

EMBODIED LIVES

*Reflections on the Influence of
Suprpto Suryodarmo and Amerta Movement*



Edited by: Katya Bloom, Margit Galanter and Sandra Reeve

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Chapter 14

Being and Doing in the Wild Garden

Suzanne Tümpel

Edited by:

Katya Bloom, Margit Galanter and Sandra Reeve

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A Balinese Saying

Ilmu Padi (a lesson from the rice plant)

semakin tua semakin berisi, dan semakin merunduk
(the older, the fuller, and the more it bows)



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14. BEING AND DOING IN THE WILD GARDEN

Movement Therapy in an East German Psychosomatic Hospital

Susanne Tümpel (Germany)

My experience with Amerta Movement forms an underlying base for my working attitude in general. I will explore the role of Amerta Movement in my movement work in a psychosomatic hospital with patients mostly from an East German background. From the manifold aspects of Amerta Movement I have picked one that is of particular importance in my work. This aspect can be described as the duality of Oneness and Separateness. In Prapto's terminology I connect this to the duality of *organism* and *organisation*.

Setting

I am working as a movement therapist in a clinic for psychosomatic disorders. The hospital is located in a rural, sparsely populated and quite poor part of eastern Germany, in the former German Democratic Republic (GDR).

The common theoretical approach used is psychodynamic psychotherapy, though the clinic does have an integrative attitude towards other approaches to psychotherapeutic work.

Movement therapy is offered in groups (5-8 participants) as well as in individual sessions. Patients stay between 5 and 10 weeks; some of them have an individual movement session once a week; groups meet twice a week for 75 minutes; that means the number of sessions is very limited, 4 to 10 times for the single sessions or 6 to 15 times in a group for the whole duration of their stay.

Patients are often working-class people, many of whom have been unemployed for some years or even since the collapse of the GDR in 1989. Some of them have been multiply traumatised or neglected.

Many of the patients are inhibited about their own being, body and appearance, with feelings of shame or self-hate. This is particularly true for those with eating disorders, for whom there is a special section. Patients have had difficult experiences with their own bodies and movement as well as with important relationships, which have often been harmful or disappointing. As a result of personal and societal experiences (often linked to life in the GDR) they mostly have a deep distrust of any institution and of relationships in general.

Different Cultures in Former East and West Germany?

There is an intense discussion in Germany about whether there are differences between the two German cultures. The head of the psychosomatic department, Dr. J.-F. Buhrmann, estimated that the GDR and its collapse in 1989 is an important life issue for roughly 50% of the patients in our clinic. With some risk of simplification I can say that in my experience of nine years working in western Germany followed by eight years working in eastern Germany, there is still a difference in the way I perceive the two cultures (being from the west myself). In eastern Germany I see more patients who feel severely disabled in living their lives to the full. Shame and feelings of isolation are common. And they even have a deeper distrust of relationships of any kind than patients in western Germany.

One possible explanation may be found in the different ways that society developed in the two Germanies after the Second World War. West Germany (the FRG) slowly changed into a more open society in which it was possible to question authority. In the GDR the Nazi Regime was replaced by another totalitarian regime with all its instruments of repression, which led to deep distrust and anxiety about showing oneself openly.

1989 was also not only a time of liberation but of loss and insecurity. New ways of life, rituals and identities had to be learned and citizens in the East faced all the disorders of post-modern capitalism, including low salaries, short-term contracts and high under-employment.

The Wild Garden

During one group session patients revealed an ambiguity towards me and my work; I imagine this is the same for many of my patients. The

situation was as follows:

The movement therapy group began to fantasise about me and my upcoming holidays – what I might do, if I was as relaxed at home as they saw me at work, what my garden might look like – and they came up with the image of a wild garden in which weeds would also have a right to grow, a garden in which the paths are not straight and a lot of insects would find good nourishment. It is actually quite close to reality...

They liked this, as if it meant for them that their "weedy sides" were also allowed to grow in the work with me. Nevertheless they said they would not create their own gardens like this.

On one hand they feel fascinated by something that is strange, unorthodox, yet alive; on the other hand it gives them a feeling of shakiness and insecurity, even sometimes shame.

In my movement work, I do not have a specific outcome or result in mind; rather I provide a space where it is possible to sense one's own condition, one's contact to oneself and to the world. My working attitude has a strong parallel to 'evenly suspended attention' as used in psychoanalysis. I maintain this 'evenly suspended attention' not only in the sense of feeling but also with my own psychosomatic body. Just as the analyst goes on the journey with the patient, exploring his own feelings, fantasies and thoughts, so I go into movement together with the patient without knowing how we will move, or what the theme will be.

Alice Pitty (2005) writes about Prapto as follows: "He uses his own body movement as a diagnostic tool, a barometer, to sense what is evolving or trying to emerge in a person's life, or in the interaction between people of different cultures".

I conceive of the patient's movement as their 'free association'²,

1 **Evenly suspended attention** is defined as the "Manner in which, according to Sigmund Freud, the analyst should listen to the analysand: he must give no special, a priori importance to any aspect of the subject's discourse; this implies that he should allow his own unconscious activity to operate as freely as possible and suspend the motives which usually direct his attention. This technical recommendation to the analyst complements the rule of free association laid down for the subject being analysed." Laplanche & Pontalis (1988, 43)

2 In **free association**, the psychoanalyst encourages the patient to say whatever comes to mind during a session without editing or censoring it consciously. With this non-judgemental attitude, patients can bring to awareness and observe thoughts and feelings they might normally repress for fear of exposure or criticism, or because of inner conflicts. Patients make intuitive connections and jumps, through which they may find new understanding and insights. Although neither patient nor analyst knows in advance where their talk might lead, important themes will often appear.

which both of us can explore and ‘taste’, finding new movements, discovering connections, insights and understanding. In contrast to the psychoanalytic exploration of feelings and thoughts, I am actually moving and relating with the patient in space here and now. The movement dialogue evolves on a conscious, but also on a subconscious, level.

Working as a therapist for 20 years, I am still surprised at the way sessions develop, sometimes leading to very touching contact in spite of the conditions in the hospital with short-stay treatment and with the fears patients have about (movement) therapy.

Process in Individual and in Group Work

The majority of patients have no previous experience in psychotherapy nor with movement therapy. Most would not choose to do movement work. So it is often necessary to address their fears about revealing themselves in this way.

At the beginning of an individual session I usually take some time to hear what the patient is bringing to the session, some current problem from the ward or from home. In the same manner I would normally start the groups with an opening round in which everybody says something about their ‘here and now condition’. It gives me a notion of what the atmosphere is, and also everybody’s voice is being heard at least once by the group. Sometimes there will also be a longer period of talking.

I then suggest coming into movement, often not with a direct reference to what was said but with the idea of warming up, to feel the body-self. I usually move as well, as it helps me to be in this “bodily-evenly-suspended-attention” if I am moving too. Also if I were only to sit and watch it would often intensify the patients’ suspicion of being watched or judged from the outside – this being a sensitive issue especially in former East Germany.

Frequently I start with stretching and yawning: it gives the patients a feeling that the situation is not so formal and serious. If the level of anxiety is high I offer more structure to allay their anxiety by setting a tangible task like “working with the feet, the back, etc.”, “working with boundaries, own space”, using objects, children’s games, rhythm-instruments. In this case the free movement part will be shorter, and my aim is to develop trust, to have a corrective experience like, “being together can be relaxed, warm and joyful”.

The free movement part following the warm-up will be daily

life movements, as inspired by Prapto's teaching, such as walking, sitting, lying, rolling, and jumping. While moving with the patient(s) I open myself to sense an underlying current, something with which the person or the group is consciously or unconsciously preoccupied. Often I will sense it in a physical way; it is not a thought or theoretical consideration.

Trying to sense a (common) theme is complex. There will not always be one or sometimes I am not able to feel it. In the first sessions I often put my focus more on a physical theme like 'back', 'feet' or 'using different spatial levels'. For example in working with the back I would propose to move the back in different ways, to touch it while moving, to feel which movements would be comfortable for the back. Later I would progress to themes more related to perception and feeling. This might be an attitude, a perception of the space, a feeling; I may suggest: "putting your feet and placing yourself in the space", "sensing your back and the space behind yourself", "moving and pausing, taking a breath"... The whole time I am very conscious not to be in a sort of 'trance', but on the contrary to be grounded, not spacey or 'mystic'. My hope is that patients can be more present with themselves, with the others and with the space.

Oneness and Separateness

Since my employment in eastern Germany I have found Prapto's themes of *organism* and *organisation* to be useful tools in my work, especially when I link them with similar themes described by the Israeli psychoanalyst, H.S Erlich, which I will discuss.

My first personal feeling for Prapto's use of the words *organism* and *organisation* evolved in a workshop he held in 1995 in Kranichmoor/Hamburg. I was both participant and organiser of this workshop. Prapto referred to a situation where I abruptly jumped from *human relation* to *functional relation*: in the middle of an informal breakfast chat I abruptly checked some financial business with a co-organiser. Prapto had explained how he felt confused and maybe also angry about this cutting of the *being* situation. In the following days we worked intensely with the awareness of *human relation–functional relation*. I got a sense of how it must feel to be more in *human relation*, and still be able to function as an organiser – what Beate Stühm (2012) called to "organise in organism" and how new and precious it was to me. I also felt a sadness knowing how easily it could get lost again in a busy, Western daily life.

This experience impressed me very much and I see a distinct parallel between that which Prapto calls *organism* and *organisation* and the experiential modalities of ‘being’ and ‘doing’, as described by H.S. Erlich. Erlich has “developed a conceptual framework, in which the dimensions of ‘being’ and ‘doing’ form parallel and complementary tracks, through which experience is processed and organised” (1996).

In Erlich’s ‘being mode’ the experience of self is one of identification, “union and fusion with the other, as well as with the world, nature, universe etc.” (1995). Time and space are felt to be non-linear; the overall tendency is one that allows the subject to experience himself fully as ongoing and existing in connectedness, union and oneness with the other. As I understand it, Erlich sees it as a union in which the person is not melting with the other in the sense of losing themselves but more one in which the necessity to emphasise their separateness does not exist. I remember that, in groups, Prapto distinguished between ‘group soup’ and being together with everybody having their own body.

In the ‘doing mode’, according to Erlich, self and other are experienced as separate and they have a functional relationship. The central question would be “who is doing what to whom?”. There is causality, directionality and chronological experience of time and space. The overall tendency is goal oriented; there is task and accomplishment. “Boundaries are vitally important in this modality...” (1998).

Prapto has repeatedly created images to describe the social-cultural differences between the Javanese and ‘Western-European-American’ cultures. The concept of *organism*, connected to the Javanese world, is the organic, natural, physical world, with intuitively ascertainable human proportions. This is the field of *human relation*.

Prapto uses the term *organisation* in connection with Western industrialised society, with *functional relation*. Also hopes, fears and dreams are part of *organisation*, because they happen beyond the immediate relationship. *Organism* and *organisation* describe experiences of relating between self and other, and they also include experiences of space and time.

As in Erlich’s ‘being mode’, in ‘organic time’ everything happening in the same space is interconnected and included. I remember vividly the way Prapto always clearly welcomed everything that happened – it might be a person accidentally passing by, a change of weather,

anything that by us Westerners often was felt to be a disturbance, not planned and therefore to be excluded.

Erlich emphasises that both modes – ‘being’ and ‘doing’ – exist and function simultaneously; normally one of them will gain ascendancy and dominance at a given moment. He says that from the beginning of life both modes exist and function. The mother’s tendency is to adapt herself flexibly to the mode her baby is in. “Gradually, mother and infant acquire the sharing of increasingly finer gradations and combinations of *being/doing* with either the one or the other mode serving as the predominant quality in a given moment of experience or relatedness” (1998).

Erlich also says that psychoanalytic therapy similarly consists in the ability of the therapist to sense the mode the patient is in and to change between two modes according to the needs of the patient. I believe this is similar to what Prapto is doing, having watched and experienced him in many single and group sessions.

In movement therapy I see myself matching the mode the patient is in, as well as modifying it in a way that might be helpful, as illustrated in the case that follows:

Single Session with Mrs. A.

Mrs. A. is a very youthful, attractive woman in her mid-forties. She suffers from extreme exhaustion. Her husband is often absent, working abroad; her daughter is also in clinical psychotherapeutic treatment.

She speaks about the strong pressure she feels to perform, wanting to do everything properly and being disappointed that her efforts are not acknowledged. She has a constant need for approval by the other.

She moves with high tension, creating a hollow back, and putting a lot of effort into moving while at the same time seeming empty, depleted.

Her doing comes from an idea: “I need to do it right”, and not from the physical need to do. So she is constantly feeling strained, exhausted and also disappointed if others do not appreciate her efforts. With her I am searching for a way to come into *being*.

My gaze falls on the panorama outside, garden, park and lake, the sun just rising in the fog.

I describe what I see: “Sunlight dropping through the fog onto the lake”.

I give this as a movement suggestion, hoping that this more poetic, 'haiku-like' description could help her to come into movement more from a feeling sense as it offers little possibility of knowing how to do it right. The image of light falling through the fog seems to me very fitting, because it gives a sensation of not-doing, of letting it happen.

So for about half an hour we both explore. Initially she is trying hard to "do it right", in spite of not knowing what that could be. After a while she begins to move more slowly, in the end she lies down on the floor, resting and feeling her exhaustion, her struggle. She seems to be sad, allowing this feeling to be there at least for a little while.

I realise how strongly I myself am sometimes stuck in a sort of painful 'doing', and, although being a Westerner, how I have gotten a better sense of the 'being mode' through the movement practice. I believe that this helps me to be open to some 'inner place' of the patient, to be surprised by what wants to emerge, rather than starting from any sort of pre-fixed idea or theory. This openness to being surprised gives space for the unknown, the non-habitual, which can express something more vital and alive, more the real person.

Being honest with oneself is also connected to the 'being mode': not playing a role, not pretending to be a certain way, to be stronger, more powerful, more confident, but also not pretending to be less strong, less confident than one is. Letting oneself be seen, one's body and movement, without going into pre-fixed movement patterns: this has been a core theme all through my own movement experience with Prapto.

The vibrant sensation of being completely present is even perceived by witnesses of the movement situation. I can remember the feeling of the whole space waking up when someone in a movement workshop, after moving 'in the fog' for a long time, suddenly started becoming more in touch with herself/the others/the space. Even participants who had been dozing at the sides sat up involuntarily.

In working with Prapto I experienced his strong interest in how to *organise in organism*, how the two states of 'being' and 'doing' could nourish each other, how Eastern (Javanese) culture could benefit from the Western attitude and vice versa.

Similarly Erlich says that the task of human development is to integrate the two modes. It seems that in Western society, oriented so much towards performance and achievement, the failure of this process has its roots more in difficulties in the 'being mode'

and its integration. “In Western civilisations the *being mode* has been downgraded, and the *doing mode* given exclusive priority and prominence” (2003). Relationship as a value in itself does not count any more; instead there is extreme emphasis on the individual and individual achievements. This opens new opportunities, more freedom on the ‘doing side’ of life. The drawbacks are more on the ‘being side’, leading to separation and isolation.

Erich expresses it clearly, “(being) is involved in and underpins our sense of aliveness as well as connectedness with everything – relationships, nature, life, ideals and values. Without it our psychological life is seriously impoverished and hampered” (ibid).

As mentioned above, the patients I meet often have great difficulties in allowing themselves periods of ‘being’ states. More often they have feelings of separateness, forlornness, isolation. But at the same time ‘doing’ is not positively experienced – e.g. under circumstances of being unemployed half a lifetime without any chance of getting a job again.

Being-Doing in My Work - The Wild Garden

The image of the ‘Wild Garden’ to me implies a balance between *organism* and *organisation*, ‘being’ and ‘doing’, a balance that is lost and found again continually. In the garden, I can ‘be’ and experience the aliveness and diversity of plants and animals, and at the same time I can step in and create an interplay of the wild and the structured. There is no end to this, but cycles of growing and resting.

Amerta Movement for me is a wonderful way to experience this duality of ‘being’ and ‘doing’, or *organism* and *organisation* in the therapeutic context. It is not a routine, something I know how to do and master. It is new every time, moment by moment. Thus it is a means to give value to ‘being-with-oneself’ and ‘being-together’. Also ‘doing’ can grow from self-worth and self-efficacy and not from a feeling of pressure and fulfilling expectations of others. In the best case, this could then become a ‘doing-together’ or ‘doing-in-connectedness’.

~ ~ ~

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