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See music, hear movement. **Transmodal resonance**
From art to psychoanalytic therapy

*Marina Amore**

ABSTRACT. – The article combines personal experience and theoretical-clinical reflection to explore sensory transmodality, considered by the Author as the founding principle of psychoanalytic dialogue for change. From an early experience that introduced the Author to a real understanding of transmodality, she elaborates a perspective that integrates the neurosciences of action and interoception, the concepts of *forms of vitality* and *implicit knowledge* formulated by Stern, and Bucci's *multiple code theory*. In the analytical field, change emerges as a referential process that reconnects sensation, gesture, image, sound, and word, and by focusing attention on the *how* of experience – rhythm, intensity, duration, direction – allows the implicit to be translated into speakable forms. The Author defines this movement as "*co-agent transmodal resonance*": an intersubjective process, in which patient and therapist share and modulate vital affects through the multimodal flow of experience, generating a sensory dialogue that does not merely rely on mirroring, but gives rise to a new affective configuration that, in the very act of taking form, is realized as a co-created moment of care.

Key words: vitality affects, co-agent transmodal resonance, intersubjectivity, interoception, treatment process.

In the presence of a refined lady, I was enchanted; she was animated by a stream of small gestures that seemed to draw invisible music in the air. From a face marked by ancient and harsh traits, powdered in white that blurred into transparent and immovable hair, two intense blue eyes, weighed down by thick black lines, stood out, inspecting the body of my pre-adolescence, which was uncertain, as if in search of a possible author. I found that she was looking for signs of talent that I, enchanted by the charm of the Muse, had unexpectedly desired to possess. At that moment, I saw my ambition discovered in my own eyes, and I felt ashamed of the desire to be admitted to a court that I understood only now to be sacred to the woman in front of me, while my body appeared to me as a burden.

*Psychologist, Psychotherapist; Training and Supervising Psychoanalyst and Faculty Member, Institute for Specialization in Psychoanalytic Self Psychology and Relational Psychoanalysis (ISIPSÉ); Member of the National Commission on Mental Disciplines, Italian Society of Psychoneuroendocrinoimmunology (SIPNEI), Italy.
E-mail: marina.a.amore@gmail.com

I clearly remember the moment when I was enchanted: the flexible forms that the dancer had drawn in space on the notes of Sibelius' *Valse Triste* had given three-dimensionality to the dusty air of the stage, revealing stage gaps that I had felt the desire – indeed the urgency – to fill. That moment of total ecstatic rapture was the first step toward my writing, today, on psychoanalysis: the art of healing in the gesture that shapes the feeling.

As often happens when an experience touches us deeply, that moment of vision and listening reverberated in me as an initial disturbance, initiating that necessary step that, through an emotional aggravation, precedes any change: the emptiness had revealed its very painful face, I had suffered its charm, and I had let myself be attracted, movement after movement, rhythm after rhythm, in the extraordinary adventure of a dance of transformation.

The charming lady, not without reservations, finally admitted me to her court to teach me the language and the mysteries of dance. Neither you nor I could have known that she was actually handing me the keys to gain access to myself and my life. With some merciless dedication, she loved to remind me that my talents did not meet the requirements of academic dance – the only dance she was willing to recognize as worthy. Yet her gaze seemed to encourage me to insist and not let myself be overwhelmed by her harsh judgments. What made her welcome me, and what fed my stubbornness to confront myself with her harshness? Over time, I thought that the intransigence with which she assessed my distance from her model of "ideal dancer" could conceal the unconscious recognition of a different ideal of dancer that was already taking shape in her mind and that, perhaps, I had helped to embody.

Practice proved her right: the strict codes of classical ballet were chains for my body and my temperament. The more I faced them, the more I wanted to break them, but my passion for dance grew. I think I sensed, even then, that my teacher had grasped my need to explore somewhere *else*. And I, in turn, had perhaps intercepted her not fully formulated intention to go *beyond*, toward that particular openness of dance where one can search for oneself, which in those years began to take root also in Italy. Thus, breaking with classical patterns, her choreographic interpretation of Sibelius' musical work did not include pointe shoes, a symbol of an idealized detachment from the roots and human limits dreamt of by Louis XIV, but barefoot and free from constraints. Neither did it foresee rigid postures in the typical ballet codes, but gestures capable of capturing the impulse to the movement, as a sailor takes to the wind, to allow himself to be transported gesture by gesture along a space-time trajectory that would meet the already known and transfigure it, every time, in something *beyond*, generated by that moment.

In that choreographic and musical narrative, the *beyond* was represented by the experience of death: after swirling with great energy, the dancer would fall to the ground, immobilizing herself after a shudder on the last nuanced note. Yet, although it was about a drama, the dance actually appeared to me

as a beautiful metaphor for life: every push to the movement met a limit, more or less elastic, and right there it flowed into another movement, involving the closest part of the body that was already prepared to welcome it. Thus, from passage to passage, to the absolute limit, where the movement seems to dissolve and cease. However, immobility was still only apparent: the dancer would breathe, and the public could see it. Then, hidden from the eyes by the drop of the curtain, the dancer would rise and leave the scene while the show continued.

The attraction for *that* Valse still supports the motivation to reflect on the nature of feeling and communication today, which Daniel Stern (2010) has enlightened us with in the concepts of *transmodality* and *vitality affects*, describing interpersonal communication processes capable of unravelling implicit and unspeakable experiences in explicit and perceivable forms. In this way, what is known but unthinkable (Bollas, 1987) can still be expressed and shared, becoming the common thread on which the emotional and sensory dialogue between the interlocutors flows. In non-verbal expression – both in everyday life and in the arts – these forms of manifestation are more authentic and vital.

As in other performative arts, internal experience takes form in clinical work through transpositions between the different sensory modalities. The arts make visible what would be more subtle in clinical work: the therapeutic dialogue is enriched by rhythm, intensity, and analogous variations to those of artistic languages, activating processes of sharing and transformation.

In this perspective, the concept of transmodality finds its coherence in the innate tendency to transform captured perceptions in one sensory mode into other modes. The children of Meltzoff and Borton's experiment (1979) translate tactile sensations into images, thus revealing an implicit knowledge that makes evident the interconnection of the senses and the expansion of the known beyond the knowable.

The child's experience is largely multimodal and multisensory, which depends, as Stern recalls, both on the characteristics of the individual senses that are not yet fully distinct and on the existence of recently discovered multisensory neurons, and lastly also on the interconnectivity of the brain that allows the convergence of partial sensory data into a unified representation of experience. "*To see music, to hear movement*", my teacher loved to write on the posters of the dance recitals to stimulate in her young students and in the participating audience the sensitivity to sensory correspondence so they could better immerse themselves in the artistic experience.

In transmodality, the activation of each individual sense organ seems to function as a sort of tuning fork for all others, which, tuning to the frequency set by the first, resonate according to their own singular characteristics – like different instruments in the same orchestra. This enables precise matches between different and differentiated representations of the same experience.

In addition to characterizing the processes of processing subjective perception, transmodality also acts on the intersubjective plane, generating correspondences between subjectively unique representations of the shared experience that can animate the encounter of vitality affects. Thus, the music of Sibelius' *Valse Triste* resonated in my mentor's body through waves of movement that later became, for me, as a spectator, an irresistible call to the expressive vitality of dance.

The modal expression of an experience belongs to implicit communication. Like other scholars, including Bucci (1997), Stern (2010) believes that it plays a fundamental role in the process of attributing meaning, especially when explicit and implicit express discordant content, as is the case when words deny the interlocutor the anger that his suddenly reddened and stern face reveals. While the study of the implicit has mostly focused on the role of emotions and feelings, the author draws attention to the *how* of experience, a dimension that is transversal to all affections. Going beyond content, the *how* connotes the dynamic quality and fundamental sense of vitality that underlies every emotional experience.[1]

Movement is the preferred mode of expression for communicating vital dynamics. *Life is movement*, and human movement, thanks to the complexity and refinement of the musculoskeletal system, is a key evolutionary factor in phylogeny and ontogenesis. The Argentine Maria Fux (1998), a pioneer and one of the most authoritative exponents of dance therapy, loved to remind people in her lessons that even mountains move and that, albeit very slowly, they change shape and place over time. In the immediate experience, movement offers the dynamic perception of change and becomes itself the embodied metaphor of life.

Thus, for Stern, each emotional experience can be described in terms of movement: speed, intensity, duration, temporal form, rhythm, and direction. It is the vital dynamic of affection that reaches the interlocutor and forms the core of our interactions: even before the *what*, we react to the *how*. Without it, the content would remain purely digital and could not activate that analogue perceptual flow that makes the experience knowable.

The transmodality generates matches. The performative and kinetic arts – music, dance, theatre – offer privileged contexts for observing transmodal dynamics: their analogue languages by nature create transmodal links between the emotional experience and the expressive code that translates it, through attuning to the vitality of the experience itself. Magic, which comes

[1] An analogous sensitivity to the "how" of the experience is also found in the work of Thomas Ogden, who describes the analytical process as a transformative movement between different forms of experience – linguistic, imaginative, and bodily – within the intersubjective fields. A formulation that is particularly representative of this perspective can be found in *Conversations at the Frontier of Dreaming* (2001).

from art, has the ability to "*combine similar with the 'not exactly the same'*" (Stern, 2010, p. 68).

Movement and music share the same dynamic categories: intensity (piano, pianissimo, forte, fortissimo); variations in intensity (increasing and decreasing); accents; flow (continuity or discontinuity between movements, as between notes); speed, that is, tempo (allegro, andante, etc.); and rhythm. The flexible direction of the movement (up, down, right, left, forward, back), together with the complexity of the motor scheme – given the possibility of orienting different parts of the body in different and even opposite directions in the same gesture – increases the complexity of the representation, both in those who act and in those who observe. The harmony of movement is the final amodal product, a dynamic integration of different, and sometimes dynamically contrasting, actions into an ensemble.

Vitality affects are intertwined in synaesthesia, and as such, resound in those who observe, who, by mirroring, intercept in themselves a similar but not identical affect. It is the evocation of the similar but not identical that makes it possible, in the course of existence, to proceed evolutionarily from the *known* to the *new.* Immersed in the flow of the forms of our vitality – often learned and recurrent ways of reacting to experience – we can intercept in the encounter with the other *now moments* (Stern, 2004): gaps that, in cyclical repetition, betray expectations and open up the possibility of an evolutionary leap. As often happens when you look at mountains, change, which has long been invisible and inaudible, can suddenly turn into a different version of itself.

Half a century later, these correspondences made possible the mirroring of vitality affects between the composer of *Valse Triste* and the dancer. After another half century, the sound and motor trace of vital experiences that belonged to people who were fundamentally foreign to me – the musician and the dancer – has thus intercepted my personal and subjective sense of vitality. It lit it up and supported it over time, still pervading my way of experiencing the world today. As if encircled by a gravitational wave, the transmodal process contracts space-time and the connection between events – past and present, music and dance, me and others – and outlines the depth of the intersubjective field. That same field in which human relations and psychoanalytic treatment take place.

With the discovery of *mirror neurons* (Rizzolatti *et al.*, 1996), it has been shown that observing the action of others activates in the observer the same motor areas involved in those who are acting, thus making the intersubjective bodily resonance of salient aspects of the experience possible.

Like seeing an action, hearing its sound, or even imagining oneself or others in the act of doing the action evokes the activation of neural networks as if the action were actually being performed (Jeannerod, 2001; Kohler *et al.*, 2002; Rizzolatti *et al.*, 2006).

The *mirror mechanism* creates a direct bridge between the self and the other. It does not necessarily imply reciprocity or intersubjective transformation: the emphasis is on *decoding and simulation*. However, it is not only a question of imitation or abstract cognitive processes but of immediate access to the very motor meaning of the action of others through an embodied simulation (Gallese, 2003). Subsequent studies show that mirroring, in addition to actions, also involves emotions and sensations: observing the pain of others activates areas that can overlap with those involved when we feel pain ourselves (Singer *et al.*, 2004). This has led to the hypothesis of a neural basis for pre-reflective empathy.

Since in the early 90s the focus of neuroscience shifted from the single neuron to integrated neural networks, the response of mirror neurons has been understood as part of a complex system that connects perception, action, emotion, and social cognition in a predictive way. Such a system makes it possible to decode the intentions of others and to modulate their response accordingly, as a resonance mechanism embodied between oneself and the other. It has also been speculated that it may have contributed to the evolution of language, transforming gestures – and motor representations of affective states – into articulated sounds (Arbib, 2005).[2]

Despite the innovative scope of these discoveries, there have been critical reviews. Some studies have shown that internal simulation processes are context-dependent (Hutto & Myin, 2013). The mirror response is not, therefore, fixed or innate but modulated by interpersonal experience and implicated in the predictive processes that anticipate possible self-other interactions. In this perspective, the mirror system can be considered a descriptive model of body resonance, which, on a clinical level, is expressed through that process that, in this paper, I call *co-agent transmodal resonance*, aimed at integrating the different sensory channels into mutual affective regulation. Its function of anticipation and modulation is also matched by the concept of *Representations of Interactions that have been Generalized* (RIG), with which Stern (1985, 2004) describes the implicit interaction patterns that emerge from the first dyadic bodily experiences and organize future relational expectations.

[2] Recent studies have amplified the reflections on mirroring and on the incarnated experience, highlighting the role of multimodality and integration between body, perception, and language in the intersubjective processes. Specifically, the developments on the theory of "embodied simulation" have shown how the aesthetic experience and language comprehension emerge from the intertwining of action and sensation (Gallese *et al.*, 2022; Gallese, 2025). At the same time, research on multisensory integration shows how the convergence between sensory modalities is a principal organizer of experience and of the embodied self and communication (Shimada, 2022; Spence, 2018). Modern perspectives on action and interaction underscore the placing of the relational and situated character of social cognition (Gallagher, 2020).

However, Stern (2010) questioned whether mirror neurons and imitation alone are sufficient to explain the understanding of others' experiences and empathy. The same motor pattern, in fact, can be performed at very different speeds, thereby differently shaping the vitality dynamics of each variation. In this regard, he cites the research of Hobson and Lee (2003) on autistic children, who are able to imitate the *what* (the action pattern), but not the *how* (the style or vitality form). According to the author, this evidence clarifies a fundamental distinction: on the one hand, the *ability to recognize what is happening in the other*, supported by mirror neurons; on the other, a *deeper and more subjectivizing understanding of the other*, made possible by grasping *how* the experience is lived – an essential element of empathic understanding.

These considerations have important implications for psychoanalytic practice. On the one hand, they suggest that the mirror mechanism may constitute a possible neurobiological basis for the experiences of affective tuning; on the other hand, that the body resonance between the patient and the analyst is supported by a transmodal process that, via a continuous two-way perceptual flow between the two interlocutors, connects sensations, images, and words favouring the elaboration of the experience and the development of that *referential capacity* that, as Bucci (1997, 2021) shows, is the basis of the development of self-awareness and the possibility of sharing the emotional experience with others.

In this perspective, the mirroring system can be considered a descriptive model of bodily resonance, which, on a clinical level, finds expression in what I define as *co-agent transmodal resonance*. This is an experience of reciprocal emotional regulation that develops via multiple sensory channels, within which each partner actively participates in the transformation of shared experience. The resonance is defined as a *co-agent* because it is configured as an interactive phenomenon that is not limited to the imitation of sensory decoding of the experience of the other through mirror recognition but supports a dynamic process of mutual regulation. Different from intersubjective resonance in a classic sense (Stolorow & Atwood, 1992; Stolorow *et al.*, 1994), this includes an explicitly sensory-motor and perceptive dimension.

A paradigmatic example that can be observed in daily communication is the tuning of affects that takes place within the particular framework defined by Malloch and Trevarthen (2009) as *communicative musicality*: in dialogue, the harmony between gestures and voice generates intersubjective synchronies that allow empathic recognition of motivations and intentions. Vitality affects, sustained by transmodal referral, facilitate the experience of meeting the other, fostering knowledge, learning, and changing via the other. When the synaesthetic flow is active, a process of reciprocal transformation takes place between the partners.

Experience, memory, and imagination enrich transmodal correspondences over the course of life – innate analogue connections between affects and

meanings. These draw subtle and intimate relationships between different ways of representing the same content, for example, simultaneously in mind and body. Symbolic processes emerge from them: bridges that unite sensations and words, substance and thought, through the continuous dialogue between multiple codes.

Our usual way of being with others is mostly procedural and not easily accessible to language. These are pre-reflective experiences that are directly integrated into episodic and autobiographical memory, forming the basis of *implicit relational knowledge*. Since early childhood, the activation of these memories is linked to kinetic and interoceptive sensations stimulated by the here and now, which, with the development of higher mental processes, can evolve into representations of conscious imagination. Stern considers these bodily memories another way of accessing knowledge of the past, which is distinct from explicit narrative re-enactment, and capable of intercepting dissociated or unconscious experiences. In this way, categorical knowledge of the *what* is enriched with modal knowledge of the *how*. It is precisely this process that supports the principle of cure in body-mediated and imaginative therapies.[3]

The experiences that emerge in the psychotherapeutic field cannot be translated into verbal forms because they are germinative, traumatic, or dissociated.

Since the beginning of my clinical practice, I have been paying constant attention to bodily experiences, believing that analytical dialogue more effectively promotes the referential process and change when it is kept sensitive, such as in the arts, to the resonances of vitality affects, perceivable in synaesthesia between verbal and non-verbal signs of shared experience.

In this perspective, Damasio (1994, 1999, 2003) shows how the mental experience of the self is rooted in the body: innate physiological reactions, *emotions* become *feelings* when the mind becomes aware of them. This bodily consciousness – which manifests in decision-making as a *somatic marker*

[3] Scientific knowledge available until a few decades ago, limited in the motor areas of the brain, had fostered the idea that movement was subject to sensation and antagonistic to consciousness, a hypothesis that also inspired the Freudian model of the mind. Even before the discovery of mirror neurons, however, it had emerged that sensation is, in fact, a phenomenon dependent on movement and that, as a result, consciousness also finds its foundation in it (cf. Jeannerod, 2001). The discovery of mirror neurons (Gallese, 2003; Rizzolatti *et al.*, 1996) further focused on the role of the sense-motor system as the primary basis of the processes of perception, learning, and knowledge, and as a neural substrate at the root of the recognition of the other, of imitation, and of communication. In this perspective, the body is not only an expressive vehicle but a foundational device of consciousness and relational experience. On the clinical implications of this assumption, see the work of the *Boston Change Process Study Group* (2010), which highlighted how implicit processes, both bodily and relational, form a central foundation of therapeutic transformation, and that of Ogden, Minton, and Pain (2006) on sensory manifestations of dissociated traumatic experiences.

– forms the evolutionary foundation of the sense of self that proceeds from the body to the mind and guides reasoning and choices.

Clinical experience, supported by empirical evidence (Bottaccioli & Bottaccioli, 2024), however, suggests the usefulness of retracing this process backwards: interoceptive attention allows you to descend from the mental content toward the body, to the source of sensation, reactivating the perceptual texture that gives meaning to visceral reactions. In this sense, research by Lisa Feldman Barrett (2017) shows that emotions are not automatic responses but predictive constructions that emerge from the interaction between memory, relational context, and interoceptive perceptions, where body signals of the *now* reactivate affective patterns learned over time.

Proceeding from the mind to the body, therefore, means deconstructing the meanings with which we interpret experience. Clinical practice that integrates this perspective can help the patient intercept the somatic implicit of their internal predictive models and reformulate them, making the boundaries between body and mind, past and present, self and others more permeable.

In verbal dialog, transmodality is often manifested through metaphors that, in exploiting the principle of *as if*, embody in the word the vital process that animates the implicit emotional states.

Metaphorical representation is a work of synaesthesia: it arises from analogical concordances between phenomena belonging to different sensory domains, allowing, for example, music to be described as *sweet and dense as drops of yellow, warm, and fragrant honey*. In this process, human communication becomes a sensory and dynamic matter that – like clay – can be continuously moulded. Through dialogue, these forms progressively evolve to generate a shared configuration, which is the basis of the process of co-creating meanings.

In the metaphor, the codes of ordinary communication, anchored to the *logos* and rules of linear causality, are transcended. The effort to shape the complexity of the internal experience gives freedom to the use of rhetorical expressions and poetic images, opening up analogue apertures in which a sound can become *very sweet*, music flamboyant, and posture *melodious*. Only when language approaches poetics (Bachelard, 1960),[4] the word becomes truly referential: capable of countering dissociation and promoting integration between unconscious systems and content and consciousness, unifying sensory perception, affections, and thought.

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4 "For I am a dreamer of words (…) the syllables of the word begin to move around. Stressed accents begin to invert. The word abandons its meaning like an overload, which is too heavy and prevents dreaming. Then words take on other meanings as if they had the right to be young. And the words wander away, looking in the nooks and crannies of vocabulary for new company, bad company. How many small conflicts must be resolved when, from the vagabond rêverie, one moves onto reasonable vocabulary?" (Bachelard, 1960, p. 24).

Transmodality is instrumental in decoding new and yet unnamed representations of ourselves, which are meant to be expressed, shared, and recognized – such as Pirandello's characters looking for a scene in which to exist.

In everyday life as in the arts, dialogue unfolds in a continuous flow of non-verbal forms of expression, where patterns and modal variations follow one another seamlessly. The elements of novelty emerging from this flow – a change in intensity or rhythm – activate the arousal and direct spontaneous and unconscious attention to the vital dynamics, encouraging the implicit sharing of affective states.

In the clinical process, the new often emerges through small concrete facts: for example, a sweet offered for the first time to the therapist or proposed in a different way from the previous ones. A similar gesture can act as a variation of a musical theme or pattern of movement, activating the arousal in the analytical dyad. If, as analysts, we learn to respond with the immediacy of a dancer – who generates movement from the point in the body where he/she feels the music vibrate most intensely – we can foster clinical exchange on the level of transmodality, letting ourselves be guided by the intersubjectivity of resonance.

The experience of intersubjectivity has traditionally been understood as mutual implicit recognition of the mental state of the other – a process that supports, as Sletvold (2014) observes, empathic reflection. However, I believe that the greatest transformative potential of the analytical encounter is realized when, in the dyad, something happens that goes beyond reflection: an event that touches the intimate sense of a possibility of being and that is only fulfilled in the living moment of the encounter between self and other.

In the history of the arts, expressive modes such as music and dance have often been integrated, creating multimodal structures that amplify the emotional resonance and communicative effectiveness of the work. Likewise, in the intersubjective context of the analytical encounter, the patient and therapist co-create a multimodal representation of vitality affects in action. Everyone carries their own expressive mode, and from the intertwining of the two, the experience of the *similar but not identical* is born*:* a similar theme that comes to life in different configurations. It is in this exchange that a transformative experience is generated, from which the sense of the new can emerge.

The clinician's ability to improvise inspiring responses from the patient's stresses – an attitude that, just as in the performing arts, combines spontaneity, discipline, and technical mastery (Lichtenberg, 2002, 2005) – allows us to respond with authenticity and creativity, while at the same time keeping alive the function of containing, thinking, and transforming the shared emotional experience.

The transmodality of perception, thanks to sensory multimodality,

allows us to construct a complex and three-dimensional representation of the other. Similarly, intersubjectivity, based on constant mutual emotional regulation (Stolorow & Atwood, 1992; Stolorow *et al.*, 1994), has been observed from the earliest mother-child interactions as a dynamic process of emotional co-regulation (Tronick, 1989), in which each partner modulates and responds to the other's affective states. In the perspective proposed here, this process extends to include the dimension of sensory resonance, configuring itself as a *co-agent transmodal resonance*, in which the other's inner experience is translated and articulated through the different sensory channels. Finally, the intersubjective dimension emerges as the synthesis of a shared sensory configuration, offering both the possibility of a new and transformative emotional interaction.

A very brief clinical exchange

First movement: rhythm and harmonization

Alice enters my office. As always, she sits sideways on the edge of the chair with a straight back. She is staring at me with her usual expression that ranges between stupor and perplexity. Finally, she shudders and comments:

> A: It is strange that I am so cold on such a hot day… maybe I am very tired, and my defences have lowered… anyway, it is a strange cold.
> M: Hmm, hmm…

My attention falls onto that curious "strange" feeling that the cold has for Alice today; I remain in contact, and I wait.

We continue looking each other in the eyes, in silence. Her comment remains in the air for a few moments, floating, free, in the space between us. I cannot imagine where it will land.

I smile slightly, as I recognize on Alice's face a common expression of someone who does not know how to proceed in the dialogue.

Alice's eyes are big and fixated wide open on my face. They hold my gaze firmly. They keep me there. I feel that I am not allowed to remove my gaze, even when the intensity of the exchange touches an internal sense of tension. And I resist.

For some time now, I have not felt the urgency to fill this sense of uncertainty that accompanies the start of each of our meetings, nor do I have to add more words. I wait, and I let the tension between us find a place to rest and abandon itself.

Alice relaxes her posture and gaze, and so I talk. I limit myself to mirroring her while maintaining contact with her hesitation.

> M: You feel that you are very tired, Alice. Perhaps because your defences have been lowered… and that's why you feel cold on such a hot day… and this cold seems strange to you.
> A: Yes…

Another pause. Again, we go back to staring at each other.

Alice is giving me room to fill that space, and at the same time, she is tolerating, along with me, the lack of sense and perspective in the dialogue.

Second movement: transmodality

Suddenly, something takes shape in my mind. It still has to do with the cold that Alice is feeling, but it takes on another connotation. I try to put my image into words.

> M: I wonder if you are not talking to me about something that has to do with the temperature, but not with the outside temperature… perhaps you are talking to me about a lowering of the climate inside of you, a mood that you have started to measure since you walked in…

Alice's gaze has a hint of curiosity, while her head tilts imperceptibly to the left side, signalling her attention. So, I go on.

> M: ...and the lowering of the temperature seems strange to you, perhaps because it is unexpected, incongruous... perhaps there has been an unforeseen emotional disturbance, to which it is difficult to acclimatize.

Third movement: "the similar but not identical" that opens up to something new

Alice's eyes keep staring at me, and now they are making themselves, if possible, bigger, almost stuporous at what they are seeing, which I still don't see, and at the same time giving me a signal that what has been seen in that moment is also recognized by her.

Then the gaze turns inwards, as if looking for a reservoir in the body from which to draw words, and her posture loses its tight bowstring appearance.

> A: Admittedly, speaking of disturbances, Emiliano…

Her mouth accentuates a grimace of disgust for long enough to allow Alice to express the breadth of that feeling.

> A: Emiliano… He left on his trip, seemingly heartbroken by our separation. He told me that he hoped that the distance between us would serve to make me miss

> him, so as to convince me that the two of us should stay together… and the first thing he told me when he came back is that he met someone else, and he understood that he no longer loves me!

She pauses while she looks at me, questioning, but it is my turn to be amazed and remain speechless. So, she continues with a sharper tone.

> A: Like a cold shower… God! And I, during his absence, *really* thought I could try to miss him!

Alice's body is once again shaken by a little tingle, and by the metallic sense that I hear resonating in my body, I intimately understand the cold Alice is feeling.

Fourth movement: the re-organization of vitality

Alice then begins to feel all the effects of that discomfort – and not just the strange cold that announces her arrival – by which she would have wished not to be overwhelmed: we explore the anger, shame, and sadness of the poorly placed emotional investment.

The resonance between us is no longer just corporeal and becomes a narrative possibility.

The body has opened the door; the word consolidates it.

Note about the clinical process

In this brief exchange, the transformative transition proceeds not through an interpretation of relational content nor through a causal explanation of Alice's emotional state, but through the process of co-agent transmodal resonance.

The "cold", initially named as sensory data, is not immediately translated into meaning but is put on hold, shared, and modulated in the intersubjective field until it generates a new representation, matured in the sensory immersion in the encounter.

The image solicited in me by that sense of "strange cold" with which Alice turned my attention to, slowly takes shape in other sensory images.

My interventions do not come from cognitive inferences but from an emotional intensity that I intercept in my body while I tolerate, together with the patient, the suspension of sense.

It is in this space that the physical sensation can be transformed into sensory images, which subsequently become shared words ("the lowering of the

temperature", "discomfort", "a cold shower"), allowing the transition from the somatic implicit to symbolization.

It is the attachment point of the referential process: the feeling becomes image; the image becomes word.

What makes co-agent transmodal resonance clinically central in the exchange between Alice and me is that the initial reflection does not just confirm the experience but accompanies the formal transformation; the images that emerge do not belong exclusively to the patient or to the analyst: they arise from the similar but not identical respective body resonances.

The symbolization, finally, takes place after a shared affective regulation, and not before, allowing access to emotional content that had hitherto been unthinkable.

In this sense, co-agent transmodal resonance is not an accessory variable of the process but the clinical process through which the affective experience can change shape, become speakable, and open up to a new arrangement of the relationship with oneself and with the other.

Conclusions

Writing about the transmodality of processes in the clinical dialogue of change brought me back to the moment when, for the first time, I could *see music and hear movement*. Since *then*, there has been a realization today that change often stems from a well-regulated emotional turmoil, welcomed and transformed into a form that resonates in the other's perceptive field. It is the vital footprint that I also carry in the analysis room.

I tried to show how transmodality – the living and dynamic transition between sensation, gesture, image, sound, and word – is not a mere aesthetic ornament, but a royal road of care. When the analyst shifts the focus from the *what* to the *how* of the dialogue (rhythm, intensity, duration, direction), the intersubjective field becomes active in the co-agent transmodal resonance, where the implicit finds speakable form. It is in this passage that analytical dialogue, as I have proposed elsewhere (Amore, 2024), can *give substance to words*: the sensory resonance of the encounter allows language to embody the experience, restoring its form, movement, and breath. This is where the referential process comes alive: a feeling becomes an image, the image becomes a word, the word gives the body back a meaning, until the emotional experience reassembles and becomes thinkable (Amore, 2021).

This passage often occurs through minimal variations: a pause, a prosodic accent, a change in posture, a physical discomfort. As with Alice's *cold* sensation, coherence does not come from interpretative brilliance but from the formal congruence between the analyst's response and the patient's vital

expression after sharing and tolerating the emotional temperature turmoil together.

In my clinical work, I consider *three movements* fundamental as preludes to referentiality: tuning into the rhythm of the meeting to support symbolization, fostering transmodal bridges so that affection moves from the body to the word and back, and cultivating disciplined spontaneity, learning to improvise with authenticity sustained by technical rigor.

The neurosciences of action and interoception, interpreted without reductionism, confirm this perspective: it is not enough to recognize the other in the act; it is necessary to grasp their life form. More than predictive models and mirroring systems, ability is important – in sessions – to transform affective resonance into meaning and the mirroring into a sensorially participated encounter.

This has two operational consequences. The first concerns training: the sensory literacy of the clinician – from listening to prosody to postural awareness to interoceptive sensitivity and freedom of the imagination to become metaphor – is not a habit but an epistemic tool for working with the implicit, which is much more than mimicry and prosody. The second concerns the assessment of change beyond symptomatic outcomes: we must learn to observe the flow of forms of the patient's vitality, the continuity of the processing process, the expansion of the emotional excursion, and the flexibility of the interactive rhythm.

I conclude with gratitude in memory of Laura Moret. Her *Valzer Triste* taught me that every movement meets a limit and, at that point, finds a way to change into another movement. It is the same law that animates the psychoanalytic cure: where the word breaks, the body suggests; where the body is silent, the image opens up; where the image hesitates, the relationship gives voice. *Seeing music and hearing movement* is therefore no longer a metaphor: it is the lived form of co-agent transmodal resonance, the daily practice of which, in sessions, can give a shared form to vitality and make possible the reciprocal transformation of consciousness.

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