

Listening Hands

BY RICHARD SIMON

For most clinicians, learning how to make sense of their clients' stories and knowing what to say and when to say it is challenge enough. But for Ilana Rubenfeld, words are only one set of tools at a therapist's disposal. For 35 years, she's been battling skeptics and naysayers, trying to show clinicians how they can expand and intensify the therapeutic conversation by also mastering the language of the body. Alternately a wise-cracking vaudevillian and the elegant grande dame of somatic psychotherapy, the 62-year-old Rubenfeld is today, more than ever, a woman with a mission. Buoyed by the growth of interest in the mind-body connection, both among therapists and in the wider culture, Rubenfeld spends much of her time traveling around the country training students and giving hands-on demonstrations of the body-centered approach to therapy she calls the Rubenfeld Synergy Method®.

For Rubenfeld, therapy is, above all, an exercise in multichanneled attention, and she credits her early training as an orchestra conductor with shaping the sensibility and perceptual style that gives her work its unique stamp. "When you're a conductor, you have to be able to track 30 to 40 things at the same time," says Rubenfeld. "The discipline of studying to be a conductor changed my brain so I could take all of that in." But standing in front of an orchestra through hours of rehearsal also gave her incapacitating back spasms, a common occupational hazard for conductors. Rubenfeld sought relief by consulting a practitioner of the Alexander Technique, a method for teaching balanced and efficient posture.

Rubenfeld soon discovered that while her Alexander teacher's verbal instructions to relax her taut neck, clenched teeth and spasmodic back had little effect, her body softened immediately in response to the teacher's gentle touch. "Her touch sent a message my body could understand," recalls Rubenfeld. "It communicated to me much more clearly than her words." Rubenfeld also made another life-altering discovery. As she let go of physical tension, she found herself overwhelmed with emotions that often left her sobbing uncontrollably. But her Alexander teacher only felt equipped to focus on Rubenfeld's physical symptoms and referred her to an analyst to discuss the emotional fallout of the Alexander work. The all-talk stint of psychoanalysis that followed proved useful enough, but Rubenfeld's conductor's brain began envisioning a way of bringing together touch and talk in a more multidimensional approach to emotional healing.

Soon afterward, Rubenfeld gave up her musical career and became all Alexander teacher herself in order to learn more about the body as a psycho-physical system. Working with talk therapists, she began experimenting with clinical applications of the Alexander Technique, doing body work with clients as therapists simultaneously engaged them verbally. "I found that there was a subtle muscular response to every emotion the client expressed," she says. "My touch seemed to help people get clearer access to the unconscious."

In 1967, she met Gestalt therapy innovator Fritz Perls and discovered in Gestalt therapy a verbal tool that ideally complemented the body-centered approach she was developing. By the 1970s, she had combined elements of Gestalt therapy, the

Alexander Technique and the movement therapy of Moshe Feldenkrais into her own therapeutic system.

What the consulting room couch was to Freud, the padded massage table is to Rubinfeld. Even though Perls's influence is clearly apparent in what she does, it's the table that gives her work its distinctive character. A typical session begins with the client lying face-up on the table and Rubinfeld initiating what she calls "first touch." As the verbal checking-in takes place, Rubinfeld slides her hands under a client's back or lightly touches the neck or shoulder, using her hands to sense the client's physical and emotional state. Even as she listens to whatever story the client has brought in that day, she is also listening to the "body's story," the patterns of holding, excitement or tension that she detects with what she calls her "listening touch."

The experience of being listened to in this way is completely novel for most first-time Rubinfeld clients. It certainly was for me on the day of my first interview with her, when I asked if she would demonstrate her approach on me. We decided to focus on my stage fright about an upcoming conference I was to host. While I obsessed about my responsibilities and obligations to the people who would be attending, I barely felt her hand, first on my back and then ever so lightly on my chest. As my eyes closed, resistance seemed impossible. It was as if Rubinfeld, with her gentle touch, was somehow sharing my physical experience, quietly mirroring it back to me and, by bringing my bodily sensations into my awareness, bringing more of *me* into the moment.

"All the excitement seems to be in the front of your body," she said to me after several minutes of listening to a litany of my anxieties. "But you're bracing your back. It's like a fist. Who's on your back?" As she directed my attention to my tension with her touch, she asked me to become my muscularly clenched back and in a matter of moments I was sobbing, explaining to my mother how I had to brace myself, to avoid getting drawn into the bottomless well of her difficulties. I could feel my body soften as Rubinfeld guided me from the dialogue with my mother into a reverie of glowing moments I had shared with her. After the 15-minute hit of Rubinfeld Synergy, I felt as light and present as if I'd spent two weeks at a spa. My stage fright seemed a distant memory, reduced to a few minor threads within the elaborate fabric that she and I had woven together.

So what actually goes on between Rubinfeld and her clients? She's been called an urban shaman and a samurai healer. She's been compared to Milton Erickson and Virginia Satir. Nothing galls Rubinfeld as much as having someone attribute her clinical effectiveness to her intuitiveness and maternal nurturance. She believes that her ability to reach people is rooted in the therapeutic system she has spent years developing and codifying. She records every teaching session, every hands-on demonstration, every workshop she does, determined to pass on to posterity an approach that, by its very nature, resists easy verbal description.

Listening to Rubinfeld attempt to describe the essence of what she does, it becomes clear how much her approach has been shaped by her previous career. "Therapy is a duet with my client," she says. "What I do depends on an understanding of flow and intensity, and the importance of quiet. The silences are just as relevant as the

tones." Then she adds, "Above all," it's important to follow the client's rhythm, to be aware that everyone has their own rhythm. And a therapist, like a conductor, always has to see the big picture."

FTN: I'm sure you're aware how many therapists distrust anything that sounds touchy-feely, and what could be more touchy-feely than actually touching clients in a session, as you do? With the endless array of verbal techniques available to therapists today, why should anyone need to go to the trouble of learning mind-body approaches like yours?

RUBENFELD: First of all, I totally agree with people who dislike touchy-feely techniques. I remember back in the days of the encounter groups, how I'd cringe when the leaders would say things like, "Close your eyes and walk around the room. Find somebody and explore them." This kind of touch can be so invasive. Yet, the problem with a purely verbal approach to therapy is that you're limited to dealing with what you can just see and hear, and you can see and hear only so much. I'm interested in using a specific kind of touch in therapy. Of course, there are many different kinds of touch and much depends on the intention of the toucher - whether the touch will be sensual, angry, compassionate or healing. The aim of what I call "listening touch" is to add another dimension to a therapist's understanding of a person's story. It's like taking a black-and-white photograph and suddenly adding the dimension of color. Black-and-white is great, but, when you add color, you can discover things that were there all the time, but you just couldn't see. Another way to say it is that when clients come in and tell you their verbal story, there's usually another story going on that they're not putting into words -- that's their body's story. Being able to listen to and understand their body's story lets you cover territory that would take three to four times longer to deal with using only words.

FTN: What do you mean by the "body's story?"

RUBENFELD: People store their memories and emotional reactions to their life experiences in their bodies in ways that they're not usually aware of. If we try to present a good front, in spite of an experience having been toxic or traumatic, these feelings and the stress still show up in our bodies. Everybody who comes to therapy communicates stereophonically. One set of messages goes through the neocortex -- the center of reasoning, language and cognition -- but the other comes through the limbic system and reptilian brain -- the centers of our emotional reactivity and survival instincts. Touch bypasses the neocortex and taps directly into the part of us that is driven by feelings. Through gentle touch, I try to help people listen to the emotional undercurrents of their experience that are frozen in the tissues of their bodies.

The fact is that many of us are clueless about what we're feeling inside most of the time. Our heads are separated from our bodies. I try to enter into a dialogue with the body and help people recognize aspects of their experience that they've been ignoring. My job is to continually notice whether what people are saying is verbally congruent with what they are saying physically -- whether the story of their body and the story that they are telling me have anything to do with each other.

I'll give you an example. I remember doing a workshop once in which a lively, 75-year-old woman practically flew out of her chair and landed on the table when I asked for a volunteer. She began to sob and complain about how, after 40 years of marriage, her husband had left her to find his own "space." I slipped my hands under her back and discovered that it was relaxed, soft and pulsing with vibrant energy. When she calmed down a bit, I asked her what else was going on in her life right now. She was quiet for a moment, then said, almost shyly, "I have two boyfriends." Her back became even softer. She exclaimed that her life was so wonderful and that both men showered her with affection and attention. She admitted that she felt a bit guilty about enjoying herself so much -- even though it was her husband who had left. "I wonder what people will think?" she said. Yet it was her body, not her words, that told me what she was experiencing in that moment.

FTN: You talk about "listening touch." What exactly are you listening for?

RUBENFELD: If you remain very still while you touch a person's head, after a while you can begin to feel that it's not just a hard, bony skull. The bones have texture and rhythm, and you can even pick up pulsations vibrating through the skull. There is also a rhythm to a tight muscle and, when it begins to relax, the rhythm changes. When you're talking about emotionally charged material with clients, this all gets intensified and their breathing also changes. In my work, I'm listening with my hands for these changes in rhythm and texture in the client's body. When someone's tightness "melts," the body becomes alert, pulsates, releases and then relaxes. Each therapist has to find his or her own way of describing this phenomenon. But my question as a therapist is always, "What is going on in this client's body right now?" So I ask trainees who are learning to listen with touch to empty their heads of any preconceived ideas about what they think a particular client will be like and any therapeutic plan they may have for him or her. The most important thing is to learn to listen and be present. Of course, most people have a hard time learning to listen without imposing their point of view.

FTN: With your approach, how is the client's experience different from what it might be in traditional talk therapy?

RUBENFELD: You could think of using the "listening touch" as a kind of biofeedback loop. I'm not only gathering information, I'm also giving encouragement and support. The touch is reminding them that I'm there with them. I'm also helping clients become aware of what is really happening inside their bodies: "Why do I feel this pain in my neck or this tightness in my gut or this bracing in my back?" I'm not interested in manipulating or softening their tension. I'm just helping them listen to their own bodies and explore what caused the pain in the first place.

I once saw a man in his late thirties who complained about a large, painful lump in his upper back. He had tried various treatments to alleviate this condition, but nothing seemed to help; so as a last resort he came to see me. When I slipped my hands under his back, I felt this hard, condensed ball of tension right below his left shoulder blade. "How long have you had this lump?" I asked. "Since I was 12 years old," he replied. I asked, "What happened when you were 12?" He told me that his mother had died and, although he knew now as an adult that she was very sick, as a

12-year-old he was very angry with her for abandoning him. As he spoke, the lump did not budge or change texture. After a long pause, he furrowed his brow and suddenly opened his eyes. He exclaimed, "It's my mother. She's in my back and I want her out."

"How long has she been in your back?" I asked.

"Oh, at least 22 years," he replied.

At some moments like these, when everything looks so hopeless and dark, my sense of humor kicks in. "How much rent does she pay? Is your back rent controlled? Rent stabilized? Is it a condo or a co-op?"

He began to laugh and his back softened a bit, but that hard knot was still very strong. I asked him to imagine that he could evict his mother from his back by serving her an eviction notice. So he began by yelling at her, "You've been in my back rent-free for 22 years and I want you to leave!" The texture of the knot changed a little bit. Then, very softly, I said, "She's been dead for a long time, talk to her, wherever she is." He then pleaded with her, "Mom, you've been there for so long. I can't stand the pain anymore. Get out of my back and leave."

I asked him to pretend that she could talk back to him and for him to say what she would say. Almost immediately, the knot started to soften and pulsations of energy began to move through. "Marvin, let me go.... You've held on to me all these years. I need to go on my own path. Please let me go!" As he spoke for his mother, saying "Let me go," the lump softened dramatically and the tension dissipated. His eyes opened, wet with tears, and he said, "It isn't that she won't leave me. *I* won't let *her* go." He slowly sat up, took a deep breath and looked at me -- as if to say, "Now I understand what happened." He moved his shoulders around -- testing to see if his back still hurt -- and exclaimed that he felt different, although a bit sore. We discussed his insights for a little while and I suggested some body-mind exercises to do at home so that he could continue softening this area. I suppose that he could have come to this insight sooner or later verbally, but it would have been an "idea." When you work simultaneously with both the mind and the body, you can tell if the awareness, insights and emotions are being integrated in the muscles of the body, as well as in the thinking part of the brain.

FTN: I Know Fritz Perls was one of your teachers and someone who greatly influenced your work. How did you first meet him?

RUBENFELD: I first saw Fritz 32 years ago at a conference in New York at which Carl Rogers and Albert Ellis also spoke. He was up on stage, with his long hair, big nose, big hands, wearing a blouse and beads -- along with Rogers and Ellis, who were both wearing suits and ties. Rogers was the first to address the group, and his gentle, soft-spoken style put everybody in a lovely, warm trance. Then Ellis got up, very cocky and opinionated, almost defying the audience, speaking in short, loud bursts. The audience was annoyed. When Fritz got up, he turned to Ellis and said, "Ra ta tat, ra ta ta tat. You speak like a machine gun." And the whole audience suddenly sat up. Here was this "guru"-looking guy daring to say what everybody was thinking: "If you talk like a machine gun, how do you expect anyone to listen?" I didn't know anything about Fritz and I had never seen anybody be so forthright and

truthful in public before. He didn't care how many people were there; he just said what he observed and what he thought. I decided then and there that I needed to study with him. That summer, I went to the first month-long workshop he did at Esalen.

Although there were 25 people in the workshop, there were no introductions. Fritz began by going around the room and asking each person to say, "Right now, I am" I was shocked. He didn't say, "Give your name, where you're from" or anything about our backgrounds. It was very abrupt. I was getting more and more uptight as my turn came around. My legs were crossed tightly, my arms (al ills ?) were wrapped around my chest and I was practically in a ball. And when it was my turn, Fritz looked at me (tile ?) and he said, "Exaggerate! Do more of what you are doing." So I made myself even tighter and tighter. I had never done anything like that before. Suddenly, I couldn't stand it anymore, and I flung my arms open and shouted, "I don't like you. I don't like this place. I don't know how I'm going to last here for a month. This is terrible." He just smiled and said, "Ach, this is a mini-satori. At last, we have somebody who is authentic! She will do very well."

That was my first introduction to the group, and it was also the last time he ever did a group exercise. From then on, it was always one person at a time -- sitting in front in what he called the "hot seat." Fritz did his work and the rest of us just watched. There was no processing afterward. The next day, I saw him in the dining room, and I sat down across from him and started a conversation. "You know, I'm an Alexander teacher," I said. He glared at me. Then I said, "I heard you were Rolfed?" He continued to glare at me. I said, "Since you were Rolfed, and I know you know about the Alexander Technique, could you share with me what you think is the difference." He stared and loudly said, "That's the stupidest question I've ever heard," and then turned his back to talk with someone else.

This was an existential moment in my life. If I didn't do what I needed to do in that moment, I would be lost. So I took my fist and banged it on the table and shouted, "Fritz!" He turned around, looking shocked. "That was not a stupid question! I asked you an honest question. You could have said you don't want to answer, but you were rude. Don't do that again to me!" His eyes widened and he started to talk with me. He told me that people were always asking him questions, and that was the way he handled small talk. "And this is not small talk." I replied. So he told me about his Rolfing experience and asked me questions about my practice in the Alexander Technique. I wound up giving him some Alexander lessons and that was the real beginning of our relationship. The following week he asked me to sit on the other side of the "hot seat" and touch people while he talked. This was a wonderful opportunity for me to listen to their bodies' reactions while he engaged in a dialogue with them.

FTN: What stood out for you about him as a therapist?

RUBENFELD: The remarkable thing about Fritz was his ability to stay in the moment. He was adamant about it. If you ever went to something else, he made you come back to the "now." What are you experiencing now? What's happening now? "But, my mother" "Don't talk about your mother, be your mother!" This was the '60s, and coming from an analytic background, I had never witnessed anything like

that. I was familiar with talking about -- not becoming. He taught me what it was like to become what you're talking about, and that experience surpasses any description.

I loved his attention to nonverbal detail. If your leg was slightly moving, he'd asked you to exaggerate so that you were much more aware of what you were doing. His way of working was very alive and very dramatic. I also was lucky to work with his wife, Laura Perls, who was also very incisive, but not dramatic like Fritz. She would sometimes say, in her Viennese accent, "Ach, that Fritz. He can create a breakthrough, but it's only after the breakthrough that the real work begins." Laura worked with people for two hours to three hours -- every little detail. She was also very body-oriented and noticed everything. Fritz usually worked with someone for 20 to 40 minutes. He felt that doing too much made it difficult for people to integrate. He didn't mind leaving people with a perplexing issue unresolved. If you came to resolution, that was great, and if you didn't, that was okay, too. When he was on, he was great, but when he was off, you could see his countertransference -- particularly when he didn't like someone. Even though he was a great clown himself, he was very sensitive about being made the fool. He had his own language for "bear trappers" or "yes butters." Fritz was a difficult man. He put everything else down and couldn't accept any other way of doing therapy. Gestalt therapy was it. But he believed in it, and learning from him turned my life around.

FTN: So clients' bodies give you metaphors that become the basis of your work?

RUBENFELD: Yes, that's part of it. I begin to develop a theme by observing the body, talking and using my touch. The lump in this man's back had become a metaphor for an important event that was disturbing him. The question then becomes what's the metaphor about? *Who* is it about? My touch immediately heightened his awareness of that area. It suspended his thinking brain for a while and allowed him to access his feelings and memories in a different way. Most people yearn to be listened to, and the message of my touch is about listening. It just says, "I'm with you and I'm not going to tell you what to do." At the same time, we're carrying on the verbal conversation about what's happening in the present moment or in the past. This is like music with several parts going on at the same time.

FTN: The last thing many clients want when they come into therapy is a clinician who actually touches them. What sort of people choose this kind therapy?

RUBENFELD: There are several groups. The first are people with pains and aches who've been told that there's nothing physically wrong with them. They'll often be referred to us by physicians. They are highly motivated because they start out with something very tangible and specific that's bothering them. Then there are many people who can't access their emotions and express them by just talking. They feel they are holding back and want to connect with their body and experience some release. There are also those who have experienced massage and other types of bodywork, and they're looking for therapists who can help them process the emotions that their body work has brought up. Survivors of trauma and abuse are good candidates because they may have talked about their abuse, but the memories are still locked in the body and often return as repeated nightmares. Many creative artists have been drawn to Rubenfeld Synergy because they deal with performer's

anxiety and fears, and their bodies **are** their instrument of expression. Talking alone may not be enough for them. Recently, more businesses have been approaching us to deal with stress in the workplace. There is an epidemic of Carpal Tunnel Syndrome caused by repetitive movement and emotional tension.

FTN: Your work seems to encourage an intense kind of letting go, of surrendering to your touch and your presence. It's a very intimate way of working with people. Doesn't it stir up enormous transference feelings from clients?

RUBENFELD: Whenever you do therapeutic work, there's transference, but I've found that using touch, in the way we do, doesn't stir up "enormous transference feelings." That may be because the touch we use is not caressing, stroking or intrusive -- it's actually very light. The **intention** of the toucher is very important -- practitioners of my method are not trying to manipulate, but to access information and to play it back in a way that is immediately useful to the client. Of course, like every other training program, we've had our rare situations where a graduate has stepped over the line and gotten personally involved with a client. But we have an ethics code that defines appropriate and inappropriate use of touch and behavior, and an ethics committee to enforce it.

FTN: You seem to put a lot of emphasis on the use of humor in your work. Why is that?

RUBENFELD: Over the years, I've heard my share of horrendous stories and I've found that appropriate humor and laughter seem to interrupt painful repetitive loops and can dissolve fear. It helps many clients deal with past traumas that often are too painful to bear. At a recent workshop, I was doing a demonstration with a young woman volunteer. As usual, I explained that she could stop the session whenever she wanted for any reason. The group had already done an exercise demonstrating the use of the "listening touch," so she was somewhat familiar with this concept. I invited her to lie down and, as I often do, began by checking out where she was holding tensions. I gently placed my hands on the side of her left hip joint and asked her to send a message or image there. Usually clients will respond by saying, "Relax now, you're too tight," or "Stop holding on," or "I want more freedom in my legs." She began to gasp for air, started sobbing and blurted out, "I was just raped and beaten up several months ago." Her response was quite startling, and I was also aware of the reaction in the group. To honor this situation and her confidentiality, I didn't ask her for any details about what happened. Rather I let her choose what she wanted to say. She described a very big man pulling her into an alley and beating her up quite savagely. Her whole body was shaking now as she expressed her powerlessness. She kept repeating that she couldn't do anything because he was so strong and fierce. "I don't want him in my body. I want to let this pain go!" „ Touching her head lightly" I asked her, "What would you like to do to him?" "I want to kill him, but he's too big. I can't kill him, he's so big!" She kept repeating this phrase, so I asked, "Did you see this great movie **Honey, I Shrunk the Kids?**"

"No," she replied.

"In the movie, this father has invented a shrinking machine. When he accidentally points it at his kids, they shrink to a tiny size. Are you willing to try an experiment?"

She nodded "yes." "Imagine that I'm giving you this shrinking machine and you can point it at him." She suddenly laughed, aimed the imaginary machine and shrunk the rapist. This was a turning point in the session because she had now become much bigger than he was and began to experience her sense of power instead of remaining a crushed victim.

"What do you want to do now?"

"I want to put him into a small wooden box and then I'd like to take an ax and chop him up into little bits."

This desire to destroy the attacker is certainly a typical fantasy in response to extreme abuse. So I accepted her wish and said that I'd support her. With her eyes closed, she lifted her arms and was just about to chop this imaginary box when she suddenly stopped short and said, "I can't because I'd feel too guilty!" In a puzzled tone I asked, "Are you Jewish?" and she started to laugh. "No, I'm Catholic. We sure know how to suffer." After reassuring her, the woman proceeded to chop him into little pieces. She opened her eyes, looked at me and exclaimed that this was the first time in weeks that she wasn't afraid to look at someone. Then she did something extraordinary. She closed her eyes again, gathered the pieces of the box and stretched her arms up toward the ceiling. "God, you take him now and heal his soul. He needs your help. God, you take him now." There was a hush in the room. Several people were crying. When she sat up and got off the table, she certainly did not look like a victim anymore.

FTN: What you do in therapy still seems elusive to me. If I came to train with you, how would you teach me whatever it is that you're picking up on when you touch people?

RUBENFELD: That's the zillion-dollar question. That's what my trainees spend four years learning in my training program. How do you teach people who have been trained to listen with their ears and observe with their eyes to also listen with their hands? In many physical therapies, people are taught a variety of ways to touch that depend on knowing how to diagnose a physical condition. While that's valuable, it's clearly within the medical model -- it's about finding a way to relieve the patient's aches and pains. The intention of my work is different. I'm more interested in the emotional roots of those aches and pains. In fact, I have to spend the first year undoing much of what people have learned in their previous training about task-oriented and "fix me"-oriented touch. Over the years, I've discovered that if people learn technique too early and quickly, and don't first learn how to listen, they become good technicians, but not necessarily good listeners. It's just like music -- knowing techniques and the notes without listening to the phrases and what you're playing can make even Bach sound like garbage. Even when you play the same piece many times, it has to sound fresh and new, as if you're playing it for the first time. So my first job as a trainer is to support trainees in letting go of what they imagine they should know, to help them observe and listen to what is obvious and to help them use their hands as another tool for listening. Another job is to train students to hold back interpreting too quickly and to become aware of how they may project themselves onto their clients. Even though I've heard a story a thousand times, I listen to it as if I've never heard the problem before. When you talk about your

parents, it's **your** problem with **your** father or **your** mother. It's not everybody's problem with parents.

Dealing with the obvious is very important. There's a simple exercise that I have trainees do repeatedly. I have them sit opposite each other and say what they observe. For example, Rich, right now, I observe your lips and mouth are moving and you're shaking your head up and down. Now we switch and you observe me. The goal is to leave out all your interpretations and judgments. That's usually hard to do. At first, we try to help trainees to separate out interpretations as much as possible, so that they can get to the "pure" observation -- the phenomenon itself. This is the same, when using the "first touch." I have a student touch another on the shoulder, for instance, and do nothing but listen. Those being touched can think about whatever they want -- a part of their body, problems, a special person -- without the toucher knowing what they're thinking about. As they practice this way of listening, the touchers begin to notice gross changes at first and eventually they come to recognize more subtle ones.

FTN: How is that different from developing empathy?

RUBENFELD: They're first cousins, but not brother and sister. It's a different part of the family. Through listening, you can empathize with a person. But through touch, a different part of the brain is responding. You're not in the neocortex, you're in the limbic system, which is intuitive and nonverbal. This training is about connecting together the neocortex and the limbic system. But that coordination comes slowly. Once again, the basic teaching is about using touch to listen to another person. You may first feel pulsations, textures and muscles. The next step is to allow images to come to you when you touch someone. Then, you learn how to use these images as metaphors in a therapeutic way.

FTN: How do you listen for metaphors in someone's body?

RUBENFELD: I'll give you an example. A man kept adjusting himself on the table. He'd stretch both his legs out and then bend them again. As I touched his feet and moved them slightly from side to side, I discovered that one leg moved easily, while the other seemed stuck. When I glanced at the position of the two legs, I saw that his right leg and foot were turned to the right and the other leg was straight, with its foot pointing toward the ceiling. The position of his legs became a metaphor of him going in two directions, or being pulled in two directions, at the same time. The right side wanted to go there and the left wanted to continue on the same path. I checked this out with him by saying: "My image right now is that you are struggling to stay on a straight path while there's another part of you that wants to go in another direction and do something else." He nodded quickly and replied, "Oh, my God, that's what I'm going through now. I'm in a terrible crisis. I've been married to a woman for several years. But I've met a man and fallen in love with him. I don't know what to do. Am I homosexual? Am I straight? Do I stay with my wife or do I live with this man?" I took my observations and created a very open-ended story, linking the conflicting position and directions of his legs with the conflicting directions in his life. There was no verbal content at first -- only the touch, movement and physical observations.

FTN: How do you make sense of the way in which people respond to these metaphors? I mean, who really knows why this guy's feet seem to point in different directions?

RUBENFELD: The client knew! The metaphor was a way of helping him become part of something he already knew about. It's like throwing him a ball that he can either catch or not.

FTN: And when clients catch it, the ball can become the universe.

RUBENFELD: That's right. It becomes their universe and their symbol for what is going on in their lives. The metaphor can also become a creative tool for exploring their life situation. It all starts with observing the client's body, using touch and gentle movements.

FTN: And if they don't buy it?

RUBENFELD: If they don't buy it, I let it go. That's another concept I teach my trainees. If the client doesn't respond when you express your observations and images, just let them go and don't push any further.

FTN: Although lots of therapists reading this interview may find your work interesting, I'll bet that relatively few will be willing to immediately start incorporating touch into their work. So what do you have to offer therapists who continue to rely on words as their primary clinical tool?

RUBENFELD: I certainly hope that therapists would *not* "immediately start incorporating touch into their work," because this method takes as much time to practice with skill, understanding and integrity as verbal therapy. I'm also not advocating that all therapists use touch. However, it does behoove them to know about mind-body integrative methods, find out who does them in their area and, if they wish, turn to those practitioners as additional resources for their clients. In fact, I began my own practice many years ago with referrals from psychiatrists and therapists who concluded that working with the body could be productive for some clients.

I should also emphasize here that an important principle of my work is that self-care is the first step to client care. When I supervise verbal therapists, I ask them to pay attention to their own movement and body awareness. I'll ask them questions like: How do you experience yourself physically as you listen to your client? What do you notice about your posture, your breathing, your level of physical tension and your energy? For example, a therapist in a workshop was describing her difficulties with a particular client who returned week after week with the same problem. I asked the therapist to recreate the office scene and asked someone to role-play her client. As the volunteer client droned on and on with a very flat affect, the therapist began to feel very tired and sink down into herself. I stopped the session, turned to the therapist and asked her to go inside her body and listen to it.

"What do you really want to do?" I asked.

"I've got to move. I want to get up and walk around," she said.

I suggested that she listen to her body and do that.

"Well, I can't. I've been taught to sit in the same place and not leave the chair," she replied.

"Well, just try it and see what happens."

So she got up and moved around. Now I asked her to tell the client how she was experiencing herself and why she moved out of the chair. She turned to her and said, "Even though I want to listen to your story, I feel my body getting heavy and I'm finding it difficult to concentrate. So I'm going to move around a little." The client looked surprised and suddenly perked up. The therapist's moving got the client's attention and, sure enough, the dynamic of the session also changed. Even though the therapist had done this for her own self-care, this action interrupted the usual sequence of their session and created an opportunity for something new to emerge.

There are many other ways you can take care of yourself during a session. For instance, you can simply remind yourself to keep your feet on the floor, rather than sitting with one leg crossed over the other. This will give you a sense of a grounded connection to the earth. You can also shift the space between you and your clients - sometimes moving farther away or moving closer to them. Therapists who sit for hours often find themselves in a tense body trance without even knowing it. By getting up, walking around and taking restorative breaks between sessions, you can come out of this body trance that often leads to muscle tensions, getting stuck and feeling burned out. Listening to clients' problems all day long takes a great deal of energy. You need to listen to *your* body, the physical space, the furniture you use, the air you breathe and many other aspects of your environment.

FTN: After all these years, how would you compare your therapeutic work now with your career in music?

RUBENFELD: Some of my most important clinical training came from studying with Pablo Casals in the 1960s. Whether he demonstrated on the cello or analyzed the music or touched my arm and cajoled me to play, his intention was always crystal clear. We were creating a musical dialogue of universal themes that elevated our spirits. Over many years, I've witnessed that whenever a therapist and client join in a clear intention to move through barriers together, they experience a special kind of harmony that is beyond words.

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