The Silent Call: Entering the gestural field

The spontaneous gesture is the True self in action. …The True Self appears as soon as there is any mental organization of the individual at all, and it means little more than the summation of sensori-motor aliveness. …Every new period of living in which the True self has not been seriously interrupted results in a strengthening of the sense of being real….
(Winnicott, 1960/1965, pp.148-149)

Throughout my formative years as a neo-Reichian therapist, I was frustrated by the lack of a coherent theory of the therapeutic relationship within the Reichian, neo-Reichian and bioenergetic perspectives. My earlier training in psychodynamic theories and formal training in transactional analysis gave me a broader interpersonal repertoire than what I witnessed among many of my Reichian colleagues, but I longed for theory and technique that blended the somatic and the transferential. I returned to the psychoanalytic literature, especially that of the British object relations schools, to deepen my understanding of the therapeutic relationship, to somehow graft their ideas onto Reich's. As I delved into the analytic literature, so much of it tedious and deadening, I often found myself wishing, "If only these people had listened to Reich!" Then I discovered Winnicott. Suddenly I found myself wishing, "If only Reich had met Winnicott!"

Wilhelm Reich and Donald Winnicott were contemporaries who offered radical challenges to the theories and techniques of classical psychoanalysis and to the child rearing practices of their times. They shared deep and abiding interests in the world of the mother/infant dyad and the fundamental interrelatedness of mind and body. In spite of numerous theoretical parallels, their writings show no evidence of familiarity with each other's work. This chapter will explore how the work of each is enriched by the perspective of the other.

While born just a year apart, each to rather prosperous families, Winnicott's and Reich's formative years and professional careers afford an extraordinary contrast. Winnicott was born the youngest child, and only son, in a proper English family of Methodist background, a family that can readily be described as "secure." Winnicott grew up in a maternal world, surrounded be women -- two older

sisters, a nanny, a governess, in addition to his mother -- isolated from other children until attending boarding school at age 14 and quite removed from his father. Winnicott characterized his early years as growing up "in a sense...an only child with multiple mothers and a father extremely preoccupied in my younger years with town as well as business matters" (Phillips, 1988, p.23).

Reich, in contrast, was born in Austria to Jewish parents who kept their Judaism hidden, a well-to-do, aristocratic family dominated by a cruel and domineering father. Reich's family life could best described as isolated, conflicted, quite incestuous and ultimately tragic. In a frank autobiographical account of his youth, Reich wrote that he both hated and feared his father's authoritarian ruling of the family:

> For the slightest mistake or lapse of attention he struck me, made me eat in the kitchen or stand in a corner. ...My mother always protected me from his blows by standing between us, and I finally begged that only she give me instruction. (1988, p.8)

In what Reich would later refer to as "The Catastrophe" (Reich, 1988) in his early adolescence, which I've described in detail in Chapter Two.

Winnicott completed two psychoanalyses, while Reich never completed one. Winnicott had two wives and no children. Reich had four long-term love relationships (three of them formalized by marriage), numerous affairs, and three children. Winnicott nurtured and nourished contact and creativity with patients and colleagues alike, joining colleagues while standing always slightly to the side and nudging the existing order. Reich fomented conflict at every stage of his life and career, eventually coming to blows with almost every significant emotional figure in his life.

It can be tempting to second and third generation followers of these pioneers to examine their work through the lenses of personal history and character. It is certainly apparent how the lives and characters of these men both fueled and limited the visions of their work, but what is far more amazing is the brilliance that emerged from each, a testimony more to strength of character than its limits. It is the intent of this chapter to initiate a discussion of the limits of the theories of these two central, creative characters with a primary emphasis how the work of

each can enrich and enliven the work of the other and of their followers.

When I was a young clinician, Reich's descriptions of character and muscular armor as the unconscious mechanisms of defense helped me begin to understand why and how it was so difficult for people to change. Reich understood character as a system of defense against threatening internal impulses and needs and as patterns of resistance to be named, analyzed, confronted and broken through. This was my early training. It was both invaluable *and* insufficient.

There is probably no contributor to the evolution of psychoanalysis who has written more eloquently about infants and mothers than Winnicott. His observations and speculations about infancy as both pediatrician and psychoanalyst has humanized British object relations theory and has inspired (along with Bowlby and Mahler) the current research into mother-infant relationships and the psychological world of the infant. He wrote simply, as often to parents, teachers and physicians as to psychoanalysts, with language that is emotionally and somatically evocative. Winnicott's language has been absorbed into our vocabulary. His central concepts and wonderful language -- the good enough mother, primary maternal preoccupation, ruthless love, regression to dependence, holding environment, facilitating environment, the spontaneous gesture -- are rich in bodily reference and invariably convey an experience of relatedness.

Winnicott was clearly conscious of the centrality of bodily experiences between mothers and their infants and in developmental learning; he was fascinated by the body, but he never seemed to figure out what to *do* with the bodies of his patients on the couch. He wrote: "One can look at the developing body or the developing psyche. I suppose the word psyche here means the *imaginative elaboration of somatic parts, feelings, and functions,* that is, of physical aliveness. ...At a later stage the live body, with its limits, and with an inside and an outside, is *felt by the individual* to form the core for the imaginative self" (1949/1958, p.244, italics in the original). He conceived of the "spontaneous gesture" of the infant as primary, bodily expression that formed the foundation for "true self" experience. In his discussion of the development of an infant's "personalization" (in contrast to depersonalization), Winnicott observed, "The beginning of

that part of the baby's development which I am calling personalization, or which can be described as an indwelling of the psyche in the soma, is to be found in the mother's ability to join up her emotional involvement, which originally is physical and physiological" (1989, p.264).

In Reich's language, this is a description of the mother's capacity for "orgonotic contact." In Winnicott's thinking, this capacity for contact is first demonstrated in the emotional resonance of the "holding environment" and then subsequently in the mother's "handling," i.e., "the environmental provision that corresponds loosely with the establishment of a psycho-somatic partnership" (1965, p.62). In their overview of Winnicott's work, Davis and Wallbridge (1981) summarized his views of this early developmental embodiment in this way, "Through adequate handling, the infant comes to accept the body as part of the self, and to feel that the self dwells in and throughout the body" (p.102). Winnicott clearly noticed the bodies of his analytic patients, but his writing and conceptualizations with regard to the body remained awkward and undeveloped, especially in contrast to writings on relatedness. He had a way of writing *about* the body, but from his written work one gets the impression that he rarely worked *with* the body as part of the therapeutic process in a systematic way. There were exceptions, but these exceptions seemed reserved for periods of psychotic regression.

However, it may well be that what he wrote is not entirely consistent with what he did. According to Bollas (personal communication), "DW Winnicott had physical contact with many, if not most, of his analysands. One senior training analyst told me that for her this was the most important part of their work. She would enter the room, he would be seated in a solid chair with a cup oftea on a side table, and without saying anything she would sit on the floor, her back supported by his legs, and enter into a therapeutic regression. This took place over months. He would also reach over from his chair and hold a patient's head in his hands, not like Freud did in the early days {i.e., 'concentrate'!) but because he felt the mind needed a physical holding environment and contact was made in this way. All the people with whom I have discussed his technique refer to these two devices, so I think it was common but very restricted, in that he did not move over to the patient or sit on the couch, there was no other form of physical contact, and so both patient and analyst could

engage body-to-body but in a very specific way."

It would seem that Winnicott remained trapped, limited by the psychoanalytic dependence on and reverence for language as well as the psychoanalytic (and probably British) bias against touch. Adam Phillips, a contemporary writer in the British Independent tradition and follower of Winnicott, has written, "*The mind turns up when it is already too late*" (1995a, p.238). Reich knew this with every fiber of his being, and this knowing is at the core of his therapeutic work. Winnicott seemed to know this, too, but never quite figured out what to do about it. It seems that he never challenged the psychoanalytic ideal of words over action, the "psychoanalytic wish," as characterized by Phillips, "that words can lure the body back to words" (1995b, p.36). Reich knew how to lure the person back to the body and the body back to itself. Winnicott knew how to lure the body back into relatedness but not quite back to itself.

At the end of his biography of Winnicott, Phillips cautioned Winnicott's followers that they will "have to recover from Winnicott's flight into infancy, his flight from the erotic" (1988, p. 152). The lack of attention to sexuality in Winnicott's writings is quite stunning. In his classic collection of papers, *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*, there is virtually no reference to sexuality. He wrote frequently and eloquently of regression, aggression, love and play, but rarely of sexuality. His fleeting discussions of sexuality have been in the context of his papers and books about child development and the life of the family (1987, 2001). He did observe:

> It would be quite a good axiom, I suggest, that it is not common to find married people who feel that in their sexual life they each live creatively. ..It is not possible for the psychoanalyst to maintain the illusion that people get married and live happily after, at any rate in their sexual life. …One has to say that mutual sexuality is healthy and a great help, but it would be wrong to assume that the only solution to life's problems is in mutual sex. (1986, pp. 46-47)

In a wry and rather sardonic twist of British understatement, Winnicott dismisses the importance of sexual intimacy and anguish of intimate failures, which

were at the very heart of Reich's clinical and political work. I have found no case studies in which he discussed working with a patient's sexual difficulties. Whatever the nature of his discomfort with sexuality, it would seem to be a powerful factor in his avoidance of the body, his own as well as the bodies of his adult patients.

In a fashion similar to Phillip's warning to "Winnicottians," I, as a neo-Reichian practitioner, would characterize two generations of Reichian and neo-Reichian therapists as struggling to recover Reich's flight *into* the erotic and his flight *away from* relatedness and the relational aspects of psychotherapy. Reich wrote compellingly about the social, political, emotional and somatic ramifications of sexuality; genital satisfaction in adult love relationships was central in his conceptualization of health and a primary therapeutic marker. At the same time, he created a model of psychotherapy that, while deeply emotionally charged, was remarkably non-relational. The second generation of neo-Reichian theorists has maintained this bias, managing to simultaneously enshrine and embalm Reich's work. It has been a deeply held legacy that Reich left behind. Now, with the belated influence of women theorists and the emergence of a third generation of more open-minded, less worshipful neo-Reichian practitioners, the relational aspects of body-centered psychotherapy are receiving long overdue attention.

Winnicott tended to conceive of the parental/familial environmental, even in failure, in rather gentle terms, speaking of environmental impingement, environmental failure, the good-enough mother, the antisocial tendency, the tolerance of destructiveness leading to concern. A fiercely independent and free thinker, virtually every major theoretical paper he wrote had an embedded, though typically indirect, critique of Melanie Klein or Anna Freud and others. He challenged without provoking conflict with remarkable success; he was the embodiment of tact.

Reich, in contrast, tended to conceive of the family and social environments as being at war with human nature, with the needs and essential goodness of the infant. His language evokes conflict and the forces of antagonistic powers, evidenced in accounts of characterological and muscular armor, sex-politics, the emotional plague, black and red fascism, and (the ultimate) Deadly Orgone Energy. Reich was at private war with virtually every social and

governmental structure he lived within; he courted confrontational conflict and misunderstanding in every phase of his career, a true "fury on earth," as so compellingly characterized by Myron Sharaf (1983). Neo-Reichian practitioners continue to live and struggle with Reich's legacy in all of its richness, rage, and rigidity.

It is a disquieting for me, now far more experienced clinician, to recall that it was exactly Reich's passion and fury that first drew me to his work. Nevertheless, first read while still in college, I still remember the impact of Reich's words in his interview with Kurt Eissler for the Freud Archives:

> What they [infants] do is shrink. They contract, get away into the inside, away from that ugly world. I express it very crudely, but you understand what I mean. Now that's the greeting: Taking it away from the mother. Mother mustn't see it. Twenty-four or forty-eight hours, eat nothing. Right? Penis cut. Then comes the worst: This poor child, poor infant, tries to stretch out and find some warmth, something to hold on to. It goes to the mother, puts its lips to the mother's nipple. And what happens? The nipple is cold, or doesn't erect, or the milk doesn't come, or the milk is bad. And that is quite general. That's average. So what does that infant do? How does it respond to that? How does it have to respond to that bioenergetically? It can't come to you and tell you, "Oh listen, I'm suffering so much, so much." It doesn't say "no" in words, you understand, but that is the emotional situation. And we orgonomists know it. We get it out of our patients. We get it out of their emotional structure, out of their behavior, not out of their words. Words can't express it. Here in the very beginning, the spite develops. Here, the "no" develops, the big "NO" of humanity. And then you ask why the world is in a mess. (1967, p.29)

Reich had earlier written, *"Orgonotic contact is the most essential experiential and emotional element in the interrelationship between mother and child* [author's italics], particularly prenatally and during the first days and weeks of life. The future of the child depends on it.

It seems to be the core of the newborn infant's emotional development" (1983, p.99).

Reich (1983) foreshadowed the contemporary interest in infant/parent research by several decades, publishing articles on patterns of parent/infant contact from the late 1920's through the early 1950's. His Last Will & Testament (2012, pp. 256-261) established the Wilhelm Reich Infant Trust, through which he had intended to leave "80% of all income, profits or proceeds due me and the Trust from royalties and tools originating in my discoveries shall be devoted to the care of infants everywhere, towards legal security for infants, children and adolescents in emotional, social, parental, medical, legal, educational, professional or other distress." Reich named his daughter, Eva, as Trustee for his Last Will and Testament. Unfortunately, she was so traumatized by his imprisonment and sudden death, that she could not fulfill her duties, and Reich's estate fell under the control of Mary Boyd Higgins, a patient of an Orgonomic colleague of Reich's. Higgins has chosen to use the estate to carry out her interpretation of the opening statement of Reich's will, i.e., "the foremost task to be fulfilled was to safeguard the truth about my life and work against distortion and slander after my death." Reich's family lost control of his estate and his archives.

Reich, like Winnicott, had a life-long fascination with infants and the mother-infant relationship. Unlike Winnicott, he failed to bring his passions and insights about infancy and infant health into his therapeutic process. He did not bring his studies of sexuality, on one hand, with his studies of infancy, on the other, into a theoretical coherence. His understanding of sexuality remained rooted in classical Freudian drive theory. In his earliest researches on sexuality he wrote that, "pregential drives are autoerotic by nature and thus asocial" (1980, p.200). He never grasped the pregenital longings and striving for the other, the fundamental sense of object seeking and object relatedness that infuses Winnicott's work.

The primary failure of Reich's clinical work was his failure to incorporate his understanding of infancy into a broader vision of human erotic desires or into his therapeutic theory and technique. Winnicott remained stuck in a dependence on language and relationship, too far removed from --avoidant of -- passion and the body, the

realms of the erotic. Reich remained locked in a classically Freudian drive and libidinal (ultimately, orgone) theory, too far removed from the relational, vulnerable, tender and transferential aspects of both adult life and its infantile roots. Reich worked brilliantly with the patient's defenses, with the patient's body, but not so well with the patient as a person.

Crucial to Reich's evolution and central to our work as body psychotherapists was his "breakthrough into the vegetative realm" (1961; pp.234ff). With this theoretical breakthrough, Reich began to create a new psychotherapy, one grounded in precognitive neural and somatic processes, leaving forever his identification as a psychoanalyst. He opened a new realm of understanding and technique to the therapeutic process. His clinical focus shifted from the interpersonal expressions of character resistance to the interruptions of the vitality of the organism itself; increasingly Reich's preoccupation became that of the body in relationship to itself rather than of the patient in relationship to others.

What Reich failed to grasp, however, was that the breakthrough into what he called the "vegetative realm" (the realm of sensation & affect, of the limbic and autonomic nervous systems) was often a simultaneous breakthrough into the infantile realm. This phase of therapy, the shift to non-cognitive and prelinguistic realms, is accompanied often by intense anxiety and disorganization. Winnicott wrote of the fear of breakdown; Reich wrote of falling anxiety. Reich saw his patients as being afraid of their own impulses; he did not seem to register the intense fear of the *absence of the other* at points of extreme disorganization and infantile vulnerability.

Emotional availability, empathy, quiet waiting, tenderness -- qualities so needed from the other in entering these early vulnerabilities -- were neither a part of Reich's character nor his therapeutic repertoire. In his clinical work, Reich had a supreme confidence -- perhaps a supreme *wish* -- in the innate "self-regulating" capacities of the organism. In the standard Reichian approach to treatment, the therapist focuses on characterological and somatic patterns of resistance. The therapist attempts to describe, confront and break through the defensive armor, so as to remove blocks to the orgasm reflex, to deepen and enliven the emotional, energetic and sexual capacities of

the patient. For Reich, if the armor could be dissolved *in session*, the patient/organism becomes more self-regulating through his own, innate somatic and energetic processes. The body comes more alive through the deepening of its somatic and orgastic capacities. The relational change comes through the genital embrace with a loved and loving partner. The relational "work," as such, occurs outside of the psychotherapy session.

Clearly, the first such somatic/emotional partnership is that of mother and child; it is a physical and (hopefully) passionate and tender partnership. While Winnicott characterized the mother/infant relationship as a psychosomatic partnership, there is little sense in Winnicott's writings of the mother/infant relationship being an *erotic* relationship. It is the successes and failures of this first somatic partnership that we all bring to our lovers and our therapists.

What happens when we conceive of therapy as a somatic partnership, of therapist and patient learning to move together with the conscious, intentional utilization of somatic and cognitive processes? Phillips has written of patients who strive to live as though "there is no such thing as a body with needs" (1995a, p.230). But he observes that these efforts are doomed to failure as, "the body is misleading because it leads one into relationship, and so towards the perils and ecstasies of dependence and surrender…; it reminds us, that is to say, of the existence of other people" (p.230). Can we develop a therapeutic model and process that unites the somatic and the relational, action and word, passion and tenderness?

When we touch our patients or work directly with their bodies, we simultaneously evoke their histories, desires, anxieties and resistances to desire in the immediacies of the here-and-now. We evoke lived experience rather than a cognitively recalled history. We ask that they try again in domains of experience and effort in which they have failed and been failed repeatedly.

Therapists and patients alike are faced with the task of awakening, enlivening and sustaining an intimate field in which emerging desires may be wedded to anxiety, shame, guilt, and/or fury. It is a world that Romanyshyn (1998) has described most eloquently:

> What the patient brings into the field of therapy is a body haunted by an absent other, a body

> whose gestures find no witness, no reciprocal, for their appeal. Addressed to the therapist, …an absence which galvanizes the field between patient and therapist, establishing a magnetic tension between them, a field in which each infects the other with desire and longing, impregnates the other with hope and with fear. …The therapist, working on the knife edge of disappointment, allows the ghosts who haunt the symptoms their release. …We practice a way of speaking which is responsive to the gestural field as a haunting presence. (pp. 52-53)

This is not work for the faint of heart. Romanyshyn captures the magnetic, erotic force of transference that is the heart of depth psychotherapy, the evocative and often disorganizing forces which I think send many psychotherapists retreating into more simplified, depersonalized therapeutic routines. When I first read Romanyshyn's essay, it had a profound impact on me, underscoring the risks we invite our patients to take when we enter the urgent and fragile terrain of transferential desire.

While Reich spoke of breaking through character and muscular armor to free up libidinal and erotic drives, Hilton spoke of unfreezing, thawing the dead and frozen areas of the body to open toward deeper contact, and Winnicott spoke of the analyst's "Provision of a setting that gives confidence" and "an unfreezing of environmental failure" (1992, p.287). Winnicott saw the therapist's primary responsibility as that of providing management and responsiveness rather than confrontation and interpretation:

> Eventually the false self hands over to the analyst. This is a time of great dependence, and true risk, and the patient is naturally in a deeply regressed state. (By regression here I mean regression to dependence and to the early developmental processes.) This is also a highly painful state because the patient is aware, as the infant in the original situation is not aware, of the risks entailed. (1992, p.297)

In contrast to the typical structure and process of a Reichian session, Winnicott emphasized: 1) the quality of the therapeutic setting -- its quiet and freedom from impingement upon the patient; 2) the provision by the

analyst of what is needed by the patient -- absention from intrusion, a holding environment that heightens/amplifies the patient's experience, a sensitive body-presence in the analyst's person and way of being, and "letting the patient move around, just be, do what he needs to do;" (Khan, 1992, p.xxvi); 3) a relational attentiveness, aliveness.

In Reich's descriptions of the mother/infant relation, he understood the fundamental importance of the infant's bodily experience of being a source of pleasure to the mother. In Reich's work we also find a powerful accounting of oedipal, genital strivings and of the drive of the body to become fully alive and passionate. In Winnicott's work we find an eloquent evocation of pre-oedipal, pre-genital damage and desires and of the analyst's function soothe, manage and facilitate the patient's maturational forces. The vision and genius of both of these two men is essential to a balanced psychotherapy.

For Winnicott, an essential feature in healthy parenting is the parent's capacity to be aware of and responsive to the spontaneous gestures of the infant and young child, which he saw as the earliest expressions of the "True Self" rooted in bodily experience. For Reich, the parent's capacity for "orgonotic contact" allowed the infant to feel vital in its own bodily process and to become self-regulating. It was Reich who brought the body into psychotherapy. It was Reich who foreshadowed the contemporary understanding of the centrality of limbic and autonomic processes in affective and mental life. It was Reich who compellingly described the developing body forced by familial/cultural failure and hostility to be at war with its own innate and natural impulses. In Reich's thinking and therapeutic methodologies, however, there is not the sense of Downing's "bridging" to the other and the world, of Winnicott's gesture to the other and the world, or of the constructive and intentional use of transference and attachment phenomena.

Winnicott offered the metaphor of mother/infant and analyst/patient relationships as psychosomatic partnerships. He described the therapeutic process as a *space* within which patients could play, imagine, attack, experiment, fall apart, explore. Winnicott (1965) suggested that the mother provided an adequate "facilitating environment" and psychosomatic partnership when she was able to recognize and respond to the "spontaneous gestures" of her baby:

> Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is in the True Self, and the gesture indicates the existence of a potential True Self. We need to examine the way the mother meets the infantile omnipotence revealed in a gesture (or a sensori-motor grouping). I have here linked the idea of a True Self with the spontaneous gesture. Fusion of the motility and erotic elements is in the process of becoming a fact at this period of development of the individual. (p.145)

The responsiveness of these first interpersonal environments with primary caretakers supported the development of an active, embodied sense of a "true self." Environmental failure, i.e., parental unresponsiveness or intrusiveness in Winnicott's thinking, promoted the evolution of a "false" and a disembodied sense of self. It becomes possible to reconceptualize Reich's (1949) descriptions of resistance and armor as patterns of *interrupted* gestures between self and other. A crucial therapeutic function in body psychotherapy, therefore, is not so much the confrontation of armored resistances as the re-establishment of an attentive and responsive gestural field between patient and therapist.

As my own understanding of the richness of the therapeutic process and the purpose of body-centered work has evolved, my own emphasis has shifted away from the process of breaking through "armor" so as to facilitate emotional discharge. I have come to understand "armoring" as the interruption of the "spontaneous gestures" of both the somatic and interpersonal activities of the developing child -- a child intent on both attachment and differentiation. I have come to see a primary therapeutic task in body-centered psychotherapy as the identification and facilitation of the patient's "interrupted gestures." I have learned to wait, to listen, to watch, to be less active, to attend to my own somatic and counter-transference responses. How does a patient need to move: toward their own bodies, toward deeper states of affect, toward others, toward the world, toward me? What do *we* do, within our individual consciousnesses and through the therapeutic dyad, to unfreeze and mobilize the somatic vitality and the interpersonal world of the patient?

Somatic transferences bring alive in the here-and-now the affect-motor schemas for mother/infant connections and disconnections (Downing, 1996), the intense desires and subsequent vulnerabilities that are awakened when we work directly with the body. When open and attentive to the realms of our somatic resonances, both patient and therapist both enter the world of nonverbal gestures, our somatic, unlanguaged movements *toward* and *away from* the other. The transferential worlds that patients often bring into body-centered psychotherapy are those of the thwarted, interrupted gestures of early childhood and foundational love relationships.