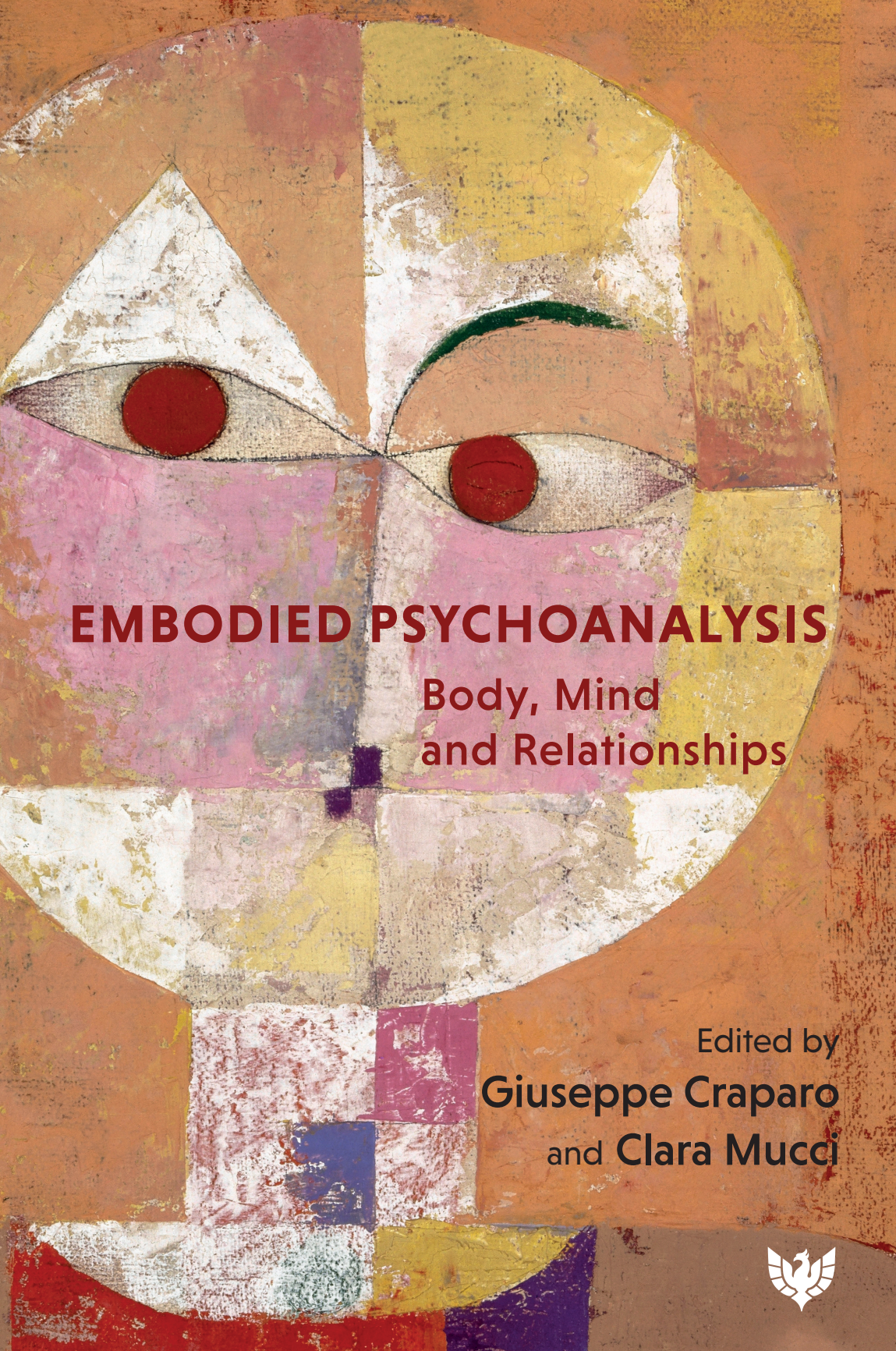
EMBODIED PSYCHOANALYSIS
Body, Mind
and Relationships
Edited by
Giuseppe Craparo
and Clara Mucci

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firing the mind

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About the editors and contributors

Antonello Correale is an Italian psychiatrist, full member of the Italian Psychoanalytical Society, and former Head of Centro di salute mentale Roma 7. His work focuses particularly on institutional dynamics, the psychology of groups, and, more recently, the role of sensoriality in psychotic and borderline disorders. He is the author of several significant publications, including *Il Campo Istituzionale*, *Area Traumatica e Campo Istituzionale*, *Psicanalisi e Psichiatria*, and *La Potenza delle Immagini*.

Giuseppe Craparo is a psychologist and psychoanalyst. He is a full professor of clinical psychology and coordinator of the MSc programme in clinical psychology at the Kore University of Enna. He holds a PhD in Psychology and is also a member of the International Federation of Psychoanalytic Societies and the Italian Institute of Group Psychoanalysis (IIPG). He is the author of several works on psychoanalysis, psychopathology, addictions, trauma, and dissociation, including *Unrepressed Unconscious, Implicit Memory, and Clinical Work* (co-edited with Clara Mucci; Karnac, 2017); *Rediscovering Pierre Janet: Trauma, Dissociation, and a New Context for Psychoanalysis* (Routledge, 2019).

Vincenzo David is a psychologist and psychoanalytically oriented psychotherapist, as well as an EMDR therapist (Levels I and II). He is currently a PhD candidate at Kore University of Enna and a teaching assistant in clinical psychology at the same institution. He serves as a senior psychologist at the Assisted Therapeutic Community (CTA) Villa Elce, affiliated with Local Health Authority No. 8 (ASP n. 8) of Syracuse. He is the author of numerous scientific publications, both national and international, focusing on topics such as psychopathologies related to mafia organisations, psychopathy, and criminal recidivism and addictions. His scientific interests include the following topics: psychopathy, personality disorders and structures, pathological addictions, and trauma.

Alessandra Lemma is the Unit Director at the Psychological Therapies Development Unit, Tavistock and Portman NHS Foundation Trust, and the Clinical Director of the Psychological Interventions Research Centre, University College London. She is a Fellow of the British Psychoanalytical Society. She is Visiting Professor, Psychoanalysis Unit, University College London, and Honorary Professor of Psychological Therapies at Essex University. She is the Regional Editor (London) of the *International Journal of Psychoanalysis* and General Editor of the New Library of Psychoanalysis book series (Routledge). She has published several books and papers on psychotherapy, psychoanalysis, the body, and trauma. Alessandra Lemma is also a winner of the Levy-Goldfarb Award for Child Psychoanalysis.

Clara Mucci, PhD, is professor of psychodynamic psychology at the University of Bergamo, Italy, where she is also Director of the School of Specialization in Health Psychology. She had served as professor of English studies (Shakespeare) until 2012. She is a licensed psychoanalyst and practices in Milan, Italy. She holds PhDs in both English literature (Genova, 1994) and in literature, anthropology and psychoanalysis (ILA, Emory University, USA, 1999) besides a PsyD in clinical psychology (Chieti, 2004; Milan, SIPP, 2011). She is the author of five books on Shakespeare and literary theory and in the field of psychoanalysis her major publications are: *Beyond Individual and Collective Trauma* (Routledge, 2013); *Borderline Bodies* (Norton, 2018);

and *Resilience and Survival* (Karnac, 2022). With Giuseppe Craparo, she edited *Unrepressed Unconscious, Implicit Memory and Clinical Work* (Karnac, 2017). She co-edited, with Arnold Rachman, Ferenczi's *Confusion of Tongues Theory of Trauma* (Routledge, 2023). She lectures extensively and gives supervision in several countries to different training institutes and mental health clinics.

Georg Northoff is a philosopher, neuroscientist and psychiatrist, holding degrees in all three disciplines. He works in Ottawa, Canada, holding a Canada Research Chair for Mind, Brain Imaging, and Neuroethics. He is a Fellow of the Royal Society of Canada. His research focuses on the relationship between the brain and mind. The question driving him is: "Why and how can our brain construct mental features like self, consciousness, etc.". To address the brain–mind relationship, he developed his novel and unique Spatiotemporal Neuroscience and Psychopathology, where time–space are shared by world, brain, and mind. He is also one of the leading figures in linking philosophy, psychiatry, and neuroscience, having developed non-reductive neuro-philosophy and the world–brain relation as an answer to the mind–body problem. He authored over 400 journal articles and twenty books which are translated into several languages, including *Neuro-philosophy and the Healthy Mind* (Norton, 2016), and *Neurowaves* (McGill, 2023). His impact factor is 108 with more than 45,000 citations.

Andrea Scalabrini is an associate professor of dynamic psychology at the University of Bergamo, Italy. He holds a PhD in neuroscience and imaging and a PsyD in psychotherapy and analytical psychology. As a certified psychoanalyst affiliated with the Centro Italiano di Psicologia Analitica (CIPA) and the International Association for Analytical Psychology (IAAP), Dr Scalabrini integrates psychodynamic theory with empirical research to investigate the neural and psychological mechanisms underlying the self, consciousness, personality, trauma, and dissociation. His interdisciplinary research bridges neuroscience, psychodynamic psychology, and psychoanalysis, with a focus on the dynamic and topographical organisation of the self. Dr Scalabrini explores the development of the self and psychopathology through the lens of spatiotemporal, affective, and cognitive neuroscience, examining

how brain activity, subjective experience, and the external world share common spatiotemporal structures. Dr Scalabrini has authored numerous publications in high-impact journals and is actively involved in clinical practice and psychoanalytic training. He works to foster a deeper integration of neuroscience and psychoanalysis within both academic and therapeutic contexts. His work advances a non-reductive neuropsychodynamic clinical and research perspective that accounts for the complexity of mental phenomena while grounding them in brain–body–mind processes.

Allan N. Schore is a psychotherapist and researcher in the field of neuro-psychology and interpersonal neurobiology. The receiver of several international awards, his research has focused on affective neuroscience, neuropsychiatry, trauma theory, developmental psychology, attachment theory, paediatrics, infant mental health, psychoanalysis, psychotherapy, and behavioural biology. Schore is Professor in the Department of Psychiatry and Biobehavioral Sciences at the UCLA, David Geffen School of Medicine and at the UCLA Center for Culture, Brain, and Development. He is the author of *Affect Regulation and the Origin of the Self*, as well as *Affect Dysregulation and Disorders of the Self*, *Affect Regulation and the Repair of the Self*, *The Science of the Art of Psychotherapy*, *The Development of the Unconscious Mind*, *Right Brain Psychotherapy* and *The Right Brain and the Origin of Human Nature*. In addition to numerous articles and book chapters. Schore has served as editor of the Norton Series on Interpersonal Neurobiology and is on the editorial boards of several international journals.

Introduction

This book continues a line of reflection that we began in a previous work published in 2017, *Unrepressed Unconscious, Implicit Memory and Clinical Work*. There, we explored the significance—for both psychoanalytic theory and clinical practice—of acknowledging Freud's early intuition regarding a form of the unconscious that is not shaped by repression. The unrepressed unconscious, as Freud referred to it, is rooted in the sensory and emotional foundations of the self and is deeply connected to the bodily and mental reverberations elicited by environmental stimuli.

Recent developments in psychoanalysis, psychotraumatology, and affective neuroscience have highlighted the relevance of this dimension of the unconscious, bringing to light its distinctive features and clarifying how it differs from the more widely recognised repressed unconscious.

In the present volume, we build upon these foundations by focusing on the role of the body. Drawing from neuroscientific theories that have transformed our understanding of the mind, we examine how these insights provide a meaningful framework for psychoanalytic work—not only with neurotic patients, but also, and, more urgently, with individuals presenting non-neurotic structures, such as borderline and psychotic organisations or trauma-related disorders.

In the first chapter, Schore examines the foundational role of primary intersubjectivity in early human development, drawing on the pioneering work of Colwyn Trevarthen and insights from contemporary interpersonal neurobiology. Through a detailed analysis of mother–infant protoconversations—nonverbal, reciprocal, right-brain-to-right-brain emotional exchanges—the chapter illustrates how intersubjective synchrony shapes the infant's developing brain, particularly the right hemisphere. These early relational experiences are shown to be essential not only for the emergence of a coherent sense of self and mutual emotional regulation, but also for the development of key adaptive capacities such as mutual play, love, and imagination.

Building on recent findings in developmental neuroscience, affective neuroscience, and hyperscanning studies, the chapter demonstrates how interpersonal and interbrain synchrony provide the neurobiological foundation for both early attachment and later psychotherapeutic processes. Schore proposes that these dynamic, affectively charged exchanges constitute the earliest expression of the human unconscious—one rooted not in conflict or repression, but in relational joy, resonance, and shared affective states. Clinical applications are also addressed, particularly the implications of right-lateralised nonverbal communication for the therapeutic alliance and the co-regulation of emotion in psychotherapy.

In their chapter, Scalabrini, Mucci, and Northoff examine the development of the self as an embodied and relational process, grounded in the integration of interoceptive (internal bodily) and exteroceptive (external sensory) experiences. Drawing on contemporary neuropsychodynamic and developmental neuroscience research, the authors argue that early interactions—particularly those involving touch and synchrony within the caregiver–infant dyad—form the neurobiological and psychological foundation for self-organisation, emotional regulation, and social relatedness.

Special emphasis is placed on how these early experiences give rise to what is termed the intero–exteroceptive self: a multilayered construct supported by hierarchical brain networks and profoundly shaped by affective, embodied interpersonal exchanges. The chapter further explores how relational trauma can disrupt these nested layers of self-processing, particularly at the most basic, bodily-grounded

levels of experience. This framework carries important clinical implications, suggesting that relationally oriented psychodynamic therapies are especially well-suited to address trauma rooted in early attachment disruptions.

By integrating findings from neuroscience, developmental psychology, and psychoanalytic theory, the chapter offers a dynamic and embodied perspective on the formation of the self, contributing novel insights to both developmental theory and therapeutic practice.

In the third chapter, Mucci offers a critical reading of Freud's metapsychological project, focusing on his conception of the drives as psychical forces rooted in the body but disconnected from any foundational relation to the Other. Freud's model of the drives—as internal, somatic demands made upon the mind—gives rise to a "sexual subject" born in isolation: a one-body psychology that fails to account for the formative role of relational and intersubjective experience in human development.

The author challenges this isolated construction of subjectivity, tracing how Freud progressively erased the influence of the Other—particularly the maternal body and feminine difference—from his theoretical framework. This erasure, Mucci argues, is not a minor oversight but a structural blind spot in psychoanalytic thought, one that has profoundly shaped clinical theory and practice by reducing trauma to intrapsychic conflict and neglecting the impact of relational and interpersonal violence.

Through a careful re-reading of Freud's major works—from the "Project for a scientific psychology" to the "An outline of psychoanalysis"—the chapter highlights how the first relational Other (the maternal body, the woman, the caregiver) is consistently marginalised, often appearing only as an afterthought or in footnotes. The result is a vision of the human subject as fundamentally self-enclosed, where drives operate in a vacuum, disconnected from the embodied interactions that constitute psychic life.

Against this Freudian lineage, the author proposes a theory of the "two-body" or "multiple-body" subject: a relational, embodied subjectivity formed through co-regulated, intercorporeal experience. Drawing on thinkers such as Laplanche, Ferenczi, Butler, Schore, Lemma, and others, she reclaims the sexual not as an innate drive sealed within the

individual body, but as an enigmatic imprint of the Other—material, affective, and untranslatable—inscribed in the developing psyche.

In this chapter, Mucci further critiques the consequences of Freud's rejection of his early seduction theory, arguing that it severed the vital link between trauma, relational abuse, and the development of psychopathology. By attributing mental suffering primarily to internal conflict rather than to the effects of human relationships, psychoanalysis lost sight of the traumatic origins of dissociation and failed to recognise the central role of interpersonal attunement in healthy development.

What emerges instead is a vision of human life as fundamentally intersubjective and intercorporeal. No one develops alone. Identity, gender, and subjectivity arise from countless embodied interactions—from the earliest sensory exchanges in the womb to the ongoing shaping of meaning through relationship. The "sexual", in this view, is not an isolated instinct but a relationally inscribed force; an expression of the body's encounter with the Other.

Ultimately, the chapter argues that Freud's project remains haunted by its foundational repression—not only of the feminine, but of the dual or multiple origins of the human subject. The task today is not to discard Freud, but to deconstruct his blind spots; to move from a one-body psychoanalysis to a dual-unconscious model, where psychic life is born not within, but between. The repressed truth is this: we are, from the beginning, relational beings. And it takes at least two bodies to become one self.

In the fourth chapter, Correale explores the foundational role of sensoriality—the full-body, spatial, and temporal effects of sensory perception—in shaping human experience, subjectivity, and psychotherapeutic processes. Drawing from philosophy (Merleau-Ponty), psychoanalysis (Freud, Bion), neuroscience (Damasio), and clinical psychology, the author argues that sensoriality operates alongside verbal language and symbolisation, yet often remains invisible and unspoken.

At the heart of this exploration is the imagination, understood not as fantasy or invention, but as a cognitive function that interrogates and gives meaning to images—especially those rooted in bodily sensation. These "structuring images", as the author terms them, are condensed, affect-laden, and frequently emerge in dreams, memories,

or spontaneous reverie. To access the primal bodily experiences they encode, they must be interpreted rather than simply observed.

Correale contrasts these structuring images, which support transformation and symbolisation, with fixed images that dominate the inner worlds of psychotic and borderline individuals. In psychosis, such images become disembodied and visionary; in borderline conditions, they reflect traumatic, hyper-real fragments of a brutal world. In both cases, the inability to integrate sensorial experience into symbolic thought results in psychic rigidity and compulsive repetition.

In its final section, the chapter considers the implications of these dynamics for psychotherapy. Special emphasis is placed on the therapist's attunement to the patient's sensory discourse—not only to words, but to bodily metaphors and emotional textures that convey what remains unsaid. Effective therapeutic work requires a poetic sensibility: the ability to recognise and work with metaphor, image, and sensation as condensed expressions of unconscious life.

This perspective frames the imagination as a clinical instrument of transformation, grounded in bodily resonance, affect, and perception. By foregrounding the body and its silent, imagistic language, the chapter calls for a renewed therapeutic presence—one that listens not only to what is spoken, but also to what is felt, seen, and held in the flesh.

The fifth chapter by Clara Mucci rethinks the origins of the self by bridging psychoanalysis with contemporary neuroscience, developmental psychology, and attachment theory. It moves beyond Freud's monadic model of the psyche and body to reveal how the mind is inherently relational, born not in isolation but through the body and presence of another.

Development begins *in utero* and is shaped by embodied affective exchanges. The caregiver's (often maternal) body co-regulates the infant's emotional states, stress systems, and neural architecture. This early attunement forms the basis of the implicit memory and lays the foundation for the formation of identity, affect regulation, and relational capacity.

Crucially, trauma—especially relational trauma that is unacknowledged—becomes embedded in the body and bypasses symbolic representation. It manifests in symptoms, dissociation, or gaps in narrative memory. Such trauma is not repressed in the classical Freudian sense but was

never symbolised in the first place. The chapter argues for an expanded notion of the unconscious that includes these bodily, pre-verbal traces.

Therapeutic change, then, requires more than interpretation. It calls for embodied, right-brain-to-right-brain encounters that reactivate early relational templates and offer new regulatory experiences. The clinical relationship becomes a space where implicit, nonverbal memory can be accessed and transformed. This reframing challenges Freud's classical metapsychology by foregrounding the maternal body, early intersubjectivity, and the embodied dimension of the psyche. In doing so, it opens a path toward a more integrated, relational, and biologically attuned psychoanalytic practice—one in which the self is understood to emerge not from separation, but from connection.

In the sixth chapter, Craparo highlights the characteristics of the repressed unconscious as emphasised by Freud. According to Freud, the unconscious—what he called the dynamic unconscious—has several defining features. First, it has a social and relational dimension, as it is deeply rooted in the internalisation of early relationships and intersubjective experiences. Second, it has a verbal and symbolic nature, since it operates through psychic representations (the so-called *Vorstellungen*). And third, it is by definition repressive, in that the very idea of the unconscious is closely tied to the mechanism of repression.

Over time, however, psychoanalytic thinking has broadened this view. Many contemporary authors have drawn attention to another form of unconscious: a more primitive, pre-reflective layer that does not emerge from repression, but from the earliest sensory and emotional exchanges between infant and caregiver. This is what is referred to as the unrepressed unconscious.

Unlike the Freudian unconscious, the unrepressed unconscious does not exist from the outset. Rather, it gradually takes shape through the quality of affective and bodily interactions during the first stages of life. It is considered an emotional and pre-verbal dimension of the mind, essential for receiving, processing, and eventually giving symbolic form to emotional experiences.

Importantly, this early unconscious is not isolated from the rest of mental life. On the contrary, there is a developmental continuity between the unrepressed and the repressed unconscious: the ways in which we

process and store early affective experiences shape, in turn, the formation of more structured unconscious contents later on.

After having explored the main neuroscientific and psychoanalytic contributions on the topic of the birth of the self, the unconscious subject and the unrepressed unconscious, this volume delves into its core psychological characteristics and reflects on its relevance for clinical practice, especially in work with patients whose suffering is rooted in very early, often unspoken, emotional wounds.

The seventh chapter proposes a profound rethinking of classical psychoanalytic theory by placing the principle of safety at the core of psychic development and clinical practice. Reinterpreting Freud's pleasure principle through the lens of containment, affect regulation, and early relational experience, the author argues that pleasure and desire are not starting points, but outcomes—achievable only when a sufficient sense of safety is established in the body and mind.

Drawing on insights from attachment theory and polyvagal theory (Porges), Craparo explores how early caregiver–infant interactions form the neurobiological and emotional basis for a felt sense of safety. This foundation is essential for the emergence of desire, imagination, and subjectivity. Without it, the individual remains caught in survival-driven responses such as hypervigilance, dissociation, and emotional disconnection.

Clinically, this perspective shifts the focus from interpreting unconscious desire to co-constructing a safe relational space. Especially in trauma patients, where psychic disorganisation and unprocessed affect prevail, the task of the analyst becomes one of offering a holding environment that supports regulation and trust. Only within this "potential space" can desire re-emerge—not as threat, but as a creative and organising force.

Craparo's argument ultimately reframes psychic life around a developmental sequence: first safety, then desire. In this view, safety is not a passive condition but an active developmental and clinical precondition, without which the subject cannot engage meaningfully with others or with their own internal world. This chapter thus offers a compelling theoretical and clinical foundation for the book's broader exploration of early unconscious processes and their role in emotional and relational life.

In the eighth chapter, Clara Mucci presents a deeply interdisciplinary exploration of how early relational trauma, especially within disorganised and abusive caregiver–child dynamics, gives rise to borderline personality organisation, affect dysregulation, and the fragmentation of sexual and bodily identity. Drawing on psychoanalytic theory, attachment research, affective neuroscience, and clinical practice, Mucci argues that borderline pathology is not rooted in innate drives or individual deficits, but in developmental and interpersonal trauma—what she terms "first level and second level of trauma of human origin (whose consequences are different from trauma stemming from natural catastrophes)"—embedded within intergenerational transmission and epigenetic environments.

Central to her thesis is the idea of the body as the first "other"; a relational and neurobiological site where early interpersonal experiences are inscribed. In personality disorders, particularly borderline structures, the body becomes a repository of unprocessed affect, internalised aggression, and identity diffusion, including what Mucci defines as "sexual identity diffusion". The body is both lived and alienated, simultaneously a target and a witness of internalised persecutory dynamics.

Mucci weaves together concepts from Ferenczi, Schore, Fonagy, and Bowlby to show how early failures of attunement and the absence of safe caregiving relationships result in dissociation, splitting, and the formation of what she calls an "alien self". She challenges Freudian models of innate destructiveness and reinterprets borderline self-harm, disordered eating, and gender identity struggles as relational expressions of identification with the aggressor and repetition of traumatic unelaborated dynamics, rather than originated by innate aggressiveness and intrapsychic pathology.

Through the detailed case of a young woman named C, Mucci illustrates how intergenerational trauma, maternal aggression, and gender-role inversions contribute to a painful and unstable sense of identity. C's relationships, symptoms, and dreams reveal how the maternal body and gaze can become both an object of desire and a source of fear, leading to deep ambivalence around gender, sexuality, and self-worth.

Ultimately, Mucci argues for a relational and developmental rethinking of identity formation, moving beyond classical oedipal models to

embrace pluralities of gender and sexuality. She affirms that trauma is not just a psychic wound but a bodily inscription, often marked visibly on the skin through practices like self-harm, extreme tattooing, or eating disorders. For the borderline subject, the body becomes the battlefield where life and death, desire and rejection are enacted.

Mucci's chapter calls for a paradigm shift in understanding personality disorders, advocating for therapeutic approaches that acknowledge the multiple bodies—biological, symbolic, cultural—that shape the subject, and that attend first to relational safety and embodiment before working.

The ninth chapter, written by Craparo and David, offers a compelling rethinking of enactment through an embodied and neurobiological lens, grounded in both psychoanalytic theory and contemporary neuroscience. Building on Freud's definition of the drive as a phenomenon on the frontier between mind and body, the authors explore how unrepresented traumatic memories—held in the body rather than in symbolic thought—become enacted within the therapeutic relationship.

Enactment, in their view, is not simply a repetition of repressed material but an embodied activation of dissociated, unrepressed traumatic experience—what they call a dissociative cocoon shared between patient and therapist. Drawing from the work of Bromberg, Schore, and Van der Kolk, they situate enactment within the context of developmental trauma, emphasising the failure of early caregiving relationships to support emotional regulation, integration, and secure attachment. These early failures, encoded somatically, re-emerge in therapy through implicit, sensorimotor communication, rather than through language.

The authors distinguish enactment from acting out and transference–countertransference, noting that enactment arises from unmentalized emotional states that are not symbolically represented but are relived and acted out within the therapeutic dyad. The therapist, temporarily overwhelmed by these affective currents, must "wake up" to the shared dissociative state in order to metabolise and contain it. When successfully processed, enactment becomes an opportunity to transform traumatic memory into symbolic thought.

Importantly, the chapter integrates polyvagal theory to show how both therapist and patient can enter states of physiological defence—either

hyperarousal (fight/flight) or hypoarousal (shutdown), that mirror trauma-induced disruptions of the autonomic nervous system. By restoring ventral vagal engagement (the neurobiological basis of connection and co-regulation), the therapeutic relationship becomes a safe space for emotional repair.

Ultimately, the authors argue that enactment is a bodily and relational phenomenon, rooted in trauma and dissociation, but also a potential gateway for healing. It demands that the therapist bring bodily awareness, emotional attunement, and reflective capacity to the relational field—transforming enactment into a site of co-constructed integration and psychic growth.

In this thought-provoking chapter, the author proposes an expanded view of the analytic setting—not only as the traditional frame of time, space, and contract, but as something deeply embodied. Drawing on Bleger's (1967) concept of the setting as a "non-process" that serves as a container for symbiotic needs, the author suggests that, for certain patients, the body of the analyst functions as a crucial and unspoken part of the setting itself.

The tenth chapter by Alessandra Lemma explores how patients with fragile psychic structures—especially those marked by early trauma, impaired differentiation, and symbiotic transference—may unconsciously relate to the analyst's body as a constant, fused with the setting, and resistant to change. In these cases, even subtle alterations in the analyst's appearance or physical state (such as a haircut or illness) can trigger confusional anxiety, experienced as a profound rupture in the patient's internal world.

Through a detailed and rich clinical case (Ms A), the author shows how the sensorial and bodily presence of the analyst can evoke powerful embodied phantasies in the patient, often communicated not through words, but through posture, silence, or somatic countertransference. The analyst's body becomes a site of unconscious projection, sometimes experienced as soothing, at other times as intrusive or abandoning.

The concept of the "embodied setting" is developed to account for this dimension. It refers both to the analyst's sensory presence as a container for the patient's unrepresented experience, and to the analyst's use of bodily awareness (including somatic countertransference) as a tool for listening. Drawing on contributions from neurobiology (mirror

neurons, embodiment theory) and analytic thinkers such as Ogden, Ferro, and Bronstein, the author proposes that pre-symbolic emotional states can only become thinkable through the analyst's capacity to register and metabolise them.

Importantly, the chapter does not suggest that the analyst's body replaces interpretation or symbolic work, but rather that for certain patients, symbolic work can only begin once the embodied fusion is named and worked through. As the analysis progresses, and the analyst's body becomes a dynamic rather than static feature, the patient gradually develops the capacity to differentiate, symbolise, and reflect.

Ultimately, the author argues for a more nuanced theory of the setting, one that includes the analyst's body as an implicit but significant factor, particularly in work with patients whose psychic survival has depended on fusing with an object perceived as unchanging. In these cases, the analyst's somatic presence becomes a portal into otherwise inaccessible psychic territory.

All the chapters in this book share a common goal: to emphasise the central role of the body not only in the therapeutic relationship, but also in individual psychological development. Each contribution, in its own way, highlights how bodily experience—whether consciously perceived or unconsciously enacted—plays a crucial role in shaping early relational dynamics, the formation of the self, and the unfolding of the therapeutic process. The body thus emerges as both a medium of communication and a container of emotional experience, essential for understanding the deeper layers of psychic life.