We have no conscious recollection of our early childhood experiences, but they remain with us, embodied in our ‘flesh and blood’. They influence how comfortable we feel in our own skin, how we behave in relationships and how susceptible we are to psychological problems. The first few years of life are thus vitally important to our mental and emotional development.

By Ines Possemeyer
Do you remember how scared your parents were when you fell off the swing as an infant? Do you recall the lullaby your mother sang to you in the cradle? Do you recollect how your father would spirit away your toys by 'magic'? No? Nor do I. Like most people my memory goes back, at best, to about the fourth year of my life. The time before that is known to me only from what I have been told and yet it has left deep marks in my memory.

In some languages the word 'memory' is derived from the word 'thought'. No wonder then that we associate it primarily with our conscious recollection. The first day at school, the painstakingly learnt formulae, the faces, the telephone numbers; this kind of knowledge is stored in the cerebral cortex, in the 'explicit' memory. We can recall its contents and express them in words. With its help we look back, draw conclusions, plan ahead.

On the other hand, there are many things that we do without thinking, things for which our memory provides routines: tying a shoe lace, cycling, recognising objects, finding a light switch in the dark. Similarly, the intuition of a goal scorer for the right moment, our familiarity with places, good habits and bad, are all based on memory. So not only do we have memories, we are memory, without ever realising it.

Scientists call this implicit or non-declarative memory—because this stored recollection is difficult to verbalise. It just is a part of us, is embodied in us. The German philosopher and psychiatrist Thomas Fuchs came up with a beautiful phrase for this phenomenon: *Leibgedächtnis*, 'body memory'. It covers all our past sensory, motor and emotional experiences that affect the here and now: know-how that is, of course, anchored largely in our central nervous system, but something that we can feel in our flesh and blood as well.

Some of this we have gone to great lengths to learn initially, before losing all conscious awareness of it. I have long forgotten the location of letters on my keyboard, for instance, but my fingers find them automatically, leaving my mind free for other things. And when it comes to peak sensorimotor performance, as in the case of musicians or sportspersons, it is in any case better that our thoughts do not get involved, for our consciousness is relatively slow-moving.

And there is another kind of know-how in which conscious memory is never involved. We know intuitively that it feels good to hug somebody, we recognise from the sound of a voice whether a person is happy or sad. Our consciousness first comes into play when 'something is not quite right': when I mistype, when my body hurts, when I approach a dark alley and my stomach tenses. Or then, when we don't understand ourselves, perhaps because we do something 'irrational', perhaps because we cannot explain our own feelings. Or because traumatic experiences are still embedded in our bones and surface again—overwhelming the consciousness.

Babies too internalise ‘relationship knowledge’, usually patterned on the mother: are others there for me? How should I show feelings? Their brain development is based on this—for better or for worse.
All it can take is a squeal of tyres, for instance, to take the body back to an earlier accident. The past is not over and done with.

Neuroscience too has long concentrated on consciousness. But the immense importance of bodily experience in the way we feel and think was discovered recently. And with it also the far-reaching implications of implicit memories from our first years of life, because not only did we learn to walk at that time and not only did we perceive the force of gravity from falling pacifiers, we also learnt how to interact with others. Without words, without a reflective mind: *by picking up, by recognising, by feeling*....

Infancy and early childhood is the most important phase of life for our psychological development. A lot depends on it, how comfortable we feel about ourselves as adults, how easily we lose self-control, how quickly we get worried or scared, whether we go through life with hunched shoulders or upright and confident, how we conduct our relationships and how susceptible we are to mental disorders.

Understanding bodily memories is not very different from learning a foreign language: if you want to master it, you had best begin at the beginning. So take yourself back in time to the days when everything was still ‘embodied’.

**Babies are masters of imitation—that’s how they connect with the world**

“OK, make a really distressed face now,” Beatrice Beebe tells me. I stand before the American researcher, furrow my forehead and pucker my lips as if I am about to burst into tears.

But Beebe, a graceful lady with curly grey hair, simply looks away. And though it is make-believe, her reaction seems to say: for heaven’s sake, leave me alone.

Then she smiles. But that is no consolation. Can’t she see that I am feeling wretched?

Next she makes a mocking face: come on, it’s not all that bad, it seems to say. And truly I do feel a tiny bit of indignation rising up.

Finally her face is free of all expression. I look even more distraught.

Beebe remains unmoved. I fall back on (or, in this case as infant, take anticipatory recourse to) language and say: “Do something please.”

Now she too makes a sad face and says sympathetically, “Oooh, hmmm.” And indeed, I feel I have been understood at last.

Beatrice Beebe, psychoanalyst and professor at Columbia University, is studying non-verbal communication between babies and parents, when this works and when it does not. The focus of her research: babies four to twelve months of age.

A period of immense significance. The brain doubles in volume in the first year of life, the neof ormation of neural connections reaches its zenith in the ninth month. Areas of the brain important for stress-regulation, ‘affect’ and processing of emotions mature particularly fast during this phase. Almost
double the number of synapses required are generated.

“Use them or lose them,” says Michael Merzenich, a leading neuroscientist in the field of brain plasticity research. The neuronal network gets ‘pruned’ on the basis of experiences in infancy and in the process shapes itself to fit the environment in which the child has to survive.

This happens primarily through interaction with the closest caregiver—usually the mother. Her most important task during this period is to give the baby a sense of security and to buffer the stress with which the infant reacts to this new and strange world.

Beebe films infants and mothers at play. One camera is focused on each of them and the footage is later analysed second by second. Because only under this ‘microscope’ is it possible to decipher the rapid, unconscious interaction: the play of expressions, gestures, touch, ‘prosody’ of voice. How alert are the two? How do they react to one another? How do they create ‘relatedness’?

Relatedness! We individualists provide separate rooms even for little babies, forgetting thereby that humans are essentially social creatures. This is evident even before we come into the world. An Italian research team observed twins in the mother’s womb and determined that from the 14th week onwards foetuses begin to move specifically towards each other. And babies start to copy gestures and facial expressions in the very first hour after birth, because henceforth communication is essential for survival.

Parents rejoice over these first imitations, form an ‘O’ with the mouth, stick out their tongues. And scientists marvel that newborns observe what the person opposite them is doing! They try it out on their own bodies! They can sense similarities! This is nothing less than the beginning of intersubjectivity—the ability to understand others and make them understand you.

From the neuroscientific point of view, this is revolutionary. Hitherto it was believed that the brain was largely isolated from the environment, but now it is emerging more and more as a ‘relational organ’.

Back to the video: a four-month-old boy old is looking at his mother. She makes a face of exaggerated astonishment. He lifts an eyebrow, moves his feet slightly apart, spreads his fingers. The mother smiles. Both of them first raise their heads a little, then lower them again, smile. The baby gets a bit tense, the mother strokes him lovingly. He relaxes.

The wealth of details in their body signals is difficult to express in words. But viewed in slow motion, the interaction reminds me of a dance in which two persons come together, separate for a short moment, then get close again. And as with good dancers, it is a joy to watch: here are two people whose expressions are coordinated, who are obviously in tune with one another. It is rhythm!

This routine occurrence has meanwhile been proven experimentally as well: we feel closer to people who mirror our facial expressions and gestures, who synchronise posture and pace with us. Even the activity patterns of our brains are in alignment when we hear one another and in the process internally empathise, respond—or anticipate words in the other’s mind.
A successful communication follows certain rules, says Beebe: “A behaviour has to be contingent over several seconds, as also the reaction of the other person.” [Contingency’ is Beebe’s term for describing the correlation or concurrence of behaviours between two people.] Because even at the age of just three to four months, children develop expectations—if I do this, that will happen. When I look at my mother, she smiles and I am happy. When I am agitated, she touches me gently and I calm down—so they learn that their expressions are effective, both in relation to themselves and to others. Beebe calls this “knowing and being known”.

I would have associated this phrase more with a mature adult than with an infant. But it describes not only the basic emotion of a successful life, but also its foundation. For, irrespective of whether one is old or just starting life, understanding oneself and bonding with others is existential.

‘Schemes of being-with-others’ develop in infancy itself: how do I show emotions and gain attention? How do I behave vis-à-vis others? When I am stressed can I count on help? Later these patterns get reactivated in friendships and love affairs, even with our children: “You are just like your mother.” A familiar utterance now confirmed by long-term studies.

The language of emotions is learnt—the expressions for joy, for fear, for rage

Feelings. I thought you were born with them. But it is not quite so simple. Even medical surveys have established this. An amazing number of people suffer from ‘emotional blindness’, alexithymia. Such people don’t know: am I angry right now, do I have a stomach ache? Is that a feeling or an affliction? Because that area of the brain that interprets bodily changes as emotions is not really active.

Other people don’t even get a ‘stomach ache’ because their body no longer reacts to emotional situations. They feel neither sorrow nor joy nor anger. It is as if they are dead inside. What sounds like a terrible sickness usually develops in early childhood—as defence against unbearable terror, anger or desire.

What happens?

We are born with only the very basic features of our facial expressions as also with only the ‘precursor emotions’: disgust, distress, fright, interest and pleasure. These are initially a kind of sense with which we register what is happening in our organism: is it in a pleasant equilibrium? Or in a state of alertness? If so, something has to happen. And babies communicate this loud and shrill. “The expression of emotion has developed as a medium of communication, conveying to others what we are feeling,” says developmental psychologist Manfred Holodynski of the University of Münster, Germany.

Emotions are supposed to influence us and those around us in such a way that our body returns to its equilibrium.

Yet facial expressions are so undifferentiated to start with that parents often have to guess why their little one is crying.
Is he hungry? Is he in pain? Is he angry or is he simply bored? Since adults react with exaggerated expressions, the child learns: “So this is what my feeling looks like. This is the expression for anger, this one for fear.” Of course, adults give up their drama of expressions after a few moments, for were they to really share the baby’s fear, he would never calm down.

In this way the infant gradually hones his repertoire of expressions, links them to feelings and experiences. As such a fund of emotional knowledge grows within the memory of his body, one connected with bodily reactions. What feels good?

What can I be proud of? What should I be ashamed of?

So the child models himself after the parents, assumes their emotional patterns, good as well as bad—the mother’s fretfulness, the father’s dislike of snails. Ingrained early in the body’s memory, this remains inaccessible to the mind and rational thought.

The mind needs the messages of the body: I feel, therefore I am

Little babies express feelings with their arms and legs, literally

The Beatles with Mahesh Yogi in Wales in 1967. They visited him in India the next year and other stars followed suit.

acting as ‘body armour’ against unpleasant feelings. Yoga and Zen techniques served physical fitness instructor Joseph Pilates as inspiration for his training sessions.

The Nazis, however, exploited the body cult to the hilt and created warrior-like bodybuilders. They were taught to disregard their feelings and concentrate wholly on the rhythm of the masses. Many proponents of a more sensitive physical culture went into exile.

With the student and hippie movement the body was liberated a second time—this time the impetus came from the United States. The Esalen Institute at Big Sur in California in particular developed itself into a centre of new forms of therapy. The Beatles travelled to India to Maharishi Mahesh Yogi, founder of transcendental meditation. And people took part in ‘encounter groups’, flailing on mattresses, screaming and crying.

Gestalt therapy, bioenergetics, biodynamic, dance and movement therapy built on the work of the body pioneers of the 1920s. But it is only today, in a third return to the body, that these alternative streams are becoming an established part of psychotherapy.

It helps of course that more and more psychologists, neuroscientists and philosophers have discovered the body: calling their field of research ‘embodiment’, they are studying how physical experiences shape thought, feeling and ego.

Sociologists too have done a ‘body turn’. They point out that in our post-industrial society the body is more important than ever: competitiveness demands that it be optimised as a personal resource—always beautiful, young and fit. At the same time it is more vital than ever before for human beings, freed from traditional role-play, to find themselves again. The body then becomes the most important place to find sense, support and orientation, says sociologist Zygmunt Baumann.

While the body is being ‘improved’ with piercings, tattoos, cosmetic surgery and fitness regimes, people are going ‘into themselves’ as well, with meditation, yoga and therapy. From personal communication, however, the body is slowly disappearing, physical presence being replaced by Twitter, chat rooms and online games. Like a hundred years ago, the enhancement and suppression of the body are going hand in hand. Sociologists call this the ‘paradox of the modern age’.

Bodywork, Not Bodily Work
History shows we have repressed our own physicality—and found it again.

The son goes camping, the daughter attends a seminar on ‘harmonic training of the body’, the mother does yoga, the father bodybuilding. Sounds like today’s latest mantra, but these used to be the customary leisure activities of a European family in the 1920s.

For at the beginning of the 20th century young people freed themselves from the stand-up collars and corsets: hungering for air and light, they moved with tent and guitar to the countryside or bathed unclothed at the first nudist beaches. The centre of the movement was Germany with its charismatic metropolis of Berlin. American dancer Isadora Duncan, who lived largely in Europe, extolled movement as the ‘natural language of the soul’. And yoga, bodybuilding and gymnastics became popular after the First World War.

Sport sociologists see in this focus on the body a response to its earlier disappearance. Over the course of industrialisation, factories had replaced handicrafts, trams had taken the place of horse-drawn carriages, telephones direct dialogue. Movement had been subordinated to the diktats of machines, fragmented into the odd hand-shakes. The new ‘body culture’ movement thus called for ‘rhythm not beat’. And many people devoted themselves to the search for a new wholeness, therapeutically as well.

In the 1920s Elsa Gindler, a German gymnastics teacher, taught people to feel their body internally. The psychoanalyst Wilhelm Reich saw saw blocks within muscles...
with every fibre of their body. But then at the age of two a powerful new medium enters their life. Language. The child learns to express his feelings more and more in words instead of deeds. “He learns to distance himself psychologically: I have this feeling, instead of I am this feeling,” explains Manfred Holodynski.

Through language a child gains a key to his inner world. To access it, however, he needs his parents’ help. They must ask: “Why are you crying? What’s the matter?” What feeling is hidden behind the tears, behind the covert behaviour? Henceforth such insights help the child in understanding and controlling his own feelings.

So we learn to examine our internal voices more clearly, those sometimes very subtle signals with which our body emotionally evaluates new situations: the slight tingling at the back of the neck, the pressure in the stomach, the shallow breathing, the tense shoulders—what do they want to tell us? Our mind is tuned to such messages, ‘somatic markers’ as American neurologist Antonio Damasio calls them. Only with their help can we make decisions.

As such, Damasio has corrected Descartes’ famous dictum: Not “I think, therefore I am”, but rather “I feel, therefore I am.”

Thus our implicit memory knows much more than our consciousness. Ten-year-olds, for instance, could not recognise their kindergarten friends from their current pictures. But their ‘skin conductance’ signalled unconscious recognition. A two-year-old child who was abused a year ago may not have recognised his tormentor from a photograph, but he reacted bodily by getting stressed. (Weak electric currents are applied over the body for recording skin response. Changes in flow of current are regarded as physiological indicators of psychological arousal.)

Traumatic experiences get branded particularly deep in the emotional memory, as defence against future pain. Sometimes, however, they are so overwhelming that the brain cannot process all the impressions. The horror cannot be verbalised, it does not become a coherent story, archived in the explicit memory.

It remains fragmented, captured in the implicit memory. A smell, a noise, a gesture of a person, the anniversary of the catastrophe, brings the long-forgotten occurrence to mind, as if it were happening at that very moment. But about every third person so affected protects himself from recollections like these by ‘dissociating’ the experience, that is, internally eliminating it till he hardly feels anything at all.

Just a few minutes of video sequence from the life of a four-month-old infant are often enough for Beatrice Beebe to notice indications of problems that could arise in the future. Eight months later. Twenty years later.

She demonstrates this with a short clip: a baby whimpers, the mother ignores him and continues to play laughingly with his foot. The child turns away but she does not register his defensive reaction; she smiles, comes really close, while he shies away, raises his hands. She comes even closer.

The scene is so unpleasant, I myself move back a bit. “This mother does not understand her child and is unpredictable in her behaviour,” explains Beebe. “Usually such mothers are
depressed or anxious. Or they are so obsessed by the desire for a perennially beaming baby that they ignore his other conditions.

In such relationships, not only does the child get more and more stressed, he also mirrors the contradictory messages of the mother. He mixes up forms of expression that do not belong together, smiles and whimpers at the same time. “He signals come here and stay away from me, all at the same time. He does not know what he is feeling and this happens day in and day out,” says Beebe. “There lies the root of mental problems.”

Translating this into the adult world: our language-dominated communication too breaks down in the absence of signs like a nod, the lift of an eyebrow or the occasional verbal acknowledgement, to indicate that the other person is attending to us. And, like a four-month-old baby, we too step back when someone comes too close to us; we too note a clumsy touch, a lack of eye contact, a laugh at the wrong time.

If we can picture in our mind that these are not mere fleeting moments but a permanent condition in our closest relationship, then perhaps we can understand what kind of consequences such a situation can have for a baby. He cannot defend himself or even move away. He knows no one else in the world.

And he cannot calm himself down on his own.

He has not learnt how soothing touch can be. He does not have at his disposal the tricks with which we adults control our inner tension: when we tear out our hair or touch our chins or noses. Martin Grunwald, a touch expert from Leipzig, has proven with the help of EEG readings that such gestures help in relieving stress.

The lack of touch leaves a gap in the body memory of a child. The first sense that we develop in the mother’s womb remains the most important for a long time: by groping, grasping, wriggling and skin contact an infant senses his own boundaries and forms his body image. Touch gives him grounding and security, releases growth and bonding hormones, reduces stress hormones, stabilises heartbeat, respiration and blood pressure—therapeutic experiences, which are repeated in adults too when they are touched. Usually.

“Ten per cent of our patients do not enjoy being touched,” says Peter Joraschky, an expert in psychosomatics. “Often they can’t stand their own body, which usually means that they were not loved and cuddled in their childhood. Perhaps because the mothers were compulsive and could not themselves bear any skin contact or because the child was hugged too much at times and completely ignored at others.”

Emotional roller-coasters that get repeated decades later in the arms of the partner. Revulsion, which in extreme cases can lead to internal rejection of the body when it matures in puberty, as in the case of anorexics, for example.

Like a gardener prunes saplings in order to give a young tree its form, early experiences shape the maturing brain of
striking contrast. What is it that makes some youngsters flower while others go astray?

A lot of the losers have one thing in common: a difficult childhood. About 70 per cent of patients under psychiatric treatment in the United States and almost all its prison inmates report incidents of early abuse. The tip of an iceberg, whose extent was revealed in a 1995 survey of 17,000 medically insured Americans: in the ACE (Adverse Childhood Experience) study, 30 per cent of the participants said they had been physically abused as children, 20 per cent sexually abused. Almost every fourth person had an alcoholic in his or her immediate family, every fifth person had a relative with psychiatric problems. Every eighth respondent had watched his parents bash each other up...

The list goes on. And the more a person answers these adversity questions in the affirmative, the greater the likelihood that this person will suffer from depression later in life, from obesity or addiction, from heart disease, cancer, diabetes.... Six ‘yes’ answers means a shortening of life expectancy by 20 years vis-à-vis people with happy childhoods.


Scientists are now able to decode with greater exactness when precisely bad experiences turn traumatic and what significance the neuronal developmental phases have. It has been seen that strong emotional support in the first two years of life has

**Time does not heal all wounds, it conceals them**

“Traumatic events of the earliest years of childhood are not lost but, like footprints in wet cement, are often preserved life-long,” says Dr Vincent Felitti of America.

“Time does not heal the wounds that occur in those earliest years; time conceals them. They are not lost, they get embodied.” I travel to the United States, to Cambridge near Boston. On the train there I am surrounded by some of the best students the country has to offer, but as I get down at the Harvard Square metro station the youths I find loitering outside are stoned or drunk, many are homeless. A really

**WELL-BONDED OR A STRANGER to self and others**
the effect of a protective shield: from genetically influenced susceptibility to stress as well as from terrible experiences.

Where this shield is missing, where the family itself is a threat and where violence, abuse and accidents abound, the result is a complex mix of disturbances. Many experts, therefore, call for recognition of ‘developmental trauma’ as a new diagnosis.

“These children must learn to overcome their feelings—with the help of the body. Nursery school teachers understand this. Many doctors, however, see only the disorder and prescribe medication,” says Bessel van der Kolk, professor of psychiatry and founder of the Trauma Centre in Boston. As far back as 1980 he made a decisive contribution to the establishment of post-traumatic stress disorder (PTSD) as a diagnosis and subsequently hundreds of thousands of Vietnam veterans could be treated.

But conventional psycho and behavioural therapies have little effect in most cases. “Healing goes beyond talk,” says van der Kolk, who was the first to recognise that traumatisation gets embodied. He lets adolescents express themselves through theatre, while for children he has set up a SMART (Sensory Motor Arousal Regulation Treatment) room.

As soon as children feel a safe bonding, they try to change themselves

Thick mats are strewn all over; there is a spinning board, huge balls, a tunnel to crawl through and a trampoline—a playground for the anxious child, for the stubborn and the angry one and the one blind to feelings. Here such children can experience things that so far have been missing from their body memory: coming alive, enjoyment of one’s own body. A seven-year-old boy smashes dolls against the wall and screams. He cannot be reached by words. As he takes a short break to hop around, the therapist lures him to the trampoline. And he jumps. Rhythm! She jumps along with him. Mirroring! Here I am once again struck by the basic laws of bonding. They work. It is like the dance is finally beginning at a tense party. The youngster laughs, talks, says whatever he wants.

Such transformations have been experienced by Elizabeth

A large number of psychotherapies today work with movement and touch or direct attention to signals from the body. Also growing is the number of psychiatrists and psychologists who use body-related experiences as an important part of treatment: the intense rush of breath, the long ignored tingling in the stomach, the eruption-like trembling in a formerly tense muscle or the sensations evoked when recalling childhood.

Some of these processes have mundane names like ‘dance therapy’ or ‘functional relaxation’, while others have exotic nomenclatures such as ‘bioenergetics’, ‘hakomi’ or ‘somatic experiencing’. Many of these have long led a shadowy existence, but this has changed of late. “There are an increasing number of studies that prove the efficacy of body-oriented psychotherapy,” says Frank Röhricht of the Newham Centre for Mental Health in London. “Its impact has been proven in psychosomatic disorders, for example, in depression and chronic psychoses. And there are positive indications that it helps in cases of anxiety and problems of low self-esteem and improves the ability to have relationships.” These days, therefore, almost all established schools of therapy discuss whether and how far they should involve the body in treating the soul.

The advantage: physical work can provide an easy outlet for forgotten or repressed feelings. This was earlier seen as a disadvantage. But today experts regard emotions as the bedrock of every experience as well as of change in personality. Body psychotherapy is particularly suited to those who have difficulty participating in conversation.

The process works ‘bottom-up’ and ‘top-down’ in parallel: memories that are not accessible in our routine lives, or are accessible only with great difficulty, can be transferred from ‘implicit memory’ into consciousness. This helps patients feel their own body, regain vitality or calm intemperate feelings and, at the same time, talk about what they have experienced.

Of course it makes little sense to drag a couch potato to dance therapy. Experts stress the importance of matching treatment to the patient for it to be beneficial. “Patient and therapist must harmonise,” explains Röhricht, “as also patient and method.” When these are in sync, there is a greater chance of success.

But selection of therapy should not be based on gut feel alone, because there are many charlatans on the psycho-scene. Therapies that promise miraculous cures or speedy transformations should be avoided. And you must always ensure that your treatment provider has adequate therapeutic qualifications.
REMEmBERING, FORGETTING OR constantly repeating

Warner, leader of the SMART project, even with totally withdrawn children, who literally have to be awakened. Like the boy who had lost his speech and began to talk again on a swing.

The skill of the therapist lies in keeping the arousal of the nervous system in midrange. Only then does a person not go ‘beyond’ himself but keeps ‘within’, can understand his feelings and control them. And is open to new experiences.

Also the seven-year-old in the SMART room intuitively seeks a new experience as soon as he had calmed himself down with physical activity: he now flings himself to the floor—and tells the therapist to throw a ball at his face! His father used to rub dirty nappies in his face and box his ears, and since then he had not allowed anyone to touch him there, had not permitted even his foster mother to use a washcloth. The therapist hesitates, but since she is now his ‘ally’ she aims the ball. He hits it back with his forehead. Once more please! Turns himself around. Once more please! Uses arms and feet. Plays out more and more versions of the game to ward off the ‘blows’. Then he wants his mother too to come in. He wants to bond with her as well.

I get gooseflesh watching. I am witnessing a process Sigmund Freud described over a hundred years ago: traumatised people like this young boy repeat the actions they do not consciously remember. Often they are stuck their whole life in such reenactments. They provoke the violence they have suffered, themselves slip into the role of the tormentor. And in doing so transmit their trauma to the next generation.

But this youngster is unconsciously seeking a way out. He has taken up the thread of a terrible past and is knitting it into a new and better experience. “As soon as children feel a safe bonding, they try to transform themselves: from victim into active agent,” observes Elizabeth Warner.

So the body is not only a medium of memory but also a medium of change. And this applies to children as well as adults. The latter, however, prefer to sit with psychotherapists or lie on the couch in an analyst’s clinic—and talk. And talk.

Intellectuals in the tradition of Freud’s Redekur (talk cure). They search for words for their fears, their irrational outbreaks, their childhood. Till their mind grasps the causes and files them in the explicit memory. And yet they are not completely free: the embodied feelings, gestures and reaction patterns still return. “We can change the organism only when we admit the old feelings in a secure milieu and then show them a way out,” says van der Kolk.

How would we have acted at that time? Yelled at the mother. Or given her a hug. Slammed the door. Cried.

In infancy the expression of feelings serves as a tool to move others. As adults we have to move ourselves. That is why our organism releases adrenaline, tenses the muscles, increases our heartbeat, makes us breathe faster and lose appetite.

This is a summons to do something. And to anchor new experiences in the memory of the body.

Ever since GEO editor Ines Possemeyer reported on the traumatic fallout of 9/11, she wanted to learn more about the power of embodied memories. Her research led her back into childhood, even prenatal development. “The frequency of early experiences of abuse is so much greater than the number of doomed destinies after a disaster,” says Possemeyer. “But how these overburdened families are to be helped receives far less attention.”