

Cornell, William F. "Searching in the "Unsaid Seen": McLaughlin's Unfinished Reflections on the Place of the Body in Psychoanalytic Discourse." *American Imago*, vol. 67 no. 4, 2010, p. 515-539. Project MUSE, [doi:10.1353/aim.2010.0041](https://doi.org/10.1353/aim.2010.0041).

Searching in the "Unsaid Seen": McLaughlin's Unfinished Reflections on the Place of the Body within the Psychoanalytic Discourse

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Abstract: The meanings of bodily experience and nonverbal communication were subjects of intense interest and speculation throughout Jim McLaughlin's writings. In spite of his decades-long challenges to psychoanalytic orthodoxy, he was never able to move fully beyond the theoretical biases toward the body promulgated by the classical and ego psychological cultures in which he was trained and practiced. This paper explores this unfinished aspect of McLaughlin's clinical work and his foreshadowing of the growing interest and understanding in contemporary psychoanalytic models of the centrality of nonverbal communication and sensate experience in psychic organization and interpersonal relations.

Hour by hour, patient and analyst are awash in a steady flow of nonverbal information: body rumblings, postural stirrings, alternations in voice timbre and rhythm, the quality of silence itself. (2005, 119)

James McLaughlin was one of those rare psychoanalytic writers who privileged the reader with the opportunity to observe his mind at work, often while in periods of deep disquiet and struggle. Though keenly inclined toward solitude, Jim's writings carried him into an ongoing engagement with his colleagues in psychoanalysis and psychotherapy.

Jim's mind was a restless and relentlessly questioning mind. His theoretical world was deeply shaped by his classical training and his participation in the American Psychoanalytic Association. In the 1960's Jim began his twice-yearly participation in the meetings of the Center for Advanced Psychoanalytic Studies. As we culled through his writings in preparing *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter* (2005) and reflected on the

experiences that shaped his image of himself as an analyst, Jim described himself as having been “a good kid” during his training years and “seen as quirky in my thinking but orthodox in my practice” during his years with CAPS. “But,” Jim said, “ at CAPS I kept asking the question of how can we be so certain about what we know, how do we know what we know, ...but I was too tentative then in my own voice.” Jim gradually found his own voice with some of his initial ideas then emerging through ongoing conversations with Ted Jacobs, Evie Schwaber, and Warren Poland in particular. But I would suggest that the heart of his thinking emerged in solitary encounters with himself in his consulting room and in his beloved woodworking shop.

As a young man, I had a deep interest in psychoanalysis, reading Freud, Jung, Fromm, and Sullivan in high school. In college I discovered phenomenology and Wilhelm Reich, a heady combination for a budding psychology student. I went on to study phenomenology in graduate school. I had intended then to seek psychoanalytic training, but turned away from its doctrinaire teaching and rigid practice. Instead, I pursued training in transactional analysis (seeing Eric Berne bringing a phenomenological perspective to his classical analytic training) and in neo-Reichian body psychotherapy. Like Jim, my mind is restless, and I eventually returned to reading the more contemporary psychoanalytic authors of the late 1980's. I began this reading to seek a bridge between my work as a body-centered psychotherapist and the newer thinking among psychoanalysts. In this endeavor, I discovered Jim's work, reading first his papers in nonverbal communication and infant-mother interaction. But what truly captured my attention and imagination were his papers on self-analysis. I was deeply moved by his honesty; only in Harold Searles had I found such directness in the writing of a psychoanalyst. I felt privileged to witness a fine clinical mind at work. In his writings I found echoes of others I was reading, Christopher Bollas and Donald Winnicott on the far side of the Atlantic, Harold Searles and Stephen Mitchell, among others, on this side.

Jim wrote with a frankness that was both revealing and rather unsettling to many of the analysts of his generation. His ideas were not always well received. More than once he was told by disapproving colleagues that he should return to his personal analysis to resolve his countertransferences rather than broadcasting them in his professional publications. The questions Jim has raised through the self-revealing nature of much of his writing--especially those on self-analysis and the meanings of enactment--speak to issues still very much alive in today's analytic communities.

Although I lived in the same city as Jim and having read virtually all of his papers, we had never met until brought together by our mutual interest in the place of the body in psychotherapy and psychoanalysis. In 2000 I had been invited by the Pittsburgh Psychoanalytic Institute to give a paper, "Entering the gestural field: Bringing somatic and subsymbolic processes into the psychoanalytic frame". I had been invited as a body-centered psychotherapist, the first time in the history of the Institute that a non-analyst had presented a "scientific" paper; Jim, with his well-known interest in the nonverbal, had been asked to be my discussant. Jim and I agreed that evening that we each had much to learn from the other, and a collegial and creative friendship ensued until Jim's death in 2006.

A year after my presentation to the Pittsburgh Psychoanalytic Institute, I attended the first conference of the International Association for Relational Psychoanalysis and Psychotherapy in New York. Jim's papers were referenced repeatedly, though Jim was not in attendance. Upon my return to Pittsburgh, I told Jim often his work had been mentioned and suggested that he put his papers together in a book. My suggestion was met with a resounding, repeated, and heated refusal. Jim was done with the analytic community, feeling more bruised and battered than appreciated in the reception of his work. I persisted, contacting Lew Aron as the editor of the Relational Perspectives series of the Analytic Press. Lew's response was enthusiastic, informing Jim that his papers

were widely read in the independent and relational institutes around the country. Sadly, Jim had not known that, and reluctantly he agreed to undertake the project with me as editor.

As we combed through talks and manuscripts in preparation for the book, Jim spoke of the psychic cuts and bruises that remained from the disapproval of his challenges to the then theoretical canons of psychoanalysis and ego psychology. Jim came to see the disabling impact of rejection and shame (Thomas, 1997; McLaughlin, 2005, 23-30, 43-44) upon analyst in his or her professional development, with the consequent foreclosing of the openness and curiosity necessary for true analytic exploration in treatment and in the evolution of theory. Nowhere in Jim's writings do we see the lingering effects of analytic rigidity and doctrinal thinking more than in his efforts to understand somatic (nonverbal) activity and experience within the analytic process. An interest in the body permeated his work from its beginnings but remained the most unresolved of all his areas of exploration and articulation.

Entering Nonverbal Realms

In my paper to the Pittsburgh Institute, I argued that the prefix “pre-” —as in pre-oedipal, pre-genital, pre-object, pre-verbal, and pre-symbolic—was all too common in the psychoanalytic lexicon and introduced a bias that needed to be closely examined. The terms presymbolic and preverbal, by definition, suggest a developmental pressure and inevitable (desirable) maturation of these realms of experience into the verbal, symbolic realm. In that paper, I drew upon the recent research in the multiple code theory of Wilma Bucci (1997a, 1997b), which I saw as an important bridge between my own orientation and more traditional analytic perspectives. Bucci, utilizing the term “*subsymbolic*”, in contrast the usual concept of *presymbolic*, stressed:

Subsymbolic processing is not inherently regressive, not confined to altered states, and not limited to fulfillment of unconscious wishes. It provides a systematic account for aspects of the

dreaming process and for the intuitive exchange of emotional information between analysts and patient; it also leads to a reexamination of many psychoanalytic concepts, from the fundamental notions of the primary process of thought and the unconscious itself, to current concepts of intersubjectivity. (1998; 577-578)

Jim's first efforts, later rather poetically titled as "The Search for Meaning in the Unsaid Seen" (2005, 139-155), to grasp the meanings of the patient's nonverbal activity on the couch began with several years of making--in the margins of his notes of patient's verbal reports--"crude notations about the positions and movements of hands and arms, feet and legs" (142), which were often accompanied by tiny sketches of body positions. Jim tried to correlate these visual noticings with what he was hearing. He abandoned his efforts as he found this dual attention interfering with his capacity to listen in his more familiar mode. He concluded:

The patterning that can be shaped from my data takes its substance from the concatenation of action, words, and affective music. The totality can be impressive, particularly when repeatedly observed over analytic time, but it remains a web of circumstantial evidence. (143)

Significantly, given his later interest in the meanings of enactments and the mutuality of influence between patient and analyst, his early observations included only those of the patients' bodies, not his own.

As Jim struggled to give meaning to the unspoken domains of the analytic process, he seemed often in a quandary. At times his language was profoundly distancing, as in "primitive kinaesthetic-proprioceptive-visceral experiences (like the Isakower phenomenon) through postural-gestural kinesics to the quirks of verbalization" (1989, 111). Often it seemed that the physicality of his patients on the couch was something to be observed from a careful remove. And, typical

of the psychoanalytic bias of the day (Anthi, 1983; Gedo, 1997; Kramer and Akhtar, 1992; Krystal, 1997; Lilleskov, 1977; Suslick 1969), he often equated the nonverbal with the preverbal and infantile, a theoretical assumption which he came gradually to call into question but was never able to fully resolve conceptually or translate into effective technique. His ambivalence to his own project is evident:

I do not wish to suggest that this attention to the nonverbal should, or could, take precedence over the usual analytic devotion to verbal content, nor that the kinetic play provides an alternative royal road to psychic depth. (1989, 116)

And yet, later in the same article, he described his persistent efforts to get a patient (Mrs. M) to attend to her alternately harsh finger picking and soft self-touching, which he ascribes as affording him “a fuller view into her inner experiences of attachment and conflict, particularly in the maternal transference” (118). This patient resisted his efforts to call attention to (and interpret) her nonverbal activities for some time, but “gradually she dealt with the gesture as she had grown accustomed to work on dreams, gingerly, but with some safety in viewing dream and gesture as being a happening slightly removed from her” (120). *Entering her gestures as she might a dream* yielded a rich field of memory, associations, and intense interactions with Jim. His case material seems to directly contradict his cautious, politically correct distancing from the very phenomena he sought to explore and articulate in the paper. Here we glimpse Jim’s growing sense that nonverbal behavior might constitute a gestural field rich with unconscious meanings of past and present.

In the 1992 paper reprinted in this volume, Jim reflects upon the historical biases that have profoundly shaped the dominant psychoanalytic attitude toward bodily expressions on the couch. He notes that from the earliest years of Freud’s first explorations in the treatment of hysteria, physicality of expression was equated with hysterical defense and regression to the infantile.

Freud valorized words over action. He commented that even as Groddeck and Ferenczi “wrestled with the muscular and gut power of what caught them up, and went off in directions of their own in their struggles to acknowledge the role of the nonverbal aspects of their analytic experience” (1992, 152), these pioneers of the body were roundly ostracized from the analytic communities surrounding Freud and relegated to the fringes of psychoanalytic history. The century-long consequence Jim observes has been that “from the beginnings of analysis to this day, was Freud’s overriding commitment to the saving power of rationality and to the secondary processes that language provided to ensure the dominance of reason in human endeavors,” ... “out of which rational man, now epitomized by the generic analyst and the well-analyzed patient, was to shape and assert his higher reality view” (1992, 152). The fundamental rule was (and is), “**SAY** what comes to mind.” Action and movement were classically seen as regressive, infantile modes of expressions, acting out, which needed to be tamed and transformed into the verbal domains of rationality. Jim goes on to observe:

We still accept as valid the proposition that adult thinking is blended from three essential ingredients: a sensori-motor-visceral-affective mix that is the infant’s earliest mode of responding; his later, or perhaps simultaneous, imaging in all sensory modes; and gradually, as childhood is traversed, a verbal-lexical capability that achieves relative dominance over human behavior. (1992, 152)

Even as Jim struggled to unravel the meanings of “What comes through the body?”, we see the languaged mind cast as the superior, mature mind. The embodied mind remains suspiciously unsavory. In the discussant paper that accompanied the original publication of the paper, Sydney Pulver (1992) reinforces Jim’s ambivalent conclusions:

From the standpoint of analyzing, nonverbal behavior functions exactly the same as character traits. First, the patient must become aware of the behavior.... Next, the patient must be motivated to understand what the behavior represents. For this to happen, he must become convinced that in fact there is some significance to what he is doing and that it is deleterious to him. ...My experience agrees with McLaughlin's. It is rarely useful to call a patient's attention directly to any kind of nonverbal behavior, whether subtle or obvious, either by inquiring about it directly... or by interpreting it.... (175)

Jim's struggles were deeply apparent in his later writings. He would put in quotation marks such evocative phrases as "set into resonance" and "evoked into companionship" (2005, 152), hinting at the intersubjective potential and richness of nonverbal communication. Commenting on the "exciting perspectives of intersubjectivity and self psychology," Jim acknowledged that he was "playing catch-up with such authors as Beebe and Lachman, Stolorow, among others, ... these two modern analytic perspectives [which] have derived from aligning their observations with these studies of the engaged child" (2005, 153). But he goes on to say:

Yet I keep thinking of the earlier analytic babies others have discovered in our adult patients—the polymorphous yearning and puzzled Little Hans of Freud's ken; the raging-biting/remorseful baby of Klein (1957); the dependent-respondent baby of Winnicott (1950); the attached baby of Bowlby (1969); and the psychosomatically stricken babies that were my special concern in the late 1940's—those babies who had to deal with what might be thought of as the negative of engagement.... (2005, 153)

Jim could not quite grasp that, like most everything in our psychic make-ups, while there are often remnants of the infantile past conveyed in our nonverbal, subsymbolic

expressions, there is also a depth of affective experience in the present, as well as unspoken calls to future possibility ('evocations into companionship').

In spite of his interest in nonverbal behavior, Jim was unable to make effective therapeutic work with it, concluding "I have found only limited usefulness in bringing background kinesics to the patient's attention, and not for reasons of resistance" (2005, 135). Jim notes that the limited usefulness of attention in this realm was not the product of the patient's resistance but rather the result of a theoretical field insufficient to facilitate elaboration and understanding. When the analyst is intent on verbalization and cognition as the primary signs and means of health, drawing attention to one's bodily expressions (which are often out of the patient's conscious awareness) can seem bizarre, shaming, or intrusive, as Jim vividly described in the case of Mr. E (2005, 171). If, however, from the beginnings of treatment the understanding is one in which body movement and nonverbal expressions are seen and described to the patient as a form of communication, then the analyst/therapist's attention to the unspoken (in the analyst as well as the patient) can be much more productive. As a body-centered psychotherapist, I learned to tell patients at the beginning our of work together that we communicate not only through the spoken word but also through our bodies, so we will likely have multiple avenues of experience and exploration open to us during our work. Within this frame of reference bringing attention to one's body (be it that of patient or therapist) does not seem so alien or potentially shocking.

Thinking through Moving, Thoughts without Words

Through my reading of Jim's work and our many discussions on the topic, I saw that Jim had repeatedly tried to challenge this bias for the supremacy of the verbal order (while fearing the scorn of his analytic colleagues if he went too far out on this treacherous limb of somatic experience), as he argued here:

It is this perspective that I support and extend: that the nonverbal behaviors of a patient significantly enrich and extend into the

experiential dimensions both what the patient is able to say to the analyst and what the analyst is able to perceive and resonate to as he listens; and that the enrichment is not just a primitive remnant of the infantile past but constitutes an integral and essential component of the full communicative capacities available to both parties in the analytic work. (2005, 121)

I am reminded as I write of a remarkable incident with Jim in 2006. He was then fully retired and rather physically frail, but the previous year he had joined, as a participant, a group that Pittsburgh colleagues had formed, called "Keeping Our Work Alive," which sponsored a seminar series with leading writers in relationally based psychoanalysis and body-centered psychotherapy. Though no longer able to practice, he refused to stop learning. This particular session, "Enlarging the therapeutic frame (with panache and subtlety)," focused on bringing bodily experience and activity into the therapeutic process, was taught by Angela Klopstech (2000a,b), a bioenergetic therapist and trainer. As she taught, Angela was on her feet, moving around the room, interacting with various participants. After some time Jim suddenly burst out, "*I can't stand this any more!!*" Angela inquired, and Jim responded with a verbal outpouring of envy and frustration, literally rocking back and forth in his chair as he spoke. Alternating between an intensely angry voice and a sense of resignation, he spoke at length about his admiration and envy of Angela's freedom of movement as she spoke, her obvious skill in both *what* she said and *how* she said it. "I spent 50 years nailed to my seat, like a good little analyst, with my patients glued to the couch. God forbid anyone *moved*! 50 years. I never got out of my chair in a session, I never moved, but I watch you move all around this room. And I have no question of your competence. I hardly imagine that you are acting out! I am so angry with myself." Angela listened, and she *watched*. "Actually, Jim," she said, "You are in your chair, true, but you are not still. Hardly. You are moving." Jim did not know what she meant; he was still in his chair. She began to use her

own body to replay to him what his body was doing as he spoke: coming forward in the chair, chest out, voice growing deeper and louder when he was angry and expressing his envy—and then collapsing his chest, rolling his shoulders forward, shifting back into the chair, eyes averted, voice dropping as he spoke of his adapting to the analytic norms of his training. She had him actually repeat his physically shifting back and forth between the two modes of expression, using her own movements to both mirror and lead his, intensifying his affective experience of this conflict between the vitality of his fury and the depressiveness of his compliant adaptation to norms. “Thank you,” said Jim, “that was wonderful, competent, and about 30 years too late.”

In his accounting of his “turbulent analysis” with Mrs. T (1992, reprinted in this journal), Jim described his patient’s tendency to suddenly sit up, turning to face him and check out his facial expressions while feeling the floor underneath her feet. Jim wryly observed, “I found that my encouraging her to lie down when she could, for the usual good analytic reasons, evoked only dull submission and affectless rumination, then mute rage and anxiety that we could not work on. Similarly, when I met her sitting gaze with exploring questions and requests for analytic work, her agitation and motility increased” (1992, 147). Jim simply had no other available option than to urge the familiar mode of a prone, verbally reflective stillness that provided the reassuring evidence that “analytic work” was at hand.

The Body in Action

Mrs. T’s “motility” threatened Jim and his analytic enterprise, but I would argue that the threat is not in the movement itself but in the lack of understanding of the possible meanings of “motility”. In his discussions of movement and play, Winnicott, for example, draws a distinction between *mobility* and *motility*. For Winnicott, mobility had to do with movement from one place to another, the intentionality of getting myself somewhere. Motility, as Winnicott (1950) conceived the term, refers to the literal experience of

movement in and of itself, the experience of what he called the “muscle pleasure” of moving. What is central here is not the goal of the action, but the pleasure, the learning in the movement itself. It is a body sense, a body pleasure, a body learning, a body knowing—which can remain quite distinct from a verbalized, cognitized, knowing. This body knowing is what Bucci includes among subsymbolic processes. Verbalization does not necessarily enhance or improve this form of knowing. I think of a recent experience at an extraordinary transactional analysis conference in South Africa. We were dancing to a marimba band, whose sounds and rhythms were novel to my ears and body. I felt awkward. At first, I imitated the movements of some of the more experienced dancers, trying things on for size. It helped a bit but fell short of the magical. Gradually I let the music sink into my body, I began to hum and vocalize with the percussion. My body began to “get it,” i.e., begin to find a kind of muscle pleasure. Once I *felt* the dance in my own body, I could shift from one partner to another, each couple finding its own way to dance together, no words ever spoken. The experience would not have been enhanced by verbal symbolization before or afterward.

Winnicott saw movement (motility) as inherently linked to aggression, not in the sense of the expression of hostility, but as the capacity to explore one’s environment (both the impersonal of things and interpersonal of people), as in Joseph Lichtenberg’s exploratory/assertive mode (1989) and Jaak Panksepp’s seeking/expectancy model (1998, 2009). Like Lichtenberg from an analytic perspective, Panksepp, a researcher in affective neuroscience, does not posit these motivational forces as regressive, infantile, or stage specific but as life long and vitalizing.

Panksepp (2008a,b) differentiates several categories of play, including exploratory/sensorimotor play, rough and tumble play, relational/functional play, constructive play, dramatic/symbolic play, and games-with-rules play. It is perhaps the exploratory/sensorimotor and rough and tumble forms of play that

relate most directly to the processes of the activities of the body itself in exploring the physical and interpersonal worlds. The other forms of play are more socialized and structured from the outside (like much of traditional psychotherapy and psychoanalysis) and are more dependent on instruction and languaged interactions. Panksepp speculates that rough and tumble play does not get the attention—at home, in schools or in research labs—that other forms of play get as it is seen by adults as aggressive, boisterous and potentially dangerous. Other forms of play, at the surface, may seem more constructive, purposeful, controlled, and thus more socially acceptable. Panksepp suggests that play “may be the most underutilized emotional force that could have remarkable benefits in psychotherapy” (2009, 21).

Hans Loewald emphasized that “early levels of psychic development are not simply outgrown and left behind” (1980, 81), recognizing that in love, sexuality, play, creativity, grief, our passions of all sorts throughout all phases of life, retain simultaneous realms of the symbolic and subsymbolic. While it is certainly a primary therapeutic task to foster the development of the capacity for symbolic and verbal representation, it is not necessarily true that sensate and unsymbolized experience is in some way regressive or pathological or that it will be improved somehow in achieving the status of symbolic or languaged knowing. Katya Bloom, an analytically trained movement therapist, observes that when “ambivalent feelings are *given form in the present* in movement psychotherapy, they are...made more tangible and live than may be possible when using words alone” (2006, 182, emphasis added). Klopstech’s encouragement of Jim’s *moving* in his chair called decades of unspoken experience forward into a vivid anguish, in the present; this was not a regressive moment, but a progressive exploration.

Bucci argues that:

...Freud was caught in the inconsistencies of the energy theory that he himself formulated, as well as in his implicit valuing of

language over nonverbal forms. On the one hand, he characterized the primary process as a systematic mode of thought, organized according to a set of principles that he specified as the laws of the dream work. On the other hand, he also characterized this system as the mode of thought associated with unbound energy, the forces of the Id, chaotic, driven by wish fulfillment and divorced from reality. This inconsistency can be seen throughout psychoanalytic theory.... (2010, 205)

Bucci's research in subsymbolic processes within the psychoanalytic discourse has led her to a different understanding, and one which I suggest profoundly informs the issues Jim attempted to address in his writings on nonverbal communication. Jim's concerns are articulated anew in Bucci's writing:

Of greatest interest to psychoanalysis, subsymbolic processing is dominant in emotional information processing and emotional communication - reading facial and bodily expressions of others; experiencing one's own feelings and emotions. ... We are not accustomed to thinking of processes, including sensory, motoric and visceral processes that cannot be verbalized or symbolized, as systematic and organized thought; the new understanding of subsymbolic processing opens the door to this reformulation. It changes our entire perspective of pathology and treatment when we are able to make this shift.

This formulation cuts the theoretical pie in a new way. Subsymbolic processes are lawful and systematic, not chaotic. They are not driven by wish fulfillment; they can be both thought and known, in the senses of Bion and Bollas. But the specific psychical terrain that we are trying to explore can be mapped only partially onto words; if we try to place the signposts prematurely

– apply general mappings that have been used in other terrains -
we will find ourselves blocked or lost (2010, 205-206).

Much of what Panksepp and Bucci have discovered and delineated through their research echoes the frames of reference underlying most body-centered psychotherapy and can profoundly inform analytic theory. Panksepp's phrase, "an experience-expectant process," is at the heart of the work in body psychotherapy, this sense of expectation, of the drive, the fundamental need for *experience*, for *experience-based learning* through bodily movement and experimentation. Bodywork and body psychotherapy are at their best when they afford a patient the opportunity to *find out* through the letting go of familiar or habitual body patterns into movements, sensations or interactions that are unfamiliar and novel. It is learning through experience in addition to analysis and interpretation. Symbolization and cognition may follow, but here it does not lead. Here body-centered modalities can expand the analytic frame and bring meaningful experience and understand to the nonverbal domains that Jim so urgently wished to comprehend (Aposhyan, 2004; Hartley, 2009; Heller, 2006; Kepner, 1987; Ogden, Minton & Pain, 2006). This experiential understanding is what Angela Klopstech offered Jim in her movement and body-centered elaboration of his envious outburst during the seminar.

Over the course of a psychotherapy or psychoanalysis of any depth or intimacy there is a constant to-and-fro between the somatic/subsymbolic realms of organization and the cognitive/symbolic. There is a constant dialectical tension, not only over the course of a psychoanalysis, but also over the course of one's life between our cognitive symbolic capacities and our sensate, somatic capabilities. Both are the stuff of life. Yet in most traditions of psychoanalysis, verbal interpretation and conceptualization have too often been privileged over somatic and sensate learning. It was this privileging that Jim sought to question in his examinations of nonverbal behavior, but his was a questioning that never came to a full and clear resolution.

Touching and Being Touched

As I watched and listened to Jim that Saturday morning in the seminar, I was deeply moved by his relentless willingness to be disturbed in his work self and to learn from his disturbances. This attitude that demonstrated repeatedly in his papers on self-analysis and explored in his final two published papers, both of which struggled with the issues of movement and physical contact in analytic work: "Touching Limits in the Analytic Dyad" (1995) and "The Problem and Place of Physical Contact in Analytic Work: Some Reflections on Handholding in the Analytic Situation" (2000). In the latter paper, Jim returns to Freud's dictum, "Above all, both parties were to speak, not act," (65), while going on to argue, "I want also to demonstrate that the analyst's resort to preferred theory can be a protective retreat from affective intensities, in self and patient, and thus an impairment to the analyst's capacities to handle ambiguity and uncertainty" (66). In both of these papers we witness Jim's struggle with his own affective and bodily urgencies in the face of the touching, and sometimes, bewildering struggles of his patients:

I have come to see that my hard spots (i.e., allegiances to givens taught me) often provided justification for my blind spots of personal need and bias. ...At the same time, ethical constraints that warn of the disasters of sexual intimacy and aggressive excess were indeed helpful in those brink moments narrowly averted. (1995, 438)

It is, of course, quite possible to attend actively to bodily experience and expression without touch or an inevitable descent into disaster. But Jim's struggles were those so common in the analytic literature, which has tended to equate somatic experience or direct attention to the body with touch, sexuality, aggression and/or acting out. Jim knew well the power of words to touch, to impact the other. He also knew that actions (enactments) were an equally powerful, though often less conscious, form of communication, of affecting and

infecting the other. He struggled to actualize the *intentional* use of action as a therapeutic intervention.

With his typical humor and self-deprecation Jim observed, “I do not recall how many volunteered handshakes I flappingly avoided or cut short without even watching for the consequences of my discourtesy” (1995, 440). But his patients persisted in various ways, offering/insisting on a handshake, a hug, reassuring touch, direct eye contact. And Jim gradually relented while then noticing what actually happened (which did not always match the dire consequences so often predicted):

I live with, and feel I must constrain, and do indeed constrain, the impulse to reach out and touch the hand, the shoulder, the cheek of a patient who is in abject misery. ...I put these matters vaguely to suggest the powerful ambiguity of such moments when the intentions of the patient and my own press to respond are yet to be named, let alone understood. As experience and age have enhanced my span of ease, I have taken the position that I will make finger or hand contact in match with what is proffered and without requiring that the appeal first be explored and its meaning understood. (1995, 441-442)

As Jim shifted from his “refuge in my presumed detachment,” (445) he realized that he and his patients did not collapse into unending boundary violations, though he did notice that his patients were often quite aware of *his* anxiety and discomfort:

Their actions flushed me out of my illusion of safe distancing and grabbed us too close for (my) comfort. Inside, I had to deal with the fresh surges of these immediacies added to the sexual and aggressive, pleasurable and repulsive, feelings and impulses between us. (1995, 445)

I think it no accident that as “experience and age” enhanced his range of emotional and bodily comfort (and discomfort), Jim’s interactive and interpretive style shifted from his initial preoccupation with focusing on his patients’ psychic realities to one of the acknowledgement of the “dialectics of influence” (2005, 185-222) articulated in his later papers. In his final paper, one of several discussing Casement’s classic 1982 paper addressing the pressures on the analyst by the patient for physical contact, Jim comes to state plainly, “We are very much at odds, Casement and I, about how we see ourselves in what we did in the critical interactions described” (2000, 79). Jim concludes his discussion with an attitude of exploratory openness, arguing that “in these matters I prefer to risk what feels right, to gamble with consequences I do not comprehend to prejudice, and to deal as openly as I can with the consequences of working in a two-part confluence” (2000, 80). Still, touch was a “gamble,” a step into the unknown. The taboo against touch in the psychoanalytic canon has made informed and intentional interventions with physical contact nearly unimaginable. Jim did not have the opportunity to benefit from the substantial thought and training that goes into physical contact within the body-centered modalities of treatment (Zur, 2007).

It is now only ten years since Jim’s last published paper, but contemporary analytic theory has increasingly sought to address the place of somatic experience and nonverbal communication within analytic processes and relationships (Anderson & Aron, 1998; Anderson, 2008; Bloom, 2006; Bucci, 1997a, 2001, 2008, 2010; Cornell, 2008, 2009; Fast, 2006; Gentile, 2007; Knoblauch, 2000, 2005; Krueger, 1989; LaBarre, 2001, 2008; Lombardi, 2008; Meares, 1997; Quinodoz, 2003). Jim labored within the analytic theories and cultures that formed him and that were slow to be called into question. Now in these more recent analytic explorations we see a shift from the observed/interpreted body to a lived/phenomenological body. Attention to the immediacy and actuality of sensate experience and bodily activity is being seen

as a means to enhance affective meaning and deepen intersubjective understandings, rather than an unleashing of acting out or unbridled affect. Somatic attentiveness can, quite to the contrary of some of Jim's anxieties, be an effective means of affect regulation. This attentiveness to the subsymbolic may be sufficient in and of itself or can lay the foundation for further verbal exploration and interpretation. Somatic attentiveness can ground an individual in their here-and-now experience, bringing a certain vitality and immediacy into the work.

There are times in the therapeutic endeavor when words fail, not always out of some defensive reaction, but often in entering emergent realms of experience that are not yet available in words, when the pressure to verbalize may circumscribe rather than elaborate experience. Something new, an emergent possibility, the leading edge of unformulated experience (Stern, 1997) may be evoked within the patient's body (or the analyst's), to be formed and formulated between analyst and patient. Patients may need, at times like this, for the analyst to enter directly -- if temporarily -- into their literal syntax of sense and gesture, not as in unconscious enactment, but in a conscious, intentional provision of a wordless, somatic attention.

How do we relate to the actual physicality of body experience within the patient, within the analyst, or between patient and therapist? If we begin to conceptualize somatic experience, at least in part, as a communicative process, the opening of a gestural field, then how do we enter this field? Bucci effectively evokes a sense of the body:

These sensory experiences occur in consonance with somatic and visceral experience of pleasure and pain, as well as organized motoric actions involving the mouth, hands, and the whole body - - kicking, crying, sucking, rooting and shaping one's body to another's. ...these direct and integrate emotional life long before language is acquired (1997a, 161).

Shaping one's body to another's represents quite a challenge to the classical analytic process. Somatic processes place unique demands upon psychoanalytic theory, the psychoanalyst, and the therapeutic relationship. In these sensori-motoric realms, the therapeutic process becomes a kind of psychosomatic partnership that can often be wordless, entering realms of experience that may not easily come into the comfort and familiarity of language.

Beyond the "Talking Cure"

Central to psychoanalytic inquiry, to the process of the "talking cure," is the question, "What comes to your mind?" and the freedom to speak it. In the exploration of subsymbolic realms, I would suggest that other questions may need to be asked (and *experienced*): "What comes to your body?"; "What might your body need to do?"; "How might your body need to move?"

Psychoanalysis has long had a self-reinforcing theory of the pathology of unlanguageed levels of functioning. The psychopathological consequences of the inability or refusal to symbolize and speak are undeniable and are well represented in to analytic literature. But in the emphasis on the pathological, there is an under-representation of the potential vitality and communicative richness of somatic, subsymbolic experience. There are times when the analyst needs to enter the sensate experience of the patient, working within a shared somatic exploration, drawing upon both his/her own somatic experience and states of affect and reverie, while inquiring of and attending to those of the patient.

There is, of course, an irony -- and often a frustration -- in the effort to write about the realms of the wordless. How can we as clinicians gradually develop more ease and skill not only in moving from the wordless into the languageed but also from languageed realms into those of nonverbal bodily and gestural experience? How can we as authors and analysts use language and ideas to describe and evoke wordless forms of knowing (Knoblauch, in press; Cornell, in press)? A sensate vocabulary is emerging in contemporary analytic literature.

Throughout these recent psychoanalytic writings there are important insights into the nature of somatic knowing and organization. The clinical writings of many of the authors referenced in this essay are like glistening facets of a mosaic that is still forming.

We experience the successful or unsuccessful shaping of our bodies in all of our vital, intimate relationships of any age and developmental stage. There is a fundamental knowing of self and other which forms first through the experience of one's body with another's. In life, and in psychoanalysis, healthy development involves the integration of motoric and sensate processes within the context of a primary relationship, establishing subsymbolic, somatic schemas of the self in relation to one's own body, to cognitive and symbolic processes, and to the desire for and experience of the other.

Final Reflections: On a personal note

In hindsight I can see that it was no accident that Jim and I came to work together so intimately or that we each found our interests in the body so compelling in our work. At the surface, we were an unlikely pair to embark on a project like *The Healer's Bent*. Here was a classically trained psychoanalyst forged in the decades of medical and analytic authority and convention partnering late in his life with a neo-Reichian, body-centered psychotherapist trained during the 60's and 70's, immersed in anti-authority and dissent. But Jim and I shared a history of turning to work with things and ideas to find solace and meaning in our lives. There was for each of us a life-long paradox of finding comfort in our solitude and loneliness in our solitariness.

We were each profoundly shaped by absent fathers and dependent mothers. Jim's physician father died in the flu epidemic just six weeks after Jim's birth. Jim was raised by his melancholic mother and older sisters, with such results that, "When the father dies, the mother is lost, at least for the length and depth of her mourning, and the gap compounded" (2005, 25). But he spent summers with a paternal uncle and cousin, who introduced him to the skills and

satisfactions of woodshop and garden, which were to become the “transference sanctuaries” (1993, 79; Cornell, 2005, 6) of his later life. “When I’m in the shop,” Jim told me, “it is as though the place says ‘You belong here. You are alive,’” and I come alive with the smell of the wood and the feel of the tools.”

My father was broken in World War II and lived silently at the periphery of our family life. Like Jim, I pleased my mother and attended to my family as a pseudo-parent through my youth and adolescence, but did not depend on them for much. I turned to the woods and streams for solace and pleasure, building dams and tree forts alone, turning later to libraries, books, and ideas to feel alive and competent--by myself.

Here, Jim and I found a fundamental identification with one another. Jim told me in one of our conversations that he felt that the very early loss of his father had deprived him of the Oedipal struggle and its opportunity for full identification with his father and his own masculinity. As we grew to know each other, he said to me, “I am very womanly, in some ways sad and deformed, and still there is a richness I wouldn’t have known if I was shaped by a father.” Jim’s early efforts to meet the Freudian ideal of the detached psychic surgeon were called out by his identification with a physician father (Mc Laughlin, 1961) whom he never knew but who had lived long in the family as a gravely idealize ghost. As Jim came to accept his more “feminine” (as he would have put it) traits, he was able to inhabit the stance of a “healer”—someone intimate, searching, and reparative at heart—the stance he sought to articulate in his book. As Jim aged, he came to see the analytic endeavor as affording a process of healing for patient and analyst each. He found that his patients far more often pushed him into areas of personal self-scrutiny and development than did his personal and collegial relations. He felt that most of his professional relationships held him in much more conventional realms.

It was not easy for we two rather solitary characters to work so closely together, but we came to develop a deeply challenging and rewarding

comradeship. He saw me, now partnered with a man, as far more masculine and aggressive than he who had lived a heterosexual life. While I would argue with him that masculinity and femininity had little to do with sexual preference, his understanding of himself in this regard could not shift from the traditional analytic positions. He could not comprehend his “feminine” traits as something other than homosexual (see his discussion of Mr. F, 2005, 207-217). This was reflected in the title of his book, which he insisted upon over the objections of the publisher:

I have come to refer to this discernable cluster of character traits as the *healer's bent*. *Bent* underscores both the persistent internal shaping of character and behavior wrought by these reparative necessities and their external social thrust into the healer's world. It acknowledges also a slang reference to overt homosexuality. Together with *healer*, the word acknowledges some aspects of feminine identifications common to the homosexual and the healer.... (italics in the original, 2005,27-28)

Both Jim and I came to know and protect ourselves as children in quite fundamental ways through the unspoken and solitary activities of our bodies in relation to the physical (non-human) environment (Searles, 1960). We each, in our own ways, struggled to bring our solitary bodies into the realms of the interpersonal and intimate. While the *healer's bent* was Jim's insistent title, the subtitle of “solitude and dialogue in the clinical encounter” was mine. Jim's classical analytic orientation, which he was able to undo in many realms of his practice, created a kind of perfect storm of hard and blind spots with regard to the body. It was here that his theoretical training biases colluded with his personal, bodily isolation.

Rereading Jim's papers on nonverbal behavior in the analytic process as I prepared for this essay, I experienced anew this last frontier of his questioning and self-confrontation. Throughout his career, Jim endeavored to confront and

overcome the iatrogenic damage he saw created to analysts and patients alike of the “straight”-jacket of classical analytic theory.

As we worked on the book, Jim read the papers I was writing on my own with great care and critique. He was adamant that I write more explicitly about my body-centered work to psychoanalytic audiences: what did I *do* with my patients?; what did I *see* that informed my actions?. He sensed that my neo-Reichian and body-centered trainings (rife with their own limitations and biases) afforded me a freedom to explore bodily experience and communication that he would not live long enough to unfold to his satisfaction. As he said to Angela, “30 years too late.” I’ve often thought of that morning, Jim’s body growing frailer, this life that he knew was nearing its end, as he watched Angela’s alive and skilled body working with the group. His work, though not his learning, was at its end. This particular work of exploring the life of the body was work he was leaving unfinished.

I am quite certain that Jim would find intense satisfaction in the growing psychoanalytic literature delineating analytic work within the realms of unspoken, subsymbolic realms of experience. He was a pioneer in this regard. Often under-appreciated by his peers, Jim’s pioneering explorations have inspired many of the generation of analytic practitioners that followed his. There is a sweet and poignant paradox in how much Jim loved words. He was a master of language, his writing so often evocative that they bordered on the poetic. There were frequent glimpses of how close Jim came to a true grasp of the enriching and intimate potentials of our bodily, unspoken domains of contact, as we see when he wrote:

We must grope through the sediment of time, habit, and social embedding to make contact with these meanings quite lost to the patient. In the often subliminal flash and fleeting of these small gestures, we are in touch—I feel, but cannot be sure—with the traces of times when touching and being touched were of the

essence of knowing, when our world of doing and being was finding its map through playful explorings with hands to probe, first puppet, mime, and toy. Hand in hand, hand to heart, to mouth: these small doings lead us to the limitless knowing and telling that lie in holding and being held, in the unity of beholder and beheld. (1987, 580-581)

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