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THE BODY, FEELINGS, AND THE UNHEARD MUSIC OF THE SENSES²

Abstract: The author explores the role of the body and bodily experience in emerging from mental paralysis and a sense of annihilation. Evidence of the body and the working through of bodily sensations can offer the analysand proof of his or her subjective dimension. Two clinical cases are presented: a case of infertility that developed in an unforeseen way and a case of so-called erotic transference in which bodily manifestations of erotic feelings opened the way to the analysand's discovery of her own body and her personal world of affects. In both patients, the raw and unmodulated feelings emerging from the body revealed an "internal musical dimension" waiting to be recognized. The multidimensional flow that characterizes the internal dialogue between body and mind contributes in a crucial way to the development of the ability to experience feelings and to think in the presence of emotion.

Keywords: body, body-mind dissociation, bodily countertransference, feeling, erotic transference, primitive mental states, sense organs

IN THE RECENT FILM *SURROGATES* (Mostow, 2009)—a commercial flop in the United States—human beings, at some time in the near future, never leave their houses. The mechanical bodies that interact with the outside world are replicas, images, surrogates, and not real people. The few actual human beings are considered deviants, and are contemptuously referred to as "meat bags": they are embarrassingly saddled with the weight and fragility of their bodies, with all their attendant physical and aesthetic limitations.

In modern painting the body, as it is represented, often seems to express the torments of the body-mind conflict adumbrated in Oscar

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Wilde's novel *The Picture of Dorian Gray*. For example, in the paintings of British artist Francis Bacon, the outlines of the human figure seem unsettlingly indefinite. Entire body parts vanish while jaws gape in space. Legs cramp, contract, get muddled together, and ooze beyond the outlines of the painted figure, creating the effect of a hemorrhagic dissolution into nothingness. But even as we witness corporeity being engulfed in a dimensionless abyss, we see an opposite movement, in which the body laboriously gains access to a spatiality of its own and to representation, acquiring original and unpredictable dimensions that offer visual substance to a complex conflictual world.

I mention these things as examples of the suggestiveness of the cinema (cf. Tylim, 2009, on Cronenberg; Lombardi, 2004, on Kubrick), literature and painting (cf. Lieberman, 2006), and other art forms that confront us with the state of conflict that assails the corporeal nature of contemporary humankind. Humanity's relationship with our own corporeality is more problematic today than it has ever been, in part because of recent developments—most notably in the increasingly important field of information science and the new frontiers of artificial intelligence: indeed, as a result, this relationship needs to be brought up to date and reformulated in contemporary psychoanalysis. In other words, it is important for us to realize that intelligence and thought are no longer the exclusive prerogative of human beings.

If the analytic office is visited by “surrogates,” the subject comes in, stretches out on the couch, and recites her or his free associations. It may all seem like a real situation, but actually the real subject is absent because her or his real sensations are absent. And this situation can become even more problematic if the analyst is particularly concerned about providing an analysis that is scientifically correct in terms of analytic neutrality as well as providing an orientation towards a historical reconstruction of the patient's childhood relationships: then you can wind up with *two* surrogates in the office.

“I guess this is how it's supposed to go,” a patient of mine murmured to herself—she was my official training case—when faced by my tendency to interpret the transference for her in accordance with the dictates of my Kleinian supervisor. Fortunately for her and for me, within just a few months she became aggressive and violent in her sessions and it was only my previous experience with psychotic patients that allowed me to let myself be guided by the patient herself (Lombardi, 1987) in mapping out the route we would follow.

Our most difficult patients can teach us a lot, partly because they are not willing to relinquish a certain authenticity, even if they are not capable of following it completely and making sense of it mentally. In general, the analytic relationship requires particular conditions of authenticity if it is to develop. In this context I prefer the word “authenticity” to “truth” (which Bion used): an authenticity that is as essential to the development of the personality as breathing, drinking, and eating are necessary to physical development (Bion, 1962, p. 42). It is not easy to maintain this authenticity, because it is countered by the human propensity to tell lies—described by Bion (1962) as the conflict between K and -K.

With psychoanalysis widening its scope to include the treatment of serious cases, we now find ourselves approaching more primitive levels of functioning than those described by Freud and Klein. Our patients are constantly threatened by mental paralysis and the fear of annihilation. The danger comes not so much from limited areas of intrusion of the unconscious or specific schizoid mechanisms, as from the maelstrom of nonthinking and nonexistence.

Being unable to achieve a relationship with his or her body traps the patient in an unthinkable anxiety that can drive him or her to madness and death. Maria, a 20-year-old anorexic patient, began, at a certain point in her analysis, to sit from time to time on the cornice of a building, wondering whether to jump off. “I wish I were a balloon,” she declared, epitomizing her desire for lightness. Maria said she could not understand why she should not be able to fly like her beloved balloons. Only by focusing the psychoanalytic working through on a recognition of the body and on the irreversibility of death did it become possible for Maria to come in off the cornice. Giorgio was a 19-year-old survivor of a five-floor jump who still had dramatic trouble mentally integrating his body. “Surely I’m not just an abstraction, am I?” Giorgio wondered. And his answer was, “No, I have bodily functions, so it must be true that I exist.” Rosa was a psychotic patient who, thanks to our psychoanalytic work, succeeded in liberating herself from a world populated by “grey men” who existed without the weight of bodies or emotions. One day she said to me, “What is all this about grey men? [Pause] Now there are no more grey men: I eat, I smoke, I pee: [yelling] I’m alive!” For Rosa, as for Maria and Giorgio, bodily functions such as eating, peeing, and smoking offered perceptual evidence of being alive, instead of being imprisoned in a delusional world of phantoms and abstractions.

The inability to integrate the body mentally applies not only to obvi-

ously psychotic cases but also to the deepest levels of patients, who sometimes seem perfectly integrated with external reality. The personal life of these patients is often reduced to a mere façade, behind which lurks the same “sense of nothingness” characteristic of certain psychotic conditions. “I’ve always had the impression that I had a body on loan. It seemed that I was present, but I wasn’t there” was the significant comment of Anna, a very bright patient of mine who, however, could not even have a bath in a tub for fear of being sucked down the drain.

Hence, on the basis of my clinical experience, I would be inclined to shift Freud’s focus (1915a,) on the relationship between the body and the repressed unconscious to a consideration of the relationship between the body and the dimensionless abyss that the unrepressed unconscious becomes for difficult patients (Bion, 1965; Matte Blanco, 1988; Lombardi, 2009a, 2009b). The unrepressed unconscious implies the absence or disintegration of spatio-temporal coordinates, so that any possible experience or thought seems “won from the dark and formless infinite” (Bion, 1957, p. 165).

Thus, the challenge that many patients now pose for the analyst does not consist primarily in interpreting the repressed unconscious—an unconscious that is already structured with a view to acceptance and evolution towards consciousness—nor is it the analysis of the ego’s defense mechanisms. The challenge is encouraging the patient’s emergence from the dimensionless abyss of nonexistence, because 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 is the discovery and working through of sensory and bodily experiences in order to reach a first authentic form of subjective existence. From this perspective, a variety of manifestations that are considered worrying and pathological—such as acting out, uncontrolled explosions, “perversions,” or “negative transference”—can become conditions that are favorable to the patient’s drawing nearer to being and thinking.

The fact that our patients’ problems are ontological does not, of course, imply that we are straying into a philosophical realm, because the problem is posed in pragmatic and clinical terms. In addition, functioning at these primitive levels is characterized by the same tendency towards conflict that Freud found to be a distinctive trait of the human mind. And functioning at these levels coexists—with variable results—with other more evolved levels that are better understood in psychoanalysis. Thus it is important that we make room in the course of clinical evolution—put-

ting aside any preconceived ideological criteria—for the level that most urgently requires working through in a given session.

I believe that there is too much emphasis in contemporary psychoanalysis on object relations and the role of the other, and that this has contributed to a loss of contact with the deepest areas of the personality: those that have to do with life itself. In other words, we have underestimated the analysand's capacity to show a good adaptation to external reality and interpersonal relations to the detriment of an actual connection with her or his own most intimate sensations. Not that I consider intersubjectivity inessential, but rather that this intersubjectivity should be placed at the service of the analysand and we should first focus on his or her being able to develop a relationship with him- or herself. Mario, who arrived in my office after two long psychoanalyses and whose sexual life had completely vanished years before, told me one day that he had been struck that morning by how he could be in a good mood, despite the whole complex series of difficult situations and health problems he was facing, and that now he felt alive inside, with a sensation of living that he had never been aware of before.

Together with the loss of a more intimate connection with the body and life, psychoanalysis is in danger of losing its connection with the originality that belongs to, together with the implications of creativity that originality can have. "I'm beginning to realize that I'm a woman out of the ordinary," Grazia said to me, not long before the end of her analysis. "*It's that now I see myself: I see what I am.*"

In order to approach the subject of the body as something real that allows the subject to emerge from a dark and formless unconscious, I shall present two clinical cases: each of the two came to me after a long psychoanalysis of many sessions a week for a number of years.

Vittoria

Vittoria, an attractive young woman, asked to be analyzed because she and her husband wanted to have a baby, but, despite undergoing medical procedures, she was unable to get pregnant. She was thin and in uncertain health, with an oral complaint that threatened to cause the loss of her teeth. Her situation was such that she could not see me frequently, so we agreed to start with two sessions a week. Over the course of time we moved up to three and then four weekly sessions, at her request, because she felt that the experience was fruitful.

She did not speak easily and the flow of her associations would re-

peatedly be cut off, so I had to be careful from the outset to introduce “interaction” into our sessions in order to provide active support for dialogue, whatever the importance of the subject under discussion. At the same time, I had to watch out for her tendency towards apparent compliance and her habit of delegating the role of thought leader to me.

In the first dream she reported, the patient saw herself stretched out, completely motionless and unable to move any part of her body, as if a watchful consciousness had reawakened in a body without life or resources. The dream was accompanied by a dramatic feeling of death. The patient, having described her dream, was silent at first, but then, with obvious difficulty, she connected the dream to her general sense of paralysis, as a result of which she experienced every important initiative of hers as a danger and source of error. I replied that the danger came rather from keeping herself paralyzed, in part because any error could be remedied more easily than paralysis.

It became increasingly obvious that no conventional working through based on free associations could possibly take place. Hence I was particularly careful during the sessions to seize upon any manifestation of her subjective presence, starting with sensory manifestations, and to support any potential willingness to face reality, to catalyze the growth of her resources and awareness.

Bit by bit, Vittoria began to take note of a crisis in her marriage that she had denied up to then, and her hope of having children turned into a conscious choice, indeed into an active position of refusal to have them, because she was discovering that pregnancy did not correspond to her real desires. This was followed later by the establishment of an actual separation from her husband. I shall present some material, which will give an idea of the role played, in this phase, by the presence of the body in the session and by the activation of a body-mind relationship as the analysand’s first occasion of getting to know herself.

She said to me one day:

It’s only here that this stomach makes these noises. I really just don’t understand what it wants . . . whatever it needs, it would certainly not need food. . . . [and then, without interruption, referring to some situation at work] Today I’m really mad: this girl who thinks she’s Madame President has really driven me up the wall . . . they were right to report her.

In parallel with the analysand’s verbalization I noticed considerable peristaltic movement in my gastrointestinal tract, so that I had the im-

pression of an interaction between the two bodies involved in the session: in fact, thanks to my sensory reechoing, the patient's body began to make its entrance. I was struck by her reference to Madame President, so I said,

Undoubtedly when you give up playing Madame President even with yourself, you can grant your body the right to move around, to express itself . . . while you tolerate not understanding what it's all about. . . . Little by little, as you allow your body and your sensations to express themselves, perhaps you will be able to understand something about your own needs. . . .

This brief sequence gives some idea of how Vittoria's body began to make its appearance in analysis. And the rumbling of her stomach and her tolerance of not understanding paved the way to the first perception of what the analysand considered to be her needs—needs that, in fact, arose from her body. This progression towards the mind effected by her body coincided with a reappraisal of an arrangement based on omnipotent control ("Madame President") and a denial of emotions. This sort of evolution is ideally accompanied by the presence of an analyst who is careful not to saturate the potential mental space and not to rush to the interpretation.

In a subsequent session Vittoria started by saying, "I've understood that *I do not for any reason* want to get pregnant. I've realized that all these problems arose just when we began to think of getting pregnant."

At this point I became aware of enormously disruptive internal movements in my belly, as if I were a pregnant woman with a baby shifting about and kicking inside her. I had the novel sensation that Vittoria, at that moment in the session, was particularly authentic and in touch with herself, having decided at last to "give birth to herself," just as she was willing to pay attention to herself and assume the responsibility for this attention.

I replied, "It would seem that up to now you have regarded getting pregnant as a duty rather than your own free choice."

Vittoria nodded and went on to tell me about her decision to take a room in a hotel, although she could have stayed with her parents. "It was so sweet, this room, so sweet: it had a lovely bathroom with a tub as well as a shower," she said, associating immediately thereafter about the control her father exercised over her during her childhood and adolescence.

In this fragment of a session the analysand's symbolic statement was strikingly echoed by the analyst's bodily reaction. The analysand's getting closer to herself—to her own body—was mirrored by the confrontation the analyst finds himself having with his bodily sensations. Vittoria's father was given to an obsessive control of his daughter and a denial of her independence, whereas her analyst functioned in a new kind of partnership, by experiencing, in his *reverie* (Bion, 1962), how his own physical sensations were independent of mental control and by witnessing the spontaneous activation of his peristalsis. At the same time, the analyst accepted the patient's development in an area other than her dependence in the transference, so that she approaches a room and a bathroom of her own—or rather she is primarily engaged in listening to and developing an intrasubjective dialogue—rather than accepting suggestions that come from the other.

In one of the following sessions Vittoria was relaxed when she appeared, and the first thing she did was go to the bathroom. Then, when she was stretched out on the couch, she said she felt contractions in an ovary, so she thought that she was ovulating at that moment. During her last cycle she had not ovulated, and on the 20th day she discharged some blood, but it was not her period. Usually when she ovulated she felt it in her belly and had some leucorrhea. Her gynecologist had said she should have an ultrasound to see if there was a fibroma, which could block ovulation. Then she spoke about her marital problems: she was still having sex with her husband, but she noticed that it was not the same as before. Then she described a dream. "I was in my childhood house, together with my brothers, and the drains were blocked up, so a lot of expensive work had to be done outside and inside the house." And she added at once, in some agitation, "But why does it always have to be like this? Why, tell me why? [And, in a loud voice, almost panicking]: Why all this shit? I've got to be steeped in shit if the drains aren't working. [With increasing agitation]: Please, say something: tell me what you think!"

At this point I could distinctly hear Vittoria's stomach rumbling. I thought of her anxiety at being dirty and "steeped" in guilt, although her intestines indicated that peristalsis was proceeding, that is, her own "drains" were not blocked, but were allowing movement. Even her agitated tone, as she sought to involve me directly, seemed to be saying that she was interested in how her life was moving and in activating her own ability to think. I noted that her urgent "tell me what you think" was addressed to herself, as well as to me. In other words, it seemed that Vittoria's body, through the resumption of ovulation and through intestinal

peristalsis, was indicating that she was reacting to the existential blockage we saw in the first dream: and that all this physiosensory pressure was pushing her towards an awareness of need and desire to change. I replied:

Clearly you now realize that there's something not working inside of you and outside in your relationships, and this means you have to pay the costs of the task of restructuring yourself: something that obviously has an inevitable 'cost' for you on the personal level. But this is an essential way of opening yourself to change. And if you agree to pay the cost, you can also begin to unblock the drains.

Vittoria seemed to calm down immediately, which appeared to confirm my impression that she feared she was guilty of the crime or fault that crammed her full of shit, because of some "pathological hatred" of hers that led her to destroy her marriage.

My husband says that my uterus bleeds because I mortify my femininity by not having a baby. I told him, "It's really clever, this thought of yours, what a pity that it doesn't correspond in the least with reality! If you really want to know, I don't have the least intention of having a baby. Despite what you think, it's possible to be a woman even if you don't have babies."

From that point on to the end of the session, Vittoria spoke about her new projects, about starting to study a foreign language, and other possibilities that seemed now within her reach.

In one of her next sessions Vittoria told me about a dream in which she saw that one of her eyes had drooped. The muscle was relaxed, revealing the red of the blood vessels below. She felt unsettled by the whole scene. And, by way of association, she immediately remarked, "It's as if I were displaying my internal organs. In fact the blood vessels you can see in an eye are like internal organs that appear to a bystander."

I felt, meanwhile, that her comment was shrewd and to the point, so I replied,

RL: You're discovering that you can think without losing track of your internal organs, without losing track of what you feel.

V: Maybe it's because now I'm thinking in my own way. My husband would like me to think like him. I've always done that sort of thing all my life, but now I've had enough. If I go out with just five Euros, I don't

care in the least. It's my own business, but he says that I can't possibly go out with so little money. I asked him, "Who are you, my father? Or maybe I'm crazy?" [Disconsolately, nearly demoralized]: All right, let's say I *am* crazy.

RL: Out of fear of being taken for crazy you have, up to now, relied on thinking in the way that you believe others expect you to think, blotting out your body and your feelings.

V: "That's what I've always done. With my parents there was no other way except thinking as they expected you to. But now I've had enough, I can't take it any more."

In this session as well, Vittoria's working through arose from something corporeal: her eye. This time it was something corporeal represented in a dream, rather than the actual thing: an eye-mind nourished by its explicit relationship to the internal organs of the body—a representation grounded in the continuity that Vittoria now succeeded in establishing between her body, her affects, and her thinking (Lombardi, 2009a). On the basis of the attention she was paying to her sensory and bodily urgings, Vittoria could now "think in her own way"—tolerating the uncertainty of thought and her fear of madness ("Or maybe I *am* crazy?") as her way of succeeding in thinking authentically, in contrast to the imitative orientation that caused her to be dominated by someone else's thought.

Sandra

Sandra was a good-looking analysand in her late 30s who had a job with considerable responsibility in the intellectual sphere. She had trouble feeling emotionally alive and her relations with her partner, and her sexual life, were problematic. She had recently had health problems, had undergone surgery, and still suffered from inflammations that were going to require further operations. Our analytic work proceeded gradually, and passed from twice to thrice weekly sessions, in keeping with her request.

In a dream from the beginning of her analysis Sandra saw herself shut inside a mortuary chapel, enclosed in a tomb, as if she were dead. From within the chapel she could see someone approaching the tomb—she soon discovered that this was herself. The analysand appeared to be declaring her condition of internal death, together with her dissociated external presence.

After an initial period of analytic participation, with a certain tendency to intellectualize, Sandra began to manifest intense erotic feelings towards me in the sessions, and to suggest openly that we go somewhere to spend the weekend together. The proposal became explicit: "So do you want to fuck?" At that point I could perceive the sexual excitation that lay behind the proposal, which was not without a certain managerial component. I felt it would be clearly counterproductive to interpret this as an attack against thinking and/or 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." The patient's reply was concrete. "I want to know if it's yes or no. Give me a straight answer." So I became more explicit as well:

If it's a question of having sex together, my answer is no: you came here for analysis, not for anything else. 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.

This exchange took place in an agitated atmosphere, in which the analysand's evident palpitation was accompanied by my own rapid heartbeat. Our bodies were paving the way in this analysis, so that, although no concrete sexual encounter was taking place, our symbolic dialogue proceeded in conjunction with a clear involvement of the presence of our bodies. In contrast to the internal death of the patient's dream and her initial intellectualization, a definite sign of life in the form of an emotional and erotic dimension had made its appearance.

In addition, if one manages not to be thrown off by the concreteness of her formulation, one is struck by the considerable force and immediate incisiveness ("So do you want to fuck?") with which the analysand was capable of placing the subject of the body, sexuality, and desire at the center of the analytic gaze, as a core of an undeferrable confrontation that requires from both participants—although in different ways—the activation of resources of "containment" and "responsibility" for coping with the impact of corporeal reality in the analytic relationship. The body had been completely buried throughout her previous analysis but was destined to emerge in a variety of forms in the course of our experience together. It should not be overlooked that body, sex, and desire went in

the direction of language and representation, which led from the body to the epistemophilic development (Klein, 1928) of the analysis.

A short time later the analysand brought in a dream in which she entered an underground passage and, after walking for a while, saw a great hanging river of fire crossing the bowels of the earth. She held out her walking-stick and a small amount of this flaming liquid began to issue from the river; the flow ceased as soon as she drew back her walking stick. The patient produced no association whatever, saying that she was simply astonished by the strangeness of her dream. I asked whether she was not discovering incandescent emotions within herself, like the incandescent emotions she brought to her session when she asked me to fuck, but also discovering that she could approach them without being drowned or scalded. And she was discovering that she could draw near her incandescent emotions, in small doses, as had been the case when she held out and drew back her walking stick in her dream, or when she was willing to speak with me about her more or less burning emotions: in this way she found that she could call a halt to emotions that she felt were so extreme that, if they once appeared, they would have to be acted out in some way. Sandra seemed content and noted that she felt emotionally warmer and more positive than she usually did.

In a subsequent dream Sandra found herself in an exciting situation with someone, so that it seemed there could be some sex involved, and then the scene changed and she saw herself walking in the center of town, going into shops to look at clothes and then into perfumeries where she stopped to sample various perfumes. Her associations were that, because she was always too taken up with her work, she had never thought she could allow herself a restful and relaxing day going around to shops, not to mention sampling perfumes. Now it seemed like a good project for the winter break. I observed that she could now allow herself forms of gratification connected with her body—such as relaxing strolls, or looking for clothes and perfumes—rather than confining herself to intellectual pursuits or attempting to satisfy other people's needs.

This development coincided with an improvement in sexual relations with her partner and also with the first occasion on which she was able to talk about some of her sexual problems in a session. Specifically, her idea of sex seemed based on the expectation of having to respond to her partner's desires, whereas she perceived any form of more directly personal arousal as somehow threatening. And in fact she said "You don't think I get worked up on my own, do you? I'm hardly some sort of pervert, you know!" I replied that there is a certain amount of arousal that is

centered on oneself and is always present in any kind of sexual relationship with another person, otherwise one would be in danger of becoming a puppet. This working through led not long after to some material in which the patient spoke about discovering the pleasure of a sensual contact with herself, for example by granting herself time to have a bath, or discovering her image in the mirror, because she could look at herself naked with some satisfaction, taking pleasure in her physical shape, and this did not make her feel guilty of any perversion.

This discovery that she had an erotic body of her own occurred in conjunction with a new series of erotic fantasies connected to the analytic relationship, which allowed us to make further progress with our working through. During this phase Sandra no longer seemed cheeky: instead she was more sensitive and had moments of acute anxiety and feelings of impotence in the presence of the intensity of the attraction she felt. "Why do I have to have these feelings when I come here? There must be some way of blocking them, mustn't there?" I pointed out that if she had these feelings it was a sign that we should be dealing with them, and denying this was like denying her body and her real emotions.

In a later session the analysis began by saying, "This morning I woke up to a leaden sky. Everything seemed oppressive. But little by little, as the time for coming here approached, I felt that my inner state was changing. And I could feel my heart pounding, as I still do. I don't know why it's pounding, but I feel it's pounding and I'm glad it is." I was quite moved by her discovery that she had a heart that was pounding in her chest and that it marginalized her sense of internal leaden oppression. I was struck by the fact that the experience of the pounding heart began in my absence, and not directly in an aroused and agitated interaction with me. So I answered, "Coming here allows you to find a space of your own and a relationship with your body and an emotion of your own, which you find here in relation to your getting closer to me, but it is nevertheless your own personal experience: the discovery of your pleasure in finding that you are emotionally alive." To which she replied, "It's lovely to feel emotions in myself: it makes me feel contented. My whole day becomes different."

Thus I welcomed the sensation of heightened heartbeat and emotion she experienced in relation to analysis, and I related it to the sensory awareness she was acquiring, and by so doing I shifted the accent from the relational component involving me to her internal experience.

Sandra accepted and developed this emphasis on herself, discovering that she was pleased to have feelings of joy and contentment that had

hitherto been almost beyond her reach. In a matter of moments, before my eyes, a concrete physical emotion (a pounding heart connected with approaching her analyst's office) had turned into a feeling ("I'm contented"), or a general mood ("... the whole day becomes different").

A significant development took place later in relation to the discovery of an aggressive component in her erotic feelings, and it seemed to contribute to a further differentiation in the context of her initial jumble of emotions. And our relationship acquired a broader mental dimension thanks to her recognition of her aggressive feelings, without entirely losing its erotic components.

During a session, in a shaky voice, her face distorted by panic—which seemed tangible evidence of the touching effort it cost her to approach and find words for the emotions she could feel rising in her body—Sandra said, "When I come here I feel an urge to devour you. I feel like a panther." Then, after a long pause that seemed proportional to the effort she had made to express herself, she added, in a calmer tone of voice, "I've only just remembered an old film in which a woman turned into a panther. It scared me to death when I saw it. Now I know I have to decide whether to be a woman or a panther."

I too remembered the black and white film *Cat People* (Tourneur, 1942)—known as *Il bacio della pantera* (*The Kiss of the Panther*) in Italian—with Simone Simon as the terrifying main character who was herself terrified by the discovery of her animal nature: a feeling of terror that I felt was consistent with what Sandra was experiencing in analysis. In the last part of her communication ("Now I know I have to decide whether to be a woman or a panther"), however, I noted the danger of a disconnection between the human and the animal: having only "the woman" in my office might imply her dwindling to a bloodless surrogate without animal emotions, whereas having only "the panther" meant my being exposed to an instinctual acting out that could easily get out of hand. I sought within myself some turn of expression that might help keep her connected to the emotions of the panther inside herself, without losing her human resources of good sense along the way, so I said, "You are both woman and panther when you recognize your sexual attraction and your desire to tear me to pieces and possess me as a way of satisfying your love as well as your hatred and your thirst for total control." Thus I attempted to make explicit the two elements, love and hatred, which were at last recognizable and distinguishable. This made it possible to explain the violent component of possession that contributed to transforming her urge to appropriate me into something concretely sexual.

And in fact, after my comment, the analysis seemed immediately calmer: it was as if the idea of having recognized the aggressive component of her nature had brought her closer to being able to exist within herself while tolerating the intensity of her physical emotions and the interpersonal distance that separated us.

The conflict about death that had appeared in the first dream, in which Sandra was imprisoned in a tomb, gave signs of having evolved: she dreamt she saw her mother—who had in fact died a few months previously—emerge alive from her coffin. In her dream, Sandra, amazed, could not understand how her mother had managed to breathe during all the time she was enclosed in her coffin. I wondered to myself whether this was a delusional denial of death, the same denial that had led her, in the past, to be unsure whether she was alive or dead, as she was in that first dream. Sandra added that she had also had another dream, in which she saw herself sniffing cocaine.

It emerged that she had taken this substance in the past, during a relationship with a cocaine addict. Her association was that the effect of cocaine was that it completely anesthetized one's nose and mouth: "it leads to not feeling anything." Thus it was possible to work on her cocaine-addicted aspects, which seemed to be connected with her denial of death and her tendency to attack her relationship with her body and sense organs (Freud, 1911), and hence to do away with her vital relationship with feeling ("not feeling anything").

In the light of this material it became possible to have a better understanding of the role of eroticization, in the sense that her eroticized emotional participation was a way of laying claim to being able to feel emotionally alive, in contrast to the psychotic part (Bion, 1957), which canceled the difference between life and death. In terms of her tendency to substance abuse, the eroticization of the analytic relationship kept her connection with sensations and emotions going, allowing her an experience that could be further defined in representative terms by my interventions.

Sandra's reference to blotting out the differentiating function of her sense organs through drug use revealed an important component she used in her attack on her body-mind relationship. At this point it also became possible to understand some episodes that had emerged in the course of our analytic relationship, in which she had in various ways introduced the subject of her sense organs through occasional concrete references. These episodes now revealed their significance as approaches to the utilization of her sense organs. For example, she had once brought

a bottle of wine to an early morning session, and she asked me to taste the wine so that she could have my opinion of it. At the time I felt that a refusal on my part would be interpreted as proof that she was a dangerously seductive person who had to be driven away, so I tasted the wine, spitting it out then—as professional tasters do—and gave her my actual impression. This opened a channel of communication between us, so that, after this concrete smelling and tasting experience in the session, the patient was able to tell me about her gastronomic and tasting experiments. On other occasions, hearing and music became the subjects under discussion, so we were able to consider her experiences connected with her musical feelings, which she cultivated by attending concerts and also by comparing musical interpretations (for the role of music in the analytic exchange, cf. Lombardi, 2008a).

Before concluding I should like to consider two final clinical examples of how the subject of body-mind integration or dissociation can emerge in the session.

One day Sandra, referring to the previous session, observed, “I was really amazed when you said that in any case our bodies are always there in the session. Although it may be obvious from one point of view, it’s not that way at all for me, because, without realizing it, I lose my body all the time.”

This assertion increased my awareness of the value of integrating the body into the analytic process, but at the same time it indicated how necessary it was to continue working on the body-mind relationship, because it was an area urgently in need of working through.

In the next session she began to complain again about her runny nose, a condition that afflicted her repeatedly.

S: Who knows why this nose of mine is always so runny?

RL: [I make a mental connection between her comment and the appearance on the horizon of the body she complained about constantly losing] 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.

S: [at once more responsive and present]: That’s really a good observation. It just hadn’t occurred to me at all!

In this case the runny nose is a sign of the presence of the body, but it is the analytic working through that must introduce that body to the conscious contemplation of the mind.

In another session Sandra, speaking of a book in which a journalist

writes about his experiences in the Far East, recounted the episode of a visit to an Indian guru. This man, when he received the journalist, had beside him his female companion, who was completely naked, with her eyes closed and her legs open, in a state of total yoga concentration. I noted the analysand's tendency towards emotional absence, as she described an episode that did not seem directly meaningful to her, so that I wondered if she was sensorially elsewhere, splitting in two like the characters in her description. So I suggested that she might be organizing herself as if she were split in two: either only body like the naked woman, or only mind like the Indian guru, and in this way she disappeared as a person, together with the real limits that are part of a real person. As I finished speaking I saw that Sandra's eyes were filling up with tears.

S: [annoyed] Look at what happens to me! I don't understand why I should be starting to cry *now*.

RL: It would seem that by crying you can discover yourself and what's happening inside you! By giving room to your emotions you allow yourself to feel and to become aware of yourself, instead of losing yourself.

The runny nose from the earlier session seemed to evolve towards an experience with some emotional resonance, epitomized by the crying in the later session. In both contexts the emergence of sensations and emotions allowed the analysand to enter into contact with herself and to discover that she was alive and present there and then.

From all these clinical fragments of Sandra's analysis we can see how the working through can make various uses of intersubjective dynamics, the exploration of the patient's conceptions and misconceptions (Money Kyrle, 1968), and the experience of the body and the emotions during the session, so as to catalyze the basic forms of experience of the body and of thinking in the presence of emotions (Bion, 1962) that make it possible for the patient to emerge from the abyss of indifferentiation and body-mind dissociation.

Bodily Feelings in the Analytic Encounter

The integration with the body realized in these two analyses allowed the analysands to free themselves from an existential paralysis that might have been attributed to particular forms of perversion or to a death in-

instinct (Freud, 1920). The analytic experience made it possible to initiate a complex mental relationship with the world of physical sensations and emotions. Vittoria stressed the decisive contribution that sensations made to her learning to “think in her own way,” just as Sandra—farther along in her analysis—recognized that she had at last come to terms with her passion, the very passion she had always been afraid she would not be able to manage.

My focus on the body-mind dialogue does not imply repudiating the essential role of the relational dimension: intersubjective impact is, indeed, the only source of experiences capable of generating internal changes. The analytic relationship is where sensations, anxiety about losing one’s mind, and the anarchic fire of passion all meet: the analyst becomes the interlocutor who can exercise emotional containment, thus facilitating the analysand’s access to the catastrophic turbulence of the body-mind relationship. Faced with relational experiences, the analysand and the analyst remain separate subjects, each one alone in confronting himself and the task of performing the notation and containment of sensory-emotional pressure (Freud, 1911; Bion, 1970).

The body not only reminds us of the importance of 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. So we should not mistake the centrality of the body for a reversion to a Freudian unipersonal view, the inadequacies of which have been pointed out in various ways by relational analysts (cf., e.g., Aron & Anderson, 2003; Fast, 1992, 2006; Seligman, 1999). The failure to integrate the mind with primitive physical experiences comes about, in fact, in a relational context of absent or distorted maternal *reverie* (Bion, 1962), which gives rise to invasive and paralyzing introjections (Williams, 2010). It is also because of the toxic and invasive nature that object relations have had in individual development that analytic working through centered on transference interpretations runs the risk of simply reinforcing a dissociation from the body.

In neurological terms, Antonio Damasio (1994, 1999) has stressed the cardinal importance for the organization of the Self and the generation of Self Consciousness of representing bodily, stating that “emotion, feeling, and consciousness depend for their execution on representations of the organism. Their shared essence is the body” (1999, p. 284). Up to now, psychoanalysis has failed to assign a specific psychoanalytic status to the body as a level absolutely differentiated from that of the mind: as far as I

know, A. B. Ferrari's concept of the Concrete Original Object is the only move that has been made in this direction (cf. Ferrari, 2004; Lombardi, 2002, 2005, 2009a; Meissner, 2005). A standpoint that starts with the body could contribute towards modifying the somewhat moralistic tendency to discount the "primitive" manifestations with which the body makes itself felt in the session. Freud (1915b, pp. 166–167) used the disparaging expression "the logic of soup, with dumplings for arguments" to describe the behavior of those women who, in their so-called "transference love," "refuse to accept the psychical in place of the material" and threaten to destroy the doctor's authority. Subsequent literature about the erotic transference has confirmed this focus on object relations and the Oedipal level, while neglecting the specific needs of the internal body-mind axis: thus, those forms of transference in which we can find an explicit affectionate and nostalgic reference to the object are classified as "benign," whereas those manifestations that directly involve sexuality and the body are considered "malignant" or delusional (Blum, 1973; Bolognini, 1994; De Masi, 2009). Freud and the Freudian tradition's desire to assign a charismatic and absolute value to the authority of the analyst—even to the point of inducing an identification of the analyst with his own super-ego (Reeder, 2000)—seems reflected in the psychoanalytic tendency to underrate bodily manifestations. Concerned first of all to preserve his authority, the analyst is in danger of not working through the elements of sexual attraction that surface in the analytic relationship, and of being exposed to drastic repression and dissociation, even to the point of violating professional boundaries.

There is a not infrequent tendency in psychoanalysis to be apprehensive of patients' disorganized and primitive manifestations, which are attributed most often to destructiveness and insanity. The patient who brings his or her crude bodily feelings to a session is consequently labeled narcissistic, sociopathic, perverse, intolerant of otherness, etc. Actually, these patients are in many cases incapable of being physiologically "narcissistic" *enough* to have access to themselves and their own needs. In this context, a tendency towards action seems more like an attempt as being receptive to new experiences that can contribute to the development of subjectivity, rather than regressive and destructive acting out.

Focusing on the continuity between body, action, feelings, and thought helps us to bear in mind the extremely important concreteness of the bodily feelings connected with living, or rather the raw feelings that precede the more organized form of defined emotions. In a context where

the actual human body comes to the foreground, confronting feeling is a constant challenge to the subject's containment resources.

The Greek poet Sappho wrote, at the dawn of Western civilization:

ἔτίναξεν ἕμᾱς φρένας
Ἔρος ὡς ἄνεμος κατ' ὄρος δρύσιν ἑμπέτων.
(Love shook my soul, just as a sudden wind,
down from the mountain, falls upon an oak.)³

The force of sensations and passions agitates the subject, just as the wind, with its unruly strength, bears down upon the oak.

The psychoanalyst must be aware of the genuine danger that accompanies the impact of emotions on the mind, and of the real risk of destabilization that can ensue from a healthy interaction between the psychotic and the nonpsychotic areas: it is not possible to think without confronting this risk, if it is indeed the case that thinking can take place only in the presence of emotions (Bion, 1962). The practice of psychoanalysis consequently requires a mind that is not systematically oriented towards theories, or taken up by the "irritable reaching after fact and reason"—to use Keats' words (as quoted by Bion, 1970, p. 125)—so that it can instead make room for the confrontation with the intrinsically catastrophic nature of bodily feelings. By the way, I find that some contemporary authors run the risk of becoming so beguiled by Bion's enchanting abstract thought that they end up with an intellectualized and self-referential sort of psychoanalysis, while losing sight of the somatic mainspring that inspired him.

Conclusion

Despite the desire for intellectual control and omniscience that seems to characterize our profession, we ought to recognize the increasingly important role that the body has recently been playing in our analyses: an area that is not thought, but is capable of anticipating and generating mental functioning (Bion, 1979; Lombardi, 2008b).

Wait without thought, for you are not ready for thought:
So the darkness shall be the light, and the stillness the dancing.
(T. S. Eliot, *Four Quartets: East Coker*)

³ Translated from Greek into Italian by Riccardo Lombardi; translated from Italian to English by Karen Christenfeld.

Contemporary practice increasingly challenges us to move closer to areas dominated by “oceanic feelings,” in which organizing the experience of sensations and bodily feelings counts more than abstract comprehension. The body-mind relationship that is formed in the forge of the analytic relationship leads to a new manner of experiencing, which begins at the bodily roots of subjectivity, and proceeds towards containment and thought. As the analytic experience develops, the working through increasingly highlights the otherness of the analyst, together with the limits this implies. The subject takes with him, beyond his analysis, a practiced capacity to effect exchanges along with body-mind axis, constructing his relationship with others in continuity with the bodily sensitivity that characterizes his being himself.

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