

Whitewater Surfing

Relational body psychotherapy with children on the autistic spectrum

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Abstract

This paper offers a theoretical and clinical outlook on working with children on the autistic spectrum from a relational body psychotherapy perspective. Pulsation (Davis, 1984, 1999, 1999a; Reich, 1973) is positioned as a central axis of the therapeutic encounter, which is illustrated with a clinical case. Through this lens, the authors explore autism both as a personal matrix and as a transference pattern within the therapeutic and autistic relationship. The authors examine therapeutic positioning (based on a synthesis of Davis, 1984, 1999, 1999a; Tustin, 1986, 1990; Winnicott, 1958, 1965, 1971, 1987), which supports fluctuation between states of consciousness and gradual establishment of a dyadic state of consciousness (Tronick, 1998) with the client. The authors suggest that shared presence in a dyadic state of consciousness has an integrating quality, which contrasts against the repeated enactment pattern of the autistic relationship that tends to take place within the therapeutic relationship.

Keywords: autism, relational body psychotherapy, pulsation, instroke, autistic relationships.

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A. Introduction

Benny has soft golden curls, almond shaped eyes, fair skin and angelic beauty. Something in all this and in what lies beyond, that the eye cannot fully translate, made me fall in love with him at first sight. Benny is diagnosed with low functioning autism. I started working with him when he was two-and-a-half years of age as part of a therapeutic team working within the Developmental Individual Relationship (DIR)² model. He doesn't speak at all and mostly avoids eye contact. Benny remains in his own inner world most of the time. He has great difficulty initiating connection and relating to existing relationships. When one does establish interaction with Benny, he is usually unable to remain in connection for long periods; it is as if he loses interest and retreats back into his own world. Benny experiences frequent states of emotional and physical dysregulation; when he is flooded, his breathing becomes quick and shallow and his hands (and when he is sitting, also his legs) fly everywhere like flags in stormy weather.

¹ The case vignette presented in this paper is from Noa Oster's work. It has been anonymized and printed with permission. The two authors equally contributed to the conceptualizations and writing of this paper.

² Developmental Individual Relationship, a therapeutic model for children with varied developmental and emotional difficulties, particularly on the autistic spectrum. The model is based on encouraging the child's innate potential for communicating, and cultivating meaningful relationships, developing logical and creative thinking (Greenspan & Wieder, 2006).

When I met Benny for the first time, it was only his eyes that hinted there was something different, something out of the ordinary about him. His eyes were somehow de-focused and foggy. I wondered what he saw. I was unsure how much they saw the world; but it felt certain to me that he saw the world in a different way than me.

When paying closer attention to his movements, I noticed that although Benny walks and runs, his legs seem as if they are not truly connected to the ground, floating—disconnected from weight and roots—as if his upper body rather than his lower body carries his weight. His upper body, however, seemed particularly solid, and I could notice high muscular tonus in this area - a rigid posture which lacked flexibility.

On the whole, one cannot remain indifferent to Benny. There is something charming about him. There is something one can sense even when you pass by him on the street, combined with his autistic “hard to get” attitude that touches you deeply.

B. I want more: From contraction to joint movement

During one of the team meetings we decided upon and agreed on a hand gesture to indicate ‘more’ (more banana, more singing, more playing . . .).

One of Benny’s favourite games is jumping on a physioball. Benny is placed on the ball in a sitting position, held under his armpits or by the hips as the therapist bounces him on the ball. One day I decided that I would sit together with Benny on the ball. I positioned Benny between my legs so his back could feel the front of my body as my arms were wrapped around him, touching his stomach. And so we bounced up and down. Benny was very enthusiastic about the new game. He never experienced this type of bouncing before. I was also excited about our jumping and about the prospect for our relational orientation the game enables us to establish.

Choosing to position myself in such an embodied interpersonal manner, where my body served as an enveloping container (Shahar-Levy, 2005), provided Benny with a bodily-connecting experience, both sensorial and emotional, which was appropriate for his infantile developmental stage. Such a positioning allowed us to create a nonverbal dialogue through movement and touch, required for both Benny and I, allowing for greater attunement between us. “When we are attentive to our own bodies we can feel ‘the other’ alive and moving through us” (Rolef Ben-Shahar, 2014, p.153). Our touching bodies opened a channel for a vital and unmediated connection.

We met four times during the week and spent considerable time bouncing together on the physioball. Every time I stopped and Benny wanted to continue, I asked him “more?” alongside the agreed sign. At first Benny took my hands and used them to sign. After a week, while we were sitting on the ball, when pausing between the bounces, Benny entered his own world, and I allowed him this inward movement.

I breathed deeply, so Benny could feel my stomach emptying and inflating against his back, feeling my physical presence. From my own breathing I moved to his breathing; I placed my hands on his stomach and with each exhalation I gently pressed on his stomach. It might have seemed as two people sitting on a physioball, each in their own different world (my hands’ movement, and breathing were almost unnoticeable), but our shared field was alive and pulsating through body-to-body communication and deep attention to breathing, whereas I physically affirmed his breathing.

After a quarter of an hour, Benny ‘snapped out’ of our shared unique bubble, took my hands and signed “more”. This time I did not satisfy his wish immediately, and before continuing I took

his hands and signed “more” a few more times while saying it aloud. We kept bouncing until Benny lost interest and left the ball.

When working with autistic children, we find it useful to pay close attention to pulsation. Reich (1973) argued that life energy has a pulsatory quality. He noticed that all organismic processes are characterised by natural biological rhythms of expansion from the core to the periphery and contraction from the periphery to the core. This is relevant on all levels, from a single cell in our body to complex processes such as heartbeat, breathing, orgasm, crying and more.

The founder of Functional Analysis, Will Davis (2001), expanded on the concept of pulsation and differentiated between the direction of the pulsation and the quality of its movement. To describe its direction, he used the terms *outstroke* (from the centre to the periphery) and *instroke* (from the periphery to the centre). In both directions, according to Davis, qualities of expansion and contraction could occur.

In its essence, pulsation describes a movement toward something. The instroke movement aspires to connect with the self, and has qualities of gathering, connecting with inner resources and self-organisation. The outstroke is an outbound movement aspiring to connect with the other. Both movements are cyclic and are intertwined with one another, so that the gathering pulsation of the instroke allows the outbound movement, and the outstroke requires re-gathering in order to process and reorganise.

Looking at autism as body psychotherapists, as we use the lens of pulsation, we can consider it a contracted state, lacking the movement toward something³. It seems that the very pulsatory organismic nature is wounded. The injury is clearly visible when it comes to connecting with the other, but at the same time it manifests also in the difficulty to connect with oneself. In a state of contraction, unlike the instroke, there is a withdrawal from something or an attempt to prevent something from happening (Davis, 1984). In fact, contraction is a chronic bodymind holding, an attempt to protect the person from (real or perceived) threats – a holding that prevents the person from experiencing life pulsating through oneself.

This kind of contraction, which is expressed in an inward withdrawal from the periphery of the body toward the core, has been thoroughly studied by Davis (1999), who describes it as a response to early developmental traumas. Davis describes how, during these early stages, the body of the foetus/baby is, in many ways, a system that has not yet been properly differentiated into different segments and therefore cannot rely on neurological defence mechanisms such as “fight or flight.” These defences are reliant on the muscular and neural systems that are insufficiently developed for self-protection. The only strategy available for the young organism is an inward withdrawal, reaching a “plasmatic contraction.” In Davis’s (ibid) terminology – an inclusive chronic contraction, based on plasma and connecting tissues that envelope the muscles. The withdrawal may seem like an amoebic contraction in the face of danger. The connective tissues “create a body” as they give the body structure and inner cavity. The structure they create are connected to their function as providers of stability, support, space, containment, differentiation and protection to all organs and muscles. The plasma and connective tissue are characterised by exceptional qualities of adaptation and flexibility, reconstruction and spontaneity. The plasmatic contraction creates a rigid structure that deeply compromises the capacity to adaptively function – both somatically and

³ Naturally, there are also organic aspects to autism. We are not claiming otherwise; we only wish to illuminate another facet of working with people on the autistic spectrum.

emotionally. It makes the person highly vulnerable resulting in a greater need for control. The far reaching consequences of plasmatic contraction concern crucial developmental aspects such as metabolism and the ability to be physically and emotionally nourished.

One of our therapeutic goals is to allow, through the dyad, a transition from contraction to instroke. At the early stages of its life, the dyad is symbiotic. Within it, sensory interactions like sucking, eye-contact, games and caresses are the primary communication form between a mother and her baby, creating a space of sharing (Tustin, 1986). Within this shared space, the mother helps the baby regain his selfhood thus assisting him in the transition from existing to real: "Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation" (Winnicott, 1971, p. 65). For us, the meaning of transition from existence to being relates to our embodied nature, a process that in its earlier stages cannot fully take place except in a dyad.

Winnicott (1958) and Tustin (1986) wrote about autistic injury in relation to the infant's premature consciousness regarding his bodily separateness from the mother. This sudden realisation occurs at a stage in which the baby's psychic organisation was insufficiently developed to tolerate it, since he or she has yet to develop a sense of continuous-being and of the mother's continuous existence. Psychologist and perinatal researcher Daniel Stern (1985) related to this initial developmental stage, the emergent-self stage, as a process in which, through learning about the relations between the infant's sensory experiences, a primal sense of self begins to form. In his discussion on primitive emotional development, Winnicott (1987), mentions three main challenges: self-cohesion, object-relations, and indwelling the psyche in the soma. According to Winnicott, during the first developmental stage maturation is mostly a matter of integration. The trauma of becoming prematurely aware of one's bodily and psychic separateness, compromises the maturation of this initial developmental processes. Since the self has merely begun to form, the experience of separation is directly experienced (instead of being perceived) (Stern, 1985), destabilising the very being of the baby. Generally speaking, we can argue that the baby is wounded in the depth of the establishing foundations of self-organisation within a pulsating living body, a body which is a home, in which one can safely indwell.

During the first stages of life, life's pulsation is primarily inward bound. We regard this instroke as a life-giving movement, making the body real and alive, a process that gradually becomes an entirely different existential experience than the first experience of the newborn. It means that a space to be inside and to move within is created, a medium between me and the other is built upright, the sense of human belonging is created allowing the baby to be nourished at all levels. These processes serve as fertile ground for later developmental stages. In encountering autistic children, it sometimes seems as if they have no real need to shift from their contracted state.

This is also connected to the tragic process whereby autism recreates and perpetuates itself. In our work as body psychotherapists, we are attentive also to the nonverbal communication from which completely different voices unconsciously arise, wishing to become part of the pulsating human nature. We can work with these aspects without bringing them into consciousness.

The repeating transition from the chronic plasmatic contraction (Davis, 1999) to an instroke-supporting dyad is a central axis in our therapeutic work with children on the autistic spectrum. Just like a mother maintains connection with her newborn while breastfeeding, as the baby drifts into a dreamlike state while the warm nourishing milk enters his or her body,

so can the therapist hold a similar space with the client – an instroke-supporting space. This is a space where the therapist allows the client to be supported by the therapist’s holding, touch, and eye contact in order to go inward-bound to self and without having to reciprocate the connection. Bodymind markers can clearly indicate that the client is in a shared space rather than a withdrawn encapsulation. The therapeutic positioning that supports such a process relies on two parallel axes: the beckoning and the movement. We may look at this beckoning as the long-term calling of which Winnicott (1971) spoke. The mother gives back the baby his own self, which reflects in her eyes thus assisting him in becoming real. In turn, the movement, as an ongoing process, re-familiarises the bodymind with the potential of moving from aloneness to a dyad, back and forth, opening a possibility of choice, even if this choice is unconscious. Such a choice is of great developmental importance as it indicates a mutual willingness to remain in the contraction while knowing it is possible to move from it to a nourishing and benevolent dyadic space; thus, it is a countermovement to the autistic cyclical lock.

During our next session we spent our time on the physioball in the same manner – when Benny wanted more and signed with my hands, I took his hands and signed, and when he pulled inwardly we remained in physical connection, paying attention to breathing. On the following day, again on the ball, when I stopped bouncing, I let go of Benny and I hid my hands behind my back. First, Benny tried looking for my hands but when I refused to help him he made a small but clear sign with his hands. I was so excited that I gave him a big hug. Benny got upset, held my hands and made the ‘more’ sign. Three days later (when the entire team continued to encourage Benny to use the sign) I met him again and was happy to see that Benny had internalised the sign and he can now say ‘more!’

While we can understand Benny’s remarked achievement of learning the sign from various angles, we would like to offer a relational body psychotherapy perspective. The entire process allowed Benny to pulsate. He moved inwardly and outwardly in his own personal rhythms and the movement itself had a clear quality of expansion. This is but a small part of the picture, since the pulsation was not individual but dyadic. I (Noa) beckoned Benny with my own bodymind to join me into an intimate, dyadic space, and I waited for him to come. This positioning demanded that I made sure I was present in my own body, that I could be attuned to my own pulsation. It is a positioning that is first and foremost human, and it carries an invitation for unmediated connection. In other words, I tuned myself as if an instrument for Benny to play his own tune, in his own language – one of bodily sensations.

The willingness to reside in a space of shared pulsation opened a channel of mutuality, of nonverbal communication, which seeks not to translate itself into words - a dyadic state of consciousness. Dyadic states of consciousness (unlike individual states of consciousness) are created within a relationship where both parties influence one another and are influenced by the other. “Mother and infant actually do co-create each other through subtle but powerful processes of reciprocal influence” (Mitchell, 2000, p. 21). During individual states of consciousness, our consciousness remains in our own personal space, but when we are in contact with the other – affectively influencing and influenced by them, creating the relationship and created afresh by it, a new space is opened between us. In this place our individual consciousness meets and creates a new one, shared and unique to us alone. This novel consciousness is a whole bigger than the sum of its parts. We pulsate together, sharing a deep mutual being, where experience is possible without words since “I feel that you feel that I feel” (Stern, 2004, p.75). Edward Tronick, whose research was based on extensive

infant and infant-mother observation, believed that dyadic states of consciousness formed a rich source for growth and change. He argued that: “Dyadic expansion of consciousness is a powerful force for change. The infant’s mind becomes more coherent and incorporates more information. And when a dyadic state of consciousness is achieved there is a restructuring and change of the infant’s present and past mental organization” (Tronick, 1998, p.298). The transition from individual to dyadic state of consciousness requires active involvement of both parties and is not necessarily conscious.

Within the therapeutic process, the transition into a dyadic state of consciousness forms a transformative movement toward something, where in the bodily experience this movement manifests in moving from contraction to instroke. This is a movement that is in fact choosing life, resulting in the ability to make contact with self and with the other. The autistic injury occurred during early infancy (and possibly earlier) in symbiotic fields that were meant to first and foremost ensure the possibility of instroke, an inward movement that embodies the reality of being and is safely held in the hands of the infant’s attachment figure. “The loss might be that of certain aspects of the mouth which disappear from the infant’s point of view along with the mother and the breast when there is a separation at a date earlier than that at which the infant had reached a stage of emotional development which would provide the infant with the equipment for dealing with loss. The same loss of the mother a few months later would be a loss of object without this added element of a loss of part of the subject” (Winnicott, 1965, p. 221). In light of such loss, the movement of choosing life has healing qualities in itself.

We believe that the relational body psychotherapy perspective is of value as it can “speak” the autistic language, which may develop from an early injury during the physical-sensory shared space both as means of communication and as a developmental axis. Benny was able to hear the beckoning to join into connection thanks to the language in which it was uttered, the same language that defined the spaces in which he resided and in which he had lost himself, and thanks to the significant relationship that already established itself. Anne Alvarez, a consultant, child and adolescent psychotherapist and author, writes with great acuity about the intention of this beckoning: “It seemed to me that my function was to reclaim him as a member of the human family because he no longer knew how to make his own claims” (Alvarez, 1992, P. 54). The transition from avoidance, withdrawal and chronic contraction into a shared dyadic pulsation arguably allowed for the retrieval of those “lost parts” within a living system, which validated an experience of going on being. Noa beckoned and Benny accepted her invitation to “come home” to a relationship that was a fertile ground for two embodied psyches to recreate one another, to touch and be touched.

In our therapeutic work with autistic children, touch can also serve as a therapeutic tool, but it is much more than this – it holds within it the very call of inviting the autistic child to experience himself as “a member of the human family” (Alvarez, 1992, p. 54). Body psychotherapy can offer touch as an additional language seeking to “speak” the sensory world of those who “swung out of human care and ‘holding’” (Tustin, 1986 p. 165), and help them transition more easily between different states of consciousness. Looking at it from a wider perspective: “A body is not a thing (object), it is a person” (Rolf Ben-Shahar, 2013, p.40), and thus contacting the body allows for development and opening non-concrete spaces within a concrete body. Human touch can create unmediated connection between people, encompassing all levels of our being – physical, emotional and spiritual. “Touch in psychotherapy is a stance rather than a technique – a declaration of connection. It is not just something we do, it is a way for us to become” (ibid, p.41).

C. We want more: Autism as a relationship

To say that “I called Benny using my own bodymind”, “ensuring I felt myself pulsating,” and to say that “transitioning to a dyadic state of consciousness demands active participation of both parties,” may sound completely detached from the reality of encountering such a lost autistic little boy. Such a meeting brings up great complexities for the therapist, which makes it harder for her to remain in connection with the other as well as with herself. We would like to draw your attention to the complexities we have encountered in order to understand its effect on the therapeutic relationship.

A meeting with an autistic child confronts us as people with our basic need to relate. We need connection with the other in order to validate ourselves and to be in physical contact with the other in order to feel real. In fact, this mutual process is scarcely met when encountering an autistic child. This lack of mutuality may evoke in us, as therapists, familiar and painful childhood tunes from our own past. Our choice in psychotherapy as a vocation oftentimes arises from injuries during the developmental stage where our deepest yearning as children was to deserve closeness and love for who we are, and our ability to authentically and independently express ourselves. “An injury to the right for assertiveness expression of will (or unwillingness) oppresses the child’s necessary separation-individuation rebellion... the child understands that in order to attain love and connection he is required to sacrifice his own wishes and independence... and masochistic character structure is created. Every therapist carries within her a pronounced masochistic personality – the mere willingness to endure long hours of another person’s suffering and gain one’s worth through listening and helping (being at service) has masochistic qualities” (Rolef Ben-Shahar, 2013b, p.183).

The mutual bouncing game with Benny on the physioball stemmed from me almost instinctively; I was driven by an inner force to find a game that would work for us that would allow Benny to remain engaged with me, which would allow me to feel a good-enough therapist, a meaningful therapist. When my body came in contact with his, when my hands could speak with the body they met, then I felt together, in connection, then Benny cannot ignore my presence with him, he cannot ignore the fact that I, too, exist. During the first bouncing sessions I did everything I could to adapt myself to him, to keep him and us on the same wave, so that we continued to enjoy the surfing without falling from the board into the endless ocean. At the time I could not feel my effort, the deep internal tension that kept me alert and attuned to him, unable to slow down. I was unable to allow the spaces that beckoned him to become more active. I became full, and the price I paid didn’t matter. And as a gift, Benny forced me to slow down when, after a few rounds of an exciting and vitalising game, he slowly turned inwardly.

In this unique encounter, there is a significant fundamental difference between the child’s “endless ocean” and ours as psychotherapists, with the terrors and dreads these hold and the defences we both have for facing such dread. The autistic child’s terror of falling into the ocean is a fear of complete annihilation, where he would become “a no-body” and “a non-entity” as Jean, Tustin’s client (1986), poetically expressed. Autism, a powerful and chronic defence mechanism, points out the real danger that is constantly present in the body and mind of the child. Therefore, this ongoing dread is also present and activating the therapeutic encounter with powerful undercurrents. Our own endless ocean includes, among other things, the dread of helplessness when faced with failure of our masochistic mechanisms to make ourselves worthy of love, of closeness, of validation. While the autistic child is terrified of becoming a “no-body”, we dread of becoming “nobody”, remaining insignificant within the relationship and feeling worthless as people.

Our habitual position as therapists is being “outside”, in the outstroke, available for connection with the other, even in the price of self-abandonment. The more threatening our inner substances, the more this pattern tends to become stuck, and we make an even greater effort staying “outside” with the other, thus avoiding really touching those painful substances. In fact, the quality of the outstroke becomes more contracted and there is less pulsating movement. Bodily speaking, we might find frequent leaning toward the other while losing our capacity to sense ourselves, to feel our own centre. Our own resources and the capacity to tolerate more and more may actually be of disservice to us. We willingly agree that the child will use us as an autistic object (Tustin, 1980); we justify him or her in myriad ways and in fact contribute, unconsciously of course, to the prevention of real meeting between us, a meeting that would confront both parties with their personal dreads and terrors.

A relational-embodied look at this special dyad may demonstrate the likelihood of the therapeutic relationship to become contracted, a relationship in which the therapist and child are autistic to one another. The movement toward something, within each of them as well in the dyad, decreases and may even become blocked. A contracted dyadic state is created – the therapist tends to be stuck in a contracted outstroke and the autistic child is contracted “in nowhere.” The great willingness to meet fails, creating pain when the meeting is unsuccessful. It is then that the shared wound is embodied – a wound connected with the ability to move from contracted space into the instroke. While the autistic child needs to build his selfhood through the instroke, the therapist is called to remember her selfhood and her having a real body using the instroke, thus restoring the expandable pulsation to herself and the dyad. The relationship perpetuates its own autistic nature when both parties unconsciously avoid moving, due to their inner resistances.

When our pleasurable bouncing game stops for a few moments and we are sitting together on the physioball, Benny on my lap, although there is no eye contact, I remember myself, naturally and simply. My body reminds me to breathe, to breathe deeply. I breathe and sense my body. I breathe and sense my stomach meeting Benny’s back. I manage to expand into the separate reality of myself as well as to our joint reality. My body feels lighter, more present, a new consciousness streams within me, I can lean backward and rest. My inner work during this state of consciousness is directed at permission to be myself and allowing Benny to be himself. Then a new feeling of unity emerges, a feeling that connects us, holding me and him in a wider container, in a synchronised dyadic pulsation. Our surf board is no longer too narrow to contain us both in this stormy water; we both bathe in a moment of grace, which allows us to float safely, calmly.

We believe that in order to move from the contracted dyadic state into an instroke and dyadic pulsation, a third party is required. Just as the mother-baby dyad requires the support of the father (or another person) to face the big challenges of infancy and to provide her a wider container into which the dyad can lean on and later open to, so does our dyad requires support of similar qualities. Faith in our capacities and abilities to face the world outside, a sense of identity, a feeling that we belong to something bigger than us (“a family”), a sense there is a wider ground holding us, supporting us and our growth, and ability to sense the dyadic here and now – we need this to have an ongoing dyadic development. These are some of the meaningful characteristics for this dyadic relationship. The more wounded and autistic this relationship, the more it tends to be isolated within itself and lacks the capacity to lean, which makes it even more vulnerable.

Within the space of this indrawn and vulnerable relationship, different psychotherapists seek and find different sources of support. For us, the most meaningful third to lean on is

the “Wider Mind” (Bateson, 1979). Bateson described the wider mind as, “The glue holding together the starfishes and sea anemones and redwood forests and human committees” (ibid, p.5). The wider mind allows us to partake in an inclusive system of belonging, where we are both a part of the other but also separate from it. “The wider mind... is a space that connects us; a field that requires us to surrender into it and then allows deep connections to interpersonal, collective, and spiritual resources” (Rolef Ben-Shahar, 2014, p.99). When we are able to re-embody ourselves and lean on the wider mind we, in fact, validate its existence as a body, as a real entity that provides our contracted dyad a wider context of being, in which it is held. This body of the wider mind is the space within which a novel movement can take part –both of the individual and of the dyad, a movement of opening the closed space to a third party, which embodies the connection to our organic nature, sharing the wider pulsation of life.

When we are deeply immersed in our contraction, it is easy to forget that we are held by a wider mind. We remain in an experience that is lacking a dimension; such an experience makes it difficult to sense in a wider context. Our willingness as psychotherapist to remain in the isolated autistic dyad, and even more so to be in touch with these lurking threatening substances in the endless ocean, is potentially endangering our capacity to remain present with ourselves and the other. This is the ground we walk on as we come to work with autistic children. It is, inevitably, a walk on an earth full of thorns, seeds and unique textures, but our ability to sense them at their fullest viciousness and tenderness is of a completely different quality when we are able to tread it barefoot. Willingness to touch the pain enables the beginning of a healing process. It is a positioning that refuses to demand of the other what we are unwilling to go through ourselves – staying with a deep pain held enveloped in loving hands. From this opening into a wider perspective, pain can signal us where we are. This signal provides bodily grounding, emotional and spiritual presence as well as the ability to expand and move from the pain outwardly, into a meeting with the other. Opening up to a multidimensional being and a renewed movement toward something requires great internal resources from the therapist. The psychotherapist may as well use internalised objects, embodiment techniques, images or symbols that hold meaning for herself, and attending to her own countertransference, to better change her positioning in the relationship. Changing the way she is positioned attempts to ignite a parallel internal process to the client’s process – a process of continuous self-reclaiming, of coming home. In this process the therapist reclaims her wholeness, the subject that she is, her reality as present in a human body. Therefore, a new dimension opens inside her, one which is wider than her separate physical body, that can bring movement into the shared field of the relationship and opens a new space to move in.

D. About emergence and straightening up

One repeating image chosen by clinicians working with autistic children is the spine. Tammy Polack (2003) wrote about a ‘frontal spine’, mental in its essence (differing from the physical posterior spine), which spontaneously emerged in her countertransference, and she used it as a model for an organising image within the therapy. Polack saw, in her mind, a frontal spine that was organised around soft and elastic string that would hopefully thicken during the therapeutic process, when solid “experience beads” would accumulate to make spinal vertebrae, allowing for a sense of “mental straightening up.” Polack suggested that psychotherapy with autistic children requires the therapist’s attendance to “pre-spinal” states, primary states, states that are difficult to locate since they have a liquid or gaseous quality. Therefore, the first therapeutic task is to solidify them in the therapist’s mind.

Anne Alvarez (1992) wrote on her experience with Robbie, an autistic boy with whom she worked for over a decade, that his slack or sagging always made it difficult for her to believe that he had any self of his own. Alvarez describes how, during the therapeutic process, she felt the unbearable absence of weight and a gluey kind of contact. At a certain stage her positioning toward Robbie changed. “I believe that I, with my misguided pseudo-psychoanalytic ‘understanding’, provided for much longer than I should have, an all-too-watery medium, in which he thrived but failed to develop” (ibid, p.43). Consequently, she started to grow her own backbone, to insist with him and with herself on a different kind of contact, less gluey. It seems that her own backbone affected Robbie, that he experienced it as an attempt to bring him closer to her. He gradually became vertebrate – discovering that he had bones and musculature, which allowed him to move and act via his emotions, thoughts and words: “He was beginning to have backbone and substance of his own” (ibid, p.49).

We concur with Polack that images can sometimes organise and validate experiences of primary states, states that are hard to perceive. The spine is a wonderful image that occurred to us as well; an image that emerges out of a concrete body. A body that, during its development transition from embryonic, shell-like posture, gradually opens up to lying down, to a horizontal position (held in a bosom-envelope) until it reaches a vertical position of standing up on two feet – facing the other and the world. This process takes place while making a dramatic transition from a liquid environment to a gassy one, where gravity impacts the baby more, demanding the spine to reorganise as part of the baby’s straightening up process. But the human spine holds another potential, related to our embodiment as psyches who have bodies. The structure of the spine indicates its function as a horizontal neural agent, as “enabling” the core and periphery of our somatic presence. Straightening-up potentially enables a transition from a two-dimensional to a three-dimensional experience, but the extent of its potential rests upon the realising of another potential – the transition from an infantile body, almost lacking volume and in that respect two dimensional, to a nourished and present body with volume and mass, a three dimensional body.

We have been meeting autistic children in primary emotional and in many ways in primary bodily states, but even there we can recognise the potential of the human spine. These children need their autistic defence system to serve as a “second skin” (Bick, 1968). Our intuitive tendency is to provide them a liquid-like environment, or as Alvarez (1992) phrased it to be their “human second-skin” as a replacement to their autism. This position, however, perpetuates the symbiotic quality of the therapeutic relationship in a watery environment where we attempt to protect an amoeba or a shellfish since it is so vulnerable. To provide such a protection in our non-liquid world, we find ourselves in a relationship characterised by sticky holding, where we both become part-object and our spine is experienced as one.

Can you picture this situation and us, as psychotherapists, in it? How can we move when we are so indiscernible? How can we separate within the relationship if we are part-objects? As we deepen the supportive environment experience we provide, the more we inadvertently inhibit the client’s ability to be nourished by external materials that can be absorbed and foster development. This clinical picture inevitably becomes flesh and blood during the therapeutic process, as it was experienced in the client’s infancy, becoming a living transference system in therapy. This is the substrate of our relationship’s dynamics from which we can hopefully begin a new movement when the pre-conditions are met.

This novel movement asks of us as psychotherapists to alter our positioning. It is a gentle instroke movement carrying with it immense meaning. We use all the many resources we

were blessed with to retrieve and reclaim our lost parts and become whole again, to embody the boundaries of our body, to remember we have a separate spine. Then a new path opens before us where we can walk barefoot on our ground. It is then that we can meet the child in his own playground, and it is then that we can hold him with firm and reassured hands, hands that can bestow a different quality of holding, one that is also differentiated. Then we can sense in ourselves the immense threat of his fragility on the one hand while seeing the full potential of his spine.

We shift from the frontal-enveloping and protective position where we remained and begin to straighten-up – practicing our innate capacity to curve and straighten and hence to feel part of a relationship where unity and differentiation are both possible, pulled in and opened to the world. We ask to go through, as the client witness, a process that realises the potential that lays within us, inasmuch as having a spine. This process begins with us, resonates within him, and changes our wider mind.

This inner straightening-up as therapists touches the core of our willingness to touch our own whole and imperfect humanity, to touch the huge pain therein, pain that both opened our deep wounds but also contributed to the construction of our greatest strengths. This upright position dares to vibrate the depth of our spine and resonate in the client's own depth, his whole and imperfect humanity. We believe that beyond the marking of human horizons, this process is also humble enough not to pretend to know what would be our client's own unique way of realising his potential and opening a field that allows for joint movement.

“In order to help another become a subject and appreciate themselves as a subject, I needed to do the same, that while many aspects of psychotherapy may remain asymmetrical, the human acknowledgement of another is not one of these” (Rolef Ben-Shahar, 2013a, p.42).

E. Summary and looking into the horizon

In this paper we hope to have opened a window to observing a relational-embodied therapeutic work with autistic children. We suggested that attending to the pulsation – its rhythms, directions, and quality—was a central axis of attention in the therapeutic encounter. This axis allowed us to perceive autism as a contracted state where the pulsation of life was wounded, withdrawn, and lacking the essence of movement toward something. Thus, we argued that the movement from contraction to instroke was a transformative therapeutic and healing movement for the client, the therapist, and the dyad.

We based our paper on Davis's (1999) understanding of the structure and somatic functioning of plasma and Winnicott's (1971) differentiation between infantile existence and being real, to describe the meaning of the instroke that characterise the beginning of life. Through this synthesis we suggested that this baby's primal movement, which exists only in a dyad, embodies the potential to realise the three tasks of primitive emotional development, as conceptualised by Winnicott (1987): self-cohesion, object relations and indwelling the psyche in the body. This integrative movement is a movement that transforms the human experience from existence to reality by arousing life in the body and creating an internal space to live, to move and to develop therein.

During therapy with an autistic child it is possible that the therapeutic relationship itself will become a contracted autistic relationship, where the movement toward – both separately and in the shared dyad—decreases and may even get blocked. In this case, the relationship might perpetuate its own autism through transference dynamics, where both therapist and

client avoid movement, unconsciously, due to inner resistances. We emphasised that the more “wounded” and autistic the therapeutic relationship, the more it tends to pull back into itself, lacking the capacity to lean onto support. We related this also as an almost inevitable therapeutic stage given the meeting of wounds – between the client’s autistic wound and the therapist’s masochistic wound. However, as we recognise the potential for relational autistic patterns, it is important to note that these do not only exist with people on the spectrum. We can recognise, and therefore work with relational autistic patterns in many therapeutic relationships.

We offer a therapeutic positioning for supporting the dyad in the transition from contraction to instroke and, in fact, to a shared pulsation, which is supported by two crucial axes, which we termed the beckoning axis and movement axis. The beckoning axis is based on Winnicott’s retrieval process and the movement axis relates to the cyclical process of movement from aloneness to a dyad. We argue that from within the contracted state the therapist is called to act in two parallel retrieval channels: both re-embodying herself in her own body, thus remembering her separate self, and at the same time retrieve for the child his own self as it reflects in his eyes (in his hands, body, spirit). This process assists both parties in becoming real, guiding us toward a possibility of movement, back and forth, between aloneness (and later separation, individuation) and a shared, dyadic being.

The back and forth movement between different states of consciousness rest on Tustin’s (1990) understanding that fluctuating states of consciousness take place from early infancy forming the base for states of mind throughout life. Tustin claims that states of alert awareness are experienced from the beginning of life when infants are aware of the outside world in a differentiated way. These differentiated states change when the sense of bodily separateness is diminished. Tustin believes that in the autistic injury the infantile consciousness is unavoidably diminished due to the trauma of premature awareness of the infant to its separateness. Alert states of consciousness, which every baby experiences, become intolerable for a baby who experienced trauma of this kind, which does not allow him, in himself, to rely on the dyad in order to regulate and retrieve his sense of security. We suggest that the narrowing of consciousness manifests clearly as injury to the fluctuation between states of consciousness in general, and particularly between individual and dyadic states of consciousness.

We emphasised that a dyadic state of consciousness gradually establishes a novel consciousness that was not previously present – a two-person consciousness. This novel emergent consciousness allows deep integration and reconstruction of processes both in the present and in the past, including retrieval of lost part-objects and subject from the early trauma, and reconnection with resources. The transition from alone-consciousness to dyadic-consciousness is a transformative movement of the autistic child as part of a dyad, it is a movement of choosing a shared journey of life, somatically expressed in the transition from contraction to instroke. A repeated experience of a dyadic state of consciousness provides the cornerstone of an embodied self, which is created from a relationship: “I become through my relation to the Thou; as I become I, I say *Thou*” (Buber, 1958, p. 11).

In our willingness to look directly at the depth of the eyes of an autistic child we also discover our own reflection. Loneliness, not belonging, difficulty in communication, and chronic contraction are the wounds of modern Western society and seeing these reflected through the eyes of a small child is unbearable. Autism as an expanding phenomenon in the Western world marks a pain that leaves us restless. When we gently listen to the pain of this

small boy we might begin to ask: Whose pain is this? We might realise it is far bigger than the pain of the child and his family. This pain can become a compass for us, as it signals how distant and split we have moved from the old and ancient story, a story about our human nature, where each self is also a dyad and each dyad is a microcosm of a wider mind.

BIOGRAPHY

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