

## Meeting in the Ring Strength versus Weakness, Balance of Power and Control: Supervision in Body Psychotherapy

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### Abstract

The body acts as a source of and resource for clues about the emotional state of the patient, as well as the supervisor, as a seismograph for the mind. The developmental stage characterizing the patient, as expressed by their bodies, shapes the therapeutic relationship and affects it through the changes that the figures in the therapeutic field undergo. This article describes body psychotherapy supervision which deals with corresponding relationships between therapy and supervision and their resonance through the body. The article addresses the changing power balance in therapy and supervision while using projective tools such as psychodrama, work with metaphors and movement elements, in order to raise awareness and deal with intra and inter-personal processes. The supervision discourse refers to the transference relationships in supervision and therapy, including erotic transference, parallel relationships and body resonance, all shaping the relationships between the three participants. Conceptualization is given through the Psycho-Sexual theory and passage of the pre-Oedipal stage. Demo videos are added to the text for demonstration.

**Keywords:** Body psychotherapy; Supervision; Relational therapy; Psycho-Sexual development; Psychodrama; Movement therapy; Parallel relationships

### Supervision: Essence and Goals

Supervision is a trio dialogue which connects the three dimensions, patient, therapist and supervisor, and consists of layers of the past bringing the three sides together and into present communication. As such, supervision sometimes embodies transference and countertransference relationships and even expresses concrete personal relationships during therapy and supervision. In order to reveal and process issues which arise during therapy and allow the embodied relationship to become a platform for development, it is important to allow these contents to be manifest in supervision [1]. Like therapy, supervision can take place individually or in groups and at varying frequency, as required depending on the contents and dynamics which arise between the three supervision vectors.

### Supervision themes

Supervision topics vary according to the type of therapy and the developmental stage of the patient/supervisee. During supervision issues arise such as: therapist-patient parallel relationships, use of defense mechanisms, aggression and power relationships within the therapy session, therapist's coping strategies during crisis, sexuality, therapist's emotional and physical boundaries in the therapy, and professional ethics. The initiative to raise these issues can be either from the supervisor or the supervisee.

### Supervision goals

In general, the purpose of the supervision is to see the therapy process through and to advance its goals. To this end, there are several sub-goals: guiding the supervisee in dealing with internal conflicts;

deepening their ability for introspection; improving the internal dialogue between the roles of participant, observer and therapist of the supervisee; understanding the explicit and implicit therapy dialogues, both verbal and non-verbal; expanding the supervisee's holding ability of the patient, the contents and dynamics which arise between the two; establishing a dialogue between body and mind and integration between the two.

### Accepted supervision techniques

Govrin [2] in "The Interpersonal Contact of Psychodrama" describes the complex and delicate work of psychodrama. The purpose of psychodrama is striving towards the intra-psychic space within the patient (supervisee in this case), where the inquiry into internal representations takes place through role-playing, in order to recognize, understand and generate change in their inner world.

The interventions in supervision through movement tools allow subconscious contents to be expressed through body movement and physical expression of the participants, as well as allow for feelings, memories and stored energy to be revealed. Movement allows direct access to the unconscious, kinesthetic memories stored in the body [3]. Davies [4] also focused her work on the physical channel which claimed to encode experiences simultaneous to the cognitive channel. It would seem that motion interventions both in supervision and therapy enable a transition from ones' habitual state to that of expression of blocked desires, while recognizing primary patterns, thereby enabling growth and development.

Working with images within the therapeutic realm is also a powerful projective tool. Tsur [5] uses this tool during supervision to uncover subconscious positions held by the supervisee towards the patient and later on towards the supervisor. This allows the identification of the quality and source of therapy struggles, clarification of the nature of the characters which take form in the therapeutic room and during supervision, as well as meeting emotions and contents the therapist is

afraid to face. The dynamics of the present relationship and transference relationships wear living representation which in turn can be more easily processed.

### **Relational approach in supervision and therapy relations as a mirror of internalized relationships**

Using psychodrama based on the principles of the relational approach, namely the use of role-playing and body resonance, allows for an enquiry of the intra and inter-personal relationships between each of the three parties involved in supervision: patient, supervisee and supervisor. Body resonance via internalized characters and images which rise during supervision allows for reenactment and embodiment [2]. These creative means in supervision in turn can lead to growth of each of the three sides of the supervision vector [6].

#### **Tools in relational body psychotherapy**

<https://www.youtube.com/watch?v=eJpiUjLUo3s>

## **Case Study**

### **The patient**

Tami, in her forties, a widow and mother of three boys, and a trained reflexologist. She described her mother as a pragmatic, who was criticizing and cold, and her father as warm but lacking in the ability to maintain a sense of steadiness and continuity. Her parents divorced in her childhood. Tami lived with her mother and sometimes visited her father whom she often lost contact with for long periods of time. Tami sought therapy due to difficulty in decisions making and dealing with the life-threatening mental state of her adolescent son. She reported experiencing guilt and helplessness.

### **The supervisee**

Yinon is a body psychotherapist in his early thirties, youngest of four brothers and a sister, who is currently in a relationship. He was raised by supportive and liberal parents. His father was a present-absent businessman, and his protective mother was an educator who exercised her educational viewpoint at home. He was an overweight child who was bullied and socially rejected throughout his teenager years, at home by his siblings and in school. In preparation for military service he shed about half of his body weight, where today there is no external remnant of that overweight child.

### **The supervisor**

A woman in her forties, characterized by a family background which can be described as a mirror of both the supervisee's and patient's life history.

### **Supervisee-patient relationship**

Yinon sought supervision after one year of treating Tami, during which they met once a week, due to stagnation in the therapy. During our first session Yinon seemed to be a holding, supportive and empathetic therapist, who sat comfortably in the therapists' chair. In the third session Yinon raised his unwillingness to meet with Tami, to the point that he canceled a session with her. According to him, until then the therapy had been running smoothly. In response to the cancellation Tami expressed resentment and explicit disappointment and snapped at Yinon: "You don't care about me", "You don't bring

yourself". In these words she tried repeatedly to find out how much she meant to him. Yinon felt attacked and felt that Tami had invaded his personal space. From the sense of comfort and confidence in his role as a therapist, as reported in the first sessions, Yinon found himself troubled and crouched both physically and mentally. His ambivalence towards Tami was reinforced by this sense of victimization.

#### **The background for seeking supervision**

<https://www.youtube.com/watch?v=OuuKiF-eFDs>

### **The supervision process**

The present case study describes a therapist who is dedicated, present and accessible. However, sometimes he was ruled by hurtful voices from his past and internalized aggression, and these forces manifested in the developing relationship between him and Tami. During the supervision sessions we talked about Yinon's history, as well as that of the patient. I often asked about the patient's father who she idealized. However, "The mother was considered to be problematic and invasive", Yinon kept stating. In cases such as this, when my inner voice keeps bothering me, I address subconscious layers using projective tools. In this case I did so using the body focused internal dialogue method [7]. During this intervention we recognized two voices in the room: Yinon the rejected overweight boy who was bullied by his siblings, and Yinon the balanced adult. Still, I felt that something was missing. The balanced Yinon seemed to be too "Hollywood" like, handsome and smiley, almost unreal. I presented Yinon with two different chairs for him to work with: on one chair was the boy and in the other the adult. I allowed him to choose their location and the distance between them. To my surprise, Yinon did not put the two characters facing each other, as was the usual case, but rather one behind the other, the boy behind the man. Suddenly the man wanted to lead the engine with power and speed ahead, to accelerate! Yinon swung his hands hard and sharp, while his movement came from the pelvis. Sexual energy entered the room, Yinon became a powerful man and as a woman I acknowledged that. Yinon's defenses began to peel away. I too felt the powerful effect of meeting that man. I shared my thoughts with Yinon. We ended the session feeling capable and powerful. In this instance, Yinon managed to embody his inner child, as well as the same man who was able to tell the patient "enough". The exaggerated movements which emerged from Yinon's pelvis allowed for male, assertive and sometimes intrusiveness sexuality to find their place in therapy.

**Following the third session Yinon wrote in his personal notes:** "Orit invites me to hold an internal dialogue between the characters which are revealed in supervision sessions, she proposed to use two chairs in order to have the characters face one another and allow a dialogue between them. I'm leaving Orit with insight and recognition about numerous parts within me- characters who play different roles within me. We focused on two who were placed in the chairs. One is embodied as the mature character (the therapist), who stands upon a ring-shaped cloud and stares into the hole- he is the one that is in BEING- he is the one that sees and knows what he's doing during therapy and where he leads it. The second is embodied as a child who is afraid and reacts all the time. I choose to place the chairs one behind the other so that the child is located behind the adult. The adult is leading in front, his back to the boy. It feels complicated".

#### **The internal dialogue in supervision**

<https://www.youtube.com/watch?v=xYSvgdfclue>

### Video demo- the engine

<https://www.youtube.com/watch?v=MVGEy3pYJXw&feature=youtu.be>

Yinon went on to write about this session: "We touch issues which rose following my sessions with Tami, there is a constant struggle, she wants to receive my touch, wants to hang on, to suck the milk which has already run dry, so needy, demanding and complaining. I place boundaries, touch within the borders that are suitable for me, allow for as much as I can. I experienced myself as an aggressor, not able to give her what she wants and she continues to complain. A struggle, I find myself in front of her in the clinic and aggressive impulses arise in me, to hit her hard. Closing my eyes".

Yinon opened the fourth supervision session with the statement that now he sits across the patient upright and powerful. Still, something was bothering him, an unexplainable feeling that he wants to hit the patient when she expresses being in need, complaints or claims towards him. I felt it was the right time to introduce the characters to one another. I suggested Yinon the image that came to my mind: "a ring". It is confined and has rules, but there is still freedom for regulated expressions of violence and aggression. Yinon initially faced the forty year-old adult patient, he hit her, without mercy, and felt satisfied and empowered. Suddenly he noticed that another figure was standing there, a young girl who took the place of the woman Yinon hit. Yinon paused. When I asked who was behind the character he had hit, it was him, the boy, who was facing the adult in a vicious altercation. During our dialogue characters came and went: his hurtful sister and his father during a fit of rage. This scenario continued in his inner world until the battle ended in a decisive victory and him feeling relieved. When discussed later it turned out that Yinon the boy also attacked the mature Yinon, the self-righteous, the part of him that represents his superego. In the metaphorical scenario Tami lied motionless and Yinon remained full of adrenaline and an intoxicating sense of triumph.

### Demo video- the ring

<https://www.youtube.com/watch?v=oeQ8TyysbMU&feature=youtu.be>

Following this session Yinon wrote: "An image of a ring- an actual boxing ring, Tami and myself are there, each one on his own, I am a large bully in an oversized triangle shape, I am malicious and happy, full of myself, full of confidence. Opposite is Tami, helpless, insecure, vulnerable, weak and frightened. I want to teach her to defend herself, to strike back. I don't take her state into account, I approach to strike her- a hit to the shoulders, chest- I want you to get upset, get angry so you can hit me back, I feel as though only through anger can you hit me back. I don't feel her pain from my strikes- I'm happy! Who am I? Who is Tami? Maybe Tami is who I once was- insecure, the weak one who cannot defend himself or attack? What was so malicious that way? My father who took it too far in some cases perhaps? How did I feel? Resistance- I always won, it wasn't getting the best of me. A lot of feelings in my body, a lot of energy, as if the bones are a magnet that draws everything in, like a black hole in the diaphragm, electricity throughout the body. I find a safe place in the pelvic floor, where it is quiet and calm as if it is a boat containing all the weight. Then, opposite to the bully that I imagine I feel myself freeze, shoulders shrinking, breathing shuts down and it's hard to breath- I am cold and covered in cold sweat. Finally, the image explodes- Tami is totally out of the ring, now it's just me versus my vulnerable self. Suddenly the pain rises up, the helplessness, and the softness enters the room and

can be felt, the intense pain rises and then also a tear flow, there is a slow discharge of energy from the abdomen and diaphragm to the hands and feet. I'm thankful for the option of non-judgment which Orit provides and for the vast space in our sessions which enables me".

In the eighth supervision session an even more aggressive image of Yinon was raised which expressed the power dynamics between him and Tami. Yinon reported his hardship and anger regarding her demands and claims for touch. I invited Yinon to go back into his emotional world through the gate of images in order to allow for another and less intimidating entrance inside. Through a process of guided imagery Yinon saw a tall rock on which he sat like a master, with the patient seated beneath him and he's degrading and humiliating her. The experience of humiliation and degradation was familiar to him from his own life. The sense of helplessness, which is reflected in the desire to dominate and humiliate in return, is being investigated in the session. Slowly we realize more about this place and that the return to this familiar place is unbearable to him and produces control relations which are expressed through touch: "I will decide when to touch, in which manner, what parts of the body and when to stop".

**Followed to this session Yinon wrote:** "I am sitting on a huge rock, sitting upright, merciless and cruel nobility, sublime but evilness in my eyes, body barely moving, sitting with arms folded, facing forward but my eyes are directed downward, towards Tami, she's running around down there, unable to reach me, doing everything to please me, to win my attention, my glance. I experience myself as evil, arrogant and strong like the boulder, humiliating and degrading her with my eyes".

### Demo video- the boulder

<https://www.youtube.com/watch?v=T5tVJs26Tuw&feature=youtu.be>

This session resulted in a change in the relationship between Yinon and myself. There was a change in his appearance as a therapist and as a man: the rejected child disappeared, the hunch in which he sat disappeared, a sense of security and "know-it-all" came up, and he treated me like I knew less, that I was less clear. These feelings were raised for discussion between Yinon and I.

"Even when you mentioned quite a few times in our last few sessions that you felt the man and his influence over you in our sessions when complex issues with Tami were raised, I less preferred to hear these words and not to react or try to explore the significance of these statements. Today, rationally, I can see the connection between sexuality and between the aggressive images and experiences that were between myself and Tami, the ring is indeed colored in my mind in various hues of aggressive sexual energy.

During the ninth session there was a turning point in the therapeutic relationship between Yinon and Tami. Afterwards, Yinon came with tears in his eyes. He said that Tami tried to attack him when he tried to interpret her behavior, she went on to claim: "I felt that you weren't really with me in our last session...".

## Discussion

The issue of touch in body psychotherapy is complex and raises many and varied contents, as it can actualize at times primary relations, therefore enhancing fantasies and primer needs. Space for transference and countertransference increases and the boundaries between symbolic and concrete are oftentimes blurred, thereby

exaggerating power and control relations in therapy [8]. In the current body psychotherapy physical contact was a routine in sessions, as an integral part of the therapy method. Of course, this work method also affects supervision contents and the patient-supervisee-supervisor dynamics. For example, if the patient is, in terms of their needs, in their first year of life and the therapist holds and pauses with these needs, contents from the therapist's past which are related to that period dynamics can arise within him. In turn, these contents can be projected onto the supervisor, so that parallel relations as in therapy can be actualized in supervision.

It seems that the patient defines an expression of warmth from the therapist towards her through touch, including erotic touch. Confusion exists between the need for warmth and nourishment and between intimacy and sex. For example, the patient used to massage herself in the lower abdomen while Yinon put his hand on her shoulder, and Yinon felt that this touch was sexually arousing for her. The mere awareness of the therapist's countertransference, as expressed in patient rejection and avoiding contact with her in this case, allows him an understanding of the relationship between them. Freud [9] saw erotic transference, "love transference", as a disturbance to therapy, as "fire alarm in the middle of a play", which distracts the practitioner and the patient from the main issue (the symptoms), and he harshly forbids any erotic feelings from both the practitioner and patient. On the other hand, others suggest that erotic transference is necessary for reenactment of early relations, which is important in understanding the dynamics and therapeutic needs [10].

Asheri [11] argues that erotic transference should be viewed in light of different developmental stages through which the patient expresses their various needs. For example, the pre-Oedipal stage relates to early unfulfilled needs of the patient. Similar to the relationship between the patient and supervisee at the beginning of the current case study, in this stage the therapist might experience the patient as seeking physical closeness which constitutes the endless nursing experience of warmth, intimacy and energy. Also, he might experience a holding and omnipotent parental transference towards him. In the second phase, the Oedipal phase, the patient might experience a desire to unite with the therapist. But since this phase is characterized in pre-maturity, authority and control relations will still exist as expressed in the later stages of Tami's therapy. Eventually, in the post-Oedipal phase the therapist will experience the presence of a mature figure in the room which may act in a seductive manner. Now the relationship is eye-to-eye, which makes it harder to resist, and on the symbolic level she is inviting to an "adult sexual union".

Davis [4] distinguishes between the Oedipal child and the post-Oedipal child, when the latter struggles to experience the self as an object of other's sexual desire. In the therapeutic relations, the therapist as another is no longer the ideal Oedipal parent. She suggests that post-Oedipal parent is in constant state of experiencing, processing and recognition of their child's developing sexuality and the child is aware and tuned to absorb their parent's feelings on this matter. This situation can have great impact on the supervision triangle in which each edge can "take" a psycho-sexual charge from the edge underneath and above them. It might be said that Yinon used his resistance as an act of expressing his own needs. Gabbard [12] refers to the needs that the therapist brings into the therapy room and explains that the therapist also expresses his neediness in therapy. The way in which these needs come into the therapeutic situation can be detected in some cases when the therapist feels that the transference relationships

are fading and unconsciously he attempt to revive them through the interpretation of resistance as denial of erotic transference.

Mann [13], however, would argue that even the desire for an adult sexual union (either on the part of the patient or therapist) can embody previous developmental stages as part of the desire for said unity. According to him, this wish expresses the fight of expulsion from the Garden of Eden, i.e., the human difficulty expressed in separating from one's parents. Lupinacci [14] also regards the therapeutic relationship as a mirror of the Oedipal conflict. She points to two parental types characterizing the myth of this stage: The first, the narcissistic auto-erotic biological parent, who tries to eliminate the child out of fear of his hostility. The second, the adoptive parent, loving and generous, characterized by their ideal nature and lack of sexuality. She suggests that the two "parents" have to undergo integration within the patient in the analytic encounter. In order to allow the patient to go through this integration she says, the therapist also has to experience it, the soft and loving Oedipal aspects and the "hardcore" aspects. In addition, the therapist should be able to address and deal with concerns he might have regarding the patient's growing sexuality.

It seems that the soft manner in which the supervision process was conducted, alongside the use of projective tools which lessen the intimidating contents, allowed a safe space where the supervisee could meet himself in places that had not been previously processed. In this way the supervisor asked to approach personal and the deep levels in the supervisee's story in a non-threatening manner. This began the process of integration through experience, a process which began in the supervision session and continued outside the supervision room-in the supervisee's life and sessions with Tami. Yinon's personal integrative experience directly affected the therapy and invited Tami to meet further parts within her and integrate them.

As mentioned, in the second stage of the therapy, the Oedipal stage, the supervisee began to experience an ambivalent approach to the patient and the sexuality she expressed towards him. Due to his attempts to control the aggression that arose in him, towards the patients and towards himself, he experienced great frustration. The psychotherapist Roni Amiel [15] argues that in some cases sado-masochistic relations serve the therapeutic relationship: "It is worthy that the therapeutic relationship will have a scent of sado-masochistic relations. The patient comes to therapy due to their sadistic parts, in order to learn to set boundaries to their internalized sadism through reenactment of these relations in therapy. A therapist who prevents sadism in the clinic at all cost does not allow the treatment of the sadistic parts within the patient. In this case the therapist will bring their invasive subconscious place, and that in fact will be no treatment at all. We wish to create a therapeutic dyad which will bring the sadistic spirit to therapy".

Kumin [16] argues that erotic transference can be called "erotic horror", as the growing awareness towards it raises such powerful feelings of discomfort, frustration, disgust and humiliation. According to him, it is not the desire of the patient that is delaying the development of erotic transference, but that of the therapist.

Hanoch Yerushalmi [6] describes the mutual enactments which drive individuals in the therapeutic dyad to a space of movements and behaviors. He claims that mutual creation, in intra and interpersonal aspects, is possible within the supervision dialogue, and that might serves for further communication between different parts within the self, "disconnected self-states". However, conducting an open dialogue regarding what might be embarrassing contents, such as love and

desire, may cause concerns within the supervisee as well as the supervisor. In Davies [4] opinion, these concerns are driven by loss of differentiation between thoughts and actions among therapists and patients alike, resulting in the reduction of the symbolic space. This reduction expresses the universality of the Oedipal fantasy and boundless pre-Oedipal erotic horror, caused by the subsequent horror of incest consummation.

Yinon's readiness to meet aggressive and anxious facets within himself allowed the patient in turn to expand her emotional repertoire and give expression to neediness and more softer and vulnerable sides within her. Theoretically, transition from pre-Oedipal stages into further stages can be assumed in this case, when unconscious aggression turned into explicit aggression and into guilt, manifested in the power relations in the room [17]. In other words, Yinon's and Tami's unconscious aggression evolves into explicit aggression and then to guilt that Yinon and the supervisor took upon themselves. Later, while Yinon began to ask himself questions regarding his own sexuality in Tami's presence and regarding his abilities in the presence of the supervisor, Tami could grow into later Oedipal stages where she allowed herself to "overstep her boundaries". On to the next stage of therapy when she is still waiting for the moment when they might be able to sit down together, man and woman, in a dynamic which contained an option for flirting which is better contained and less threatening for both parties, "flirting with life."

## Summary

"When Adam and Eve ate the apple from the tree of knowledge they became aware of own and each other's sexuality. The acquisition of knowledge and awareness of sexuality are thus pivotal to consciousness...a price to pay for consciousness; losing peace of mind" [13].

In this case study we witness two developmental levels of dialogue surrounding relations, that of the patient and her therapist-supervisee and that of the supervisee and the supervisor. In the first phase of therapy the therapist meets the patient at the same childish developmental stage she is in. His and hers aggressive and less regulated facets meet and the therapist feels overwhelmed by the patients' needs. Facing and coping with these facets, within the patient and therapist, allow growth into a more mature developmental stage for both of them. Than the therapist's approach becomes more authoritative and reflects a parenthood stand that characterizes the second year of childhood. The emotional flood that characterized the first phase arise the therapist's aggression, while he embodied the patient's aggression on one hand and his own internal aggression as a child on the other. The supervisor also underwent a change regarding her parental role towards the supervisee. In the first phase she took a holding and supporting stand which is suitable for replying needs in the oral developmental stage. However, later on she found herself in a short phase of aggression towards the supervisee when she felt that he was growing to omnipotent magnitudes. It is possible that it was the reflection of a parenthood stand for a child in the anal stage. Following these aggressive impulses, guilt arose within the supervisor while she was concerned about sharing her feelings and interpretations regarding the dynamics between the therapist and patient, in fear that it will not be eloquent enough.

When deepening into the psycho-sexual view of these relations, it can be assumed that the patient brought oral needs in an erotic disguise: she was eroticizing dependence needs. However, when the

therapist exhausted the nourishing and supportive position he moved on to a sadistic position, drawing pleasure from limiting the needs for the patient. In other words, he moved from an enjoyable oral position of a nourishing parent to an anal position of a parent who takes pleasure from sadistic parts. Simultaneously, the supervisor underwent a similar change and moved from a holding position to a criticizing one. During the transition between positions the therapist exhibited a male aggressive show, verbally a non-verbally, both towards the intrapersonal relationship with himself, child versus man, and towards the interpersonal relations with the supervisor. The transition through this aggressive phase allows for a rich masculine development which contains all phases together, a combination between soft and aggressive sides to a cohesive masculine unit.

This case study demonstrates the gallery of characters within the supervision triangle and the dance between them. The transformations and changes that were described show the growth of all three supervision vectors. Also, this article stresses the great importance of the capacity readiness of the supervisor to work with aspects that are, supposedly, immoral or perceived as such by therapists or society. It is within the power of working with these aspects to serve as a model for good parenthood, both to the patient and supervisee.

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