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Julianne Appel-Opper: The unheard stories in our body.

Relational living body to living body [1] communication.

I just returned to Germany from an institute in London, where I had taught a group of students about an integrative approach to the body in psychotherapy. At a book sale there I browsed through the books on psychosomatics. In one of the books I noticed a positive reference to the psychosomatic department of the Justus Liebig University of Giessen, Germany, where from 1981 I had studied psychology. Now that I am sitting down and writing about my approach the memories of my beginnings are still with me. So, I wish to start the story on my approach with my former studies of psychology.

Studying psychoanalytical theories

At that time the psychology department at Giessen was known for the emphasis on psychoanalytical and psychosomatic theories and related clinical seminars. I learnt many interesting theories on the integration of psyche and soma, such as Freud's concept of conversion neurosis (hysterical process in which an unconscious conflict gets converted into the body, the dysfunction of a patient's leg or eye symbolizes the conflict) or Signeos' concept of alexithymia (Sifneos, 1975) (the patient's inability to read his or her own feelings and to put these into words).

My placements at a psychosomatic clinic confronted me with the psychoanalytical approach in practice. I still remember the following scene in a group therapy session:

One patient, a farmer, asked why he felt so 'out of himself'. To my knowledge he never received an answer. Instead he was given the interpretation that 'he always wanted to have the biggest piece of the chocolate bar'. It struck me how the experiental worlds of the therapist and the patient did not meet. It was as if these two men did not find a mutual language in which they could communicate. The client's facial expression has stayed with me over the years. He looked as if he did not feel understood or seen. He did not say anything. His shoulders looked as if they tightened up and he pressed his lips together as if he tried to seal them. These non-verbal responses touched me and I wondered what else might be sealed off in this body. And like him, I did not say anything.

Yes, I had been fascinated by psychoanalytical theories and I had been intrigued how the body could express something the patient could not put into words. But in this scene the patient's body had put something forward, but this remained unseen and unheard.

At the end of my studies I started searching for a training institute for psychotherapy and went to various conferences. I looked at the present trainers and how they came across as human beings. Finally, I chose the Fritz Perls Institute, which at that time offered a training in 'integrative gestalt psychotherapy' combining ideas from the gestalt psychotherapy of Perls', the psychodrama of Moreno and the active psychoanalysis of Ferenczi, as well as psychoanalytical, cognitive, behavioural and body-oriented models. The training also involved concepts from phenomenology, depth psychology and research results from the clinical developmental psychology.

From theory into practice

My first position as a psychotherapist had been at a psychosomatic clinic in Germany, in 1989. The on-going exchange in a multi-disciplinary team of medical doctors, sport

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therapists, psychotherapists and others was a good learning experience. What I learnt to appreciate most was a holistic approach to the patient. In these early years I developed more and more the impression that the body of the patient tried to tell me her/his story and it was up to me to listen to these non-verbal stories.

I have chosen the following short vignettes from a case study in this period:

Mr. G. was a 66 year old man in a wheel chair who had asked to see me after my introductory speech about a psychosomatic approach to orthopaedic medicine. In the first session he told me the history of his physical condition. He had had chronic back pain for many years and 'nothing had helped'. He added that he could only walk a few steps and then had to pause because of the immense pain. Subsequently, I saw him for 19 sessions, in which we focused on his strict upbringing with no encouragement to talk about feelings. Together we realized how his body had to carry his feelings in his back. His spine seemed to be always in a state of alert. Mr. G. told me that during nights he would wake up with a feeling of painful tenseness in his back. I remember that later on I asked him whether anything in his life had happened which would not let him sleep. He looked at me in a very serious way, then looked down saying ' but this cannot matter any more'. He then shared with me a story he 'had never mentioned to anybody', 'not even to my wife'. In the last weeks of the Second World War he had been sentenced to death as a deserter. Being younger than 18 years old the death sentence was not carried out. Instead he was jailed with the uncertainty of the death sentence being passed on him. In summary, Mr. G., thus became able to re-connect with his feelings of anxiety. We gradually focused on how these traumatising experiences had stayed with him, living in his body. At the end of his stay at the psychosomatic clinic he seemed less depressed and less anxious. He was very proud that he was more mobile and could now walk longer distances. The main thing was that he could sleep much better. He left the clinic feeling more positive about himself and the life ahead of him. I assume that the ongoing chronical illness and the related disappointments that no doctor could help him had added an extra weight to the feelings Mr. G. had already carried in the back for so many years.

After my move to the U.K. in 1997 I have been working in the English language. The words from clients are not in my mother's tongue and this has helped me to focus more and more on the 'unspoken' stories. Before having my private practice I worked as an ‘Older Age Psychologist’ for the National Health Service and offered psychotherapy to elderly clients. I recall the case of an elderly man (see Appel-Opper, 2007):

Mr. S. had been referred to me with 'depression' and 'chronic back pain'. I sat with him listening to his story, how and when the pain started, how his life had been so far. In these first years I clearly did not understand every word and every expression. I remember that I needed to slow down a lot to get an understanding of everything else his body told me. Slowly my body got a sense of his body, how he held his back, how he was breathing. I understood more and more what kind of world had been given to him. And how he organized himself when he started to feel sad. We came to understand that from early days onwards, he had learnt not to express his sadness. His lower back was the place where all those feelings were held. I told him how I felt in my body as I listened to his experiences in life. I could feel the tension in my back and sensed a movement there. I added that my body wanted/needed to move. My back felt the frustrations, traumas and the pain and wanted to 'defreeze'. He joined in and imitated my movements and was so relieved after a few sessions.

In my on-going professional development I studied contemporary relational approaches to

psychotherapy. All these concepts opened up another psychotherapeutic world for me. I also became fascinated by dialogical gestalt psychotherapy. In subsequent years I continued to develop a certain style of working with the living body in relationship. The encouraging positive feedback led me to become more and more passionate about wanting to pass on my approach. I strongly believe that the non-verbal communication between therapist and client is a very powerful healing factor in psychotherapy.

Relational living body to living body communication
Since the year 2005 I have been offering seminars to teach my approach in several ways:

On a meadow ...
In the seminars I use the metaphor of a meadow in relation to a motorway. When I am on my motorway I organise myself in a certain way: I have a direction and I stay focused. On a meadow the feeling is more about being there: I am less channelled, less focused; I am more in my senses, in a curious mode; I smell and I breathe deeply. We will do many exercises: how to embody; how to be more aware of the bodily processes and how to be more in touch with the sensations.

...rooted in good soil
As dialogical gestalt psychotherapist I learnt to explore the 'here and now emerging experiences' (Joyce and Sills, 2001) as a figure emerging from a ground. With awareness I attend respectfully the unique world of the client with 'embodiment, feeling and thought' (Joyce and Sills, 2001). I root myself in the phenomenological method of inquiry and in field theory. Merleau-Ponty, the philosopher of the human body provides me with the soil for these roots. We are in the world as a living body ('être-en-monde', Merleau-Ponty, 1945). As Des Kennedy states: 'The phenomenal field as the lived body is part of phenomenology and carries all the richness and promise of what we call 'field theory' (Kennedy, 2003). The world is being given to us only as a living body and only with our perception, with our senses could we make sense. Parlett (1991) points out, that 'through creating a mutual field each of us is helping to create other's realities'. My aim is to co-create a space in which two different living bodies can communicate with each other. I view us human beings as deeply interconnected. As soon as there are two living bodies there is a field of non-verbal communication unfolding.

... attuning towards the grace of the living body
I teach the participants how to physically attune towards the 'grace', the field and the feel of the living body. We look out for movements being frozen and held in the body or shadows and echoes from past contacts with related somatic patterns. In the seminars we welcome stories the body wants to /needs to express. Sometimes I invite the group to draw their body as an example of a creative way to find an access to somatic symptoms. We also focus on 'atmospheres' and 'volumes' and the 'alphabet of the body'. These are concepts the philosopher Schmitz (1989) used to describe feelings in the body.

...surrounded by thinking/reflective space
At times I find myself torn between the rich experience in gestalt psychotherapy and the reflective therapeutic space provided by contemporary relational psychoanalytical theories. Stolorow and Atwood see the therapeutic space as a meeting and a negotiation of 'worlds of experience' (Stolorow and Atwood , 2002). Pizer (1992) gives us examples of these 'two person negotiations', in which analytic potential space can be ruptured and repaired.
I see a living-body-to-living-body communication as an ongoing process of negotiation in physical attunement, regulation and communication.

I encourage participants to stay physically attuned in the field. At the same time the adult therapist and adult client have to take part in this process to contain the work and to make integration possible. Otherwise we could easily re-traumatize the client or she/he would just get flooded with past experiences.Gilbert and Evans (2000) incorporate the concept of the participant-observer by Sullivan (Sullivan, 1953) and thus provide us with an image of 'a standing above the field, whilst also being within it' (Gilbert and Evans, 2000). This perspective is needed for the on-going process of negotiation, communication at various levels.

I also want to mention two metaphors which have truly impressed me. Bollas' (1991) metaphor of 'the shadow of the other' illustrates how all the lived relationships continue to live within us. I believe that the lived relationships also leave shadows in our living body from how we were handled as a baby, how we were attuned to. Some of these areas of experience will be 'unthought' and '*unsensed'* known by the person concerned, but remain living in the body waiting to be heard by 'some-body'. I also transfer Tolpin's (2002) concept of the 'forward or growing edge transference' into my approach. For me there is also something like a hope, 'a healthy striving' in the body that one day 'some-body' will be able to listen, to see the invisible and just to be there.

At the end of this article I want to share a few short passages from a demonstration I did during one of my seminars (see Appel-Opper, 2008). It is a short work with one of the female participants, J.

At the beginning of the work J. had said that she felt 'resistant' ... I feel an atmosphere inside me, light, thin, small and young ...as if a little girl would talk to me...with spoken words I tell her that she can do this with resistance, with my eyes I try to tell her that I see and hear this little girl. I notice how her body responds to what I had said...her back looks as if she puts herself under tension... I also get a glimpse of the shadows and echoes of her past...my body feels restricted and reacts with impulses for movements, which have been frozen in J's body.
I need to create space within myself that my body does not freeze too much... I do the movements slowly ... I get a feeling that her body listens to my movements and takes them in.
Then J. looks at her drawing ...I sense that there is still some movement left in her arms and shoulders ... I am drawn to the movement of her thumb of each hand circulating over the two fingers... After the work J. tells me that 'something happened really deep'. About one year after the workshop, I received an email from J.: ... that 'I felt seen in my seven year old place for the first time ever - then and now - and feel you played a massive part in my thawing'.

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Note
I prefer the term 'living body' to 'lived body' (for example Des Kennedy, 2005). In my mind the former captures the image of the stories and the past relationships living in the body:

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