

Steiner Meets Stern and Bollas: Understanding Forms of Vitality

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This article is part of my continuing process of exploring parallels between mainstream psychological ideas and Rudolf Steiner's spiritual scientific understanding of the human being (1861–1925). Steiner's work has been in the world for more than 100 years, yet until very recently there have been few attempts to create a bridge between his work and mainstream psychology. As a clinical psychologist who has also studied Steiner's psychological insights, I have felt the importance to undertake this overdue task and, in the process, to hopefully enrich both psychological theory and our understanding of Steiner's spiritual science.

In previous articles, I began this process by creating a bridge between Steiner and Winnicott (Kuttner, 2020), and between Steiner and intersubjective psychology (Kuttner, 2021). I hope that the current contribution will be another small step towards creating such a bridge. In this article, I will attempt an initial comparison and synthesis of Daniel Stern and Rudolf Steiner's insights into forms of vitality. Further, I hope to show parallels between these insights and the psychoanalytical process of regression as understood by Christopher Bollas.

Stern's Forms of Vitality

Daniel Stern (2010) characterises the vitality experience thus:

We naturally experience people in terms of their vitality. We intuitively evaluate their emotions, states of mind, what they are thinking and what they really mean, their authenticity, what they are likely to do next, as well as their health and illness on the basis of the vitality in their almost constant movements. (p. 3)

Stern notes that vitality must have a basis in physical action and traceable mental operations, and he describes five forms of vitality. He first notes *movement* as the foundation of vitality. A corpse lacks movement and thus it lacks vitality. But movement is not isolated as an experience. Movement stretches out in *time*, and carries with it a sense of time, a flow from beginning to end. This movement also has to happen within *space*, and behind or within this movement there is also an 'attribution of *force(s)*'. Finally, there is a sense of *intentionality* or directionality to this movement. Thus, through movement, we have space, time, force and intentionality as vitality experiences.

Stern (2010) continues:

to understand dynamic forms more clearly, consider the following list of words: exploding... swelling... disappearing... pushing... floating (and more) (p. 7)... the items ...are not emotions. They are not motivational states. They are not pure perceptions. They are not sensations in the strict sense, as they have no modality. They are not direct cognitions in any usual sense. They are not acts, as they have no goal state and no specific means. They fall in between all the cracks. They are the felt experience of force – in movement – with a temporal contour, and a sense of aliveness, of going somewhere. They do not belong to any particular content. They are more form than content. They concern the ‘How’, the manner, and the style, not the ‘What’ or the ‘Why’.... I argue that dynamic forms of vitality are the most fundamental of all felt experience when dealing with other humans in motion. (p. 8)

Steiner’s Vitality

Not unlike Stern, Rudolf Steiner (1994) introduced the idea of a ‘vitality’ body that he often called ‘the body of formative forces’. Within this vitality body, there are also differing vitality experiences. Steiner (1958) describes the *life* vitality, which we could compare to the force, as described by Stern. Furthermore, there is the *tone* vitality, which is related to an experience of resonance between two people and also to the experience of time as mentioned by Stern – tone being arranged in sequences and harmonies. Further, Steiner describes the *light* vitality, light being needed for an experience of space and its dimensions; and finally, the *warmth* vitality that relates to a connection to our deepest intentions and goals, this relating to Stern’s vitality of intentionality.

Infancy and Vitality

We can expand the vitality experiences to also include the interpersonal vitality experiences that we observe in therapy and in all human encounters. We can experience the liveliness

or underlying force of an interaction (life vitality), the resonance, harmony, attunement or disharmony in an encounter (tone vitality), we can focus our light of interest and curiosity on the other (light vitality), and we intentionally direct our attention lovingly and devotionally to specific aspects of the other (warmth vitality). We can even just take a small example – the gaze of the mother with infant: is the gaze filled with warmth, and light and attunement and life? Or is it a gaze disconnected from the infant’s subjective experience?

According to Steiner (1958), there are different layers or ‘depths’ to these vitality experiences. The deeper these processes work within us, the less is one able to consciously put them into words. Thus, as we know with infants, these processes are more sensed or experienced, without any mental representation intervening.

Seen thus, the life and tone vitalities remain deeper and hence more unconscious, while the light and warmth vitalities that relate more to thinking, active interest and to loving attention and intention may be experienced more consciously.

As we go deeper into the body and into unconsciousness, the tone and life vitalities are felt in the implicit or unconscious early attachment patterns experienced in the wordless, non-conceptual intersubjective mother–infant dyadic dynamic. Wallin (2015) describes this region, noting that

what we know but do not (or cannot) think about is also what we cannot talk about. Enormously influential because it registers outside conscious awareness, unverballed (or unverballedisable) knowledge plays a crucial role in psychotherapy as well as in childhood. (p. 115)

Especially in the first months of life but also in the first years, the infant experiences without thoughts, words or mental representations. Thus, we can say that the

child is initially enveloped and surrounded in the first months and years of life with this deeply unconscious life and tone vitality experience. In this oceanic experience of harmony or disharmony, of life or lack thereof, the mother–infant dyad experience is shaped and played out. This is the time and place that Stern describes as the pre-verbal, implicit relational knowing experience. In the ‘matching or mismatching of vitality forms’ (p. 115), ‘...it is like a sculpting his (infant’s) mind from the inside out and a powerful tool

in the parent’s ongoing socialization of the infant into the family and wider culture’.

Similarly, Steiner describes how the vitality body shapes and regenerates the physical body. He notes that the degree to which these early unconscious vitality experiences play out will determine the feeling and especially thinking capacities of the child and adult.

Stern	Force	Time	Space	Intentionality
Steiner	Life	Tone	Light	Warmth
Additional features	Essence	Resonance, harmony	Interest, curiosity	Attention, devotion, directionality

Table 1 Forms of Vitality – Stern and Steiner

Vitality and Memory

Stern (2010) notes that

dynamic forms of vitality are part of episodic memories and give life to the narratives we create about our lives. Accordingly, dynamic forms of vitality provide another path for psychotherapy to access non-conscious past experience, including memories, dissociated experiences, phenomenological experience, past experience known implicitly and never verbalized, and in particular ‘implicit relational knowing’ (how we know ‘to be with’ a specific other). (Stern, 2010, p. 11; cf. Stern, 1985; Lyons-Ruth, 1998; Boston Change Process Study Group, 2002)

Stern (2010) describes how

the traces of vitality forms that were experienced in the past are carried in memory. They are connected with the other aspects of remembered experience. When the vitality forms of the experience can be

evoked, a whole experience can tumble out. (p. 127)

In therapy, one can

evoke experiences of the movement of forces in time, space, and intentionality to recall different vitality forms. The overall idea is for therapists to pour themselves (empathically) as far as possible and clinically useful into the lived moment evoked experience of the patient and begin the dialogue there. The goal is to evoke a vitality form that will pull into consciousness some aspect of the whole lived experience.... (p. 128)

An example of this process is given by Stern:

A man was very uncertain about how he felt towards his wife. Did he want to stay in the relationship or leave? The marriage had been difficult and more dead than alive for a long time. After an absence of several weeks, his wife flew home. He met her at the airport. The therapist asked how he felt about her. He said

he still did not know. Instead, the therapist might have asked, When you first saw her emerge from the gate and come toward you, did anything jump up or fall down inside you?

Similarly, Steiner relates the vitality body to time and memory. Awareness of this vitality body can enable us to connect to our biography and our past and the rhythms of our life, and in such a manner feel revitalised and more present. How can this be concretely understood?

As Steiner notes, ‘when a man loses his inner feeling for time – his really intimate connection with the past – then his life becomes a chaos’ (Steiner, 2006, online). If the stories are seen as simply a collection of random and chaotic misunderstandings, mistakes, difficulties, traumas and blows, then the patient will also experience the present in a like manner:

A man in his sense-life is always given up to the moment, and in some cases of illness it is possible for him to detach his immediate existence in space from his existence as a whole – but he is then no longer man in the full sense. (Steiner, 2006)

Through telling one’s life story, time is put in order. This telling of their life story can also make the patient aware of the rhythms of his life, of patterns that have appeared and remained, both functional and dysfunctional. Steiner notes that as we advance towards the vitality experience on the path of initiation, we come to feel ‘that one is now not merely living in the present with a certain sense of egoity but is living within time, having completely taken time into one’s experience’ (Steiner, 1986).

Steiner’s Evolutionary Perspective

The first three processes of life, tone and light (or force, time and space) can be likened also to the three soul capacities of thinking, feeling and willing (volition) as understood by Steiner, with the life vitality (Stern’s force)

relating to willing or volition, the tone vitality or resonance relating to affect or feeling, and the light vitality relating to thinking. These three soul forces are related also to Steiner’s cosmological and evolutionary understanding of the world and human being, with each of these soul forces and corresponding vitalities coming into being at different points of this evolution.

The further back we go in this evolutionary (and also soul) process, the dimmer does our human conscious awareness become. Steiner notes that thinking is our most aware experience, while in feeling we have less control and are less consciously aware, while with willing/volition we are completely unaware of the processes taking place when we act – the meaning here is not to the decision of volition to act but to the actual willing itself, the physiological processes taking place in our limbs for example when we move, which we are completely unaware of, and for good reason.

[Table 2 on next page]

Stern	Force	Time	Space	Intentionality
Steiner	Life	Tone	Light	Warmth
Additional features	Essence	Resonance, harmony	Interest, curiosity	Attention, devotion, directionality
Soul forces	Willing	Feeling	Thinking	
	Unconscious	Semi-conscious	Conscious	

Table 2 Soul forces in relation to forms of vitality

We will now try to more concretely connect together Steiner's cosmological picture with Stern's forms of vitality, relating these experiences to the process of regression to dependence as can take place in psychoanalytical therapy.

Regression to Dependence

It is from the region of the wordless and non-conceptual that we experience transference–countertransference processes in therapy precisely because these experiences come from a place that is pre-verbal. The deeply unconscious forms of vitality that have shaped the infant's attachment patterns are transferred 'into' the therapist's field of experience. This is because these patterns formed in a pre-verbal and pre-conceptual state, hence this is the only way for such experiences to be communicated. Thus, it is often these primal and initial experiences that the therapist receives.

Such experiences may be reconnected with, through the therapist's capacity to contain these early wordless life and tone vitality processes, living into them so as to feel into what the patient knows but cannot think (Bollas, 1987). This is so because these

experiences took place before memory became consolidated, at a pre-verbal implicit time, a time so full of vitality (life) that it could only be experienced but not known – a time when the tree of life was experienced but the tree of knowledge had yet to be 'tasted'. This is a place of the 'how' and not the 'what', a place of vitality but not yet of material content (Stern, 2010).

In addition to countertransference experiences, another way to connect to these early wordless experiences is through regression to dependence – a process in which 'certain patients use the analytic setting and process to be unburdened of the false self and collapse into true self' (Bollas, 1987, p. 256). As Winnicott (1954) noted, regression involves a withdrawal in the patient that can be effective if the therapist knows how to meet it and manage it. As part of this process, the therapist is needed for the patient's inner processing of known, partly known, and unthought-known self experiences (Bollas, 1987, p. 259). In the regression process, there is no place for interpretation in order to know the patient's reality (Bollas). Similar to vitality experiences, we are not interested in the 'what' of the content but more in the 'how'. Bollas describes this regression

process in detail, and only the parts of it that pertain to this article will be indicated here. Each phase of regression is a certain letting go; a relinquishing of conscious awareness so as to arrive at that place of vitality that is experienced before memory consolidation.

In part of the first phase of regression, the patient is in a place where ‘thoughts arise in response to sense stimuli, such as sounds, or an object visible in the analytic room’ (p. 260), not with the aim of interpreting the object but of losing oneself inside it. This phase is the gradual letting go of the sense perception phase of intentionality or attention (Stern) or warmth phase (Steiner).

In the next phase there is a subtle transition from hearing, seeing, sensing and feeling properties of the outside world, to hearing, seeing and feeling the inside world. The patient reports being in the midst of something important and new.... Often, the patient will report... himself dwelling on an image, such as a dresser drawer in the playroom. This is the stage of inward representation, an inner space (Stern) or light vitality (Steiner). This has similarities to what Steiner has named imaginative consciousness – a ‘seeing’ or knowing in images.

In the next phase, the evocation of images inspires some deep affective state... – the patient may find himself profoundly moved as a result of the imaging. This equates with Steiner’s tone-resonance form of vitality, and Stern’s vitality of time that can now be experienced anew. This phase bears similarities to Steiner’s inspirative consciousness – a ‘seeing’ or ‘knowing’ that is imageless yet resonates with feeling.

Bollas (1987) continues:

it is after the stage of imagining and feeling... that a person may suddenly ‘see’ what it is all about. ...I believe what happens is a metonymic act. The image is part of self-object experience and the affect deepens the memory... [A]t such a moment a patient may

suddenly discover something about the mother, father and himself which he has never thought before but which has been part of the unknown thought. (p. 261)

This experience relates to the life vitality (Steiner) or Stern’s force vitality. The patient is gripped by the essence of a truth or experience. This phase bears similarities to Steiner’s intuitive consciousness – a consciousness in which one unites fully with a being’s essence.

The Regressive Journey with Steiner

Another interesting parallel to this regression process as described by Bollas relates to a lecture by Steiner in which he details the process by which one takes in the sensory impressions of the world and the gradual ‘dimming’ of consciousness, the deeper these sense impressions are taken inwards.

Steiner (1991) notes that this process starts with one’s ‘*I waking consciousness*’ that takes in *sense perceptions* of the world. This is where we are most awake, experiencing the sense impressions as they meet our senses.

In the second phase, we move more inwards to what is named by Steiner as the ‘soul body’, and connects to the phase of *mental representation* or concept. One of the characteristics of this soul body is its creating of an inner space in which soul life can develop, and this relates to Stern’s vitality of space and Steiner’s light vitality. This is similar to the second phase of regression in which one conjures up an inner picture of a sensory object, as described by Bollas above.

In the third phase, after perception and conceptualising, one comes to what Steiner calls *memory* itself, and is related most strongly to the vitality body. Steiner says that at this stage, the mental representations actually vanish from our consciousness. Steiner (1991, online) also interestingly notes that

the capacity for a remembered mental representation sits deeper within us than the ordinary mental representation... and it is connected to our existence as a being in time.... Certain sensations we have during the upsurge of a memory tell us in what way remembering is really connected to our entire organization.

This chimes very closely with Stern’s descriptions of how vitality experiences can connect us to our past memories. Steiner goes on to say that the capacity to remember lies within our etheric or vitality body. We can see here the connections between Steiner’s descriptions and Stern’s time vitality.

set out above. In the final phase, we arrive at the *physical body* in which an inner *picture* arises. The picture does not at all resemble the original experience, it is a metamorphosis; but a picture does arise. This inner picture is not the original picture of the past event because the patient in therapy is now a different person, and thus the picture is also changed. This picture can be compared to the ‘aha’ moment (Bollas) of uniting with the memory completely and experiencing it.

Table 3 depicts a summary of the descriptions

Stern Vitality	Force	Time	Space	Intentionality
Steiner Vitality	Life	Tone	Light	Warmth
Regression	<i>Aha</i> moment	Affect	Inner picture	Sensory experience
Steiner’s journey inwards	← Picture	Memory	Concept	Sense perception
	Unknown thought Implicit relational knowing	Memory mirror		
Steiner’s levels of consciousness	← Intuitive knowing	Inspired knowing	Imaginative knowing	
Bodies	Physical	Vitality	Soul	I

Table 3 Regression and forms of vitality

In this process, we have seen that we regress to a phase where we meet memory at a deeper level. In this way, the patient is regressing to a place ‘before’ memory consolidation (not just individually, but also as understood by Steiner from an evolutionary humankind perspective), to the area that is experienced behind or at the foundation of memory, to the vitality of life and tone, the wordless place of infancy of the unthought known (Bollas). This relates to Steiner’s (1991) positing of a ‘memory mirror’ that exists in the region of

feeling. As we regress from thinking to feeling, to willing, we reach this ‘memory mirror’ in the region of feeling, beyond which we cannot know consciously any more what we have experienced. In the process of regression, through being able to let go of interpretation and everyday consciousness, the patient can pierce this memory mirror to a region of experience without thought, a region where upbuilding forces imbued with the vitality of life and resonance originate, a place experienced in harmony and wholeness as one

would ideally experience in the first months of life.

However, due to life not being perfect, due to misattunements, trauma and the like, often in this region resides the opposite of harmony – this being the experiences of disharmony, destruction and fragmentation. But through this regression to dependence, the patient can now consciously revitalise what has become devitalised and, until now, ruled and tyrannised the patient’s life unconsciously from beyond the memory mirror.

Now that the unknown can become known (Bollas, 1987), these experiences can begin to be remembered, and are thus available for digestion (W.R. Bion) and forgetting. Or they become available for ‘psychic distribution’ so that, for example, a prevailing mood that could have until now cast a dark shadow over a patient’s life may now be released into memory (Bollas, 1987). As Steiner (1991) notes, when one can consciously work down into that place of destruction and fragmentation beyond the memory mirror, new worlds can be born, and in this case, a new life for the patient can begin to be forged.

This process of meaning-making, so central to psychoanalytical as well as humanistic psychotherapy, is continuously being played out in the therapy room in the dynamic forms of vitality that are experienced between therapist and patient.

References

- Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia University Press.
- Boston Change Process Study Group (BCPSG) (2002). Explicating the implicit: the local level and the microprocess of change in the analytic situation. *International Journal of Psychoanalysis*, 83: 1051–62.
- Kuttner, S. (2020). Steiner and Winnicott in dialogue: the threshold experience in emptiness and potential space. *Self &*

Society: International Journal for Humanistic Psychology, 48 (1): 27–40.

- Kuttner, S. (2021). Steiner and intersubjective psychology: the power of the betweenness experience. *AHP Magazine for Self & Society*, 6 (Winter): 1–15.
- Lyons-Ruth, K. (1998). Implicit relational knowing: its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19(3): 282–9.
- Stern, D.N. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.
- Stern, D.N. (2010). *Forms of Vitality: Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development*. Oxford: Oxford University Press.
- Steiner, R. (1958). *The Bridge between Cosmic Spirituality and the Physical Constitution of Humans*. Hudson, NY: Anthroposophic Press / SteinerBooks.
- Steiner, R. (1986). *Fruits of Anthroposophy*. London: Rudolf Steiner Press.
- Steiner, R. (1991). Menschenwerden, Weltenseele und Weltengeist Zweiter Teil – Der Mensch als geistiges Wesen im historischen Werdegang Elf Vorträge, gehalten in Dornach vom 22. Julibis 20. August 1921.
- Steiner, R. (1994). *Theosophy*. Hudson, NY: Anthroposophic Press.
- Steiner, R. (2006). *The Evolution of Consciousness: As Revealed through Initiation Knowledge*. London: Rudolf Steiner Press.
- Wallin, D. J. (2015). *Attachment in Psychotherapy*. New York: Guilford Press.
- Winnicott, D.W. (1954). Metapsychological and clinical aspects of regression within the psycho-analytical setup. In his *Through Paediatrics to Psychoanalysis* (pp. 278–94). London: Chatto & Windus, 1975.

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