

AN APPROACH TO PSYCHOSOMATIC ANALYSIS

An attempt is made in this paper to outline principle and experiments in psychosomatic analysis which the author has conceived of and practiced within the framework of psychoanalysis. Based on an axiomatic conviction in the psychosomatic wholeness of personality, this approach is not in opposition to psychosomatic medicine but its complementary twin. Psychosomatic Somatology and Psychosomatic Psychology are the semantically legitimate names for the parent sciences of applied psychosomatic therapies.

While the student of human sciences is well acquainted with the contemporary studies of psychoanalysis,⁸ psychosomatic medicine (F. Alexander et al),^{1, 2} holistic theories (K. Goldstein et al),⁶ and other areas of thought which are the background for this study, one of the main sources of this worker's endeavors has been the method of a school which has not issued any printed publication in its more than thirty years of work. Therefore I have to describe the method of the Elsa Gindler School for Physical Re-Education* before I can present my thoughts and experiments in psychosomatic analysis. The School of Physical Re-Education which originated in Germany now has three working representatives in New York, Carola H. Speads, Charlotte Selver, and Else Henschke, and, in Los Angeles, Clare Enichel.

Elsa Gindler belonged to a group of physical education teachers (like Loheland, Mensendieck, Kallmeyer, Hollander, Dalcroze) who felt dissatisfied with methods of repetitious mechanical exercising as they were and still are practiced in schools and army camps all over the world. This group of teachers replaced drill by working on natural motion, functional rather than mechanistic. This tendency toward self-expression rather than of patterned thought or motion developed in other artistic and educational fields simultaneously (i.e., in the principles of Isidora Duncan, Mary Wigman, Martha Graham, and in Konstantin Stanislavski's school of acting, and the progressive schools for children such

*The author has not met nor studied with Elsa Gindler. Her report about the school's development is based on several of Gindler's students' interpretations which are unfortunately not congruent. It is hoped that Elsa Gindler or an authorized student will at some time give a more complete and more precise account of her work.

as the Bank Street Schools).

Elsa Gindler, about forty years ago in Germany, found her own way along the same lines through the battle against her own severe illness. She conceived the idea of concentrating on the sensations and functions of the body in stillness as well as in motion (I do not know whether she was acquainted with Yoga methods.). To her amazement, she experienced that through mere awareness and readiness for change tense muscles tend to relax, inhibited breathing to improve, circulation disturbances to recover. She saw that the awareness of one body part or function tends to influence all others. The work on becoming aware of tense shoulders, for instance, may lead to a warm, alive feeling in one's feet as well as to deeper breathing. Breathing awareness may be accompanied by release of tension felt as backache, headaches, or menstrual cramps.

Elsa Gindler experienced the whole of a human body as an indivisible unit which could be helped to regenerate not through exercising, but through the inner experience of awareness. Awareness of one's body in any and all situations or motions became the basis and method of the Gindler School. Its goal, at the outset, was to help people toward better physical attitudes, to prevent and improve ailments such as headaches, insomnia, lower backache, eye strain, poor circulation, etc. During the first period of the school's existence it drew its clientele largely from physicians, especially surgeons (for post-operative care) and orthopedists. Later on, a more general clientele evolved. During the last few years some analysts and therapists have become interested in the releasing value of physical re-education and have availed themselves of this method for their own or some of their patients' benefit.

Elsa Gindler did not begin with an interest in psychoanalysis and personality structure. Carola Speads expressed her perspective of the Gindler School in an unpublished lecture in 1944: "It is in the general area of disorders and malfunctioning related to poor habits in using ourselves where physical re-education is most constructive." Yet Carola Speads, being analyzed herself, continued in the same lecture:

"Physical re-education strives to bring forward into consciousness an awareness of habits and functioning which are now unconscious, just as psychoanalysis tries to make behavior and motivation conscious. Physical re-education, like psychoanalysis,

is, in certain important ways an emotional and not an intellectual experience. It must be lived through ... It is not a form of indoctrination. It is an attempt at basic functional and structural change of the body, similar to the change in character structure which takes place in successful analysis."

I was in High School in Berlin when I became Carola Speads' student. A few years later, during my first psychoanalytic training sessions, I was struck by the similarity of the two methods. "Tell me what you sense of your body - your shoulder, your arm, your leg, your stomach, your breathing. Don't try to influence it; just let everything happen that wants to happen. Don't expect anything in particular but be open to whatever may come up." This was Physical Re-Education. "Tell me what goes through your mind, whatever it may be, polite or impolite, important or unimportant, connected or disconnected; don't select." This was Psychoanalysis. Faith was transparent in both methods that through "letting things happen" - in body or in mind - a will to get well would lead toward gaining insight and mastery of life.

Today psychoanalysts know well that the "mere letting it happen" does not suffice to bring about therapeutic success. Yet undoubtedly the receptive attitude to accept whatever one is at any given moment remains essential for all therapy.

Physical Re-Education, too, has gained in depth and scope. Elsa Gindler at 70, still widening her scope of interests, has integrated and influenced Heinrich Jacobi's ideas of creative expression in the arts and has accepted psychodynamic facts and theories. Charlotte Selver stresses the creative aspect of her work. "Sensitizing" a person's awareness of himself leads to his deeper living experience and understanding of his interdependence with other people and the world. She calls her work at the New School for Social Research "Body-Reorientation":

"We have to learn to feel, taste, look, smell, sound without any authority censoring our communications ... -communication with one's own living self, with the other one, with life ... we function best physically, when our organism is reactive to experiencing. In our work we recognize the fact that there is no repetition in case we go deep enough." (Selver, unpublished lecture 1953)

This writer's endeavor throughout the twenty years of her experience with both methods, physical re-education and psychoanalysis, has been to find ways to utilize the idea and method of awareness of one's body within the psychoanalytic work. The method of Physical Re-Education did not attempt to achieve personality change through the uncovering of the traumatizing history or to get insight into the inhibiting forces of early experiences. A person may be disturbed by a stiff arm and can be helped by discovering its malfunctioning and relationship to the whole body. The meaning, however, of the arm's stiffness - its frozen desire to hit out, to play the violin, to lead the thumb to the mouth or the hand to the genitals - remains unconscious and unanalyzed. Unconscious motivation, drives, and defenses, are mobilized in physical re-education in their expressive language of the body; but their historical meaning remains (principally) unconscious, though at times sudden insight in psychodynamic connections may flare up. On the other hand, even a person who has been successfully analyzed, has integrated his desire to hit out his unfulfilled wishes or to play the violin or to gain masturbatory satisfaction, may still find his arm stiff, insensitive, weak. Years of inhibited emotion and motion leave scars - psychosomatic scars - which one may accept and live with (compensating in other ways) or which one may work through postanalytically toward a wider scope of living.

For many years this writer had not found other than complementary or postanalytic use of Physical Re-Education for her analysees. The driving power of personal illness and newly acquired knowledge from research on infancy³ led her to find a practicable way.

I was weak, resting on my bed, recuperating from an abdominal operation, when I noticed that part of my leg muscles were without strength or sensations. I concentrated on this package of limb muscles until there seemed to be some warmth and awakening. Suddenly the telephone rang. Walking toward the telephone, I noticed that my toes were pointed in. Simultaneously the sentence "Geh nicht uebern grossen Onkel" (Don't walk pigeon-toed) flashed through my mind. I was struck by the involuntary change of gait as well as by the free association. I had not thought of these words ever since they had been repeated to me incessantly all through my pre-school years. Slowly I must have wanted to comply with a custom, but not be able to walk well thereafter). I decided to concentrate on all sensations or warmth and coldness, etc., etc. The

awareness of these sensations was coupled with associations which helped to understand the physical present processes in their developmental relationships. This development was seen not as "psychogenic" in the sense of psychological events causing organic disturbances, but was recognized as the dialectic interplay between experiences of psychosomatic disturbances and their subsequent chain reactions. All psychological reactions meet with all previous and present disturbances and adjustments within the individual's dynamic field of experiences.

Theoretical understanding for this psychosomatic psychological approach can be gained if we take the holistic theory seriously. Body and mind and any of their singular functions are seen as the expression of the "holistic reality of the organism" (K. Goldstein).⁶ All formulations which conceive of psychological experiences as creating organic ailments or of somatic events as causing psychological disturbances are not truly holistic. The psychological aspect (of measurable observation and lawfulness) are two perspectives under which we conceive of a human being, not two different events. Personality is seen as an ever changing unit; its physiological and psychological aspects signify, but do not alternately induce change. The fact that either the psychological or the physiological aspect is more important or more conscious to us at a given moment does not invalidate the hypothesis that any personality disturbance can in principle be described from either perspective. The spotlight of our awareness at any given moment is directed only onto a small field of all pertinent events and their various aspects.

Psychoanalytic tradition has seen the human being as a psychosomatic unit. However, although holistic in theory, in practice both psychoanalysis as well as psychosomatic medical research have worked in dualistic ways, approaching the human being from either the psychological or physiological aspect, not systematically making use of man's ability to have psychological awareness of his body. Such awareness is called body-sensation. (Wilhelm Reich, outside of the psychoanalytic group, seems to use the therapeutic aid of sensations within a different frame of reference.)

The verbalized suggestion of the psychoanalyst: "What is going through your mind?" or even "How or why do you feel this way?" enhances the production of associations, thought, and the meaningful aspect of emotions. It impoverishes the patient's ability to be aware of and to analyze experiences of body sensations.

(It appears to this writer that this neglect may be an expression of the general body-aversion which is characteristic of Western culture and may by far surpass its aversion to sex. It could well be that the drive for achievement is adverse to experiencing sensations which have an affinity to passive taking-in, rather than to active doing-something. An attitude toward life which stresses being rather than producing is foreign to minds trained to achieve and compete.)

The analyst is trained to search for understanding of emotions. He relates events and emotions. If, however, he evades the sensorial aspect of emotions, he neglects the fact that people's emotions are psychosomatic events. We experience emotions as body sensations and as the expressive agent of meaning. Sadness, for instance, may be felt as a sensation of pressure in the chest, shallowness of breathing, loss of feeling of vitality, burning sensations around the eyes. It also is the immediate expression of "I have lost the beloved," "My team is defeated," or "They do not like me."

In most instances we are reasonably unaware of the sensational aspect of emotions which we perceive directly as "sadness", "joy", "worry", "love", etc. Such unawareness is as functional for certain achievements as our unawareness of our behavior when we climb stairways. It might, however, be essential to analyze our stairway trip if either we or the stairways are out of order, or if we want to express artistically the essence of the climbing motion (in dancing, writing, painting, etc.). Analysis of emotions without deep awareness of their sensational aspects is based on unconscious anti-physical prejudice and loses one of its best guides. Correspondingly, Psychosomatic Medicine, the dignified offspring of medicine and psychoanalysis, has apparently so far not used man's ability to perceive his body. Psychosomatic Medicine has worked on getting data from psychoanalytic case histories and combining them with laboratory data obtained through observation and physical methods. Various psychosomatic disturbances have been specifically related to psychodynamic constellations by comparing psychoanalysts' recordings with physicians' examinations. Recently, for instance, a study was published by Shagass and Malm¹⁰ who tapped patients' muscles by an electromyograph and measured their tensions at different body parts during psychiatric interviews. Topics of these interviews were investigated and found to be related to muscular tension as shown by the electromyograph.

Since this writer's first personal experience with psychosomatic analytic techniques (integrating the physical awareness technique of Physical Re-Education into psychoanalysis), she has tried various ways to use this tool with her patients. The electromyograph can measure quantities of muscle tensions but cannot measure up to man's capacity to perceive of the multitude of qualitatively and quantitatively different sensations, all kinds of tension and pain, temperature sensations, feelings of flowing warmth and inhibiting cold, dizziness, fullness and flabbiness, etc., etc. And the most elaborate external tests cannot replace the individual's ability to combine meaning and sensation of deepest unconscious levels toward conscious understanding. This psychosomatic analytic approach appears to be valuable as a therapeutic tool and as an aid for research.

The various psychosomatic analytic techniques this writer has used with her patients have met with both explosive eruptions of unconscious content and with strong barriers of resistance. The most effective as well as most resisted technique has proven to be the analyst's suggestion to concentrate on sensation awareness exclusively for periods of a few minutes or a session. During this time associations were accepted but the patient was asked to go back to sensation awareness. This technique has invariably led to deep experiences and insight into previously unconscious connections of past and present relationships, including the immediate transference situation; or the resistance against the technique, strong because of its newness as well as its effectiveness, has been fruitful in recognizing and analyzing the patient's defenses and negative transference. This technique, which requests of the patient that he concentrate on whatever he senses, may include tension and pain, sometimes experienced as very painful; usually this pain leads the patient to wanting to overcome the pain. This may be achieved by the concentration on pain and tension itself, which almost always has symptomatic-therapeutic effect, and may be followed by insight; or insight may appear before the release of pain occurs.

Another helpful suggestion has been to "stay with the sensation until it translates itself into images" which seems to yield insight with less great upheaval and correspondingly not equally explosive results. This technique also offers insight into the development of dream symbols because the translation of sensations into images occurs with the "dreamer's" full awareness.

While such specialized techniques need caution in their application and the analyst's trained sensory awareness in addition to experienced psychoanalytic skill, a third technique, in this writer's opinion, should be practiced in all analysis. This "technique" is the simple addition of the word "sense" to the questions: "What is going through your mind, what do you feel of yourself?" The question "What do you sense right now?" seems to be inherent in all psychoanalytic technique, yet the neglect of its verbalization appears to be a remnant of our anti-physical civilization and, therefore, fortifies rather than fights neurotic trends of the patient in analysis. The fact that sensations are always acute and present, makes it impossible for the analyst to speak of something that is not related to himself and his immediate experience. (Dreams, for example, can be told while they are not of immediate emotional relevancy.) Associations to immediate sensations almost invariably lead to immediate conflicts, dreams, and other relevant material.

While deeper clinical material cannot be presented at this moment, examples of such sensation-association combinations are present in most analytic sessions as soon as the patient has accepted the use of a sensation like any other fleeting piece of awareness. ("I have nothing to tell but what I told you - nothing is worthwhile it seems, today. I told you everything ... All I feel is a backache. It pulls upwards. My whole body is like an arch, my body pulled upward. All concentration is on top of the arch. I can't think of what is underneath the arch - it's nothing, I feel nothing ... now it fills up, becomes big, it's not pulling up any more and the backache stops, I can rest on the couch. It feels big, full, like being pregnant - it hurts so - it's like ... (cries) I wanted to tell you, I don't know why I forgot, I want a child so badly ...")

The writer's solitary, sporadic, and cautious work cannot be regarded as yet as a satisfactory research tool. However, even at this initial stage of the work the method seems to confirm many hypotheses about psychosomatic syndromes and also to point toward open questions of contemporary theories. Alexander^{1,2} and others have, for instance, found that a group of gastric patients show a definite pattern of fixation to the oral-receptive period of their infantile history. This has been confirmed through psychosomatic analytic techniques; however, the stomach's language which has been described as expressing: "I am hungry, feed me, my stomach wants food (and love)" - with the pathological concomitant of gastric juices incessantly eating at the

stomach walls - seems to speak of more than hunger only. My patients with gastric disturbances have expressed sensations and feelings which may be summarized as follows: "I have to pull something toward me - from the outside (arm motion of lying down patients from vertically upward toward stomach) - I want to hold on to something outside and there is nothing to hold on to. I can't hold on to anybody to carry me. I feel like being a weight with nothing around. All the pressure comes from legs and head and arms toward the stomach. I am nothing but weight and stomach. I have to hold myself or I'll bust."

The stomach then is not only experienced as an organ for receiving food and love, but also as center and core of the individual. The infant may have been forced to wean away from the symbiotic or (later on) empathic relationship with his mother (or substitute) at a time when he had not yet gained enough security and strength to allow for a balanced ego development. He had to hold on to himself prematurely. It is as if a child just ready to walk a few steps supported by a hand or a piece of furniture is forced to walk alone. The child will literally hold on to his own hair or belt. In its fixation this may be expressed as "holding on to the center - the stomach." (I want to mention here that all patients using psychosomatic analytic techniques sound like schizophrenics. Their experiences come close to autistic and preverbal personality levels. They are no more schizophrenic than the dreams of the normal person. They have the advantage of being a bridge to unconscious levels in full awakesness.)

The apparent fact of the powerful effect of sensation awareness as a psychoanalytic tool may be explained by well-established psychoanalytic theories. Psychoanalysis claims the interdependence of individual and world and the deep impressionability of the child. Ingenious Freudian hypotheses have recently been verified in direct infant observations and prenatal studies (Phyllis Greenacre). Events are more formative for better or for worse, the earlier, the more constant, or the more affect-cathected they have been. So deeply integrated are psychosomatic events of the prenatal and neonatal time "... that whatever psychic experiences the fetus and newborn may have had before three months can conceivably become as inherent a part of the organism as if they had been inherited" (M. Fries in explanatory words to her film on "Integrated Development," 1952). So deeply hurt can the young infant be by premature separation from the symbiotic or empathic relationship

with his mother (or substitute) that chances are that he will die after a brief period of painful living, or that he may go on existing on a vegetative personality level, scarred beyond repair (Spitz).¹¹

Holding on to our holistic psychosomatic axiom, we assume that psychological development does not start when we can test reflexes in utero, but with the day of conception. Awareness is a slowly growing facility. It may be rooted in fetal "organismic memory traces" (Ferenczi) and can be safely hypostatized in the neonate. Awareness of sensations obviously precedes awareness of meaningful connections. The conscious concentration of sensations is apt to touch off deepest unconscious experiences on the preverbal level - genetically as well as structurally.

This author's experiences with her experimental use of psychosomatic analytic techniques may be briefly summarized as follows:

1. The Physical Re-Education method can be used profitably in analysis in the non-analytic intent to gain symptomatic relief in distress, such as panic or intense pain or pressures. This approach has been helpful in such acute situations in supplementing or substituting for medication. The physical Re-Education method is also useful where immediate relief may be indicated because of severe physical illness.

2. The use of psychosomatic analytic techniques (the integration of Physical Re-Education into Psychoanalysis) encounters explosive eruptions of unconscious content as well as strong barriers of resistance. This may be explained through the developmental priority of sensations to other forms of psychological awareness and the immediacy of sensations at every moment of their experience. Dreams, for instance, may not be emotionally immediate at the time of the analytic hour, the sensory experience within the analytic session is an expression of the personality status, mood, or conflict at the time of analysis. Almost invariably psychosomatic analysis of content leads explosively into the present-day conflict, the memorizing of recent dreams, and a pathway to important past experiences. Resistances to psychosomatic analytic techniques have been strong, but fruitful, in analyzing defenses and negative transference.

3. The use of psychosomatic analytic techniques encounters phenomena of transference like any other psychoanalytic work. It appears, however, to this author that

the fact of developmental priority of sensations promotes transference reactions which are rooted in earliest infancy. Feelings of togetherness (symbiosis) on the one hand, feelings of isolation (desertedness) on the other hand are more frequent transference phenomena during times of concentration on sensory awareness and analysis than feelings of love, hostility, competition, etc.

4. The explosiveness of the method and the depth of transference phenomena have caused the author to use the method with extreme caution. Only if the interest of the psychoanalytic and psychosomatic professions should be aroused will this method be properly worked out and evaluated. The author has convinced herself that the method of psychosomatic analysis is a valuable tool not only in therapy but also in psychosomatic research to confirm, reject or supplement theories about the genesis and specificity of psychosomatic syndromes and constellations.

5. The principle of using awareness of body sensations in analysis is not a new concept for psychoanalysis because its basic idea has always been to include all details of inner experience into the process of free associations. However, in this writer's opinion, unconsciously (because of Western culture's anti-physical standards) we have put questions to patients such as "What is going through your mind?" or "How do you feel about it?" which tend to exclude sensations from awareness rather than promote them. The questions "What do you sense of yourself?" or "What messages come from your body?" belong in every analysis. Specialized psychosomatic analytic techniques, however, need the analyst's trained awareness of sensory experiences. As he has to go through an analysis before he can practice, he may have to experience physical re-education before special techniques may be safe and useful for him to use.

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