EMBODIED METAPHORS: SYMBOLIC DIMENSIONS OF PSYCHOSOMATIC SYMPTOMS IN THE BODY

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INTRODUCTION

Psychosomatic symptoms—such as chronic pain, functional disorders, and medically unexplained physical complaints—pose a complex clinical and theoretical challenge. Within depth psychology, such symptoms may be understood not merely as somatic dysfunctions, but as embodied expressions of unconscious conflict, repressed affect, and early relational trauma (Woodman, 1982; Kalsched, 1996; Ulanov, 2007).

Jung noted: **"The body is merely the visibility of the soul, the psyche"** (Jung, 1953/1966), suggesting that somatic expressions often represent unspoken psychological truths. This poster explores psychosomatic phenomena through a Jungian lens, emphasizing symbolic meaning and clinical application.

PURPOSE

This work seeks to reconceptualize psychosomatic symptoms as meaningful communications rather than purely physiological disturbances. It proposes an interpretive and empathic stance, informed by:

01 Archetypal symbolism and unconscious imagery (Kast, 1992; Samuels, 1985)

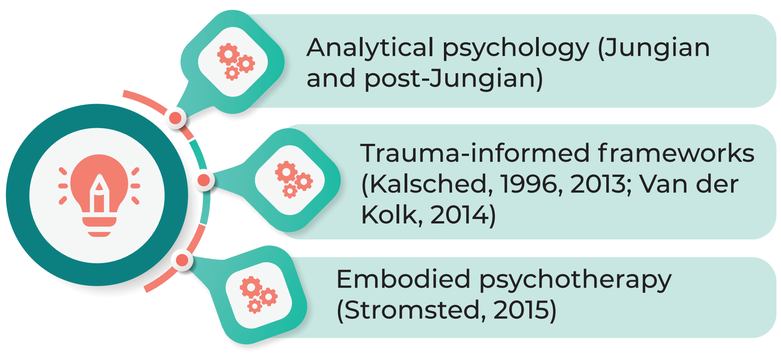
02 Repression and somatization as defensive strategies

03 Somatic symptoms as manifestations of split-off trauma and developmental arrest (Kalsched, 2013; Van der Kolk, 2014)

The aim is to support the **emergence of meaning, psychic integration, and transformation** rather than to eliminate symptoms prematurely.

METHODOLOGY

This poster is theoretically grounded in:



The clinical material consists of an ethically adapted composite case, illustrating how symbolic interpretation and embodied therapeutic work can foster transformation.

ILLUSTRATIVE CASE EXAMPLE

A 42-year-old woman suffers from chronic abdominal pain, described as a persistent "knot" in the stomach. Despite extensive medical investigation, no organic cause is found. The pain intensifies during periods of emotional stress and interpersonal tension.

Therapeutic Process:

Phase 1 Establishing the analytic container

The work begins by creating a secure therapeutic alliance (Bion, 1962; Kalsched, 1996), encouraging the patient to articulate her bodily experience. Gradually, the pain is linked to unresolved grief following the early loss of her mother and to her assumption of a caregiving role in the family. These are explored through the archetypes of the sacrificed daughter and the devouring mother (Ulanov, 2007).

Phase 2 Symbolic exploration

Using active imagination and symbolic amplification (Jung, 1966; Woodman, 1982), the symptom is explored through:

- Dream material and free associations
- Guided imagery and drawing
- Somatic awareness practices (Schaverien, 1999)

The body becomes a site for unconscious figures and emotional truths to emerge. Symptoms are not confronted directly but approached with empathic curiosity.

Phase 3 Transformation

As the patient becomes able to contain previously dissociated affect symbolically, the symptom begins to soften. Abdominal pain decreases—not as a direct treatment goal, but as a result of psychic integration.

Treatment Approaches:

- Symbolic interpretation of symptoms
- Active imagination (Mindell, 1982)
- Somatic mindfulness and emotional tracking
- Attention to transference and countertransference
- Complementary modalities (e.g., movement or art therapy) when appropriate (Stromsted, 2015)

EXPECTED OUTCOMES

This work offers both theoretical and clinical contributions:

Theoretical enrichment

Advances the understanding of psychosomatic symptoms as symbolic formations that bridge soma and psyche (Samuels, 1985; Kast, 1992).

Clinical implications

Supports a practice that is:

- **Symbolically attuned**
- **Embodiment-sensitive**
- **Trauma-informed**

The therapist's task is to hold the symptom as meaningful psychic text, allowing repressed affect to emerge, be symbolized, and integrated (Kalsched, 1996; Scaer, 2014).

CONCLUSION

Psychoanalytic work with psychosomatic symptoms requires a capacity to hold what is not yet symbolized—what the body carries when the psyche cannot speak. When approached with symbolic attention and embodied attunement, these symptoms can become portals to the unconscious.

Rather than meaningless disruptions, they can be read as somatic texts, written in flesh and shaped by suffering. Honoring the body's symbolic language opens a path toward transformation, meaning-making, and relational repair (Woodman, 1982; Stromsted, 2015; Kalsched, 2013).

THEORETICAL HYPOTHESES

Symbolic Homeostasis Hypothesis

Psychosomatic symptoms may function as symbolic regulators of unconscious imbalance, containing dissociated affect and preserving psychic continuity when verbal integration is not yet possible. They can be seen as adaptive, stabilizing psychic formations (Kalsched, 1996; Woodman, 1982; Jung, 1966; Van der Kolk, 2014).

Archetypal Transference Hypothesis

In trauma-affected individuals, archetypal transference may be projected not onto the analyst, but onto the body itself. The body becomes a vessel for split-off inner figures—such as the wounded child or devouring mother—enacting unconscious dramas somatically (Kalsched, 2013; Ulanov, 2007; Samuels, 1985). Therapeutic work must therefore address not only narrative and relational dynamics, but also embodied transference.

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REFERENCES

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