



## International Connections

By Asaf Rolef Ben-Shahar, PhD

### Bodies intertwined - short cuts

The body that we share is touching,

The body we belong to, hurts

In symbols and sounds it voices its tales

A shared body seamlessly bursts.

Though we may insist it is ours,

That thine flesh and mine are but two

A body of one is emerging

Pulsating connections with you

#### **Pulsating connections with you**

You are cordially invited to glimpse eight brief moments of sharing-in-being; peeks into the creating, maintaining, and operating of shared bodies, through momentary episodes and brief discussions surrounding these. I invite you to open your bodymind and allow yourself to flow, moving from one snapshot to another without looking for a theoretical or clinical strand, letting yourself be swept into the rhythm of a poem, which may, if we allow it, weave us both into its verses. The details of those mentioned in this paper have been changed and permission to use material secured. In some cases the presented data is an amalgamation of a few clients.

#### **A. The body that we share is touching**

Stanley Keleman (2012) considers embodiment as a conscious act of reclaiming voluntary responses. Sometimes, however, the shared body reclaims its embodied quality in an autonomous way. Sometimes change and growth take place in us, rather than in me or you. There is an active agent, a voluntary participator, but it is a shared agent, not one of us alone.

Sheryl and Don are both in their fifties and have been married for twenty three years. They have one child, Aaron, who has recently left home to college, leaving Sheryl and Don together, on their own, for the first time in eighteen years. Upheaval and arguments have become daily, and they sought couple therapy to help them through this transition.

Sheryl and Don shout at each other so loud that there really is no space for me in the room. When they stop for a moment, I turn to Sheryl and ask her how she feels.

Sheryl recoils. “I feel vulnerable,” she says, “and lonely.” Had she not avoided eye contact with Don, she would have seen his eyes moistening, and his facial expression softening. There was a moment of tenderness, which was surpassed by the verbal onslaught of combative arguments – it was as if two different dialogues took place concurrently. “We have no intimacy,” they both exclaimed. Yet, at the same time, their feet commenced a dance, touching each other gently and playing, two feet proclaimed a shared space denied by each of them verbally. I no longer paid much attention to their speech, though, and become mesmerised by their feet-dance. I followed this coiled and intertwining negotiation until Don and Sheryl joined me. They slowly stopped arguing and,



Entangled, donated by Jacquie Oman

together, the three of us watched the dance of their feet as it took place between them, independent of their argument, having its own vibrating life.

### **B. The body we belong to, hurts**

There are a few angles of relating to body. Nick Totton (2010) refers to these as being, having, and becoming bodies. Having a body denotes an objectified (and often dissociated) relationship with the body that I have – it is a something, and that something is mine, and it is different to me. Being a body relates to an ability to embody our identity – to perceive ourselves as grounded in our body and feel our body as forming (at least part of) our identity. I wish to look at another body, a wider body – the body we belong to (Rolef Ben-Shahar, 2014), this is an intersubjective body – a body created by us and updated by us, yet one which is no longer dependent solely on us and our maintaining of it, like an archetype – with enough space this shared body acquires emergent qualities, a life of its own.

Liz arrives to class with a debilitating stomach-ache. She is a highly sensitive woman and a very creative psychotherapist. Her stomach, she reports, started to ache as soon as she began preparing for today’s training day. The group, which has been working together for a few years, asked me to demonstrate relational applications of Reichian bodywork. We talk about Reichian bodywork, but Liz finds it difficult to

concentrate on the preliminary discussion.

Then we start. Elsa is working in the centre, and our small group is hypnotised by her courageous process. Most of the session is focused on the diaphragm. Elsa is oscillating between physical and emotional aspects of vitality, roaring with anger and pain, sadness and sensuality. She is in her element, and as she releases, various aspects of herself are emerging into our shared space. “It hurts,” she says. “But it feels connected.”

In the feedback circle Liz sighs. “As soon as you started working on your stomach, my own stomach was able to relax, I no longer hurt.”

### **C. In symbols and sounds it voices its tales**

I have written extensively on how body psychotherapy and bodywork evoke altered states of consciousness (e.g. Rolef Ben-Shahar, 2002a, 2002b, 2008a, 2008b). Not only is affect-friendly work conducive for regressive states, (Crowly, 2005; Taylor, 2004), it may also offer generative non-regressive trances, where we are more open to possibilities, dreams, and transitional spaces. This is, perhaps, the essence of Arnold Mindell’s process-work (Mindell, 1982, 2004).

In a group supervision session, Elijah works in the centre, exploring his own threshold of life and death and fear of meeting a client who presents

Jacquie Oman is an illustrator and fine artist whose works celebrate the beauty and intrigue that overflow in our daily lives. Her mission as an artist is to show just how splendid this experience of being human is, no matter how “mundane” life sometimes seems. She creates paintings and illustrations that express her fascination for the “small” moments—the simple, everyday wonders that, in her eyes, reveal that our existence is meaningful. She hopes that her art makes viewers feel connected to life and to others, and that it helps them learn something about themselves. “Life is not meaningless — let my art show you!”

Jacquie works both as a freelance illustrator and as a commissioned painter. She works primarily in acrylic, ink, and watercolor, but also uses graphite, colored pencil, ink, gouache, dye, fabric, and digital media. She takes commissions for fine art paintings ranging a wide range of subjects, from realistic portraits to abstract expressions. She illustrates children’s books, designs greeting cards and custom-made wedding stationary, and even paints murals for clients throughout the country. Her portfolio and contact information can be found on her website, [www.jacquieoman.com](http://www.jacquieoman.com).

with such extremes. Content seems to disappear, and the entire group joins in to support, in movement, touch, and sound—the liminal state of unknown connectedness Elijah has invited us into. Helena hears a tune playing in her head, and Paula reports seeing unfamiliar images and visions. Elijah hears these descriptions from Paula and Helena, “these are the sounds and visions from my grandfather’s home,” this is where most of our session took place.

When the shared body speaks, it has a self-validating quality. Nobody in the group ‘needed’ to know that Helena and Paula’s images and sounds were true representatives of Elijah’s inner world. At this moment of time our separateness was partial, and what was truthful was felt truthful to us all. It is only later, when this big body broke down to smaller bodies attempting the near-impossible task of sense-making, that questions were raised regarding the experience’s validity and value. How can we create a bridge between the knowledge of a shared-belly and the knowledge of a separate questioning mind?

#### **D. A shared body seamlessly bursts**

Relational body psychotherapist Michael Soth (2005) described parallel processing in psychotherapy: “Not only the client’s awareness is fragmented: as the client’s conflict has become the therapist’s conflict, there is a tendency for the therapist to be drawn into similar denials and avoidances” (p. 51). For me, when Soth (Asheri, Carroll, Rolef Ben-Shahar, Soth, & Totton, 2012) argued that “therapy begins with an enactment,” he was talking about the inevitable formation of this intersubjective body, which, as it moved from discerning to enmeshment to discerning, tended to take both parties by surprise, much like the dancing feet of Sheryl and Don. Here is another example of the bursting of a shared body, one which

required surrender of both my supervisee and me.

Leah is a supervisee and a brilliant psychotherapist at the beginning of her career. She talks about her client Jenny, who is in a dire state. Jenny seems to have regressed since the beginning of therapy, gaining a lot of weight, feeling ill much of the time and being debilitated in her everyday life by her fears. She is terrified of so many things. Leah is working hard with Jenny, making real efforts to meet this young woman where she has not been met before. As Leah speaks, I am mindful of her tremendous effort and ask Leah, “What are **you** not allowing yourself to feel? Where can you allow yourself to open even more, to let go of so much effort?” Leah cannot connect with my question. Instead, we find each other distant and sad. “You feel so far,” she says to me. “I cannot feel your presence at all.” My body tenses up.

For the last two or three months, Leah told me how worried she was that a part of her would die when I moved back to the UK. Vigilantly, I insisted that she would not die, that it was only her anxiety talking. Inside myself, I kept the effort to hold hope, to acknowledge the limits of transference, knowing she would be ok.

Suddenly, as I look at her, I notice a flutter of fear inside of me - could she die? Could the ending of our relationship devastate something in her? Feeling the immense volume of our importance, I could actually relate to her fear for the first time in a non-defensive way. “I can sense the dread in me that a part of you might die when I leave,” I tell her. “And I’m willing to hold this fear with you.”

Leah looks clearer and lighter. Our connection becomes palpable in a matter of seconds, and she is realising where she was making too much effort. “I am willing to

consider being a not-good-enough mother for my Jenny,” she says. Our bodies connect and the pain is not only tolerable, it is actually welcome by us both.

#### **E. Though we may insist it is ours**

O let the heavens falter  
And let the earth proclaim:  
Come healing of the Altar  
Come healing of the Name  
(Leonard Cohen, from *Come Healing*, 2012)

“Something is stuck in my throat,” says Dvora. “It hurts; it feels inflamed and irritable.” Her thyroid gland is out of balance; that much we know. But Dvora is an experienced client and a therapist herself. There’s something else there, too.

“There is something I’m not saying,” Dvora admits. “It has been stuck in my belly for many years and has recently ascended to my throat. I am getting ready to speak.” Slowly, over a few weeks, Dvora dares to name a decision that was waiting patiently for her to accept. She feels relieved to speak it. But the pain in the throat remains. What’s going on?

Perhaps it is the thyroid gland after all, I wonder. Dvora seeks medical care to no avail. Tests show nothing new, but her throat is calling, and Dvora obliges. It is an unspoken truth. It is, however, not hers alone. And it requires the appropriate context to let go.

Freud was deeply curious about the phenomenon of unconscious conversations: “It is a very remarkable thing,” he wrote (1915), “that the unconscious can react upon another, without passing through consciousness” (p. 126). In discussing resonance I wrote (Rolef Ben-Shahar, 2014): “To simplify the concept, we might describe resonance as the sensory and bodily apparatus of the wider mind; resonance could be understood as the communication system of

the collective, the intersubjective body” (p. 310).

Finally Dvorah makes a big decision and speaks her truth to her husband. Shortly after that the pain in her throat disappears. “It wasn’t only I who needed to speak it, it was also our shared voice needing to speak itself,” Dvorah tells me.

## F. That thine flesh and mine are but two

Kyle is an experienced psychologist (and an experienced client), exploring body psychotherapy for the first time. In his life, he claims, he is highly unregulated, nervous, and anxious most of the time with periods of depression and apathy. Kyle had a very unsettling childhood. His mother was absent, and his father was only available during emergencies.

During our first meeting, Kyle sat in my office, vigorously and uncontrollably shaking. “Don’t worry,” he tries to reassure me (or himself?). “It always happens in first meetings, I’m always anxious – it’ll relax in a few moments.” With permission, I take his hands in mine and hold his hands firmly, tightly. This touch encapsulates him. Kyle warns me, “I would soon feel claustrophobic and it would worsen my anxiety.”

“If you feel claustrophobic, we will stop,” I promise.

“It doesn’t make sense,” says Kyle after a moment or two. “I shouldn’t be feeling so calm. In fact, I don’t recall ever feeling like this.”

“Why shouldn’t you be feeling calm?” I ask, and Kyle responds, “Because another foreign body is touching me.”



Original artwork donated by Dr. Mauri-Lynne Heller, a licensed MFT and psychoanalyst in Newport Beach, CA. For information about Dr. Heller’s clinical work: [www.mlheller.net](http://www.mlheller.net)

“Perhaps,” I suggest, “you have been feeling anxious because your half body was left all alone and disconnected for so long?”

“It doesn’t make sense in my head,” replies Kyle, “but it does to my belly.”

How can we understand this cognitive dissonance between Kyle’s expectation of terror and his bodily-affective experience? I like to think about it in terms of the intersubjective body, our shared body. Attempting to conceptualise this body, I have written (2014):

*I would like to offer a more radical claim, that the boundary (or wall) between us and the other never really existed, that we always had two types of body. Our first body is the skin-bound body, the body that we identify as our own (either as an object or subject); a body which is a closed system capable of communicating with its environment; a body that is knowable to us without having to relate to another person. The second body is a partial body, a half-body, a body that is fully realised only in connection with another person (or the outside environment). This is the body of the wider mind, of the dyadic self, a body that is never whole and complete in and by itself. This body*

*comes to life and is activated by attachment and connection, a connection which psychiatrists Lewis, Amini, and Lannon (2000) termed limbic resonance. We may consider this half-body of ours the essential component that allows our first body (us as body) to perform the impossible, cross the divide, and create an interface between you and me, between one person and another. In essence, I am proposing that self as a closed system and self as an open, partial system are complementary and dialectic processes (p. 96).*

Body psychotherapy in general and resonance particularly, offer a bridge between this parapsychological phenomenon and somatic wisdom. In discussing body psychotherapy treatments for eating disorders, Sasha Dmochowski, Jacqueline Carleton, and myself (Dmochowski, Rolef Ben-Shahar & Carleton, 2014) also explored how eating disorders often take place within a mother-daughter dyad and their respectively disordered shared-body, hence treatment might address this shared bodymind and not only the individual bodymind of the patient.

## G. A body of one is emerging

My wife and I walk hand in hand in the street. We delight in this rare

opportunity. Grandma is babysitting our daughters; we have a few hours for ourselves. In the six-and-a-half years since Zohar, our eldest, was born, we scarcely got to just be the two of us, and we really enjoy feeling one another and feeling our coupleness.

Our hands are swaying as we walk, delineating the pulsatory bond between us. We are walking on the pavement. A little bit too late, we notice a woman in her sixties walking towards us. Without thinking, we lift our hands, without letting go, forming a bridge. The three of us laugh aloud as the woman elects to duck and move through the bridge and off to the other side.

#### **H. Pulsating connections with you**

I gave a lecture to the staff of a central outpatient psychiatric ward in a big hospital in Israel. The topic was Kafka's suffering - embodied resources and the psychotherapists' psychopathology. I spoke about the undiagnosed disorder (being a therapist) (Miller, 1981; Rolef Ben-Shahar, 2013), centring, and grounding.

Psychiatrists, psychologists, and social workers who work with extreme suffering were listening, many of them hearing for the first time about body psychotherapy. I spoke in length about the value of touch in psychotherapy. With Francis, the client I was talking about, touch significantly contributed to his recovery from severe and ongoing depression and suicidal ideation. I sensed the topic unnerved my audience. Questions were asked, eyes glistened, and some people raised an eyebrow.

At the end of the lecture, a psychologist approached me and shared her experience in working in a rehabilitation centre for people who suffered physical and neurological

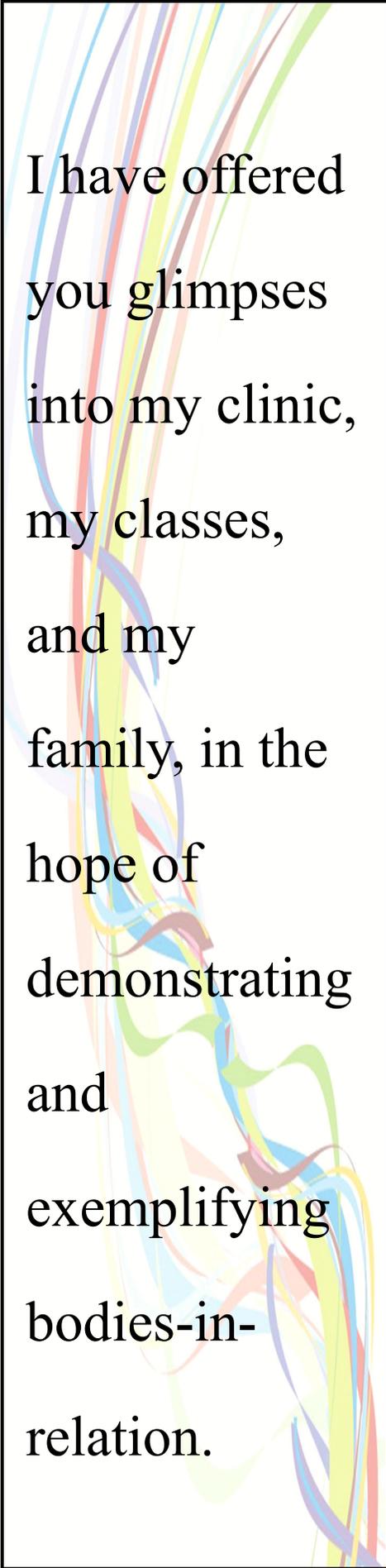
damage. The centre offers psychological support alongside physical rehabilitation, thus the treatment team is integrative—psychiatrists, psychotherapists, physical therapists and physiotherapists. “Now it all makes sense,” she said. “I have been working for months on end with patients who only brought their physical complaints, their resistance, and silence to sessions. We attempted to work through their difficulties and ours, yet they did not share much about their conflicts, feelings or thoughts.” And then the physiotherapist in the team spoke about the patient, and she spoke of their conflicts and pains, fears, and hopes. They shared so much with her. This experience repeated itself with various physiotherapists and many patients. And I'm now asking myself, what are we missing out on when we avoid touching altogether!

#### **I. And letting go**

I have offered you glimpses into my clinic, my classes, and my family, in the hope of demonstrating and exemplifying bodies-in-relation. In the process you hopefully found yourself connecting to some examples more than others, engaging or judging, identifying or distancing yourself; surely, there are many other possible responses too. And our body acquired a shared quality, even through this written medium. And now, as we part, we may regain our individual respective breathing cycles, our individual nervous systems, and bid farewell to the us that brought me, and hopefully you, too, some moments of meaning, and connection and pleasure.

*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](mailto:asaf@imt.co.il)*

**Asaf Rolef Ben-Shahar PhD**, has been a psychotherapist, writer, and trainer for since  
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