may therefore realize that sometimes secondary, highly cognized processes (symbolic) also prevented flexibility and adaptation, and that sometimes, by communicating directly in primary-process language, by moving closer to affective and imagery processing, we loosen habitual forms (this is the multiple code theory of Wilma Bucci, 1997).

Reparative regression suggests that even if we cannot change our past, regressive process may after all allow us access to parts of ourselves that still operate as if the past were alive. Perhaps, after all, it is never too late to have a happy childhood.

Earned Secure Attachment

Coming back to attachment theory, the analytic aspect of the psychotherapist’s job was to help the client discover their relational forms. But more importantly, through the on-going, long-term psychotherapeutic relationship an attachment relationship was formed. From this secure base, the client was allowed to mourn the past, and hopefully learn to assume new relational organizations both with the therapist, and then in life (Bretherton, 1992). The therapeutic relationship became the potentiating agent of novelty and it required surrender of both parties to a relationship that mattered.

Following Philip Bromberg’s idea of multiple self-states (1998), we may therefore think of regression as meeting our clients’ younger self-states and appropriately attending to their needs. We may no longer be children, but there are children who are alive in us, and these require our support and kindness.

I once (2011) wrote of Lilly, a sixty-year-old client, whose father abandoned her as a young child. Lilly often called me Daddy-Asaf and, through working through our own ruptures by dialoguing, admitting difficulties (and mistakes) and remaining present, we have not only helped Lilly change and grow but the child-self healed too. We worked directly with her younger self who grew up differently. Resonance, movement, and touch were significant translators between the adult Lilly and the young one.

Body psychotherapy offers a wonderful platform for reparative experiences, balancing the fact that our wounds shall always be our wounds, and that at the same time the child parts in us (younger self-states) could be healed; that we may truly have different relationships – for the children who are alive in us it is never too late to have a happy childhood.

Psychoanalyst Steven Ellman (2007) elaborated on how such a therapeutic process could be done. Each phase of therapy, he argued, consisted of a series of transference cycles, which provided us with an opportunity to do something different to how it had been in our childhood. During each cycle, there were necessary ruptures and repairs in the relationship, with the ruptures increasingly tolerated through the development of love and the survival of hurt.

By forming an attachment relationship, we do not go back to the past, but we bring the past back to the present, enlivening and re-enacting the oft-repeated transference patterns: we are given genuine opportunities to do things differently. It takes a long-term relationship of genuine connection, care, and love to change our relational patterns, but it is possible. In attachment-based psychotherapy a person who has changed his insecure patterns of attachment and, through psychotherapy (or other benevolent and cultivated relationship) acquired healthier attachment style is known as earned secure (Roisman, Padrón, Sroufe, & Egeland, 2002). It is a process of mutual investment, but it denotes hope in the hard and

often painful process of psychotherapy.

A duty to honor our hearts

Whether we term it earned secure, reparative regression, or cure by love, therapeutic attachment is a real gift. It changes people's lives, and their ability to form relationships.

Suppose all these speculative clinical assumptions, which I admit to be holding, are meaningful and relevant. In essence, the argument which I have offered here is a basic one in attachment-based psychotherapy: benevolent long-term relationships (psychotherapeutic ones included) could change our attachment styles and help us relate to ourselves, to others, and to the world around us in kinder and more adaptive ways.

Not all therapeutic work involves (or indeed requires) deep and transformative attachment relationships. But many therapeutic relationships are attachment relationships. I have been a father and a mother to many of my clients, suffered with them and grown alongside them. And I know that in many therapeutic processes the most significant healing factor was the developing and unraveling attachment relationship.

Notwithstanding my respect to therapeutic boundaries concerning termination, I truly believe that attachment relationships do not end when therapy is terminated. That, in essence, attachment is for life. For many of my clients, I will forever be a significant attachment figure, a surrogate father and

mother who walked alongside them in significant parts of their journey. At the same time they will forever be remembered, loved, and held dear in my heart. Not simply as clients, but as people who entered by heart.

Having realized this important role, there are a few questions that I wish to raise regarding the nature of therapeutic termination. If we have encouraged true surrender to attachment relationship, what is our responsibility to honor this connection? What should our clients do with their attachment love when our contract has ended? Should there be a place for their love in keeping in touch with us therapists? In updating us about their whereabouts, their life? Do we have a responsibility to their heartaches? These are all questions I often wonder about and have rarely found answers to. But I would like to pose a further set of questions here about our own hearts.

When I hold a client – physically and emotionally – over many years; when they have taken space in my heart and bodymind, when we have developed an attachment relationship – the client is not the only one to have attached. I am there too, and my heart is involved as well. We might have asymmetrically engaged in this relationship but it was meaningful for me too. What about my heart and heart-aches? What about your heart? Is it really okay for our hearts to be denied of any expression of this attachment love because of the declared termination? Is it responsible to do so?

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Attachment relationships are always transference, but transference love does not preclude mutuality or authenticity. In fact, I believe that it is this very authentic and real emotion, protected by the therapeutic frame but not limited to it, which is the difference that makes the difference in therapy. There is mutual attachment between me and many of my clients. My love for them is transference *and* real at the same time. And I feel at debt to my love, and to my heart. What are we left with when this all ends? What is our responsibility for our hearts?

I wish to offer that, when deep attachment relationships are formed within psychotherapy, it may sometimes (not always, of course) be inhuman and unkind, and therefore unprofessional for both psychotherapist and client to terminate the relationship without establishing and contracting the possibility of contact. I wish to suggest that love demands of us respect, and this respect – at times – means answering our duty to honor our heart, and leaving the door slightly open to mutual engagement with those who bonded with us and with whom we bonded; to hear about how the lives of our loved ones are unfolding – and to appropriately and selectively share ours with them. I truly believe that we sometimes deserve (both therapist and client), even if from afar, to remain part of our clients lives and allow them to know they have remained part of ours. Attachment is not only a privilege, it carries a deep duty with it; and I believe

that this duty transcends the duration of therapy.

This is why, to the extent that most therapeutic processes involve an attachment relationship, sexual relations with clients and ex-clients are malignant and incestuous. At the same time, this is why denying entry to our hearts in the form of hermetic termination and in name of the reality principle may be dogmatic and wounding – to the client and therapist alike, but moreover to the people behind the client and the therapist, who should have their attachment honored and respected. In my opinion, our duty to honor our clients' hearts and our own should be observed as carefully and meticulously as our duty to maintain safe and clear boundaries.

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

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