

Steiner and Intersubjective Psychology: The Healing Power of the Betweenness Experience

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Abstract

The striving for relationality is a process that takes place from birth onwards and has become the foundation for understanding the therapeutic process in intersubjective psychology. This article first attempts to integrate intersubjective psychology ideas with Rudolf Steiner's Anthroposophical understanding of this relational experience through a description of the mother–infant dynamic that is mediated by an experience of warmth, facilitating a healthy embodiment process for the newborn. Secondly, I integrate intersubjective and Anthroposophical ideas to examine the consequences of the denial of this relationality experience, that include the experience of a life dominated by polarities and the need for survival. Finally, I examine the ways in which the therapist can help the client rediscover this relational sphere that paradoxically is at the same time a place of trauma, but also a place where the healing process can finally begin.

Part 1: The Striving for Relationality in Infancy

The Desire for Relationality

Surveying the psychology of the twentieth century, we can see that according to Freud (1911), and even later with Piaget (1954), the birth of the newborn is understood as a physical birth but not yet as a psychological birth. However, this understanding has undergone a transformation with the development of relational and intersubjective psychology over the past 40 years (Ogden, 1994; Mitchell, 1986; Benjamin, 1990, 2002, 2018), and much research has examined what has been called an innate intersubjectivity in neonates – that infants are

born with an awareness specifically receptive to the subjective states of others and with an inborn striving for relationality (Tronick, 1989; Trevarthen & Aitken, 2001).

Beebe and Lachmann (1994) note that from birth there is a process of communication between mother and infant. This process is a preverbal one that involves communication through gesture, sounds, gaze, movement, changes in the tone of voice, and comfort of one another (in beginning, mainly the mother of the infant). This interaction is a process of musical communication long before words and symbolism become part of the world of the infant. These 'representations in the first year are encoded in a nonverbal, imagistic, acoustic,

visceral, or temporal mode of information and that they may not necessarily be translated into linguistic form' (Beebe & Lachmann, 1994, p. 132). This caregiver and infant dynamic has been described in many observational studies, including interactions of rhythm and balance (Condon, 1986; Brazelton et al., 1974; Stern, 2002), reciprocity or adaption to others (Stern, 1982; Trevarthen, 1998), vocal congruency of mother and infant (Beebe et al., 1988) and synchrony (Feldman, 2007).

Warmth as Expression of Relationality

This early preverbal dynamic, like all future intersubjective experiences, is founded and expressed in the experience of warmth. Warmth has been described (Steiner, 1997) as a bridge between self and the world. One has one's own inner warmth, both of a physical and a soul nature, and one can also experience the warmth of the other. Warmth brings us together, and is a mediator that allows us to feel comfortable in each other's company. On its foundation is built what in Anthroposophy are called the mediators of the light, tone and life ethers.¹ In Anthroposophy, this ether quality mediates and connects us to the world and others (Steiner, 1981). These mediating qualities of warmth, light, tone and life (Steiner, 1997) can be understood as the expressions of gesture, melody, movement, interest and attentiveness that comprise the preverbal dance between infant and caregiver.

Warmth as Mediating Embodiment

As in many other spiritual streams, in Anthroposophy one speaks of an I Being that is the spiritual kernel of one's being, the eternal spark that bestows upon each of us our unique individual nature. According to Steiner, this I Being also lives in the element of warmth (Steiner, 1997). We can understand this better when we remember that when we are connected to our deepest longings in life, when we are enthusiastic and passionate about an idea or activity, we are filled with warmth. We are full

of spirit (enthusiasm originating from divine inspiration). This I Being can be understood as the conductor of the orchestra, or the captain of the ship. The degree to which the I and physical body find a harmonious relationship depends on the warmth which is experienced in the 'preverbal dance' of the warmth, light, tone and life-ether mediators. Each of these mediators is related to a different classical element – the warmth to fire, the light to air, the tone to water, and the life to the mineral element (Steiner, 1997). In the preverbal warmth communication of gesture, tone, movement, gaze, attention etc., the I of the child can come to slowly penetrate and take hold of these elements of the body and to feel at home there.

This process is a concrete and real one, and we can find support for this 'taking hold of the body' warmth process in studies that show that especially in the first months, during what has been called primary intersubjectivity, the quality of the infant-caregiver dynamic affects infant bodily rhythms such as sleep, feeding and breathing patterns (Sander, 1977, 1983; Trevarthen & Aitken, 2001).

Relationality between Impressing and Expressing

In order for this warmth experience between mother and infant to take place, a healthy balance must be found between what comes to meet the infant from the world, predominantly the sense impressions that the infant encounters, and the ability of the infant to meet these sense impressions with its own initiative and will forces. These two experiences can be called the 'impressing' and 'expressing' streams (Koehler, 1998; Steiner, 1999; Kuttner, 2020). When the infant is overwhelmed by events that have 'impressed' themselves upon it – for example, when the infant has experienced trauma (impressing stream overwhelming the infant) or when a mother has smothered her child with too much attention without allowing the infant to respond with his or her own unique expressed wishes and desires – the infant is subsequently unable to experience an interaction that is imbued with warmth and fosters well-being. The

infant is overwhelmed by the impressions of the world, and withdraws from expressing its own desires and longings towards its mother and environment. When there is a good-enough balance between the impressing and expressing experiences, both mother and infant can foster mutual growth and awaken each other to their own unique experiences of themselves. In the harmonious dynamic interpenetration and weaving of these two streams, when the infant and caregiver are attuned and accommodating to one another, an experience of true presence and embodiment is constantly and continuously being experienced (Steiner, 1999).

Imitation as a Striving Towards the Other

How does this preverbal experience founded on warmth foster later capacities for relationality? We can understand this better through the example of imitation, an activity Steiner noted was present from birth (Steiner, 1996a, 1997). For example, infants begin shortly after birth to imitate facial expressions (Meltzoff & Moore, 1983, 1989, 1997), and this imitation is even very precise and specific, with infants as young as 12–21 days differentiating between tongue protrusion and lip protrusion in response to the mother's tongue protrusion (Meltzoff & Moore, 1977). This uniquely human imitation was highlighted in a study in which infants would imitate adults performing an activity, but did not imitate the exact same activity if performed by a machine whose movements were the same as a human being's (Meltzoff & Brooks, 2007).

Through imitation, we come to feel what it is like to be the other person through 'our ability to transform what we perceive into something we directly experience' (McGilchrist, 2019, p. 248). This is an example of the impressing and expressing tendencies working harmoniously together in that we take in the impressions and 'digest' them through our own bodily experience (expressing). This can happen when the caregiver is attuned and accommodating, and can imitate the infant in return.

Imitation, as beautifully described by McGilchrist,

is not slavish. It is not a mechanical process, dead perfect, finished, but one that introduces variety and uniqueness to the 'copy'.... [I]mitation is imaginatively entering into the world of the one that is imitated.... [I]n imitation one takes up something of another person, but not in an inert, lifeless, mechanical sense: rather in the sense of it being *aufgehoben*, whereby it is taken into ourselves and transformed. (McGilchrist, 2019, pp. 247–8)

McGilchrist continues:

The enormous strength of the human capacity for mimesis is that our brains let us escape from the confines of our own experience and enter directly into the experience of another being.... [T]his comes about through our ability to transform what we perceive into something we directly experience. As with all betweenness experiences, imitation is itself 'non instrumental'. It is intrinsically pleasurable, and babies and small children indulge in it for their own sake. (p. 249)

Benjamin (2018, p. 31) beautifully describes this process, 'how in performing the actions of the other, we replicate their intentions within ourselves (Beebe & Lachmann (1994, 2002) – thus in the deepest sense we learn to accommodate to accommodation itself (we fall in love with love)'.

The Third

McGilchrist (2019) has called the dynamic of relationality a 'betweenness' experience in which there arises, a 'reverberative, "re-sonant", "respons-ible" relationship, in which each party is altered by the other and by the relationship between the two' (McGilchrist, 2019, p. 170). This is in contrast to the denial of the betweenness experience that expresses itself as 'inert, unidirectional, and centres on control rather than care' (McGilchrist, 2019, p. 170).

This intersubjective betweenness has also been described as the experience of the Third (Ogden, 1994; Benjamin 2002, 2010, 2018), an experience that arises between two people and is a result of the mutual interaction. Benjamin notes that 'the only usable Third by definition is

one that is *shared*' (Benjamin, 2018, p. 27, original emphasis). The mother or primary parent must create that space by being able to hold in tension her subjectivity/desire/awareness and the needs of the child (Benjamin, 2018). Thus, the mother must not overwhelm the child with her impressing tendency, but must allow the infant to respond and to be recognised.

Oneness and Differentiation as an Archetypal Third Paradox

Benjamin (2018) notes that 'the cocreated Third has the transitional quality of being both invented and discovered. To the question of "who created this pattern, you or I?", the paradoxical answer is "both and neither"' (p. 31). She further describes that:

Thirdness begins with the early nonverbal experience of sharing a pattern, a dance with another person... it is present in the earliest exchange of gestures between mother and child (2002), in the relationship that has been called oneness. I consider this early exchange to be a form of thirdness, and suggest we use the term rhythmic third. (Benjamin, 2018, p. 30)

It has been described as a dance, a musical improvisation, that takes place in the reciprocal speech, gaze, gestures, movements and mutual mirroring. It is a musical improvisation that both infant and mother simultaneously create and

surrender to, a co-created Third. Each is accommodating to one another but also accommodating to a co-created rhythm that the couple has established (Benjamin, 2018).

In addition to this harmonious or rhythmic Third, there is the differentiating third. We see this, for example, in the experience of marking, in which the mother responds to the baby in an exaggerated manner when, for example, the infant hurts herself. This response is at once a recognition of the hurt of the infant but also an experience of differentiation in that the mother's response is her reflection of the infant's affect. In so doing, there is neither a perfect reflection nor a completely natural response by the mother. In her exaggeration, the mother signifies her separateness. This allows a separateness and differentiation within the connectedness of the mother–infant matrix (Benjamin, 2018). Thus we see how through paradox of oneness and differentiation, the Third or betweenness can be experienced. We will return to this paradox experience later on.

To summarise to this point, infants from birth strive for relationality. This relationality experience is founded on warmth, and involves a harmonious balance of the impressing and expressing tendencies of both mother and infant. This betweenness experience forms the foundation for future relationality capacities such as mentalisation, empathy and theory of mind which are necessary for adult relationality.

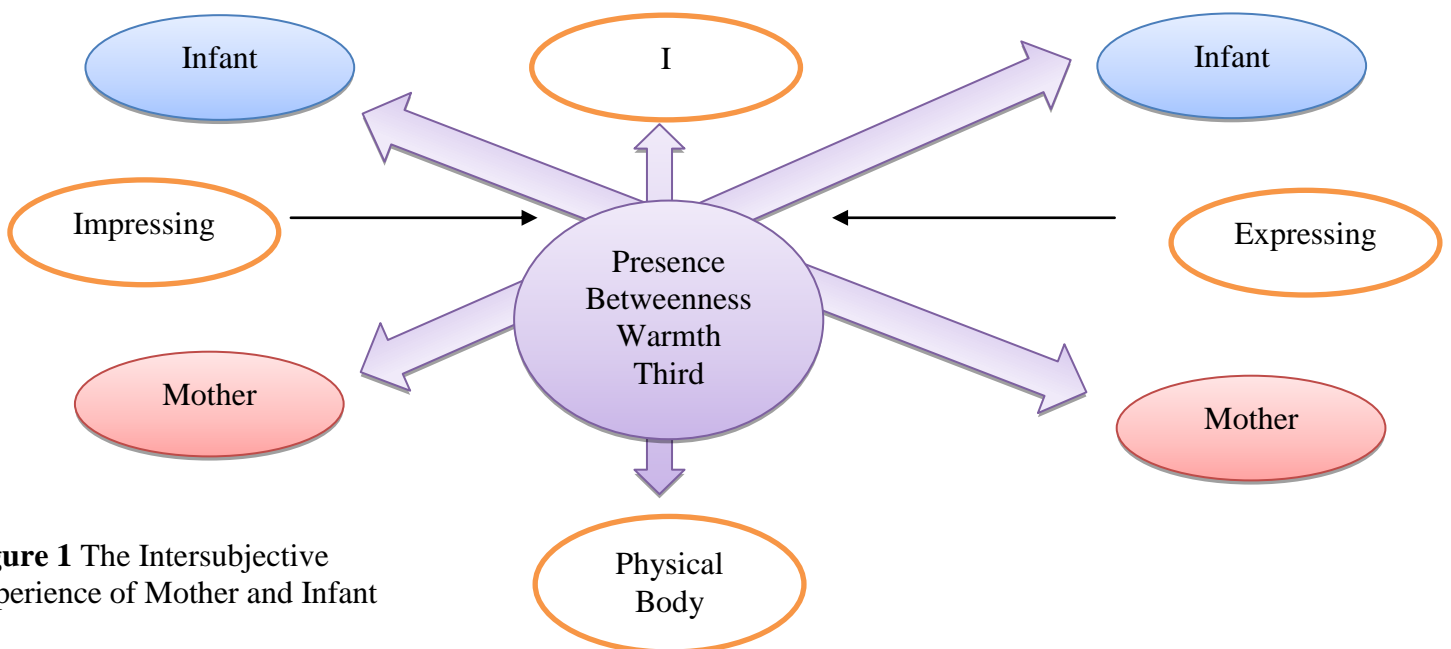


Figure 1 The Intersubjective Experience of Mother and Infant

Part 2: The Denial of Betweenness in Therapy

The Need to Survive and Dominate

What happens when we deny the infant this betweenness experience (McGilchrist, 2019), and what are the consequences of this denial? As mentioned, a mother who is too overwhelming or who ‘chases’ the infant too much, not allowing the infant time or space to respond (over impressing) will hinder the individuation process of the infant (Jacobson, 1964). The more powerful the imprint of the mother, the greater is the interference in the infant’s autonomous development (Jacobson, 1964) and, as noted above, this may lead to withdrawal (Searles, 1966–7; Winnicott, 1960).

The aforementioned non-instrumental experience, such as seen in true play or as described in the example of imitation, is replaced by the instrumental mode of experience in which infant survival is paramount. As Safran notes:

the instrumental mode of being prevents us from being able to accept or appreciate things and people in their own terms. In other words, the instrumental mode of being is ultimately an egocentric or self-centered mode that involves relating to the world and the creatures in it as objects to be used by us, rather than as other beings, or subjects in their own right. (Safran, 2016, p. 63)

In this sense, the instrumental world is a failure of intersubjectivity (Benjamin, 1990, 2018). The infant comes to rely predominantly on himself and loses trust in the other. This is demonstrated powerfully in a version of the still-face experiment in which the infant has the choice of looking in a mirror in which their mother is reflected, or to look at a mirror reflection of themselves after the mother is asked to keep a still face and not respond to the infant’s behaviour. In infants with good attachment patterns, more often than not the infants will persist by looking at the mirror reflection of their mothers to continue to elicit cues, whereas babies with less than good attachments will fall back on looking at themselves in the mirror in order to find ways of soothing themselves that

rely on their own bodily movements (in Fonagy & Target, 2007).

As opposed to the world of care, mutuality, mutual imitation and accommodation, that are experienced for their own intrinsic pleasure, for the pure love of ‘accommodating accommodation’ (Benjamin, 2018), the infant falls back on the experience of utility, instrumentalisation and survival.

The World of Polarity

The infant is thrown back from the world of the Third back into the world of the ‘two’ in which there is no middle sphere but only a world of polarities. How does his world of polarity come about? When the infant environment is full of uncertainty and instability, when the caregivers are neglectful or indifferent, the infant is unable to orientate himself in relation to others (Searles, 1967). The infant then has two alternatives – oneness with the parent or total isolation (Searles, 1967). Safran (2016) notes that

Infants whose caregivers are chronically misattuned, or who pursue emotional contact in an excessive or intrusive fashion, can develop a tendency to be overly dependent on the use of self-regulation strategies, overly dependent on the use of relational support, or alternatively may vacillate back and forth between the excessive use of self-regulation strategies followed by desperate and coercive attempts to obtain support from others. (p. 69)

In such a situation, uncertainty cannot be allowed. Vulnerability, an experience of uncertainty that can be tolerated when the infant feels held in an experience of relationality, cannot be allowed because it means the threat of losing connection to others (Manfield, 1992).

These polarities of losing oneself in the world and isolation from the world are noted by Steiner (1979) in relation to the virtue of courage. He notes that:

when a man degenerates into foolhardiness he loses himself and lays aside his own individuality and is crushed by the wheels of life. Life tears him in pieces if he errs in this

direction, but if, on the other hand, he errs on the side of cowardice, he hardens himself and tears himself away from his connection with beings and objects. He then becomes a being shut up within himself, who, as he cannot bring his deeds into harmony with the whole, loses his connection with things. Either he may be lost to the world, the world lays hold on him, and crushes him, as is the case in foolhardiness; or the world may be lost to him, because he hardens himself in his egoism, as is the case in cowardice. (From RS Archive)

Steiner concludes that wrong-doing or evil originates when the human being is either lost to the world, or the world is lost to him, and that goodness consists in avoiding both these extremes

Searles (1967) describes these two poles in the complex emotions of disillusionment or hurt that cannot be allowed space in an experience of relatedness, but are either on the one hand dissociated ('he hardens self in his egoism') or these emotions can take on perceptual qualities in the physical world ('life tears him in pieces').

Benjamin (2018) describes this polarity situation in contrast to the Third as the

complementary structure; dependency becomes coercive, and indeed coercive dependence that draws each into the orbit of the other's escalating reactivity is a salient characteristic of the impasse. Conflict cannot be held, mediated, or played with. Instead, it emerges at the procedural level as an unresolved opposition between us, even tit for tat, based on each partner's use of splitting.... The idea of complementary relations aims to describe those push me /pull me, doer/done-to dynamics that we find in most impasses, which generally appear to be one way – that is, each person feels done to, and not like an agent helping to create a co-created reality. (p. 24)

Benjamin adds that 'action–reaction characterises our experience of complementary twoness, the one-way direction; by contrast, a *shared Third* is experienced as a cooperative endeavour' (Benjamin, 2018, p. 31). Aron (2006) equates this experience to a line that has no space, that it exists in two dimensions and that one can only move forward or backwards along this line but cannot step off this line. One

is stuck in the two dimensionality of the line as opposed to the stepping out possibility with a triangle. This is the world of objects as opposed to subjects, the world of victim and victimiser. We move between hopelessness and grandiosity, between isolation and losing oneself in the world.

Rigidity and Coldness

Steiner (2006) has described this bipolar world as being a cold process of hardening and rigidity. McGilchrist (2019) similarly notes this coldness when describing how 'betweenness is not absent, just denied, and therefore of a particular – particularly cold kind' (p. 166). It is a cold experience as opposed to a warm and alive betweenness. Our thinking, feeling and willing lose their flexibility and true meaning, and we feel cold and dead in our soul life. Steiner (2006) describes how this polarity tendency experienced in the soul also has a hardening and rigidifying effect on the physical body.

This experience has been illustrated by Symington (1985) in the form of the omnipotent defences. From her observations with infants who experienced ambivalent or avoidant mothers, infants develop bodily defences such as clenching and tightening of the muscles, constant movement, and fixation on a specific object in the environment. These defences protect the infant from disintegration and falling apart. As Symington notes, these rigid bodily defences later transform into soul experiences of obsessive and compulsive thinking, constant flitting from one subject to another, and hyper-vigilance. The defences of the physical body become defences of the soul life. Freedom is denied instead of being fostered in these early years (Steiner 1996a, 1997).

In this cold and rigid experience, transformation cannot take place because warmth is missing. Where there is warmth, transformation is possible. Whatever has not been consciously perceived and incorporated into one's soul life remains cold. This conscious perceiving and incorporating takes place through the warmth of the I. There is a 'freezing of the failure situation'

(Winnicott, 1955, p. 18), and healing is a need for this situation to be ‘unfrozen and re-experienced’ (p. 18).

The Semblance and Power of Transference and Counter-transference

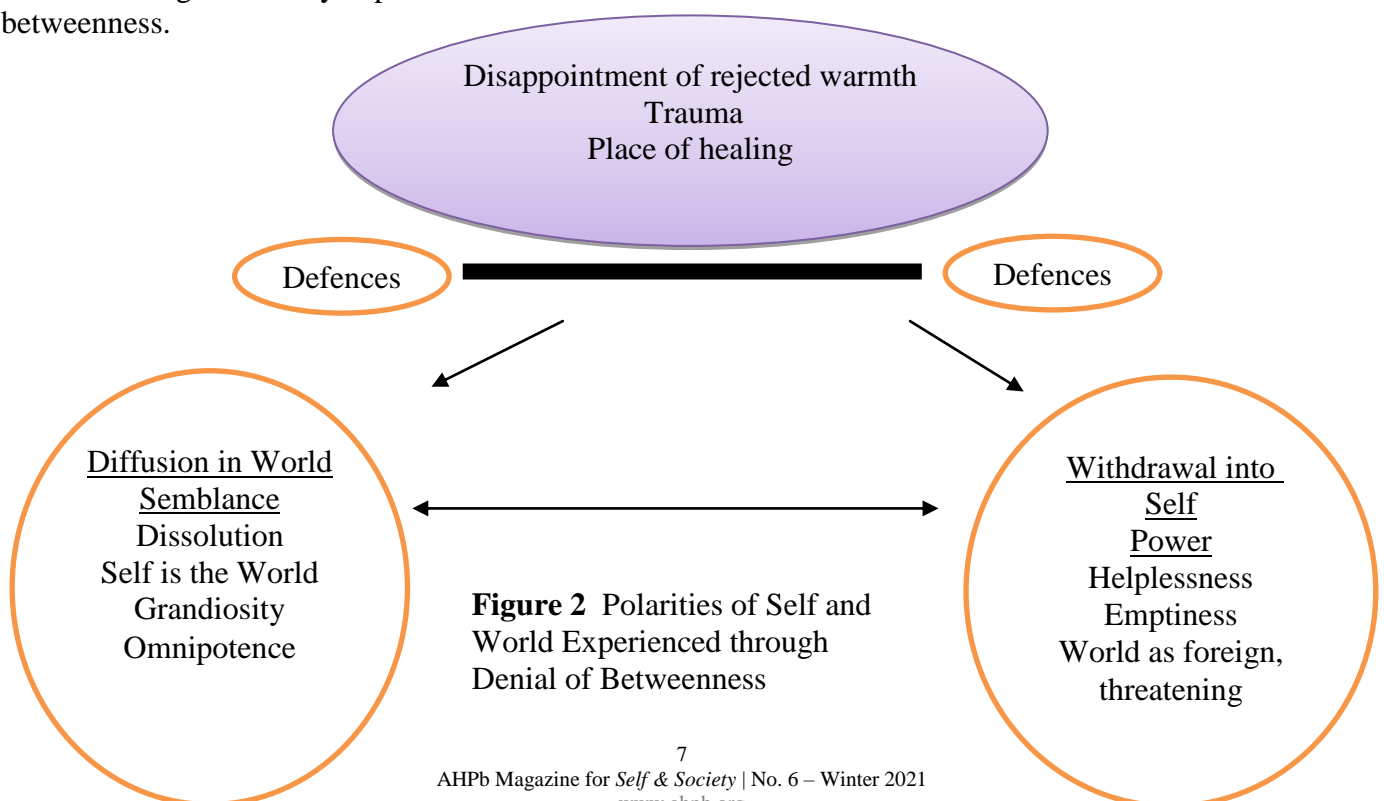
This ‘freezing’ experience can be seen in the transference that occurs in therapy (Klein, 1952; Kernberg, 1987) in that the client brings to therapy the ‘frozen’ and unchanged figures from his childhood. These figures are as if frozen in time, and continue to haunt the client in the present.

This is a world of polarity with no in-between space of warmth. The client projects his past that was not experienced through a betweenness experience directly on to the therapist. It happens instinctively, automatically, so much so that the therapist usually experiences emotions that only later, after the session, may become comprehensible to her. This experience is one of semblance and power as noted by Steiner (1997). This past is mere semblance (or illusion), but for the client it is still real in the present. What is projected on to the therapist is a semblance because it is not real – the therapist is not really the client’s mother or father. But this semblance is real for the client, and allows the client to feel some degree of control (or power) over others, but in so doing denies any experience of betweenness.

Fairbairn (1986) describes this experience when he says that:

however much he (patient) may want to reject them (bad objects), he cannot get away from them. They force themselves upon him; and he cannot resist them because they have power over him. He is accordingly compelled to internalise them in an effort to control them. But in attempting to control them in this way, he is internalising objects which have wielded power over him in the external world; and these objects retain their prestige for power over him in the inner world. In a word, he is ‘possessed’ by them, as if by evil spirits. (p. 67)

Thus, in transference the therapist is perceived as the controlling mother or father, or the victimiser or abuser or hero. The frozen past experiences imprison the client in a past that does not exist any more (Davies, 2004). They wield power over him. Wolstein (1959) described a situation of interlock in which this transference process arises automatically. In this interlock situation, where two individuals are stuck, ‘neither participant is capable of free and independent movement’ (1959, p. 135). Here one experiences the therapeutic impasse (Aron, 2006), the interlocking transference (Wolstein, 1959) that is a straight line as opposed to a triangle (ibid.).



Part 3: The Path of Healing: From Duality back to Betweenness

In Part 3, I will introduce several therapeutic processes and experiences that can facilitate the overcoming of the polarity experience described above.

The Paradox of Betweenness

As mentioned above, the experience of the Third is one of paradox – the oneness and the differentiating Third working together. Perhaps the greatest paradox of this place of betweenness is that it is a place associated with trauma (an innate expectation of relationality not fulfilled, thus traumatic) and at the same time also the ultimate place of healing. It is the sphere of warmth around which defences have been built, so that the client needs no longer enter this place and be disappointed (Figure 2). However, paradoxically these defences, meant to protect the individual, and which may have done so in childhood, are ultimately the obstacles to the individual's discovering a new experience of himself. Self-discovery, or re-discovery, fosters those exact capacities that make such a betweenness experience rewarding and fulfilling – the ability to distinguish oneself from the other, the capacity for mentalisation, and the sense of agency (Fonagy, 2009). Again paradoxically these capacities can only be developed in a betweenness experience as already described.

Especially in interpersonal situations that threaten to touch on betweenness, we can see, for example, how borderline clients' experience heightened stress experienced through reduced levels of affect regulation (Fonagy, 2009). Ogden (2014) describes how any attempt at an intersubjective experience signifies a threat of breakdown similar to the original caregiver–infant breakdown. There is no trust in being held by the other. Trust will be rejected. Immediately. Automatically. Even the trust in receiving knowledge from others is lost. This has been called the 'loss of epistemic trust' (Fonagy & Allison, 2014). Any attempt to connect is attacked or refuted (Bion, 1959).

However, clients often come to therapy exactly for this reason, to try and experience the process of mutual regulation that was denied in infancy, in which both client and analyst can be affected by one another (Aron, 1991). The client wants 'to go there' but cannot. This is painful. But this pain and suffering are also the means by which one is signaling to oneself that one wants change, and to experience the healing power of relationality (Ghent, 1992). In his book *The Basic Fault*, Balint (1979) describes how the client feels that there is a fault within him, a fault that must be put right, and this is accompanied by a feeling that someone has failed him. Such clients experience an anxiety that is expressed in a demand that this time, the therapist should not and cannot fail him.

Clients come to therapy to try to experience (often unconsciously) for the first time the space of betweenness, to experience the sphere of warmth, the sphere of the mediating tone, light and life that was denied them in the past. They fear this space or they fear the rejection of this space, not always realising that the rejection may have already taken place in infancy (Winnicott, 1974). As Ghent notes, 'by reaching into the events that did not happen that might otherwise have brought him into being, he is unconsciously seeking a chance to come into being' (Ghent, 1990, p. 119).

Winnicott (1974) notes that therapy can be about waking the client up to this fact – that the unbearable or unthinkable has already happened, and therefore there is no need to fear what has already happened. This process can take place through the client slowly learning to experience a sphere of warmth with the therapist.

One of the initial aims of therapy is to allow the client to come to 'rest'. This means allowing the client to realise that the therapy room is a place of gentle play, a non-instrumental world in which survival can be let go of for a while. Warmth can be generated, and allow the client to experience more presence and embodiment similar to the facilitation of biological rhythms in infants through the dyadic interplay of mother and infant that was founded on warmth. Warmth in the therapy room can foster a process of remembrance in which the true longings and

dreams of the client are re-recognised and awakened.

Surrender in Overcoming Transference and Counter-transference

The power and semblance of the transference/counter-transference experience can lose their meaning in the therapy room because the therapy room is a place of non-instrumental experience (McGilchrist, 2019), a world described above as the experience of ‘imitation... carried out for its own intrinsic pleasure’. Part of the unlocking of this transference impasse (Aron, 2006) goes through what we could call surrender, an active letting go, or acceptance. The therapist as well as the client can partake in this process.

As Ghent (1990) notes, surrender is an ‘experience of being “in the moment” totally in the present, where past and future... have receded from consciousness’ (Ghent, 1990, p. 109). In surrender, one experiences ‘wholeness, even one’s sense of unity with other living beings’, unlike submission, which is the world of polarity in which one ‘feels one’s self as a puppet in the power of another’ (Ghent 1990, p. 109). Surrender is associated with acceptance as opposed to resignation, which is related more to submission (Ghent, 1990). Clients often do not want to experience this surrender because it touches on a void or place of pain. Clients cling or submit to the world of survival, to doing as opposed to being as a way of avoiding this past trauma.

In this non-instrumental therapeutic space, the experience of surrender and acceptance can break the transference lock (Wolstein, 1959). In this space of intersubjectivity, the therapist does not respond immediately – this would be repeating the experience of polarity, of action–reaction.

A 30 year-old father, Adam, gives me the feeling that one must constantly give him answers or solutions. I feel unable to simply be in his presence. I feel a constant inner pressure to provide him with a feeling of security, and to offer him therapeutic gems that are practical and useful. Adam grew up with a mother who could not recognise his anxiety, a mother who

looked after Adam at a practical level but did not give him empathy. If the mother was going out, Adam could hardly bear this and his mother would set him tasks at home to keep him busy and occupied. But as soon as Adam had finished these tasks, he was left in a vacuum, feeling suffocated with the absence of his mother. In therapy, Adam was forcing me to do the same as his mother, to give him practical solutions. But in this way I was not being truly empathic: I was giving Adam solutions that, in the end, would repeat what had happened with his mother. And I would be experienced by Adam just as his mother was experienced by him. Unable to give him adequate solutions, I would be experienced as non-empathic. Over time, I learnt to live more calmly with this urge to give Adam answers; I learnt to surrender, to let there be a space between us without answers or solutions, to help Adam understand that empathy was not necessarily just providing practical solutions.

Over time, Adam could come to understand that where there is a relationality that fosters betweenness, a third sphere in between action and reaction that was devoid of simply ‘doing’, an experience could arise that did not necessarily have to be traumatic. For the first time in his life, he could truly rest without requiring immediate answers.

We can now understand Steiner’s (1997) assertion that semblance and power can be transformed into freedom and love, respectively. The therapist waits patiently, acceptingly, softly, allowing the semblance and power of past figures to be and to pass through himself. The therapist lets go of the urge to react immediately, and allows the attributes of self-surrender and grace to be present. Over time, something new can be returned to the client if the therapist is able to live with these archetypal motherly attributes of active tolerance, attentiveness, equanimity of soul, true interest and faith in the process, and in the client. These warmth attributes mentioned so often by Rudolf Steiner (1994) ‘melt’ away the frozen objects of the past. The illusionary objects of the past are transformed into real subjects in the present. In this sense, the semblance mentioned above melts away, and true reality is born. The old bad objects lose their power, and the client can experience a new-found freedom from the past,

rooted in the present, leading to the possibility of freedom and deeds that are a striving for relationality and resonance with others. Freedom and love are born through the middle sphere (Steiner, 1997).

Complexity as Opposed to Polarity

A young man has grown up surrounded by violence. He is an orphan, with both parents having been killed in tragic circumstances over family feuds and rages of jealousy. After about one year of therapy, this man just started a new job and sent me a phone message that he will not be able to attend sessions any more because the work hours fall on our regular therapy hour. Despite my attempts to explain that we could find another time, he insisted it wouldn't work out. I persisted, saying that at least we should have a final session to finish in a manner befitting of a year long-therapy process. In the end he was able to agree to a time. We discussed what had happened, and I suggested that perhaps he didn't want to attend any more sessions. He said 'no, I want to come, it is good for me, I just thought we wouldn't be able to find a time'. We worked out a new time. In the sessions following this experience, I noticed a change in him. He seemed more relaxed and mature, and even contacted a previous foster father whom he had abruptly abandoned without saying goodbye, in order to inquire after his well-being, in contrast to his normal pattern of simply cutting off contact with previous acquaintances.

In Winnicott's (1969) terms, I had survived his 'destruction' of me – relationality had survived. Complexity, the middle sphere, was more present. He could bear not having to completely withdraw or to lose himself in violence in the world. I experienced him as finding a middle, as coming a bit more to rest. He could start to be, instead of having to do in order to survive.

Play as Space of Healing

In this Thirdness we can bear paradox, and in this bearing of paradox we arrive at something that goes beyond it. As noted by Ghent (1992), 'paradox... owes its value to going beyond the confines of what the mind can readily process

with concepts that are already familiar and well integrated' (pp. 135–6). Benjamin (2018) describes how play can help us bear a paradox and we can go right through it to healing. A child may say 'no, this doll cannot enter the doll's house' and the therapist can reply 'ok, but let's keep playing' (Benjamin, 2018). The 'no' of the child and the 'yes' of the therapist are overcome through the play (Third) that can bring about healing through holding and living out the paradox.

Play with adults also can serve this purpose. Aron describes a client who arrived late for therapy due to a train delay. The client can live this out in the polarity of withdrawal into oneself versus losing oneself in the world or being one with the world. The world can feel foreign and beyond an individual's control (I have no control over being on time), or one can believe to be omnipotently in control of all the events in one's surroundings. In this last case, the individual experiences self-blame, guilt and shame because he believes he should always be able to control his being on time (Aron, 2006). In order to open up a symbolic or meaningful space that goes beyond these polarities, the therapist can begin to imagine with the client, just for fun, what it would be like if the trains were on purpose trying to make sure the client does not make it on time, for example. The world of the straight line, the world of the Two, loses its potency through humour and playfulness. Warmth enters the room.

Living the Unlived

For the first time, the client can live out what has remained unlived for so many years (Ogden, 2014). Ogden notes that each of us has a part that yearns to live what has remained unlived. This is the part of the client that is actually most healthy. It is that part that seeks time and again for something that it cannot live out but desires to more than anything else. And until he can live this unlived part, the client cannot be liberated from the ghosts of the frozen past. In therapy, experiences that were 'lost in time' can once more be approached. As Steiner notes, the etheric is not only a connecting and mediating

body but also a body of time. In this sense, therapy can be about reconnecting to the times that have been lost or frozen in the past. This can occur through helping the client arrive at presence and embodiment through the therapeutic warmth experience. The client can begin to approach all those un-lived parts of himself from a place of presence as opposed to a place of survival that implies threat.

Authenticity in the Face of Destructiveness

In therapy, the object can be transformed into subject. To paraphrase Buber (1923/1971), we can experience a process from *I-it* to *I-thou*. In the object world of *I-it*, we experience the world in pre-existing categories, the object is seen in [light of] its past memories and expectations of a future bound to these memories. The client lives in the past and future. 'Presentness' is lacking (Safran, 1999). In the transition to the *I-thou* experience, the client can experience the sphere of warmth, the gaze, gesture, tone, attentiveness that may seem so strange because it is so new. This experience can be facilitated when authenticity is present in the therapy room, in an experience lacking in 'contrivance' (Safran, 1999).

This new experience of authenticity for the client is founded on the imperfect nature of the therapist and the acceptance by the therapist of his imperfect nature. As Winnicott (1974) states, this should happen not perfectly, but in a way that the therapist fails from time to time, so that the client can also experience the 'destruction' of this relational sphere and its subsequent repair (Winnicott, 1969). The client can come to realise that even when there is a breakdown of the client-analyst tie, it is not the end of the world. The analyst remains, and the warmth can be found again.

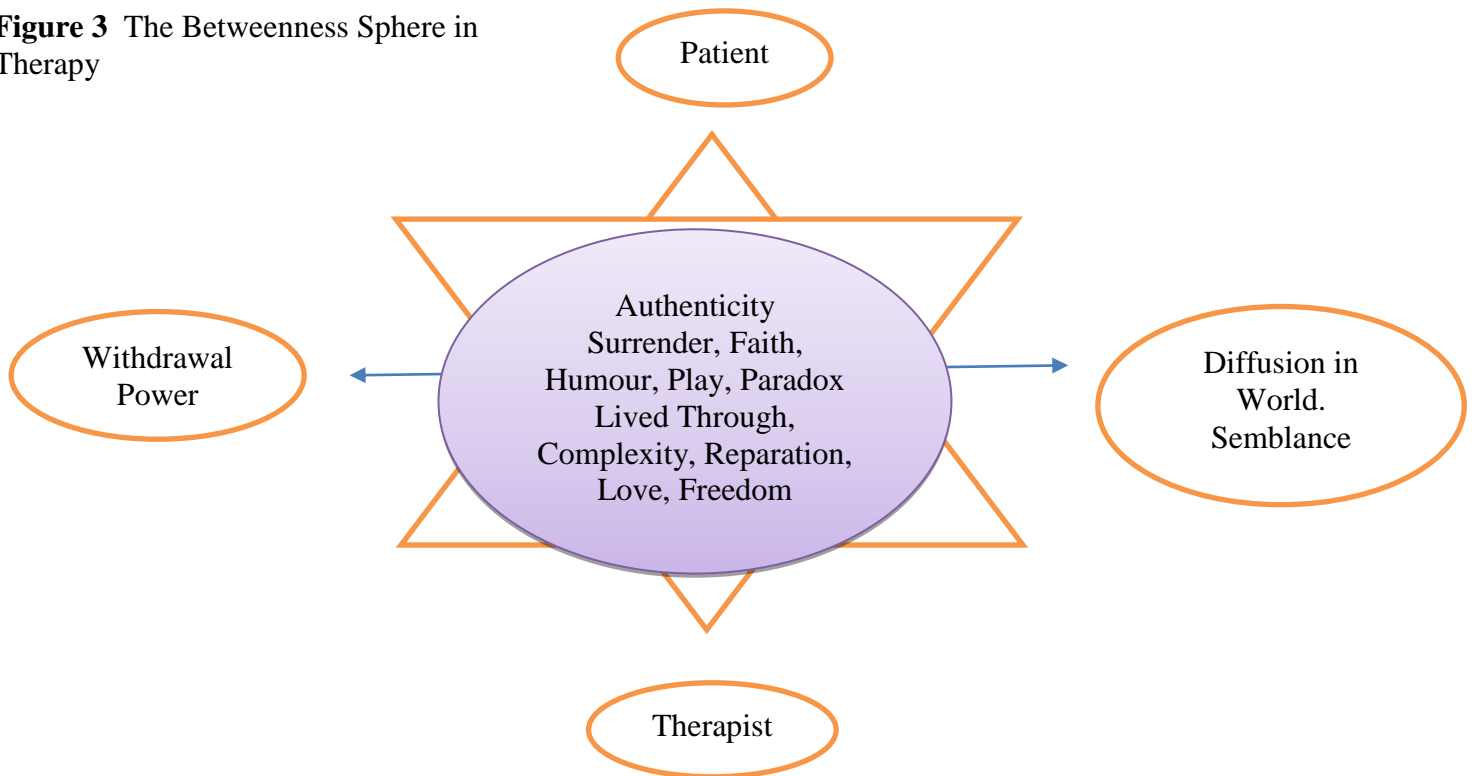
As the client can begin to see these imperfections, and to sense that these imperfections are lovingly accepted by the therapist, the client can begin to let go of attempts to manipulate himself and the therapist

(Kernberg, 1987). Weaknesses in therapy are not used by the client to dominate or get one over on the therapist (Ghent, 1990) because the therapist in a way has already surrendered or rendered worthless any 'victories' by the client. As Steiner notes with regard to this cold world of domination and utility, it can be disarmed by warmth and humour (Steiner, 2006). And so, by being 'destroyed' by the manipulations of the client and surviving these manipulations gracefully and with understanding, the client can gradually wake up to an experience of a therapist as a subject who remains lovingly present through all the futile attempts of power and domination that only prove effective in a world of objects, but that are rendered useless in a world of subjects (Winnicott, 1969).

The Birth of Personal Faith

Faith in the therapeutic process can also be part of the healing process (Eigen, 1981). Neri (2005) notes that through the loving gaze of the therapist, the polarities of omnipotence and helplessness can be transformed into a personal faith. This can happen when 'old objects have been disinvested... then is it possible for us to regain some faith in our present and future life' (p. 90). The impersonal faith is accompanied by idealisation that leaves us unable to attain the 'idealised' or in an illusion of what should or can be – an illusion that is kept because reality itself is not tested or perceived. A new and personal faith is founded on a paradox, knowing that everything will be all right even though the client at the same time does not know what will truly be (Neri, 2005). Many clients lack the 'psychological attitude necessary to tolerate waiting' (p. 93). This middle sphere of waiting can be practised in therapy. This sphere of personal faith is where 'we choose a life which is a source of richness and beauty, but which is also awesome, unfathomable and chaotic: a life which offers joy, and at the same time, anxiety' (ibid., p. 92).

Figure 3 The Betweenness Sphere in Therapy



A Return to the Heart

Anthroposophy brings the understanding that the human being is a threefold being consisting of the sense / nerve system, the rhythmic system, and the limb / metabolic system (Steiner, 1996b). Each of these systems equates to cognition, affect and volition, respectively. In his book *The Abolition of Man*, C.S. Lewis (1962) describes the phenomenon of ‘men without chests’, pertaining to the tendency in our time to become all head, purely arid and abstract thinking beings. In this division of the human being, one can also see this polarity when the middle sphere of the heart and feeling life is missing. We are left with thinking and action devoid of the warmth of feeling. This leads to extremism, to actions not tempered by the regulating middle sphere. Abstract thinking leads to actions not rooted in reality.

Steiner talks about the heart as also being a mediator in the sense that in addition to the physical heart, there is also an etheric heart. As noted earlier, in Anthroposophy this etheric nature mediates and connects us to others. The betweenness experience takes place in this

etheric heart sphere. Here, true presence can be felt with others – the impressing and expressing tendencies meet here, expressed physiologically in the blood entering the right side of the heart from the periphery (expressing), and the blood entering the left side of the heart from the lungs (impressing). From the right comes the expressing stream from the future, our future longings and dreams wanting to manifest and express themselves in the world, approaching us from the distance or the periphery. From the left side of the heart comes the impressing stream of the earthly impressions. This can be understood when we realise that Steiner described the lung as the most earthly or material of organs (Steiner, 1987).

Steiner talks about this etheric heart as becoming more and more detached from the physical heart (Steiner, 1985). One can imagine this as an expression of our desire to go out and meet the other, to depart from our own ego-centricity and of the intense longing felt in our age for relationality and betweenness experiences. We are more and more seeking out the Other in order to eventually wake up to ourselves. This is the

challenge we face today. The warmth of this heart force, founded on the mediating qualities of light, tone and true lively interest seek to find their fulfilment in the meeting with the other. In this meeting, polarities are overcome and something new and healing (the Third) can come into being. Therapy is about returning to a place that contains great pain, and at the same time great healing. It is about rebalancing the past and the future. Steiner notes that our heart is the place where our future destiny is stored. This future destiny can be discovered and experienced in therapy when therapist and client are open enough to reside for small moments in the sphere of betweenness.

Note

- 1 'Ethereic Body' is the term given to the non-material formative, organising principle from which all organic substance is ultimately derived and through which living organisms are endowed with the qualities of life, in this case in the human body. It manifests in the polar tension between centre and periphery, gravity and levity, through integrating four distinct realms: process or time; wholeness or unity; extension/mass; and form/structure. These have been called, respectively, warmth ether, life ether, light ether, and tone or chemical ether.

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