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LISTENING TO THE BODY AND FEELING THE MIND¹

Abstract: Lombardi's excellent clinical work draws attention to the patient's relationship to his or her body. This approach is in synchrony with the cutting edge of contemporary neuropsychanalytic research. Empirical studies of embodied cognition show that how we feel emotionally changes our bodily experience, and shifts in the body change how we feel emotionally. The analyst's bodily experience during a session may reflect important aspects of the transference and countertransference. Lombardi's work also exemplifies the difference between interpretation and intervention. An interpretation describes a patient's psychodynamics. An intervention can identify psychodynamics, but it also outlines for the patient a constructive way to approach a troubling experience.

Keywords: Robotics, neuropsychanalysis, embodied cognition, body, cognitive unconscious, infertility, intervention

DR. LOMBARDI'S EXCELLENT ARTICLE describes an approach to clinical psychoanalysis in which the relationship with one's body is restored to central importance. Lombardi's work is impressively modern, in that the issues he raises are of great interest, not only to psychoanalysts, but to researchers in cognitive neuroscience and neuropsychanalysis. I would like to contextualize his article by describing some of the scientific work outside of psychoanalysis that relates to his thinking. I will then connect Lombardi's clinical findings with related approaches in psychoanalytic history. Finally, I will highlight the radical constructiveness of Lombardi's clinical work. I will consider his brilliant clinical actions in terms of the distinction between interpretation and intervention.

Lombardi begins his article with a reference to the film *Surrogates*, in

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which humans, at some time in the future, live their lives through robots who look like them. It is indeed frightening to watch, in the film, a portrayal of life in which our own bodies are not part of the action. The film spells out how traumatic is the loss of immediate bodily experience, not only in science fiction, but in our current lives.

Nevertheless, robotics is not all bad. The modern science of robotics is a worthy partner to psychoanalysis in our attempts to clarify what it means to be human, especially the importance of bodily and emotional experience, which in the past were not integrated into the design of most machines. In trying to design the most lifelike robots, scientists have come to realize that humans and their brains do much more than process information like a calculator or traditional computer. The field of artificial intelligence has been transformed into the study of body-mind intelligence, often called “embodied cognition,” with the fundamental realization that man evolved to survive in the world with an active body, and the brain and body all developed to work together as a unit.

In 2007, right after the Neuro-Psychoanalysis conference in Vienna, robot scientists from the Siemens Company scheduled a second conference. The scientists of robotics in Vienna wanted to hear from the neuropsychologists what were the essential aspects of being human that had been studied by psychoanalysis and affective neuroscience, in order to build robots that most resembled humans. This was a rare interchange between engineers, scientists, and psychoanalysts. It provided more important questions than answers, such as: How much is all of our experience involved with emotion, even when we are performing the most computer-like calculations? What is the domain of bodily experience, which informs our every action, although mostly out of our awareness?

These questions relate to Lombardi’s discussion of the “non-repressed unconscious,” which Freud recognized in 1923 in *The Ego and the Id*. He wrote: “We recognize that the Ucs. does not coincide with the repressed; it is still true that all that is repressed is Ucs., but not all that is Ucs. is repressed. A part of the ego, too—and Heaven knows how important a part—may be Ucs., undoubtedly is Ucs” (pp. 17–18).

Today, not heaven, but cognitive neuroscience has been trying to find out just how many ego functions are unconscious. Kihlstrom (1986) called this field of study “the cognitive unconscious.”

There has been extensive research by cognitive neuroscientists, espe-

cially in the last 25 years, that explains how much our bodily experience interacts with our psychological perceptions, mostly unconsciously. For example, we all know that when we refer to someone as “chilly,” we don’t just mean his or her body temperature; we mean that he or she is an emotionally cold, remote person. Although this is a figure of speech, it has reality in bodily experience. Studies have shown that the connection between temperature and emotional experience is profound, yet out of our awareness. In one experiment, for example, half the subjects were given a warm drink, half were given a cold drink, and they were then asked to describe their relations with friends and family. Those holding warm drinks described their relationships as significantly more close emotionally than those holding cold drinks (IJzerman & Semin, 2009).

The interaction between mind and body works in the opposite direction, too. If people are asked to describe incidents in their lives when they felt emotionally isolated, they judge the room temperature as significantly colder than if they are asked to describe times when they felt emotionally included, even though the room temperature is exactly the same in each condition (Zhong & Leonardelli, 2008). Thus, temperature affects a sense of emotional closeness, and emotional closeness affects our judgment of temperature.

Another area of study is the relationship between time and direction. We know that we usually think of time as moving forward. We say, “I see the future that lies before me,” or “I want to put the past behind me.” Scientists have found that these are not just figures of speech, but directions that are experienced with our bodies. If you put a motion sensor on the body, you find that when people talk of the future, their bodies sway forward, and when they talk of the past, their bodies sway backward (Miles, Nind, & Macrae, 2010).²

These findings give an empirical objective basis to Lombardi’s clinical observations. Lombardi describes an approach of working with patients who have lost an essential psychic connection with their own bodies. He highlights how reestablishing this connection is essential for mental

² The relation between time and direction is not universal. In a South American Indian tribe, the Aymara, the future is considered to be behind one, and the past is in front (Nunez & Sweetser, 2006). The rationale seems to be that you cannot see the future, but you can see the past. It remains to be determined whether the Aymara move their bodies differently than Americans when discussing the past and the future.

health and must precede a focus on interpersonal relatedness. I completely agree. Lombardi shows us what, in his patients, inhibits their humanity, their ability to feel their bodies, and experience their emotions.

The Psychoanalytic History of Body-Focused Treatment

Lombardi writes: “The body does not only remind us of the importance of the instincts and sexuality: it is also the concrete core of the personality, playing a role whose significance is equal to that of the mind, although the latter has generally monopolized attention in psychoanalysis.”

Lombardi’s emphasis on the body is essential, but it is not new. It has a long and rich history in psychoanalysis, although I think not all modern practitioners are aware of that history. The struggle to come to terms with the body is a major drama for every human being, and leaves its mark on our personality and character. In eschewing drive theory, with its implication that the drives are the primary and only motivators of human behavior, psychoanalysis may have lost touch with many of the important insights of psychoanalysts about the role of early bodily experience in personality development.

It was different in the early 20th century. One of the psychoanalysts who most attended to the body was Wilhelm Reich (1933). In chapters 4 and 5 of his classic work, *Character Analysis*, Reich outlined how he combined attention to the mind and body. Patients would come into his consulting room, and he would observe how their bodies expressed their psychopathology—a bent posture, an unusual body movement, a shift of the head, or some other clue would reveal a significant defensive stance, which he called “character armor,” that needed to be analyzed. Because of Reich’s later work with Orgone energy and other controversial developments, he seems to have joined the large contingent of people relegated to oblivion by mainstream psychoanalysts. In the volume *Relational Perspectives on the Body* (Aron & Anderson, 1998), the index has not a single entry on Wilhelm Reich. Yet Reich’s work influenced psychoanalysts profoundly, as well as a large group of other practitioners attentive to body-mind relations (e.g., Lowen, 1967), and has much in common with Lombardi’s clinical approach.

Other psychoanalysts also paid significant attention to the body, and saw opportunities to effect change in mental health through bodily ministrations as well as the more usual idea that a psychological transforma-

tion could relieve bodily symptoms. I cannot give a comprehensive review of these developments in psychoanalysis (see Shapiro, 1996), but I will mention three pioneers in this area of study:

- 1) Sándor Ferenczi (1921), whose experiments with “active technique” included having patients modify their urination and defecation habits.
- 2) Karl Abraham (1921, 1924), who studied in depth the manifestations of oral, anal, and phallic organizations of the personality, with reference to actual early bodily experience.
- 3) Harry Stack Sullivan, the founder of interpersonal psychoanalysis, who was particularly attuned to bodily processes and the way they were integrated into successful personality development (Sullivan, 1925, 1926, 1972; Blechner, 2009). To the classical Freudian bodily triumvirate of oral, anal, and phallic dimensions, Sullivan added others, including the urethral, the grasping fingers, and the visual and auditory apparatus.

In addition, Lombardi tells us that work with seriously ill patients leads us to confront such basic bodily issues. I agree, although these observations have many resonances with earlier work with psychotic patients. For example, Lombardi writes:

The challenge that many patients now pose to the analyst . . . is, instead, encouraging the patient’s emergence from the dimensionless abyss of non-existence, since his or her principle conflict concerns, in the most radical way, the polarity between being and not being. Hence I consider that a central element of the therapeutic action of psychoanalysis consists in the discovery and working through of sensory and bodily experiences so as to reach a first authentic form of subjective existence.

Harold Searles (1960) had similar views when he discussed the “loss of distinction between the animate and the inanimate” (p. 147), in which the body is not a “living corporeal self, but rather, an inanimate object which has been irreparably damaged” (p. 149). Fromm-Reichmann (1959) also focused on the bodily experience of her patients, noting the centrality of bodily symptoms to the identity of schizophrenic patients, as did Sechehaye (1951), Shapiro (1981), and Seltzer et al. (1984).

Lombardi's Clinical Work: Dialogue of Mind and Body

Lombardi's message to his patients is: "You have a body. It is a good thing. Your body is the center of your experience. It is a source of pleasure and vitality. Your body belongs only to you. Cherish it. Enjoy it. Ignoring your body can cause you difficulties."

And his patients develop an awareness and sense of connection with their bodies. In an ironic twist on Descartes's formula: "I think, therefore I am," Rosa says: "I eat, I smoke, I pee: I'm alive!" It is not her thinking, but her bodily functions that give her the best evidence of being alive.

Lombardi helps patients develop what he calls "an intrapersonal dialogue," which is as important as their dialogue with their analyst. In the current trend in psychoanalysis to highlight the relational, the intrapersonal³ dimension can be overlooked; patients may value it more than their analysts. In a case report, a psychoanalyst said to his patient, near termination, "When I say something precise, you are moved, you have a sense of wholeness, almost ecstasy, as if there is perfect harmony, and we are connected." The patient corrected the analyst and said: "I feel I am connected to *myself*" (Bergstein, in press).

Psychic Sterility: Symptom or Choice?

The list of bodily functions about which one has the right to choose includes pregnancy, as shown by the case of Vittoria. In the literature on the psychic inhibition of pregnancy, it is generally assumed that infertility is a symptom and the aim of treatment is to achieve pregnancy. Leuzinger-Bohleber (2001; Leuzinger-Bohleber & Pfeifer, 2002) reported on 10 cases of psychogenic sterility in women. In all the cases, the presumption was that cure would lead to pregnancy. By that standard, of course, Lombardi's case is a failure, but not by his patient's standard. Lombardi sees her sterility as a positive statement of desire; she does not want a child, certainly with this husband, and perhaps not at all. This is an excellent example of the psychoanalyst not being locked into mainstream values, but giving precedence to the patient's desires in setting goals for treatment.

³ Intrapersonal is different than intrapsychic. It is not the relationship between different agencies of the mind, but the relationship between the mind and body.

The Body Countertransference

Psychoanalysts, like their patients, need to develop relationships with their own bodies, and learn to notice their bodily reactions during a session and to use them analytically. Analysts can apply Reich's approach to observing themselves: What strange postures do I find myself in when sitting with this patient? What bodily sensations are evoked in me when I am in the presence of this patient, speaking about this subject?

The majority of writers on body-countertransference have been women (e.g., Mathew, 1998; Sands, 2010). Lombardi has a vivid body-countertransference reaction with Vittoria. "It's only here that this stomach makes these noises," she said to him one day. "I really just don't understand what it wants . . . whatever it needs, it would certainly not need food. . . ." One notes her disconnection from her body, when she refers to "this stomach," not "my stomach." When she says this, Lombardi feels considerable peristaltic movement in his gastrointestinal tract. Interestingly, Leuzinger-Bohleber (Leuzinger-Bohleber & Pfeifer, 2002) experienced stomach colic, too, with an infertile female patient. Her supervision group interpreted her stomach pains as a wish to abort her patient, and the patient's mother later confirmed that she had, indeed, wished to abort her daughter.

Intervention versus Interpretation

Lombardi's clinical vignettes beautifully illustrate the difference between an interpretation and an intervention. I distinguish between psychoanalytic interpretations and interventions, as follows:

An interpretation, strictly speaking, articulates the experience and psychodynamics of the patient. An intervention may include an interpretation, but it may not. It consists of an interaction with the patient, a kind of interpersonal relating, that can be of use to the patient in modulating his anxiety and shifting his perspective in a constructive manner, without necessarily articulating the psychodynamics that are operating. It is an action of the therapist, verbal, nonverbal, or both, that communicates understanding while simultaneously protecting the patient's self-esteem and widening his sense of hope for change by outlining alternatives to the current state of affairs (Blechner, 1995, p. 382).

In most of Lombardi's reports of his clinical work, simple interpretations are rare. Instead, in almost all instances, he describes interventions that are remarkably useful and productive. Lombardi has a tremendous gift for giving a positive spin to every action and every manifestation in the patient. He almost never chastises the patient, but instead finds something constructive and useful to what other analysts might call "resistance." When Sandra asks Lombardi to have sex with her, he tells us:

I felt it would be clearly counterproductive to interpret an attack against thinking and against her analysis, so, containing my embarrassment, I attempted to give her proposition a symbolic value by saying, "You are asking me to form part of a couple with you, but this can take place right here, in keeping with our analytic context."

When she persists and asks for a direct yes-or-no answer as to whether they will fuck, he tells her they will not, but even then he continues to offer a constructive angle to her action, as a move toward life and away from the symbolic death of her first dream: "If, instead, it's a question of creating greater emotional closeness between us, which can let you feel that you are understood and help you get closer to yourself, then the answer is yes, within the context of our shared analytic experience." He is able to turn her down, firmly and clearly, but also supporting her self-esteem and suggesting a useful and loving motive to her sexual proposition.

He does something similar with so-called "symptoms." Sandra asks: "Who knows why this nose of mine is always so runny?" Lombardi replies: "If you have a runny nose, you obviously have a body. This too is a way of not losing your body when you're here for your session." Other analysts might have ventured an interpretation of the meaning of her runny nose—a displacement upward of another bodily function, a suppressed form of crying, or any number of other things, all of which might be plausible. Lombardi's words are not about the meaning of the symptom, which he does not claim to know. But he says that her bodily symptom always reminds her that she has a body.

Later, in fact, the patient is startled to find herself crying, and Lombardi is aware of a possible connection with the runny nose. But rather than focus on the connection, which might be clever, he stays true to his aim of helping the patient be comfortable and even love her emotional and bodily reactions, rather than to be startled and troubled by them.

This is the essence of intervention versus interpretation (Blechner, 1995, 2010). Interpretation translates the meaning of what the patient says or experiences. Intervention may presume a meaning, but it goes further—it outlines for the patient a productive value for a destructive or troubling experience. The patient does not just get understanding; he or she gets a way of finding something valuable and positive in him- or herself. Interpretation may be correct, but may not help the patient.

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