

WHAT DOES OUR BODY TELL US IN THERAPY?



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Abstract

Verbal interaction seems to be the main instrument of treatment. In this article the the unconscious language of the body interaction will be looked at, as it seems to be not only an important transmitter of an emotional therapeutic atmosphere, but also valid to find out the conflict contents, relation pattern, and helps to work with structural problems. Results about early parent-child interaction show like a mirror the specific needs of a successful therapy relation especially in personality disorder treatment. Counter transference is based mainly on the awareness for the own body reactions and feelings, mirroring the unconscious themes of the client. To look as a therapist how the own body reacts with specific impulses, feelings and emotions can help to discover the associated psychodynamic terms of conflict contents and structural needs. The interpretation of the own body sensations can be helpful in the application of positive and psychodynamic therapies as well as in cognitive approaches to see the body interaction like an instrument to understand the hidden agenda.

Keywords: Positive Psychotherapy, counter transference, protective factors, prevention, body language

*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."
James, 1884*

Introduction

Impact of the body language, interaction, and initiative in early childhood

Physical interactions between persons start as early as in pregnancy between mother and child, influenced by the interaction of the mother with her environment: Some researchers have even found that the prenatal influence of the mother's stress during pregnancy causes more emotional and behavior problems in the child later in school (overview in Talge et al., 2007). O'Connor et al. (2002) showed this prenatal influence

even if the mother had better control of her anxiety and depression after giving birth to her child (Schmid-Hagenmeyer, 2008). The mother - child body language interaction, as a protective factor for mental health, was found as "the touch from the mother in the interaction with the baby, the mother's supportiveness..., smiling in the interaction with mother, expressive language during the child's infancy." This was found in research to be a strong influence on mental health even 19 years later in adulthood, as compared to the interaction with the mother during the baby's childhood. Early active interaction can prevent depression, nearly independent of genetic factors. "The less initiative the mother showed in the contact with the three-month-old child, the more depressive the children noted themselves to be at the age of 19, and

the worse this became., resulting in diagnoses of depression or dysthymia". These children also had more behavior symptoms between the ages of 2 and 15. The social support for the pregnant women and new mothers plays an important role; the more support they had, the more responsive they are usually with their children. "Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support." All these capacities and attachment are expressed by body language, and are similarly to feel in therapy sessions.

Methodology

Body language, personality, and therapeutic relations

Different ways of body language are to find, related to the specific personalities with their style of perception, and the specific evaluation of the perceived body language. Fuchs and Koch (2014) describe it clearly: „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; emotion). 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 intertwinement 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...

"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 (Zahn-Waxler et al., 1992)."

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 defense potentials. "...Neuropeptides (are) the main molecular mediators for emotions (Pert, 1986)... Neuropeptides are most densely localized in the limbic system. This region of the brain 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..."

Application

How can we address body interaction in therapy?

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." (Krause, 1996). Krause (1996) describes 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. In addition, an active interaction with the client using the awareness for the own feelings becomes a model for the clients to be aware of their own feelings and impulses.

The unconscious manifests itself as often between the lines, is interpreted in a subordinate clause, an inappropriate break to speak, a slip of the tongue or in accompanying body language characters. As the patient speaks, 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? Language pictures like: "There the ground breaks away under my

feet", or "I lose the hold" contain the body language quite clearly. Non-verbal communication is groundbreaking for the unconscious process that unfolds between you and your patient from the very first minute. 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 odor (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. Do not only collect data, but also feel your patient: What do people trigger in you in feelings, vegetative reactions, prejudices, value judgements, fears, desires, fantasies, memories?

Discussion

For depression, the subconscious basic conflict of anxiety of separation and loss was described by Gerd Rudolf (Küchenhoff, 2017) in a way that later the anxiety of losing the attachment and relation become a reason for depressive reactions. The emotionally meaningful, active and physically-interactive therapeutic relation can here have a healing quality, that means how we are, how our attitude towards the client is of a higher impact than what we "do" or which method we apply. Chebotareva, I. S. (2001) described the importance of the emotionality and personality of pregnant women in the therapeutic interaction and the changing dynamic in the process of positive psychotherapy treatment in Kazan, Russia. In the textbook "Positive Psychotherapy", on the other hand, the term "emotion" cannot be found in the index, nor can references to "feeling" or "affect" be found. In the comparison between differentiation analysis and the very affectively emphasized primary therapy according to A. Janov, Peseschkian assigns the emotional area with the search for love and recognition to the primary actual abilities. However, he deals with emotions and affects in stories without making the emotion itself the subject; he sees them rather as the physical counterpart to a content-definable micro-conflict, which a mature person can control cognitively.

Conclusions

The process of therapy works unconsciously and later consciously with feelings as body sensations: Feeling, sensing, perceiving, naming and writing down feelings and bodily functions - this is the first step of observation and distancing in a positive psychotherapy process. To differentiate the feelings and body reactions in the next step 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. To name the feelings missing from the patient, are they covered by defense mechanisms or not able to feel, becomes an encouragement in the situation of the patient and his environment. 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 countertransference. To enable the patient to experience sensations consciously and to differentiate their content into relationships broadens the possibilities of the client.

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