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Embodied intersubjectivity: Vitality affects and somatic relational rhythms

Sandra Kay Lauffenburger B.Ed. M.Sc. B.Soc.Sci (Hons Psych)

Self Employed Australia

ABSTRACT

Self psychology's experience-near premise places the client's and therapist's subjectivities central to the therapeutic process. Represented abstractly, symbolically, motorically or sensorily, our affective subjectivity carries therapeutic power. If nuanced somatic/motoric awareness is included, clinical observations expand, and the client feels more deeply met in nonverbal spaces. However, a somatic sensibility does not need to be "applied" to psychoanalytical self psychology as it is already embedded within the body of self psychology literature. Knowing how to access and include it in psychoanalytic treatment provides insight into the ever-flowing lived experience, expands the capacity to observe and language pre-symbolic relational experience, and offers greater potential for embodied responsiveness. Daniel Stern proposed that vitality affects provide the historical and clinical "how" of relationship and brings it alive with embodied meaning. The author offers a clinical case where the sensory-motor communications underpinning the therapeutic interactions were experienced and understood using the concept of vitality affects in an embodied manner. Through a physical, felt understanding of vitality affects, therapist and client somatically entered the temporal spaces, relational forces, spatial interactions, and flow of rhythmic interactions forming their dynamic intersubjective field and holding historical and clinical relational meaning.

KEYWORDS

Embodied; intersubjectivity; somatic selfobject; somatics; subjectivity; vitality affects

"Do body psychotherapy and psychoanalysis fit together"? This is too vague a question to answer. Like choosing wine for a meal, things can be "made" to work, but not necessarily satisfyingly. However, a possibly unexpected answer emerges when key premises of psychoanalytic self psychology are enhanced and nuanced through a somatic investigation of long accepted and related theories. Self psychology's experience-near premise places the client's and therapist's subjectivities centrally (Stolorow et al., 1994), which suggests that phenomenological subjectivity/intersubjective data can be found within the theory and incorporated in the treatment. Daniel Stern's vitality affects theory points to such phenomenological data, which becomes embodied, visible, and able to be used when a somatic movement analysis framework, such as the Laban/Bartenieff Movement Analysis System,¹ provides the means.

CONTACT Sandra Kay Lauffenburger ✉ slauf@netspeed.com.au 📍 Self Employed in Private Practice, Self Employed Australia, PO Box 5029, Garran, ACT 2605, Australia

¹In *Forms of Vitality* (2010, pp. 85–86) Stern points us to the Laban system which he recognized as capturing the inner feeling of movement and dance. The author is a Certified Laban/Bartenieff Movement Analyst and has been exploring and practicing this framework for the past 40 years. More information on L/BMSystem can be found at <https://labaninstitute.org>.

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In his 2010 book on Forms of Vitality, Stern attempted to explicate the L/BMA System (p. 84–89), recognising that

Terms that encompass vitality forms are defined in terms of the merging of gesture and posture, and the matching of effort and shape (e.g. growing, shrinking, spreading, enclosing, freeing, binding, and others). This work applies to the arts, psychology, the workplace, sports or wherever else the dynamical dimension of experience is relevant. (2010, p. 88)

Stern added that “different vitality forms result from the variations of effort and shape that allow one to speak of force, speed, deceleration, acceleration, power, strength, flexibility, etc” (2010, p. 88). Tom’s case explicates the existence of variations and configurations of efforts and shape, i.e. vitality affects, from within a psychodynamic self-psychological therapy. It also demonstrates how the vitality-revealing embodied relational rhythms become central to the co-creation of meaning.

Introducing Tom

Sitting in my office with Tom, I felt alone. I saw he was here, yet I could not feel him. Inside me sensations of aimless, but pleasant drifting dominated. I wondered if this was how his girlfriends felt. In his introductory email he referred to relationship problems—women suddenly dumping him, telling him he was too needy. In this moment I certainly didn’t feel needed; mostly I didn’t feel much of anything. Was I present? Was he? Were we?

A fresh-faced, courteous, 30-something male had sent an email outlining his reasons for wanting an appointment. The extensive and articulate details he offered suggested he feared I might reject him. He described lifelong anxiety experienced as overwhelming physical issues, such as unbearable feelings flowing through his body, panic attacks, suicidal ideation, and immobilisation. He wanted to understand how apparently random issues could severely disrupt his life. Standard psychological treatment for anxiety hadn’t helped, so he decided he needed a somatic approach. However, his friends recommended self psychologically oriented treatment. My name emerged on Google as satisfying both.

Empathic attunement to the client’s subjectivity is central to self psychology. Aspirations to more fully attune to and understand the dynamic subjectivity of the body self have emerged in recent years. Articles on embodiment point to this quest (Knoblauch, 1997, 2005; Nebbiosi & Federici-Nebbiosi, 2008; Pickles, 2015; Sletvold, 2014, 2019). This paper discusses an interoceptive somatic sensibility, i.e., a bottom-up focus on internal detection of physiological sensation and motoric impulses without interpretation. Bottom-up processes offer raw data that further psychodynamic and relational understanding as well as provide an opportunity to outwit the human predilection for splitting the body and mind or viewing a person from an experience-distant perspective (D. Stern, 1985).

Bottom-up and top-down processing are terms which emerged in the 1970s from the field of information science. Bottom-up processes are driven by internal sensory and motoric information, while top-down systems are schema driven and often employ pre-determined heuristics. Co-opted by somatic theorists and practitioners, bottom-up and top-down processing are seen as different ways of obtaining data. In bottom-up processing, the stimulus itself shapes perception, without preconceived ideas, schema or language. A low-context description emerges from somatic awareness, e.g., “I am quivering inside”. Top-down processing uses background knowledge and expectations to interpret the situation;

leading to “I feel anxious”. Despite originating in the same phenomenon, these two modes of observation differ significantly. Sheets-Johnstone (2009) suggests that top-down “thinking” misses the rich dynamics of internal sensations, such as “quivering” and diminishes possibilities for further exploration. Because these sensations may or may not actually be anxiety, a bottom-up approach opens and maintains space for deepening discussions.

Thomas Hanna (1976) chose the word somatics to represent the field of study dealing with bottom-up phenomena. Somatics studies the soma or the body as experienced from within and as representing ongoing physiological and subjective processes. Hanna theorised that at death our living soma becomes an inert container or body. Until then, our internal world generates an enlivening visceral and affective experience. My therapeutic work, as will be demonstrated with Tom, incorporates somatic data through monitoring visceral sensations and motoric impulses both subjectively and intersubjectively.

Somatic data have long been recognised in psychoanalysis. Freud felt there was a place for somatics in psychoanalysis but acknowledged that the perception of the sensation of physiological processes was complex and confusing.

Internal perceptions yield sensations of processes arising in the most diverse and certainly also the deepest strata of the mental apparatus. Very little is known about these sensations and feelings . . . they are more primordial, more elementary, than perceptions arising externally, and they can come about even when consciousness is clouded . . . they may come from different places simultaneously and may thus have different or even opposite qualities. (Freud, 1923 in Sletvold, 2019, p. 549)

Freud considered somatic data as a gateway to self, but in the 1920s, he had no framework or formulation for its use.

In his early treatise on empathy and introspection, Kohut offered a delineation between physical and psychological methods of observation, stating

only a phenomenon that we can attempt to observe by introspection or by empathy with an other’s introspection may be called psychological. A phenomenon is ‘somatic’, ‘behavioural’, or ‘social’, if our methods of observation do not predominantly include introspection and empathy. (Kohut, 1959, p. 462)

Kohut consigned somatic phenomena to non-introspective physical or behavioural data. Because in the 1960s interoception was still not part of psychoanalysis, Kohut used the more top-down introspection, i.e., imagining the inner world of the other. Imagining offers a connection to subjectivity; however, a somatic approach brings bottom-up access to the raw data of the inner world.

More recently, somatic phenomena have been accepted, but organised into broad intellectual categories, such as procedural interpretations (Herzog, 2011), unrepresented states (H. Levine et al., 2013), and unformulated experience (D. B. Stern, 1983, 2019, 2022). These terms provide a name for nonverbal observations but not the actual raw somatic data useful for in-depth psychoanalytic exploration. Capturing the specifics of the somatic dynamism of therapeutic interactions is required to nonverbally co-create meaning. However, additional training is needed to enter the temporal spaces, gravitational forces, spatial interactions, and fluctuating flow of interactions which form the somatic essence of self and self-with-other.

Infant development researcher and psychiatrist, D. Stern (1985) posited that from birth an infant’s formative experiences are not with objects or even sights or sounds, i.e. exteroceptions,

but with more dynamic and global qualities of experience, such as shapes, intensities, and temporal patterns, i.e., interoception. Stern identified the raw data of somatic qualities, which the infant organises into dynamic patterns of relationship and sense of self. He termed these somatic qualities “vitality affects” or “forms of vitality” (1985; 2010), stating that vitality is a “gestalt that emerges from the theoretically separate experiences of movement, force, time, space and intention” (D. Stern, 2010, p. 5).

Somatic techniques unconnected to psychoanalytic frameworks exist, particularly in trauma treatment (Dana, 2020; Dann, 2022; P. Levine, 2011; Ogden & Fisher, 2015). Many offer manualised protocols, performative or cathartic exercises or activities which are “being-done-to” or “being-done-on” an essentially objectified body. They do not fit within a self-psychological framework but could be applied onto it. The case discussed herein demonstrates a somatic intersubjective self-psychological framework (SISP) in which vitality affects assist entry into the ongoing, rhythmic physiological communication space, support co-exploration of descriptive interoceptive data, and become part of the co-creative verbal and nonverbal interactions of client and therapist.

Returning to my first session with Tom:

While waiting for Tom to arrive, I wondered if he were coming for a “try-before-you-buy” somatic experience. Because of popularized somatic techniques, potential clients often hold interesting expectations. He arrived, and we chatted with polite but wispy words. Nothing more substantial than what I knew from his email emerged. Dropping deeply into my pelvic bones to make myself weighty and hoping Tom could feel my presence, I hoped to offer Tom a somatic selfobject experience of my presence.

As we spoke, I felt an unsettled, fluttery lightness inside. At the end of the session Tom thanked me and made an appointment for three weeks’ time and left quickly. I suddenly sensed more of my weightiness, and as I did, I internally shouted “BUT WAIT!”. Thoughts flew in and out rapidly. In my practice clients come weekly. I was sure I said we needed no more than a week between appointments. I was sure I said we would need a regular weekly meeting time if I were to help him. How did my clarity evaporate?

Atwood and Stolorow state that “patient and analyst together form an indissoluble psychological system, and it is this system that constitutes the empirical domain of psychoanalytic inquiry” (Atwood & Stolorow, 1984, p. 64). The meeting and mingling of somatic, motoric, and proto-affective subjectivity also becomes part of the indissoluble psychological system and the psychoanalytic inquiry. However, somatic elements are subtle, tend to occur out of awareness, and are often perplexing when noticed. Wilma Bucci (1997) notes that we are not accustomed to thinking of non-symbolic processes as systematic and organized thought or that these processes may operate outside of intentional control. My initial “failure” with Tom meant I needed to better access a felt sense of his and our somatic processes. Reflecting on our nonverbal interactions, I was intrigued by my rapid immersion his field. My categorizing, cognitive mind quickly wanted to consider concepts such as merger, dissociation, etc. My somatic sensibility felt deeply into our somatic intersubjective space, reflecting on yet-to-be-organized sensations of shape, time, space, and flow. I reminded myself to remain in the uncomfortably unknowingness of my sense of feeling.

Client and therapist are continually and dynamically interacting. Each person’s bodily systems are constantly generating, communicating, and registering nonverbal data. Sheets-Johnstone uses the phrase “morphologies-in-motion” for the animated, moving (internally, externally, and e-motionally) nature of the bodily container-contents (Sheets-Johnstone, 2010, p. 117). We

humans are not entirely comfortable with dynamic, visceral raw data, and prefer to chunk it into pieces of knowing. We often rely on distraction (or boredom) when the mystery of dynamic not-knowing becomes a challenge. Although relational, physiological ongoingness is registered continually through our mirror neurons (Gallese et al., 2007), we need a way to manage these data. Stern's forms of vitality or vitality affects (1985; 2010) proposes a way to organize felt-data into combinations of time, space, force and flow, i.e., the basic invariants of physical experience. Along with the element of shape, Stern discerned that the physical invariants combined to describe the felt "how" of relationship, as well as the felt "how" of our sense of self (1985; 2010).

Stern offered examples to illustrate the ways intersubjective interactions might be experienced. He proposed words such as "exploding", "surging", "bounding", "halting", where the "how", rather than the "what", is impactful and meaningful, and more likely to enter procedural memory (D. Stern, 2010, p. 7). Stern suggestions were dynamic adverbs or gerunds that combined the invariants of physical experience and described the intersubjective dynamics at play in the dyad. For example,

- "exploding" – an experience of sudden, powerful and outwardly directed energy
- "surging" – an experience of a force increasing in strength over a gradual period of time
- "bounding" – an experience of repetitive, light and upward pull after a forceful downward push
- "halting" – an experience of a sudden deceleration coming from increasing muscular tension.

Thus, combinations of invariants of physical experience, or vitality affects offer a nuanced feel-how of interactions in the intersubjective space. Stern's powerful idea creates a clinical connection between verbal and nonverbal experience, body and mind, feeling and memory, and provides the missing link for identifying and understanding our client's nonverbal, somatic relational experiences more deeply.

Allow me to illustrate.

In our fifth session, to me, Tom felt only slightly weighty as he entered my room. Explaining he'd been especially anxious lately, he reddened as he confessed to having multiple girlfriends. In introducing his confession, Tom's eyes looked through me, and then searched the room. Simultaneously, we both inhaled sharply, and then seemed to hold onto the air. Apprehension? I wondered why. Releasing the tightly held air, Tom tearily admitted that all three relationships were rocky.

Furtively, Tom said he was living with Rel#1; he felt ambivalent about Rel#2 and sensed she was equally ambivalent about him. Rel#3 was new, but not totally new. He'd met her a few years ago, fell madly in love, only to learn she was in a long-term relationship. Encountering her again recently, his longings, his passion, and his lust had been reactivated, and he was immobilized with this turn of events.

As Tom described his passion for Rel #3, I sensed into the dynamic relational shape between us. Any tense breath-holding melted, and I felt an energized volumning that spread and filled the room. As Tom described his feelings of sexual longing, it felt like the space might burst. His physicality became larger and more formed. I made a mental note that sexuality seemed to hold somatic vitalization as well dread. Curiously though, as I sat in this expanding space, I sensed something more than a young man's energized lust.

Inside me, feelings danced wildly, chaotically, as if out of control. This was not my usual reaction to clients' discussions of sexual feelings. Tom had been raised in a rigidly Fundamentalist family and had been taught that anything outside religious strictures was taboo, and probably dangerous. To achieve his dream of studying science at university, Tom had to break his connection with family and leave for another state. I found myself wondering if Tom had to remove himself from relationships that potentially curb his agency. Thus far, Tom's physical presentation included a thin, insubstantial voice, pale almost translucent skin, and a sense of wavering fragility in his tall thin posture. Perhaps, he had learned that if he couldn't physically leave town, he could diminish himself physically.

A few sessions later, Tom asked that we specifically work "somatically" (little did he know we had been). I was still trying to understand what I was experiencing with him, so I said yes. I invited him to lie on my table and search through his body for sensations. Sitting beside him, heavy, slow, downward pulling entered my bodily awareness. While we worked in silence, the sinking became encompassing, entangling, and encasing for me. I felt trapped in a quagmire, with a sense of increasing restriction. I was cognitive of Tom's story of immobility, but somatically, I startled. Internally my shape was pulling up and away, I felt I was toughening my skin edges. I focused on breathing, while cognitively sorting through descriptors of these complex sensations. My hardened edges forced the quicksand to release me, and Tom and I disentangled. Silently, we returned to our chairs, though looking quizzically at each other. Our only words were to confirm the time of the next session. Tom left, but my inner world remained amorphous with rhythms of sinking, sticky timelessness. As with the very first session, I wondered how Tom and I became entangled so quickly.

I used the bodywork table rather than the analytic couch because of the implicit associations related to each piece of furniture. The couch and table hold different therapeutic intent, offer different relational engagement, and activate distinct treatment foci. On the couch, the client makes verbal-free associations as they introspect and explore feelings and thoughts. The analyst has little direct interaction, and eye contact does not occur. There is no concern with the client's bodily comfort as the focus is on mental associations. The table offers greater relational information which can occur through eye contact, touch, and/or more available somatic intersubjective data. The client focusses on interoceptive sensations and motoric impulses which emerge more easily when the client is comfortable. However, I use the table quite sparingly as it can evoke deeper, more immediate access to historical trauma held in the nonverbal, relational, procedural memory, and this data must be carefully managed.

Stern suggests that during normal infant development, being-with-an-other should not override our experience of our own body self and its somatic relationship to gravity/weight. "The self-experience is indeed dependent upon the presence and action of the other, but it still belongs entirely to the self. There is no distortion" (D. Stern, 1985, p. 105). He argues against any protracted developmental phrase of self/other undifferentiation, and admonishes that such occurrences in adulthood are not a regression to a normal childhood state but the result of early pathology. Both my intersubjective experiences of weightlessness in Tom's early sessions and now, our sticky sinking entanglement offered a nonverbal narrative I had not heard orally from Tom. Our somatic interactions offered me an archaic twinship experience (Kohut, 1996, p. 34; Lee, 1993) with Tom's embodied strategy for how to be with another.

Bolstering my bodily capacity to be with Tom through attention to the physical invariant of weight, a “pre-narrative envelope” began to form in our subsequent sessions (D. Stern, 1992). A pre-narrative envelope is a basic unit of psychic subjective experience that unfolds in time, and like a musical phrase, makes little sense if parsed into smaller units. It is pre-narrative because the experience and its representation formed before the emergence of language in the infant, or at least prior to narrative-producing capacities. This emergent property of the mind has a dramatic proto-plot that includes agents, actions, and context. It is a movement toward cohesion, as the unconscious and conscious work together to create understanding by integrating constellations of invariant elements representing the intersubjective experience. Tom’s and my intersubjective somatic negotiations began to reveal the actors, actions and contexts:

- Actors—Tom/infant Tom; me/mother/his girlfriends
- Actions—negotiating relational distance
- Context—if we are too close, we get bogged down and entangled and lose our self; while if we are too separate and distant, we lose our relationship.

A pre-narrative storyboard was being outlined from which we would co-language a future narrative.

Our sessions continued on two levels: Tom chronicled his external world, particularly his relationship distresses, while we explored the somatic experiences of his pre-verbal world. While our cortexes “chatted”, our bodies, initially led by my awareness, became curious about our somatic relational rhythms. When I first met Tom, I had almost immediately become aware of Tom’s and my varying relationship with bodyweight/gravitational force. However, now listening and sensing as astutely as possible, another of Stern’s physical invariants pushed to the forefront of my awareness. From Stern’s list of “global” qualities of physical experience (1985, p. 51), space came into my perception. Cycles of colliding closeness and expanding distance could be sensed. I became aware that these variations in spatial engagement seemed to be woven into our gravitation rhythms, like a two-part harmony.

Expanding psychoanalysis beyond the limits of symbolization has been the quest of many practitioners (Knoblauch, 1997; Lauffenburger, 2016a, 2016b, 2019; Nebbiosi & Federici-Nebbiosi, 2008; Peebles, 2023; Pickles, 2015; Sletvold, 2014; D. N. Stern et al., 1998; Zerbe, 2022). Capturing the nonverbal communications, such as prosody and somatic rhythms, is part of this expansion. Markman describes interpersonal rhythms as a

tool used to gauge the pulse, vitality of connection, and particular rhythmic qualities of a uniquely shared world, providing a read on the most elemental way the dyad shares emotional experiences (or fails to)”. (Markman, 2020, p. 1)

Knoblauch (2011) looks beyond the standard rhythms of attunement and rupture and focuses on a wider ecology to help the analyst see and hear, and I add feel, the polyrhythmic weave of clinical interactions. Knoblauch found that listening to the process contours offered

information . . . that is not yet available symbolically for reflection. In fact, such experience is a rather ‘in formation’, not yet fully formulated but nonetheless shaping powerful experience on non-symbolic, embodied registers of affect. (p. 425)

Knoblauch's ideas aid reframing of the moments when I lost my sense of presence. He states "where dissociation was, embodied signification becomes. These embodied significations then become the affective signals for meaning that might later be given verbal articulation" (2011, p. 425). Working with his client Warren, Knoblauch found that by surrendering to the subtle unspoken cues he was able to find form for what he and Warren were doing consciously and unconsciously. In a bi-directional interweaving of experience, client and therapist co-discovered therapeutic narrative possibilities.

Reflection on the dynamics of space between Tom and I, distance seemed to slowly stretch over several session, followed by sessions where it felt static, and then in a subsequent session, a quick intersubjective tug would snap us into an almost merged closeness. This rhythm occurred regularly over a number of months until my consciousness could "map" it.

While riding the spatial yoyo, the gravity/weight rhythms also became more formed. Some sessions Tom and I felt floatingly suspended. Discussions might be on-topic, but holding only insubstantial wisps of affect or self. In other sessions, we sat solidly on earth; Tom—solid, present, shaped, and filled with feelings. Distant or merged, floating or hefty, the rhythms of the physical invariants of weight and space began to develop clearer intersubjective polyrhythmic patterns. Donnell Stern directs us to "somehow be in touch with the nonverbal/somatic if we are able to think reflectively about ongoing relatedness, but this being-in-touch is frequently not something we can say in words, or that even occurs to us to say" (D. B. Stern, 2022, p. 233). Articulation of our somatic subjectivity is challenging, but by using D. Stern's (2010) clear delineations of physical invariants, experience-near gathering of raw somatic data becomes possible as I demonstrate below.

For months we travelled in the rhythmic spatial and gravitational field before the relational elastic snapped. In the outer world, all three of Tom's relationships had dumped with him. Internally overwhelmed with intolerable agitation, Tom became untethered and spoke of suicide, describing how he almost "did himself in" on the way to my office. Damn! Tom felt like a helium balloon, with a short, almost unreachable string. The distant-floating part of our intersubjective rhythm threatened to prevail. Fearing how easily Tom might evaporate, I used my face, voice, and weightiness (sinking into my bones), to hopefully hold him.

Between us, the intersubjective space and weight became wildly arrhythmic. Spatially Tom receded, while I stretched to reach him. Gravitationally, Tom drifted, while I resolutely sat in my bones. I hoped to offer a somatic selfobject experience for Tom where he could borrow my weightiness. If you were a fly on the session room wall, you would have heard me wonder aloud to Tom—"would it be ok if I sat in front of you and used my hands to ground your feet?"

Externally, Tom responded with a small nod as he sobbed. For the next twenty-five minutes, with my hands on his feet, we negotiated the pressure he wanted. He followed his internal sensations to direct me and I followed mine. We said little while working together, bones tethering bones, purposefully, co-navigating the fluctuations of space and weight swirling between us. We were a team, working on an important project—Tom, us, and healthy relating.

By the end of the session, I sensed we both felt relief, but said nothing. This pivotal experience of relationship, with each of us maintaining a self, while working as a team, provided a new relational template for Tom. Stern notes that the infant's sense of self develops primarily in nonverbal exchanges where the invariants of experience are the data reconfigured into a sense of self and patterns of relatedness. I felt nonverbal silence was

needed now to allow Tom to own his reorganization process. Byers offers a prescient observation that fits what was occurring.

The information carried by interpersonal rhythms does not move directly from one person to another. Thus, information cannot easily be conceptualized as [verbal] messages since the information is always simultaneously shared and always about the state of the relationship. (Byers, 1976, p. 160)

Interpretations about Tom's untethered relational experiences with a severely despondent and unreachable caregiver could have been made, but that story was too narrow and possibly too stereotypical when put into such words. Allowing the experience to be encoded in our bodies, Tom had more scope to make his own meaning. The relational template seeped into Tom's life as his workplace relationships became healthier and more productive; a deep desire to be in a committed relationship emerged, and family of origin patterns began disentangling. His anxiety reduced only slightly.

The invariants of physical experience, e.g. somatosensory qualities and shape, may seem outside the human sensory register. However, Stern states that infants register these invariants as part of developing a sense of self, particularly during the nonverbal stages of development. He despairs that these somatic capacities fade into the background as we gain a verbal sense of self (1985). He laments that words offer entry into society/culture and then they dominate awareness and relationship. Thus, remaining less verbal and interpretive, Tom (and I) could access capacities critical to building a cohesive sense of self. Remembering how to sense force, timing, flow, shape contours, etc., neurological encoding of the "felt how" of interpersonal interactions becomes embodied and forms the basis for empathic attunement, selfobject experience, and ultimately our sense of self. By staying silent I believed this would better occur for Tom.

As our somatic relational templates emerged, Tom and I deepened into places that previously had no words. During a session we might pause, sense, and describe how we were feeling with each other. I might wonder aloud about the somatic/felt-fluctuations between us, and Tom would track his inner world's responses. Starting probably from birth and extending into his young adulthood, Tom felt pulled to attend to his deeply grieving mother and forego his own subjectivity. She needed his emotional capacity. This nonverbal but encoded demand distorted his relationships with women: he wanted to be with them, but was simultaneously overcome by rage and anxiety. He entered into a war of neediness—feeling they wanted too much and gave nothing. Sadly, this feeling was mutual.

His verbal narrative did not touch the intense dynamics of his childhood experiences, but his frequent suicidal ideation suggested enactment of the annihilation he feared from relationship. I imagined Tom as "marinated" in the nonverbal physical/physiological feeling of disintegration anxiety (Kohut, 1977) that couldn't be rinsed off with words. Tom wanted to understand relationships but felt like he was feeling his way through fog or haze.

Late in the second year of our work the following session occurred.

Tom entered the room excitedly: Rel#3 was now his sole relationship and it was going so well! I responded to his joy, but the space between us strangely and rapidly seemed to expand, as if Tom's chair was jet-propelled backward through the wall. My impulse was to cry out "Tom! Wait! Come back. Don't go!". Somatically, I ensured I was in my bones and emotionally present, then asked Tom what he noticed. With

a vagueness, he shook his head as if confused or lost. He had no words. I said I felt he was floating backward from me, rapidly. He still said nothing. I wondered if he wanted help to be present?

Rather than grounding his feet as I had done previously, I invited him to hold a soft weighted (1 kg) ball, and to feel its weightiness. As he held it, terror passed across his face. He spluttered almost incoherently saying that if he felt the ball's weight, he had to feel his own. As that was my intention, I felt relief, but my relief was misplaced.

The distance between us continued expanding. Tom told me that if he tried to stay weighted in his body, he couldn't look at me, and that something was happening to his vision. He saw my face splinter into brightly colored, jagged pieces, like the way a kaleidoscope breaks up an image. I weighted myself more firmly, sensing my bones, fluids, and all the weight I could access. Replying slowly, "Tom, I am ok. I am whole; . . . it is not your job to keep me whole. It is my job to keep you whole."

After repeating this several times, it seemed to settle Tom. Intersubjectively, I could feel his weight as he "re-entered" the room. Our distance reduced slowly. Visually for him, I began to re-cohere. Over many minutes, we re-oriented ourselves, breathing slowly together. Finally, Tom said he was ok and I sensed him more clearly. We said no more. We just felt each other in the room, silently communicating our wholeness, our separateness, our togetherness.

In Tom's next session, Tom offered the sequence of his emotional experience:

- first he had been so intensely pleased about his love relationship.
- Excitedly, he couldn't wait to tell me, but he had also felt fear, and didn't know why.
- Then I felt lost to him, and my face shattered like glass shards
- When he finally heard my reassurance that I was ok, he felt ok but still worried.
- He was terrified that I may become suicidal as I was no longer the most special person in his life.

We were now starting to touch the intensity of unspeakable affect he had managed for his mother. With curiosity we sensed into two key somatic experiences—first, the rapidly expanding distance between us when I tried to meet Tom's joy, and second, the "kaleidoscope" splintering of my face. Tom remembered his childhood fear of his mom's love and needing to find ways to keep safe. Now feeling into his safety strategies, his body slumped with the memory of being drained by his mum. He wondered if he learned that love was only possibly at a safe distance, which now translated into having several girlfriends at once. He smiled when he realized that this strategy also provided a satisfying, though rebellious agency over his strict religious upbringing.

The splintering kaleidoscope exposed another strategy Tom used to make his mum available to him. In our sessions, we had discussed how desperately he wanted his mother to be there for him emotionally, but now he could feel how desperately she needed him. Tom had an image of keeping his mother slightly available by disassembling himself and handing her the pieces to use. Saying this, Tom startled. We paused and allowed our connection to support a new narrative to emerge. "What if only one of us could remain whole?" Tom asked. "I needed her whole, so I had to give her pieces of me to fill her gaps." Tom also realized feelings were destructive to her cohesion and had to be destroyed or felt only when she wasn't around. This pre-verbal narrative has resonance in the pathological accommodation strategy described in Brandchaft et al. (2010). Tom had known that his mother was

easily distraught and that he had to soothe her. However, he hadn't imagined the complex bidirectional rhythms of their relational dance.

Therapy rolled on, and with a few months remaining until Tom moved to another state, he came in saying he had big news.

Sitting on the couch, Tom announced "I have gone totally off my antidepressant." I knew he was reducing his dose, but this was a worrisome leap. I waited, sitting weightedly, hoping there was also other news. He then said he called his mother over the weekend for her birthday, "I could so clearly feel the emotional tug of her needs. Not her words, but the sensation I wasn't doing enough for her . . . I couldn't say this to her . . . she would just deny things . . ." He stopped, closed his eyes and sensed into himself.

After a few minutes he looked up and asked, "what were we talking about last session?" I replied "we were exploring the push/pull/neediness you feel from Rel#3. I'm pretty sure I suggested that we look more deeply into your contribution. And I remember you got a bit angry at me."

"Ohhhh yes," he smiled without further comment and returned to his internal reverie. Still with eyes closed he resumed talking angrily at first about his phone call to mum. "I am so over it. I so get that I will never have the relationship I want with her. I have never allowed myself to feel that till now. . . . I guess I just have to grieve . . ." Before I could reply Tom began sobbing, whole body shaking sobs. Heaviness filled my gut. Tom sighed that he just felt so sad, so weighed down with sorrow.

When the sobs subsided, he began gesturing with his left hand, like he was touching or feeling something just forward of his left eye. Suddenly, he opened his eyes and asked "Do you remember that session a while back when I had that 'fractured mind'?" Instantly I knew he was referring to the kaleidoscope shards session. I'd held it in mind for months, and apparently he had too. I was pleased Tom had found his own name for it: "my fractured mind". "Yes, I do. Clearly." I responded. Tom returned to his closed-eye reverie, gesturing now and again, lateral to his left eye.

Several minutes later Tom said "I feel something, but it's out here" (gesturing again with his left hand, this time about an arm's length from his left eye). It's like that fractured mind, but it isn't inside my head anymore . . . it's out there . . . and it's floating away from me. . . oh, it's NOT mine."

After another long silence "Uh oh, now I am asking myself WHO am I without it?"

I invited us both to sit with that question. He gestured to his belly and said "now, there is something here". "Let's listen to it, smell it, maybe it can be felt with your hands . . ." directing him to sensory modalities that predate vision.

Tom said softly, "I hear, . . . I feel a groan, a howl".

"We are alone in this building, maybe you want to let it rip" I suggested.

Tom scrunched his face, reddened, breathed intently. "Maybe I am trying to birth myself" he offered quite sincerely. After about five minutes he opened his eyes. They appeared wider and clearer than when he had entered the room forty minutes earlier. "What do you see?" I asked. "Sun! how timely" Tom replied, as it had been a grey winters day when he came in. Shyly, he added that he had a felt-image of wooden struts and beams inside him, like he was being rebuilt on the inside."

He then asked "Can I recap for you what I have been feeling during this session?" and began an articulate journey of the feelings and somatic experiences he had been attending to, and their various transformations. He concluded his recap saying "SO many feelings! Such big

feelings! Normally I would be overwhelmed with anxiety. But I AM OK! Really. I am. I know I have some processing to do, but I am ok.”

Sitting in my space I could feel Tom’s solid presence. He was not floating, he was not receding, he was right with me. I offered him that reflection. He replied that he felt that he could trust himself to begin meeting his own needs. And then he added the “other” piece of big news—he and Rel#3 were moving out of state together!

Once again we did not dwell on interpretation, instead silence supported Tom’s agency to create his own cognitive connections. I knew he would share them with me when he was ready. His somatic descriptions felt like a disentangling from the overburdening responsibility for his mother’s mental health. He had named her insistent, needy hunger for his vitality as “my fractured mind”. His mother had vacuumed Tom of his feelings and ownership of his life, leaving him fretful, agitated, and anxious. The “fractured mind” he bore left him feeling that he had no option but to die (for her). Realising the fractured mind was not his, but belonged to another “floaty, distant” time and place, he felt released to live.

It is important to realise that this session and this realization was not a “happy ending” to the therapy. Tom and I had about a month before he moved interstate and we continued the intensity of the therapeutic work. We also agreed that once he was settled in his new location, we would work regularly online.

D. Stern (1985) proposed that vitality affects and the invariants of physical experience form the “how” of our early relational templates. The sense of how to be with an other becomes deeply and unconsciously encoded within us as the rhythmic patterns of shape, time, space, force, and flow are repeated each time we are fed, held, put down to nap, played with. These intersubjectively developed templates are felt by clients, and unconsciously accepted as “this is me”. Often clients become hopeless at ever being able to change. But is it all “me” (them)? If these self-usurping relational rhythms occur in the earliest months of life, the caregiver’s rhythms may be more dominant. Their contribution to the intersubjective somatic “marinade” hold strong potential to overshadow the child’s. How do we help our clients access this preverbal experience, choose what is them, and what is not, except somatically?

Summary

This paper directs therapeutic attention toward the experience-near “raw data” of the somatic communications that underpin the subjectivity and intersubjectivity occurring within the nonverbal realm of self psychologically based practice. Stern’s insightful recognition of vitality affects as the “how” of relationship has long been established as part of the intersubjective self-psychological framework, but has remained at the level of cognitive understanding only. This paper demonstrates somatic and physical access to and use of vitality affects. Many psychoanalytic forebearers have acknowledged the importance of somatic information, but were unable to capture it in an experience-near manner, or able to translate it into a low-context,² but organised, descriptive language for use in attunement, selfobject functioning, and narrative-building. Similarly, affect theorists have also

²Low context implies that a word means precisely what it says (e.g. high is high, down is down), as compared to a high context word or phrase that contains a variety of metaphoric, symbolic or higher order ideas (e.g. cloud could imply high up, or fluffy, or holding potential rain, etc).

encountered this data, but their work remained insufficiently relational or unconnected to the intersubjective field of client and therapist. More recently, a few psychoanalysts have studied specific somatic methodologies and used them as an adjunct to their psychoanalytic practice. For example, after experiencing Hakomi work, Pickles (2015) trained and used it as part of her therapeutic work, just as Levit (2018) and Rappoport (2012) undertook Levine's Somatic Experiencing training and applied these skills and ideas in their work.

The embodied aspects described in this paper differ significantly. Herein, the somatic theory is not seen as an add-on to self psychology but emerges "bottom up" from the body of literature that informs and forms our current understanding and practice of self psychology. This emergence is a natural result of self psychology's foundational premise of remaining experience near in attunement to our client's inner world and subjectivities, as well as knowing how to see', "feel", and use Daniel Stern's vitality affects. Thus, the case of Tom does not apply somatic theory onto self psychology, but rather, it illuminates somatic phenomena already existing in our clients, in us, and within the self-psychological literature.

The case of Tom shows how nuanced and careful somatic exploration allowed him to ultimately build a more resilient, cohesive sense of self, particularly through recognising "what is me". This occurred not through explanation or interpretation, but through ensuring that the felt sense of our intersubjective togetherness had sufficient space and time for its bottom-up sensibilities to inform Tom's interpretations, languaging, and cognitive understanding.

Thus, the question of whether body psychotherapies and psychoanalysis can integrate is no longer a question. Through a careful examination of the foundational premises of the psychoanalytic self psychology framework, somatic approaches can be found specifically in Stern's concept of vitality affects. D. Stern (2010) pointed to the work of Rudolf Laban (1966), a pioneer in movement notation and analysis who worked across the arts, dance, theatre, industry, and psychology, as holding one key to accessing vitality affects or forms of vitality. The author's extensive training in Laban/Bartenieff Movement Systems, along with years of exploring this system with regard to psychotherapeutic questions (Lauffenburger, 2016b), has led to an embodied, somatic approach where intersubjective vitality affects emerge from within a somatic intersubjective self psychology practice. The future of somatic intersubjective self psychology lies in making these data more accessible to more practitioners.³

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Patient anonymization statement

Potentially personally identifying information presented in this article that relates directly or indirectly to an individual, or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection rights of those concerned, in accordance with the journal's anonymization policy.

³A three year training program in Somatic Intersubjective Self Psychology is offered in Australia. Practicing therapists and analysts can apply for the in-person program, which focuses on an embodied approach to the nonverbal, somatic, motoric and verbal components of Self Psychology, intersubjectivity, affect theory, infant development and trauma. www.selfnmotion.com.au

Notes on Contributor

Sandra Kay Lauffenburger maintains a clinical practice in psychodynamic self psychological psychotherapy and somatic movement psychotherapy in Canberra, Australia, and works with a spectrum of presentations from complex trauma through to psychosomatic issues. Over 35 years of exploring body and movement therapies as well as clinical training in psychoanalytic self-psychology inform her work. Sandra is an Associate Editor for the *Journal of Body, Movement and Dance in Psychotherapy*, and has published a number of articles and book chapters on somatic psychotherapy, affect theory, and dance movement therapy. She founded the Canberra & Region Self Psychology Community, which holds bi-yearly conferences on self Psychology. Sandra offers supervision, study groups, and is co-director of the three-year training program, Somatic Intersubjective Self Psychology.

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