Aphrodite's Shadow: 
Dreaming a Common Skin

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Psychoanalysis has turned its attention lately to the way the mind attempts to shape the feelings of the body into a coherent sense of self. Our latest thinking about the link between the body and the development of a ‘feeling mind’ describes it as an intersubjective experience created in the earliest skin to skin relating between mother and baby and how the deficiencies of the skin ego (Bick, 1968) are reflected in psychosomatic symptoms, as well the capacity to inhabit, enjoy, and think about one's body. Psychoanalytic work in these pre-verbal areas of the unpressed unconscious often takes place in the analyst's somatic countertransference and reverie. The analyst's body is the site for the working through of early developmental failures as a sensorial acceptance of the exiled bodily experience of the patient (Lombardi, 2011, Civitarese, 2013). A detailed case analysis is presented in which the analyst creates a 'common skin' (Anzieu, 1989) with a woman patient through tolerating projections onto and into the analyst's body. Holding and thinking through the somatic countertransference provides the screen against which the patient can dream and begin to know about the perceived rejection of her femininity by her mother.
I. Introduction.

Recent psychoanalytic work on the development of a 'feeling mind' out of the flux of bodily sensations has forced us to rethink the notion that psychoanalysis is a 'talking cure'. To the extent that psychoanalysis 'cures', this latest thinking suggests, it does so through communication broadly conceived - of which talking is just one mode, and perhaps not even the most important when it comes to deeper and more primitive realms of experiencing oneself and others. What patients often need to communicate and have understood is something that has registered beneath their capacity to articulate it in words - residing at the border between what can be symbolized and what can only be felt as a physical sensation. Psychoanalysis is particularly well-suited to bring these inchoate experiences to light because psychoanalysts are aware of the powerful connection between the mind and the body. In particular, we have increasingly come to appreciate how the psyche speaks through the body. When this process of communicating and being received at this deepest level works, the experience for the patient can be profoundly healing, and is often experienced as a bodily soothing and containment, as if the patient and analyst shared what Didier Anzieu describes as a common skin. I would like to briefly describe our latest thinking about the developmental process by which a girl develops a healthy sense of her body as a source of pleasure and a thing of beauty, and then turn to a particular case where this process goes awry and brings the woman into treatment, highlighting the role of the analyst's body as the site for the working through of early developmental failures.

II. The skin ego and the creation of the common skin

Infant research has made us more aware of the ways in which it is through contact with the mother's body that we come to feel ourselves, to be known and to know her. Piontelli's (1992) ultrasounds show the fetus's original relationship to the inside of her mother as she experiences
the sensation and swallowing of amniotic fluid, touching and licking the umbilical cord, and pressing against the uterine wall. It is easy to imagine that separation from the mother's body always entails a degree of trauma, and as Rank has suggested, the particular way we experience that separation leaves emotional residues in us all (1929). Nursing and being held closely to the mother's chest provides the necessary sensory continuity between life in the womb and life outside it. Both Winnicott and Bion describe how the mother's emotional and bodily preoccupation with her baby supports development across the caesura of birth (Bion, 1989). Esther Bick (1968) asserts that the infant's first psychological need is to feel held together physically, which gives the baby a sense of having a skin. The French psychoanalyst, Didier Anzieu (1989), elaborated on this need to be held together at a bodily level in his work on the double function of the skin ego, which serves as both a protective container to keep in goodness and as a site to register sensation and emotion from within and without. He notes that the skin is the first medium of contact, comfort, and communication. The mother's holding, handling, and relating to her baby's body conveys her deepest feelings about her and relays her openness for sensual and emotional contact.\footnote{I use the pronoun 'her' interchangeably for mother and baby as way of representing the shared skin state I am describing.} A mother's willingness to be emotionally stirred up by her baby, to share in her distress and to respond with tender concern to her baby's vulnerable state, supports the baby's coming together in mind and body, an integration that creates the feeling of continuity of being (Winnicott, 1965). When the mother cannot cope with the intense distress of her infant, she is prone to relieve herself of her mental pain by emotionally shutting off and mechanically caring for her baby. The baby's body becomes a \textbf{thing} to be managed.

Anzieu writes that when the mother's attunement is good-enough, the infant, along with her own skin, also imagines a common skin, a sensual interface between herself and her mother where the first meanings are exchanged. In the mutual reciprocity of touch, taste, smell, and sound the baby develops a subjective feeling of being-in-a-body (with its own boundary) in touch with another body. That is, the infant experiences a bodily feeling with the mother (the dyadic body) while also remaining separate from her. Through the common skin the baby identifies with the mother's containing function and begins to hold herself together. The internal shared containing skin acts as a proto-mental screen that supports the infant's nascent capacity for reverie and dreaming. For Anzieu, dreaming, which is made possible by common skin
experience, repairs the skin ego from the daily assaults of life. We could say that this common skin represents the earliest version of the 'feeling mind.'

This open system of sensual and emotional communication between mother and baby functions as a kind of double feedback loop and constitutes the physical background to the experience of trust, safety, love, and togetherness. Joyce McDougall (1995) writes "it is in the mother’s arms, in that earliest skin to skin communication, that the baby experiences its first psychic and corporeal imprint of sexual and love relationships to come". When the baby experiences her sensuality as lovingly received; that is, when the mother takes pleasure for herself from contact with the baby's body, mother and baby become lost in the aesthetic impact of one another (Meltzer, 1988). This is commonly represented by the 'golden space' surrounding Madonna and child in works of art.² The sensual at-one-ment with the beautiful mother's body both helps to atone for the loss of the intrauterine experience and also sets the stage for the baby's growing experience of her own beauty and pleasure in her body.

Puberty and its transformation of the girl's body into a sexual, feminine body powerfully revives these early skin and common skin experiences. When all goes well, a young woman's spark of internal beauty is expressed in her own feminine idiom through the way she moves, dresses, and physically interacts with others. Jungian analysts invoke Aphrodite, the goddess of love and beauty, who displays a natural, unselfconscious sensuality and delight in being seen, desired and desiring. Aphrodite's intuitive physical and personal magnetism draws others into a shared sensual and erotically charged field. Such women, independent of their actual physical attributes, inhabit the radiant common skin, the living memory of a time in which they and their mothers delighted in their desire for each other.

III. Common skin deficits and second skin formations

When there is a faulty development of the primal skin integration, the baby protects its fragile self by developing a "second-skin", in which dependence on the mother is replaced by pseudo-independence and a type of muscular shell. When common skin relating is inconsistent, that is, when the mother is either over- or under-invested in her baby's body, the baby may retreat into an encapsulated monadic body that provides self-containment. In those areas where the infant's distress isn't received and containment by the mother isn't possible, some infants use

² See paintings by Klimt and Cassatt.
her actual skin as a surface to inscribe her pain through skin disorders such as rashes, eczema as well as through attacks on it by scratching, picking, and pinching. According to Anzieu, when the baby's body bears the brunt of unconscious maternal projections, the skin ego can become an envelope of suffering. The infant observation of Peter as described by Jackson and Nowers (2002) traces in excruciating detail the mother's overstimulation of his body and the eruption of terrible skin rashes as well as Peter's own self-inflicted pain by pinching and pulling at his stomach and testicles. Many perversions, fetishes, and sado-masochistic activities are experienced in and on the skin - through piercings, flaying, spanking, and hitting. These erotizations of infantile bodily agonies may both express and be attempts to master traumatic bodily history. A particularly disturbing example of this is portrayed by the psychopath in the film, "The Silence of the Lambs", who murders women, cuts patterns out of their skin, and sews himself a skin suit to wear over his own skin. Having not been given the shared experience of a common skin, he murderously appropriates one. Modern technology now makes it possible for a person to order a silicone mask or body suit of a woman's head and/or body made to the measurements of one's own body in a practice appropriately named "female masking".

Skin symptoms often appear at vulnerable times in life and analysis when psychic reorganization includes a sensory and emotional component. A woman in her early 60's who was deeply attached to her father developed psoriasis when he fell ill. Her symptoms, which none of the many doctors and healers she consulted could relieve, persisted for more than a year. Initially highly skeptical of analysis, she became increasingly attached to me and began to develop a containing skin in which alienated, undifferentiated experience could be felt for the first time. She half-jokingly thought her psoriasis was her protection designed to repel me which both expressed the reversal of her situation (turning active into passive - she's driving me away as opposed to she's losing her father) as well as a transference fantasy of her felt-sense of rejection by her mother. In this woman's case, Aphrodite's shadow is a repellent body. A major theme in horror films has to with the anarchic and repellent inside of the female body. The breakdown of the containing aspect of the shared skin with the mother is represented by disgusting, frightening

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3 Skin disorders appear throughout life as psychosomatic manifestations of uncontainable proto-emotions, while cutting, tattoos and piercings are more active expressions of unconscious dynamics on the skin.
contents emanating from inside her, as in the movie Alien. The repellent product is indeed alien, homeless, an angry, metal thing-baby without a skin.⁴

Another patient, a woman in her mid-40's, picks at her scalp when feeling excessive anxiety, a habit that began just before puberty. By making holes in her skin ego, she enacts the feeling of being inadequately emotionally contained. She saves these tiny skin-bits in containers that she periodically scatters on a surface and arranges and sorts old pieces of herself (a kind of physical historicity). Without the benefit of understanding by her feeling mind, she is left to literally feeling the skin-bits of the outside of her mind.

Adolescence brings renewed pressure on the containing function of the skin to absorb the profound physical and emotional changes that come with puberty and its powerful sexual feelings. Choice of clothing (skins in themselves) and body modifications such as tattoos, piercings, and cosmetic surgery are typical ways that teenage girls revisit unconscious dynamics related to the common skin and the need to be like, unlike, with and without her mother in a bodily way. Adolescence is a critical developmental phase in which the body ego is reorganized internally in terms of desire as well as the external visual awareness of looks and attraction.

In the absence of a constitutive feminine sensual skin, some women over-invest in their looks (Anzieu's visual envelope) as an attempt to repair and/or hide an underlying deficient skin ego. She deals with her difficulty knowing her own desire by appropriating the gaze of the other as a second skin. Sociologists have written extensively on the impact of the male gaze in culture, film, and advertising and how this contributes to feminine self-objectification in which women present and value themselves as commodities to be desired and possessed (Mulvey 1975, Chodorow, 1994). Young women all too frequently describe their sexual lives as primarily, and sometimes exclusively, motivated with pleasing their male partner. Their curiosity and interest in their own sexual desire is minimal at best. For these women, their Aphroditic shadow is one of invisibility. They in effect erase their internal sensual selves. In middle age, some of these women enter treatment as the empty nest looms on the horizon. They are dumbstruck by the disparity by how good their lives look from the outside (beautiful house, successful husband, children) and how poorly they feel on the inside.

⁴ On the other end of the mother-infant spectrum as represented in film, we have the engulfing, boundariless Blob - the breast that eats you.
IV. The Role of the Analyst’s Body in the Creation of a Shared Skin

One of the most important areas of psychoanalytic work for the communication of early unformed states of mind is the physical setting of the analysis, which includes not only the consulting room and all of its physical characteristics - light, air, furnishings, ambient sounds etc - but also the physical person of the analyst, for example, her voice and body. While the analyst's body is an obvious powerful presence in the room, female analysts' bodies may be especially evocative of early nonverbal experience. Wrye and Welles (1994) describe the powerful early fantasies and sensations evoked in maternal erotic transferences and countertransferences. Civitarese highlights the sensory qualities of the setting by stating "a particular function of the setting is precisely that of providing a skin, still in adhesive contact with the role of integration" (2008, p.28). The analysts 'sensory acceptance' (Lombardi and Pola, 2010) of the patient's projections is essential in creating a shared skin surface with the patient. Early in my training, I developed a peculiar pain in my left arm, a tingling in my elbow that urged me to thrust my arm out for relief, only while in session with a young psychosomatic patient. I was intermittently bothered by the symptom for over a year. It vanished during the session in which my left-handed patient (I'm a rightie) angrily described wanting to punch her mother in the face.

The analyst's capacity to bear the projections onto and into her body supports the development of verbalization and symbolic thinking. The analyst must live with and contain the patient's sensorial "proto-emotions" (Ferro, 2003) before fantasies and words can be used by both analyst and patient. This bodily resonance may be made possible by the ‘mirror neurons’ our neuro-scientist colleagues have recently been studying. With young children, psychosomatic patients, and with adult patients in autistic and psychotic states, somatic countertransferences may have to be borne for long periods of time in which the analyst's body is the site for a great deal of the work. For example, I worked with a severely traumatized 7-year old boy, a Romanian orphan, who had lived the first 6 1/2 years of his life in a crib and been exclusively bottle fed. He treated my body as a thing as surely his had. He spent every session attaching tape or string first to me and then into a tangled web to every other object in the room, the chair, couch, table, doorhandle, as well as to himself. I felt extreme confusion and profound disconnection. Unable to use words, this boy used my body to show me where he was living on the inside. It seemed to me that he went back to his beginning, the womb, and was looking for
his mother on the other end of the umbilical cord, as well as conveying the extreme entanglement of that primal relationship with the inanimate world.

Bleger (1967) writes that the patient also brings into treatment his own setting, the structure of what needs to be relived, just as this young boy did in his confusional and loosely connected way. When the early at-one-ment experiences are faulty, the healing often takes the form of the exquisitely sensitive and perilous process of creating a common skin with certain borderline and primitive patients. Britton (1999) states "certainly, it is my experience that there are passages in analysis when it seems as though analyst and patient only had one skin between two with the risk that someone might be skinned alive (p. 24). This persecutory sensory anxiety, where one's bodily self feels at stake, must be tolerated by both parties as a common skin is developing between analyst and patient. When it doesn't feel as though there is enough skin for two people, separation is potentially a repetition of an earlier feeling of traumatic ripping away from the mother's body. Lemma (2014) describes that for patients who develop symbiotic transferences, the analyst's body is experienced as a concrete part of the setting that must remain invariant.

Perhaps Donald Meltzer had this in mind when he wore identical suits five days a week. At the moment, I have several female patients who are having quite a difficult time with the fact that I stopped coloring my hair. The increasing graying of my hair reminds them of the passage of time, aging and, of course, death.

A concrete wish to shore up a deficient skin ego is sometimes expressed in the request for a hug to seal in the goodness of the experience of the session and to make being apart easier to bear. I have also had a number of patients, unable to know or express their desire for physical contact with me, who bring in a surrogate, typically a dog, sometimes a young child. As I touch these precious baby-substitutes, my patients and I feel the vicarious pleasure of touching and gazing in a mutual aesthetic reciprocity. One patient who cannot admit her dependency or pleasure in our relationship, tells me how much her dog loves coming to see me, and whimpers all the way up the elevator. The dog's enthusiasm was equally matched by the level of my patient's depression. Another woman, who is uncomfortable with physical contact, uses her pet as a transitional object. Once home, she cuddles with her dog and smells my scent in her fur. When a common skin is developing and the patient is experiencing a new bodily ego, I do believe there needs to be a sense-feeling of the analyst's body as well as a receptive and generative
pleasurable attitude on the part of the analyst. My understanding of, and genuine warm reaction to, my patient's smelling me on her dog was enormously relieving and healing for her.\(^5\)

V. My lived experience with Cindy

Before I continue with my presentation, I want to emphasize that despite my thorough efforts to disguise and protect her identity, the material I am about to present is very sensitive and must remain confidential. I offer a detailed case in which a woman struggling with her sexuality makes use of my body as a background and container which allows for aspects of her own unformed, undifferentiated bodily experience to be known. Three years ago, I had an emergency session with my 35 year-old patient, Cindy, and her fiancee, in which he called off their wedding. He rightly found her obsessively preoccupied with staging The Perfect Wedding and not interested enough in him emotionally or sexually. Cindy was devastated and humiliated. Her near complete lack of interest in sex had been very painful to him, and only intermittently painful to her.

Cindy was living out a fantasy of what a bride looked like: she'd purchased three wedding dresses so far, but she didn't have a body sense of what felt and looked like the right skin/dress for her. She felt profoundly empty, sad, lost, and terrified. Sexual intimacy overwhelmed Cindy and often led to traumatic bouts of sobbing. Her erotic life before this, we came to learn, was staged too. In her 20's, sado-masochistic role play, the control and power she felt in enacting and satisfying the male's fantasy, had been safe enough to allow her to feel excited. Unwilling, and probably unable at the time, to go into the details of what she then viewed as dark and edgy sexual behavior, Cindy is now horrified and shocked at what she did and what it reveals about the way she saw herself as a woman. Excruciatingly, we came to understand her first sexual experience as a rape. Cindy's sexuality centered on the mastery of trauma, enacting rather than feeling the living history inscribed in her body. She lacks a feeling mind. Her body, in fact, tells the story of multiple generations of women in her family in which early sensual rejection by the mother helped set the stage for a compromised, denigrated sense of femininity and beauty.

Cindy and I have our own embodied relationship in my office. Much of our work has focused on helping her develop a ‘feeling mind’ in relation to her body and sexuality. Cindy has

\(^5\) It seems to me we all love cuddly pets because they ground us in a shared skin/fur experience. This primal common skin connection may also account for the profound grief so many of us feel when we lose them.
moments of profound emotional pain in which she seizes up in a body agony. At a complete loss for words, Cindy feels confused and terrified at the depth of her suffering as well as considerable shame and shock that she doesn't know herself better. To anchor herself, she sits as close to me as she possibly can and watches me very closely. About six months after the wedding was postponed, Cindy brought in some fashion tape. She hoped I wouldn't be offended, but she had noticed that during the previous session I had been struggling with a gap in my shirt, and didn't know if I knew about fashion tape but said it would help keep my shirt closed. She told me that this was developed for celebrities to keep their dresses in place. She brought in two kinds and showed me how they each worked. As I was trying to get my bearings, Cindy gave an embarrassed laugh, and shimmying her shoulders suggestively said "or maybe you're cool with that maternal thing". I felt knocked off balance, embarrassed and scrutinized, but I took and thanked her for the tape.

I chose not to interpret this moment then or since. Saturated with projections and unconscious meaning and rich with obvious transference material, my body was powerfully foregrounded in our relationship. Cindy expressed her sexual woman/sensual mother confusion by shimmying suggestively while simultaneously using the word maternal. I have privately worked on all that this touched off in me: feeling exposed, intruded on, shame as well as the object of her curiosity, excitement, and control. I chose to present this material publicly because if we believe in the intersubjectively constituted 'feeling mind', we also need to make room in our professional dialogue for the powerful role of the two bodies in the analytic relationship. In the somatic countertransference, I sorted through her projections into my body while revisiting aspects of my own body history. Striving for an embodied analytic neutrality, I worked to maintain my own comfort and rhythm in the face of her vigilant eyes, allowing a 'common skin' to develop between us. Interpreting anything about her body or eliciting her fantasies about mine felt not only premature, but also potentially threatening to the emerging, symbiotic quality of being bodies in space together.

My body had clearly stimulated powerful longings and anxieties. But lacking a "feeling mind", Cindy was not able to tell me about her fantasies about the gap in my shirt (if she had any at all). She needed to concretely ensure the gap was sealed. It seemed to me that she experienced palpable pleasure at the thought that I enjoyed, was 'cool with', my breasts, that she perhaps both wanted to have for herself as well as to identify with. Excessive excitement and
anxiety was playfully relieved by her shimmying and the risk of embarrassing exposure was
projected into me and managed through her gift of the tape. The tape, of course, expresses both
of these sentiments as she can be adhesively between my breasts while simultaneously making
sure they are hidden from view.

My experience of this moment was one of surprise, with mild feelings of shock (is she really
doing this?), and certainly feelings of shame and embarrassment about being put on the spot in
such an exposing way. I felt self-conscious, paranoid (am I making all my patients feel
uncomfortable in the same way?) as well as the ambivalent object of her desire. I imagined
making angry, retaliatory interpretations. Ill at ease for several weeks, I looked for any
opportunity to elicit fantasies she might be able to articulate about the gap in my shirt. That
moment never quite presented itself. Of course, I was most annoyed and uncomfortable with
what, if any, was my role in this. Was I unconsciously being exhibitionistic and wanting to elicit
a reaction from her? I mulled this over every morning I dressed for work, especially on her days.
I came to realize that Cindy had honed in on my own anxieties about my changing body.
Having recently gone through menopause, my breasts had become larger, which I, like her, had
mixed feelings about. This manifest itself in my wanting to continue to wear favorite shirts that
were now, quite evidently, too small. I struggled with my own “feeling mind” around my
changing body.

Like many patients who are on the cusp of profound and painful change, Cindy intuitively
put her finger on a conflicted aspect of my own femininity to see how I would handle my own
feelings as well as hers. I think of this as a classic "you go first" maneuver in any dyad exploring
something frightening and new. I lived with her attention to my chest and all of my feelings
about my body, how she saw me, what might I reveal or hide through my second-skin clothes of
the day. My body, as any mother's, became the setting for her undifferentiated, adhesive self.6 I
believe the imaginary common skin between us - feeling her impact on my sense of my own body
- allowed her to identify with me as a woman who had taken her into my body-self. Out of that
deep unconscious experience together I believe she internalized a breast as screen for dreaming
her early maternal experiences. In her use of my body, and the felt-sense of our two bodies in the
room, we had generated a shared skin, a psychic surface onto which meaning could be projected.

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6 Bleger describes the 'glischro-caric position' from the Greek glischros=sticky, adhesive;
karion=kernel, nucleus
A few months after the fashion tape enactment, Cindy went on a yoga retreat in Italy with an older, sensual, female friend. Upon her return, Cindy dreams:

"I'm on the front porch of my current home. There's a skin suit draped half in and half out of a fountain. I'm scared and I run into the house (which becomes my childhood home). My mother is there and she puts a sign on it for the CDC to come and get it. You know, the people in hazmats. I'm watching it and notice that it has eyes that are opening. It's starting to come to life and is morphing into a kind of body but in an awkward way. I'm completely amazed and I invite it into the house. I think it's really cool. We walk into my bedroom and it's looking around. It looks at my light sconces and then it speaks - and says "those are Italian, aren't they?" I'm completely freaked out. How does it know this? I feel incredibly paranoid, that I can't trust it, that it knows things about me and I get it out of my house."

With the support of her therapy-porch (in itself a supportive skin), Cindy taps into her fluid, vital core and dreams her early experience of her mother finding her sensual body toxic. Her experience of her mother's rejection of early skin to skin reciprocity left Cindy deflated and uninhabited. Having taken her into my body-self, Cindy can both represent her internal emptiness and create a skin suit that helps her come to life and begin to see. She momentarily recovers the awe and amazement of a live body and an excitement to invite and share. The delightful relationship, Italian and sensual, breaks down as Cindy, predictably, becomes terrified of what and how much her skin suit "knows". It is more than she tolerate for the moment.

Without a feeling mind that would represent her own terrifying body history, Cindy needed to project her unwanted shame onto her fiancee's and my body. Peter Fonagy (1998) notes how difficulties in mentalization arise when a child can't afford to know the mind of a parent who looks with hatred or disgust. Cindy initially said she has no idea how either of her parents sees her body or her femininity. As we explored this further, she remembers they were critical of her girliness, her interest in clothes and fashion, and compared her to her father's sister, about whom he made frequent disparaging remarks regarding her vanity and self-indulgence. She describes her mother as passive, overweight, frumpy, and asexual. After intensive therapy with me, and some couples therapy, the wedding was back on and with it the profound anxiety, confusion, and pain around how she was supposed to or wanted to look on her wedding day.
Cindy suffered several excruciating fitting room panic attacks as she came face to face with the power of her identification with the critical internal eyes of her parents. We worked very hard try to create a small window with which to look at her body with her own, and our, loving eyes. Cindy sent me a picture of herself and her husband right after the wedding ceremony. A radiant and happy bride, at last.

A year into marriage, Cindy and her husband begin to discuss becoming pregnant. She dreams: "I'm visiting some kind of school. There's a baby playing by himself in a hallway. He's fine but there's no one around. Farther down is another baby playing by herself. I open a door, peek in and see two women doing yoga, lying on their backs facing each other. I see one of them is topless and quickly close the door". I was heartened by the sensual erotic at-one-ness with the female body represented by the yoga women. The dream manifests Cindy's curiosity about, attraction to and fear of the physical and emotional intimacy between these women, their ease with their bodies and the one with her breasts.

Donald Meltzer (1988) writes that all psychopathology is the flight from the pain of the aesthetic conflict, the fundamental process of avoidance of the impact of the beauty of the world and of passionate intimacy with another human being. For Cindy to enjoy watching the yoga women, let alone being one, I believe is to invite the profound sorrow that she never had this experience with her mother and what I believe is part of her sobbing around sexual intimacy. It seems to me that Cindy unconsciously knows she needs to be more comfortable with her sensual and sexual body before she can become a mother. While Cindy is neurotically content to meet her husband's sexual needs in order to move on to the next phase of life, her husband (already a father from a previous marriage) sanely insists that they need their own satisfying erotic life before embarking on parenthood.

A month later she dreams: "I'm at a party and there's a small child, about 3, with medical issues. He's very verbal. I really like him and am very curious about him. We're talking and I understand him - he's a combination of being kind of weird but really smart. Then I notice his parents are playing guitars together and he and I start dancing together to the music."

Three years into treatment, the alien body suit becomes a weird, precocious child. The sensual music of the parental couple (she and her husband, she and I, in concert perhaps) make it possible for her to integrate - to dance with -- a damaged child part of herself. Our shared common skin – the porch – of her first dream is an aspect of her embodied "feeling mind."
Didier Anzieu eloquently states that it is "the psychoanalyst's task to give that body life, if possible, and to give it back to the patient" (p.205). My containment of and internal working through of my somatic countertransference helped to facilitate Cindy's ability to begin to know and to transform traumatic aspects of her own early body life in the context of her budding adult relationship. The 'feeling mind' is, I would argue, a profoundly intersubjective creation that allows for healthy psyche-soma integration.
REFERENCES


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