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What do we say without words? Relational living body to living body[1] communication

Background to my work

I believe that as living bodies we communicate without words and we all have the inherent ability to understand this unspoken language. It is the language in which our caregivers related to us in the first years of our life: the way we were looked at, we were held, we were touched, we were comforted and supported. It is also the ways in which we were not seen, not held, not touched, not comforted, and went unsupported.

In our therapeutic work, our clients carry this pre-verbal implicit relational knowledge as relational rhythms and melodies in their muscles and bones, in the way they sit, move, and gesture. As a Gestalt psychotherapist, I root myself in the phenomenological method of inquiry and in field theory. I consciously slow down so that I can sense how I am in my body in the moment. I try to be aware of my own rhythm, my own melody so that I can clearly hear my client's different rhythm and melody. It is as if I slowly descend a staircase, a staircase leading me deeper into my body as well as deeper into the relational embodied field of myself and my client. In that space I am able to listen to the stories the other body wants/needs to tell and to share.

At the same time I keep a strong connection to my thinking as my anchor so that I can let myself be physically impacted by what is communicated to me as a living body. Merleau-Ponty wrote that only as 'lived bodies are we in the world (*etre-en-monde*) (Merleau-Ponty, 1945/1974). I would like to add that only as a living body can we sense what kind of world has been given to the other body. In my opinion, we can make more explicit use of our physical responses and processes. I believe strongly that we need to root our communication in the same non-verbal language in which our clients broadcast their embodied stories to us. To this end, my verbal interventions are designed to deepen embodied contact rather than to move us into more cognitive discussion.

Schmitz's alphabet (Schmitz, 1989) of the living body helps me to focus on sensation. In an exercise I ask participants on my workshops to look out for a 'narrow' space in the body. I encourage them to be patient and to welcome sensations. I then ask for a 'wide' space in the body. As another exercise in pairs the instruction is to look out for a 'wide' or 'narrow' space in the body of the other. I ask the participants to stay on a phenomenological level and not to analyse, just to describe in a respectful and non-shaming way. Other pairs of words I use are: cold-warm, thin-thick, light-heavy, tight-loose, open-closed. From my experience this kind of 'vocabulary' helps to widen and deepen sensation and to introduce words to this wordless world. In my therapeutic work I get all kind of sensations. I get cold hands, warm hands, headache,

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tension in my forehead or my spine, I get dizzy, I feel sudden hunger, I feel chaos in my whole body. In the following section I give some examples from my clinical work in order to show how I work.

Examples from my clinical work

Ants all over the body

I remember a female client I saw at a psychosomatic clinic in Germany. As soon as she walked into my room she started talking. She talked and talked and after a few minutes I felt as if I were sitting in a rhythm of chaos and anxiety, with my head feeling dizzy, cold hands, and a feeling as if I could not breathe. Gradually I started to interrupt her, the only way for me to say something at this time. After about eight weeks I found a way of expressing my sensations. I told her about my cold hands and that my body did not have enough space to breathe. I remember how immediately she looked at her hands. It looked as if she noticed them for the first time. In the following session we focused on her hands and her experience that she did not feel them. I then asked her to touch her own hands, to try to focus just on that. In one of these sessions my client came up with the image of ants running all over her body, over the floor, just ‘everywhere’. Together we created an exercise using this image of ants, with her moving her arms and hands as if she were gathering in the ants. My client liked the movements very much and we noticed that she could focus on her breathing more and more. During these sessions we both understood the relation between her mother, whom she described as ‘pure chaos’, ‘all over the place’, and the chaos in her body.

High Noon

In long-term work with a male client we created an exercise named ‘High Noon’. In the months before I had noticed that when he talked about conflict situations with his boss at work his breathing would become shallow, his eyes would look as if they were behind fog and he would somehow shrink in his body, and his head would move down. I held my perception for a while, gathered my thoughts, and then decided to tell my client the changes I had noticed in his body as he had talked about the conflicts with his boss. I noticed that he looked at me with curiosity. I then encouraged him to exaggerate what his body wanted as he talked about these conflicts at work. We both came to an understanding that he ‘wanted to disappear’. As his body conveyed these old, fixed gestalten from the past I noticed that my head moved slightly down joining his downward movement of the head. With these down movements I noticed that my head also wanted to move up again. I then asked him how it would be if he were to watch me as I moved my head slowly and very mindfully down and then slowly up. As I did these movements I tried to look out for physical reactions, especially in his skin and his breathing. I saw that his head responded to my movements, his head also began to go up a tiny bit. He seemed to be enjoying this exercise as he told me that he wanted to repeat it again and again. This exercise led to the exercise of ‘High Noon’. As in a western, we stood opposite each other, both imagining carrying pistols and we tried to say to the other with both our posture and look, ‘don’t mess with me’. My client and I very much enjoyed this playful way of un-doing old creative adjustments or relational patterns. We also began imagining some of the scenes in which he was put down at school or at home, in particular in his relationship with his mother, who would not allow him to have his own opinion, ‘head’, or life. With this ‘time

travelling', he and I visited the lonely boy he once had been and sat with him and talked to him. My client and I tried to bring him some comfort by imagining touching his head as we said our goodbyes or by whispering to him that this should not have happened to him and that we felt sorry for him. These were really touching moments for both of us.

The pain finds words

From my recent work with a client at my new home in Germany I recall the following scene.

The client is a woman my age and she comes with chronic pain and anxieties around her body. We had been focusing on her anxiety about developing breast cancer. She had just been for her regular scan and had received the good news that she did not have cancer. As I sat with her I had a sense of tension in my chest. From the corner of my eye I saw that she was hardly breathing. I then asked her what these two breasts had experienced in her life so far. Immediately she replied that she had not been able to breastfeed her son and how awful the whole experience had been at the clinic. She added how ignorant the nurses had been in this 'old GDR hospital'. As I continued to listen to her experiences I sensed a tension and heaviness in my breasts. I then noticed that I wanted to hold my breasts as if they were in pain. I expressed my sensations and my need to hold my breasts. I explicitly asked her whether this would be fine with her to do so 'amongst women'. Her 'yes' came promptly and clearly. So I held my breasts, I crossed my arms and cradled my breasts in my hands. I did these movements really slowly as I was conscious that my client watched me. Seeing me like that her tears started flowing and she cried. I encouraged her fully to express her sighs which had been kept so long in her chest. I later told her that I had the feeling as if her breasts had been left in this awful hospital. She nodded. I then asked her whether it was not time to remove them. She nodded again. I remember that I asked her whether her breasts were here now. She answered 'a bit'. I asked her how she would be treating her breasts, for example when having a shower or after the shower. My client described that she would treat her breasts as in the clinic, with quick movements, like a nurse putting on the body lotion. I encouraged her to devise a new way to treat her breasts.

How does this work? The physical responses and processes

These are examples of how we could focus and express our sensations. It is as if we were able to hear the echoes of what had happened to the other body. In this context I want to mention two metaphors out of psychoanalytical thinking which have influenced my thinking. Bollas' metaphor of 'the shadow of the other' illustrates how all the lived relationships continue to live within us (1991). These lived relationships and scenes also leave shadows, echoes, and atmospheres in our living body. I also like to transfer Tolpin's (Tolpin, 2002) concept of the 'forward or growing edge transference' into the living body. For me there is something like a 'healthy striving', a hope in the living body that one day 'some-body' will be able to listen, to see the invisible and just to be there. By expressing our sensations we somehow echo the echoes of the past.

The echoes and atmospheres of the past, the stories of what happened to the other living body also physically resonate with us. We physically respond, for example, with tiny movements which we hardly notice ourselves. These tiny reactions convey to the other that we sense and are getting a glimpse of the world which had been given to her/him. From my experience, we need to acknowledge this implicit communication. Over the years of practising this style of working I became aware that my body responded at a physical level to the embodied stories of my clients. Gradually, I focused on this physical impact, how my body needed/wanted to respond at a physical level, and how I could increase awareness of this in the therapeutic process. I believe that these tiny reactions also communicate something to our clients. This direct living body to living body communication is a vital part of psychotherapy. It is like another dance of therapist and client enabling bodily 'selfings' (Parlett, 1991) and encouraging the body to continue to speak. For me, we need to do more than echo the past; we also need to talk to the other body. I wish to illustrate this by considering a clinical example in more detail.

The trauma written into the hands

I remember a male client I saw for about two years. He came with a history of having been abused, telling me in the first session that he wanted to 'overcome the horror of this time'. In one of our sessions my hands felt as if they were not alive, very cold and really stiff. It was at that time that he began telling me what had happened to him and what these men had done to him. He had not told me yet that his hands used to be tied up and that he could not move them. I recall that I expressed the sensations I felt in my hands. He responded that he had 'a feeling that his hands were not his hands'. He added that he could not look at or touch his hands. In these sessions I was very conscious of trying to find an adequate measure of intensity for our work. I would check with him from time to time how we were doing. In doing so I tried to make sure that he would not be flooded with feelings of such intensity that he could not cope. I was aware how easily he could have been re-traumatised. I remember that I asked him whether he could look at my hands, how that would feel. Together we came up with 'a plan': that he would only look for three to five seconds and then would look away. We also agreed that I would focus on his breathing and how this impacted him at a physical level. I invited/supported him to join me slowly with what he could sense in his body as he looked at my hands and as he looked away. At first I pointed out that his breathing had changed as he looked at my hands. Then I expressed the opinion that his eyes had opened more and that his skin had turned pale. Gradually, he was able to put words to his physical reactions. He then pointed out that he noticed that his hands started to tremble and that his hands were sweating. In later sessions I told him that I wanted to move my fingers as he watched them. With these movements of my fingers I attempted to communicate to my client's fingers that 'fingers can move' and that I believed that his fingers would do that, too, and more easily at a later stage. Later on he told me that the worst part of the abuse had been that he 'could not do anything'. The focus on the hands and the fingers opened up space to focus on his shame around this.

It is hard to describe how the choice of this experiment with watching my fingers exactly came about. I believe that the first sensations of my hands had been like an echo of my client's sensations in the traumatic situation in the past, as if his fingers

told my fingers what they had experienced at a very physical level. I think now that 'our plan' helped the physical information held in the hands to be passed on to the rest of the body, in this case to the breathing, his skin, his eye contact, and gradually to the rest of his body, such as his back. It looked as if his whole body got involved in these moments to help to carry the burden of the information in the hands. And as this happened more and more, his felt sense of his hands came back step by step. He then expressed the sensations of trembling and sweating. This again had an impact on my hands: I felt an impulse to move my fingers. It was as if the trembling reminded me of my 'lively hands' which are free to move and have not carried this physical information. I announced that I wanted to move my fingers and we agreed on an exercise. I then did the movements really slowly. It was as if my fingers would try to tell his fingers that it is possible to move and that he can do that, too. At the same time I watched out for how this exercise impacted him on a physical level. I kept an eye on his breathing rhythm, the expression in his eyes and how he looked in that moment, his neck, his skin, and the muscle tone in his back. My thinking behind that was that if his breathing would get shallow or his skin really pale and looking thin, that the exercise might be too much for him and that the physical message from my fingers would be blocked or would not fully reach his fingers.

Summary

These are some examples from my practice which confirm to me again and again the importance of a living body listening *and responding in the same language* to the unheard stories of another living body. In recent years, I have also been teaching this style of working. The participants' comments have encouraged me to continue to write (Appel-Opper, 2008) and to give voice to this non-verbal dialogue.

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Note

1. 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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