



International Connections

By Asaf Rolef Ben-Shahar

Diagnosis in the Service of Metta

Dedicated to the loving memory of Kath, whose equal measures of fierceness and tenderness deeply reverberate in all who knew her and loved her. May you continue to know how much you were loved, even from the other side.

*The eyes you're longing for
listen now
the eyes you see yourself in
are eyes because they see you.*

Antonio Machado (1983, p.149)

1. Mirror mirror on the wall

The traditional take on body reading portrays a scientific act of expert observation: the therapist witnesses the client, wisely noting her or his body posture, muscular tonus, and organisation. These were traditionally seen as such unobjectionable facts that it was possible to record body structures in pictures and videos and analyse these independently of the context and the observer. However, as different people have noted (Appel-Opper, 2008, 2010; Epstein, 2013; Totton, 2000) even the somatic aspects of character are highly dependent on and relative to cultural and societal contexts.

Perhaps my resistance to objectivity, and within it to objectified body reading, stems from my complete inability to follow such a discipline, but as far as body reading goes, I believe that objectivity is far overrated. The image reflected in the mirror every morning changes according to my mood, my feelings, and my thinking. I can hate the person who stands there looking at me; I

sometimes form violent opinions regarding his body in one day, only to truly like him and feel softly kind to him and the way he looks the following day. My body has not changed so much in a course of a day, but my self-image and body-image certainly can: these are reflections of my self-relations, which fluctuate according to the changing environment. To be honest, these oscillatory movements are not as extreme as they were in my teens, but they still change. My eyes change when I look at others, too. Their beauty and ugliness, symmetry and asymmetry, holding patterns and potential strengths, all these change not only following *their* moods, feelings, thoughts, and sensations but also with the shifting waves of my own subjectivity and of our meeting.

In his beautiful novel, *All the Names*, Nobel laureate José Saramago (1997) wrote: "Even though the clock would like to convince us otherwise, time is not the same for everyone" (p. 33). If time itself changes according to

Names have been changed and permission granted to use the material

the observer, how can we seriously vouch for body reading as an objective discipline? Can we still hold on to this objectivist position as body psychotherapists and perform character analysis independent of the therapist's contribution? But what does subjective body reading look like?

It is not only the observed client's body which is contextual, nor merely the therapist's state—the relational configuration between client and therapist creates a different setting of body reading. You can get a different perspective on this claim in Shai Epstein's (2013) paper in this issue.

Using Donnel Stern's (2010) conceptualisation of dissociation and his own introspection, Epstein recognises that the very diagnostic position could be a defensive one – a position which protects the therapist from the need for (and fear of) connection. But if we don't want to completely dismiss decades of research and wisdom collected by Reich and his followers, how can we seriously consider such knowledge without losing contextual positioning, relational, and intersubjective considerations?

The question of therapeutic value in regards to body reading is, of course, a part of a much more comprehensive question concerning the advantages and disadvantages of subjectivity and relationality. I am reminded of Don Schiltz's song (made famous by Kenny Rogers), *The Gambler*, and in particular of the following verse:

*"Now every gambler knows
The secret to survivin'
Is knowin' what to throw away
And knowin' what to keep
'Cause every hand's a winner
And every hand's a loser
And the best you can hope for
Is to die in your sleep"*

Let's look at our hand: at what we lose and what we gain when becoming involved in the relational position.

2. From objectivity to love

Metta is a Pali word, often translated into English as Loving-Kindness. It is a position of benevolent commitment to kindness and one which is worthy of cultivation both in relation to self and to others.

Sometimes, during initial consultations, I feel like a fraud. People who don't know me come for a session gauging whether they would like to work together. Psychotherapy is a big commitment of time, energy, and money. During the first session I tend to be perceptive, intelligent, and spot on. Most of the people who attend a first session want to continue working with me; they don't know that something terrible will happen soon – many of the qualities they were attracted to will soon be gone and their therapeutic work would turn to be something completely different.

"Why am I still alone?" asks Rosie. And all I can think is, I have no clue. You are lovely, beautiful, and funny; anybody who doesn't want to be with you is a jerk.

Some weird mutation takes place in me when I am in relationships (therapeutic ones included). Mostly, I fall in love. And then much of my cleverness goes out the window; a great deal of the objective ability to sharply discern this from that, what was from what will be is simply not there anymore. Oftentimes I just want to be with him or her, hang out if you will, do nothing.

I don't want to change you, Rosie, why change anything as perfect? Love seems to ruin some of my

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therapeutic acuity, my objective witnessing skills. A couple of clients even confronted me with this over the years, “Where is this therapist from the beginning of our work who was willing to confront me ruthlessly to not compromise my growth and integrity?”

“He is gone,” I want to tell them, “and he is not coming back, sorry, I have no control over this.” I want to apologise.

A few months into therapy many of my clients become sexually attractive to me, even those whom I did not initially find attractive. Some come with me into my dreams. Some I wish I could have been friends with. With many, to different degrees, I fall in love. They get a therapist they did not sign up for, one who is a fierce warrior for kindness and connection but who lacks some of the skills they opted for in the first place.

One day, Dvorah started the session with an angry burst: "At the end of our last session," she said, "you asked how I was, just before we completed the session. I replied that I was feeling slightly better. I remember leaving the clinic and getting angry both with myself and with you. It felt that I had conjured this answer for you, that you wanted me to feel a little bit better, and I

obliged and provided the desired answer."

As far as my psychotherapeutic mind was concerned, this was evidence of a strong transference tide. Dvorah wasn't dialoguing with me; she was conversing with someone who needed her to be so and so. But I have to admit that, as a person, she has a point. When I started loving Dvorah, and as my love for her began to grow, I became personally invested in her happiness. While I could still tolerate her suffering and confusion, I did sincerely want her to be happy, to be fulfilled, to love herself and prosper.

My investment clearly tainted our relationship; it is no longer clean. My agenda has become visible and palpable. Freud's (1912) recommendation for the analyst to adopt an "evenly hovering attention" (p.111), cannot be followed when the objective witness is lost. I recognise that when conflicting moments occur in my clients' lives and they ask me to view these situations from a distance I am at loss. The therapeutic endeavour to provide clients with a non-involved yet kind other is lost when the therapist is unable to maintain an objective position. Body reading loses its clear diagnostic and interventionist shape and becomes

saturated with interests, agendas, feelings, and other relational constellations.

Deep emotional involvement with clients makes us predisposed to transference collusions, to getting lost in our countertransference, and to taking longer to come back to our center thus to enactment and impasse.

But is it ever truly possible to avoid this?

In the words of systemic therapist Bradford Keeney (1983): "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). And even if it was possible to avoid such an impact, is it really desirable? It is therapeutically advisable?

3. Every hand's a winner.

Antonio Machado was a Spanish poet, whose writing I find inspirational and touching, and particularly relevant to contemporary relational thinking. In 1912, three years after Antonio married Leonor, she died of tuberculosis. The following poem (Machado, 1983, p.147), wonderfully translated by Robert Bly, was written after her death:



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*In my solitude
I have seen things very clearly
that were not true.*

When Dvorah and I spoke of her anger, and I admitted to wanting her to feel better, I asked: “Would you rather have me as a less involved therapist? Would you have preferred me to be more of a witness, and less invested in you? It would clearly give you far greater freedom to be yourself.”

After some thought, Dvora h replied: “No. I need your love, and it is this love that makes the greatest difference in our work together, even if it makes it sometimes more difficult to find my own voice and wanting.”

I believe that the individual, when disconnected from his or her societal and relational context, is not more objective but instead disembodied. Embodiment, for me, includes that bigger body – the body to which we belong: society, family, cultural context. As far as people are concerned, what may be perceived as objective information is simply disconnected data. Let me reiterate: the individual body, without its relational context, can only provide us with partial and often misconstrued data. The notion of kindness, for me, is about reclaiming context. I find it cruel to look at a person objectively; it is cruel to look at someone’s body without considering my own thoughts and feelings toward them and to myself, as well as our relationship. It is cruel because it misses a real opportunity to practice love and connection.

Going back to the two poems by Machado, the one above and the one that opened this paper, the true eyes are therefore eyes that have been seen kindly by another pair of eyes. And then, body reading transcends the traditional set of tools it had once

been and can become a vehicle for translating love and kindness in a more appropriate way.

4. Diagnosis in the service of metta

In this issue, Epstein (2013) asks: How can I examine and acknowledge my habitual position as a therapist while seeking a dynamic shift from such position into a less defined and less diagnosed fields – into places where finding a solution is not the goal but instead the deepening of our capacity to tolerate the living, vibrating tension.

This question echoes another question for me, one which was asked by Carlos Castaneda (1968) of his teacher the Yaqui sorcerer Don Juan. Castaneda asked for guidance and Don Juan replied:

Does this path have a heart? If it does, the path is good; if it doesn't, it is of no use. Both paths lead nowhere; but one has a heart, the other doesn't. One makes for a joyful journey; as long as you follow it, you are one with it. The other will make you curse your life. One makes you strong; the other weakens you.
(p.106).

The body of knowledge

accumulated in the many decades of research and practice of body psychotherapy is immense. Character structure and body reading are among the most interesting theoretical and clinical pieces of information therein. Allow me to make a dramatic argument regarding this knowledge: it’s useless. Without love and heartfelt connection all this knowledge is irrelevant and useless, and is moreover dangerous.

Unless we first and foremost arrive to a meeting as people (not therapists and meet the other as persons (not clients, character structures, cases), unless our engagement is led not only from our minds and bodies but is also informed and led from our hearts then body reading is a dangerous method. Body reading which proclaims objectivity can be easily used and abused to objectify, segregate, dissociate and otherwise de-humanise the other and ourselves.

However, when we approach therapy and body reading (like any other diagnostic knowledge) with true curiosity, contextual doubt, and with the purpose of helping us and our clients to better connect,



understand, and heal, then body reading becomes a worthy vehicle.

I propose that our guide in exercising any therapeutic tool, much like Shai Epstein's argument and Don Juan's advice to Castaneda, is choosing a path with a heart. I propose that diagnosis is only practiced in the service of metta, of loving-kindness, and not as a disconnected skill. We will, at times, use body reading defensively and disconnectedly. When we notice that we label, diagnose to dissociate, to separate, to clearly define ourselves as different from the other, we can appreciate this as valuable information indeed. It may provide us with information about our client, but equally so – it certainly provides us with information about ourselves, our fears and dissociations, our unmet needs, and the unravelling relationship which awaits our courageous loosening of our hearts. And when we falter and disconnect,

since we will falter and disconnect, and when we see the other as pathology, as a wound, as defences, as pain and suffering, as not me, may we be able to kindly and lovingly attend to ourselves before attempting to use the information we just gathered therapeutically.

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

Asaf Rolef Ben-Shahar PhD, has been a psychotherapist, writer, and trainer for about sixteen years. As a psychotherapist, his work is relational body-psychotherapy, integrating trancework and Reichian body-psychotherapy within a relational framework. He enjoys writing and has written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy*. His first book, *A Therapeutic Anatomy*, about relational body psychotherapy was published in Hebrew, in Israel and will be published in English by Karnac, 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his

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