

English Smiles, Italian Shoulders, and a German Therapist

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ABSTRACT

With this article I want to highlight how bodies communicate with each other. The rhythms and melodies of how bodies move are so fascinating; so much is said before we even speak. What is communicated by a still shoulder, a glance away, or a slight finger movement? How does a living body sound like an orchestra, playing different melodies from its implicit relational knowledge? How are these tones, pitches, and melodies colored by their cultural background?¹ Would I as a German be able to understand an Italian shoulder or an English finger?

Throughout my clinical practice as an integrative Gestalt and relational psychodynamic psychotherapist, I have explored and studied these fascinating inter-bodily processes: what we say without speaking, and what we see without looking. I wanted to open up and listen to these communications without words², but most of all I wanted to find a way to reply in the same language. I wanted to liquefy and move frozen movements held in the body in a safe way, touching from a safe distance without touching each other.

Keywords: implicit body-to-body communications, cultural rhythms and melodies, embodied interventions and experiments

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¹ At the 2018 EABP Conference, the theme of intercultural work received the importance it deserved. Carmen Ablack focused on embodied intercultural ground, motivating us to look deeper into this field. Together with the panelists, Madlen Algafari, Cristina Angelini, Rubens Kignel, Ulrich Sollmann, my colleagues and I discussed the fascinating link between body and culture including macroscale (ethnicity, society, socio-economic classes, political cultures) and microscale (bodily looks, signs, symbols, rhythms and symptoms). Here, I want to concentrate on how body-to-body-communication is colored in by cultural melodies and rhythms.

² In accordance with most colleagues from a body psychotherapeutic background, I see somatic resonance and vegetative identification (Reich, 1983 and 1986, see e.g. in Boadella, 2006) as important tools.

“I had a happy childhood”

A young female client came to see me about her “anxiety and panic.” In this first session, Carole³⁴ sits upright in her chair. As she looks expectantly at me, she asks whether I could give her a recipe to deal with her anxiety and panic. I reply that it would be really nice if I could. I smile kindly, and add that we could try to explore this further with a focus on what might be helpful for her. Later, I ask whether she had experienced this or similar states of anxiety and panic before, during her childhood. Carole negates my question, adding that she had a “happy childhood.” As she speaks, I see how her index finger moves to her lips and how her spine moves up slightly. I notice how her gaze widens, and how her eyes look straight ahead, silently, away from me. Her breathing is shallow, and her voice sounds less clear, as if it is clogged.

Carole's index finger, her lips, spine, gaze, breathing, lungs, and voice communicate embodied stories from different phases of her life. With the widening gaze, I almost see a bit of the baby's gaze, eyes that do not expect to be met, and that might not have been met enough by early caregivers. The finger, however, which closes the lips and impedes further speaking, comes from an older girl, like a schoolgirl who learned that it is better to be silent. Carole's lungs and spine communicate what happened to them, and what they are expecting physically now in encountering other lungs and spine.

My physical resonance is that I cannot breathe properly. I decide to share my bodily being with Carole and I say, *“When you said this, my breathing got a bit shallow.”* She immediately looks at me, quite curiously, saying that she feels that too. *“At times I hardly breathe at all.”* To her comment, I say that this sounds interesting. I ask her whether I could breathe mindfully a bit more, and then we could both explore what might happen. After I did that for a short while, Carole shares with me that this felt very pleasant, and that her chest also started to move a bit more. At the end of the session, I asked her whether she was curious to find out more about how her chest had learned these breathing patterns. This was the start of our work, which then went on for two years.

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³ I like to call her Carole. Carole also represents various clients I have worked with over the years.

⁴ A more detailed description of the following scenes has been published in German (Appel-Opper, 2019a) and in Norwegian (Appel-Opper, 2018c).

Hangin arms communicatin *"There is nobody there anyway"*

I recall the followin scene, which happened months later. Carole talks about her day-to-day student life and how difficult it is for her to reach out to others. She says, *"I feel so lost."* I notice her arms resting motionless on her legs. At the same time, I notice an impulse to move my arms, as if I had to make sure that I could still move them. I decide to begin an intervention, so I tell Carole that I felt I would like to move my arms when I heard what she said. I add that my arms would like to present some movements to her arms. With my use of the word *presenting*, I try to build on previous therapy scenes in which Carole and I slowly, mindfully, had begun to co-create explicit body-to-body-communications in which Carole had been able to watch my movements and inhale them into her living body. From my clinical experience, I have learned that expressing my intention has the effect of reducing fear. These are the words I say to Carole: *"I would like to move my arms forward slightly in a few minutes. Would that be okay for you?"* Carole answers, "Yes, that's okay." I remain kinesthetically related, attuned to how my words reach Carole physically.

If, for example, Carole had moved away from me slightly, or if she had held her breath, I would have asked, *"What is happenin?"* In that case, I would have encouraged her to say more, and thus to open up this inter-bodily resonance. In the scene, Carole's breathing pattern does not change, and she doesn't lean back. I read this as an indication that my intention is okay for her. By now, Carole already knows what to expect: she does not have to do anything except sit there. From a safe distance, we both remain in our chairs. Carole can look at my movements (I encourage her to look from the viewpoint of her arms), thus determinin the dose of the inter-bodily touch without being touched.⁵ We had contracted before that she could say *"Stop"* at any time. Also, if she wanted to suggest changes, she could stop my movements. I breathe consciously in and out a few times. I sense that I am already sitting like Carole. I take a moment to sit comfortably enough to have a good starting point for the intervention. Only when I have a feeling that both bodies are ready for the intervention (sometimes I give a sign and nod) do I start with the movements. Meanwhile, I'm sitting like Carole, with my elbows on my thighs, my shoulders hangin down.⁶ I remind Carole about what we had agreed before, that I put my movements in the space in-between us, so that she can choose how much to take in.

The intervention then consists of me slowly moving my fingertips gently forward for about 40 cm. With this movement, my elbows leave my thighs. After about three minutes, I stop my movements, and go back to the starting position, where my elbows

⁵ In general, I do not sit opposite my clients; I sit at an angle of about 45 degrees. In this position, the client and I have the freedom to look away from each other. When my embodied interventions contain forward movements, as in this scene with Carole, I have learned that this is also less intimidatin. From this position, my movements are not going straight towards her.

⁶ During this process, before I start to move, Carole and I work out how to do this. Sometimes, I would ask about the distance between the chairs, whether they could stay like that or needed changin, and also about how to hold my arms, and how far forward to move. Carole and I cooperate as two bodies in this process.

rest on my thighs again. After a while, Carole starts to speak, and reports that her arms feel a tingling, and that this feels strange but good. I smile and nod slightly. After another moment, Carole says that she wants to try the arm movements herself. She says that she is curious about what it feels like when she does it herself. She adds that she had already felt the movement a bit.

When Carole makes the movements, her rhythm is slower than mine. She cautiously peeks forward with her fingertips. As she finishes with her movements, she says that her mother had never hugged her, and that *"My arms do not know how to do this."* I react: *"Can they still learn this, or?"* Carole smiles and says, *"Yes, they are going to do that."* In the remaining minutes of this session, Carole speaks about how this is all foreign territory for her. By being able to formulate everything more clearly in words, something is already changing.

What makes these movements so important and so healing?

Isn't it enough to be talking about childhood scenes? What would have happened if I had asked Carole in the first session, *"How are you breathing at this moment?"* I imagine that she would have had to first think about how she breathes. This question might have put her in the spotlight of receiving a lot of attention, which on one hand she longs for, but which she also fears. At this stage, I had not been aware of the magnitude of her loneliness throughout her childhood, namely to the extent of emotional neglect. In addition to her absent father, her mother had never fully engaged with her. Her widening gaze into nothingness represents the baby who had been left alone, and also the absent mother who was not able to fully engage with this baby.

Before my comment about my breathing and thus sharing my physical resonance with her, I had gathered quite a lot of information about Carole from the way she moved. When I looked at her living body as an orchestra (see Appel-Opper, 2017), I already heard some tones, pitches, timbre, and rhythms even before we spoke. The way Carole had entered my consulting room and sat down in the chair echoed some of the atmosphere of the world in which she had been born. If my chair could speak about Carole, I imagine I would hear, *"Carole does not fully sit on me. She sits on the edge so that I do not feel her against my backrest. Does she suddenly want to leave again? Is she unsure whether she is allowed to be here, whether she will find her place? I can feel the tension in her thighs, not landing on me. This body does not breathe properly."*

I envisage another challenge around the question in this process: *"Would Carole have also been alone again?"* By contrast, I tell her how my body breathes as I sit with her. It is as if her lungs had told my lungs some stories of her childhood experience that it would be better not to touch or talk about. In this way, my lungs tell her that they receive her stories.

In the scene later, a question like, *"Can you feel your arms? Or, "I can see how your arms hanging down"* would probably have reached Carole through the left brain rather than the right brain (see Schore, 2010). Moreover, with these questions, I would not have been able to reach out physically to the young, lonely girl in the adult.

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With the image of a living body as an orchestra, the musicians also have different ages and gender. In the scene, Carole's arms have a certain age. In my experience, every movement of the body corresponds with a certain scene, and thus a certain age. This scene, and the scenes in which the arms learned to give up moving forward also includes another body, like another player. With regard to Carole, at first, mainly her mother came up, and how her mother had not been able to reach out to her, greeting her with arms wide open, comforting her, hugging her. So, in a way, the hanging arms are the young Carole's giving up on her mother, holding and shrinking back from deep impulses to reach out. However, in the hanging arms there is also a bit of Carole's mother, like echoes of an inter-bodily message of "I am not reaching out to you." This is the offender's behavior and the victim's behavior both entering Carole's body, and living and moving inside her. With my presenting movements, I try to stay within these scenes and their echoes, and thus within Carole's specific age background, thus adjusted to her age. In other words, I am mindful to whom I am reaching out, whether it is a 1-year old or a 6-year-old child. It is an interesting question, how ongoing inter-bodily experiences continue to shape implicit relational knowledge along the life span. From this, I take that I sit with a very young child within the adult, and sometimes with a 6-year old who needs to run, to run away from the unbearable tensions at home. With my embodied interventions, I present how I resonate physically, and then send impulses to unfreeze a held movement, or find ways to kick it off with the inner 6-year old without the adult being shamed or overwhelmed. The body as orchestra also enables me to focus on gender aspects. Beside her mother's arm movements, Carole also holds her father's strict looks and his waving with his hands messaging to her: "Don't talk to me when I'm reading the newspaper." With these scenes, Carole and I also explored her bodily repertoire of how she could embody and express gender. Later in our work, we focused more explicitly on the role her father's nonverbal and verbal relating had played in her life at various stages. Her pain about the deficits of being seen and acknowledged was at times unbearable.

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Especially in my work with clients with similar traumas of emotional neglect, I have had good experience with embodied interventions and experiments. Unlike people who are traumatized by violence and attacks (besides the victim reactions), an offender enters the body who is rejecting, absent, uninterested, noncaring, and rigid. Then, it is as if a vacuum arises in which the client, here Carole, is alone with herself, which affects her ability to physically reach out to others, and also the development of a reflective inner space. The numb, mute, held expressive movements in Carole's body correspond to inter-bodily messages of, "You are nobody". As a "nobody," it is most challenging both to reach and to be reached, as it is incredibly painful to come into contact with the neglect of her earlier life. Carole had not received enough real physical interaction with her mother or another early caregiver to channel an ability for self-attention and self-care.

My clinical experience has shown me that my mindfully presented micro-movements have reached my clients in ways other than words. It seems that movements were received and taken in much more deeply than with words. Impulses were transported physically, and the procedural memory was reached, which is extremely important for the process of change. Many clients reported that it was precisely these explicit body-to-body-communications in therapy that had been important, and that they still felt the movements even after the therapy.

The culture in the body and the body in the culture

So far, I have not mentioned cultural aspects of my work with Carole. Does it matter where the clinical scenes between Carole and I play out, which language is spoken, which skin color we have, or how we culturally differ? My clinical experiences have taught me that culture matters.⁷ Therapist and client can misread and misunderstand each other. Own culture colors in who we are and how we resonate with each other.

With regard to Carole, my smile is probably also related to the fact that I was working at that time as a German with Carole, a white, middle-class English woman in England, and have almost learned the "English contact smile." When I started living in the UK, these smiles used to irritate me. I could not read the intention behind them.

⁷ For more clinical scenes see Appel-Opper, 2011b; 2016a; 2016d.

At times, I must have looked pretty serious: a tall woman with a clear German accent who tried hard to make sense of her surroundings. In learning the contact smile myself, my inner space opened up. My smiles can also be seen as my inner German girls inside me resonating with Carole's English girls, as both experienced slightly similar mother stories, yet in different countries and languages, and even different lullabies. In this way, both girls heard and echoed each other as, "Be friendly," "Say nothing," and "Hold your breath."

There is another interesting aspect that I've discussed before (Appel-Opper, 2006), and which I'd like to revisit briefly. Let us imagine that our cellars hoard all the experiences of the generations before we were born. I wish they were cellars that had stayed in Germany, and had not traveled with me. But I took my collective past, culture, and history along. How do Carole's parents and grandparents meet and interact with my parents and grandparents at a bodily level? Who are we both bringing into the room at the same time we work together?

Italian shoulders speaking

For some time, I offered psychotherapy to elderly clients through the National Health Service. Because of my clients' age, I did some home visits. I remember the following scenes with an elderly woman (I like to call her Anna) who had been referred with "severe depression."

As I enter her home, it is as if I enter a different world; the atmosphere feels different. Anna speaks to me in the local accent. However, through the accent, I hear other tones. As soon as I open my mouth, she hears that I am not British. She asks, "Where are you from?" To which I reply, "I am German." When we sit down, she tells me that her English husband had died some years ago. In a sad voice, she adds, "I am alone now." As she says this, I feel a heaviness in my shoulders. From the corner of my eye, I see that her shoulders look and seem heavy, and are somehow held, not moving at all. Also, the word "English" sticks out to me. I ask, "Your English husband?" — to which she explains that she is Italian. In the next sessions, we explore the fact that she had never been back to Italy. She says this in a matter of fact way. It sounds as if she had closed the door to her first Italian world. I say in a soft voice, "*Your shoulders look a bit lost to me.*" This intervention unfolds a bodily, and with this, a cultural dimension, in which Anna immediately recalls how her mother had always spoken with her arms and hands. "*She always moved and gestured.*" Anna adds, "*My parents are dead now, but both had been against my marriage to an Englishman.*" Anna cries and says, "*This was such a long time ago, why am I crying now?*" Later on, I ask Anna whether I could move my shoulders up and down very slightly. I say, "*Can I present these tiny movements to your shoulders so that we both see how this might be for them?*" I recognize that her breathing becomes slightly deeper, and that she appears calm. Anna looks "touched," as if the movements had reached her younger Anna back in Italy while the Anna in the UK is fully present. After a few minutes, I finish with the movements, and we both sit in silence for some time. I ask how her shoulders feel. She replies, "*I can feel my shoulders a bit more and I also feel some warmth.*"

However, with the unfreezing of the impulses held in her shoulders, Anna was able to express the frustration and disappointment she held toward both her parents. She spoke about how unwanted she had felt throughout her childhood, as both parents worked day and night to feed the big family in a rural, remote village in Italy.

What would have happened if I had seen Carole or Anna when I was still working in Germany?

During my work as a German psychotherapist in psychosomatic clinics in Germany, I had no perspective on culture. I had rarely asked a client where her/his accent came from. Looking back now, I fantasize that asking had felt too intrusive and also a bit too challenging. With my inquiry, I might have entered a world of experience that might have been quite far away from my own. I feel now that I had not been prepared for these experiences. I had worked from a scenario that my clients were the foreigners in the room, and that my culture was the only reality I could think and breathe in. Culture is so deeply ingrained in us, coloring who we are and how we look at the world, and how we move in this world of experience, in our own reality. My own culture was quite unknown to me. It is only when I lived and worked in other countries, and especially in the UK for nine years, that I learned about my own Germaness, my “cultural unthought known” (Tömmel, 2010, p. 97). I really do not know whether, and how, I would have been able to overcome my own “cultural narcissism” (p. 109) if I had stayed in Germany.

In the UK, as an immigrant myself, I had experienced how I felt less certain about my own self-movements as these were received differently (see Appel-Opper, 2007). I became a bit of a stranger to myself. In my work then, I was the foreigner in my consulting room. I learned that there were more realities than just mine. At that time, my German hand had learned to reach out and greet somebody only at the first meeting, and not at the start of every therapy session. In these meetings as two foreigners, I believe that my hands and Anna's shoulders really understood each other. From my own experience, I learned that as an immigrant I did not want to be too different. Quite similarly, Anna's shoulders also adapted to the new culture, with her past movements from her first Italian world sealed inside. Later on in therapy, we explored how her husband's death had felt like another abandonment, which brought up her earlier experiences around being abandoned. In this respect, I encouraged Anna to speak in Italian when she addressed her mother in the empty chair, telling her what she could not have said before. At the end of our work, Anna told me that she had decided to visit Italy again. I still see her face when she said that, all smiling and with her shoulders moving a lot. The depression of being a fish in foreign waters had lifted.

White sweating arms speaking

I recall a scene from work with a female trainee I like to call Emma. Emma said that it was important that I was not English, adding that she felt freer to share her experience with

“the English” with me. We focused on how her parents had immigrated from a Caribbean country, and how painful and challenging this had been for them. Emma shared with me a very painful memory of being discriminated against because of her dark skin. I could see that her body was there in this old scene, being shouted at, and pushed against the wall surrounded by these “horrible white children” with no hope of getting help. She said that she felt so humiliated, and that this happened again and again, before and after school. There was no escape. I was deeply touched. I also felt ashamed as I sat there as a white person witnessing what these white children had done to her. I started sweating. I recall that because of my sweating, I rolled my sleeves up. This made her look at me, at my eyes first, and then down at my white arms. She immediately said, “You are white,” to which I replied, “Yes”. She then added, “*And you are German,*” to which I also responded, “Yes”. I recall how we both sat there. Nobody said anything. In the silence, I touched my arms slightly, which Emma looked at and sat with. As I got hesitant, Emma said that she liked my movements, saying, “*Carry on,*” and so I continued for some minutes. At the end of her training therapy, Emma said that this had been a very important part of the therapy. She added that every white person she had ever told about the discrimination had always said “*Sorry,*” and how she had felt shut down by this. She added that my movements had a different impact on her. “*Your arms understood something about me so deeply.*”

A German therapist in Germany: who is different?

Since my move to Berlin, I have worked with clients whose first language is British English, American, or some other language. In the latter case, the therapy then takes place in a “third language,” as it is neither the client's mother tongue nor mine, nor the language spoken in the country in which we both live.

At that time, I had offered a seminar on cultural awareness in Norway. In an exercise, I asked the participants to imagine that the Extraterritorial ET⁸ would ring their doorbell, asking them to tell him everything he should know about Norwegian culture. ET would add that his human body would be transported the next morning, and that he wanted to move freely in this culture. At the end of some lively discussions and giggling, a colleague said quite seriously that it seemed impossible to learn all that, and “how foreigners must struggle”.

Sometimes in these first years of coming back to my own culture, I felt as if I was no longer either British or German. Was I ET now? When I had worked in the UK, my own immigration background was noticeable, and audible, with my German accent. Similar to other immigrant therapists (e.g., Kogan, 2007; Lobban, 2013; Sapriel & Palumbo, 2001), my cultural otherness could not stay out of my consulting room. But how would difference now come into my consulting room?

⁸ As a visitor from another planet from the movie “ET”

Standing up with four legs is better than two

The client who I like to call Maria speaks several languages. As she had lived for some years in the UK, her English is as fluent as her German. As the sessions went on, Maria and I discovered that she had fled her dominating mother together with her mother tongue. The therapy took place in English. This was important to Maria. *"This language calmed and cooled me when I lived in the UK."* We focused on how the English words acted for her as if she were finding the missing English father who had died when she was quite young. In a later session, she conveyed that she had to leave the UK as she could not bear to live there anymore. Splitting into the ideal English world and the first world of her childhood became permeable. The distance from the flooding mother also distanced her from her own wounded child. In conflicts with her German partner, Maria got overwhelmed with rage and anger. It became clear that she felt easily betrayed and anxious that her partner would leave her.

I recall the following scene in which Maria spoke about a recent conflict, which had happened over the previous weekend. I noticed how her soft English words covered her feelings, as if icing everything over with sugar. As I sat with her, I noticed that my body felt tense, especially my legs and my arms. I could see that Maria too had changed her sitting position, and had sat more upright. Something was happening at a bodily level. I recall that I asked what her body would say. Immediately she stood up and formed her hands into fists, and stood in front of me. I believe that this took us both aback. As we stayed with her bodily position, I asked her to breathe, and just to notice what was going on. I was touched how she stood there; she seemed so young and alone. I then asked her, "Who is in front of you?" Maria promptly said that her father, who had left her behind with her mother, was there. I said that I was with her, that she was not alone. As I said that, I was also not sitting anymore. I stood next to her at a distance. It felt as if two bodies were needed to contain the pain and the rage of this little girl. In this sequence, I just stood there calm and present to support my client if needed. She later shouted at her father, first in German and then also in her first language. It felt as if her body was bursting with the feelings held inside. When we spoke about it later, she said how she always had to look after her mother: *"Everything was about my mother!"* The feelings of the little girl remained unspoken. Maria added that she liked that I had stood with her, that my standing up felt important to her, as if I really intended to be there with her. In subsequent sessions, we both focused on what kind of movements Maria's body needed in order to unfreeze more feelings held in her body. After some time, Maria moved away from Berlin, again to another language and another country.

I have seen many immigrant clients who seem to live in a cupboard, connected with the world online, but without many real relationships with people where they live. Are they staying forever ET, traveling the world, staying some years there, and then moving on and carrying their ambivalent, unresolved attachment patterns from their childhood, and with this the cellars of experience of their grandparents and parents? With every different language spoken, the experience of their childhood becomes harder to reach, like "graves of language" (see Tömmel, 2010, p. 98). My heart goes out to them.

**With every different language spoken,
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I hope I have illustrated that in intercultural psychotherapy there are also two living bodies communicating and telling their stories of similarity and difference, and of their experience from different realities. From my experience, we cannot learn to work in a culturally sensitive way solely from books. In that way we learn it with our heads, but not with our hearts. If we know a lot about other cultures, we can even discriminate better as we then know more about what is the custom in this culture. I was able to learn from living, breathing it in, and experiencing different cultures. I had to go through a process of feeling lost, and finding my own feet again in a new culture in order to open up to listening to my clients' stories of being othered.

Besides my private practice, I offer seminars in English for international colleagues in Berlin. The main focus is on bodily processes in psychotherapy. However, as participants come from different countries, the cultural tones and melodies have become a very important part of the bodily processes unfolding, from which we have all learned a lot.

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