

# ATTACHMENT AND BUILDING THE SELF PREVERBAL PROBLEMATICS

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These last 15 years brought a lot of material for up-dating Bioenergetic Analysis. It happened and still happens mainly in two fields: the field of attachment and the field of neurobiology. So, we have to reconsider or enrich, from our Lowenian basis, some fundamental concepts and then, some fundamental clinical statements.

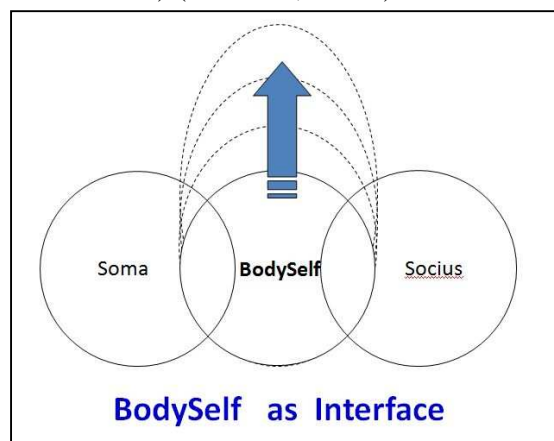
## THE SELF AND ITS DEVELOPMENT

In his first monographs, Lowen<sup>1</sup> uses the concept of Self (1965, 1968). He uses it again in “Narcissism” (Lowen<sup>2</sup>, 1984). He defines the Self in terms of a psychosomatic continuum that includes the body experiences (feelings, emotions, movements) and the psychic experiences (perceptions, images, representations). He says, “We have a dual relationship with our body. We can have direct experience through our feelings or we can have an image of it” ( pp. 29-30). Self is defined as mind-body continuum.

### FROM SOMA TO BODY

First is the soma. The soma, like the earth, is sedimentary star dust, nothing else than an atomic ballet producing energy, information and matter, producing a rhythmic succession of expansions and contractions. Soma is the primitive energetic biological matrix of the Self, its provider for vitality and excitability.

But at the birth, and probably before the birth, baby somatic functions meet immediately a social environment, meeting the mother who is a very subjective human being. These phenomena initiate the development of the “bodyself”, at this interface of biological and cultural phenomena: the body – the “bodyself – is, and will be forever, the first subjective expression of oneself, the first place where history will be encoded through specific and personal traces (Tonella<sup>3</sup>, 2008). Bioenergetic analysis is based on a theory of traces (body lecture) while psychoanalysis is based on a theory of signs (semantic lecture) (Tonella<sup>4</sup>, 2008 ).



<sup>1</sup> LOWEN ALEXANDER, *Breathing, movement and feeling*, Monograph, Institute for Bioenergetic Analysis, New York, 1965

LOWEN ALEXANDER, *Expression of the self*, Monograph, Institute for Bioenergetic Analysis, New York, 1968

<sup>2</sup> LOWEN ALEXANDER, *Narcissism, denial of the true self*, Macmillan Publishing Company, New York, 1984

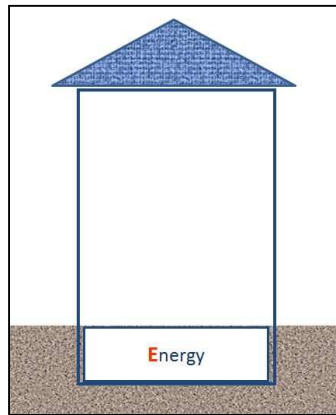
<sup>3</sup> TONELLA GUY, Paradigms for Bioenergetic Analysis at the dawn of the 21st century, *Clinical Journal of the International Institute for Bioenergetic Analysis*, 18, Ed. Psychosozial, Gieben, 27-59, 2008

<sup>4</sup> TONELLA GUY, Die Funktionen, Bindungen und Interaktionen des Selbst, Heinrich-Clauer, V. (Ed.), *Handbuch Bioenergetische Analyse*, Ed. Psychosozial, Gieben, 2008

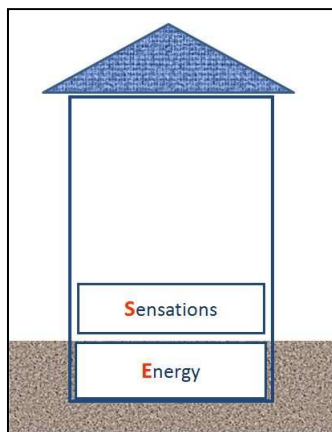
## THE SELF: ITS STRUCTURAL DEVELOPMENT

I will take an image: our Self is the house we live in. And like for building a house, we build our Self step by step. These are the tasks of infancy; I would say basically the tasks of the 3 first years

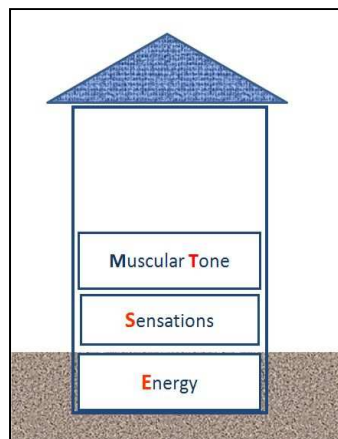
1 - The basement of that house is the soma and its quantitative energetic processes.



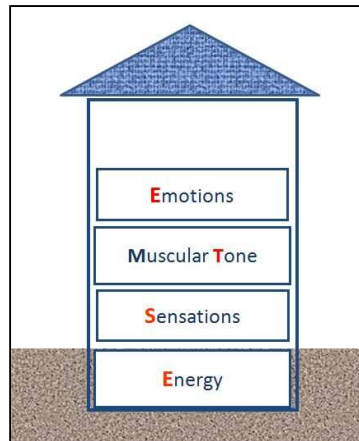
2 - The ground floor is sensorial. The most basic experiences we have are sensorial, as a result of the energetic states variations: hunger or repletion, excitation or quietness, pain or organic well being, etc. This sensorial level brings a basic body consciousness of existing and being alive. It informs us about our state of vitality and well being; it informs about what we need, how regulate our homeostasis.



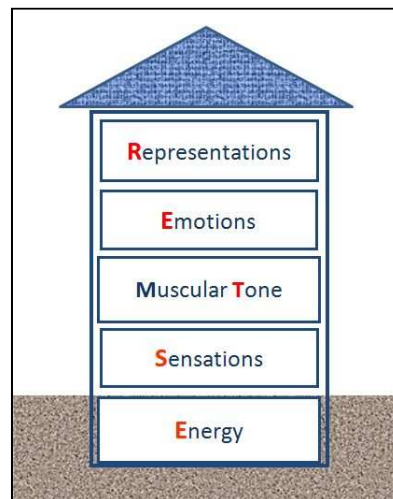
3 - The first floor is tonic. The musculature and its tonic function plays the role of a “tonic envelop” (the walls of the house), offering “body boundaries”. We have also to use our muscles for moving and looking for the best adaptive regulation: take something to eat, enter into affective contact, escape from a violent situation, etc.



4 - The second floor is emotional. The sensorial and tonic variations produce emotional variations: tenderness, fear, sadness, rage, love, joy, etc. These emotions participate to consciousness of who I am and what I need or desire at that moment. They help to take decisions for regulating oneself and ones relationships.



5 - At last, the third floor is cognitive, representational. It translates body information into images, representations and thoughts. We think for giving a signification about what we feel and for making decisions about what to do.



#### THE SELF: ITS FUNCTIONAL DEVELOPMENT

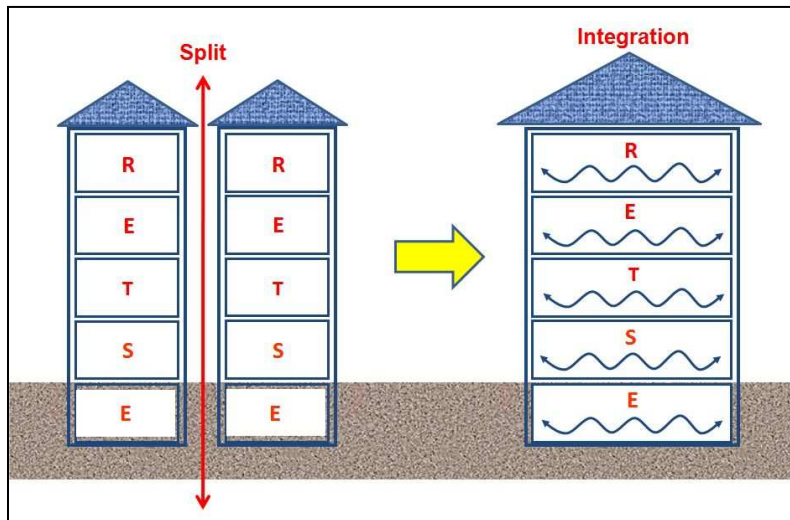
It is necessary that a house have a good structure but it is also important that it be functional. So, building the Self means three more functional tasks:

1 - For each floor, facilitate the circulation between the opposite states

Concretely, at each floor, the new born cannot link opposite states (hate with love for instance) because of neurobiological immaturity. He hates OR he loves, he is tense OR he is relaxed, etc. Helped by his neurobiological maturation, his has to progressively build bridges between extreme opposite states: between sleeping and exciting states, between hypo and hypertonic states, between love and hate, etc.

This task takes time, almost the 2 first years. Then, he will to travel between the opposites and make links between them: he loves AND he sometimes hates. During the intermediary stage ("anal stage"), he will take a time playing with that new power, being ambivalent: "I don't know if I love or I hate you..., if I am hungry or not..."

You can see that, if the child doesn't succeed to link the extreme and opposite states, he stays fixed in what we call a “**split**”<sup>5</sup>: this is a **schizoid, borderline** and, in general, **post traumatic** functional state. If, latter, he stays fixed in the ambivalence between different states, he will develop a **masochistic** functioning.



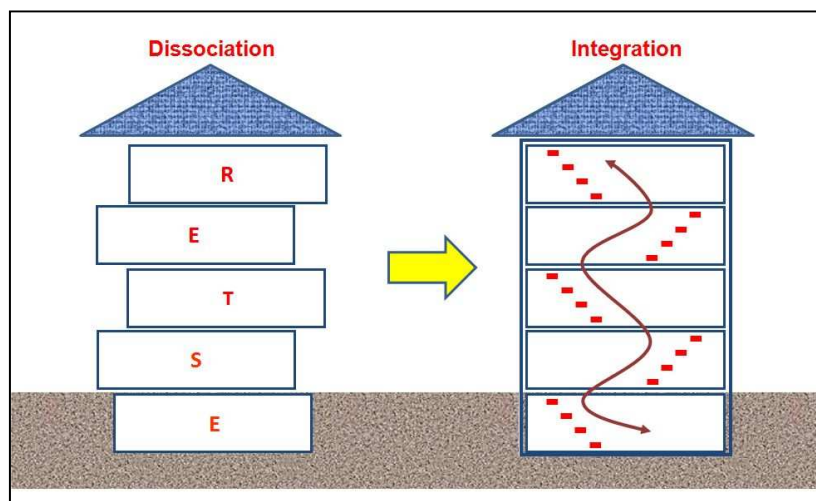
## 2 – Build stairs linking the floors between them

Like in a house, stairs link each floor to the other, so that we can circulate into the house, from a floor to another, from the ground floor to the third floor. We can be thinking, in a very intellectual investment and decide to put our consciousness in another floor: begin to be aware of the present body feelings for instance. If we have no stairs, no functional links between the floors, we cannot.

This task takes also time, almost the 3 first years, until the maturation of the orbitofrontal cortex that allows to form representations, to think with words and also to regulate sensorial and emotional states. Then, it becomes possible to feel what happens in my body, at the sensorial, tonic or emotional level, and then to think about it for communicating and taking decisions.

This corresponds to Lowen's definition of the Self, as mind-body continuum. Up to him, also to me, the Self includes the body experiences (feelings, emotions, movements) and the psychic experiences (perceptions, images, representations). That is why “we have a dual relationship with our body. We can have direct experience through our feelings or we can have an image of it” (Lowen<sup>5</sup>, 1984, pp. 29-30).

If the child does not succeed to build those stairs inside his house, he stays non-integrated, what we call **dissociation**. This is a **schizoid, borderline** and, in general, **post traumatic** functional state.



<sup>5</sup> LOWEN ALEXANDER, *Narcissism, denial of the true self*, Macmillan Publishing Company, New York, 1984

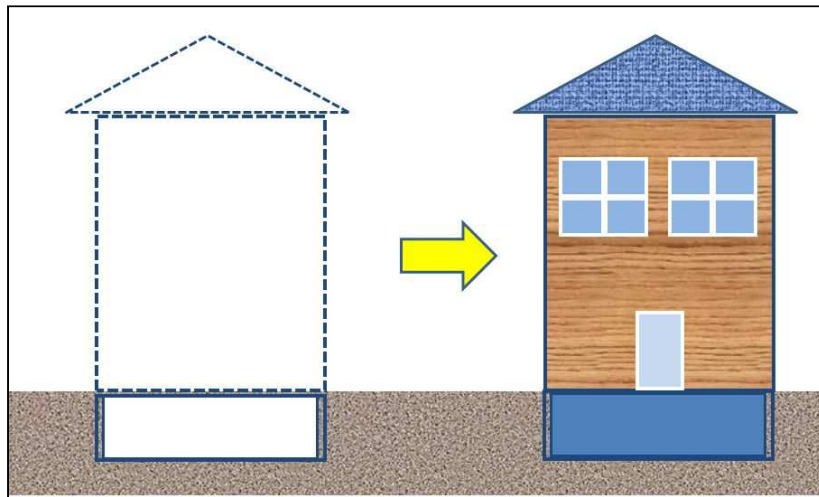
### 3 – Build walls, doors and windows

A house has walls to separate outside and inside and allow intimacy with oneself. But it has also doors and windows you can open to be in contact with the environment stimulations and information. Walls are permanent but doors and windows can open or close.

It is important to learn how to tense or release our tonic envelop, to open or close our contact with the outside and our consciousness, to learn how to activate or deactivate our organic functions, at each floor.

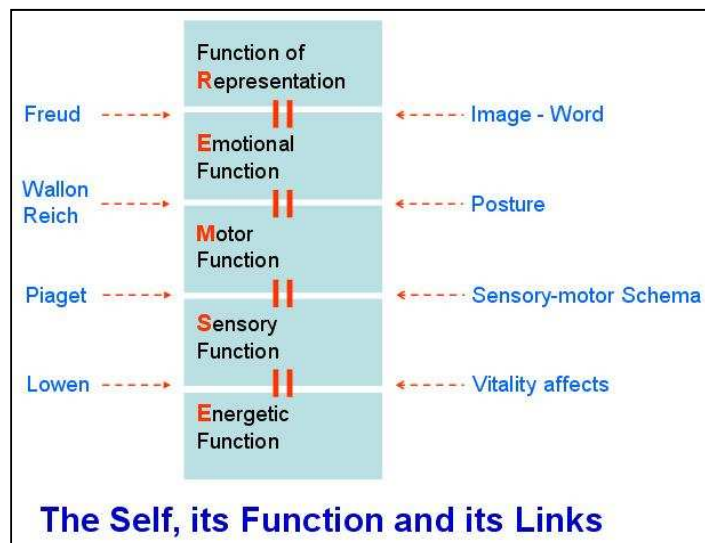
Originally, the baby cannot do it by himself. His mother do it for him first: she takes him in her arms and rocks him, she cuts the light, she makes silence, etc. Or she stimulates him, she tickles him, she promotes some physical or vocal interactions. But she tries to respect his needs for homeostasis and regulation, and little by little she teaches him how to regulate his own states, how to build doors and windows, open or close his eyes, move or relax, answer or withdraw, say “yes” or “no” in a body language, latter with words. She preserves him from intrusion and deregulation.

When walls are missing, the consciousness of one’s own individuation fails. When doors or windows are missing or cannot be opened or closed intentionally, one does not feel protected, feels or anticipates permanent invasion or intrusion. One’s brain is constantly in alert and never feels peaceful, except dissociating and no longer feeling anything.



### THE SELF AS A WHOLE

At least, we can have a complete representation of what is the Self, structurally and functionally (Tonella<sup>6</sup>, 2007):



<sup>6</sup> TONELLA GUY, Trauma et Résilience: le Corps Convoqué, *Résilience*, Aïn, J. (Ed), Erès, France, 55-89, 2007



As you see, even if our soma gives us a biological matrix, we have a lot of work to do, since the birth, to build our house. The new born, the child, cannot alone. They need help. Winnicott talked about holding, handling and object presenting. Bowlby developed the concept of attachment bond, giving birth to attachment theory.

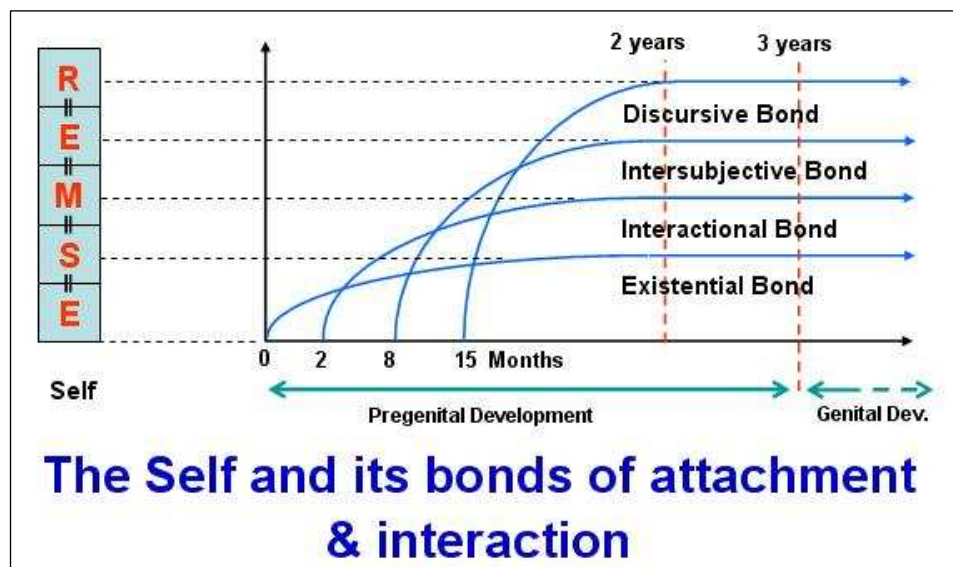
## SELF AND ATTACHMENT

### BONDS OF ATTACHMENT

Bonds of attachments and interaction are essential in the construction of the Self. Bowlby, Ainsworth, Main & al., as well as Wolf, Emde, Anders, Sander, Cassidy, Stern, Fonagy, Bebee, Tronick, etc., demonstrated that the Self, as a subjective identity in the making, cannot develop without attachments and that these attachments are the work of both partners, of their mutual attachment and capacity for interaction.

Initially, attachment is a mother-baby system that preserves the physical and emotional security of the baby, above all each time he feels distressed. In other words, the mother is a “security basis” for the baby. That promotes baby’s vitality, confidence into relationship and curiosity for exploring the world.

Corresponding to the development of the sense of the Self (Stern<sup>7</sup>, 1985), some specific bonds of attachment accompany the development of the Self during the two first years (Tonella<sup>8</sup>, 2007):



### ATTACHMENT PROPERTIES

The mother-baby attachment system presents some fundamental properties:

#### 1- Rhythm

Rhythm (Reich<sup>9</sup>, 1933) is property of the living tissue that manifests at the cell level as well as the whole organic level as well at the interpersonal level. It conditions precociously the structure of the body and his functional maturation (Keleman<sup>10</sup>, 1985).

<sup>7</sup> STERN DANIEL, *The interpersonal world of the infant*, Basic Books, Inc., Publishers, New York, 1985

<sup>8</sup> TONELLA GUY, *Trauma et Résilience: le Corps Convoqué*, *Résilience*, Aïn, J. (Ed), Erès, France, 55-89, 2007

<sup>9</sup> REICH WILHELM, *L'analyse caractérielle*, 1933, éd. Payot, Paris, 1952

<sup>10</sup> KELEMAN STANLEY, *Emotional anatomy*, Center Press, Berkeley, 1985

The attachment system preserves and let evolve the personal rhythmic capacities of the baby: his physiological rhythm, his affective interactive rhythm. The adopted rhythm is an answer to attachment system and to the need to adapt, accelerating or slowing down, increasing or reducing ones vital and emotional states.

The right brain of the baby is extremely receptive to rhythm; the rhythm he has to adapt since the first weeks of life is encoded in the long term procedural memory. So, the rhythmic dimension of somatosensoriel and interactional patterns built during infancy will accompany, at a non conscious implicit level, verbal and non verbal adult expressivity. Also,

## 2 – Synchronization

Answers from mother to baby needs have to be no too late not too soon for regulating baby's biological functions and behaviors (Beebe<sup>11</sup>, 2000). Their synchronization that preserves his enough well-being state depends of interpersonal synchronization (Reite & Capitanio<sup>12</sup>, 1985). When missing too much, baby's distressed states are encoded in long term memory; it creates a reactive behavior, irritation or despair, with the further anticipation that every person, including the therapist, will not be able to answer being synchronized, not too soon, not too late.

## 3 – Contention

As the baby cannot really auto-regulate his vital and emotional states the mother offers her own Self for baby regulation. She offers her eyes, her voice, her arms, her words and her body. She contains baby's flows and helps him not to be poisoned by something that cannot be integrated by him and could be toxic (Bion<sup>13</sup>, 1977). If not, these deregulated vital and emotional states can be further reactivated by any situation, appearing as frightening, rough and disoriented sensori-emotional flows.

## 4- Affective attunement

Mother and baby look for harmonizing their emotional answers, using different modes: vocal, gestural, tactile, etc. (Stern<sup>14</sup>, 1985). These interactions provide echoes about what is experienced; they transmit to the baby that he is received in his expressions and understood. Therefore, the baby is confirmed that his sensations, emotions, intentions are interesting and he develops his own interest for it, deepening his self consciousness at all level. He develops also an interest for the states of the others and so, his empathetic skills. Attunement is not an interpretation but a subjective echo about what is happening between me and the other.

## 5 –Vital and emotional states regulation

Only regulated vital and emotional states can be integrated by the Self and enrich him. Regulating means contain, tolerate and orient the present experience towards psychic attention for perception, elaboration and integration (Schore<sup>15</sup>, 2003). When the mother regulates the baby states, she looks for increasing positive affects and decreasing negative affects. So, regulation is first a systemic property before being an individual property that we call autoregulation (Beebe & Lachmann<sup>16</sup>, 2002).

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<sup>11</sup> BEEBE BEATRICE, Co-constructing mother-infant distress: The micro-synchrony of maternal impingement and infant avoidance in the face-to-face encounter, *Psychoanalytic inquiry*, 20, p. 421-440, 2000

<sup>12</sup> REITE M. & CAPITANIO J.P., On the nature of social separation and attachment, M. Reiteand T. Field (Eds.), *The psychobiology of attachment and separation*, pp. 223-255; Orlando, FL: Academic Press, 1985

<sup>13</sup> BION W. R., *Seven servants*, Ed. New York: Jason Aronson, 1977

<sup>14</sup> STERN DANIEL, *ibid*

<sup>15</sup> SCHORE ALLAN, *Affect regulation and the repair of the Self*, W.W. Norton, 2003

<sup>16</sup> BEEBE B. & LACHMANN F. M., *Infant research and adult treatment*, éd. Hillsdale, NJ : Analytic Press, 2002

## 6 – Configuration of sensori-emotional experiences

To configure means to organize various parts in a whole delimited by a contour so that the parts become a figure. The baby cannot put together his feelings and gives it a sense; he needs his mother psyche to configure his body experiences, think it and give it a signification. He learns that process observing his mother and listening to her.

When in therapy some preverbal experiences are reactivated, the patient needs his therapist for configuring his inner experience and gives it a sense. This process uses the mechanism of projective identification: I (therapist) let me contaminate by the sensations, emotions, expressions of my patient, I feel it, I translate it into images, representations and now I know something of my patient experience: I can propose a configuration, giving it a sense. This process is fundamental in body work, above all working through preverbal deregulated states.

## 7 – Figuration of sensori-emotional experiences

Sensori-emotional experiences are first translated into mimetic, gestural, postural, motor, interactive figures. It precedes mental representation and prepares it. It facilitates the development of “reflexive capacity” (Fonagy & Target<sup>17</sup>, 1997, Fonagy<sup>18</sup>, 1999) and the translation of sensori-emotional states into mental states.

## 8 – Repair

Within the attachment system, some attempts of common research mother-baby for mutual enough good rhythm, synchrony, contention, attunement, regulation and configuration can fail. It provokes baby anxiety, disorganization and disorientation. Work of active repair is a dyadic process (Tronick<sup>19</sup>, 1989). It depends of the mother capacity: 1) to tolerate the negatives states she has unconsciously provoked (Beebe & Lachmann<sup>20</sup>, 1994), 2) to identify the signals at the origin of the attunement lost, 3) to give to the baby the right to express his negativity, 4) to transform the negativity into positive experience, 5) to reestablish an attuned mutual communication.

### PATTERNS OF ATTACHMENT (Bowlby, Ainsworth, Solomon)

Depending of the quality of attachment system during the 2 first years, the baby can develop a secure attachment. He also can develop various defensive strategies for not staying with a non tolerable grade of anguish when his attachment figure cannot offer him enough security. In that case, the little child develops insecure attachments that are:

- “Anxious avoiding”, becoming, adult, “detached”
- “Anxious ambivalent” becoming, adult, “preoccupied”
- “Disorganized-disoriented” staying, adult, “disorganized-disoriented”

<sup>17</sup> FONAGY P. & TARGET M., Attachment and reflective function: Their role in self-organization, *Development and Psychotherapy*, 9, p. 679-700, 1997

<sup>18</sup> FONAGY P., La compréhension des états psychiques, l’interaction et le développement du self, *Devenir*, 11, 4, p. 7-22, 1999

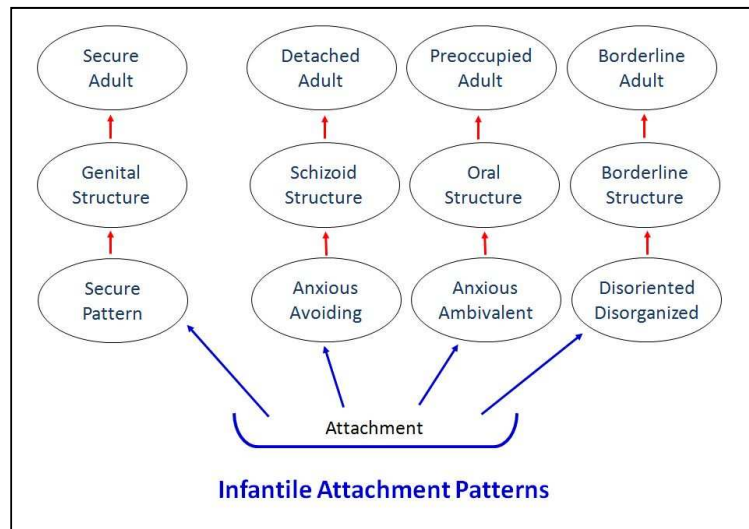
<sup>19</sup> TRONICK E. Z., Emotions and emotional communication in infants, *American Psychologists*, 44, p. 112-119, 1989

<sup>20</sup> BEEBE B. & LACHMANN F. M., Representation and internalization in infancy: Three principles of salience, *Psychoanalytic Psychology*, 11, p. 127-165, 1994



## PATTERNS OF ATTACHEMENT AND CHARACTERS

We can establish bridges between these attachment patterns and our bioenergetic structures of personality: between the “*anxious-avoiding*” child and the “*schizoid structure*”, between the “*anxious-ambivalent*” child and the “*oral structure*”, between the “*disorganized-disoriented*” child and the “*borderline personality*” (Tonella<sup>21</sup>, 2008)



This adult we meet in therapy will unconsciously actualize his infantile attachment pattern with us. This actualized attachment system will include the therapist and the patient. The patient will unconsciously anticipate that the therapeutic attachment system has the same properties than his young child system. This is fundamental to understand that this is not transference on the therapist but actualization of a preverbal implicit system. In fact, the patient is unconsciously waiting, since his infancy, to meet a “base of security” (the therapist now) for repairing his Self.

## NEUROBIOLOGICAL MATURATION AND PREVERBAL DEREGULATIONS

### NEUROBIOLOGICAL MATURATION

Schore<sup>22</sup> (1997, 2000, 2001a, 2001b, 2003), Siegel<sup>23</sup> (1999, 2007), Tronick<sup>24</sup> (2007) Bebee<sup>25</sup> (1994, 2000, 2002) and others, have particularly describe the links connecting neurobiological maturation, implicit memory of preverbal experiences and normal or pathological later child behaviors.

<sup>21</sup> TONELLA GUY, *Attachment, transference and counter transference*, conference during the Post Development Workshop, Amsterdam, 2008

<sup>22</sup> SCHORE N. A., Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders, *Development and Psychopathology*, 9, 595-631, 1997

SCHORE N. A., 2000, Attachment and the regulation of the right brain, *Attachment and Human Development*, 2, 23-47

SCHORE N. A., The effects of a secure attachment relationship on right brain development, affect regulation and infant health, *Infant Mental Health Journal*, 22, 7-66, 2001a

SCHORE N. A., The effect of relational trauma on right brain development, affect regulation, and infant mental health, *Infant Mental Health Journal*, 22, 201-269, 2001b

SCHORE N.A., *Affect regulation and the repair of the self*, Norton and Company, New York, 2003

<sup>23</sup> SIEGEL D. J., *The developing mind: Towards a neurobiology of interpersonal experience*, New York: Guilford Press, 1999

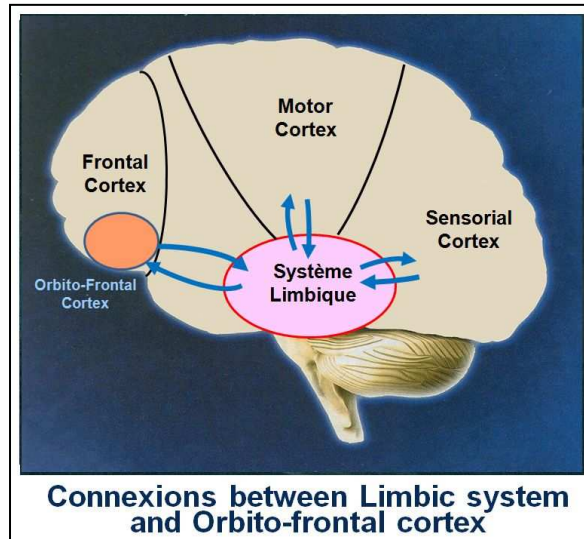
SIEGEL D. J., *The mindful brain*, WW. Norton & Company, 2007

<sup>24</sup> TRONICK E., & HARRISON A. M., Contributions to understanding therapeutic change: Now we have a playground, *Journal of the American Psychoanalytic Association*, 55, 3, 853-872, 2007

<sup>25</sup> BEEBE B., LACHMAN F., Representations and internalization in infancy: There principles of salience, *Psychoanalytic Psychology*, 11, 127-165, 1994

BEEBE B. , Co-constructing mother-infant distress: The micro-synchrony of maternal impingement and infant avoidance in the face-to-face encounter, *Psychoanalytic inquiry*, 20, 421-440, 2000

Since the birth, limbic system encodes in the right brain the body experiences of the child (Damasio<sup>26</sup>, 1994). They constitute the content of *procedural memory* and they are at the origin of the feeling to live in a body-emotional Self. During the first years, limbic circuits orient towards orbitofrontal region (Schore<sup>27</sup>, 1997, 2000, 2001). But this is only during the middle of the second year than the orbitofrontal cortex achieves its maturity and that a real *semantic memory* of experiences develops.



So, since birth :

- (1) Emotional answers produce tonic adjustments through the connections of the right cerebral hemisphere with sympathetic and parasympathetic branches of the autonomous nervous system. Links between emotional reactions and tonic reactions stabilize, forming specific individual **tonic-emotional configurations**. They constitute the unconscious prototypes of the future postural schemes (Keleman<sup>28</sup>, 1985) and chronic muscular tensions (Reich<sup>29</sup>, 1933, 1940);
- (2) Emotional states selection appropriate motor answers at the level of the orbitofrontal cortex (Rolls<sup>30</sup>, 1996 ; Bechara & coll.<sup>31</sup>, 1997). The right hemisphere encodes then these “implicit trainings” (Hugdahl & coll.<sup>32</sup>, 1995) in the form of **affective-sensori-motor schemes**, that constitutes unconscious patterns for future actions;
- (3) Affective regulated and no regulated experiences with the attachment figure are also encoded in the long term memory, in the right cerebral hemisphere (Amini & coll.<sup>33</sup>, 1996). They maintain extensive and reciprocal connections with limbic regions and sub-cortical regions. These

BEEBE B., LACHMAN F., *Infant research and adult treatment*, Hillsdale, NJ: Analytic Press, 2002

<sup>26</sup> DAMASIO A.R., *Descartes' error*, Grosset/Putnam Books, 1994

<sup>27</sup> SCHORE A, *ibid*, 1997, 2000, 2001

<sup>28</sup> KELEMAN, S.,<sup>28</sup> *ibid*, 1985

<sup>29</sup> REICH, W., *Charakteranalyse*, Character Analysis, Wilhelm Reich Infant Trust Fund., 1933, 1949

REICH W., *Fonction of the orgasm*, La fonction de l'orgasme, éd. L'Arche, Paris, 1940

<sup>30</sup> ROLLS, E.T., The orbitofrontal cortex, *Philosophical Transactions of the Royal Society of London*, 351, 1433-1444, 1996

<sup>31</sup> BECHARA A., DAMASIO A.R., DAMASIO H., ANDERSON S.W., Deciding advantageously before knowing the advantageous strategy, *Science*, 275, 1293-1295, 1997

<sup>32</sup> HUGDALH K., Classical conditioning and implicit learning: the right hemisphere hypothesis, R.J. Davidson & K. Hugdahl (éds.), *Brain asymmetry*, 235-267, Cambridge, MA: MIT Press, 1995

<sup>33</sup> AMINI F., LEWIS T., T., LANNON R. et coll., Affect, attachment, memory : Contributions towards psychobiologic integration, *Psychiatry*, 59, p. 213-239, 1996

attachment experiences are printed in procedural memory in form of attachment and interaction configurations (the “Operative Internal Models” of Bowlby<sup>34</sup>, 1980);

- (4) Affective non verbal signals like the look and face expressions, the tone of the voice, the postural variations, gestural rhythm, are also encoded in the orbitofrontal region. They constitute a real “non verbal affective glossary” that permits to decode, evaluate and treat the intentions of others (Barbas<sup>35</sup>, 1995). They will act in the future for evaluating relational experiences (Main, Kaplan & Cassidy<sup>36</sup>, 1985).
- (5) Around 18 months, with orbitofrontal cortex maturation, the acquisitions of autoregulation and adaptation skills makes feasible the emergence of a “reflexive Self” that can take into account his proper mental state and the mental state of the other (Fonagy, Steele, Steele, Moran & Higgitt<sup>37</sup>, 1991), and permits to develop a “theory of the spirit” (Fonagy & Target<sup>38</sup>, 1997). Representation and reflection skills are encoded in a double circuit: the circuit of *procedural memory* and the circuit of *semantic memory*;
- (6) The left hemisphere offers then a linguistic and verbal support to the expression of autobiographic events. Right and left orbitofrontal systems combine their efforts for encoding and organize *autobiographic episodic memory*.

In brief, the implicit procedural memory encodes since the birth somatic, emotional, motor, interactional and social configurations. Interpersonal events can reactivate it all along the life; they show up in such a case in a non verbal body behavioral form.

#### PREVERBAL DEREGULATIONS

Preverbal issues do not result of a sexual conflict and cannot be interpreted by the libidinal-sexual theoretical model developed by Freud, Reich, and then Lowen. They constitute a developmental issue of the Self (Emde<sup>39</sup>, 1990), of his structural and functional development. The concern is how to identify the points of interruption of that development (Stolorow & Lachmann<sup>40</sup>, 1980), to achieve that interrupted development (Gedo<sup>41</sup>, 1979), and to repair the split and deregulated self (Schore<sup>42</sup>, 2003). That perspective has been engaged by R. Lewis<sup>43</sup> (1976, 1984, 1986, 1998) in bioenergetic analysis since yet around thirty years.

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<sup>34</sup> BOWLBY J., *Attachment and loss, vol.3: Loss: Sadness and Depression*, New York, Basic Books, 1980

<sup>35</sup> BARBAS H., Anatomic basis of cognitive-emotional interactions in the primate prefrontal cortex, *Neuroscience and Biobehavioral Review*, 19, 499-510, 1995

<sup>36</sup> MAIN M., KAPLAN N., CASSIDY J., Security in infancy, childhood, and adulthood : a move to the level of representation, I. Bretherton, E. Waters (Eds.), Growing Points of Attachment Theory and Research, *Monographs of the Society for Research Child Development*, 50 (1-2, serial n° 209), 66-104, 1985

<sup>37</sup> FONAGY P., STEELE M., STEELE H., MORAN G.S. & HIGGITT A.C., The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment, *Infant Mental Health Journal*, 12, 201-218, 1991

<sup>38</sup> FONAGY P. & TARGET M., Attachment and reflective function: Their role in self-organization, *Development and Psychotherapy*, 9, 1997, p. 679-700

<sup>39</sup> EMDE, R. N., Mobilizing fundamental modes of development: Empathic availability and therapeutic action, *Journal of the American Psychoanalytic Association*, 38, 1990, p. 881-913.

<sup>40</sup> STOLOROW & LACHMANN, *Psychoanalysis of developmental arrests*, éd. New York: International Universities Press, 1980.

<sup>41</sup> GEDO, J., *Beyond interpretation*, éd. New York, International University Press, 1979.

<sup>42</sup> SCHORE ALLAN, *ibid*, 2003

<sup>43</sup> LEWIS ROBERT, Infancy and the head: The psychosomatic basis of premature ego development, *Energy and Character*, Vol 7, n°3, 1976, 18-26.

LEWIS ROBERT, Cephalic Shock as a somatic link to the False Self personality, *Comprehensive Psychotherapy*, 4, 1984

These issues show body-mind dissociation so that the patient cannot elaborate his body experiences, above all his preverbal deregulated experiences. He doesn't succeed to contain it, to configure it and, then, to translate it into analyzable representations. Therapeutic function, so, consists in the therapist making links for the patient: 1) letting resonating into him his patient vital and emotional states, 2) using his own mapping skills for configuring these vital and emotional states and translate it into figures, 3) using dyadic exchanges for him proposing translations into images, representations and verbalized thoughts.

However, this interactive and intersubjective process depend on the existence of the attachment properties within the actual therapeutic relational system (rhythm, synchrony, contention, regulation, attunement, configuration, figuration and repair), those properties that missed within the mother-baby attachment system of the patient. Another function of those dyadic properties is to support interpersonal symbolization procedures until the patient being able to develop his symbolization process by himself.

## **INTERSUBJECTIVE RELATIONSHIP AND THE SENSORI-EMOTIONAL IMPLICATION OF THE THERAPIST**

Many authors today establish a parallel between the qualities of an efficient therapist and the qualities of a psychobiological attuned parent. In others words: 1) the crescendos and decrescendos of the therapist or parent vital and emotional states are done in resonance to those of the patient or the child, 2) this synchrony is entirely non verbal and the mutual resonance establish fundamentally between tonic-sensori-emotional states more than between mental states, and 3) Therapist and patient look for creating a context where the therapist can act as a regulator of corporal, sensorial, tonic and emotional patient states (Amini & coll.<sup>44</sup>, 1996 ; Schore<sup>45</sup>, 1994, 1997).

So, the transferential-countertransferential relationship looks like a communication between two Selves linked by an attachment feeling, where bodies and psyches are temporarily coactivated and coupled, deactivated and decoupled, reactivated and recoupled. They connect and co-regulate, disconnect and auto-regulate, reconnect and regulate again mutually the activities than linked them. This is the *intersubjective field* co-created by the patient and the therapist, sound box between two Self.

This state of resonance is engaged when therapist subjectivity is empathically attuned to the inner patient states. This resonance amplifies vital and emotional states of both dyadic members, in duration and intensity. The « moments of encounter » (Sander<sup>46</sup>, 1992) or the « now moments » (Stern<sup>47</sup>, 2001) occur when patient Self and therapist Self suits, attuned one to another, when « two right brains or “two right hemisphere psyches”, treating unconsciously the

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LEWIS ROBERT, Getting the head to really sit on one's shoulders: a first step in grounding the false self, *The Clinical Journal for Bioenergetic Analysis*, Vol.2, n°1, 1986, p. 56-77.

LEWIS ROBERT, The trauma of cephalic shock: clinical case study, *The Clinical Journal for Bioenergetic Analysis*, Vol.9, n°1, 1998, 1-18.

<sup>44</sup> AMINI F., LEWIS T., T., LANNON R. et coll., *ibid.*, 1996

<sup>45</sup> SCHORE A., *Affects regulation and the origin of the self: the neurobiology of emotional development*, Mahawah, NJ: Erlbaum, 1994

<sup>46</sup> SANDER L., Letter to the editor, *International Journal of Psycho-Analysis*, 73, 582-584, 1992

<sup>47</sup> STERN DANIEL, 2001, *IIBA Conference*, Stresa, Italy

emotions within the therapeutic dyad, communicate and are in resonance. » (Schores<sup>48</sup>, 2003/2008, p. 78)

When therapist enters in resonance, he activates a projective identification mechanism. Identifying to the patient distress, he feels it now inside of him, in his own body, through physiological variations it provokes in him: vital and emotional variations, sensori-tonic variations, all these manifestations called by Damasio (Damasio<sup>49</sup>, 1994/2006, p. 215) « somatic markers » and that Lewis qualify as « somatic countertransference » (Lewis<sup>50</sup>, 1992). These manifestations activate regulative answers: body, affective as well as psychological answers.

Through these countertransference answers, the therapist transmits to the patient his own subjective experience, the effects that the patient experience have on him, including his present state of mind. Doing so, he helps the patient to make conscious his pathological attachment strategies activated from his implicit unconscious memory, those strategies than try: 1) to control the therapist and his answers anticipated as no regulative, and: 2) to control by himself, alone, his own vitality and deregulated affects, what is doomed to failure. Engaging *really* in the relationship, the therapist acts: 1) as a reflecting mirror, participating to the patient process of being aware and conscious, and 2) as an interactive regulator of patient vital and emotional deregulated states. This mutual search for attunement and transference-countertransference synchronization promotes the non verbal « implicit relational knowledge » (Stern et coll.<sup>51</sup>, 1998) and are at the origin of implicit and procedural therapeutic change. Obviously, intersubjective relationship is a bidirectional process, constituted by very rapid reciprocal sensori-emotional transactions, flowing through a common « interpersonal field ».

## CONCLUSION

I tried to show that from neurobiological and attachment theory investigations, we can have a more precise vision about the Self and its construction during the first three years, today. We can have also a more precise vision about preverbal pathological issues and be aware that they are not sexual issues but developmental issues, knowing that can have consequences for the future, of course, on sexual development.

Consequently, treating preverbal issues and deregulated vital and emotional states doesn't fit, clinically with an analytic mode of relation, like "character analysis". It fits with an intersubjective mode of relation, fundamentally based on sensori-emotional mutual resonance. We have been trained in bioenergetics for being able to practice such clinical approach. But may be our theoretical frame needs to evolve, differentiating implicit procedural memory from explicit/semantic memory. And may be our methodological frame needs also to evolve, differentiating definitively working with conflict (sexual conflict), working with deficit and working with trauma.

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<sup>48</sup> SCHORE A., *ibid*, 2003

<sup>49</sup> DAMASIO A., *ibid*, 1994

<sup>50</sup> LEWIS P., The creative arts in transference-countertransference relationships, *The Arts in Psychotherapy*, 19, 317-323, 1992

<sup>51</sup> STERN D. N., BRUSCHWEILER-STERN N., HARRISON, A. M., LYONS-RUTH, K., MORGAN, A. C., NAHUM, P. P., SANDER, L., & TRONICK, E. Z. : (1998), The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult therapy, *Infant Mental Health Journal*, 19, 300-308