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The Body-Mind Problem in Psychoanalytic Treatment Technique

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Zusammenfassung

In neuerer Zeit sind viele wichtige Publikationen entstanden, die sich mit der Bedeutung der impliziten Kommunikation in der Therapeutischen Beziehung beschäftigen. (Doering 2022 Leikert 2019 Müller -Jung 2024) Sie machen geltend, dass Erfolg oder Misserfolg zum großen Teil auf der Handhabung diese Geschehens zurückzuführen ist. Verschiedene Forschungsgruppen haben empirisch nachgewiesen, dass dies richtig ist. (Krause 2006). Da Kommunikation immer mindestens zwei Personen erfordert, wird den impliziten Aktivitäten des Therapeuten auch theoretisch zusehends Gewicht beigemessen. Dies geschah einerseits mit dem Konzept der Gegenübertragung (Klein 1952), der projektiven Identifikation (Ogden 1979) und dem bipersonellen Feld (Baranger M &W 2018) . In meinen eigenen Schriften und

Forschungen hatte ich Brunswicks folgend ein Modell des Beziehungsgeschehens aufgestellt in dem ich die Kanäle Gehör , Geruch Sehen , Berührung und Wärme Empfindung unterschieden hatte und sie den Verhaltensklassen , Sprache, Körperbewegungen, Affektdisplay , Illustratoren Körperbewegungen zugeordnet hatte. Was bisher vernachlässigt wurde, waren die körpereigenen Wahrnehmungen des Therapeuten, als da sind die Propriozeption , die Afferenzen und die Efferenzen und Efferenz Kopien. In diesen impliziten Verhaltensklassen findet so etwas wie eine Integrative Gestaltwahrnehmung statt.. Schließlich wurde die Bedeutung der Gerüche nur sehr randständig behandelt, obwohl sie offensichtlich in der impliziten Kommunikation eine große Rolle spielen. In diesem Essay soll unter anderem gezeigt werden, dass sie die entscheidenden Beiträge zur Gegenübertragung liefern. Dazu hin scheinen sowohl Patientinnen und Patienten wie auch Therapeutinnen und Therapeuten außerordentlich große interindividuelle Unterschiede in der Befähigung solcher Wahrnehmungen aufzuweisen, ohne dass sie es selbst bemerken.

Abstract

In recent times, many publications have emerged that deal with the importance of implicit communication in the therapeutic relationship. (Bürgin 2022, Doering 2022, Leikert 2019, Müller -Jung 2024) They assume that success or failure is largely due to the handling of this event. The Saarbrücken researchgroup has shown empirically that this is a valid assumption (Krause 2006). Since communication always requires at least two people, the implicit activities of the therapist are also theoretically increasingly given weight. This was done under the concept of countertransference (Klein 1952), projective identification (Ogden 1979) and the bipersonal field (Baranger M &W 2022) . In my own writings and research, I had set up a model of the relationship process in which I had distinguished the channels of hearing, smell, sight, touch and warmth-sensation and had assigned them to the behavioral classes, Peaking , body movements, affect display and body movements. What has been neglected so far were the therapist's own body perceptions, such as proprioception, afferents , efferent and efferent copies. Finally, the importance of smells was only dealt with very marginally, although they obviously play a major role in implicit communication. This article aims to show that they make the decisive contributions to countertransference. The integration of the different perceptions is made using this behaviour. In addition, both patients and therapists seem to show extraordinarily large interindividual differences in the ability to perceive such sensory perceptions without noticing themselves.

1. The smell.

We start with the empirically found differences in odor processing. I deliberately do not speak of perception because it may very well be that you do not perceive smells, but they can nevertheless have a great influence on the interactive and therapeutic events. Epistemologically, the distinction between conscious and unconscious perception also makes only very limited sense. Bischof (1966) distinguishes five levels of inside and outside, which historically played a role in the discussion of the body-soul problem. One of them that I want to focus on is me as a subject and the other. The process of the perception of Gestalt proves to be a dialogical structured making of contact, a going into one of being seized and an outreach: the eye, for example, appears to the naïve as a double-sensed transparent window "through which the sensual shell of the world penetrates into my innermost being and through which I at the same time reveal my innermost being to the world (Bishop page 22)

This brings us to the clinical findings described under Projective Identification (Klein 1929, Ogden 1979). We start with clinical empiricism, which is based on several pillars: on the one hand, the understanding of the individual cases, including ourselves, and on the other hand, the implicit parameters of the attachments and the effect of the attachment type on the unconscious behavior and perception of reality of adults.

I take myself as an example because I seem insensitive to the conscious perception of smells and have also worked with patients who smelled to a high degree. In the meantime, I have supervised analysands who could not stand the smells of their patients. He went to the toilet at the end of each lesson and the smell had an incredibly long half-life, which even the following patients could not bear. Together we had thought about a strategy on how to circumvent this problem. She asked the patient to switch to the phone. I had a lot of good experience with telephone analysis during the Covid period. This suggestion was not appreciated by the patient. He threw a real tantrum and regarded this intervention as an encroachment on his "human rights". Nevertheless, he accepted the offer and the problem seemed to be solved in one fell swoop. Mr. A, whom I treated 3 hours a week, whose smells did not bother me, nevertheless had to do without their production, because the following people complained massively about the fragrance and finally somehow wrote it to me. Ergo, I asked him to come up with something to remedy the situation. He took note of this without complaint and in fact the problem had disappeared from the next hour. He didn't tell me what he had done until months later. Without going into detail here, I would like to say that these were very

conscious actions, the production of the odors but also their elimination. In the case vignettes I get closer

My apparent insensitivity corresponded to my self-image that I couldn't do anything with smells. This reaction of mine did not correspond in any way to my ability to identify odors. Because later I was at an olfactory research lab at Rutgers University, where I was presented with cotton balls filled with feelings of fear, anger, disgust, contempt, interest and joy. They had arisen in the armpits of persons who had been brought into these affects. They were then shock-frozen. When sniffing at these waiting legs, I was able to consciously identify perceptions such as dry or damp at best. In Terms of affects, however, I had 100 percent hits.

On the other hand, I met a psychoanalyst who was very sensitive to the perception of smell. In cities that had previously been subject to a criminal dictatorship, She thought she could smell this very event in the air. In an old castle, in a torture chamber, she also smelled this very event. She was limited in her vision from childhood.

Smells are probably less tied to affects, which are short by definition, than to moods and sensitivities. When affects become chronic, they have always a correlate of a disorder. They have their own smell as well as contempt, arrogance. A good symbiotic relationship in the first 17 months is carried by a harmony of smells between mother and child. The feeling of home, but also of strangers, is demonstrably linked to the correspondence of the spices used by the mother with the food of the toddler.

2. Other Pre-Representational Experiences

The experiences of the first lifetime are considered pre-representative, i.e. they have no cognitive pictorial correlates, but are nevertheless considered to be highly formative for what are called attachment types in research and clinic. These unillustrated excretions into the air are also preserved in adult life without being noticed by the producers. The above-mentioned Mr. A. had developed a culture of smell in his family, which included his wife and children. For example, someone who washed himself was not disturb by the fact that Mr. A. was doing his big business in the same room at the same time, and red a newspaper for a very long time. He did not use the toilet in my practice, and mentioned it to me "shamelessly" that he peed right next to my garden. It didn't seem to bother him that cars drove by.

At present, the following types of attachments, which have been empirically well studied, are distinguished. A safe, insecure avoiding, insecurely- ambivalent, and disorganized type is

described. In the following, an attempt will be made to describe the pre-representative phase-specific perceptions and behevior of these types.

2.1Secure attachment

It presupposes something like an interactive dance between mother and child that is constant, flexible and comforting. The expression of the mother in the face, the voice but also the body movements trigger the same patterns in the child via the ideomotor principle. This event is not tied to the individual sensory areas but cross-sensory - the visual impression of an affect on the mother's face, for example joy or anger, triggers the associated motor pattern in the child. The processes that carry them are called mirror neurons, (Rizzolatti et al. 1996) They remain effective into adulthood. In the case of mental disorders, this process is also permanently disturbed in adults. The disorder is always dyadic, i.e. the healthy interaction partners are also infected without consciously registering it (Krause 2012)

The implicit behavior of healthy parents, is different from the child's expression. Without this marking of otherness, the cognitive, non-conducive process of affect contagion occurs, which hinders the construction of self-object boundaries between mother and child (Fonagy P., Gergely G., Juruíst El., Target, M. (2004)

In order to maintain primary autonomy, certain groups of disorders avoid the expression of affects in themselves but also in others, because they have to fear that the affect of the other will set in motion a traumatic event in the patients. A physical correlate of this kind of defense is the renunciation of expressive phenomena of any kind. (Moser 2013) These people therefore seem wooden, robotic and not empathetic. Empirically, this applies to schizophrenia simplex, perversions and psychosomatics who did not arise through conversions, i.e. the suppression of a fantasy. In our culture, about 60% of the population was considered securely bound in 1980. (Strauss and Buchheim 1980). According to my clinical impression, these numbers are no longer tenable today and the insecure attachment types have increased sharply. The implicit behavior that controls this happening is dyadic. The collapse of this dyadic interaction is the visible correlate of the disorder, which is emotionally reflected as loneliness, abandonment or emptiness. As a defensive formation, Krause (1985) and Moser (2013) speak of cathexes defense. In contrast to the neurotic defense mechanisms, they are difficult to change.

2.2 Uncertain avoiding attachment type.

An implicit behavioral correlate of this type of attachment is the constant effort of the patient or patient to impose the algorithm of his physicality on the other. This seems to be a solution, especially in the case of compulsive personalities. This is empirically confirmed for stuttering (Krause, 1981). If they can keep the disorder under control, they appear immobile and a mimic. When the disorder becomes manifest, i.e. they stutter, very violent affects break out in the face but also in the voice and the movement behavior of the body becomes dramatically uncontrolled. The development of the disorder seems to be tied to .a parenting style that is characterized by the effort to comprehensively control the child's behavior, especially its affective behavior. If the disorder is maintained in adulthood, it has something of rebellion and struggle against the control compulsion of the environment. We did not investigate other disorders of the insecure attachment type. We are convinced that many characteristics of an insecure avoidant attachment also occur in other disorders: It seems to be an attempt to defend oneself against an unpleasant symbiosis and to counteract the world in which it is used**.**

2.3 Insecure ambivalent attachment type.

In overt behavior, these people alternate between devotion and joy on the one hand and anger, aggression and contempt on the other. They correspond most closely to what is called a neurosis in psychoanalysis. I.e. behind the friendly, attentive behavior, an unconscious fantasy of anger and aggression becomes visible and audible. This affect is unconsciously repressed from consciousness but maintained in micro momentary expression. It may also that behind the aggressive expressive behavior hides unconscious feelings for love and tenderness.

The general reduction of expression described above is not typical for neurotic patients, they show significantly more facial expression than schizophrenic and psychosomatic patients, including non-manifest stutterers, i.e. those who can keep the speech disorder under control. There is an excess of different negative and positive affects that alternate or overlap. They are then also visible, albeit as micro, momentary facial expressions or as smells. There are indeed cognitive representations of them within the subjects. However, they are unconscious and can only be made conscious by analytical techniques. Mr. N told me months after the "solution" that he tried to preserve the semen which he ejaculated during the extremely rare coital encounters with his wife, which for him stood for his potency. By not washing the genital region for days he preserved his power. After my request for help, he cleaned himself there intensively.

2.4 The disorganized attachment type

In these individuals, affective behavior is very pronounced, but unpredictable. It is characterized by extreme changes partly controlled by the partner . This pattern is most likely to be found in dissociative disorders (Rass et al, 2017), borderline disorders (Fonagy., Target, M., Gergely, G.: 2000), perhaps also in perversions. They have retained the behavior they adopted from their parents, who were also severely traumatized, and are now trying to live with this mortgage. The most successful solution seems to be the perverse plot. Morgenthaler (1974). It functions as a seal and all stages of development are integrated into it, the object becomes a self-object as a fetish, the control of the object is part of the autonomy regulation and the Oedipal sexual part is neurotic. All of this together prevents either psychosis, depressive development or self-destruction and/or destruction of others. This is how it developed with Mr. A. At first there was a symbiotic masturbation, which he concealed from me for more than a year. He penetrated himself anally with several fingers in order to create an ejaculation by putting pressure on the prostate. This procedure was associated with the certainty of getting such a carcinoma. At the same time, however, he was husband and wife. As a more mature, less lethal solution, he developed a fetishism in which he forced a life jacket on his partner, and she thus acted a tergo. Since she didn't like it much, the couple developed a technique that he watched films of women with the fetish lying next to her and masturbated to it. In this way, the ejaculate could be permanently preserved as knowledge of his masculinity and had thus produced the odors mentioned at the beginning that I did not perceive. By the time he told me this, our therapeutic relationship had evolved from a paranoid psychotic to an anal context. On my side, I was repeatedly haunted by children's verses such as " In any case, the elephant shits more than the nightingale." But they were as if dissociated and did not seem to disturb. (Krause 2006, 2009) From his side, the certainty now arose that I envy him for this grandiose technique and that I wanted to take it away from him. He was sure that he had met me in the anal perversion department of a video shop

3. Transgenerational Transmission

3. 1 Transgenerational affect

The perception and experiences of previous generations are passed on through dreams and/or relationships. The former are images but include affects. They are always dreams at the subject level . The dreamer is the experiencer.

Mr. H. dreams that he is in a room with his dying brother, who died of cancer.

He can't do anything in his dreams, he has to watch the very painful chemotherapy and is desperate. He wakes up trembling with great fear. Shortly before his brother's death, he was on vacation and reproached himself for not having visited him enough, and he therefore had a very guilty conscience. When talking to me, the first association that comes to mind is that he had visited his mother, who had also died of cancer when he was 15, very often, even during the phases of inpatient chemotherapy. The smell of the station is still in his memory today and he tried to eliminate it with disinfectant spray. During the handling of disinfectants during the Corona pandemic, these memory traces were triggered again. These perceptions were as if on demand.

Ms. Y, a prisoner detained for grievous bodily harm, was treated in prison. She was getting worse and worse, and the therapist is haunted by the fantasy that she will kill him with a knife. Finally, he asks her to be treated as an inpatient. After a supposedly good course, she returns and makes it clear to the therapist that he had to have her referred, since she had attacked him with a knife. At no time was the certainty of this "memory" questioned.

The transgenerational transmission of such worlds takes place through relationships, namely those in which the adult passes on the terrible experiences to his own children. The traumatic experiences are stored in an implicit memory system, the content of which is dissociated, but leads to a change in the neuronal network that can be passed on epigenetically to the third generation. (Salge 2017)

Mr. N. continued his 3-hour analysis on the phone for almost 2 years because of the Covid epidemic. In an hour, he tells me very intensively about one of his idols, the physicist Stephen Hawkins. The longer the story goes on, the more certain I become that he's talking about someone else, and I struggle to remark whether it couldn't be that he's actually talking about Stephen King. In order to understand what was going on, I try to describe very precisely the sitation. I am sitting with my mobile phone in my armchair, which I usually use. Feet on a stool . My phone has a USB connection to two hearing aids in each of my ears, the volume and sensitivity of which I can adjust. I don't usually wear the devices in everyday life. My patients have very different microphones and hearing utensils. Since most of them are also lying down, which is also a feature of continuity, the mobile phone lies on their body. Overall, this leads to the fact that I and probably also the patient hear noises that we do not perceive on site, for example breathing, stomach rumble, heartbeat. But also bird calls, the passing garbage collection. Sometimes there is silence, but this is completely different from the same phenomena on site. "Are you still there?" Sometimes comes up as a question, and the

question is quite justified, because the technology infrastructure often collapses and the setting is a treasure trove of mistakes. The mobile phone falls, the battery is empty, somebody has pressed the wrong button. I'm also susceptible to that. The technology itself is prone to interference, at least in my hearing aids, certain frequency ranges are ambiguous and I sometimes hear things that the patients supposedly didn't say. Usually, however, such misperceptions are so grotesque that a psychodynamic interpretation seems out of place. In this seemingly comfortable situation, I am alone with the patient. But this is not eerie, but rather exhilarating: In any case, it is in no way comparable to the presence of the silent patient in the same room.

We get into spaces that I did not know before . This is associated with fantasies, but also interventions, which amaze me. In retrospect, they seem to me to be somewhat bold and crazy. But the patient can work with them, he generates memories that were never there before. We are somehow on the same wavelength. We say goodbye on the phone, and I try to get out of my chair, which I don't succeed in: I first have to develop ground contact on all fours in order to then work out bipedalism and upright walking with the help of the furniture. There is a moment when the change from one condition to another, i.e. from four-legged to bipedal, is accompanied by severe pain in the lumbar spine. In a fruitful supervision with a very experienced Swiss child and adolescent analyst, he draws my attention to the fact that my physical experiences and behaviors are those of the severely traumatized toddler that the patient once was. (Bürgin 2022) The content-related interpretations and classifications are actually centered around the deadly destructive aggressiveness of a child towards its mother. When I ask if this could not also be Stephen King, a wealth of memories are unleashed, it is about the novel "She", in which a psychotic nurse holds a writer in the Rocky Mountains by repeatedly breaking his legs. I know the book, although I don't like this literature at all. I read the book in one night on the beach outdoors. I had to get through it before the day broke. It was terrible. As a child, my patient saw a film adaptation of the novel - in a feverish, dissociative state. We both know what is happening. It's about the destructiveness of child monsters, which we already know from his dreams. Understanding, clarifications, confrontations, but also the work of interpretation take place as in a timeless multidimensional space. In the meantime, the destructiveness has settled in my body, and I have metabolized it, if you will, completely unnoticed. This is a therapeutic splitting of the ego or a dissociation that, if it did not exist, would not allow access to these archaic states. I then find the result in my body afterwards. –

A description comparable to this event can be found in Haag (1993), who worked with autistic children for years.

"I...propose to consider the situation from the point of view of countertransference as a projective identification of the suffering of a very weak and embryonic ego, which is hindered in its development by the loss of attention of the object." (Haag 1993, p. 81.)

Summary

We should deal with the fact that the transgenerational transmission of mental disorders is based less on cognitive changes in the hardware of our brain and more on the perpetuation of physical parameters such as smells, feelings, tactile and the very different optical abilities. We are only at the beginning of researching these parameters.

Bibliography

[1] Bischof, N: (1966) Epistemological Foundations of Perceptual Psychology, in: Metzger and Erke (eds.), Handbuch der Psychologie Bd. 1, Göttingen, Hogrefe, pp. 27-78

[2] Bürgin, D.: (2022) The Vitality of the Preverbal Psyche. Psychoanalytic concepts about the unconscious: the sovereign and the work in the undeveloped. Frankfurt Brandes & Apsel.

[3] Doering, S.(2022) Resonance – Encounter – Understanding. Implicit Communication in the Therapeutic Relationship, Stuttgart, Klett, Cotta.

[4] Baranger, M. & W. (2018): The Analytical Situation as a Dynamic Field. Psyche, 72. 739-784

[5] Fonagy, P.,Target, M., Gergely, G.(2000) Attachment and borderline disorder. A theory and some evidence. Borderline Person Disorder. 23. 103-22

[6] Klein, M. (1930) The Importance of Symbol Formation for the Development of the Ego, International Journal of Psychoanalysis.57-72

[7] Krause, R. (1981): Language and Affect. Stuttering and its treatment Stuttgart Kohlhammer

[8] Krause R (1997) Allgemeine psychoanalytische Krankheitslehre, Bd. 1 Grundlagen Stuttgart Kohlhammer

[9] Krause, R. (2003): Overview of Emotion Pychology. In: Herpetz- Dahlmann, Resch, Schulte-Merwort, Warnke (eds.): Developmental Psychiatry, Biopychological Foundations and the Development of Mental Disorders. Stuttgart, Schattauer, 105-114.

[10] Krause R. 2006) Drive and affect in perverse actions. In : Fonagy, Krause, Leuzinger-Bohleber (EDS). Identity, Gender and Sexuality. London. International Psychoanalytic Association161- 176.

[11] Krause, R (2009): Disgust and the Body in Analytical Psychotherapy, in: Vogt(ed.): Ekel als Folge traumatischen Erfahrungen (Ekel). Psychodynamic Foundations and Studies, Psychotherapeutic Settings, Case Studies, Giessen, 15-28

[12] Krause, R. (2012): General Psychodynamic Treatment and Disease Theory. Stuttgart Kohlhammer

[13] Krause R. (1922): How can one still analyze in the face of Covid 90? Some very personal reflections of an old hand. Lecture at the annual congress of the German Psychoanalytic Society Munich 1922

[14] Müller-Jung J. (2024) A Feast of the Senses . Smelling is making a career in medicine and the K I world. Scents are teleported, olfactory therapies are promised.

[15] Krause R (2016) In Search of the Missing Link between Analyst and Analysand, Their Bodies and Their Common Soul In Nohr and Leikert, S. (Eds): On the Phenomenon of Emotion in Psychoanalysis and Music. Giessen Psychosozial Verlag 61- 74

[16] Leikert, S. (2019) The Sensual Self: Body Memory in Psychoanalytic Treatment Technique. Gießen Brandes and Apsel

[17] Morgenthaler, F. (1974) The position of perversions in metapsychology and technology. Psyche, 12.1077-1098

[18] Moser, U. (2013) Theory of Defense Processes. Giessen, Brandes and Apsel

[19] Ogden, Th. (1979) On projective Identification, The International Journal of Psychonanalsis,357-373K

[20] Rass, E. Spitzer, C. & Schore, A.N. (2017) Attachment, Attachment Trauma and Dissociation. In: Henn und Spitzer (eds): Dissociative Disorders of Consciousness. Basics of Clinic Therapy Stuttgart Schattauer, 61-94.