

Winnicott's Mindpsyche and Its Treatment

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This paper presents Winnicott's concept of Mindpsyche and two clinical examples of how the concept is applied in two treatment modalities. First, a discussion among the members and leader of a dance therapy group is presented, in which participants attempt to understand why certain moments in the dance experience feel both frightening and exciting for them. They specify that these moments have to do with improvising in such a way as to generate a certain level of arousal which produces a momentary integration of feelings, thoughts and behavior, and with being seen at such moments. The author suggests that these experiences of embodiment suggest a solution to the problem of Mindpsyche, which is a state in which the soma has been drawn into the mind, depriving the individual of the natural process of mutual interrelation between psyche and soma. Moments of embodiment can be perceived not only by the dancer, but by others who witness the dance. Yet it may be impossible to specify what is unique to the outward manifestations (the real actions) of these dances that demonstrates their embodiment. The first example of embodiment is from Gendlin's *Experiential Focusing*. The dance therapist may be in a particularly advantageous position regarding work with problems of mindpsyche. In the second example, three moments of treatment are presented, in which a bulimic patient who is "in her head" learns how to establish a mutual interrelation between certain movement cues and breathing to generate momentary states of embodiment.

Toward the end of a session, the members of the dance therapy group reveal a secret. One says, "There is something terrifying about being seen (dancing) in this way. It's even worse than my regular (verbal) therapy session. I've never felt so exposed, but I don't want to stop."

I inquire further, hoping to hear why the dancing is so scary, or why it is wonderful. The group is puzzled, even though even the most resistant member agrees that this mixture of terror and elation is what she feels too. Someone says, "It's something about being seen. You are watching me make dances and you delight in my attempts." Another member adds, "No, you don't love us for this, you laugh at us." The group agrees that it has something to do with being watched, and that it works best when they feel my concern and not criticism. They have established one aspect of the secret: it has something to do with being seen.

They speculate further. It doesn't happen all the time, or in every dance. It only happens when the dancing comes from a certain level. What level? It comes when I notice my breathing and stay in touch with how my muscles feel. Finally, a member says quietly, "I know why this scares me. I think it's like being born. It feels like my mind is showing itself through my dances, and that is what you are seeing."

The group develops this theme, corroborating unknowingly with Winnicott's concept of Mindpsyche.

One might ask what happens if the strain that is put on mental functioning organized in defense against a tantalizing early environment is greater and greater? One would expect confusional states and (in the extreme) mental defect of the kind that is not dependent on brain-tissue deficiency. As a more common result of the lesser degrees of tantalizing infant care in the earliest stages we find mental functioning becoming a thing in itself . . . This is a most uncomfortable state of affairs, especially because the soma of the individual gets seduced away into this mind (and away from its natural relation with the soma. (Winnicott, 1958, p. 246).

A member of the group stated, "I never felt like my body belonged to me anyway. You can beat it up and it doesn't matter to me. The problem is that it's palpable. Now, my mind is something else. That's where I *live*." The group members nod in unanimous agreement. People with severe eating disorders, self-mutilators and prone to accidents of all kinds, they frustrate staff with the tenaciousness of their self (body-) destructiveness. They play with death. In this session, they are uneasy letting me know where they "live" because I will demand embodiment from them, and leave them no escape.

I suggest that what these people are experiencing during their scariest moments in dance are momentary episodes of integration of psyche and soma, which Winnicott defined in the following way:

the imaginative elaboration of somatic parts, feelings and functions of physical aliveness . . . The psyche and soma develop in a process of mutual interrelation, and with an inside and an outside . . . is felt by the individual to form the core for the imaginative self . . . the psyche is not, however, felt by the individual to be localized in the brain, or indeed to be localized anywhere. (Winnicott, 1958, p. 244)

These moments of "embodiment" are indeed felt by each dancer creating a certain kind of dance; they are also witnessed by the rest of the group who are observing, not casually but intensely. The members of the group are often moved precisely by the same moments in the dance that excite the dancer: and it is these moments about which the dancer has much to say. The talking is about something new that has occurred to the dancer while dancing, or it is about something already known that now resonates on a deeper level.

What are the observable features of a dance that is "embodied"? How can one determine that the dancer is indeed "behind" her dance?

There is no way that I know to describe the particular qualities of such a dance. As Winnicott said—it is not localizable. However, it is possible to speak of a kind of balance or integration of various movement qualities that is so subtle, yet present. One dance therapist refers to the "implicate order" revealed in such dances. (H. Wiener, 1983, personal communication.) This phenomenon has also been described as a kind of "tracking of experience" producing a result which is simultaneously unique and universal. The particular movement qualities of the dancer are idiosyncratic, but the moments of balance and search for balance itself, i.e. the dance, has the aesthetic appeal of an artistic experience.

As far as the setting and the patient population, I am writing here from treatment experiences involving severely-personality-disordered individuals in a group therapy using dance movement as the modality of treatment. Mindpsyche is the problem. I start with dance because it precedes the verbal realm, thus simplifying the task of establishing integration between various domains of development. Movement integration (between various systems of outer behavior and psychic life) will precede integration of movement with verbal life. In other words, meaningful movement precedes meaningful speech.

The first clinical example is of an internal psychic movement process which can also serve to generate actual movement. I offer it to prepare the reader for the second clinical example, which has both an internal movement process and an externalized dance experience. Based on Eugene Gendlin's *Experiential Focusing*, this approach asks the patient to carefully choose words that fit the felt-meaning of his bodily experience. Although there are no gross body movements involved in this approach,

there are significant shifts of breathing and posture that signify shifts in the inner process of the patient.

G. is a 30 year old man, severely-disturbed, depressed and pained-looking. Once able to attend a fine graduate school in English literature, he has spent the last few years unable to use his talents and requiring repeated hospitalization. Whatever the details of G.'s past, one look at him and it is clear that he has undergone a loss of his sense of physicality and is in the grip of a mind gone desperate. His voice is flat, his chest concaved and inert-looking. He describes himself as a dead body, yet on the brink of desperation. G. says flatly that he is in a state of anguish, but is unable to relate this to inner or external events. This paradoxical presentation is quite unusual.

The only liveliness in G.'s presentation is terse pulling action in his fingers, which he applies to the tuft of hair he is preparing to yank out of his scalp. G. does not appear to notice that he is tearing his hair out. Perhaps he is in a heightened state of mindpsyche where feelings are "thought" but not felt.

T: Can you go inside for a while, finding the place right underneath your breathing, where you feel your feelings?

G: I don't feel anything. . . .

T: Ok. Is there a place where you don't feel the anything?

G: . . . I think there is something. . . . it's in my heart . . . yes, there is something in, near my heart . . . like I've been stabbed. An image goes with this . . . of a huge knife. (minutes pass, G. is breathing more easily and visibly now.) This heart needs comfort . . . (hesitating) I need comfort . . . the worst part of this is the feeling of not being able to communicate . . .

T: How is it now?

G: It's lighter in there now . . . some energy . . . but the stabbing is more intense at the same time. (He looks as if he will cry, does but he does not.) It feels like I should go on. . . . but that is just what I always do. I *always* go on. Now I can feel this. My head is talking now, my mind is telling me to go on. I am always pushing my body against this mind. I didn't notice this before. My body wants to rest, then it will be able to go on . . . this is the piece I have missed . . . this "pushing against" feeling. I'm tired now, but I feel eased up too.

G. has been working this way for about ten minutes. The group has been watching him, and they seem to reflect the change in his manner through their breathing and steady gaze. G. returns the following day cleanshaven, without pulling his hair, and says that he has less pressure in his head. He speaks about personal losses suffered during the last two years and wonders if he had not paid sufficient attention to his feelings about them. Maybe he never took the time to mourn.

G.'s momentary experience of psychosomatic integration left its effect. It remained in an understated way over the next week, and was remem-

bered vividly by the members of the group who had witnessed it. An interesting aspect of this shift was that even when G. became his old help-rejecting self, the "underneath" embodied aspect did not entirely disappear. It was as if he had gotten a dose of health and it was sticking, despite the strength of his illness.

Let us proceed now to some of Winnicott's work with similar patients. Winnicott at times departed from the verbal aspect of his work to help one patient work through her mindpsyche dilemma. He held her head as she re-experienced (or, more accurately, experienced) her earliest moments. These included changes in breathing gone over in fine detail, a sense of constriction passing down her body, severe pressure on her head, and other sensations akin to the birth experience. His patient talked in a manner similar to G. at such times, searching carefully for words that would match the bodily felt experience. She looked for felt-meaning. The content of her words changed as she moved backward in time, and forward in her treatment.

Acceptance of not-knowing produced tremendous relief. "Knowing" became transformed into "the analyst knows," that is to say, "behaves reliably in active adaptation to the patient's needs." (Winnicott, 1985, p. 250)

This woman's life had been built around mental functioning which had become falsely established in her head. G.'s dilemma, disavowing the stab in his heart and pushing beyond it through mental means, had a similar false quality.

Winnicott stated that one aim of psychosomatic illness is to draw the psyche back from the mind to the "original intimate association with the soma." He praised the value of physiotherapists and others who worked with the psyche through the somatic realm. The dance therapist, a psychesomatist, is in a position to appreciate how certain somatic symptoms arise within a psychic context. More importantly, the dance therapist can address the bodily problems in a language the body can comprehend. The benefits of such an approach include:

1. Addressing the patient specifically to incongruence between internal state and outward body movement.
2. Freedom to work fully with the nonverbal and often preverbal experience of the patient without the additional complexity of verbal language. This stance enables the patient to develop a sense of bodily integrity, and therefore to be truer to themselves in that dimension.
3. The significance of the therapist's body and movements being responded to transferentially.

The dance becomes the search for and evidence of a certain level of reciprocity between psyche and soma. By temporarily tuning out the complex channel of spoken language, which carries within the capacity for double entendre and innuendo, the patient has a simpler but still complex task. An automatic checking back process between external movement and sensation, cognition and affect forms itself into movement patterns. The patterns relate to other patterns which have a felt-meaning for the dancer. A dancer without mindpsyche will not have an internal bodily reference point with which to improvise. She will either not be able to move at all, will get stuck in stereotype and movement ruminations, or will complete a dance without any sense of ownership or satisfaction. Someone watching such a dance will have a similar sense of dissatisfaction or boredom. Kinaesthetic empathy will be not evoked, although sympathy for the detached dancer might be.

Three Critical Incidents from the Case of J.: A Search for Mindpsyche

J. is diagnosed as having a borderline level of personality organization and a severe anorexia and bulimia. Once a child prodigy, she has not been able to work or to socialize for many years, having destroyed professional and personal relationships under the tyranny of her severe eating disorder. Her binges were daily, and included one incident in which she swallowed a metal spoon. J. is a small woman, thin but not emaciated, with a pallor and swollen glands from vomiting. Her face has a forced frozen smile that evokes a "mugging for the audience." J. is ingratiated and grandiose, mixing stories of her unusual childhood with confabulation. She complains of being misunderstood, and of not knowing what she feels. She is a liar. J. describes her problem as "trying to get my sense of who I am to come down from my mind into my body."

Incident 1

J. offers to do the first solo dance in a group, by improvising to the theme of "finding herself." Exhibiting none of the natural shyness often seen in solo work, she leaves the group behind and strides out in the dance space. She stands in the center of the floor. Her breath is held, her chest is puffed out and looks immobile. J. stretches her arms out to their fullest, and acts out the gesture of searching for an embrace. She finds none, and

wraps her arms around herself in a hug. This dance is mimed. The group watches respectfully, but they are not moved. They are learning to identify authenticity through their own responses, and J. is in need of some. One member asks her why she is looking "out there" to find herself "in here." J. is puzzled, caught off guard, and appears vulnerable. She had used the only way she knows to find approval—looking "out there."

I ask J. to try again, in a brief improvisation. This time she will sit among us. There is no need to move away so soon or so far; her geographic separation from us is not accompanied by psychic individuation. I suggest that J. spend a full minute simply noticing her breathing and its movement. J. puffs herself up and forces a hollowing exhalation. She is afraid that her own respiration is not adequate, and that we, the audience, won't see anything happening. Even so, a feeling begins to form around her as she sits in stillness. She moves without the abrupt announcement of "now I am going to start." Her transition into movement flows from breath and she follows this subtle change in her torso. She seems to fill with substance. J. follows the line of gravity, and finds her head rolling down to the floor. Her grin has dissolved, revealing the face of a frightened child.

J: I don't know what that was. I felt something in my arms and stomach. I wanted to roll more, with my head going all the way, but there was such pressure in my head. I've been lowering my head of a toilet bowl for so long now, I forgot to notice that moment . . . you have no idea what it is like, to spend your life with your head over the toilet.

Group Member: I never saw you be so simple before. I feel like I really saw you.

J: (Confused but interested) What do you mean? What was different? (pausing, she checks her inner state.) I am so hungry now. I don't think it's food that I want.

In the following weeks, J. begins to identify a variety of mixed feeling states that are lodged psychically and somatically in her stomach. These feelings produce physical pain and a sense of starvation. Then, they become psychological hunger. J. lies curled up on the floor, crying that her anger is bigger than she is, and that she is too small and young to contain it. She curls herself near the other group members, and peeps out to watch them dance. She states that she is hungry, and her eyes are hungry to take in our bodies. She remains in contact with the reality of the sessions, and also takes these reactions to her individual psychotherapist.

Incident 2

J. has made a trial attempt to stop binging. She is growing long hair, has started to experiment with makeup, and has given up tomboyish overalls. In dance sessions, she is often doubled over with emotion that registers as physical pain. She is finding that her eating disorder hurts, and she can feel it. J. insists on dancing in sessions despite the pain, and we discuss how much her body can sustain. During this phase she must dance a bit and then watch. She must take bite-size amounts, although her impulse is to gulp down the dance improvisation. In one session she pulls herself free from the group, and stands at the sidelines. She recalls having been a wallflower. She asks us to let her lead a group improvisation. She wants us to lift her. J. is pleased and embarrassed by this urge.

Incident 3

J. has become less verbose, more expressive and her dances are eloquent. Today is the last session of four months. Her dance is a mixture of sadness and pride. She is able to move from floor to leaping in the air without losing a sense of physical transition. She is subtle in gesture, and her tension is modulated. The significant gesture occurs when J. begins to grab for her sinking sweatpants. Is this a little girl losing her pants, or a woman disrobing? J. is no longer cute. She is intrigued that her dance both contains and communicates her sense of female sexuality. She finishes the dance with a duet, dancing with another woman whom she has previously avoided. The dance partner is a remote woman, known for her sexiness. She starts to cry as J. displays her conflict of woman vs. child.

J.'s body continued to feel more responsive, and her movement became truer to itself. One could say that she had developed a sense of integrity. This change affected every area of her life. She recognized hunger in her stomach, and began to modulate her need for real food. She differentiated real hunger from her legitimate need for human contact. She could sense when her movement was false, and felt more reliable. J.'s progress in the treatment of her problem with mindpsyche included the following achievements:

1. The establishment of an improved relationship between J. and her breathing process. I asked J. to keep her awareness partly on her breathing while she danced. Doing so produced associations. These related to her fear of breathing, and her belief that she could stop her own breath. Slowly, she had developed a psychological reliance on the continuity of that physical process. As she solved movement problems in order to improvise, she began to feel a sense of continuity throughout her life.

2. Awareness of muscular sensations as distinct from inner organ perception. J. had identified her body's need for a certain level of stimulation and rest. A co-mingling of breath and muscular awareness produced J.'s ability to sense pleasure in her dances.

3. With the establishment of the above, J. began to feel safer. Memories and associations occurred during her dances. She could contain these and communicate them simultaneously.

4. The majority of interpretations made during J.'s dances were self-interpretations. These understandings remained with her, and seemed to have general application.

J. had the beginning of mindpsyche. Her particular movement attributes included the use of very large expanses of space around her body (she moved as if she were still large), many reaching gestures, and lots of leaping. These choices lend themselves to interpretation. But my point here is merely to say that they began to work in an adaptive integration for her. Careful attention paid to breath, muscle and inner state enabled J. to treat her mindpsyche, and a simpler verbal style ensued.

I suggest that J. learned to soothe herself, and to simultaneously contain and express herself through movement precisely because she worked directly with her body. In a sense, a moving body can be thought of as our original holding environment, in which the satisfactory and mutual interrelation of psyche and soma, under optimal circumstances, produces a sense of aliveness. When J. could develop this function, even in moments, the group could confirm her achievement through their sensitive observations. It is in this sense that I came to appreciate the group's secret, when they shared the excitement and terror of being born anew.

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