

Somebody? Anybody? Nobody? Moments of Meeting with the Wounded Body in the Therapeutic Encounter: Intricate Challenges and their Healing Potential

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ABSTRACT *Meeting with the wounded body in the therapeutic encounter introduces us to intricate challenges. Physical injury or serious illness may be visible at times and invisible at others. In a society which prioritizes beauty, perfection, and health we find it difficult to be fully present and compassionate for the disabled, diseased or otherwise unusual body. We are caught with unconscious fears, deepening the split within us and leading us to denial and objectification of the wounded body. People coping with serious illness and disability are confronted with physical pain, fear, shame, humiliation, frustration, and social alienation. They crave an accepting attendance and recognition for their wounded body as a whole. As psychotherapists, our presence has a decisive impact on the therapeutic process. Moments of genuine meeting, in which we allow ourselves to surrender to the pain and suffering, and let them move through us, touching and affecting us, when we carry those unbearable feelings with our patients, those precious moments potentiate healing. In this paper, I describe and examine the obstacles preventing us from fully attending the wounded body, and the ways in which we can overcome those challenges and create moments of human interconnectedness leading to mutual growth. I will interweave those issues with sharing my experience with two clients, each coping with a significant physical damage, and my own personal perspectives and experience around illness and disability. Copyright © 2015 John Wiley & Sons, Ltd.*

Key words: disability; psychotherapy; invisible wounds; body; presence; countertransference

When did I first experience the exquisite sense of surrender that is possible only with another person? The peace of mind one experiences on one's own, one's certainty of self in the serenity of solitude, are nothing in comparison to the release and openness and fluency one shares with another, in close companionship. (Barbery, 2006, p. 103)

Dan, a good looking, well-dressed, impressive young man, is entering the room. Even the most keen-eyed person would not notice his limp. He is an expert at hiding his disability. We have been meeting for three months, and he keeps concealing his vulnerability, never exposing his right leg's

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prosthesis. He is 32 years old, beginning psychotherapy 10 years after the car accident that has changed his life. He tells me about flashbacks and anxieties, but most of all he longs for an intimate relationship with a woman. At the same time, the possibility of a relationship terrifies him. "Someone asked me out for a date," he is saying with sad eyes. "She's cute, but I have cancelled, as usual. I just can't, I can't tell her.

I look at him; my body shrinks, becoming rigid and I feel stuck, distant, and helpless. Another part of me is urging me to move, to shake him, to break this vicious cycle we are both stuck in. For three months we have been wandering between being stuck and moving, distancing and coming close to one another. "It's impossible to understand," he says bowing his head.

Do I understand? Can I truly meet him?"

Sometimes I ask myself to what extent can I really get you," I share with him. Surprised, his eyes open widely. My body is tense, and suddenly my healthy legs make me feel tremendously guilty. He stares at me. We have never been so close. I am invaded by his incisive gaze, totally exposed in my good physical health and intactness of my body; tension develops between us; one could actually cut the air with a knife. "Something is going on between us right now," I say. Turning his eyes away, Dan looks down. "My legs are healthy, it must be difficult for you," I softly continue. He is embarrassed. He can hardly make eye contact with me. Silence. After a while, the intense energy subsides and we both calm down. We are breathing again. "I've got pictures from the day of the accident. I've never shown them to anyone. Is it OK for you to see them?" he whispers. "Dreadful pictures, they might terrify you," he warns me. "It's OK," I reply. While he is rummaging in his bag, I am breathing deeply, trying to regulate myself by reminding myself of my capabilities as a physician. I have already witnessed many horrible sights.

Dan puts the photos one by one on the table. Flesh and blood, body parts scattered around. What do I see? What do I choose to see? Through whose eyes do I see? Is it the family physician who is looking?

And then it happens: sharp pain shattering my body, screaming the loss, the helplessness, and the anger. I close my eyes for a brink of a moment, inhaling the air deeply. When I am back, our eyes are wide open; we are looking at each other, holding together the endless pain. "Now you see," he is whispering, tears coming down, pain swirling with a new palpable, vibrating, pulsatile feeling.

Anne Marie Keary (2009), a body psychotherapist and a mother to a disabled child, shared her experience with a disabled client. While describing the process of working, she took us to the heart of the wound of the body in an unbearable way. The sight of the damaged body induces a myriad of feelings, making us avert our eyes, not knowing how to look non-invasively.

Addressing the ways in which we choose to look, Jane Frances (2014) mentioned two kinds of seeing. The first gaze is the objective one, using our mind. The second is a relational look, when we look through and from our heart. She discerns between disembodied sight which results in voyeurism, objectification, denial, and detachment, and the other option of looking which derives from a world of interconnectedness, when we allow ourselves to be moved and affected by the other.

I wonder to what extent this relational attitude is possible, while attending the wounded body. While looking at Dan, I keep asking myself through what kind of eyes am I seeing him? As a woman in a culture devoted to aesthetics and perfection, how do I meet Dan's damaged body? To what extent can I let myself meet him without losing my embodied presence? What are the interpersonal consequences of my way of looking on our relationship?

Sometimes, I find Dan's hiding his amputated leg, convenient for me. I find myself hiding my healthy legs.

Dan confronts me with my own biographical issues around shame and hiding my "otherness" in some social frameworks. I find myself oscillating between denial of his disability and finding concrete solutions for his problems. As well as the split within me, I notice my longing for a genuine encounter with him. I wish for moments when I can allow myself to be touched and moved, to let the pain pass through me and to be affected in my body–mind by the person I see. Those are moments of shared devotion, mutual bearing of the suffering in a compassionate, containing, and supporting presence. I feel my feet touching the ground, and I am breathing again. "Exposed" in my health, I let Dan "use" my body, and serve as a self-body object for him. I try to cultivate a body encounter in which my body receives his anger and hatred, his desire to "destroy" my intact body.

Following Winnicott (1971), psychoanalyst and feminist Susie Orbach (2003) asserted that just as the client needs to destroy the object and the analyst needs to survive the destruction, so too the analyst's body is required to receive the client's aggression without being destroyed.

Being the object of Dan's scrutinizing, incisive gaze, my body contracts and I feel carried away by an urge to dissociate and ignore the intense moment. I breathe deeply, embodying myself, attempting to reclaim my physical integrity, and engage with the importance of this moment. I try to create space for our feelings and emotions without collapsing or disappearing.

Orbach (2003) paraphrased Winnicott's (1958) famous phrase – there is no such thing as a baby – by saying that there is no such thing as a body, only a body in relationship with another body. The wounded, disfigured, crippled body craves for our recognition and validation of its imperfection alongside its wholeness.

The encounter with the wounded body may arouse unconscious fears of castration, destructiveness, imperfection, vulnerability, and weakness. All those anxieties, coupled with cultural ideals of perfection and strength, create obstacles to an authentic meeting (Chalfin, 2014).

When Dan dares sharing with me the dreadful pictures of his disfigured body, I can feel his wish for confirmation of his body as it is. Looking at the pictures I feel detached, unable to be fully present with his disfigurement, fragility, and pain. Feeling numb and distant reminds me of the fact that I am not fully there yet. I see an amputated leg, torn muscles, and bleeding vessels. I am familiar with this feeling, this objectification. I reclaim my breathing, regulating and embodying myself. I can feel a battle taking place within me between my impulse to flight, to dissociate, and my faith in human connection. And, in a precious moment it happens, I manage to retrieve my full human presence, allowing myself to experience, to share the screaming of Dan's body, his human suffering and mine, and together we can bear them.

A THERAPEUTIC ENCOUNTER WITH THE INVISIBLY WOUNDED BODY

Serious illness forces us to face significant human suffering. We are confronted with substantial fears, pain, uncertainty, shame, dependence, dysfunction, and challenging impacts on the family, threatening its function and integrity. Moreover, seriously ill people have to cope with social isolation and loneliness (Pizer, 1998; Amir & Kalemkerian, 2003; Keary, 2009).

Sarah, Michael Eigen's (2004) patient, has cancer. She told her story:

There is a canary in my rib cage ... It has a story to tell, no one wants to know ... No wonder it's nervous, speeding up, slowing down unaccountably. Now nurses tell me, "You're not supposed to cry." They give me more Zolofit. I want to cut down on Zolofit. I'm being poisoned. "No", they say. "Everything's fine. You can talk to me. Just don't open the secret door to your mind." The canary can't breathe. It can't sing its story. (p. 85)

David breathes heavily. "It will be OK," he tells me, smiling as usual. "Just give me a moment, I'll be fine." He is a senior project manager, 55 years old, who has been coping with lung cancer for the past year. After pneumonectomy and chemotherapy, he is in remission. He knows that the statistics do not give him great prospect of survival. For over 20 years he has been defeating his own difficulties, fighting for others. Now, he is fighting for his own life and looking at the possibility of defeat.

Relations with friends are diminishing; talking sincerely with his family is far too difficult. He frequently needs tranquilizers to control his aggressive outbursts. He struggles to retain the remnants of his dignity, trying to maintain and elaborate his functionality. Pretending he is fine, David refuses to show his weakness, fear, and suffering.

Our sessions are peaceful and pleasant, maybe a bit too much. I keep trying to capture moments of vulnerability and make contact with them, but he keeps moving away. I feel helpless in my inability to reach him, unable to meet him intimately. I observe his strenuous breathing, but my body is numb and detached, refusing to feel. I recognize the familiarity of this blurring absence of feeling. My breathing becomes heavier. Suddenly, I am the one struggling to breathe. Each inhalation becomes a fight, and I do not know if another one will follow. Terror stabs me in my chest, he might die any moment; the thought bursting out is pulling me apart. Tears are on their way to my eyes. I am breathing deeply, trying to ground myself. "You're fighting for each breath," I say, "without knowing if another one will come." David gazes at me; his eyes torn with fear feel like a sword penetrating my body. Agonizing inescapable silence. The sound of our strenuous breathing is the only thing that can be heard. Then his body softens, his holding armour is waning. "I am afraid to die," he whispers.

David's presence confronts me with the fragility of life; the uncertainty and fear of death. I am more than familiar with the feeling of the rug being pulled out from under my feet when informed about a life-threatening illness. He revives in me the detached girl I once was to a seriously ill father. As I look at him, pain forces me into dissociation intermittently, but by denying his approaching death I block any opportunity for genuine interconnectedness. I recall previous moments of meeting with seriously ill patients in which I was fully present with their pain and suffering, and their significant impact on them. Committed to my presence, I endeavour to pull myself back, letting the pain touch me, staying there engaged with David and my own presence.

Then, back in my body, allowing myself to experience his struggling body, allowing uncertainty and fear of dying to invade me. Like Dan, I serve as self-object for David. Surviving his death and mine, we share those dreadful moments together silently. In those moments novelty is yielded. A pulsating, breathing, viable connection is taking place, making space for a growing process. Together we delve into ways in which we can bear the unbearable, breathe together, and for moments we find some grace and peace in the connection with this suffering body.

I see David weekly. He never misses an appointment. Increasingly, he shares his emotions with me. We speak of pains and suffering, hopes and fears, wandering in his past and present, and painfully imagining his future. When I look at him I see softness, sincerity and a growing longing for human connectedness. With what's left in him, David insists on functioning fully.

Nevertheless, from time to time he is shortly hospitalized due to lung infections. Occasionally, despair spreads in him and he doubts his life's worth. We tolerate those despondent moments, letting death enter the therapeutic space. Carrying the burden together strengthens him, encouraging him to keep going.

David enters the room, breathing heavily, looking weak. My vitality diminishes as I look at his perishable body. "Forgive me for saying this, I really don't want to hurt you," he whispers, "but I don't know if I can keep going. What for?" Silence. We are together in the abyss of despair. We have been there so many times. My breathing is blocked; my body becomes heavier and tight. I know this feeling with him. Suddenly, a feeble feeling of a butterfly fluttering in my chest. I notice it, a tip of vitality. While despair dominates, I let this reviving flutter grow in me.

"You know," I finally say, "you've been through so much last year: operation, chemotherapy, and hospitalizations. There must be something precious worth the effort." He is silent, eyes wide open, his head up, his body still bent. "Maybe you can just let yourself feel it in your body," I offer. David shuts his eyes, taking a deep breathe, after a while he strengthens his back. "You've straightened up," I say. "Yes," he replies, "I can feel it in my belly. Life." "So let's feel this aliveness together," I suggest. His face calms down; his breathing is less strenuous, a tear flows down his cheek. "I love my family so much," his voice is vibrating, "but I can't play football with my son, I can't help my wife. What do I have to give them?" he asks with sad eyes.

For a moment I ask myself: what worth is his life? Experiencing pain and suffering with him, I too lose faith. I see my father in front of my eyes, gradually losing the functionality of his body. Recalling his warmth and love and their tremendous significance, my body is warming, and I feel my desire to share with David. "You know," I begin, "in his last two years of his life, my father was in a wheelchair suffering from a serious illness. I would like to tell you that even when his body was almost defeated, the love he gave us was so significant." Silence. His head bends down. Exposed by my own biography, a little scared, I feel closer to him than ever. I remember the numbness and detachment which dominated the beginning of our shared voyage, and I am moved by the softness, humanity, and sensitivity spreading and growing in him. "I have discovered your softness and sensitivity," I tell him. "You know to award people human connection and it merits so much." His eyes soften, sadness reflected in his glance along with a breeze of aliveness.

BEARING THE PAIN TOGETHER

Working with seriously ill and disabled clients exposes me to considerable human suffering. Occasionally, I find myself trapped within the web of this pain, unable to see beyond it. Sometimes, all I can see is the cancerous lungs or the missing leg. In the countertransference, I can sense the illness and disability in my body. Overwhelmed, I am swept up in them along with my clients. Just as I find it difficult to attend the wounded body in its wholeness, so too I find addressing life force challenging, bringing about hope mixed up with fears.

When David apologizes for telling me he is afraid he is unable to keep on going, he asks me to do something his close relatives cannot. He wants me to hold with him his despair and death, without being committed to him staying alive. From my vantage point, I believe that this mutual holding can make other parts open up, revealing sparks of life force, glimmers of faith colouring what is left of his life with new meanings. In those almost unnoticed moments, I keep reminding myself of the ubiquity of the wholeness in human beings. I pursue those tiny sparkles of life, insisting on grabbing them for my clients as well as for myself. I think that expanding David's

capacity to experience meaning in his life elaborated the experience of his existence, fostering a meaningful life.

I find encountering the wounded body challenging and complicated, demanding that I undergo innumerable obstacles. From time to time I ponder the importance of a genuine meeting and its impact on both the client and me. As a young girl I tried to avoid my father's diseased body. I sorrowfully remember the way society related to him with objectification, distancing, and avoidance. I am all too familiar with my own "otherness", resulting in loneliness, shame, and isolation.

Over the years, I have discovered the mutual healing potential in genuine human encounters. I cherish and treasure those special moments when we can together carry pain and suffering, relieving and diminishing loneliness and alienation, making a few moments of peaceful rest possible, potentiating new relational experience. We are embodied beings revolving around our need for relationship. To be a body I need another body. I need to embody my feelings in order to fully experience my human existence (Totton, 2005).

I believe that it is possible to attend the diseased or disabled person in compassionate, receiving, and containing ways. I attune myself to a loving embodied presence (Lombardi, 2007). Sometimes, I have to welcome the hated and precarious body, and surrender to helplessness, dependence, and humiliation (Orbach, 2003; Keary, 2009). It is neither about David's lung cancer, nor Dan's amputated leg. It's about real life. Life that clashes us with unbearable reality, bringing moments of humiliation, dependence, and "otherness". We live in a society that tries to avoid facing the vulnerability and fragility of the human organism. By letting ourselves experience this suffering, we address our patients' unbearable pain, and that is where the healing potential may awaken for them and for us.

SUMMARY

In his clinical diary, Sándor Ferenczi wrote:

Should it even occur, as it does occasionally to me, that experiencing another's and my own suffering brings a tear to my eye (and one should not conceal this emotion from the patient), then the tears of doctor and of patient mingle in a sublimated communion, which perhaps finds its analogy only in the mother-child relationship. And this is the healing agent, which, like a kind of glue, binds together permanently the intellectually assembled fragments, surrounding the personality thus repaired with a new aura of vitality and optimism. (Dupont, 1988, p. 65)

In this paper I tried to exemplify the challenging complexity of therapeutic work with the wounded body, the obstacles and the healing potential. Rolef Ben-Shahar (2015) has described how our bodies are culturally conditioned and how consumerist politics of the body keeps us forever young. Western society in this anti-aging era encourages us to inject Botox into our wrinkles, colour our white hair, and have plastic surgery to make ourselves look and therefore feel better. I ask myself to what extent we can accept our imperfect bodies and be present with the body's fragility and imperfection, especially when we are facing aging, illness, and disability.

Reviewing the literature while writing this paper, I was surprised to discover how little was written about these issues. Disabled people constitute 15% of society, and seriously ill patients comprise a larger portion. The lack of writing on this subject may stem from society's anxiety and denial (Chalfin, 2014). People coping with serious illness and injury remind us of the fragility and uncertainty in life. From childhood, we become used to averting our gaze from the different person, to avoid meeting him, and by doing so we perpetuate their alienation and social isolation.

While my clients cope with diminishing human relations, I find time and again the unique healing qualities of human, compassionate contact. Encountering the wounded body confronts me with the wounded society I live in. Our society objectifies the body not only by advertising and politics, but also by medicine and psychotherapy, leading to a sense of discontentedness (Rolef Ben-Shahar, 2015). I am committed to self-introspection to my own perspectives regarding these issues. Sometimes I am a protestor against cultural codes, and at other times I find myself objectifying my clients' bodies and my own. Time and again I acknowledge the importance of the body's presence in the therapeutic encounter, and the painful necessary choice to be in contact with the wounded healer in me. I repeatedly insist, in spite of the urge to abandon and split, to let the pain spread through me, leading me to a more embodied, authentic position. Relentlessly, I try to be fully present for my clients and myself, in the place where I failed to attend my father. I hopefully believe that in those precious moments, which I adore and embrace, when a body meets another body, so that we may together endure the pain, we give birth to a novel pulsating, reviving relational experience.

ACKNOWLEDGEMENT

I would like to thank Dr Asaf Rolef Ben-Shahar for his help in the process of writing this paper.

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