PREPRINT
INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL, 24, 1, 2026

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Psychoanalysis and Soma

# Two bodies navigating through interbodily rhythms and spaces of spiky and silent trauma

**Abstract:**
This paper focuses on a long-term online and intercultural therapeutic work in which the two bodies of therapist and client find each other and navigate through traumatic spaces. The therapist's embodied presence and being-with, in addition to the implicit body-to-body-communications between the two bodies of therapist and client will be given space. Embodied interventions are introduced, drawing on concepts from Integrative Gestalt Therapy and Relational Psychoanalysis.

**Key words:**
Two bodies, interbodily rhythms, implicit relational knowledge, implicit cultural knowledge, body and culture, embodied interventions, trauma, trauma through emotional neglect

## Introduction

I have developed and refined a novel way of working with an awareness of two bodies communicating together (Appel-Opper, 2008, 2024.) Rhythms of breathing and movements impact and impress both client and therapist (Knoblauch, 2005, Nebiosi & Federici-Nebiosi, 2008; Appel-Opper, 2017). In an embodied field[1] two living bodies communicate with each other and cocreate each other's bodily reality. The significance of attending to the implicit embodied communications between therapist and client has been highlighted by several analysts, for example Sommer Anderson (2008), Aron & Sommer Anderson (1998), Beebe & Lachmann (1998), Pizer (2024), Rappaport (2012), Brothers and Sletvold (2024), Geißler (2008), Scharff (2010). From a Gestalt background, consider authors like Frank (2001), Kepner (2003), Clemmens (2012), Spagnuolo-Lobb (2018), Tervo (2007) and from a body psychotherapy background, Geuter (2023), Carroll (2011), Totton & Priestman (2012), Thielen (2009), Rolef Ben-Shahar (2014), Whyman-McGinty (1996) focusing on self-directed movement sequences, and Payne (2006) focusing on free movement associations write about this topic, to mention a few.

In this paper, I focus on three parts of a long-term therapy with a client, whom I met online as we lived far away from one another. The client and I work through traumatic reactions of fight/flight responses with an underlying trauma from emotional neglect. Here, words often fail to address the physical trauma reactions (e.g. van der Kolk, 2014; Levine 2010). Silent tragedies of emotional neglect can receive too little attention in literature and therapeutic treatment, thus repeating these clients' early experiences of being ignored (Stauffer, 2021; Appel-Opper, 2024, 2025). From the rich and complex

[1] In both of my theoretical backgrounds, integrative gestalt psychotherapy and relational psychoanalysis, the embracing of the concepts of field and atmospheres provide structure for deeper theoretical exploration (see for example Francesetti et al., 2025).

therapy, I choose clinical scenes, in which I explore how two bodies are truly needed, both navigating through traumatic rhythms and spaces, turning implicit body-body-communications into explicit embodied interventions and experiments.

Intercultural perspectives are highlighted. I believe that the melody of the client's embodied messages can only be fully understood when I also hear the underlying cultural tones, thus interweaving implicit relational knowledge and implicit cultural knowledge (Lyons-Ruth,1998 ). Tömmel (2010) points to

> "graves of language…the unconscious layers of fantasies, feelings and thoughts, which, like geological layers have piled up during the development of the children who later on become migrants" and " that the analyst should be able to perceive early cultural imprints underlying the adaptation to the guest culture" (p. 98).

In this respect, the body can be a compass in a foreign world if the analyst/therapist knows movement and body vocabulary and develops "the skills of operating in the subsymbolic interactive mode. By virtue of experience and training and perhaps other factors, the analyst may develop this to a relatively high degree and may have somewhat more sense of safety in negotiating the troubled waters." (Bucci, 2011, p. 52)

The following clinical scenes explore interbodily processes and spaces when encountering fight/flight traumatic reactions within the more silent trauma of emotional neglect. I call my client Claire. She is an American woman living in Germany and I am a German who has lived in different countries, including one year in the U.S. and for nine years in England.

**The arms running away**

> *Claire starts this online session with: "Something popped up in a webinar training. I am so frightened of speaking in front of other people. I want to run away" … "and at the same time, I seem also to run to these situations". When she says this, I notice how her arms are moving as if they would run. I say: "Your arms look like running". She replies: "Yes, they do! And my head is spinning!" In this moment, I am reminded of the traumatic situation which had brought Claire to seek therapy. In this situation, she also could not physically run away.*

The scene I describe, happens within the third and final part of our therapeutic work. Claire is now able to say "I am frightened" instead of the earlier nonverbal fear taking over. It is as if she bodily dips into these neurobiological trauma reactions again. We have been there before. This time, however, her reactions have less spikes and there is a space/gap for her to feel, think and speak. Her window of tolerance has widened over time. Rothschild (2017) takes up Siegel's (1999) image of the window of tolerance and refines the concept to define how affect tolerance is associated with which possible integration. In other words: if our clients, or we as therapists, are too overwhelmed by emotions and trauma reactions, little integration or mentalization can take place. For the therapist the danger of burn-out can grow. Zvelc (2025) highlights how "the therapist's embodied presence, and particulary the state of their autonomic nervous system in the here and now of the therapy session, is a pivotal psychotherapeutic factor, essential to the quality and effectiveness of therapy" (p.1)

In retrospect, Claire and I went through three phases or layers. *In the first phase of our work*, Claire struggled to put into words what had happened during her childhood. In this past traumatic scene, her male babysitter had exposed himself to her. The idea or

thought of the traumatic situation flooded Claire in dysregulation like in the past. Sitting with her, I had resonances of feeling hot and cold in various body parts[2]. I could sense Claire's freeze reactions in the way my breathing became more shallow and in the numbing of my legs, in other words not sensing my legs much. My client could not share her traumatic reactions with words, but I received her bodily trauma reactions as implicit body-to-body-communications in an embodied field. In other moments, I could sense how my arms felt like activated, alerted with my head spinning a bit with many thoughts. From my clinical experience, I learnt that the body can hold both more active trauma reactions as fight and flight and also more passive reactions as freeze, flop, and friend[3] (Lodrick, 2007; Emanuela & Metz, 2020; Appel-Opper, 2018) in different body parts. The more often these traumatic reactions appear, the deeper they get imprinted.

As Claire and I went along in our psychotherapeutic meetings, she shared more how she had been left alone when in distress. Especially after the traumatic scene, she spoke about how she had waited for her mother to comfort her, which did not happen. At times, I had a sense as if she would fall into a space with no entrance or exit, panicking on her own, alone, with no other body present and coregulating her. I had an image of a body running a marathon without movement in the legs, free floating. Claire and I understood more and that she had been on her own with no one soothing her.

In my bodily being with, I could sense and feel her agony. I could feel really close how it must be like for Claire to fall into these spaces. In the Somatic Third (see Rappaport, 2012), I have to make sure that I am not fully flooded. In earlier texts, I point out that therapists need to be anchored in their thinking so that they can hold onto a meta-perspective as they let themselves be deeply physically impacted and impressed by another body (Appel-Opper, 2008). In my tuning in, my body needs to keep a gap within my own body and within the cocreated field with Claire. I still must know how to regulate myself while feeling and sensing her distress of falling. In other words, I can feel Claire's holes of self-regulating as she had not experienced much co-regulation with her mother. In these implicit body-to-body-communications, my ways of regulating myself get more and more bodily transferred to her body. With clients who experienced the trauma of emotional neglect, these processes are complex. One layer of the described scenes is that another body should not come close to the relational holes as these have to be kept open, hoping the mother would change and would close them. In summary, to describe the Body Third sequences, I like to use the metaphors as if we met lung-to-lung as if her breathing rhythms would communicate: "I have no space", "I die"; her heart beating faster: "I race"; *from her head*: "I run in circles"; from her *spine*: "There is no body, there are no legs or arms, I am on my own, I am holding all together". Leikert's (2024) metaphor of encapsulated body engram can be read as a space in the client's body where the unformulated, traumatized experiences are closed off. To me,

[2] My resonances, sensations and feelings take place within a co-created intersubjective field. These are relational resonances, sensations and feelings and should not be confused with a merging or confluence between therapist and client.

[3] *Fight*: in general, the body gets prepared to fight: tensing in jaw, arms, shoulders, legs, toes. *Flight*: here, the body needs to come away from the threat, actively by running, passively by backing away, hiding: the head might move down. *Friend*: is our earliest defense strategy, a biological program to activate our social engagement system: lips smile for example. The Stockholm Syndrome can be seen as an example of this traumatic reaction. *Freeze*: When friend, fight and flight are not likely to be successful, the body goes into a freeze: tensing in legs, arms, shoulders for example. *Flop:* when freeze fails, the body switches from a tense into a floppy state without much muscle tone.

it reads as if Leikert sees his role in containing his patients to explore these capsules on their own. In my way of working, I go one step further with the image that client and therapist meet exactly in these spaces. Two bodily spaces find, resonate, and communicate with each other as rhythms and movements, regulating traumatic reactions "within the bodily inbetween" (see Wegscheider, 2022, Francesetti, 2019, Hycner, 1985). One layer of the work is that I feel the panic with my client, another layer is that my client starts to sense the state of my nervous system and with this my breathing rhythms. With time I had the image as if her arms and legs would learn to swim with me, defreezing or calming hyperactive states, thus co creating a third melody/space of being in the world.

She and I were floating, I could feel her anxiety to go down, session after session, months after months. I could sense her breathing and how her dysregulated breathing had an impact on my breathing. Again and again, I would take a deeper breath to contain and regulate my breathing and thus her breathing. This is exactly what Claire had not experienced enough from her mother. She and I would do this in our actual meetings so that her inner girls would receive these containments and co-regulations, another body being with her online from a safe distance. At times, I intervened in saying softly: "It is okay! "You can tell me later, there is time". In other moments, I shared the fantasy that I felt a need to get up and walk up and down when listening to her distress. In later sessions, we spoke about how she and I would walk up and down for some minutes and then return to the screen again. I then checked her breathing and how her legs felt like. Over time, I had been slowly bringing myself in, another body being with her, and with time my felt sense of her experiences and her traumatic reactions which I could feel as relational resonances. In one *embodied intervention*, I offered my breathing to her in which she would just watch me taking a deeper breath and then breathing out. When I did this for some minutes, she shared that this had calmed her a bit. (for more detailed descriptions of my interventions, see Appel-Opper 2017, 2019, 2024).

There were sequences in which I echoed her louder voice with my louder reaction of "okay". This felt like meeting her spikes of energy in her body. With time, she could look into my eyes. It became clearer that these spaces were filled with shame and that Claire had shamed herself for what had happened and especially for what had not happened. The spaces felt endless, endless like the years Claire had been waiting for her mother to come back to her and to speak with her about what had happened. Her mother never spoke to her about what Claire had conveyed to her. Instead, Claire had been left alone with the trauma reactions in her body.
I repeat what I said earlier. Feeling Claire's flooding and dysregulation myself, I still had a kind of anchor in staying thinking. In this regard, I also want to share the image of a gap, in which I could regulate myself. From the gap, I could offer movements to the frozen parts of her body. If the therapist gets too flooded, the message to the client could be: "I cannot cope sitting with you. It is too much for me". We must make sure that we stay lighter in the heavy traumatic reactions of our clients. From a gap, in which I differentiate bodily to her, I could also find slower rhythms from which I could say :"I am here!" With hindsight it felt like offering interventions (rhythms of 'swimming', moving arms and legs in a certain rhythm) as well-defined movements contrary to the panic/fight/flight reactions of the uncoordinated legs and arms. Over time, Claire's nervous system adapted more into mutual regulation between us and then slowly into more self-regulation. Her fight/flight reactions became less spiky. Through sensing me in the space, she could find more easily the door to leave this space. Over time, she became more in control[4] to experience to survive!

[4] Here I think of self-agency which typically for trauma as not well established or well developed.

With time, and leading into *the second phase* in our work, we could address the inner girls of different ages who had been emotionally neglected. In earlier interbodily communications of "I am no body!" I had already heard early echoes of "I am nobody". Lodrick (2007) emphasizes that a failed freeze mechanism can lead to a flop state. The body then loses muscle tone and transforms into a limp, flabby and submissive body. Dana (2018) draws a connection to the autonomic nervous system. She speaks of an "autonomic ladder ", the bottom of which she describes as follows:

> „I'm far away in a dark and forbidding place. I make no sound. I am small and silent and barely breathing. Alone where no one will ever find me… When all fails, when we are trapped and action taking doesn't work, the "primitive vagus" takes us into shutdown, collapse, and dissociation. Here, at the very bottom of the autonomic ladder, I am alone with my despair and escape into not knowing, not feeling, almost a sense of not being. I might describe myself as hopeless, abandoned, foggy, too tired to think or act and the world as empty, dead and dark… "I am lost and no one will ever find me… Health consequences of this state can include chronic fatigue, fibromyalgia, stomach problems, low blood pressure, type 2 diabetes and weight gain. (Dana, 2018, 9-12)

I remember how she and I started to talk to these young girls who felt embarrassed, ashamed, or unattached to themselves and the world around them, playing dead/not being. This is consistent with what Rappaport (2012) calls "speaking directly, with intention, to the self state of the child, to her hurt and her emptiness" (p.380). It felt as if the young girls needed to get used to being with another which is typical for trauma through emotional neglect. Being culturally different to Claire, I asked her how to address these girls and how to speak to them and thus finding theirs tones and rhythms[5]. At times she could not find words when I tried to offer words. In this second part of our work together, Claire's experiences of traumatic emotional neglect got more visible and approachable. Like in other trauma, both Doer and Done-to (Benjamin, 2018) behavior entered the body. With emotional neglect as trauma however, there is a Doer entering the body as a rejecting, absent, non-interested, non-supportive, critical father/mother. Soth (2015) argues that both poles of the original traumatizing relationship manifest bodily. The body learns the victim reaction and the perpetrator behaviors. Where there is trauma through emotional neglect, is that a rejecting absent, non-interested and non-supportive father and or mother enters the body.
Stauffer (2021) writes:

> „… we are faced with a client who is split in two parts: the introjected caregiver who is judgmental and shaming, and the inner child who is ashamed. Ultimately the way of this split will include both to help protect the shamed child and also to separate from the shaming introjects" (p. 149).

When the child experiences low impact on the early other, feelings of self-worth and self-agency cannot fully develop. Already the baby might not have experienced enough turn-taking; the to and fro of relating to each other (Knox, 2011). Brown (2010) differentiates "fitting in" and "belonging": "Fitting in is about assessing a situation and becoming who you need to be to be accepted. Belonging on the other hand, doesn't require us to change who we are; it requires us to be who we are". (p. 27).

Beside freeze and flop, the neglected child can develop tend/befriend as traumatic reactions. Especially in this part of our work, we became aware of how Claire's focus had been to the other, away from herself. The infant learns early to tune into the

[5] Being more fluent in British English, I am reminded of the quote by George Bernard Shaw that "The United States and Great Britain are two countries separated by a common language."

caregiver with the danger of losing sense of self (Beebe et al., 2021; Bowlby,1960; Lyons-Ruth, 2003). Using the image of contact holes in the body of emotionally neglected bodies, In an interview I describe how neglect can affect single body parts (Naalsund, 2024) in which, for example the arms might remain in a dead-playing/non-being state. The arms had too little experiences of the mother/father welcoming the child with wide-open arms and a joyful expression. In the work with Claire, her legs had remained in such a freeze/flop/non-being state. Here, the problematic aspect is that these legs continue to wait for her mother and thus close these holes. We must understand how the attachment bond between the neglected child/adult and caregiver stays quite strong. The body is bound because it is clinging to the belief that one day the parent might change.

We also must understand that shame is *the* emotion of the neglected child. (Stauffer, 2021; Cozolino, 2002). Atmospheres of shame can be like thick fog/stuffy air or like a certain weather condition that has persisted for decades. Schore (1974) highlights how an overlooked child's affect regulation can be impaired and speaks of the child's shame when their behavior is met with silence. Fuchs (2003) writes:

> "From a phenomenological viewpoint, shame and guilt may be regarded as emotions which have incorporated the gaze and the voice of the other. In shame or guilt, we are rejected, separated from the others and thrown back on ourselves" (p. 223).

It is important to highlight that shame cannot be discharged but can only be "normalized". Feeling shame then becomes a less catastrophic state. When the client can say "I feel shame", then there is an I who has shame and the ego is no longer flooded with shame. Every body has individual shame patterns/gestalten. The body can feel branded or marked with the messages: "You are wrong, you do something wrong, you look wrong/different, I do not want you". This disconnects the body from the field and with this, from the supportive field forces. The body cannot reach out. The person goes into thinking, trying to analyze what went wrong and how to be/do better next time. There are various scenarios that can lead to embarrassment, shame, and even existential shame. Ultimately, there is also the shame of feeling so much shame. One scenario, for example, would be that it is shameful when someone else witnesses that the child wanted something. In the triad between mother, father, and child, the child is being shamed by a third-party present. This third party sees the child being exposed, which in turn triggers a great deal of shame. These experiences can later escalate into fears in public spaces. The child may learn early on that it is better not to stand out and to be too visible. I agree with Lee and Wheeler (1996) that it is important for psychotherapists to know and acknowledge our own shame processes. I recall a colleague's comment: "In my training, shame was not given any space. On the contrary, I was shamed for having shame."

At times, I became reminded that Claire lived in a culture which had not been her first culture. From own experiences of living in other cultures[6], I remember that I did not recognize myself at times. Migrants can feel ashamed about being different and being looked at as being different. Migration means a disruption of the self (Özbek & Wohlfahrt, 2006; Parlett 2000). Authors, partially migrants themselves point to the challenges in their intercultural work (Lobban, 2013; Hill, 2008; Walsh, 2014; Sapriel & Palumbo, 2001; Clemmens & Bursztyn, 2003, 2005; Sperry, 2013; Levine Bar-Yoseph,

[6] I know how it feels to be the stranger/foreigner with the others knowing the unwritten Do's and Don't's. I recall the comments after an exercise[6] I had offered in a seminar on cultural awareness: "I had not believed that it is so complicated to be Norwegian" … How must foreigners struggle".

2005; Varchevker & McGinley, 2013; Gomperts, 2010; Tömmel, 2010; Appel-Opper, 2007, 2012, 2025).

In the following, I continue with the clinical scene which I started earlier.

> *In this session I say with a smile: "Do your legs listen to our conversation? Well, legs usually do the running, are they listening?" Her "No!" comes immediate. "Do you want to kindly, respectfully try to tell them a bit about what we are talking about?" Claire replies immediately: "I do not know how to do this. I do not know where they are." I reply: "Okay, what about starting to welcome your feet to the ground?" She says that she notices that she sits with her feet are crossed, and her toes just moving a bit. Then, she tells me that she moved her feet so that both stand next to each other, touching the ground. After a while she adds: "this feels nice". In these passing minutes, I have noticed that her breathing has been changing. At first it felt as if she was breathing only within a small place in her chest. Now, her breathing has been going down. The space of her breathing feels a bit bigger.*
>
> *Later, I ask: "Now that your feet are more here, what about welcoming your knees to our conversation?" I move my knee up so that she sees my knee at the screen and how I touch it. I do this gently, just with my one hand moving up and down a bit. She says: "it's odd to see your knee and she adds: "My knees are big". To this I reply: "Ah, okay, I can move my knee back under my table, how is that?" "Yes, this is better!" is her reaction. As she and I are touching our knees, she remembers her Sundays in church with the "Do not move order" sitting next to her parents. The scene continues to unfold and we are both staying with the young girl who had to wear a skirt, and who felt exposed, shamed and not knowing how to be/how to cope in this situation.*

Again, I become aware of our different cultural upbringings. Do churches have the same atmospheres? No! Is there a horizon of atmospheres, like the horizon of experiences in which there are possibilities of knowing – the potential for what we can say and think and what we cannot (Stolorow et al., 2002).
Francesetti (2019) focuses on:

> "…affectively charged space-time made up of horizons of restraints and potentialities… in which "certain phenomena can emerge while others cannot, well before any choice can be exercised." (p.47)

Coming back to sitting in church, I have bodily imprints from sitting as a girl in a church in Germany, but how does this feel in a different culture, thus different world of experience with also a different religion? Over time, my body tried on and thus learnt her worlds of experiences and with this, different atmospheres of places. My supervision with an analyst in the U.S. helped me to open up to different worlds of experiences, different être en monde (Merleau-Ponty, 1945).

> *Months later, I ask Claire: "Could we thank your legs for learning to become so still, a nearly impossible task for legs. I add that "your legs learnt this just for you so that you could survive in all these past situations". I see tears coming into her eyes. I notice how her breathing is quite deep and regulated. She says: "When I thank my legs, there is something happening in my legs for which I have no words". Then, she adds: "It's a bit as if they wake up".*

In our ongoing work, Claire shared that it got easier for her to speak in front of other people. Also, she found it easier to contact people she had not met before. Claire also shared that she was not thinking about her childhood trauma anymore whereas before, the scene had been there every day. She ended the therapy after some years, in which she and I never met face-to-face.

With this text, I wanted to highlight the importance of inter-bodily processes and how they evolve in an online field. Implicit body-to-body-communications happen virtually and can be developed into explicit interbodily interventions. My clients and I are geographically far away from each other, and still we feel and sense each other, a bit like inhaling each other, sensing bodily imprints from other worlds of experiences.

**Acknowledgement**
I want to thank my client for giving me her consent to write about these clinical sequences. I also wish to thank Manfred Opper, Bonnie Zindel and Laura Brophy for their critical reading of the manuscript. I am grateful to Ute Wirbel for her ongoing support. I thank Helena Vissing for inviting me to this special edition.

**References**

Appel-Opper, J. (2007). Intercultural Communication: My own personal Journey through Culture*. British Journal of Psychotherapy Integration*, 3, 1, 36-41.

Appel-Opper, J. (2008b). The unheard stories in our body. Relational living body to living body communication. *The Inside Out, Journal of the* Irish Association of Humanistic and Integrative Psychotherapy, *55, 37-43.*

*Appel-Opper, J. (2008a). Relational living body to living body communication. The British Journal of Psychotherapy Integration. 5, 49-56.*

Appel-Opper, J. (2011b). Die Kultur im Körper und der Körper in der Kultur: Inter-kulturelle körperorientierte Psychotherapie. [*The culture in the body and the body in the culture: intercultural body-oriented psychotherapy]*. *Zeitschrift für Individualpsychologie, 36, 140-155.*

Appel-Opper, J. (2012). Intercultural body-oriented psychotherapy: The culture in the body and the body in the culture. In C. Young (Ed.), *About Relational Body Psychotherapy*, 201-216. Stow: Body Psychotherapy Publications.

Appel-Opper, J. (2016a). Failures, Challenges and Learning within the Field of Intercultural Psychotherapy, Supervision and Training. In: R. Ben-Shahar; R. Shalit, *Therapeutic Failures.* London: Karnac.

Appel-Opper, J. (2016c). In how many languages do bodies speak. Paper presented at the conference of the IARPP, International Association for Relational Psychoanalysis and Psychotherapy *'The Arts of Time. Relational Psychoanalysis and Forms of Vitality in Clinical Process*' in Rome.

Appel-Opper, J. (2017). Heilsame Körperdialoge im interkörperlichen Feld – Interventionen u. Experimente. Gestalttherapie. Forum für Gestaltperspektiven 31, 2, 55-74.

Appel-Opper, J. (2019b). English smiles, Italian shoulders and a German therapist. International Body Psychotherapy Journal. https://www.ibpj.org

Appel-Opper, J. (2019a). Interkörperliche Prozesse in der Psychotherapie und in der Supervision. Gießen: Psychosozial-Verlag. Forum Bioenergetische Analyse 2019, 45-63.

Appel-Opper, J. (2024). Heilsame Körperdialoge im interkörperlichen Feld. Gestalttherapie. Forum für Gestaltperspektiven 38, 2, 30-51.

Appel-Opper, J. (2024). Traumatisering gjennom emosjonell neglisjering og omsorgssvikt. Om rigiditet og skam i det mellomkropps feltet. In: [Traumatization through emotional neglect: Numbness, rigidity and shame in the interbodily field of psychotherapy and supervision. In: Gestalttherapeuten. Årvok 2024. Norsk Gestalttherapeutforening, 21-37.

Appel-Opper, J. (2025). Cultural forces – Opening and closing. Francesetti, S. Federici, M., Gecele, M. & Nebbiosi, G. (Eds.) Beyond Trauma. Has Clinical Practice been reduced to “psycho-traumatology”? London: Routledge.

Aron, L. & Sommer Anderson, F. (1998*)(Ed.). Relational Perspectives on the Body*. London: The Analytic Press.

Beebe, B. & Lachmann, F.M. (1998). Co-constructing Inner Relational Processes. *Psychoanalytic Psychology.* 15, 4: 480-516.

Beebe, B.; Sossin, K.M.; Cohen, P.; Moskowitz, S., Reiswig, R., Tortura, S.; Friedman, D.D. (2021). Close observation of mother-infant interactive process in the wake of traumatic loss: The September 11, 2001 primary prevention project. In: *Psychoanalytic Perspectives*, 18, 314-335. London: Routledge.

Benjamin, J. *(2018*): *Beyond Doer and Done to. Recognition Theory, Intersubjectivity and the Third*. London: Routledge.

Brothers, D. & Sletvold, J. (2023). *A New Vision of Psychoanalytic Theory, Practice and Supervision. Talking Bodies*. London: Routledge.

Brown, B. (2010). *The gifts of imperfection. Let go of who you think you’re supposed to be and embrace who you are.* Center City, U.S.: Hazelden Publication.

*Bucci, W. (2011).* The Interplay of Subsymbolic and Symbolic Processes in Psychoanalytic Treatment: It Takes Two to Tango-But Who Knows the Steps, Who's the Leader? The Choreography of the Psychoanalytic Interchange*. Psycho-analytic Dialogues, 21,1, 45-54.*

Carroll, R. (2011). In search of a vocabulary of embodiement. *Body, Movement and Dance in Psychotherapy*, 6, 3, 245-247.

Clemmens, M. (2012): The Interactive Field: Gestalt therapy as an embodied relational dialogue. In. T. Levine Bar-Yoseph.(Ed.). *Gestalttherapy: Advances in Theory and Practice*. New York (Routledge).

Clemmens, M. & Bursztyn, A. (2005). Culture and Body. In: Levine Bar-Yoseph, T. (Ed.) *The Bridge. Dialogues across cultures*. Metairie, USA: Gestalt Institute Press.

Clemmens, M. & Bursztyn, A. (2003). Culture and Body: A phenomenological and dialogic inquiry. *British Gestalt Journal*. 12, 1: 15-21.

Cozolino, L. (2002). *The Neuroscience of Psychotherapy. Building and Rebuilding the Human Brain*. New York, London: W.W. Norton.

Dana, D. (2018): *The Polyvagal Theory in Therapy. Engaging the rhythm of regulation*. London: W.W. Norton & Company.

Emanuela, V. & Metz, C. (2020). *My body, my home. A radical guide to resilience and self love.* Hardie Grant Books.

Francesetti, G. (2019). A clinical exploration of atmospheres: towards a field-based clinical practice. In: G. Francesetti & T. Griffero. (Eds.). *Psychopathology and Atmospheres. Neither Inside nor Outside. Cambridge Scholars Publishing.*

Francesetti, G. (2019). The field perspective in clinical practice: Towards a theory of therapeutic phronēsis. In P. Brownell (Ed.), *Handbook for theory, research, and practice in gestalt therapy* (2nd ed., pp. 268–302). Cambridge Scholars Publishing.

Francesetti, G., Gecele, M. & Migone, P. (Eds.) (2025). *Field Perspectives in Clinical Practice. A Dialogue between Relational Psychoanalysis, Post-Bionian Psychoanalysis, and Gestalt Therapy.* Routledge.

Frank, R. (2001). *Body of Awareness: A Somatic and Developmental Approach to Psychotherapy.* GestaltPress.

Fuchs, T. (2003) The Phenomenology of Shame, Guilt and the Body in Body Dysmorphic Disorder and Depression. *Journal of Phenomenological Psychology,* 33, 2, 223-243.

Geißler, P. (Ed). (2008). Der Körper in Interaktion. Handeln als Erkenntnisquelle in der psychoanalytischen Therapie. [The body in interaction. Action as a source of knowledge in psychoanalytic therapy]. Gießen: Psychosozial-Verlag.

Geuter, U. (2023). *Body Psychotherapy: A Theoretical Foundation for Clinical Practice*. London: Routledge.

Gomperts, W. (2010). Similar and yet different. Psychoanalytic psychotherapy with first and later generation immigrants in the Netherlands. In Schloesser, A.-M. & Gehrlach, A. (Eds): *Crossing Borders – Integrating Differences: Psychoanalytic Psychotherapy in Transition.* London: Karnac Books.

Hill, S. (2008). Language and Intersubjectivity: Multiplicity in a Bilingual Treatment. *Psychoanalytic Dialogues*. 18, 437-455.

Kepner, J. (2003). The embodied field. British Gestalt Journal, 12, 1, 6-14.

Knoblauch, S. H. (2005). Body rhythms and the unconscious: Toward an expanding of clinical attention. *Psychoanalytic Dialogues*, 15,6, 807-827.

Knox, J. (2011). *Self-Agency in psychotherapy: attachment, autonomy, and intimacy*. New York: W.W.Norton.

Lee, R.G. & Wheeler, G. (Eds.) (1996). *The voice of shame: Silence and Connection in Psychotherapy*. San Fransisco: Jossey-Bass.

Leikert, S. (2024). *The Bodily Unconsciousness in Psychoanalytic Technique*. (English Edition). London: Routledge

Levine, P. (2010*). In an unspoken voice: How the Body releases trauma and restores goodness.* Berkeley, CA: North Atlantic Books.

Levine Bar-Yoseph, T. (Ed.) 2005. *The Bridge. Dialogues Across Cultures.* Metairie/New Orleans, La. USA: Gestalt Institute Press.

Lobban, G. (2013). The immigrant analyst: A journey from double consciousness toward hybridity. *Psychoanalytic Dialogues. 23*: 554-567.

Lodrick, Z. (2007): Psychological Trauma – What Every Trauma Worker Should Know. *In: The British Journal of Psychotherapy Integration*. 4, 2,18-28.

Lyons-Ruth, K., Boston Change Process Study Group. (1998). Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment. *Mental Health Journal*, 19, 3, 282-289.

Merleau-Ponty, M. (1945/1974). *Phänomenologie der Wahrnehmung [the Phenomenology of Perception*. Frankfurt am Main: Suhrkamp.

Naalsund, *P.T. (2024). The predicament of nurses. A conversation with Julianne Appel-Opper about taking care of our nurses. In: Gestalttherapeuten,* https://gestaltterapeuten.no/2024/04/the-predicament-of-nurses-an-conversation-with-julianne-appel-opper-about-taking-care-of-our-nurses/ (10.5.2025)

Nebbiosi, G. & Federici-Nebbiosi, S. (2008). “We” got rhythm: Miming and the polyphony of identity in psychoanalysis. In: F.S. Anderson, (Ed.) *Bodies in treatment: The unspoken dimension,* 213-233. New York: The Analytic Press.

Özbek, T. & Wohlfahrt, E. (2006). Der transkulturelle Übergangsraum – ein Theorem und seine Funktion in der transkulturellen Psychotherapie am ZIPP [The cross-cultural transitional space - a theorem and its function in transcultural psychotherapy at ZIPP]. In Wohlfahrt, E. & Zaumseil, M. *Transkulturelle Psychiatrie - Interkulturelle Psychotherapie: Interdisziplinäre Theorie und Praxis* [Transcultural Psychiatry - Intercultural Psychotherapy: Interdisciplinary theory and practice], 169-176.

Pizer, B. (2024). *Body Words and the Analyst’s Use of Self. Transforming the Unspeakable in Clinical Process*. London: Routledge.

Parlett, M. (2000). Creative Adjustment and the Global Field. *British Gestalt Journal*, 9, 1, 15-27.

Rappaport, E. (2012). Creating the Umbilical Cord: Relational Knowing and the Somatic Third. *Psychoanalytic Dialogues*, 22, 3, 375-388.

Rolef Ben-Shahar (2014). Touching the Relational Edge. Body Psychotherapy. London: Karnac.

Rothschild, B. (2017): The Body Remembers. Volume 2. Revolutionizing Trauma Treatment. London: W.W. Norton & Company.

Sapriel, L. & Palumbo, D (2001). 'Psyche and culture: An exercise in peer supervision', *British Gestalt Journal*, 10, 2, 86-96.

Scharff, J. (2010). *Die leibliche Dimension in der Psychoanalyse*. [The bodily dimension in psychoanalysis]. Frankfurt/M.: Brandes & Apsel Verlag.

Schore, A.N. (1974). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Erlbaum.

Soth, M. (2005). Embodied countertransference. In: N. Totton (Hrsg.). New *Dimensions in Body Psychotherapy*. Maidenhead: Open University Press.

Sommer Anderson, F. (2008). Bodies in Treatment. The Unspoken Dimension. New York: The Analytic Press.

Spagnuolo Lobb, M. (2018). Aesthetic Relational Knowledge of the Field: A Revised Concept of Awareness in Gestalt Therapy and Contemporary Psychiatry. Gestalt Review, 22, 1, 50-68.

Sperry, M. (2013) Sameness and difference: cultivating cultural dialogue, International *Journal of Psychoanalytic Self-Psychology*, 8:1, 77-91.

Stauffer, K. (2021): *Emotional Neglect And The Adult In Therapy. Lifelong consequences to a lack of early attunement*. New York, NY: W.W. Norton & Company.

Tervo, D. (2007): Zig Zag Flop and Roll: Creating an embodied field for healing and awareness when working with children. British Gestalt Journal, 16, 2, 28-37.

Thielen, M. (2009). (Ed.) *Körper-Gefühl-Denken. Körperpsychotherapie und Selbstregulation.* [Body-Emotion-Thinking *187-208. Gießen: Psychosozial-Verlag.*

Tömmel, S. E. (2010). Culture-orientated psychoanalysis: On taking cultural background into account in the therapy of migrants. In Schloesser, A.-M. & Gehrlach, A. (ed): *Crossing Borders – Integrating Differences. Psychoanalytic Psychotherapy in Transition.* London: Karnac Books.

Totton, N. & Priestman, A. (2012). Embodiment & Relationship: Two Halves of One Whole. In: Young, C. (Ed.) (2012). *About Relational Body Psychotherapy*. Stow, Galashiels: Body Psychotherapy Publications.

Varchevker, A. and McGinley, E. (2013). (Eds.). *Enduring migration through the life cycle*. London: Karnac.

Van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Viking Press.

Walsh, S.D. (2014). The Bilingual Therapist and Transference to Language: Language use in Therapy and its Relationship to Object Relational Context. *Psychoanalytic Dialogues,* 24,1: 56-71.

Wegscheider, H. (2020). *Dialog und Intersubjektivität in der Gestalttherapie. Von den Ursprüngen des Dialogs in der jüdischen Tradition und in der Dialogphilosophie zu relationalen Entwicklungen in der Psychoanalyse und in der Gestaltherapie.* [Dialogue and Intersubjectivity in Gestalt therapy*. From the origins of dialogue in Jewish tradition and dialogue philosophy to relational developments in psychoanalysis and Gestalt therapy*].Köln: EHP -Edition Humanistische Psychologie.

Zvelc, M. (2025). Psychotherapy Beyond Words. International Journal of Integrative Psychotherapy. 16, 2: 1-15.

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