

The Body as a Pulsing Frontier

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For decades, psychoanalysis seemed to reign almost exclusively in the territory of speech and the signifier. The origins of the discipline, shaped by the clinic of hysteria, established a method in which the body had to quiet its manifestations so that words could emerge and the repressed representations behind the symptom could be traced. This model is pertinent for forms of psychic functioning that are symbolizable, but it proves insufficient for a fundamental domain of clinical work.

The true challenge of psychoanalysis lies at the limits of what can be said: the field of the nonverbal, the texture of affects, everything that resists symbolic capture. This makes it imperative to return to the bodily roots of Freudian metapsychology. The paradigmatic model Freud proposes for the beginning of psychic life is the experience of satisfaction, in which sensori-motor bodily processes and the intercorporeal bond with the other generate that first spark that ignites the psyche. Constitutive corporeality is not a primitive envelope to be shed, like a chrysalis, but remains an inseparable part of psychic life. Freud insists on this to the end: in 1923 he states that the ego derives from bodily sensations, and in 1938 that the concomitant processes presumed to be somatic are in fact the genuinely psychical.

Yet within Freud's own work there remains an unresolved tension between the bodily roots of his metapsychology and a method whose privileged object continues to be the intrapsychic. Some have argued that the body was expelled from psychoanalysis after the break with Reich, but one might ask whether this exclusion reflects something deeper: the devaluation of the body within the Western philosophical tradition. From Platonic idealism, through medieval scholasticism, Cartesian dualism, and Enlightenment rationalism, the body has been systematically treated as the repository of everything the mind cannot contain—in other words, as a site of “waste.” To achieve dignity, it must be transcended and put into words.

It becomes necessary, then, to clarify which body we seek to restore in clinical work. It is not the “organism” as such. It is the body that exists from the beginning of life in relation to another body, capable of being represented and mentalized, yet exceeding language and without which no psyche capable of representation could exist. It is a body that, from its pulsating flesh, becomes erogenous and a support for desire precisely because it is a body in relation to other bodies. It is in this body that the marks of desire and trauma are inscribed, where what is rejected or has failed is deposited, where anxieties that cannot yet be represented are contained. The body may function as a refuge when catastrophic anxieties threaten the psyche in an intolerable way. Illness itself may be a survival maneuver, a form of control over what would otherwise be uncontrollable.

Listening to the Nonverbal

What I propose here is built upon an ongoing dialogue with authors who have explored this clinical domain with a depth that deserves explicit recognition. My aim is to articulate these contributions and, from them, to advance a synthesis shaped by my own clinical practice.

Within the analytic setting, the bodily presence of both patient and analyst is usually taken for granted. Yet it should play a more

explicit role in how sessions are understood. What unfolds in a session is the interaction of two bodies and two minds that affect one another in both verbal and nonverbal ways. The analyst does not only listen to discourse; they are a body resonating in response to another body. How can the analyst understand this somatic resonance as part of the patient's material?

The concept of countertransference, although it may have bodily correlates, is predominantly conceived as a mental phenomenon in which the analyst's unconscious is activated by the patient. Thomas Ogden offers a perspective that goes further: the analyst's body becomes the place where the patient's pre-verbal material is received and processed before it can be named. In patients with severe trauma or limited capacity for symbolization, the most archaic material—composed of sensations, rhythms, textures—may be received through the analyst's body. It is registered in a state of reverie, through images, diffuse sensations, or subtle physical discomforts whose meaning is not yet known. When explored, these experiences often reveal fragments of the patient's unconscious that the analyst is bodily holding. This relates to Ogden's conception of the analytic relationship as a shared, unconscious experience that belongs neither to analyst nor analysand but to the space between them—the analytic third. I share this view of co-construction as the origin of intersubjectivity within analysis, where transformation becomes possible.

At many moments, the “how”—form, gesture, tone, breathing rhythm, muscular tension—speaks more than verbal content. Jon Sletvold proposes an analyst who not only listens but feels the session, emphasizing that this requires being at ease in one's own skin. William Cornell, in turn, highlights the importance of helping the patient recover and deepen spontaneous gestures, exploring them as one would a dream, breaking through the armor so that the self may emerge. This kind of perceptual training is closely related to the observational capacities cultivated, for example, in babies' observation.

In patients with difficulties in symbolization, nonverbal communication becomes the primary language of transference. In such

cases, the analyst should not privilege mind over body but rather explore the border zone, accompanying the patient's sensory experience so that it may eventually become thinkable.

While this applies to all patients at certain moments, there are clinical situations in which the centrality of bodily pathways becomes unavoidable. The clinic of trauma—whether early, developmental, or event-based—is perhaps the clearest example.

In my own work with children with severe disturbances, whose language is limited and symbolic play not yet available, I have collaborated since 1994 with psychomotricity with a psychoanalytic foundation, developed in France, creating a specific therapeutic setting. This involves providing a physical environment that enables sensorimotor experiences and bodily expression. The psychomotor therapist offers a refined reading of tonic and sensori-motor indicators, allowing early trauma, stored in bodily memory, to emerge and be processed in new ways through a relationship grounded in bodily attunement. Bodily processing aligned with affect organizes thought. This prepares the ground for the analyst's words to take hold and acquire meaning, weaving together body and language and enabling a process of symbolization that had been disrupted at its pre-symbolic stages. In such cases, the task is to co-construct the psyche with the patient, beginning from bodily experiences where unprocessed emotions are lodged, forming representational gaps. The therapeutic relationship allows these experiences to be progressively represented, named, and narrated. The first narrative to be listened to is the bodily one.

Trauma from Events

The concept of trauma has been linked to the body since the origins of psychoanalysis, and the fundamental idea remains that external events alone are insufficient to explain it; the intrapsychic terrain in which it occurs is equally essential. Trauma may be understood as

an event—or accumulation of events—that produces a breach: an impact whose affective intensity overwhelms available psychic and relational resources. As Freud noted, excitation cannot be transformed into psychic form and remains on a somatic pathway. Trauma may also take the form of absence—when there is no other who can contain and give meaning to experience—leading to feelings of existential emptiness, affective numbing, or visceral sensations of hollowness in the chest or stomach.

The consequences of trauma are multiple and mutually reinforcing: dissociated memories that are not organized as narrative but as fragmented sensory traces—sounds, smells, bodily sensations that emerge as flashbacks, or narratives stripped of affect; profound physiological alterations; and, in early trauma, even changes in cortical development. This entails difficulties in symbolization of varying degrees. Jonathan Sklar captures this precisely: in trauma, the psyche loads onto the body what it cannot contain, thereby protecting itself from overwhelming affect.

If trauma is encoded in nonverbal forms, it must initially be approached through those same channels. Words are necessary, but sometimes insufficient. The separation between these two languages is in fact artificial: the body is part of all production, verbal and nonverbal, and nothing can acquire meaning if the reality of the body is abstracted away.

Recovering personal history does not necessarily transform physical symptoms, since the issue is not only the retrieval of repressed unconscious content. What brings movement is the recognition of trauma, the provision of containment, the support of weakened ego functions—rather than re-exposure to distressing situations—and, above all, the quality of the emotional experience with the analyst. Trust in the other becomes the pathway to recovering dissociated and feared affects, achieving an integration of feeling and thinking, and restoring capacities experienced as lost. This integration must occur in small doses.

In my own work, I have explored a dual approach that requires to work together with another professional that uses Relaxation techniques and “Somatic Experiencing” (Peter Levine): moving from psyche to body and from body to psyche, so that each may come to contain the other once again. The work entails starting from bodily sensations and the somatic traces of dissociated affect, gradually constructing the possibility for experience to become representable. The tradition of French psychoanalytic relaxation supports this perspective, proposing that the body—particularly its tone and its variations—can function as an initial support for psychic figurability when words are not yet sufficient. Interdisciplinary integration beyond psychoanalysis becomes necessary. Pat Ogden, a central figure in trauma work, proposes precisely this simultaneous movement: from psyche to body, as in verbal therapies, and from body to psyche, through somatic regulation. Authors such as Peter Levine and Bessel van der Kolk develop approaches along these lines.

The contemporary world adds a dimension we can't afford to ignore. Today's culture generates a new kind of difficulty in psychic processing: an excess of stimuli, constant acceleration, the virtualization of experience, and the dominance of images over the living body. Together, these conditions create something structurally akin to trauma—where what overwhelms is not a single event, but excess itself. The bodies we see in contemporary culture reveal, in their distortions and tensions, a distress that is enacted rather than spoken. At the same time, the body is placed at the center of the cultural stage, but as something to control, reshape, and optimize. This raises a question: could the body be carrying what remains unrepresented in the social field of trauma? And might this drive the urge to master it omnipotently, denying its inherent vulnerability?

Psychoanalysis, in this context, can support a process of reconnecting with and reclaiming the desiring body—moving against the alienation of a body that risks becoming external to the self.

Toward an Embodied Metapsychology

Clinical work with these patients has led me to affirm the need for an embodied metapsychology, in which the body is not external to the psyche but its fundamental support. Spanish lacks an exact equivalent for the term embodied mind, which captures this inseparability. The birth of the psyche occurs in the body-to-body encounters of early life, in an intercorporeality that leaves an indelible mark.

Many authors have emphasized the importance of skin and touch in psychic constitution. My own work, particularly in collaboration with psychomotricity, has led me to emphasize the role of muscular tone through the concept of tonic dialogue, introduced by Julián de Ajuriaguerra. Tonic dialogue refers to the mother–infant communication expressed through patterns of muscular tension and relaxation that reflect sensations and emotions of pleasure and unpleasure, attunement and misattunement. Messages are conveyed through tone: fear tightens, pleasure softens, anxiety contracts, holding relaxes. Emotions are inseparable from tone, and their role in the transition from soma to psyche is fundamental: they are the first signals given meaning within the relationship with the other and are translated into intentional gestures that construct affects with a regulatory and intersubjective function. Incorporating tone into the model of the experience of satisfaction enriches it considerably: tone becomes the substrate of both the infant’s cry and the caregiver’s response, the material support of drive tension and its variations, the medium through which the leap into the psychic occurs in conjunction with the object.

To this I propose adding what might be called tonic-emotional mirroring: a process prior to both Lacan’s mirror stage and Winnicott’s notion of mirroring. It refers to the image of the self that the infant acquires through how they are held and touched, translated into the experience of a containing psychic envelope—or, in cases of failure, its breakdown—linked to the quality of tonic-postural dialogue. This concept is essential for understanding early communication and its lasting imprints on the psyche. It forms the substrate of

relational patterns and intersubjective regulation throughout life. The other receives and responds, contains and modulates; when this fails, early trauma emerges. This is the cradle of language, where every word is rooted in a bodily state and lived experience.

Focusing on the bodily elements of the bond brings us to the heart of primitive processes of symbolization, to that passage from body to psyche which remains, in my view, one of the most fertile and compelling enigmas in psychoanalytic theory and practice.

In this way, we come to see that the body is not the limit of psychoanalysis but its most vibrant frontier—a frontier that does not separate, but pulses, and that can—and must—be integrated into analytic work.