

Blanche Wittman's Breasts: The Aetiology of the Split between Body, Trance, and Psychoanalysis

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ABSTRACT *Since its inception, psychoanalysis deeply engaged itself with questions of autonomy and influence, seeking to minimize the analyst's impact in order to allow for self-direction and uninterrupted growth. The relational turn in psychoanalytic thinking challenged the hermetic fantasy of the therapist's positioning as a blank slate and, having recognized the inevitability of influence, has sought to involve and incorporate the therapist more fully within the therapeutic dyad. However, some prejudiced practices are still at place.*

Since Freud's abandonment of hypnosis and touch, the therapeutic use of both trance and touch have been largely alienated from the psychoanalytical milieu. As a consequence, research and clinical applications of both disciplines developed disconnectedly, and became fragmented. This paper suggests that Freud's initial reasons for abandoning the practice of hypnosis and the use of touch were politically and socially embedded. The paper traces the original split between psychoanalysis, hypnosis and touch to a strategic juxtaposition of establishing psychoanalysis as science in-par with physics. It suggests that both trance and touch represented highly relational, unmediated challenges to the therapeutic dyad, which Freud was unable to incorporate into his practice at the time. This dissociated split is presented through examining Charcot's performance-hypnosis with Blanche Mary Wittman.

The paper then sets to briefly discuss the nature of relational body-psychotherapy and relational hypnosis, demonstrating their relevance to modern relational psychoanalytic thinking. The alienation between these three disciplines results in loss of valuable fertilized dialogue which could enrich and inform practitioners from all three disciplines, and facilitate the amalgamation of a cohesive relational framework. Today, the sociocultural conditions allow for reintegration of these valuable aspects of human connection: trance and touch. Copyright © 2010 John Wiley & Sons, Ltd.

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The traditions of all the dead generations weigh like a nightmare on the brain of the living. (Marx, 1963, 15)

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WHERE DO WE BEGIN?

While both practices of trance and the role of the body play a central role in many Eastern religions and philosophies as tools towards salvation, in orthodox Judeo-Christian religions the body plays a marginal, indirect, and almost insignificant part in growth and development (Mindell, 1982, 9).

Following Descartes and Newton, it had taken us Westerners a good few centuries to catch up with the notion of unity of bodymind and self-other (Capra, 1975; Painter, 1984, 42). However, philosophers and clinicians in the West have long considered us as embodied organisms; as maintaining bodymind unity (Strawson, 1959; Diaz, 1989, 2000). Old paradigms, so it seems, do not die without a fight!

The philosopher Ludwig Wittgenstein (1958), for example, asserted that language received meaning only through the act of speaking ideas, and therefore recognized that the context for language was body, and relationship. This was the grounds for his rejecting the Cartesian subjectivist picture, which isolated ‘thought from action, private thought from public speech, mind from body, one mind from other minds’ (Cavell, 2006, 64).

Phenomenologist Maurice Merleau-Ponty (1962, 46) was even more radical in considering the body as ‘our general medium for having a world.’ However, in the clinical practice, this paradigm has not yet become fully embraced; the body is still an almost absent *other* in psychotherapy. And much of this resistance to include trance and body (to *soften* the bodymind split, and risk unity), as this paper will argue, is due to Freud’s strategic rejection of body and trance.

Like touch, the therapeutic use of hypnosis in psychotherapy was brought to the acceptable therapeutic arena by Freud. Indeed, both body-centred therapies and hypnosis were practised extensively long before Freud’s time, and some types of both were already accepted as valid medical tools. Pre-psychoanalytic psychiatry was largely an attempt to alter the mind through physical interventions and *laying on of hands* (Kertay and Reviere, 1993, 33).

Yet Freud’s capacity for cohesive theory, his research, his practice – and indeed his person – opened a door to practising hypnosis within psychotherapy in a systemic, methodological way. Body psychotherapy, too, greatly owes its current, thorough, and cohesive shape to Freud and his student, Wilhelm Reich.

At the age of 29, in 1885, Freud won a travelling scholarship to Paris where he studied the effects of hysteria under the supervision of Jean-Martin Charcot at the Salpêtrière in Paris. Freud was in awe of the magic that was revealed to him and his involvement with hypnosis marked the beginning of psychoanalysis, and the entire field of Western psychotherapy.

THE BOOK OF QUESTIONS

(In his excellent book about Blanche Wittman and Marie Curie, Per Olov Enquist (2006) depicted *The Book of Questions* as the name of Blanche Wittman’s unpublished notebooks. Enquist (personal communication, 19 December 2009) has confirmed this to be fictitious.)

Psychoanalysis was born of psychiatry (Capra, 1982), and Sigmund Freud was primarily a medically trained practitioner. While doctors cannot ignore bodies, the knowledge of the

body was a mechanical, physiological one. Accordingly, Freud's theory and practice were highly informed by bodily processes. In *The Ego and the Id* (1923, 16) he stated that the ego was: 'first and foremost body-ego'. Freud further expanded on the matter writing that: 'the ego is ultimately derived from body sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body.'

The Parisian hypnotic scene that Freud had joined was a vibrant, charismatic and powerful one, in many ways resembling traditional shamanic work more than scientific medical procedures (but lacking the traditional belief system that supported shamanic rituals, and gave them meaning). Freud was exposed to quite a dramatized, very simplistic form of hypnosis. Charcot, Bernheim, and Breuer were practicing hypnosis that involved passing strokes, physical pressure, and giving suggestions in an authoritarian style. The rituals entailed in the hypnotic process of his time, as portrayed in Brouillet's famous 1887 painting *A Clinical Lesson with Doctor Charcot at the Salpêtrière* (Figure 1) are nothing short of spectacular showmanship. The painting, a lithograph of which was hung in Freud's consulting room until he died, shows the part-woman part-guinea-pig Blanche Marie Wittman: a beautiful and wild hysterical woman, hypnotically dropping into the arms of the kind doctor's assistant. All the while, the crowd, consisting of serious looking doctors, all in black, watches mesmerized (Pérez-Álvarez and García-Montes, 2007, 309). We may be left wondering whether these good doctors were focusing on the stage performance, or using the opportunity to stare at the wild woman's perfect breasts (Enquist, 2006).



Figure 1. *A Clinical Lesson with Doctor Charcot at the Salpêtrière* (Brouillet, 1887).

Brouillet's painting tells us as much about the bodily attitudes of the time as it does about hypnosis. Doctors were given liberty to touch and hypnotize their patients in times where touch and sexuality were hidden. What an inflation of excitement and fear! What a difficult ethical standing to sustain!

Freud's early practice involved extensive use of hypnosis and some therapeutic touch. In fact, his *passing* (1953, 294) and *stroking* (1966, 111) techniques (old-fashioned hypnotic induction techniques, of slow passing movements on the body of the subject in a downward direction while giving suggestions to sleep) were a place where touch and trance met. But Freud was ambivalent about hypnosis; he became increasingly aware of its suggestive nature and the impact-laden relationship that was created between hypnotist and subject, as well as the potentially manipulative nature of such a relationship. Watching Hippolyte Bernheim shouting hypnotic commands, Freud (1955b, 89) reported feeling astonishment and hostility: 'I said to myself that this was an evident injustice and an act of violence.' Freud would have probably really enjoyed training in Ericksonian hypnosis or self-relations!

In *An Autobiographical Study*, Freud narrated the following incident:

And one day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvelous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origin. As she woke up on one occasion, she threw her arms round my neck. The unexpected entrance of a servant relieved us from *painful discussions* [my italics] but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued. (Freud, 1959, 27)

Note that this incident was considered unspeakable! It must have been quite a shock for Freud, who abandoned hypnosis around 1896, having decided that many patients fabricated stories to satisfy the desire of the hypnotist (i.e. having discovered transference: Fromm and Nash, 1997). Melvin Gravitz (2004) suggested that it was Freud's discomfort with transference, and particularly with the erotic transference that pushed him to abandon hypnosis. Thus, the very phenomenon that was to become the central axis of psychoanalytic work – transference dynamics – was rejected at first by Freud. As later researches show, transference dynamics are indeed accelerated and amplified in the hypnotic relationship (Diamond, 1984; Karle and Boys, 1987; Fromm and Nash, 1997, 166).

Following the abandonment of hypnosis, Freud continued using the pressure technique, which was a remnant of the hypnotic procedure (Kubie and Margolin, 1944). He believed that the discharge (or catharsis) created by this technique helped to release blocked energy (Hinshelwood, 2002, 218). Within a short while, however, he ceased his cathartic work too – prematurely, in Ferenczi's view (Ferenczi, 1930, 429) – and altogether banned the use of hypnosis and touch from psychoanalytic practice. To establish the psychoanalytic relationship, Freud moved from abreactive practice to interpretive practice to transference dynamics (De Rivera, 2001). Both hypnosis and touch, like Blanche Marie Wittman, were considered too wild to contain, too unpredictable to be used in psychotherapy. However, the drowsy dreamy state of the patient in free-association is not dissimilar to trance (Capra, 1982, 182). Additionally, Freud's (1958a) recommendation for the therapist's adopting of 'evenly suspended-attention' (p. 111) is conducive for relational trance. Perhaps *free associations* were not that far from hypnosis after all.

WHAT DOES IT TAKE TO CREATE A SCIENCE?

Freud fought to establish psychoanalysis as science, proudly following the Cartesian-Newtonian medico-physical model of the world (Freud, 1957; Capra, 1982). Hans Loewald claimed that Freud, highly prejudiced against religion of any kind, was engaged in 'the disenchantment of the world' (Loewald, 1977b, 518), and was strongly committed to refuting any mystical claims for the unconscious.

The hope that biological processes would one day suffice to describe psychological processes is still commonly held, both by professionals and the public. Psychiatrist and neurologist Eric Kandel, for example, summarized his current biological thinking about mind-brain relationship, stating that: 'All mental processes, even the most complex psychological processes, derive from operations of the brain' (Kandel, 2005a, 39). Kandel's (2005b, 95; 2005c, 381) belief that biology would one day be able to provide a 'biological foundation for the individuality of our mental life', represents the same yearning that Freud brought into his theory: a human desire for absolute form.

To achieve such an enormous task, Freud aspired to create a value-free psychotherapy (clean from the therapist's influence), a project that Frank Farrelly, creator of provocative therapy, considered 'akin to the search for the Holy Grail ... the quest was doomed because value-free therapy cannot exist' (Farrelly and Brandsma, 1974, 126); hypnosis was now seen as the source of all evil, saturated with suggestions and influence. Just like Blanche Wittman, the hypnotized person was perceived to be in a passive state, awaiting the powerful hypnotist's command. (Jungian analyst and hypnotherapist Ernest Rossi (2002, 193) discussed the history of this erroneous idea of passivity – rather than a *receptive* state – claiming that the idea of hypnotic passivity had contributed to the creation of Emile Coue's (1923) autogenic therapy.) Freud wanted to show that, unlike hypnosis, the effectiveness of psychoanalysis was not a result of the therapist's suggestions or influence (Baker and Nash, 2008, 439).

In discussing Freud's suppression of the interactive (relational) nature of psychotherapy, psychoanalyst Stephen Mitchell (2005) claimed that one important factor was to differentiate psychoanalysis from hypnotism. Psychoanalysis emerged out of hypnosis, and 'it was crucial for psychoanalysis to differentiate itself from its ancestor, hypnotism, and its reliance on the personal power and influence of the therapist' (p. 8).

The hypnosis Freud was exposed to was the type shown in Charcot's demonstration: powerful cathartic dynamics that relied on the charismatic influence of the therapist. Freud endeavoured to release psychoanalysis from such influence: 'Where hypnotism added influence, psychoanalysis removed historical influences; where hypnotism directed and shaped, psychoanalysis liberated and released' (p. 8).

In his efforts to eliminate the impact of the therapist, Freud hoped to establish an objective model whereby understanding brought upon cure. This notion has been refuted over the years. Anna Freud (1976, 260) noted the fallacy in the insight = cure equation, and her voice was echoed by others (Lowen, 1974; Smith, 1985, 55; De Rivera, 2001). Psychiatrist Hans Loewald (1980b, 179, 1980a, 38) showed that the therapeutic potential was actually residing away from words into feelings, back into the body. Today, the transformative experience in therapy is increasingly recognized as taking place in the tension between the spoken (the narrative) and the resonant. The undercurrent and nonverbal

communication – the wider-self which was co-created by client and therapist – is where healing and growth manifested most (Field, 1996, p. 8). Scientist and forerunner of psychoneuroimmunology Candace Pert (1997, 306) succinctly reiterated this position: ‘Your body is your subconscious mind, and you can’t heal it by talk alone.’

Although psychoanalysis has always placed utter importance on the analysand’s autonomy and self-direction (Mitchell, 2005, 9), it is widely accepted today that influence, not the least therapeutic influence, is unavoidable. Irwin Hoffman (1996), acknowledged that ‘Whatever the analyst does is invariably saturated with suggestion’ (p. 106). Bradford Keeney (1983, 129), reiterated: ‘Therapists affect the systems they are treating whether they intend to or not. On the other side of the relationship, the systems treated always affect the therapist.’ Owen Renik demonstrated the clinical shift by not only recognizing this impact, but also marking this reciprocal influence as therapeutic: ‘*Unconscious* personal motivations expressed in action by the analyst,’ he wrote, ‘are not only unavoidable, but *necessary to the analytic process*’ (Renik, 1993, 564, original emphases).

Palaeontologist evolution theorist Stephen Jay Gould summarized the scientific illusion of objectivity in writing: ‘I criticize the myth that science itself is an objective enterprise, done properly only when scientists can shun the constraints of their culture and view the world as it really is’ (Gould, 1996, 53).

The central relational shift (the move from one-person to two-person psychology) was therefore, as Stephen Mitchell illustrated, the understanding that:

The analytic relationship is no longer usefully understood as the sterile operation theatre Freud believed it could be. The analytic relationship is not as different from other human relationships as Freud wanted it to be. In fact, the intersubjective engagement between patient and analyst has become increasingly understood as the very fulcrum of and vehicle for the deep characterological change psychoanalysis facilitates. (Mitchell, 2000, 125).

THE DIVORCE OF HEAVEN AND HELL

1. *Man has no body distinct from his soul, for that called body is a portion of soul discerned by five senses, the chief inlets of soul in this age.*
2. *Energy is the only life and is from the body, and reason is the bound or outward circumference of energy.*
3. *Energy is eternal delight.*

(Blake, 1994)

As a result of the exile of touch, and alongside this split, great prejudice developed within and between these three fields. The entire body has disappeared from the psychoanalytic dyad leaving the analyst and analysand present in head alone. In his characteristically poetic style, Carl Jung wrote about this: ‘It has forever been the aspiration of mankind to fly like a bird, to become a wind, a breath; and it can be done, but it is paid for by the loss of body, or the loss of humanity, which is the same thing’ (Jung and Jarrett, 1988, xix).

Although some psychoanalysts who were close (at some point) to Freud’s inner circle (primarily Ferenczi and Reich) have indeed emphasized body and touch in their work, the development of psychoanalytic thinking and models by and large marginalized their models.

Sándor Ferenczi suggested that nonerotic touch (including hugging and holding) was invaluable in repairing early damage in the client’s experiences (Ferenczi, 1920, 1925, 1930;

Kertay and Reviere, 1993). Freud (who was Ferenczi's analyst) first supported Ferenczi but once he recognized the potential for erotic interpretation he withdrew his support (Kertay and Reviere, 1993).

The exile was a powerful move towards identity formation that followed a common social organization: defining social identity by excluding otherness. We learn of who we *are* by pointing at those who are *not* us. The taboo against touch in psychotherapy, for example, created claims that were almost religious in their dogmatic conviction. Influential psychiatrist Karl Menninger, for instance, wrote: 'Transgression of the rule against physical contact constitutes evidence of the incompetence or criminal ruthlessness of the analyst' (1958, 40). Sue Shapiro (1996) put it this way:

What began as a liberating environment where one could at least talk dirty, has become a straitjacket for analyst and patient alike. Freedom of movement is restricted to kooks and fringe therapists, and borderline or child and adolescent patients. The mark of maturity is stillness. (Shapiro, 1996, 317)

Hypnotic therapies, too, once announced *suggestive* by Freud were exiled from the analytic practice (excluding *research*) and have often been viewed as manipulative, dangerous, short-lived, or otherwise inappropriate. (Freud did recognize, however, the fallacies of most myths about hypnosis (Freud, 1966, 113–14) and, as Milton Kline (1968, 1972) claimed, was less critical of hypnosis than many of his followers and biographers.) Hypnosis had become, in fact, the very thing that prevented good therapeutic progress: 'Hypnosis' wrote Freud, 'had screened from view an interplay of forces which now came in sight and the understanding of which gave a solid foundation to my theory' (Freud, 1959, 29).

A new paradigm shift, as Thomas Kuhn (1962) has shown, involves a societal trance – a cultural reorganization of major form, a mass-surrender to the flux of change. Societal changes require similar stable structures to those of personal changes. Just like a person (a baby) requires great organizational stability (a secure attachment, a relational form) in order to be able to flow and explore, so does a society. Flexing in one place is usually accompanied by the tightening of another. Freud had brought about an important yet highly uncomfortable paradigm shift. Four major paradigm shifts challenged man's firm hold on certainty and self-importance. Copernicus disenchanted the skies by challenging the geocentric astral organization and demonstrating that Earth was merely a planet revolving around the sun. Darwin similarly disenchanted the primacy of human biology by showing that we are a product of an ever unfolding evolutionary development and that evolution will not stop with us. Einstein too, disenchanted objectivity by demonstrating that even time and space are relative in nature, dependent on the observer; and that the very act of observation created a systemic change. Flow (uncertainty) was hence perceived as an essential characteristic of the universe. Freud had disenchanted our fantasy of freedom. According to Freud, man was primarily acting unconsciously, unaware of the drives, anxieties, and desires that motivated him. This was arguably Freud's greatest achievement: a call for humility and a positioning of the human journey as a process of growth. Expansion of consciousness was not a given but had to be worked at and gained: we were required to pursue self-knowledge in order to assume human form fully.

The forms that allowed Freud to embark – almost single handedly – on such a societal shift involved exclusiveness. Freud was highly intolerant to differentness, and throughout

the years many of his closest students found themselves thrown to the wolves, exiled from the precious inner circles of his loving embrace. Alfred Adler, Sándor Ferenczi, Carl Jung, and Wilhelm Reich, for example, have all been close to Freud before being expelled – implicitly or explicitly. This rigidity still deeply influences us today, as professionals in bodywork, medicine, and psychotherapy receive virtually no education in the huge knowledge gathered by one another (Johnson, 1998, 6).

The connection between touch and trancework is not merely their original use within and subsequent exile from psychoanalysis, but moreover the great potential they offer for working directly with unconscious processes of flow, with the organizational processes of our bodyminds. For example, revolutionary psychoanalyst Sándor Ferenczi recognized the connection between muscular relaxation and the quality of free-association (1925, 286), and had used relaxation techniques as part of his psychoanalytic work. Reich's excellent biographer Myron Sharaf drew similar parallels between the psychoanalytic *free associations* technique and Reich's observing of breathing (Sharaf, 1984, 236). The two systems aimed at encouraging flow; at softening rigid structures. And these processes of restructuring, as experienced in body psychotherapy and relational trancework, cannot but involve somatic processes; cannot but incorporate identity organization: these are trances.

THE POUNDING HEART

The pounding heart, the sweaty palms, the tight stomach, the tensed muscles *are* the emotions. (Juhan, 1998, 368)

Looking at Charcot's performance over 120 years on, it is not difficult to recognize that there were other forces operating in the demonstration at Salpêtrière, far stronger perhaps than the suggestions administered by Dr Charcot. The setting offered a unique opportunity for voyeurism and power-trips in a sexually repressed society. A room full of hungry-for-action, sexually excited men in a Victorian setting. Doctors who were trained to be heads alone were forced to face a wild and free woman who willingly submitted herself to the mercy of the powerful doctor. This painting depicts a drama that is as close to watching coitus as you could get. It is easy to see why both trance and touch were considered dangerous: the charge was high, the edge was near.

It is not too speculative to assume that Freud was not particularly aware of his own body or body-countertransference: these were not encouraged at the time. Freud also deeply disliked his own appearance (Freud, 1955a, 247; Reis, 2004, 353). Nor was he a particularly good hypnotist. When practised mechanically, touch and trance – which are rich sources for human connection – can easily be made to look like futile, fragmented, sometimes dangerous techniques, irrelevant to the psychoanalytic process. Trance and body were both exiled from the psychoanalytic milieu by a shaming father, and as a result these disciplines have also stopped relating to one another.

Touch and hypnosis within psychotherapy have thereafter developed as a result in two separate routes. On the one hand we have a nonpsychotherapeutic practice, usually drawing from traditional disciplines (such as Eastern approaches). Traditional Chinese Medicine, Shiatsu, Tai Chi, and Yoga (among others) have extensively flourished in the West in the last few decades. These practices, however, are seldom in dialogue with the Western body of psychological knowledge as they rely on alternative philosophies. Many types of trance-

work, such as meditation, yoga, ecstatic dance, shamanic practices, and various systems of healing utilize trance outside the field of psychotherapy. Many practitioners of hypnosis (sometimes referred to as *lay hypnotherapy*) would fit this category too, as they use trance-work therapeutically, yet not within psychotherapy – i.e., without the necessary training, focus, and theoretical grounding to be considered psychotherapeutic. While these therapies are useful and important, they rarely engage in fertile, reciprocal dialogue with the psychotherapeutic and psychoanalytic body of knowledge. On the other hand, the last few decades saw the development of relational, integrative ways of working – both in body-psychotherapy and in trancework, informed by both traditional and modern psychotherapeutic perspectives.

Relational work required yet another theoretical and clinical leap. In the relational paradigm, the therapist's person (not simply his persona) is not only present in the therapeutic relationship, but is a part of it, equally touched and affected as the client, potentially called to share with the client as a part of the therapeutic process. Neither Freud, nor the culture he was operating in was ready for such a shift.

I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psychoanalysis was evolved. But it deserves to be maintained for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me. (Freud, 1958b, 133–4)

Focusing on the body in psychotherapy, as well as practising trancework in psychotherapy is highly challenging for the practitioner who wishes to work relationally. We are seen as much as we see; are being analysed as much as we analyse – and, in fact, we lend ourselves to our clients' scrutiny, role-modelling a hopefully less-defensive capacity to surrender to flow. Freud was terrified of being seen (and of seeing himself: Reis, 2004) and this unavoidable somatic presence must have been utterly challenging. Indeed, in relational practice of trancework or body-psychotherapy, we are faced with concrete and unnerving manifestations of transference and countertransference dynamics: real emotional and bodily pains, excitements, hopes and fears. Transferential dynamics are no longer the convenient conceptual framework: like *real*, non therapeutic relationship, we can really get hurt (see, for example, Maroda, 1998, 141–59; Asheri, 2004; Soth, 2005).

Living in Victorian times, Freud recognized the relative transparency of his unconscious processes, and was not willing to bring these (i.e. himself) fully into the relationship. He was not willing (it was also not seen as professional) to form an attachment to his clients; only *their* attachment was allowed and encouraged. The split from hypnosis and from the body was possibly a necessary step for creating a science of the mind. Not unlike Descartes, Freud's dissociation might have been facilitative for the early stages of psychoanalytic research and clinical growth. It also had a price.

Freud discovered psychoanalysis, the 'talking cure,' and freed his fledgling science from hypnotic touch. At the same time, in his effort to make his scientific project within the Victorian culture of, and with his own perchance for, Cartesian dualism, he fostered an inadvertent splitting off of the body. (Wrye, 1998, 114)

It is most likely that, given his background and his contribution to the field, Freud could not have worked relationally. Relational psychotherapy required maturation that was impossible for Freud to attain, a maturation that required a post-Freudian engagement. And hypnotic approaches, as well as embodied ones, have a very different quality and value when they exclude relationality.

ENTRANCED AND EMBODIED RETURN TO CONNECTION

A cup can be grasped only if our arm is long enough to reach it, and only if our fingers are strong enough to lift it. (Coello and Delevoye-Turrell, 2007, 667)

Attending to the body of the client, and of the therapist, and noticing the ongoing movement of organization, deconstruction, and reorganization (not just in the client, but in the therapist and in the dyadic-self as well) is terrifying and taxing. Such work forces us to walk on the edge of safety and never cease from exploring our boundaries. We are called to stretch our own person in a continuously dialectic organization between our own processes and those of our clients. We genuinely risk having our own lives changed in the process. Relational work is therapy dancing at the edge of love. The Portuguese writer Clarice Lispector (1974, 147) poetically wrote: ‘What am I saying? I’m saying love. And at the edge of love – there we stand.’

For the last few decades, body psychotherapy has been making its way back into *mainstream* psychotherapy and psychoanalytic thinking. This is, I believe, due to three factors. The first is advances made in neuroscience (including brain research and trauma research). The second factor involves the maturation of body -psychotherapy and growth of relational body psychotherapy. The third factor is the more open, inclusive and curious field of relational psychoanalysis and psychotherapy. I have previously published a discussion of these factors (Rolef Ben-Shahar, 2008), which is further expanded on in my PhD dissertation, of which this paper is a part. Hopefully, the dissertation will be published as a book in the near future.

Relational body-psychotherapy is a movement in body psychotherapy that represents a closer relationship with relational psychoanalysis. It accepts that bringing body and touch into the therapeutic relationship can indeed introduce complications and challenges to client, therapist and community – but claims that it can also deepen connection, foster understanding, and facilitate assimilation of therapeutic attachment within the client’s, and therapist’s, reality (for example, Keleman, 1985; Bar-Levav, 1998; Torracco, 1998). Moreover, as it was illustrated earlier it is impossible to engage with another without being present as bodies – that although Freud was not seen by his analysands, his body and his nonverbal messages were there, communicating his attitudes whether he was comfortable with it or not. Relational trancework expresses a similar turn to relational-psychoanalysis by re-focusing on the reciprocal influence, and the place of the therapist as a subject in this relationship. To establish itself as a growing field, it would benefit from reconnecting with relational psychoanalysis. This paper suggest that such a reconnection might benefit and nourish both disciplines. Relational trancework is first and foremost a cultivated practice of surrender. Client and therapist both surrender to a shared field and learn to open to the full spectrum of mindbody communication (*resonance*). As such it is quite a humbling practice, as we are faced with our less-than-ideal humanity, which is as present as that of our clients.

Resonance is more than a technique, since generative trancework offers a genuine skill of deeply *being with* one another (Cicetti, 2004). Relational hypnosis is not done *by the therapist* on or to the client but is a joint voyage of discovery (asymmetrical, but nonetheless shared). This was the main aspect of hypnosis that was lost through the exile.

Since the departure from the analytic setting, much development in the field of hypnosis was achieved in terms of tools, efficacy, and feedback. Hypnotic techniques, when applied artfully by competent practitioners, are no longer the crude and clumsy, semi-stage-hypnosis rituals that we see in Charcot's demonstration. Linguistic advances, greater understanding of cognitive, emotional, and behavioural patterns, and systemic practice have all created an artful path of mastery. However, it is only when Gregory Bateson and Milton Erickson became involved with hypnosis – and later on with the work of contemporary clinicians such as Jeffrey Zeig, Stephen Gilligan, and Bradford Keeney, and academics like Michael Nash, Michael Diamond, and Elgan Baker – that effort has been made to advance hypnosis in terms of relationality.

Severing the connections between body-psychotherapy, psychoanalytic psychotherapy, and hypnosis had adverse affects on all three disciplines. Many practitioners of hypnosis are divorced from research that was gained in system theory, attachment, and relational research. The hypnotherapist frequently saw himself outside of the system, doing things *to* the client – maintaining a similar illusion regarding interactivity as that held by Freud decades before. Traditional and authoritarian hypnosis involved *bypassing* the client's consciousness, *rearranging* unconscious habitual patterns, and *bringing them back* into the world. The fantasy that reorganization (form-flow-form) could be a nonrelational process, created a great degree of fear, scepticism, and avoidance of hypnosis in the psychoanalytic field. Psychoanalyst Harold Greenwald (1961, 116), for instance, admitted how 'in common with many psychoanalysts, I had long suffered from what I now feel is an irrational prejudice against hypnosis in any of its ramifications in connection with psychotherapy.'

The relational-embodied paradigm is inconvenient. It presents a world of relations that is far less knowable than we are comfortable with. Like the move from a flat world to a round earth, our identity is not as stable, our individuality partly an illusion. This paradigm shift requires a societal maturation, by demanding greater tolerance to not knowing.

Embodiment disenchants the Cartesian hope that our soul could be separated from the body, that we are able to attain a level of objectivity separated from the world we observe. Embodiment shows that 'The very structure of reason arises from body and brains' (Capra, 2002, 53). Susie Orbach maintained that embodiment challenged the Freudian (Freud and Breuer, 1955) notion of the body as a dustbin 'for that which the psyche cannot handle' (Orbach, 2004b, 14), and instead demonstrated that all our actions were inevitably dependent on bodies-in-relation (Orbach, 2004a): that our bodies, and ourselves, are only made in relationships, assuming meaning through connection (Orbach, 2003). Gregory Bateson, who seemed always to speak in metaphors, depicted this shift elegantly:

When I kick a stone, I give energy to the stone, and it moves with that energy; and when I kick a dog, it is true that my kick has a partly Newtonian effect. If it is hard enough, my kick might put the dog into Newtonian orbit, but that is not the essence of matter. When I kick a dog, it responds with the energy it got from metabolism. In the 'control' of action by information, the energy is already available in the respondent, in advance of the impact of events. (Bateson, 1979, 95)

So, while the fact of embodiment has been challenging the fantasy of separation and disenchanting our objectivity of thought, relationality similarly challenges our individual organization. We attain meaning through connection: self gains meaning through the pulsating movement of surrendering and withdrawal. Body and trance are at the very core of the relational-embodied shift, and the long-lost connection between them and psychotherapy has been receiving an exciting turn in the last decades. As great-grandchildren of Freud we can be grateful for his contributions, and let go of some forms he required to make them come to life: we can return to be relating bodies. We can surrender to the flow of trance, and let ourselves be touched, entranced, and influenced – in life and in psychotherapy.

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