William Swartley and John Maurice

The Birth of Birth Primals in Wartime Britain

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In the nineteen-forties, the late Donald W. Winnicott, a British paediatrician and psychoanalyst, was preaching and practising many aspects of what later came to be known as primal therapy. His importance to our primal community stands out in three major respects:

> *He was not afraid to allow patients, children or adults, to manifest physically their "body memories" of birth experiences and was thus able immediately to recognize them as such.*
>
> *He was not afraid to touch his patients, male or female.*
>
> *He was not afraid to cultivate and communicate his own ideas however much in defiance of accepted psychoanalytic views they might be. Indeed, his determination only thrived on disapproval from his less secure fellow analysts.*

Born in 1896, the only son of a Plymouth mayor, Winnicott was brought up in a well-to-do, middle class environment against which he revolted during part of his childhood. In his introduction to a collection of Winnicott's papers (*Through Paediatrics to Psycho-Analysis*, London: Hogarth Press, 1975), Masud Kahn refers to him as "non-conformist by upbringing". . . a "joyous and troubled soul".

Winnicott started out and remained, first and foremost, a paediatrician. With the publication in 1931 of Clinical Notes on *Disorders of Childhood*, he established his reputation in this profession.

For Winnicott, the principle of "non-interference" was an important element of Freudian psychoanalytic technique. Thus, when during World War II,

one of Winnicott's patients curled up on his couch in what he recognized as a foetal position, he did not interfere. Likewise, when the patient began to push towards the top of the couch with his head and shoulders in frankly labour-like movements, Winnicott still did not interfere. Even when the patient pushed himself over the top of the couch and fell on the floor Winnicott did not interfere. Finally, the patient thrashed around the floor until he found Winnicott's legs and then tried to push between them. Winnicott allowed him to do so.

The description of this and similar scenes (*Through Paediatrics to Psycho-Analysis*, pp. 177 et seq.) are the first accounts of "birth primals" of which we are aware. Moreover, they include reference to all the major features of what we are not familar with as a birth primal.

Writing of a middle-aged female patient who "felt completely dissatisfied", entertained suicidal ideas, and had had several years of 'classical analysis' (in our experience three of the best indications for primal exploration), Winnicott realized that she "must make a very severe regression" (Ibid., p. 249). He therefore "followed the regressive tendency . . . *wherever* it led" (emphasis added). As Winnicott relates:

> *"In the patient's previous analysis there had been incidents in which the patient had thrown herself off the couch in an hysterical way . . . Eventually I recognised how this patient's unconscious need to relive the birth process underlay what had previously been an hysterical falling off the couch . . ."*

When the patient began to relive the birth process, Winnicott observed that "every detail of the birth experience had been retained, and not only that, but the details had been retained in the exact sequence of the original experience." This happened a dozen or more times "and each time the reaction to one of the major external features of the original birth process was singled out for re-experiencing."

Winnicott enumerates some of these "acting-out patterns":

> *"The breathing changes to be gone over in most elaborate detail."*
>
> *"The constriction passing down the body to be relived and so remembered."*
>
> *". . .The patient had sucked her thumb in the womb. . ."*
>
> *"The severe experience of pressure on the head and also the extreme of awfulness of the release of pressure on the head; during which phase, unless her head were held, she could not have endured the re-enactment."*

"The anxiety of having the head crushed . . . a dangerous phase because if acted out outside the transference situation it meant suicide."

Ultimately, the patient "had to accept annihilation".

Winnicott notes that "in the actual experience there was (apparently) a loss of consciousness which could not be assimilated to the patient's self until accepted as death. When this had become real, the word death became wrong and the patient began to substitute a 'giving in', and eventually . . . 'a not-knowing' ".

When the regression reached what Winnicott calls "the limit of the patient's need", there was a natural progression "with the true self instead of a false self in action". (This use of "true" and "false self" occurred, be it noted in passing, 18 years before the publication of Janov's *The Primal Scream.)*

Members of the primal community have much to learn from reading Winnicott and several other British psychoanalysts who used regressive techniques, especially Michael Balint. These writers belong to what is usually called the 'object relations' school of psychoanalysis. The parts of their writings most relevant to the primal community are usually identified by their use of the words "primary" (generally synonymous with "primal"). Balint's last book, *The Basic Fault* (London: Tavistock, 1968) is the best on primal *theory* I have read (and could be renamed, in our terms, "The Primal Trauma", with no loss of meaning).

In 1956 Winnicott wrote a paper on what he called "Primary Maternal Preoccupation" *(ThroughPaediatrics to Psycho-Analysis, p. 300 et seq.).* This he described as "a very special psychiatric condition of the mother" which "gradually develops and become a state of heightened sensitivity during, and especially towards the end of, the pregnancy. . . lasts for a few weeks after the birth of the child . . . is not easily remembered by mothers once they have recovered from it . . ."

This condition is certainly related to the apparently instinctive process which Klaus and Kendell call "maternal-infant bonding" (*Maternal-Infant Bonding*, St. Louis: C.V. Mosby Co., 1976). Perhaps the principal reason why, on emerging from a birth primal, a person often attempts to go straight back into the womb or rather womb-surrogate, is that the mother's failure to experience "primary maternal preoccupation" (due to her own psychopathology) may produce what Winnicott termed "a threat of annihilation" in the infant. This, he believed, is a "very real primitive anxiety, long antedating any anxiety that includes the word death in its description."

It seems, then, that we have to see Winnicott as one of the pioneers of rebirthing, and to recognize this process as one which is quite compatible with the approach of the object-relations school. Humanistic psychology is once again seen to be more orthodox than it sometimes feels itself to be.

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