

# Positive psychodynamic therapy

## New aspects of intersubjectivity and embodiment

Arno Remmers

Manuscript of the lecture

WAPP International Trainer Seminar 9.10.2021

„We do not shiver because we are scared of the lion, but we shiver, and this is what we feel as our fear. In other words, emotions are feelings of bodily changes.“<sup>1</sup>

The unconscious manifests itself in body interaction in therapy as often between the lines. This means i. e. an inappropriate break to speak, a slip of the tongue or in accompanying body language characters, a change of the body position, or the eyes look up or down unconsciously and very quickly. As the patient arrives, we can observe his non-verbal communication:

Does he grasp your hand, or does he approach you, demanding your greeting? Is his hand stretched far away from himself to keep distance from you, to quickly retract his hand after the handshake?

In this lecture the therapeutic practice of the therapists body feelings and their meaning for the therapeutic encounter will be discussed.

Non-verbal communication is groundbreaking for the unconscious process that unfolds between therapist and patient from the very first minute. Language pictures like "There the ground breaks away under my feet", or "I lose the hold" contain the body language quite clearly. The body communicates not only through facial expressions and gestures, but also through the skin's blood circulation (the patient turns red or gets warm), body odour (e.g. anxiety sweat that likes to be masked with a lot of perfume), wet hands, changes in breathing and pupil reactions. Even if your conscious observation misses one or the other detail of body language, your unconscious systems of perception will implicitly grasp it. In this respect, the self-observation of the therapist also belongs to the observation in a very special way. We can feel our patients and us: What do people trigger in you, in feelings, vegetative reactions, prejudices, value judgements, fears, desires, fantasies, memories?

Thomas Fuchs (2014): „We regard emotions as resulting from the circular interaction between affective qualities or affordances in the environment and the subject's bodily resonance, be it in the form of sensations, postures, expressive movements or movement tendencies.

Motion and emotion are thus intrinsically connected: one is moved by movement (perception; impression; affection) and moved to move (action; expression; e-motion).

---

<sup>1</sup> James, 1884 in: Fuchs T, Koch S 2014

Through its resonance, the body functions as a medium of emotional perception: it colors or charges self-experience and the environment with affective valences while it remains itself in the background of one's own awareness.

This model is then applied to emotional social understanding or interaffectivity which is regarded as an intertwining of two cycles of embodied affectivity, thus continuously modifying each partner's affective affordances and bodily resonance.

We conclude with considerations of how embodied affectivity is altered in psychopathology and can be addressed in psychotherapy of the embodied self..<sup>2</sup>

Feelings are...

- Links between body and soul
- Links with the other
- Links between past experience and the here and now situation

Feelings affect all areas:

- Symbolic body expressions of former experiences and reactions,
- straightforward body language instead of verbally social adaptation,
- learned behavior pattern and
- interaction of physiology and psyche in acting and reacting.

Feelings exist before we start to find a rational answer. Emotions are expressions of physiological processes as well as the reasons for them, interact between the limbic system of mood regulation and the psychic and physiological needs and pattern, in immunological reactions as well as in emotional expressions of organ functions, transmitted by neuropeptides like many kinds of interleukin. "The heritability of feelings, of temperament, even of empathy will have to be reopened and we will probably have to concede a far greater share to it than was usual in psychoanalytic circles (Zahn-Waxler et al., 1992)."<sup>3</sup>

There are typical styles of perception and the body language in depression and different personality styles (*we can practice this in the lecture*).

"The special thing about feelings is that they ... affect all areas: experience, expression, instrumental behavior and physiology. Feelings are the litmus test for the state of discussion of the body-soul problem. The heritability of feelings, of temperament, even of empathy will have to be reopened and we will probably have to concede a far greater share to it than was usual in psychoanalytic circles."<sup>4</sup>

What are emotions? And how can they be measured?

---

<sup>2</sup> Fuchs, T: 2014

<sup>3</sup> in: Krause R, aaO S. 195 Transl. by AR

<sup>4</sup> Zahn-Waxler et al., 1992

A Differentiation is possible concerning Scherer (2005):

- Cognitive appraisal: provides an evaluation of events and objects
- Bodily symptoms: the physiological component of emotional experience
- Action tendencies: a motivational component for the preparation and direction of motor responses.
- Expression: facial and vocal expression almost always accompanies an emotional state to communicate reaction and intention of actions
- Feelings: the subjective experience of emotional state once it has occurred

The physical basis and mediation of emotions is in the process of increasing enlightenment: "The emotions are not only experiential representations of physiological processes, but function as organizers and integrators for important physiological processes and especially for our immunological defence potentials. "...Neuropeptides (are) the main molecular mediators for emotions (after Pert, 1986)... Neuropeptides are most densely localized in the limbic system. This brain region is particularly significant for emotional neurological analogues. ...This neuropeptide network (forms) a biochemical basis for this... ..that emotional stimuli can modulate the emergence and development or regression of biological diseases."

"Displacement of aggressive feelings ( $p < 0.001$ ), humorous moods... an active defensive or coping style, increased general emotionality... are highly correlated with immune competence versus immune failure..." As a therapist I may feel very angry or even contemptuous, but I will not give it back directly affectively, but rather as a "container" to take up the projections, transform them and place them in my interventions in a curative way. If this is correct, then the opposite is also true: as a therapist you may have the feeling inside you to react very empathetically and lovingly to the patient's offers and at the same time to act quite differently in the affective microexpression behavior. This is also verifiable and more frequent than we think."<sup>5</sup> (Krause 1996). R. Krause and J. Merten (1996) describe the paramount importance of recognizing the type of feelings in psychotherapy for the success of therapy, even as a prognosis factor within the first sessions.

Therapists may feel the own body expression, i. e. feeling very angry or even contemptuous, but will not give it back verbally, but rather keep it as a "container" to take up the projections, transform them and place them in my interventions in a curative way. Body expressions honestly express conscious and subconscious reactions and judgements in breathing, mimic, muscle tension, odour, or body language, distance or closeness, the way the eyes move or the hand comments. As a therapist I may react very empathetically and lovingly to the patient's offers and at the same time to act quite differently in the affective microexpression behavior. R. Krause and J. Merten (1996) described the paramount importance of recognizing the type of feelings in psychotherapy for the success of therapy, even as a prognosis factor within the first sessions.

---

<sup>5</sup> Krause R, aaO S. 195 Transl. by AR

**In the process of therapy** unconsciously and later consciously we can work with our feelings as

1. body sensations by feeling, sensing, perceiving, naming, writing them down as our feelings and bodily functions in the first step of observation and distancing in PPT while we listen.
2. To differentiate our own feelings and body reactions we can translate them into the underlying contents of capacities, values, conflict contents, and relationship patterns in relation to the patient's experience and history in the next step.
3. To encourage the client we can name the feelings that are missing in the patient, but exist in us as therapists.
4. Then we can find out if they are covered by defense mechanisms or if they can not be felt because of a structural capacity to avoid them, often named as lack of self perception. Feelings signalize conflicts - their resolution is possible by understanding the language of the body as an expression of inner conflicts, which can also be felt in the counter transference.
5. To enable the patient to experience sensations consciously and to differentiate their content into relationships widens the possibilities of the client.

“What somebody can and may feel (and show) in a given situation, towards certain people or things, depends on social norms and rules. It is thus historically variable and open to change.”<sup>6</sup>

*Literature: Please ask the author: [remmers@positum.eu](mailto:remmers@positum.eu)*

---

<sup>6</sup> Frevert 2021, <http://www.mpib-berlin.mpg.de/en/research/history-of-emotions>