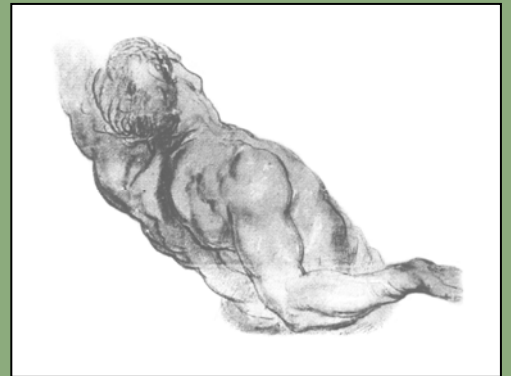


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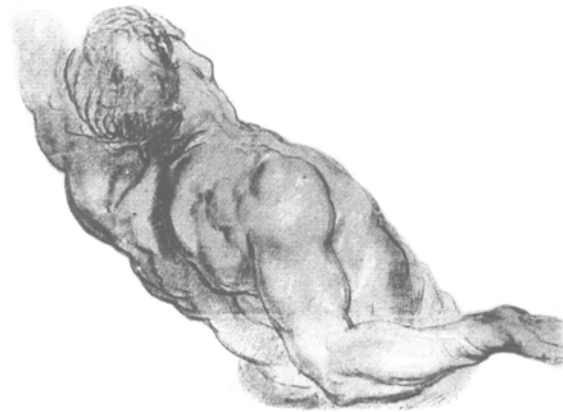
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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

The Relational Turn and Body-Psychotherapy

I. From Ballroom Dance to Five Rhythms An Introduction to Relational Psychoanalysis and Psychotherapy

Asaf Rolef Ben-Shahar, PhD

This is the first of four papers, together forming *The Relational Turn and Body-Psychotherapy*. These papers will examine the touching points between body-psychotherapy and the exciting and encompassing field of relational psychoanalysis. This first paper will explore some basic concepts in relational psychotherapy and track its philosophical roots. At the same time, it will point to the relevance of relational thinking to the history and practice of body psychotherapy. The second paper: *Something old, something new, something borrowed, something blue*, will expand on intersubjectivity, attachment and dyadic selves, examining the balance between regressive and novel aspects of intersubjectivity. The third paper: *Salsa Lessons and the Emergent Self*, will explore connections between somatic organization, relationality, and the place of the self in relational body-psychotherapy. Lastly, the fourth paper: *Gliding on the Strings That Connect Us*, will demonstrate the use of resonance (somatic countertransference) in body psychotherapy within a relational framework.

Abstract

Relational psychoanalysis has been a highly influential development in the therapeutic milieu, dialoguing with and enriching the thinking and practice of many therapeutic disciplines, including body-psychotherapy. The paper examines some of the historical roots of relational psychoanalysis, and then explores a few of the tenets of relational thinking. This paper ponders the position of the therapist in the therapeutic dyad, the role of transference and countertransference, the theory of mind in relationality, and the concept of intersubjectivity. It will also further examine the role of the body in relational psychotherapy. Serving as the first of four papers in the series, *The Relational Turn and Body-psychotherapy*, sets the ground for discussing relational body-psychotherapy by clarifying certain concepts and relational jargon. Demonstrated through theoretical structures and clinical vignettes, this paper attempts to show us how psychotherapy can be an art form, where co-created selves attempt to engage intimately with one another as deeply as they dare.

Key words

Relationality – Intersubjectivity – Attachment - Wider-mind

Introduction

“We emerge out of and are saturated with relations with others. Yet we (in Western culture) organize our experience into selves with what feels like distinct, inviolable interiors, with boundaries, partly negotiable and partly non-negotiable.”
-Stephen Mitchell¹

Wishing to attain scientific credibility, Freud had endeavored to present psychoanalysis as first and foremost a scientific discipline and had formulated his theoretical framework according to the Cartesian-Newtonian paradigm. His drive theory described psychological interactions in terms of physical, biological forces impacting on one another, and had therefore accepted the presupposed dichotomy between body and mind, me and you, or man and God (Capra, 1982; Fromm, 1942). The traditional analytic setting aspired to create an analyst who abstained from impacting and influencing the analysand, instead adopting an attitude of *evenly hovering attention* (Field, 1996, p.5), or ideally, a scientific observer. Not only did this role save the analyst from the powerful impact that would later become the bread-and-butter of relational work, but it also gave the analyst the illusion of order: a protocol-type form to work with. Such a move was probably a necessary step in the evolution of psychotherapy. Psychoanalysis began as a science, not an art. It was an attempt to create an accurate form of a healing “dance” between two people: a dance where rules are clear and the steps are known.

Many years later, Abraham Maslow would argue that a Newtonian physical science was an inappropriate model for psychological phenomena (in Keeney, 1983, p.96), and systemic therapist Bradford Keeney (ibid, p.95) reiterated that “the use of an epistemology of billiard balls to approach human phenomena is an indication of madness.” But at the end of the nineteenth century, notwithstanding the dissociative price we have all paid (such as becoming minds split from bodies), Freud’s attempts were not made in vain. Psychoanalysis gathered support and recognition and became a highly valued discipline; it was becoming recognized that our unconscious lives are valid entry points for the discovery of certain very relevant information.

Relational psychoanalysis is not a singular model, but a movement that includes different theoretical and clinical schools, all of which challenge Freud’s traditional emphasis on drives and instead view humans first and foremost as individuals who seek relationships, or humans are (object seeking). Man is understood as an organism in need of connection. Relationalists believe that the self cannot exist in isolation, but that it rather emerges out of and is organized in dialogue with the interactions it experiences with others (Mitchell, 1993).

¹ (Mitchell, 2002, p.75).

The relational psychoanalytic school began in the 1980's, gathering different analytic voices which emphasized the centrality of real and imagined relationships to our mental health and to psychotherapy. The first book to present a coherent relational model was probably Jay Greenberg and Stephen Mitchell's (1983) *Object Relations in Psychoanalytic Theory*.

Greenberg and Mitchell used the term *relationality* to bridge the traditions of interpersonal relations, which emphasized the real relationships in the external world, and the British movement of *Object Relations* (Mitchell & Aron, 1999, p.xi). They depicted the shift from an understanding of the mind as constructed from drive-based impulses and defenses, with man a small and isolated animal struggling to control its animalistic sides in order to be accepted into society, to understanding the mind as built from relational molds and interactions (Mitchell, 2004, p.533).

With this in mind, we can refer to how philosophers have long debated the reality of communication. The question arose of whether we were bound to only respond through our inner prisms of reality and principally only have relationships with these inner worlds, or whether a real connection was possible. The tension between the inner domain, or intrapsychic, and the external relational domain, or interpersonal, was addressed in relational psychoanalysis through a cybernetic² shift (Aron, 2003). The intrapsychic reality and the interpersonal reality were no longer seen as opposing and contradictory, but instead as constituting a mutually dialectic process. The person cannot be said to be either: it is the dialogue between in and out, personal and interpersonal, fantastic and reality. It is the place the *self* emerges from. The psychic organization depends upon the relational organization (Loewald, 1977, p.211), yet at the same time, relationships are constituted by individual selves.

While paradigm shifts often occur as revolutions, a cultural and philosophical maturation is still needed as a catalyst for their growth (Kuhn, 1962). The dialogical philosophy of Martin Buber, the important discoveries of Erich Fromm, the interpersonal psychiatry of Harry Stack Sullivan, the bold and experiential psychoanalysis of Sándor Ferenczi, and the writings of Hans Loewald (among others) have all prepared the ground for the emergence of a new tradition. The next two sections will briefly look at attachment theory and object-relations, two of the main theories that contributed to relational psychoanalysis.

Attachment and Relationality

The individual discovers himself within an interpersonal field of interactions in which he has participated long before the dawn of his own self-reflective consciousness. The mind of which he becomes self-aware is constituted by a stream of impulses, fantasies, bodily sensations, which have been patterned through interaction and mutual regulation with caregivers. -Stephen Mitchell³

"Even if viewed from a purely *biological* point of view," wrote Margaret Mahler and John McDevitt (1982), "the newborn infant is only a partial system: between the distress signal and the relief of need, there must be a mother" (p.828). Attachment theory explains our freedom to engage with ourselves and others as largely dependent on the quality of our first relationships, particularly with our primary caregiver. Appropriately, attachment theory began with infant observation, as the joint work of pioneering psychiatrist and psychoanalyst John Bowlby (1907-1990) and psychologist Mary Ainsworth (1913-1999) (Bretherton, 1992). John Bowlby studied the effect of maternal deprivation on children (Bowlby, 1951, 1965) and noted how the attachment between mother (or another significant figure) and child was crucial for the child's survival (Bowlby, 1973, 1980, 1982). In collaboration with Bowlby, Mary Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) carried out elaborate studies of babies and toddlers with their mothers, and observed patterns of interactions which they named attachment styles. They particularly noticed that, upon separating from and then later reuniting with the attachment-figure, children were either capable of calming down and re-establishing connection with mother (a pattern which they named secure attachment), or demonstrated myriad difficulties to do so (insecure attachment). Research into attachment styles continued and elaborated on these findings (e.g. Hesse & Main, 2000; Main, 2000).

Attachment theory provides us with one of the basic and most persistent organizational principles of development: our personal and social identity. The mother-baby dyad is our first identity as a baby, preceding the development of our personal identity. In recognition of the primacy of this mother-baby dyad, Winnicott (1952) has famously stated that "there is no such thing as a baby" (p.99). This *mother-baby* relationship of uniting, separating, uniting again, and separating once more is the first dialogic platform for forming the unit of the self. A good attachment relationship is a fertile playground for identity formation and identity deconstruction. Secure attachment relationships provide the child with a solid *us* into which the child's *I* could surrender more easily without terror of disintegration.

While the analytic thinking of the time considered the life of an infant and child to be primarily determined by its drives and fantasy, or inner life, Bowlby argued for the importance of a real, maternal connection. In 1951, Bowlby wrote:

If growth is to proceed smoothly, the tissues must be exposed to the influence of the appropriate organizer at certain critical periods. In the same way, if mental development is to proceed smoothly, it would appear to be necessary for the undifferentiated psyche to be exposed during certain critical periods to the influence of the psychic organizer- the mother (p.53).

² Cybernetics is an interdisciplinary field closely related to system theory that involves the study of structure of regulatory systems: i.e. examining the patterns of connections between parts of a system.

³ (Mitchell, 1993, p.132).

Through his empirical research, Bowlby concluded that healthy growth requires that “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (ibid, p.13). Bowlby believed that the role of the primary caregiver was to maintain “an attuned, resonant, and appropriately responsive relational field” (Sills, 2009, p.38), to supply the child with a sense of a *secure base* – a stable environment from which its needs are met so that it can explore the world. The quality, security and stability of these attachment relationships are therefore deeply related to emotional and mental health throughout life (Bowlby, 1980; Sable, 2008). These qualities, as we all know, are primarily nonverbal, and are often translated through tactile sensations, such as with holding and using a loving touch (Turp, 1999; Winnicott, 1960b).

Object-Relations Theory

The Object-Relations movement was pioneered during the 1940’s and 1950’s in Great Britain, building on the Freudian theory yet rejecting Freud’s emphasis on biological drives. The term *object-relations* was first coined by psychoanalyst Ronald Fairbairn, and then was later expanded as a field by other important contributors such as Melanie Klein, Donald Winnicott, and Harry Guntrip. Instead of the focus on drives, object-relations theory considered relationships to be “at the heart of what it is to be human (Gomez, 1997, p.1).”

Psychoanalyst Melanie Klein, founder of the object-relations movement, believed that we were only able to experience the outer world through our inner, subjective world. Ego strength, she believed, derived from the security of internalizing a “good” object (Klein, 1963). This subjectivity was oriented towards relationships from birth and was first noticed in bodily terms (Gomez, 1997, p.34; Klein, 1960), and experience was thus constituted from the interplay between one’s own internal and external reality. This was a great leap from a biologically-based Freudian theory to a now more psychologically-based theory (Bloom, 2005 ; Greenberg & Mitchell, 1983).

The self was therefore seen as a sphere that developed within a context of relationships (Greenberg & Mitchell, 1983, p.90; Sullivan, 1940, p.10). Freud’s biological and physiological explanations were not completely abandoned but rather understood as taking place within social and cultural contexts, which were considered the primary shapers of man (Fromm, 1942). Love was no longer simply perceived as sublimation of sexual drive, but instead viewed as a basic human need for relatedness, which could not and should not be described in “drive” oriented language (ibid).

If our caregivers were unable to tolerate all that we were, the very organization of our self would be threatened since we would rather compromise our integrity and cover our *true self* with a *false self* in order to be accepted and loved (Winnicott, 1960a). Clients who arrive with very strong, dense armoring, considered to be masochistic/compensated oral, are good examples of this phenomenon. Often, underneath an “I can do it all by myself” organization (a false self) we can discover a terrified and needy individual who does not trust in the right to need, or in their own lovability.

What Happened to the Therapeutic Relationship?

The resonance between the patient's and the analyst's unconscious underlies any genuine psychoanalytic understanding and forms the point of departure for eventually arriving at verbal interpretations of the material heard or otherwise perceived. The analyst, during that internal journey, in his effort to stay sane and rational is often apt to repress the very transference-countertransference resonances and responses, induced by the patient, that would give him the deepest but also most unsettling understanding of himself and the patient. -Hans Loewald⁴

While Freudian psychoanalysis sought to separate the subject matter of inquiry (the analysand) from the scientific observer (the analyst), relational psychoanalysis sought to link the two, as it sees this organization as an interactive process similar to any other worldly relationship (Mitchell, 2005, p.7).

Sándor Ferenczi (1930), whose active techniques included physical interventions (including holding) claimed that “a rigid and cold aloofness on the analyst's part represented to the patient a continuation of his infantile struggle with authority, and the same reactions in character symptoms were repeated as formed the basis of the real neurosis (p.436).” Ferenczi shifted the analytic focus from the intrapsychic experience of the analysand to the relationship between analyst and analysand, where the meaning of the connection in the here-and-now offered grounds for both understanding and for change (Rachman, 1997, 2001, 2003).

Indeed, under the excitingly dialectic relational paradigm, the distanced view of psychoanalytic interpretation had come alive and turned into a close, relational event: one that transformed the patient, the analyst, and their relationship (Gill, 1994; Mitchell, 1988; Oremland & Gill, 1991). Both parties naturally engage in a reciprocal opening and closing to one other, deconstructing and reconstructing the influence they have on one another. The role of the analyst had now become more active, and the place of the analyst within the relationship was no longer seen as obsolete but instead viewed as central to the therapeutic process. Appropriate self-disclosure and focus on the therapist’s own responses to the relationship (countertransference) became part of the analytic dialogue (Benjamin, 1990). Interestingly, as relational psychoanalysis was

⁴ (Loewald, 1986, p.283).

advocating *opening to the field of relationship*, it had also become more open to external theoretical and psychotherapeutic influences. Humanistic, body-psychotherapy and transpersonal theories have all been considered within relational psychoanalysis in a way that had not been done before.

As a result of the increasing emphasis on the therapist's role and the dyadic importance, the therapeutic voyage now requires improvisation, intimacy and creativity: no longer could it remain the tightly protocol driven ballroom dance. The relational therapeutic dialogue resembles a form of art more than it does a form of science, and analytic work no longer attempts to maintain an indifferent, observant and non-interventionist ideal. Here we are, on this metaphorical dance floor, following a structure that is organized yet fluid. And we are required to maintain the frame and let go at the same time.

Mitchell (2005) wrote: "The emphasis is now on interaction, enactment, spontaneity, mutuality, and authenticity" (p.ix). Like a paradigm shift in modern physics, the scientist/observer has now become an integrated part of this field of study (ibid, p.7), and therefore neutrality, abstinence, and anonymity became irrelevant myths in the analytic domain (ibid, pp.12-13). This relational approach positions the therapists in a vulnerable place of openness to their own pain as well; of possibly sharing unprocessed reactions with their clients, disclosing their own processes, and allowing themselves to be deeply affected – treading the same uncomfortable territory they invite their clients to walk on (e.g. Bion, 1992, p.291; Borgogno, 2004; Ehrenberg, 1992; Pizer, 1997, 2003).

Transference – Counter transference

There can be no analysis of the person in the patient's place without concurrent scrutiny of what's going on inside the person sitting in the analyst's place, and how she may be contributing to whatever occurs in the moment. Nobody says it is easy, or even fully possible, but that is the relational effort. -Barbara Pizer⁵

After three years of psychotherapy with my patient Jennifer, a curtain of heaviness and sadness enveloped our process, yet no content could emerge out of it. For a good few weeks, during every session with her, my stomach would churn. I would contort in pain, trying with much effort to conceal my suffering; I felt ashamed of my pain and terrified by the prospect that she might notice this. I found myself in a familiar position; a teenage boy utterly ashamed of his body, trying to conceal his fear and loneliness in the hopes that nobody would reveal him.

Interestingly, my contorted pain corresponded to Jennifer talking to me about her father. Still, my shame about the potential noise of my stomach was stronger than my willingness to explore the connections therapeutically. We pretended nothing ever happened – between us, inside me. Then one day, Jennifer asked me to touch her back and, as I crouched down, I farted; a loud and very smelly fart. We both froze.

At the time, I couldn't see anything funny in it, or harness it therapeutically; I just felt ashamed, deeply ashamed. Trying to regulate my breathing I looked at Jennifer, neither of us could deny the reality of the stench or the noise. She then told me, for the first time, that she always felt sexually threatened by her father, and that she wanted to speak about it for a while, but felt ashamed admitting it, "Because I don't know if he actually did anything." Her disclosure allowed me to restore myself, "neither of us could hold this stench in any longer," I said. After that session, our work revolved around affirming her subjective reality, and monitoring the extreme shame that accompanied such work. I was encouraged to affirm my own subjectivity, and tend to my own shamed states. The secrets were beginning to arrive and surface in the room, together.

While classical psychoanalysis sought to eliminate the analyst's emotional responses brought upon by his own life (his reactive countertransference), relational psychoanalysis views the matrix as impossible to avoid, and crucial for the therapeutic process. Loewald (1986) wrote:

I believe it is ill-advised, indeed impossible, to treat transference and countertransference as separate issues. They are the two faces of the same dynamic, rooted in the inextricable intertwining with others in which individual life originates and remains throughout the life of the individual in numberless elaborations, derivatives, and transformations (p.276).

Understanding transference dynamics involves becoming familiar with other *selves* the person was once a part of, as these larger selves still constitute operant dynamics. Everything the person was once a part of is still a part of him or her, and every *self* the person was once engaged in is still alive in them. This intricate archeological work can liberate us by seeing how it can relate to having an awareness of our veils (our transferences) and hence increase our capacity to truly see another, and be seen by another⁶.

The *neat* therapeutic work of the therapist interpreting the transference dynamics from outside the system begins to collapse. In relational psychoanalysis, countertransference is transformed into the psychoanalyst's "*most effective tool and organizing principle: if early conflicts could be resolved live, as it were, the result would always be more lasting than if they were merely described*" (Gomez, 1997, p.27). However, as we open to new matrices of transference dynamics, new intimacy is

⁵ (Pizer, 2006, p.34).

⁶ In analytic terms: relating to the other not merely as an object, but also with our subjectivities, to be an us *and* at the same time two individual subjects.

potentially introduced into the therapeutic dyad, the prospect of which evokes great hope and dread in therapists and client alike.

The transference dynamics our clients undergo touch our own transference matrices; their forms evoke our own forms, and we have an obligation to attend to our own growth and healing in the process of supporting our clients'. True, the forms through which client and therapist participate are asymmetrical (Mitchell, 2005, p.227) and that asymmetry needs to be preserved and taken into account, but both sides are influenced, impacted and both potentially need to grow. Countertransference is inevitable. Mitchell (ibid) wrote: "*Countertransference, like the weather, continually changes, but one is never without it* (p.182)." Such a position means that the client benefits from the relationship with the therapist as much as the *therapeutic interventions* of the therapist (Weiss, 1993, p.26). Barbara Pizer (2000) humbly suggested: "All we have to offer is our listening presence, along with some tentative speculations whose signals must first originate from our own personal data bank (p.34)."

From a relational perspective, working with our countertransference and using ourselves within the dyadic interaction becomes a necessary move. The therapist is accordingly called to pay attention to himself, his client, the field created by them, and the dynamic relationship between the three. This attention needs to be a soft one, a non-grasping attention: one that can tolerate attending without knowing; one that can bear deep identity flow. It is my belief that such an attention is at its best when it starts with, and is continuously informed by, our bodily sensations. This is probably what David Paré and Mishka Lysack (2004) meant by talking about "relational attunement." It is my belief that body-awareness (particularly awareness of somatic countertransference) is the most effective vessel for relational attunement.

An example for the consequences of the relational turn concerns the therapist's disclosure. For many decades, psychoanalysis (as well as other forms of psychotherapy) took pride in the analyst refraining from self-disclosure. The analysand and analyst would enter a meaningful and intimate relationship, within which the analyst served as a reflecting mirror (or a sounding board) for the analysand's projections. The effort to eliminate the therapist's influence, in order to maintain the autonomy and integrity of the patient, had given ground to one-person psychology. The therapist's inner events (reactive transference) were deemed irrelevant to the therapeutic task at hand, and if strong enough, was an indication that the analyst was insufficiently analyzed.

Relational psychoanalysis showed that the earlier narrow view of communication was not only erroneous but also counterproductive for the therapeutic process. Since the majority of communication takes place nonverbally, it became clear that there was no such thing as an objective observer. As Kenneth Frank (1997) argued: "*virtually all of the analyst's activity, even inactivity, is expressive and continuously communicates meaning to the patient* (p.268)." Relational theory does not grant an open permission for disclosure, but has brought it back into the professional dialogue from a place that considered it a taboo. What to disclose, when to share, how much to share, and when to hold back are all questions that are being asked and explored. Also, decisions made regarding these questions as a part of the therapeutic process can perhaps also be paralleled to similar questions regarding touch in psychotherapy. In addition to this, self-disclosure is still not quite seen as an analytic (or therapeutic) *technique*. Instead, as Orange and Stolorow (1998) suggested, it should be part of practice: a result of inner and interpersonal dialogues that can be witnessed as the interplay of subjectivities.

Relational practice requires us to bring ourselves, as people, not just as therapists, more deeply into the therapeutic process. We would be wise if we used theoretical and clinical grounding to support such a clinical shift. Relational psychoanalysis can certainly provide us with exactly that: theoretical and professional grounding for encouraging our hearts to open.

A Mind of Our Own

*I become through my relation to the **Thou**; as I become **I**, I say **Thou**. -Martin Buber⁷*

Gregory Bateson was a modern image of a renaissance man: he contributed to fields as varied as cybernetics, psychiatry and anthropology. It is his theory of mind, however, that deserves special attention here. Mind, according to Bateson (1979), was a cybernetic system. It was not only intrapsychic but also the interpersonal connections (patterns that connect) that constituted the *mind*. When the therapist and client sit together, *mind* is not a personal, but a relational, intersubjective process, and when we include the two of them, they become a *wider-mind*. Mind is shared by the two and this wider-mind creates the individual minds, as well as is co-created by them.

The *self* in relational psychoanalysis is close to Bateson's perception of *mind* in three ways. First, the self is seen as a process (verb) rather than an object (noun), a principle of an organization instead of a concrete entity. Secondly, the self is de-centered: the field of self expands beyond the boundaries of skin to include connections with others. Thirdly, the relationship between personal and relational is dialectic and cybernetic: they emerge from each other and are in dialogue with one another. We create the third, wider-mind and are at the same time created by it.

The relational self is created by the dynamic tension between self as continuous and integral, and the self as multiple and discontinuous (Mitchell, 1993). Adrienne Harris (1996), for example, addressed the notion of self in her discussion of body ego. She noted: "*There is no meaningful individual body ego without the interface - the holding, looking, touching encounter of the social other* (p.371)."

⁷ (Buber, 1958, p.11).

Appropriately, the self could be described in both ways: as a personal object, and as a socially organized phenomenon, paradoxically being both at the same time. This unhinging of our identity-organization and surrendering to a wider-self is the relational-field, analytic third, or intersubjectivity.

This new *form* (the us-ness) which distinguishes one-person from two-person psychology (Mitchell, 1988) instills hope in the possibility for genuine relatedness and for real change. The hope it brings could be seen as creating a new attachment relationship through which old attachment patterns could be reviewed; a newness that informs and shapes the old (ibid). At the same time, this real change requires that we are touched and changed too as therapists. Relational psychotherapy means that the therapeutic process (which is no longer done on or to the client) moves through the therapist and the therapist-client dyad (Aron, 1991). The client-therapist relationship becomes a process of weaving mutual influence, affecting one another, changing each other, and being recreated afresh in the process. This is a highly involved process, a participatory journey (Maroda, 1998, p.5) instead of the classical laboratory observation.

The practice of relational psychotherapy could therefore be regarded as one possible discipline for cultivating wider-mind connections. Rituals involving opening to relational fields devise methodological ways of increasing the chance for the emergent wider-self, and the practice of body-psychotherapy is among them. Bodily attention, resonance, and touch all attend to the *us-ness* that has been co-created with a concrete, inescapable immediacy.

The relational paradigm, in adopting a broader (and less localized) sense of mind and self, adheres to a therapeutic model that is not uncommon in tribal healing and shamanism. The premises of connection, intimacy, co-creation and (dare we say it) love that guide relational dance are in agreement with philosophies of the healing arts, perhaps more than those of traditional (psychoanalytic, but also cognitive behavioral) therapeutic ones. Psychotherapist and shaman Bradford Keeney illustrated: “*When this relational, communal, ecological mind prays in harmonic resonance, the whole system reverberates with the pulse of life. Then it is life that heals* (Keeney, 2005, p.39).” And when such a connection occurs, when our relational wider-self can include us but not be limited to us, and when that connection lives in our belly, nature sings through us and⁸, whatever we do seems to be full of healing.

The notion that our *self* is not only a personal object, but also a part of a relationship is a humbling one. It enables us to think of self as fluid movement of spheres contained within larger spheres and are sustained through mutual tensions: we continuously take shape in larger selves, and the *I* that we experience shifts according to the context. I partake in different selves when I am with a client, when I work in a group setting and when I am writing, with you in mind. The resources that are available for the self, as well as the complexity of such selves, change at all times.

Intersubjectivity

The phenomenon of intersubjectivity exemplifies the validity and reality of a self that extends beyond the boundaries of the skin; a shared wider-self which is one of the richest sources of therapeutic success and growth in psychotherapy. Edward Tronick (Tronick et al., 1998) called it *expanded dyadic consciousness* (p.125). Intersubjectivity is an emergent phenomenon, primarily unconscious, which represents the way *selves* are born: through interaction with other selves, and on their own terms! (Jerome Liss elaborates on dyadic states on consciousness later in this issue) Intersubjectivity aims at dispelling what Stolorow and Atwood (1992) called “*the myth of the isolated mind* (pp.7-28).”

Psychoanalyst Thomas Ogden coined the term *intersubjective analytic third* or *analytic third* (1992a, b, 1994a, b, c, d, 1995). The term describes the third subject of analysis. This *analytic third*, which can be seen as parallel to Stephen Gilligan’s (1997) *relational-field* and Gregory Bateson’s (1972, 1979) *wider mind*, is in a dialectical tension with analyst and analysand as separate individuals with their own subjectivities. “*Analyst and analysand each participate in the unconscious intersubjective construction (the analytic third) but do so asymmetrically,*” wrote Ogden (1996, p.884).

To fully experience our own subjectivity, or our own agency in the world, we need to be recognized by another subject. Jessica Benjamin (1990) postulated that “*the psychoanalytic process should be understood as occurring between subjects rather than within the individual* (p.184).” We have the need for recognition as well as the capacity to recognize another (ibid, p.186). The importance of acknowledging the other as a subject is not new, though. The ethical philosophy of Immanuel Kant (1781) was founded on this notion. Kant’s categorical imperative required us to relate to others as holding value in themselves, not simply through their value for us. We can try to understand that while we can never fully ignore the utility of the other (their *use*), we should strive to appreciate them outside of their use for us. By expressing these ideas, as Hans-Klauss Keul (2002) highlighted, Kant was already pointing to the principle of intersubjectivity (p.254).

According to Benjamin (1995), intersubjectivity is the dialogic process of sustaining the paradoxical tension between recognition and self-assertion, acknowledging the other and negating the other (Pizer & Pizer, 2006). It is a want to belong to the wider-self, yet also a want to maintain our separate individuality and subordinate the other to our own subjectivity.

Attunement to intersubjectivity requires a focus that readily occurs in trancework, bodywork, and the healing arts, and is less commonly found in *talking* psychotherapeutic work (Ramberg, 2006). It is a focus on the quality of presence, in the here-and-now, on the edge of connection. Darlene Ehrenberg (1992) proposed that such real contact necessitates an attention to

⁸ Paraphrasing Carl Rogers (1986, p.137)

“*what goes on affectively between patient and analyst* (p.13)”, attending to the nonverbal moment-to-moment shifts between analyst and patient (Gerhardt, Sweetnam, & Borton, 2003).

The intersubjective position is born of deep connection: an *us* that is larger than the sum of its parts, and it holds a healing potential for those exiled aspects of us. Therapy can serve as a meaning-giving context (a wider-self) for parts of the system (the person) that are coming back from such long exiles. In the safety of therapy, the person can reorganize in an organic, gradual pace. Psychologist and psychoanalyst Daniel Stern (1985) appropriately considered intersubjectivity as a “*psychic entry into the human race*,” an entry that can be facilitated through secure and attuned relationships (Wingfield, 2007, p.85).

The Relational Position and the Body

Nonverbal attunement creates the original space of thirdness in which the free-flowing back-and-forth does not appear as a reaction to the other's demand but as the partners' mutual creation of a dance—the first form of mutual recognition. This space later becomes that of dialogue, in which it becomes possible to create meanings that transcend those of the singular person and to analyze the interaction between two partners. Jessica Benjamin⁹

If the self is not merely a personal entity, what happens to the body? Susie Orbach (2003), for example, paraphrased Winnicott's argument and claimed that there was no such thing as a body: “*The body is only made in relationship. It doesn't exist in any viable way outside of relationship* (p.10).”

Through relational eyes, somatic events are regarded as a language for experience and expression; a means of relating to another (Greenberg & Mitchell, 1983, p.226). Instead of talking about hierarchical relationship (within the client's body/mind, and between client and therapist), we may perceive an interactional web of influences between body, mind, and the environment (Laschinger, Purnell, Schwartz, White, & Wingfield, 2004). If the self lost its localized boundary in relational psychoanalysis, then relational body-psychotherapy adds a de-centering of the body too: we are created through a dialectic movement between somatic, linguistic and relational processes (e.g. Asheri, 2009, p.110), Our bodies acquire meaning through their coming into contact with one another.

Realizing that we cannot influence another person without impacting ourselves has been deeply influential in relational psychotherapy. The dyad – and indeed the group – can form a *larger-mind*, whereby alternative forms of feedback could be restored. As is evident from attachment research and from the excitingly emerging field of relational body-psychotherapy (e.g. Asheri, 2009; Hartley, 2009; Totton, 2005a, b, 2006), bringing embodied presence to the psychotherapeutic dialogue and opening the possibility of touch is not simply a sweet *therapeutic technique* of satisfying the needs of pre-oedipal clients (and the narcissistic wounds of their therapists), but instead is a therapeutic positioning that maintains an honest connection with both analytic thinking and body psychotherapy. In attending the body and offering the possibility of touch, we acknowledge that intersubjectivity is primarily a sensory, somatic-affective event. It may also allow for reparative attachment patterns to take place, which are more adaptive forms of relationships.

The surrender to wider-self does not take place in a void, and its context – inasmuch as we are human-beings – is always a bodily context. Our somatic existence allows us to open to re-organization, and working therapeutically in an embodied way can enhance the acuity of dancing on the edge of surrender. It is as if one is working with early, preverbal and transcendental forms of intersubjectivity that cognitive processes would easily overlook.

Attending to our own somatic reality as therapists is perhaps the most potent way of *feeling into* the larger self (the intersubjective analytic third) which was created in the therapeutic setting. We have the capacity to communicate with a part of us which is no longer ours alone, and by influencing this intersubjective third (i.e. changing ourselves from inside) to impact this intersubjective field, hence to impact the client. To reiterate: we partake in a larger-self which is both *me* and *larger-than-me* (including the other). When we open to resonate, we can feel the wider-self (larger-than-me), and influencing ourselves will lend itself to shifts in our client. Thus, the object of therapy extends beyond *the client* into the triad: client, therapist and intersubjective-third¹⁰.

I Could Have Danced All Night?

The idea that psychotherapy can become an art-form is very comforting for me. True, the center stage is not for us therapists to take: the artist is the dyad, yet working relationally allows me to exercise humanity and creativity, to open to love and to surrender and forever grow, all the while supporting my clients. I find this utterly delightful.

Writing this paper came at a poignant time for me. After nearly eleven years of living in the United Kingdom, I have moved back to live in Israel and have taken a five-month sabbatical to complete my PhD thesis and settle in before taking on clients. This week was my first working week, and I saw five clients. I could barely sleep for excitement. One of my new clients met me in a workshop I taught two years ago, and we had a very strong connection. He drove to see me from another

⁹ (Benjamin, 2000)(p.49).

¹⁰ The fourth and last paper in this series, *Gliding on the strings that connect us*, will expand on the use of resonance in relational therapeutic practice and connect it to both its shamanistic roots and relational-psychoanalysis.

town and the only time we could find for the session was 07:30 in the morning. “I was so nervous and excited towards coming here today,” he said with embarrassment, “I woke up at 05:30 this morning.” I smiled, “I woke up at 05:30 too; seems you’re not the only nervous person here.”

I spent a great deal of my life doing my best to be as least human as I could, to feel as little as possible. It didn’t work for me; I have miserably failed. Somehow, my need for connection and human companionship tortured me. Relational psychotherapy offers me a home; there is a sense of coming out for me in it – a professional permission to be human. Does it feel like home for you too?

Relationality doesn’t mean that self-disclosure is the basis of the therapeutic work, nor that the therapeutic goals are forgotten, but, for me, it means that I don’t have to vacate my position in order to do my work properly, to surrender to a persona and leave my person behind. Moreover, it means that by being me, by attempting to be as authentic as I can, as (flawed) human as I dare, I am actually doing my job better.

Freeing ourselves from the fantasy of non-influence does not grant thoughtless or relentless impact and manipulation. The dance is not an abandoned free-form dance. We might have taken off our tuxedos and evening dresses, but the tribe still expects us to observe the rituals: there is still a frame; a strong, if flexible, frame. We move from rhythm to rhythm, we follow the pulsating demands of our dyad and maintain safety through the theoretical, clinical and human grounding. But within this form, within those different rhythms, there is a genuine place of choice- a place of artistic expression and of an opportunity for true connection. To know that this freedom to connect from the centre of our being is also a healing experience for another person is a truly magnificent gift.

Having introduced some of the concepts and theoretical structure of relational psychoanalysis, we can now put down our fancy ballroom attire, wear some more comfortable clothes and allow ourselves to follow our body’s movements. The next three papers, while still speaking of relational psychoanalysis, would lean against what we have laid here today, and liberate us to move with greater freedom. After all, it don’t mean a thing if it ain’t got that swing.

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