

תקציר ההרצאה מהכנס האחרון של IARPP

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מטפלים ופסיכואנליטיקאים רבים מתמודדים עם שאלת הרלבנטיות של עמדותיהם הרוחניות למעשה הטיפול. שאלה זאת מתחדדת במיוחד בגישות טיפוליות בהן יש הכרה ביסודות אינטר-סובייקטיביים והתיחסותיים, ולובשת נופך מיוחד סביב תכנים קיומיים בהם השדה הרוחני-פילוסופי הוא מהותי. ההרצאה הנוכחית עוסקת בצורה בה נעשה שימוש בתמות מתוך הבודהיזם והזן בודהיזם במספר טיפולים עם מרכיבים התיחסותיים סביב נושאי טראומה ומוות במציאות הישראלית. בגרסתה העברית היא נקראת "טראומה ומוות – היבטים התיחסותיים של ישראלי ההולך בדרך".

Forgetting the self, remembering our selves: A Buddhist-informed perspective of relational psychotherapy, in areas of trauma and death.

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Traditional psychoanalytic therapy emphasized correct technique, as the key to objective reconstruction and effective results. However, within relational and inter-subjective schools, growing emphasis is given to the therapist's ability to be personally present and relationally engaged. The

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פסיכולוג קליני המשלב גישות וטכניקות מרפואת המזרח בעבודתו כפסיכותרפיסט. עוסק מאז 1985 באומנויות ריפוי ואומנויות לחימה מזרחיות. מלמד במכון דמו"ת ובתוכנית "פסיכותרפיה מזרח-מערב" המשותפת למכון דמו"ת ולאוניברסיטת תל-אביב.



איגוד ישראלי לפסיכותרפיה

therapist's expertise lies more and more in relating and responding creatively and at times spontaneously, to the patient's subjective state (Mitchell, 1993). Accordingly - what is required of the therapist is the ability to withhold objectifying theories and forego, or transcend, his own prior conditioning. To this end the therapist may suspend his objective body of theoretical know-how and make implicit or explicit use of elements of his personal, conditioned subjective self-states, so that his patient may re-member (hyphen intended) diverse aspects of his own self.

Over twenty years ago, during my apprenticeship as a student of traditional Chinese medicine my teacher came to the clinic aghast. "I am attending a course with the Dalai Lama's physician" he told me "and today we were taught to meditate breathing in death and breathing out life". Having trained in a discipline upholding the cultivation of longevity and life he was appalled at the idea of a practice embracing death. A few years later I was introduced to this very practice by a Tibetan nun I invited to lecture at my centre. She taught us the three pillars of the Tibetan death-meditation: That we shall all die – death is inevitable, that we are all ignorant of the moment of our prospective death and that, at the moment of our death, we carry nothing forth with us – but the fruits of our psycho-spiritual development.

How does this proposition influence therapeutic work? With death as a given, as a constant, how do we embrace that which we confront? How can we enhance our efforts at being fully present in the field in which trauma, loss and death prevail, inevitably carrying in their wake alienation, splitting and a conflicted-confrontational internal state?



Much has been written on the potential theoretical contributions of Buddhist philosophy to psychoanalysis and psychotherapy (See Fromm and Suzuki, Coltart, Epstein and Suler for some examples, or Kulka and Peled in this country). Little has been written on its contribution to the therapist's ontology, his being and state of mind, as it presents itself in the present moment, in the therapy room, within the relational matrix. In the following presentation I would like to expand on the theme of death and trauma within a Buddhist-informed psychotherapeutic practice. I shall use vignettes from my own history and practice as a background for exploring the relevance and contribution of Buddhist-informed psychotherapy, to the challenges undertaken in relational psychotherapeutic practice. I shall look at what the therapist must endeavour to forego – to an extent almost forget - in order to engender a healing process. More particularly - I shall look closely at the interplay, within Israeli reality, between memory and forgetting in the context of combat related trauma, of loss and of death. I shall then look at how these concepts are played out, using the Buddhist paradoxical view, in which 'the transcendent' and the moment- to-moment-breakdown of 'personal-immanent', are potentially complementary. Finally – I shall demonstrate how Buddhist-informed practice might induce states in which therapist and patient may share a degree of freedom from conditioned self-states and arrive at an experience of potential re-membering and healing in the face of trauma, rage, agony and death.

It's 1982. On the first day of the Lebanon war a dear school friend is the war's first Israeli victim. I am eager to join in the fighting for which I have trained for years. A few weeks later, war-scarred, I am on leave from combat. Over the past few days the Christian phalanx have



murdered helpless Palestinian civilians, in an action apparently sanctioned by the Israeli army – our army. I join in the massive demonstrations against Israeli involvement in Lebanon.

The following day I rejoin my friends in combat, in Lebanon.

In 1982 I leave Israel to find relief and healing in the study of Tai-chi, zen meditation and Oriental Medicine. I wish to transcend the polarized, conflicted and confrontationally steeped reality I have described, perhaps leave it behind me forever. When I do return to Israel I am conscripted into reserve duty and find myself in combat situations again. This time I refuse to join in action in the occupied territories. I am brought before my battalion commander. He is empathic: "Is it a political problem you have? Are you afraid – is it some sort of psychological problem?"

As I struggle to clarify my own feelings and thoughts, I hold within me the nightmare I had the previous night: Surrounded by eager youth I inadvertently shoot and kill one of them. I am extremely attached to my friends about to engage in combat duty, but at the same time I am completely aware now of the possible innocence of the would-be-adolescent-perpetrators-of-violence we would be facing. As I knew - and as Winnicott (1961) succinctly pointed out - they would be as eager as I was for combat, at their age.

The reality however is more complex. My problem is not the one my commander perceives. Rather - it is the magnitude of the effort I begin to perceive in trying to consolidate the multiplicity of conditioned self-states which our interaction uncovers, states inevitably replicated in conditions of stress, trauma - and their relational vicissitudes. Self-states comprising conglomerates of thoughts, feelings, emotions and physiological patterns – (known as the 'skandhas' in Buddhist



terminology) – intertwined in ways that are extremely resistant to change. As I face my battalion commander, struggling to consolidate the disparate feelings within me, I sadly realize my dilemma lies in the potential futility of the struggle to integrate within me all the emotions that our encounter evokes: The shame and guilt that I experience, the feeling of betrayal of my peers and my awareness that I can no longer stand confronting the enemy in the same way that I eagerly did but a few years earlier.

"I honestly don't feel I have a problem" - I find myself telling my battalion commander, hesitantly.

Compassion is one of the brahma vihahras – internal mental states to be cultivated within the Buddhist tradition. Equanimity is another. Some years later I find myself on the threshold of a challenging endeavour to integrate these into my practice when similar polarizations present in numerous therapeutic relationships: When Avner, the son of a fellow soldier seeks help in confronting his forthcoming conscription to combat duty – duplicating my own dilemmas: Will I, (I find myself wondering and wondering whether he is wondering) - like my commander, think that he has a problem when he struggles to avoid the inevitable/ carve out his own identity? (His father, he tells me, is in favour and his mother objects). Should I give precedence to a young man's normative aggressive drives, or to the inevitability of peer pressure in the context of peer companionship? Is there any particular instance in my own military experience that has a total "fit" with his particular dilemma? Can I ignore the fact that my personal and professional attitudes may determine his fate – to life or to death? Will I be able to compassionately carry within me the complexity of his being, of the way he is, of who he may prove to



be when faced with situational dilemmas which, with his sensitivity and sense of duty, he may find hard to endure.

Again - it is this multifaceted self-state that, in my practice, I confront, when I meet ziva. She is a religious settler living in the occupied territories, whose son was murdered by Palestinian terrorists. As we commence our sessions, across the corridor in the opposite room sits a colleague who has lost her son in a terror attack. The one comes, the other goes: They intersect for a moment - the one unaware of the other's plight. I listen to Ziva recounting her story, smiling. "Where is he now?"

Instantaneously tears come to my eyes as I vividly see, in my mind's eye, my mother in-law, who lost two of her children

This vision I hold within me as I contend with numerous dilemmas: How do I uphold the spiritual-transcendent – which, I assume, may potentially support Ziva in embracing the existential complementarity of life and death - without becoming distant and impersonal? How can I offer a sincere, personal therapeutic engagement with this religious settler whilst potentially experiencing a multitude of conflicts regarding her – political, national and ideological - and their attendant self-states?

Throughout our meetings Ziva experiences her religious upbringing, that encourages an attitude of "it is all for the better", as offering her some condolence. On the other hand she comes to realize that it encourages her to deny and disguise her bitterness and rage. It perpetuates the frozen aspects of the self. "I want it to be together", she insists. "I want to be here, alive, and take in his death."

Paradoxically I, her secular therapist, offer her what she perceives as transcendence through joint moments of silence with a meditative quality, through contextualizing her grief within natural-seasonal cycles as they



present in the therapy room through the Jewish Holiday cycle, and through internal, silent prayer. I make use of my meditative training to focus on the sphere of sensation and a felt sense of emotional selfhood. Unexpectedly for both of us, very slowly and gradually, moments of unbearable pain and panic fall into patterns, the rhythms of laughter and weeping reframe as cycles, that which we share comes to the foreground and divisions subside.

"Where is he now?" She wonders and immediately replies: "I think he has gone on a trip – a long trip, to Thailand. He'll be back", she smiles; "I know he'll be back" - she says, laughing.

I become aware of the fact that I am holding my own breath as she speaks and I experience a strange split within me. As I struggle to keep in touch with the awareness of death, the attendant emotion of sorrow becomes unavailable to me. Almost concurrently I become aware of the fact that I, too, am, inadvertently, smiling, almost light-heartedly.

I glimpse at her chest which is, almost immobile. I can imagine her heart, within, solid, unmoving, tremourless.

"What is happening here?" I ask, pointing at my heart.

"Here?" She returns my question, smiling. "Nothing" – she responds, almost in reprimand.

I wait, still for a moment, searching within me for that which I cannot find; that which may and may not come forth.

As I breathe I am aware of a release of control and the words trickle forth: "How does it feel – this nothing – for you?"

Gravity is now written on her face. "Nothing" – she repeats – "nothing – it is like an iceberg that I feel nothing."

"An iceberg?" I enquire.



"An iceberg" – she smiles again. "It is frozen."

"What if there were to be some warmth?" I ask.

She shudders. "Mummy" – she says, like a little girl, frightened when hearing a scary tale.

We work with the narrative. We discover why she was smiling. We make up a new story that includes warmth and fire in the hearth – a warmth that was lacking from her family home where she learnt to use her smiles to disguise her suffering.

As we both struggle to accommodate and integrate, Ziva's struggle is to be emotionally present and fully experience the "here and now".

When her family car is attacked by Palestinians in another attempted assault Ziva does something which later she feels unable to comprehend or explain: she looks the snipe-shooter in the eyes. She holds his gaze steadily and cries out "why?" Why?

The snow melts

The village is flooded

With children.

Haiku is a form of highly structured Zen poetry. The naïve three line poems create highly evocative, emotionally charged paradoxes. I have intertwined Haiku into this paper in places in which I felt the paradoxical nature of what I intend to say evades the use of rational-linear writing.

Piled for burning

firewood



starts to bud.

Noam came seeking help after having survived jumping from a high-rise building in an attempted suicide during his paratrooper training, He is reluctant to recount his history, and never tells it outside his close family circle. Thus he shies away from company, and becomes gradually more withdrawn and depressed. When I question his resolution to withhold the truth, his shoulders tighten and visibly rise, momentarily evoking an image of a trapped animal.

"It will only make me cry" he mutters. "It will do no good."

I am suddenly reminded of an interaction with my own therapist on the previous day. On a visit to the bank I am kept on hold for such a long time that I finally walk off.

"It is that feeling" – I tell him – "that repeats itself – as if again and again I come, so that I may be disappointed."

"No" – he replies. "You did not come to repeat the disappointment. You came to receive what was justly yours."

I am aware of both relaxation and excitement.

".....and then I jumped..." I hear Noam tell me after months of therapy that mostly amounted to friendly small-talk.

Suddenly I find myself experiencing an unsolicited feeling of freshness, alertness and excitement. There is a new sensational-tone to the interaction that, at that moment, lacks an emotional corollary.

But it feels familiar.

"What did you feel when you jumped, in the air?" I ask him.



Judging by the look he gives me it is obvious this is a question he had never been asked in the numerous therapy sessions he has had since the attempted suicide.

All at once he smiles and relaxes.

"I felt that I was going to live."

The question that starts to form within me feels to be too sophisticated, removed, almost impertinent. It is only when my own therapy session comes to mind and finds its match in my internal state that I manage to formulate and utter it with a certain degree of confidence:

"In which case – you jumped in order to live, not in order to die?"

Avram is a man suffering from numerous long-standing debilitating diseases. I have been seeing him for a number of years, throughout which his medical condition has gradually declined. Our interaction is open and warm, supported by Avram's cryptic sense of humour and his previous Buddhist training. But this time is different – Avram comes into the room obviously shaken and deeply perturbed. He has just received the results of a number of tests and it seems they might not bode well. Only half jokingly he looks up and says: "Please assure me that I will not die..." I find myself letting his words sink with the in-breath and resonate within me as I breathe out. Without any conscious thought I respond – "I can assure you that you will die..." I halt for a moment, holding my breath, to take in the shock – my own and his - then continue, almost listening to my own voice as I find myself following, rather than initiating, an incantation: "and I will die... and the doctor who gave you the tests will die...and that tree" – I nod in the direction of the window – "will die..."



As if struck dumb Avram looks at me for a few seconds with terror in his eyes – as I sit pinned down to my chair asking myself what a foolish thing I have done. Then he breaks up in laughter - and it is a laughter of sheer relief.

Within the reality of stress and trauma, Buddhist informed practice may have five discreet contributions to make:

- Its focus on the immanent "here and now" reality facilitates the distilment of self-states comprising physiological states, sensations and feelings around which relationships may be organized. Thus the inevitability of self-states bound to prior relational conditioning - psychodynamic, religious or cultural - may be contextualized differently and enriched in a manner that may affect cognitive, emotional and behavioural patterns.
- With its emphasis on the constant, inevitable interchange between the transcendent-spiritual and the immanent-personal, Buddhist informed therapy offers a spiritual framework which may aid the search for meaning in states of trauma involving loss and death. A non-linear notion of time also enters under this heading. (As in: you jumped in order to live").
- Based in the practice of meditation, Buddhist informed psychotherapy has the potential for enhancing deep attention to the sensational infra-structures of subjectivity, as they arise in the relational matrix, rather than on the content matter. This may further insight as to non-verbal aspects of the self and of the self in relationship.



- With its underlying emphasis on "interconnectedness" on all levels, Buddhist informed practice helps in accommodating both projective identification and counter-transference as inevitable and benign within a context of a wider (including cosmological) network of connections and inter-relatedness.
- In its depiction of the inevitability of change and impermanence, Buddhist-informed practice may help both therapist and patient-client, separately and within the therapeutic matrix, come to grips and relationally share, existential change, crisis and traumata.

In the grave yard
the tombs lie low
and the grass stands tall.

My mother in law, as I mentioned, has lost two children - a son in Lebanon and a daughter in a car accident. Last Friday she visited us and shared her concerns with us: the trees surrounding the graves of my wife's siblings seemed withered and she was worried they might be dying. Today – it seems she is relieved –the trees are recovering and the summer heat seems to encourage the blossoms.

"They are alive" – she tells me – "you cannot imagine the relief."

