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Abstract

In *The id knows more than the Ego Admits*, Solms and Panksepp have revolutionized our concepts of consciousness and unconsciousness. They bluntly state that consciousness is generated by the id, in the brain stem. It arises endogenously and is affective. Subjectivity – the self - is not corticocentric but located in the upper brainstem. Cortical consciousness is built upon this "basement" emotional "scaffolding" and could not exist without brainstem consciousness. But brainstem consciousness exists without the cortex! They argue that the classical internal body representation in the cortex is an *object representation* located in the same areas of the brain that creates *all* object representations. Instead, an internal *subjective* body exists in the brainstem. This is not an object of perception, but the subject of perception: body as subject! This has great implications for body oriented therapy.

I review working with the instroke of the pulsation, how it lead me to the two understandings of the endo self state and how the relationship with the self is the most primary relationship. Then I show how Solms and Panksepp's work helps to support both the instroke process and the interoceptive endo self state grounding this in the functioning of a brain stem based subjectivity. In addition there is encouragement for Reich's basic model of the importance of the body, the vegetative system and working with primary, unarmored emotions.

*Keywords: Reich, instroke, affect, core consciousness, endo self, brainstem, subjective body*

## Introduction

Reich described pulsation as the pleasurable, expansive movement from core to periphery and the anxiety producing contractive movement back to the core. Yet all movements back to the core are not contractive anxiety states. Exploring the functioning and benefits of working with the non-contractive, instroke movements of pulsation resulted in the formulation of the endo self concept (Author reference withheld for peer review) and a self oriented theory of development and therapy (Author reference withheld for peer review).

After a differentiation between contraction and instroke, I will discuss the theoretical background, methods and advantages of working with the instroke and the endo self and ground this discussion in the newly described affective core consciousness of the brain stem.

## Differentiating instroke from contraction

Reich's formulation of expansion and contraction denotes not only the direction of the flow of life's pulsation from core to periphery and back again, but also qualities; expansion is positive – pleasurable – and contraction is negative - anxiety. "Conversely, anxiety could be nothing but the reverse direction from *periphery to center* ('back into the self')" (Reich, 1967, p. 237). But falling asleep at night, heart, orgasm and digestive contractions, daydreaming, meditation and Maslow's (1968) "being states" are examples of non-anxiety producing inward movements. Kelley (2004) used the terms "instroke" and "outstroke" to denote the pulsatory movements, but also included qualities: venture mode and protect mode and again we have the same problem. Falling asleep or meditating are not attempts at protection. Furthermore, not all outward movements are "expansive": i.e. the tighten throat while crying, the held diaphragm while exhaling or the closing of the eyes during painful emotion. In Functional Analysis we use the terms instroke and outstroke to denote only direction. Qualities can then be applied afterwards, resulting in value and meaning as shown below.

Different qualities of instroke and outstroke

| **Outstroke** | **Instroke** |
|---|---|
| Expansive | Contractive |
| Contractive | Gathering |
| Explosive | Organizing |
| Dissipative | Centering |
| Dissociative | Containing |
| Contacting others | Contacting the self |

A contraction is a withdrawal from the periphery while an instroke is an open flow towards the center. An instroke is *towards* something – the return to the self – and contraction is merely *away* from something, leads nowhere and usually leaves the person in no-man's-land; out of contact with both self and other. Contraction results in isolation, but the instroke produces differentiation and individualization. A contraction is a counter pulsation to assure that nothing more will happen; it blocks and obscures. An instroke is a continuing pulsation to make something happen. It has a gathering, focusing quality.

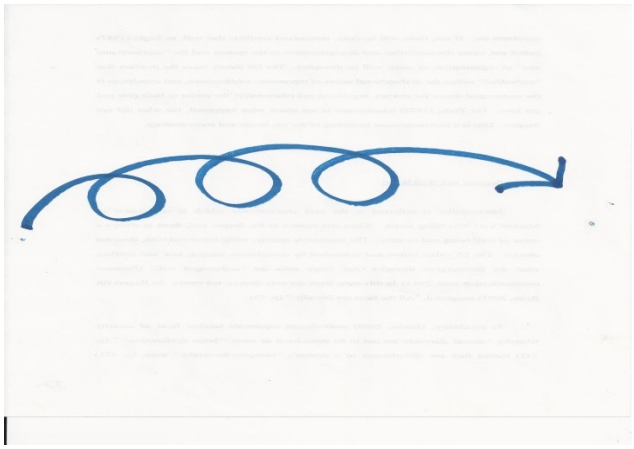
## Working with the instroke

Thirty five years ago I began to see the disadvantages of using only the classical Reichian techniques of exciting the organism and using discharge to "break down the armor". (Reich, 1967) For example, the "tension-charge-discharge-relaxation" formula ran the risk of re-enforcing character armor. From a Reichian energetic perspective, psychopaths, hysterics and borderlines all "expanded" too easily in a contactless way and orals and schizoids were often threatened by this approach producing new contractive anxiety. Also, all character structures block the pulsatory emotions, movements and

memories for the same reason: they cannot process them. Functionally speaking the problem is not anger towards the father, or sadness about being alone. The problem is that the patient is *already overcharged.* They have more energy in the form of painful memories, blocked emotions and held back movements than they can metabolize. To add more charge with voluntary movements, breathing and shouting inciting phrases, the organism becomes overwhelmed and then the character armor is activated, leading to dissociation, splitting, projecting and transference. This results in *supporting* the body/ mind split instead of healing it. I began to understand that the need to discharge, or the fear of the discharge, was a sign that the system was already out of balance. Also, strong emotions interfere with cognitive processing: awareness, integration, understanding and relationship with self and other.

In addition, pulsation does not operate in a straight line – charge, tension, discharge, relaxation – from point A to point B. Pulsation moves in rhythmic thrusts, a spinning wave that extends itself, gathers and extends again. (Reich, 1973, p. 185 & 205) Therefore the techniques of body oriented therapy should model this functioning.

Figure 1: Spinning wave



The instroke is a gathering, organizing force that regulates the organism. There are many references to these qualities of the instroke from different disciplines. The physicist Erich Jantsch's book *The Self Organizing Universe* (1979) was one of the first

to bring autopoiesis, self organizing and self regulation together in a scientific format. Carl Rogers (1978) in the 70's suggested that there is an organizing principle throughout the universe and within humans. More recently the self psychologist Ryan has written: "Humans have an inherent negative entropic orientation." (Ryan, 1991, p.214) which reflects Reich's (1973) model of the gathering force of the life process in violation of the 2nd law of thermodynamics.

The mathematician Prigogine's (1979) revolutionary formulation of "dissipative structures" show how the second law of thermodynamics is overcome by self-starting, self-regulating, non-equilibrium, non-linear structures; that is to say, living systems. Similar to the concept of "attraction" in chaos theory, life is a movement away from disorder to order: structuralization over time.

Voeikov, states that living systems do whatever is necessary not to "slide" into entropy that will result in inertia or system "death". "Stable non-equilibrium that characterizes the living system belies the reductionist view" (Voeikov, 1999, p. 21). He leads us beyond the second law of thermodynamics when he points out that "No living system is ever at equilibrium. It continually performs work against equilibrium…." (Voeikov, 1999 p.17). It is "born" in a non-equilibrium state. A living system is out of balance with its environment in that it does not move from a higher order of organization to a lower one, as the second law of thermodynamics demands. Vernadsky (1991) calls this imbalance "the main law of life" (1991, p. 20). Reich (1973) described this as a function of the orgone.

Voeikov (1999) quoting Vernadsky, emphasizes the difference between living and non-living entities: " There is a radical distinction between living and dead things and this distinction must be based on some fundamental differences in the matter of energy, located inside living organisms, in comparison to that found by the methods of physics and chemistry in inanimate, lifeless matter. Or rather this distinction points to the insufficiency of our usual notions of matter and energy." (Voeikov, 1999, p. 18) According to Vernadsky, "…the process of development is impossible from a physics and chemistry point of view. The process of the lower to the higher, from uniform and

incoherent to differentiated but indivisible, is the main natural process." ( Voeikov, 1999, p. 20).

The psychiatric diagnostic system, Operationalized Psychodynamic Diagnostics (OPD), sees that psychic "…structure constitutes a set of information that in turn organizes experiences and processes them. This resembles a system stressing dynamics of homeostatic balance in terms of recursive rules and the start of non-linear process" (OPD Task Force, 2001, p. 41). The "dynamics of homeostatic balance" and "non-linear process" are psychiatric terms for the non-equilibrium and non-linear structures described by Reich, Prigogine and Voeikov. All of this supports the idea of the gathering, self regulating force of the instroke.

## Modeling therapeutic techniques to energetic functioning

The classical discharge model is not suitable for those character problems which used to be called "low energy" structures: depressive, oral, schizoid, passive-aggressive, and also borderline disorders. I believe that, functionally, the problem for all structures is that they have too much un-metabolized energy because they are blocking it. In addition, the energy doesn't move in a straight line but in "pulsatory thrusts". Therefore, I adapted my technique to slowly mobilize the *existent energy* level in the patient in a non-threatening way and developed the axiom that if a defense is activated, I have done too much too fast and we need to pull back and start again. In this manner, we could then work "below" the defense, at a level where the patient continued to feel safe, yet could explore and progress. This technique became an energetic modeling of Carl Rogers' non-directive, client-centered approach. Combining this with a verbal technique modeled on the same principles of the instroke, I was able to help patients mobilize their instroke, gather themselves and decide when they wanted to come "back out". In this manner they could participate more in their own healing process by making decisions on what to do, when and how to do it. They felt safer, more respected, and their movements outward were more powerful, more graceful and more integrated. There was noticeably less dissociation, splitting off, projecting, projective identification and transference. As a

result, the therapeutic relationship changed.

What gradually developed out of this was surprising and didn't fit with any theory I had learned: physical blocks and emotional and cognitive problems began to "disappear" without having been worked on either physically or verbally! Patients would report that their vision had improved, their menstrual pains disappeared, alcohol consumption and smoking either cigarettes or hashish lessened spontaneously and diets improved. One patient reported that she hadn't gone to her brother's house for 11 years because he was too stressful for her. But now she could go there again to see her nieces because "I am not a part of that theater piece anymore." A new bordering process developed of its own accord.

Another surprising phenomenon was that sometimes the patient went "in" and stayed there; nothing happened in the session. Yet they reported significant and lasting changes. Here is a recent example from a woman who participated in a five day work shop whereby "nothing happened" yet later, everything changed. Apart from the instroke experience she had when working with another participant, she did one ocular session with me in front of the group.

> Something changed in me during this training. I wasn't able to define it back then, but in the last days I just observe myself and a new feeling of relief and calmness deep inside me emerged. Many memories popped up, memories that I had locked deep down and tried to ignore. Before coming to you I have read carefully the materials you suggested. I have understood intellectually the concept of the endo self and the instroke. But it was the just the next concept, the next smart words. In the training, I experienced it. I felt this place inside me that it is all fine, calm and peaceful. I didn't understand it at once, but than those memories that came back made me recall that I used to know this place. During the instroke exercise, I saw my Dad. He died in my arms when I was 13. And that was the moment I lost this way back to myself and I did it on

> purpose. In the last days I remembered how my dad used to take me to a river, or up in the mountains when I was a child and we just sit in silence. He used to tell me that this is a way to find peace within, to find strength. He taught me how to listen to my inner voice, how to feel my body, how to find the strength in me. And when he died I was so angry at him that I just blocked it all, I threw away the keys for inside and started to live only by "going out". I have worked on my anger, and my sorrow and so many other emotions in my personal therapy. I do yoga and numerous kinds of meditations. And all I was looking for, all I was struggling to find is exactly that feeling of calmness and "it will all be fine" that I knew so well in my childhood. The insight that I just have is so powerful. I feel on the right path for the first time. I want to reconnect to myself. And this changes so much…

But how can this be an energy model? There are no spontaneous, "freeing" movements, no emotions except a calm sense of well being and patients often described being exhausted after doing nothing except lying on a mat and being gently touched: "I don't want to lie here on the mat any longer. I want to go out into the sun, but I cannot move."

Additionally, this description violates the "laws" of body psychotherapy. Biographical material needs to be discussed, the patient has to understand his problems, and physical blocks need to be released through exercise and movement. But, at this point, I understood there is a subjective "state" as a result of mobilizing the instroke process; a "being" state as described by Maslow (1968) in the '50's and more recently Solms and Panksepp (2012). The patient returns to a deeper sense of himself, what Solms and Panksepp refer to as a brainstem centered, "core affective consciousness" where, as Rogers suggested, "All the facts are friendly" (As cited in Ryan, 2003, p. 75). This brainstem centered being state I call the endo self (Author reference withheld for peer review). The endo self is an early, self-organizing, unified, embodied, coherent

subjectivity, whose unique quality is that it exists prior to contact with the "other". As Solms and Panksepp state, consciousness is "endogenous, subjective and fundamentally interoceptive." (Solms & Panksepp, 2012, p. 164). In order to understand this energetically I had to refer back to Reich.

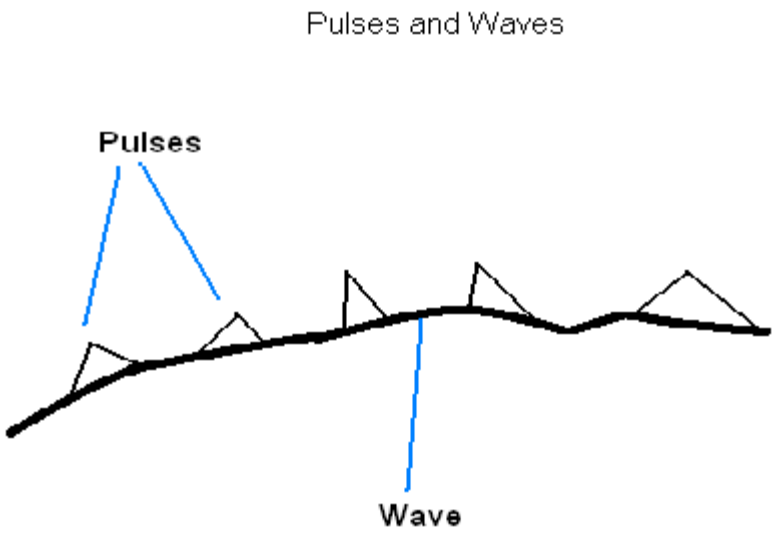
## Back to Reich

Before we explore the relationship between the instroke, Solms and Panksepp's model of affective core consciousness and the endo self, it is worthwhile to return to Reich's energetic model and try to answer the question: How can working with the instroke and establishing contact with the endo self where "nothing" happens still be an energetic formulation?

Besides his tension/discharge model, Reich (1973) first observed in 1935 the difference between waves and pulses, but it wasn't until 1948 that he understood the functional interrelation between these two motions of an underlying pulsation. Waves are rhythmic motions, constantly changing, but they form a *continuous line*. Pulses on the other hand are alternating expansive and contractive movements in contrast to the steady crests and troughs of the wave. They are a discontinuous process, forming "points" instead of a continuous line. Reich (1973) saw that pulses were like peaks on an underlying mountain range.

**Figure 2: Pulses and waves**

(After Reich, 1973)




This is what I was seeing clinically. In terms of pulses and waves, by mobilizing the instroke, patients were able to go deeper into themselves and find a secure, safe, *continuous* sense of self, that I now call the endo self. One patient reported: "I love myself beyond the good and the bad." The "good" and the "bad" are the peaks: loving, anger, projections, caring, conflicts, frustration, lack, contact, transference. These are all interference patterns preventing the patient from contacting the more continuous, calm, but strong wave state. The wave quality manifests as secure existence; conflict-free experience and being. Again, the need to discharge, or the fear of it, was a symptom of imbalance. This explained why when "nothing happened", everything changed. The diagram below shows how there can be two levels of the same system operating: differentiated but indivisible.

Figure 3: Differentiated but indivisible

At the same time I began to hear a change in what patients reported. They began to talk more about themselves in the present moment and less about others, the past and what had happened to them. They were expressing themselves in self referential terms rather than interpersonal terms: “I fill myself up with everything but myself.” “An idea came to me. I know it is silly but I felt like I was queen of the world.” “I didn’t cry alone. I cried with myself.” and “I felt an extreme presence in the absence of myself”. These are all examples of present moment, self referential statements and how what had happened in the past faded into the past, where it belonged. As Loewald wrote; (In Mitchell, 2000, p. 25) from ghosts that haunt you to ancestors laid to rest.

## Affective core consciousness

The endo self is a term I created for a subjective state of consciousness arising endogenously and experienced interoceptively. I have argued that this state can be reached by mobilizing the instroke of the pulsation, resulting in the return to the self

(Author reference withheld for peer review). In *The Id knows more than the Ego Admits* the Relational Psychoanalyst Solms and the neuroscientist Panksepp (2012) argue for an *affect based* core consciousness in the brainstem. This core consciousness provides the subcortical "…'energy' for the developmental construction of higher forms of perception and cognitive consciousness." (Solms & Panksepp, 2012, p.147). This consciousness is evolutionarily earlier than the classical model of a declarative, cortex centered cognition based on representation and language.

According to the corticocentric model of cognitive consciousness, i.e. subjectivity, there is a cortical projection zone in the insula that the neuroscientist Craig describes as "…the basis of the body-as-subject, the 'self' (Solms & Panksepp, 2012, p. 160). This precise function of the self "… we have attributed…to the upper brainstem (Solms & Panksepp, p. 160). "Contrary to LeDoux and the other corticocentric theorists: all the cortical varieties of consciousness depend upon the integrity of these subcortical structures, not the other way round." (Solms& Panksepp, 2012, p. 163).

To support this point, Solms and Panksepp refer to Damasio interviewing a young man whose cortex had been destroyed. Damasio could demonstrate that even without a cortex, this man experienced subjectivity. They also refer to the tragic condition of hydranencephaly (Merker, 2007) whereby a child is born without both cerebral hemispheres including the cerebral cortex, yet they do have subjectivity. The subcortical networks are intact resulting in the children being "emotionally functional human beings" with the "raw affect of self" (Solms & Panksepp, 2012, 163).

Solms and Panksepp take the radical position that the neocortex, typically thought to be the seat of consciousness, is essentially unconscious! They point out that there is no evidence that a cortex without subcortical supports can have any subjective experiences at all. A neocortex without a brainstem can never be conscious, but the reverse is possible.

A two tiered consciousness model has implications for psychotherapy.

> "This hierarchical parsing enables one to be conscious in different ways —e.g., to feel happy and sad, without necessarily having the mental capacity to recognize that one is happy or sad, let alone to reflect upon the objective relations that caused this happiness or sadness. Being phenomenally conscious does not, by itself, require much cognitive sophistication at all." (Solms & Panksepp, p. 148)

This describes what is generally known as the unconscious and explains transference, doing something one knows one shouldn't, repression, denial, etc. But they take this further.

> The realization that Freud's id is intrinsically conscious has massive implications for psychoanalysis, biological psychiatry, and our understanding of the nature of mind. This turn of events could be profound, not least because when Freud famously proclaimed "where id was, there shall ego be" ([57], p. 80) as the therapeutic goal of his "talking cure", he assumed that the ego enlightened the id. It now appears more likely that the opposite happens; reflexive "talking" is apt to dampen and constrain core consciousness. How is this fact to be reconciled with the stated aim of psychoanalytic therapy, namely the undoing of repressions? And what are the implications for other approaches to psychotherapy and psychiatry? (Solms & Panksepp, 2010, p. 168)

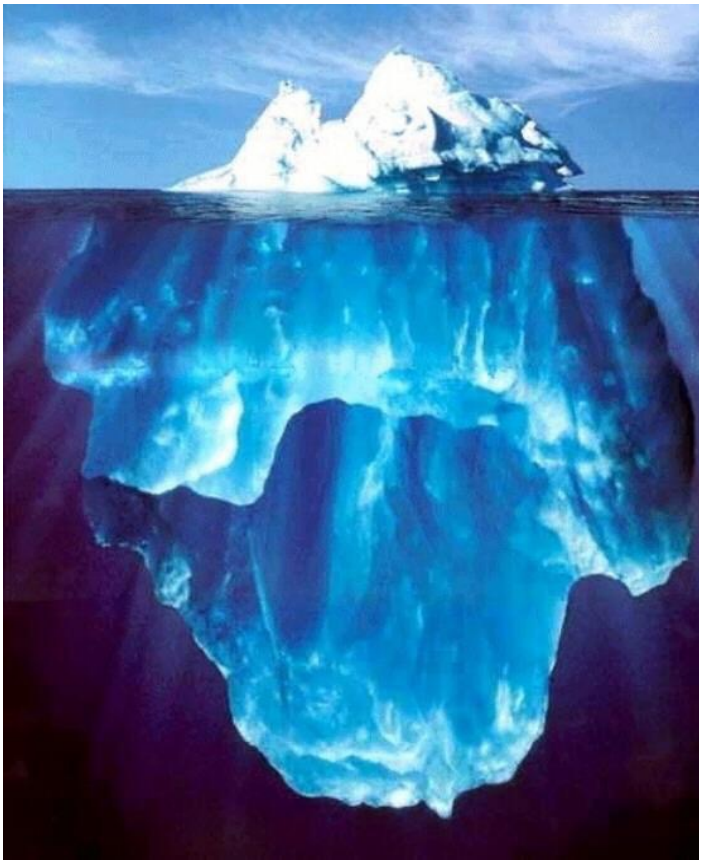
One implication is that body psychotherapy's emphasis on experience and not just explanation would gain a great deal of credibility! As mentioned earlier these unrealized strong emotions disrupt cognitive processing, so that an individual can experience emotional turmoil without insight or taking responsibility. Mobilizing the instroke and delving below these un-metabolized emotions in a slow and secure way avoids these classical problems.

## All consciousness is endopsychic

In what they call the "exteroceptive fallacy", Solms and Panksepp point out that there is a strong contrast between Freud's concepts of the mind and that of current neuroscience research. It was Freud who "…inaugurated the conflation of unconscious processes with cognitive unawareness of instinctual consciousness" resulting in "… prematurely relegating unmonitored affective processes into the 'unconscious'." (Solms and Panksepp, 2012, p. 159) Freud never doubted that consciousness was a cortical function.

"To put it bluntly: consciousness is generated in the id. [The id] … is endogenous, subjective and fundamentally interoceptive in an *affective kind of way*" (Solms & Panksepp, 2012, p.164) [Emphasis added]. It has been known since the 1950's that global consciousness, measured by EEG activation, is generated internally and not by external stimulation. To use Damasio's term, consciousness is "extended" to the outside world. It may now be possible to reverse Freud's classic model of the tip of the iceberg as consciousness and the submersed part as the unconscious. I have been suggesting for years that, based on the qualities of the endo self state, the underwater part is consciousness and above the waterline is awareness. This model has obvious similarities with yogic and meditative traditions as well as Raichle's (2010) "default mode network". The diagram below indicates the part of the iceberg above the waterline as awareness and the submerged part as consciousness.

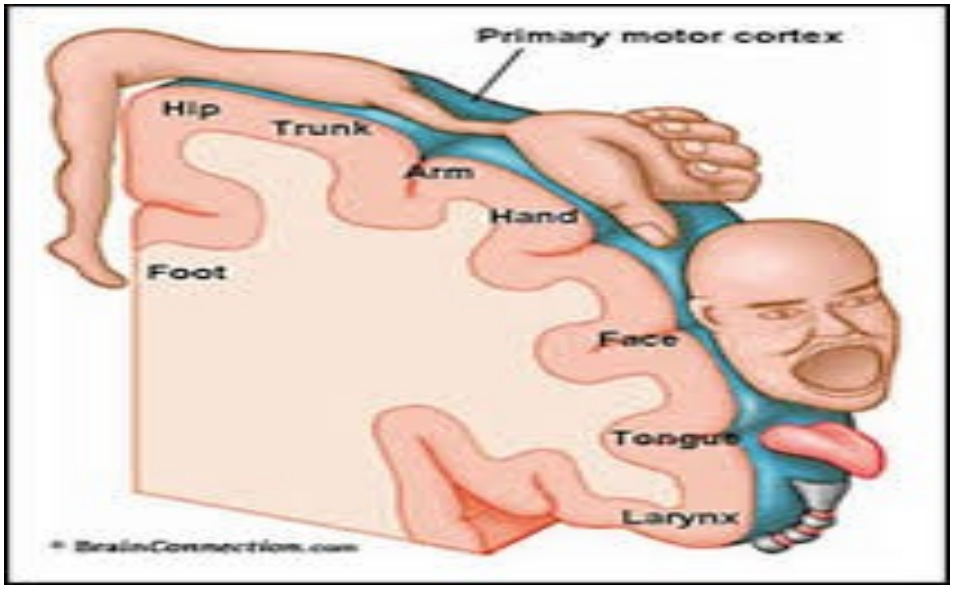
Figure 4: Consciousness and the unconscious are reversed



## The external body and the internal body

What is of particular interest to body oriented psychotherapists is Solms and Panksepp's reformulation of the internal body image. The classical model is a cortex centered, somatotropic map known as the cortical homunculus which until now has been called the internal body.

Figure 5: Classical model of internal body




Because of their two tiered consciousness model, they say that this is the *external* body – sensory motor based exteroceptive and represented as a "thing" in the same way all other objects are represented. It is an "externalized", stabilized representation of the *subject* of consciousness, not the subject itself. It is an illusion; the self of everyday cognition is an abstraction.

> It is important to note that the brain mechanisms which represent the external body also represent other external objects. The external body is an object. It is the aspect of the body that one perceives when one looks outwards, at a mirror, for example. ("That thing is me"; it is "my body".) (Solms & Panksepp, 2012, p. 154)

They go on to argue that the external body is "…not the owner or locus of consciousness" (p. 154) and therefore is not the subjective self. The true subject of consciousness, located in the upper brainstem, identifies with this external body representation in the same way

that a child immerses herself in a videogame persona. “The representations come to be seen as the self, but in reality they are not.” (Solms and Panksepp, 2012, p. 154)

This representation of a corticocentric body image is the typical psychological formulation of a sense of self. But a deeper *subjective* self exists; an internal *subjective* body. This internal body generates a different type of consciousness than the exteroceptive, neocortex consciousness of the external body. The interoceptive brainstem generates a background state of “being” that I refer to as the endo self, accessible by mobilizing the wave-like instroke of the pulsation.

> … [I]t is becoming ever more evident that the internal body generates a very different type of consciousness from the consciousness associated with the exteroceptive cortex. The interoceptive brainstem, along with diverse emotional networks, generates internal “states” rather than external “objects” of consciousness. In other words, the internal body is not represented as an object of perception. Rather it gives rise to a background state of “being”; this aspect of the body is the *subject* of perception. We may picture this type of consciousness as the neurodynamic page upon which, or from which, exteroceptive experiences are written in higher brain regions. (Solms & Panksepp, 2012, p. 156)

The internal body functions automatically and can arouse the external body *to serve its needs!* Reflecting Reich’s emphasis on emotions and vegetative functioning and its importance in development and therapy, Solms & Panksepp state that “The primal roots of emotionality are grounded in these autonomic substrates (of the brainstem)” (Solms & Panksepp, 2012, p. 156). The psychiatrist Thomas Fuchs (2009) takes a similar view. Working with schizophrenics, he found that embodiment represents

another facet, whereby "mental disorders are not to be considered as mere brain dysfunction" (Fuchs, 2009, p. 573). Rather, they are disturbances of a person's "being-in-the-world" state (Fuchs, 2009, p. 571). Fuchs distinguishes between the pre-reflective, unperceived, subject body (Leib) and the physical body (Körper) which is perceived by the self and others. The subject body is a medium or background requiring no explicit attention.

> Thus the lived body also corresponds to the bedrock of *unquestioned certainties…as a pre-reflective know-how* [emphasis added]. Radcliff has argued recently that basic bodily feelings are at the same time feelings of bodily states and ways of experiencing the world. This applies in particular to 'existential feelings' such as *feeling at home, belonging to the world* [emphasis added]. (Fuchs, 2009, p. 574)

> It provides a fluid, automatic and context sensitive pre-understanding of everyday situations, thus connecting the self and the world; 'intercorporality'. Recently, a patient facing a potentially dangerous situation reported having had "…in the background, a thought/feeling of being empowered — sure of myself and it was not linked to what happens outside." (Fuchs, 2009, p. 572)

This internal body is not an *object* of perception. It is the *subject* of perception: body as subject. "Somatic self-consciousness …takes place through a nonverbal, embodied medium." (Pagis, 2009, p. 268). As body oriented therapists we must ask ourselves which "body" are we working with?

Just as Fuchs' patient was empowered and sure of himself, the "being" state of the endo self offers the same experience. Patients report, experiences in the endo self are "known", "right for me although I do not know why", "safe", "home" where all the facts are friendly. It is the "undamaged" self that can be contacted by the instroke below the

defenses, the resistances, the repressions and traumas. One patient, struggling to find the right words for how he felt at the end of a session finally blurted out: “Oh it’s more important to me, than it is to you!”

On the core consciousness level of this internal body, as Reich described with his amoeba analogy, (Reich, 1973, p. 111) the endo self experiences affect as positively and negatively valenced; pleasure and unpleasure. Solms and Panksepp (2012) emphasize that affects on this level are not representing specific external events. The classic corticocentric model of the body image and of consciousness is a representation of external, noetic (perceived) events. Affective core consciousness represents internal, subjective, non-perceived reactions to external events that are automatically evaluated as positive or negative for the organism. This is the functional level of Reich: there is lust and unlust, approach/avoidance. Thoughts and emotions, which are “higher up” in the brain, are evaluations, the organized perception and action resulting from what *has been experienced on the functional level.* Thoughts and emotions are always “about” something exteroceptive: e.g. I am sad about…, I am angry about…. As Solms and Panksepp have pointed out, the core consciousness level can arouse the cortical level to get its needs met *and* we can have strong emotional states without being aware of them. The cortical, language based, abstracted, represented self is “unconscious in itself.” I agree with their position that the core self is the so-called id, the “font of all consciousness”, but without all the negative, destructive, chaotic qualities usually attributed to it.

> Our major conclusion may now be stated thus: the core self, synonymous with Freud’s “id”, is the font of all consciousness; the declarative self, synonymous with Freud’s “ego”, is unconscious in itself. However, because the ego stabilizes the core consciousness generated by the id, by transforming affects into object representations, and more particularly verbal object re-representations, we ordinarily think of ourselves as being conscious in the latter sense. This obscures the fact that our conscious

> thinking (and exteroceptive perceiving, which thinking re-represents) is constantly accompanied by low level affects (some kind of residual "free energy" from which cognitive consciousness was constructed during developmental psychogenesis). However, the underlying primary, affective form of consciousness is literally invisible, so we have to translate it into perceptual-verbal imagery before we can "declare" its existence. The dumb id, in short, knows more than it can admit. (Solms & Panksepp, 2012, 168)

Freud (1933) described the id as:

> …the dark, inaccessible part of our personality… and most of that is of a negative character… We approach the id with analogies: we call it a chaos, a cauldron full of seething excitations. It is filled with energy reaching it from the instincts, but it has no organization, produces no collective will, but only a striving to bring about the satisfaction of the instinctual needs subject to the observance of the pleasure principle. (pp. 105-6)

At the same time, he claimed that the ego emerged from the id. But how is that possible if the id is chaotic, unorganized, instinctual and pleasure seeking? How could the "stabilizing", mediating, reality oriented ego be born from such a state? It is possible only if the id is as Solms and Panksepp describe just as Maslow did in the '50's and I am doing now with the concepts of Reich, the instroke and the resulting endo self state. If we take the iceberg image literally, consciousness and unconsciousness is made of the same "stuff"; differentiated but indivisible.

## Summary

I have argued for a more nuanced understanding of Reich's pulsatory flow back to the core, showing that not all such movements are contractive. Working with this

spontaneous negative entropic gathering force, the instroke, I was surprised by the phenomena that arose. Patients moved inwards so deeply, often assuming a non-contractive "fetal position" and with no emotions, discharges, or discussions, major therapeutic themes resolved themselves. A "being state" first described by Maslow (1968) was elicited: an endo self state.

Using the arguments of Solms and Panksepp, whose article I strongly recommend, I have supported the concept of an undamaged sense of self, lying below the defenses, the conflicts and the lacks, that can be contacted directly using both words and touch and help the patient to participate in their own healing process. "… [P]erception happens to a *unitary,* embodied subject" (Solms & Panksepp, 2012, p.156) [emphasis added]; an undamaged self.

Corticocentric theorists have always held that all the cortical varieties of consciousness arose independently of the subcortical activities. In fact it is the other way around. Cortical consciousness is dependent upon the integrity of these subcortical structures. The varieties of consciousness could not exist without these deeper "subcortical energies".

In addition, on the cortical level, not only do we have many varieties of consciousness, we also have "vast varieties of idiographic selves" (Solms & Panksepp, 2012, p. 168). These are the typical selves discussed in development and psychotherapy. I am arguing that on the subcortical level we have one self, the embodied, unitary endo self and it is possible to go "down" there and contact it by mobilizing the instroke.

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