



FUNCTIONAL ANALYSIS

THE ENDOPSYCHIC SELF

Will Davis



“The relatedness between ego and reality, or objects, does not develop from an originally unrelated coexistence of two separate entities that come into contact with each other, but on the contrary from a unitary whole that differentiates into distinct parts. *Mother and baby do not get together and develop a relationship*, but the baby is born, becomes detached from the mother and thus a relatedness between the two parts that originally were one becomes possible.”

Hans Leowald



THE ENDOPSYCHIC SELF

KEY WORDS: Self theory, Self development, Instroke, Return to the Self, Endo-psychic self, Reich, Self organizing, Self Relations Theory, Self to Self, Hans Leowald

Abstract

In *The Flesh of the Soul*, Gustl Marlock and Halko Weiss's article, "In Search of the Embodied Self", focuses on the need for a theory of self and self-development in body psychotherapy. In this paper, after a review of some major themes in self-development theory, I formulate a definition of a primary self - the endo-psychic self – that comes into existence simultaneously with the physical existence of the organism. I then describe some of the basic functions and characteristics of the endo-psychic self and argue that the endo-psychic self is where early development begins and we must contact this primary self directly for therapy to be effective.

Introduction

In *The Flesh of the Soul*, Gustl Marlock and Halko Weiss wrote about the necessity of a theory of the self in body psychotherapy. After a concise review of the major theories and themes of self-theory, they offer their own model of the role of the self in body psychotherapy. Because the subject itself was in the same direction my own work was evolving and also because some of their material was similar to my own understanding, this article spurred me on to try to formulate some thoughts about self-development and how to integrate a model of self into a body psychotherapy approach.

The Role of the Instroke

For over twenty years I have been exploring the creative force of the "instroke" of the pulsation of Reich's energetic model. His original terms to describe pulsation were expansion and contraction – the movement from the center to the periphery and back again. By now, it is clear that not all movements to the periphery are expansive and therefore "good" – such as repressed anger – and similarly not all movements back to the center are contractive – such as relaxation and sleep. I took the terms "instroke" and "outstroke" from my own teacher Charles Kelley and I use them to describe in a neutral, directional sense which way the energy is flowing. It is then possible to put evaluative qualities to movements in either direction: contractive, open, squeezed, fluid etc.

One of the major functions of the instroke is its gathering quality. As the flow moves inward, the organism gathers itself in contrast to a contraction, which is simply a holding process. As the organism gathers, it concentrates and organizes itself: its resources, its experiences, its memories etc. The patient also may revisit repressed material as well as the spaces and gaps in development that never fulfilled their potential. As one patient put it "...to see what I have and what I do not have." Curiously, the "not have" part is viewed openly and non-judgmentally.

Cohesiveness comes about within the organism, all parts are condensed and a re-organizing occurs. In their article, quoting Richard Schwartz, Marlock and Weiss refer to this same



characteristic of the instroke in terms of improved self functioning: “The person feels more integrated...he/she can hold boundaries and maintain cohesiveness”, ...“cohesive, integrated Self states, integrative functions of the Self which clarify etc.” (p.148) (For a more in-depth discussion of the instroke and its functioning in various forms, see W. Davis, and L. Davis, M. Munzel and T. Harms.)

I have come to call the developmental result of the instroke the “return to the self”. The instroke is the energetic modeling of the development of the self. I will explain this further but first I want to recount how I arrived at this position.

The mobilization of the instroke brings patients deeply within themselves. As I developed the instroke technique further, I began to hear more frequently self-oriented responses from my patients. I offer some examples.

A 35 year old woman, living at home with her parents and grandparents with no work and no relationship is taking medication for panic attacks: agoraphobia – a fear of open spaces. She is a large woman with pale skin, an indifferent attitude towards her style of dress; a far away look in the eyes and a similar far away quality in the voice. In one of our first sessions, after an instroke phase, she said that this style of therapy was good for her. When I asked her what was good for her in this style of therapy? She replied, “I don’t have to pay attention to the other person.” I understood this to mean she didn’t need to be concerned what the therapist thought or felt and she could focus on herself.

In a later session, again after an instroke phase, she stood up from lying on the mat and said to no one in particular: “I realized that I always wanted to be somebody.” I understood this to mean that this person with apparently little self-development spontaneously realized that somewhere deep inside there is a self and after all these years, it still wants to manifest. There was a return to the undeveloped self where the desire to be somebody still lived. (In a similar vein, another patient said, “I know its silly, but I felt like I was ‘Queen of the World!’”)

Another woman in here 30’s, working as a psychologist, was going through a painful period in her marriage and it appeared that her and her husband would be divorcing. We were working in a small group and the three other people in the group were both friends and colleagues. During the session, not too much happened, but afterwards while she was still lying down and relaxing and the rest of the group had moved into the next session, she began to sob deeply and openly. A group member went over and sat with her. During the discussion at the end of the sessions I asked her about her experience; was it the same as when she cried at home alone? She said that the crying was deeper than usual and that what was good about it was that she was *not crying alone*. It was automatic to think that she meant that this time she was with friends and hopefully a therapist who cared for her instead of being home and going off alone to cry. I asked her: “Who did you cry with?” She replied: “Myself.”

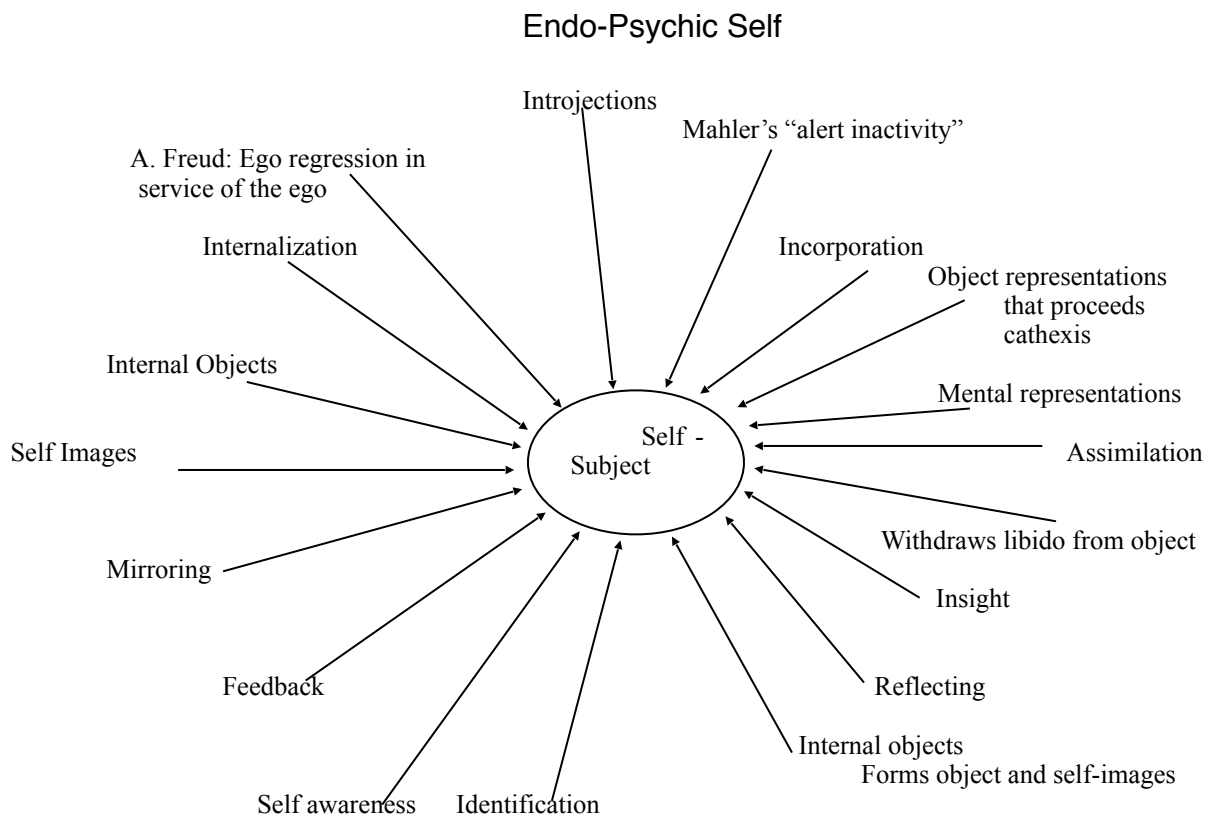
Other examples: a sixty-year-old narcissistic woman announces, from a differentiated, less narcissistic state, “Now I see that everything is me. The problem isn’t my ex-husband, my colleagues, my difficult daughter etc.” Another narcissistic woman whose marriage is breaking up suddenly declares: “I don’t want a man, I want myself.” A man arrives for a session and says: “On the way here to see you I cried the whole hour in the car, but then I stopped crying because I realized I now have someone who cares for me.” At first I thought he meant me and we had deepened our transference relationship in some manner or other. But then I asked who is caring for him. He replied “Me”. Another man, frustrated at not



being able to find the right expressions to describe to me his insight experience during the session says: “Oh, never mind, its more important to me then it is to you!”

Continually hearing these types of self-statements, I began to look at how and why the therapy was moving in this direction. I then realized that, no matter what school or theory one adheres to, most of the terms used in self-developmental theory are “inward” oriented words implying a movement into the organism, towards the center or self of the person which is the same as the instroke process. The diagram below describes this idea.

Developmental Instroke Terms



Looking at this diagram, it is obvious that the self bases development on an in-take process. Piaget has modeled this in terms of cognition and major aspects of his theory are easily adaptable to this instroke model of development for body psychotherapy. As I stated earlier, the instroke is self-development – both originally in the infant as well as later in the therapeutic process as an adult. In classical object relations and self-theory the developmental process is represented psychically by the interaction with the “other”. With this diagram we can view the developmental process in a dynamic way in terms of the instroke and shift the focus of away from the object towards the self.



The Origin of the Self

There are two major questions concerning the theme of the origin of the self. The first question is when does the self come into existence? The second question is how? More specifically, how does relationship between subject and object, between self and other create development of a self? (Additionally, the model of this relationship is also the basis for the model of the therapeutic relationship.)

There has been, and there still is, much discussion about these two themes. In order to review some of the discussion, I offer a selection of different models as alternative ways to view how the self is defined; how the self emerges and how it continues to develop.

One older model of the self is that the baby is a “tabula rasa”, a blank sheet of paper that anything can be written on. In an extreme form of the idea that the baby is completely “empty” and malleable, B.F. Skinner, the originator of behaviorism is quoted as saying “Give me a child, any child and I will make him a doctor, a lawyer or an Indian chief”. For some theorists until there is rationality there is no psychic structuralization, and for others, for example Lacan, the child doesn’t truly exist as a psychic entity until the development of language.

A second model for the self is that there is some form of psychic structure in the infant that is eventually replaced or superseded by a more “reality” oriented self, and the earlier psychic structure is left behind, lost or eventually disappears. (Some traditions advocate a “draining away” of these early experiences and states are necessary for development to continue.) Examples of the superseded model would be the “fragmented self” of Hans Kohut or the “primary process” of some forms of psychoanalysis.

A third model is a variation of the second one whereby the psychic structure, for example the id, remains but must be repressed, contained, controlled and/or overcome.

A fourth model, which is the humanistic model of innate potential, takes the position that the original structures and states that the baby is born with are superimposed with later developments and structures. In fact, for healthy development to proceed, the link to these earlier experiences and structures must be kept, for they are the foundation upon which later development is built. The endo-psychic model of the self is developed out of this tradition.

The Self and the Other

The classical literature about self development in psychoanalysis, object relations theory and self theory typically refers to the fetus and neonate as autistic, possessing a fragmented self, lacking coherence, primitive, narcissistic, and in a state “of primary hallucinatory disorientation”. For example, Hans Kohut suggests a “pre-psychological, fragmented state before the cohesive creating force of the narcissistic libido.”

To varying degrees, it is generally understood that the creation of the self is dependent upon the “other”, typically the mother and father. The understanding is reflected in such terminology as “towards the other” and “away from the other”. Notable in its absence is that there is no mention of “towards the self”. The role of the other has taken gargantuan proportions in some therapies. Winnicott writes that the baby doesn’t exist without the mother. Guy Tonnella, a Bioenergetic trainer stated at a Bioenergetic conference that for Winnicott existence is found in the relationship. Inge Krens has written, “The self is not conceivable without the object.”



I am drawn to another conclusion. Kohut writes, “Narcissism cannot bear existence outside of itself and is too weak to destroy or flee the object... so it “masters reality.” Some questions arise from an analysis of this statement. How can a fragmented and primitive infant “master” reality? Many adults continue to struggle with this theme. If narcissism cannot stand anything outside of itself, it must *have* a self that knows the “other” is not a part of. Since narcissism is the all-encompassing world of the infant and everything is included in it, how does it know there is an “outside world” unless it does have a sense of itself? If narcissism is self-love, who is loving what?

In describing the complex activity taking place within the developing infant, Kohut writes how the infant manages his psychic apparatus:

“...after being exposed to the disturbance of the psychological equilibrium of the primary narcissism, the psyche saves a part of the lost experience of global narcissistic perfection by assigning it to an archaic, rudimentary (transitional) self-object, the idealized parent imago” (p.37)

And:

“In addition to the just mentioned breaking – up of the specific aspects of the parent imago there takes place, in the process of effective internalization...a depersonalization of the introjected aspects of the image of the object, mainly in the form of a shift of emphasis from the total human context of the personality of the object to certain of its functions. The internal structure in other words now performs the function which the object used to perform for the child.”(p.50)

This may be an excellent description of the internal world of the infant, but it is definitely not primitive or incoherent functioning. Who is performing these complex psychic activities? How do they know how to do it if they are still in an undifferentiated, illusionary state? Who or what is it that knows itself well enough to know that it is in danger, needs to be protected and knows how to do it?

The mechanisms described above do not sound like primary process functioning but secondary process – reality principle – functioning. It seems to be what would be seen from an adult perspective when looking back at this stage of development

In contrast, at the International Congress on Embryology, Therapy and Society in 2002 in Nijmegen, The Netherlands there was a great deal of material presented supporting the active, engaged life of the fetus and the neonate. Much of the material was from a neurological and biological point of view documenting short and long term negative effects on infants from stress, alcohol, smoking etc. Structural changes as well as behavioral changes were reported. One presentation, by Dr. Peter Hepper also revealed the ability of the fetus to engage in cortical behavior and “learn” while in the womb. Cognitive activity in the womb has now been proven. In this same direction, the so-called “baby-watchers” are developing an ever-expanding basis of information to show that the behavior of the neonate is much more complex than previously believed.

Even within the field of physics we can find solid support for the idea of some form of a self within, a self-organizing system. Erich Jantsch’s book, *The Self Organizing Universe* is a treasure trove of research on the theme of self-starting and self-organizing system in the non-living world. For example, his description of co-evolution – how two systems influence each other – is an excellent model for mother/child contact, as well as for the idea now put forth in infant research that mother and child “co-create” each other. Jantsch also describes the behavior of the misnamed “dissipative structures” that contain self-forming forces in all



systems. These forces within the infant can be understood in body psychotherapy as self-organizing and self-regulation abilities.

Chaos theory is another source for body psychotherapists to understand the concept of self-organization. One of the difficult themes in chaos theory is that from disorder arises order, from chaos comes structure. Built into all systems is an *inherent* ability to organize. Isn't this exactly what Kohut refers to when he describes the activity of the infant's psychic functioning and more specifically how the investing of narcissistic libido brings coherence? It's clear that narcissism arises from within, and, in the language of self theory, begins the self development process by allowing "others" to begin to exist in the "perfect" world of the narcissistic state. This self-organizing ability is not "given" to the child by the parent or developed by interaction. The child doesn't know the "other" exists at this stage. It seems more likely that the child is self organizing the experiences it receives from the interaction with the other in terms of itself.

The psychoanalyst Stephen Mitchell recounts a case where a patient recovered a lost memory of when she was a child. Her mother had both arms broken in an automobile accident and they were in plaster casts with the arms stretched out straight. As a result, the patient, as a baby, had to be held at arm's length by the mother. The patient then understood why she as a mother seemed to prefer a strange way of holding her own baby – at arm's length! To try to understand how experiences can be incorporated, Mitchell writes the following.

"Something outside of us has been stored inside of us. How did it get there? Analytic theorists have come up with a wide array of terms to account for these phenomena. ... These terms are often clinically useful, accompanying ways in which something that is external becomes internal. ... But these explanations seem strained when it comes to accounting for stories like the woman with outstretched arms. Do we really believe that the baby whose mother's arms were in casts clearly perceived the relevant features of its mother as objects outside of them, and then, through a sophisticated defense process, established that image as an internal presence, later identifying with that image of a separate other?"

It seems much more pervasive to assume that such early experiences are not stored as images of a clearly delineated other, but as a kinesthetic memories of experiences in which the self and other are undifferentiated. (p.22)"

In Kohut's description of the psychic activity of the infant quoted earlier and in Mitchell's contrasting description of infants processing experiences, it is clear that there is an incredible ability on the part of the infant to organize, to create coherence. And this implies that there is an innate, ability on the part of the infant – and probably the neonate – to organize its experiences in a meaningful way in relation to itself. This ability to self - organize is inherent. It is a spontaneous reaction within the infant. The infant doesn't need to learn it from significant others. The conclusion from this discussion is that the first relationship the child has is a self to self relationship. The infant then brings this first relationship to the relationships with all others.

The position taken above, that there is a lot more structure and higher functioning in the fetus and neonate than previously thought, is in the same vein as the work of many other practitioners. For example, in Relationality, Mitchell's book on the work of the psychoanalyst Hans Leowald, it is pointed out that the infant is engaging in ... "a highly complex course of psychic development."

Leowald argues that there is language within the womb – that there is no separation between preverbal and verbal. Mitchell quotes Leowald, "Language is a key feature of the "primordial



density” in which feelings, perceptions, others, self are all parts of a seamless unity.” The infant researcher Daniel Stern’s position is that with the advent of language something is gained but something is also lost. The development of language is a “double edged sword. For Leowald there is no ambiguity.

“The mother speaks with or to the infant, not with the expectation that he will grasp the words, but as if speaking to herself with the infant included...he is immersed, embedded in a flow of speech that is part and parcel of a global experience within the mother-child field. While the mother utters words, the infant does not perceive words, but is bathed in sound, rhythm, etc., as accentuating ingredients of a uniform experience. (p.8)

For Leowald, the experience of language is imprinted in the prenatal state and remains with the child forming the basis for later language development. There is no splitting of preverbal and verbal.

Mitchell then goes on to quote infant researchers (DeCasper and Fifer) whose results illustrate Leowald’s point. Pregnant women would read a story out loud and the readings were recorded. After the birth, the mothers would read out loud another story by the same author and in a comparison to listening to the pre-recorded story, it was demonstrated that the babies preferred the pre-recorded story to the one read to the child after birth.

In the humanistic psychotherapy tradition the ideas of self-regulation, coherence and self-organizing were proposed earlier by Carl Rogers, Wilhelm Reich, Abraham Maslow, Fritz Perls and others.

As a result, it is a natural extension of this direction of study to postulate in body psychotherapy that there is a primary, inherent, organizing, “self” that comes into being as soon as the organism comes into existence called the endo-psychic self.

A Description of the Endo-Psychic Self

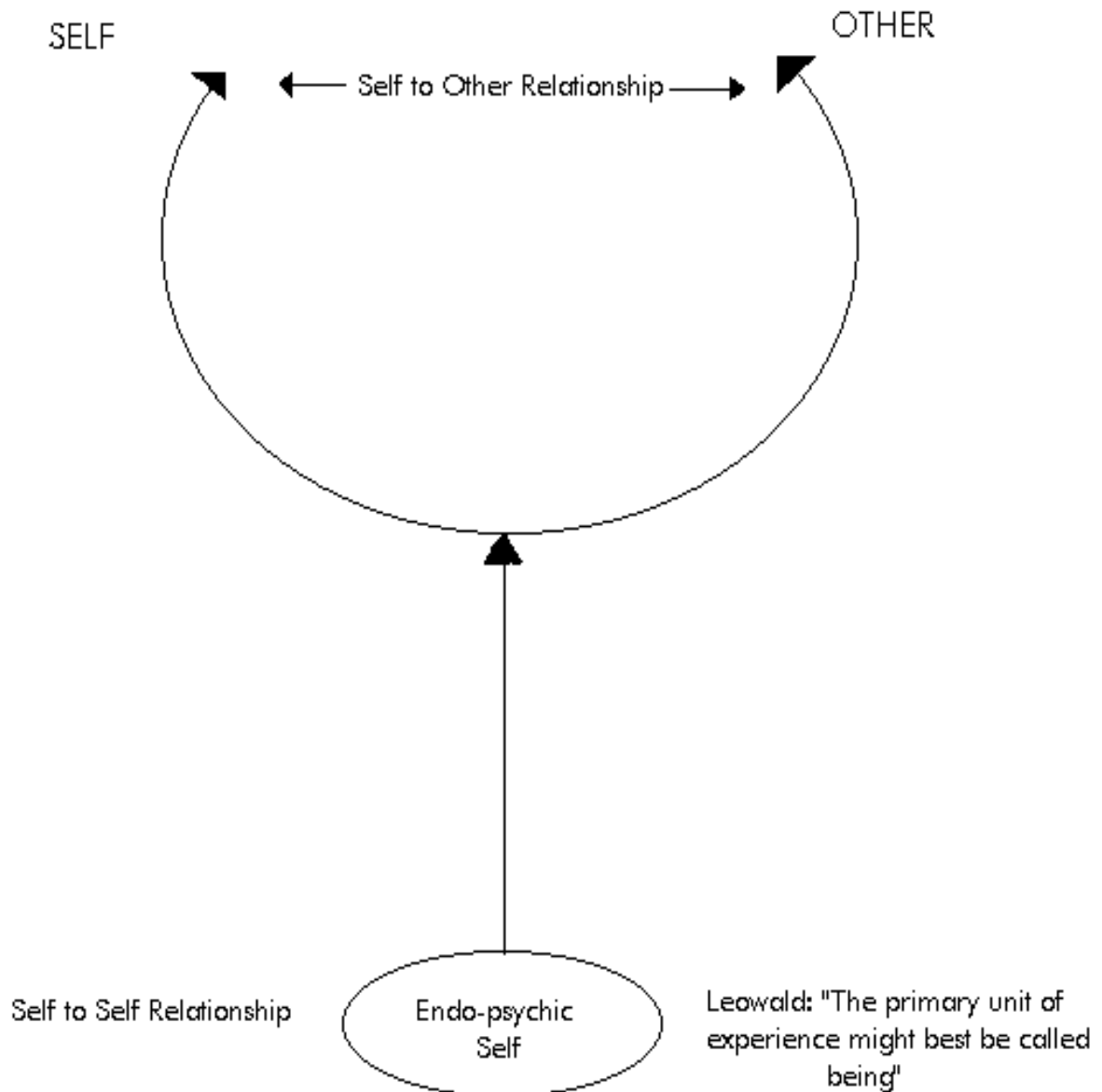
Existence and Consciousness

With the emergence of the physical existence of the organism, a primary consciousness comes into existence. This original conscious state is called the endo-psychic self. As undeveloped as the organism may be, the organism knows itself, it knows it exists and will do everything it is capable of to stay in existence. This is often referred to as the will to survive and we see it in the animal world as well as in humans. Humans will go to such extreme behavior as to “split off” from themselves to survive as is seen in schizoid and psychotic behavior. The endo-psychic self may be similar to what Guntrip refers to as the “inner core of selfhood” and what Winnicott calls the “incommunicado core.”(p. 466, p.467 in Buckley) It is our task as therapists to find a way to help the patient to communicate with this mislabeled “incommunicado core.”



An Organismic Self

The endo-psychic self is a self that exists before the functional identity split of psyche and soma – an organismic self before there is body and mind. The two realms of psyche and soma emerge from this unified state. (See diagram below)





Source of all Later Development

The endo-psychic self is the primary structure from which all other psychic structures eventually emerge. Its state and development underlies the development of all the later structures and behaviors that will follow. For example, depending on one's conceptual framework, the social self, ego, self-esteem, belief systems, and character structure will all develop out of the primary endo-psychic self.

Self-Referential

With existence comes consciousness. The organism is, to use Jantsch's term, "self-referential in the first line"; its first response to any situation or information is to return to itself and evaluate the situation in terms of itself. It is the object of its own subjectivity. This is a different definition of narcissism. It is a humanistic definition of narcissism.

Self - Starting

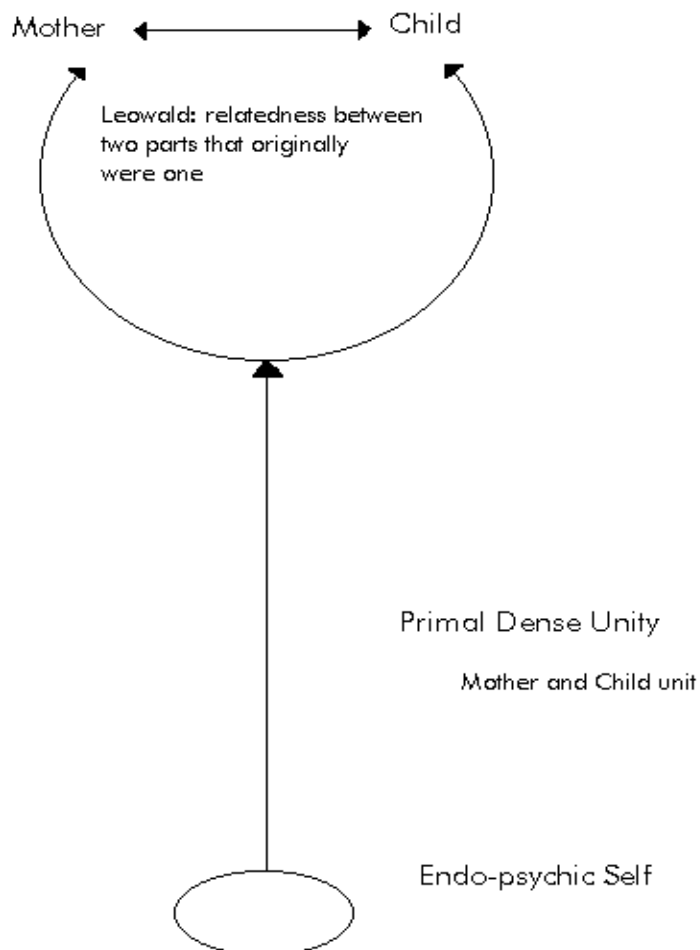
In addition to being self-referential, the endo-psychic self is auto-poietic: self-creative, self-formative, self-starting. The endo-psychic self comes into existence with existence and it is this sense of its own self that the infant brings to its initial contacts with the mother even before the differentiation phase begins.

Self to Self-Relationship

If we argue from the position of classical developmental theory in terms of omnipotence and autism, we conclude that since the infant only knows itself; the first relationship it has is with its own self. It is in a self to self relationship before it is in a self to other relationship. In Mitchell, Hans Leowald argues eloquently for the importance in later life of the early primary process experiences and describes them in terms of what I am calling a self to self-model.

According to Leowald, in the womb and after birth there is a "primal density" that Mitchell compares to the compacted primal density of the universe before the "big bang" when everything that later developed was one. This primal density is the unity of the mother and child," a single force field" where there are ... "no objects, no drives, no self, no others, no now, no then, no external, no internal." (In this case Leowald is referring to "self" in the classical terms.)

... "the relatedness between ego and reality, or objects, does not develop from an originally unrelated coexistence of two separate entities that come into contact with each other, but on the contrary from a unitary whole that differentiates into distinct parts. *Mother and baby do not get together and develop a relationship*, but the baby is born, becomes detached from the mother and thus a relatedness between the two parts that originally were one becomes possible." (Mitchell p.19) (Italics by Davis) (See diagram next page.)



Mitchell echoes this theme when he points out that “the cry and the response, the mouth and the breast” are the same and experienced as a unity. That experience – stored as a kinesthetic memory before differentiation – remains throughout life and must be included in the rest of one’s life.

“It seems to me that what is recorded and stored is a global sense of “mothering” in which the mother and the infant are merged into a singular event that envelops both of them.”(p.22)

With Leowald’s emphasis on the bodily incorporation of experience, his thinking helps to bridge the gap between classical theory with its references to omnipotence and autism and recent research in physics, biology and psychology, as well as the gap between psychotherapy and body psychotherapy. But just because the infant is learning more than we previously thought, it does not mean that he differentiates more. It clearly does mean that the infant’s life is a lot more organized, varied and colored than we previously acknowledged.



For Leowald, the primary process experiences of the undifferentiated infant remain throughout life and *need* to remain integrated throughout adult life. “Every dimension of experience proceeds from the original primal unity.” In contrast to Winnicott et al, these experiences are not fantasy. They are just as real as the secondary process experiences, which are generally considered to be reality oriented. As Mitchell describes in his origin of the universe analogy, these undifferentiated, “real” experiences are “...the hidden matter binding all later experiences and structures into a cohesive whole”.¹

Early undifferentiated experiences bind and organize later life experiences. Without incorporating these early kinesthetic memories, all aspects of our adult life would be separated from one another in a split off fashion. For Leowald, early and later experiences are woven into each other to form the fabric of our lives and must remain this way. The early experiences form the warp, the original threads that are laid down in weaving. The later experiences are the weft, the cross pieces that form the pattern that we identify as the adult person. If we split off, repress, deny these early experiences, we are left with an emotionless, foundationless, cold, over rational life style and culture. When as adults we drift too far from our primary unitary experiences – what I am calling our original self to self relationship – difficulties arise. Mitchell describes this process in terms of Leowald’s view.

“Inneurosis or, Leowald occasionally suggests, in the normative adaptation to our scientist, hyper-technologized world, the constituents of mind have drifted too far from their original dense unity: inside and outside become separate, impermeable domains; self and other are experienced in isolation from each other; actuality is disconnected from fantasy; and the past has become remote from a shallow passionless present.” (p.4) ²

To emphasize the importance of integrating early life experiences but doing it in a specific manner so that we benefit from them, Leowald writes that we must be “...warmed by the fires of the unconscious” but never get too close because the unconscious “consumes rationality and differentiation.” (p.11)

Immutability and Transformation

Leowald’s position that we must carry with us the early “real” primary process experiences is echoed in Kohut’s position that a “narcissistic stream” flows throughout our lives and, when well managed, can be the source of positive attributes. This type of formulating the continuity of the original primary states is the foundation of the principle that the endo-psyche self is immutable – it never goes away or changes in its essence, although it definitely transforms itself throughout life in the various forms of psychic and physical structures and behaviors. An example is when a patient of Fairbain’s said, “I want a father.” (Buckley) he understood that the patient was in a transference relationship with him and now she was beginning to clarify the transference and differentiate between the therapist and the father. Here we see two characteristics of the functioning of the endo-psyche self: transformation and immutability.

¹ Hidden matter is a concept in astronomy that helps to explain the holding back phenomena that exists in the universe preventing it from expanding continually and falling apart. Hidden matter acts as a binding force holding the universe together.

² This description of the binding quality of the early self to self experiences – the primal dense unity – is similar to the model of the gathering, binding, cohesive force of the instroke mentioned earlier.



Transformed, the original impulse towards the father object was directed towards the father substitute in the person of the therapist. This is an example of how the original impulse towards the desired object, the father, has been transformed and morphed into a transference contact with the therapist. An example of the immutable quality of the original impulse is, after all those years the original desire for a father was still embedded within her transference, her transformed impulse for a father. This is similar to what Guntrip calls the “dual nature of transference.” In terms of this discussion about immutability, she could have said, “I *still* want a father.” The original impulse for “father contact” was intact but disguised in terms of the attachment to the therapist as a father substitute. That is why she had to “settle” for a therapist while she still actually longed for a father. And the attachment to the therapist – the object – could never satisfy her longing for a father because it is object oriented and not self-oriented. The following discussions about desire and the self to self model help to explain why the object cannot satisfy the self.

Desire and Need

In developmental theory it is common to talk in terms of the “needs” of the organism. (Abraham Maslow formulated a hierarchy of needs as a model for understanding development and human nature.) It is generally understood that the psychic and physical needs of the infant are what activate the interaction between mother and child, and they must be satisfied well enough in order for development to continue in a healthy direction.

In the model of endo-psychic self-functioning, there are no needs per se because another characteristic of this level of functioning is not “need” but “desire”. Need arises when the desire is not met. Need is a state of difficulty, a sense of deprivation with a goal implied – usually at a distance. Desire has mutuality about it, a give and take dialogue by placing a sort of obligation to respond upon the other to whom the desire is expressed. It has an impervious quality – a demand – that must be responded to. Need represents frustrated, unmet desire. A desire to be in contact is a different state than a need to be in contact.

When the child feels alone, it “desires” contact. From a humanistic point of view this is the human condition. We must be in “other” contact to be fully human. In this state, there is no tension that needs to be discharged to use drive theory or Reichian energetic terminology. The “tension” that does exist within a desire is an excitement that acts as a mobilizing force towards the desired object and is well within the tolerance levels of the organism. When a person first gets hungry, he wants to eat and this sensation moves him towards the object/goal – the food. If there is no food for a continued period then he enters into a need state.

If the desire is not met, then the desire – the original impulse for contact - transforms and turns into need – a lack state. The “pushy”, “gluey” shrill quality of the need state is a symptom of the frustration of the unmet desire. When desire is met satisfactorily, development continues and new desire impulses evolve and transform into the next stages of development.

The Self to Self Model

Considering the emerging wealth of information revealing a more complex functioning in the infant than we knew of before, it seems appropriate to re-think some of our concepts and theories. If the organism is self-starting, self-referential, self-organizing, then it makes sense to develop a self-relations theory in contrast to an object relations theory. The principle of



this approach is to move the focus of development from the “over” emphasis on the object (parent and later therapist) and more towards the self’s experience of itself as a result of contact with the object. The understanding is that *development takes place in the self’s experience of itself during the object event*. Development does not occur in the contact with the object, although certainly contact with the object is necessary for development to occur. This is a change of emphasis, not exclusion. As mentioned above, human nature demands contact with other humans to be fully human. The creative role of the other is not being denied, merely re-defined.

In Fairbairn’s earlier quote where the woman patient demanded a father he took this to mean, “The aim of the drive is the object.” Of her four words “I want a father!” he emphasized the word “father” and used this idea to expand his theory about the importance of the object in determining development and by extension defining the role of the therapist in the therapeutic relationship.

In a self-relations theory, we would take the same sentence and emphasize the first two words: “I” and “want”. In this model, “The aim of the drive is the self.” More specifically, the aim of the *desire* is the experience of the self.

Only when the self experiences itself in the object contact can the desire be fulfilled. When a need state exists the goal of the drive – the push towards satisfaction – becomes the object and thus the self is never satisfied. The experience of the object must be incorporated in terms of the self’s experience of itself or else no contact and since there is no satisfaction of the desire no development has occurred.

Summary

At the core of the humanistic tradition, there is a belief in an inherent, essential, potential self that defines the nature of human life. In an almost prophetic statement, Carl Rogers wrote:

“My main thesis is this: There appears to be a formative tendency at work in the universe which can be observed at every level. This tendency has received less attention than it deserves.” (1978)

More recently, biological, infant and physics researchers have helped us clarify the complex psychic (self) organizing that goes on within the fetus and the newborn. That it is generally considered that the self is fully developed by four years old, it speaks volumes about the ability of the infant to structuralize itself. After this initial structuralization, it only builds upon what already exists. (In soon to be published article, Marianne Bentzen states that the “personality” may even be set by 2 years old.)

Parallel to this incredible psychic development Dr. Peter Nathaniel pointed out at the Nijmegen congress that in the first nine months of life in the womb, the child goes through more physical development than it will for the entirety of the remainder of its life!

It is time that body psychotherapy comes to terms with this primary, parallel developmental process and develops its own theory of early and self development and no longer continues to take bits and pieces of information from different therapies and tries to glue these ideas onto our own unique system in a patchwork fashion. As Marlock and Weiss eloquently write:

“Psychotherapy of the future must be firmly planted in a positive valuation of human potential and not caught in a hypnotic gaze at human pathology.” (p.133)



This formulation of the endo-psychic self is an attempt to make a contribution to the development of body-psychotherapy into the future.

Bibliography

Buckley, Peter ed.: Essential Papers on Object Relations, New York University Press, New York, 1986.

Davis, Will: "An Introduction to the Instroke", *Energy and Character*, Vol. 30, Nr.1. 1999

Davis, Lilly; Munzel, Michael; Harms, Thomas: *Energie&Charackter*, Vol. 19 and 20.

Jantsch, Erich: The Self-Organizing Universe, Pergamon Press, New York, 1979.

Krens, Inge, *Freedom through Bonding*, Volume 1, Gesellschaft für Tiefenpsychologische Körpertherapie.

Kohut, Hans, The Analysis of the Self, International Universities Press, Madison Ct. USA, 1971.

Marlock, Gustl; Weiss, Halko: *In Search of the Embodied Self in: The Flesh of the Soul*, Michael Heller, ed. Peter Lang Verlag, Bern. 2002

Mitchell, Stephen: Relationality: From Attachment to Intersubjectivity. The Analytic Press, Hillsdale, New Jersey, 2000



will davis Mas de La Capelle Route de Saint Côme 30420 Calvisson France
+33 (0) 466 81 43 25 willdaviswilldavis@gamil.com