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REACTIVATION OF INFANT MECHANISMS

If it were possible to postulate special infantile mechanisms for dealing with stress, painful feelings and so on, then it would make sense to reactivate these mechanisms as an aid to therapy. Having started rhetorically, I am going to postulate just such mechanisms, and describe two reactivations.

I stumbled on the first mechanism I shall describe, when thinking about psychosynthesis and psychodrama in the same mental breath. (See note 1). The second mechanism (which I found first) emerged from a very hypothetico-deductive prediction, which came off (see note 2).

What the two have in common is a particular strategy of imagery, which requires that any imagery which occurs should be treated as a set scene into which the protagonist imagines himself, where he notices what he does, what happens to him, and what he feels, particularly in relation to his bodily sensations. My son used to watch an imaginary TV set on his bedroom wall, and keep us awake giggling at what he saw . . .

In the first method, I closed my eyes, to see what imagery was there, treated it as a set scene, and walked into it as an actor. The feelings I had were of panic of various differing qualities, and the muscular responses to them. Sometimes I was sobbing in a desperate way; sometimes I was struggling against being held; or I was terrified of something that I saw; or I was choking; or I was trying to escape; and so on. I allowed the feelings of screwed up muscular tension to develop as far as I could. This was not all. I felt that I had switched into some recalcitrant blocks which had withstood siege from other methods. I no longer felt blocked. The blocks were either out or accessible. This suggests that blocks, or some of them are caused by blocking down unpleasant feelings associated with panics of various kinds.

The second method was predicted from a theoretical explanation of TM, which included the initial condition that the mantra had to be imagined, not sounded. The prediction stated that other imagined activities repeated over and over again would have similar effects to those experienced with TM. The activities I imagined where those of carrying out various physical exercises repeatedly, in my case for a hundred times each. I don't think it matters very much what exercises are used; in my case they were crawl kick, cycling, legs raised horizontally when hanging, chin-ups, back arching and press-ups. These exercise all the major muscle groups.

The effects for me of this imagined exercising are more marked and in some way deeper than with TM. They are (a) an increase in the rate (about five times, I estimate) and depth of take up of therapy; (b) ironing out of bugs caused by stressful situations (TM had been a great help in my early days of teaching when my control was poor); (c) a marked increase in physical stamina (an increase in the number of press-ups to twenty-one, when previously I had never done more than ten); and (d) a drop in heart rate from the sixties to forties in beats per minute. (This may be associated with a drop in blood cholesterol).

The explanation I propose is related to that given by Eccles (see note 3) on page 283 of Popper and Eccles (1977). Eccles writes of electric potentials recorded from a skull before voluntary movement takes place: " . . . (before muscular contraction there was) a slowly rising potential, called a readiness potential . . . recorded over a wide area of the cerebral surface . . . a sharp, negatively charged potential developed at 0.05 before onset of muscle contraction at time zero. We can assume that the readiness potential was generated by complex patterns of neuronal discharges that were originally symmetrically distributed over the frontal and parietal lobes. Eventually at only 0.05 s. before the muscle response. The negative potential reveals that there was a concentration of neuronal activity onto the pyramidal cells of the motor cortex . . . "

The nerve fibres from the pyramidal cells transmit the impulses that result in muscle contraction. I think it is plausible to assume that when psychological conflict or whatever leads to muscle tension, that a particular pattern of readiness potential has become jammed in place. The explanation of the release, due to the two kinds of imagery described here is as follows: that there is a jamming of readiness potential, where there is mental conflict, or repression of unpleasant feelings, which discharge through the pyramidal cells of the motor cortex. If, however, there is intra-psychic scene-set

imagery, then there is discharge of readiness potential, not through the pyramidal cells, but in some way into the parietal and frontal association areas of the cortex. The result is that there is a fairly gradual release in the jamming (which however is quite tangible in its psychic manifestation). This fairly imprecise working hypothesis would either have to be refined or rejected by testing in the clinical and laboratory situations.

The experience I have had with these two kinds of imagery leads me to propose a more general theory than I had before. It is that a full and flexible rapport with reality requires a full unblocked rapport with fantasy. A further element in this proposal is that the scene-set imagery, with the protagonist imagining himself in his imagery, establishes synaptic connections between the association areas mediating fantasy imagery and motor imagery. This would imply that blocking is literally that, in the sense that proper synaptic connections have not been made in the ordinary course of development. This is because a child has become scared of fantasising, or finds it in some way unpleasant. So the synaptic connections are not made. By reactivating the scene-set imagery in adulthood, the synaptic connections become established very quickly, relieving the blocking.

This would explain the feeling that when feelings have been blocked down, that they come back and block the blocker. For blocking down feelings of panic will prevent the formation of a full synaptic equipment, giving the feeling of being blocked. There are many examples one might give. Suppose an infant falls out of its pram and is nearly strangled in its straps; it will certainly panic as it becomes short of breath. That feeling of panic associated with strangling will be a highly unpleasant memory which is likely to be blocked down. Instead of getting into its own imagery, the child would neglect to do so, because it would call up the feelings of panic. So that a whole range of synapses would remain unconnected, giving a sensation of blocking.

There are some questions still to be answered; firstly, about the relation to psychosynthesis and to psychodrama. With respect to psychodrama, the idea of scene-setting was influenced by the practice of scene-setting in the typical psychodramatic episode. In psychosynthesis, guided fantasy is clearly of a scene-set type, though what is imagined is largely specified from outside.

Next, two questions might be raised about the relationship to therapy, about the desirability of speeding up therapy, or of rendering it redundant. For the first, reaching a high take-up rate in therapy through an infantile mechanism would hardly harm a child, much less so an

adult. With respect to the second question, I think that far from therapy becoming redundant, the reverse will be the case, because if what I have found has general application, the effectiveness of therapy to that extent would become even more satisfactory than now.

There remains the question about the scientific status of what I have proposed. The proposed hypotheses are all testable in the sense of being falsifiable - that is they are within the range of experiment. (Popper (1959) page 78). I think that the proposals could be tested by the experiential research model described by Heron (1981, page 155). The question of the relationships between the deductivist approach and the paradigm approach is inappropriate for this article, though I intend to tackle it elsewhere. In this case, they do not seem to me in conflict, nor does the way I carry out laboratory experiments in any way subjugate participation. I have a respect for the people I am testing. I am testing them for particular experience they possess, which I do not; on the other hand they do not know as much as me about my test methods; so that there is a bilateral asymmetry of experience.

In conclusion, I have proposed a general theory to the effect that infants set themselves in their own imagery, so that there is an enrichment of synapse formation necessary for normal psychological development; and that where this does not occur through avoiding of scene-set imagery (that is where the infant imagines itself inside its own imagery) then the result is poverty of synapse formation, leading to blocking.

Notes

1. Two kinds of discovery are exemplified, the kickingup of new finds without intentionally setting out to look for them, and the discovery by successful prediction. I know of a third kind of discovery where an anomaly is thrown up against the run of expectations.

2. The principle of deductivism depends upon the fact that it is not possible to know anything for certain; for how can you be certain you are certain, for you would have to be certain you were certain you were certain and so on. In the jargon, this is an infinite regression of the criterion of certainty. So that the best that can be done with theories is to test them and to criticise them, to destruction if possible. If a theory is said to be scientific by this standard, a prediction deduced from the theory must be testable,

such that, if the prediction is contradicted by the facts, the theory is falsified. The relationship of the prediction to the theory is cast in the form of a syllogism; with a general statement (the theory), and the here and now initial condition as premisses implying the prediction as conclusion. This is called a hypothetico-deductive system. (Popper, 1959, page 59)

3. Sir John Eccles, Fellow of the Royal Society and Nobel Laureate in Medicine, was Professor at Buffalo, where the Creative Education Foundation is also located.

References

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Maureen Hancock

A FAIRY STORY?

Once upon a time a little girl was born. It was a cold winter's day and snow flakes were falling fast and furiously onto everything in her new world. From the second she was born she was cold. She turned hopefully to her mother for warmth and although the mother picked her up, she was unable to give the girl any relief from the terrible cold. The mother gave the girl some clothes and then tried to feed the girl milk from her breasts. The girl didn't like the taste of the mother's milk nor the smell of her body. The girl felt so lost in her new world. Her whole being was in terrible distress. She cried and then she screamed. She screamed herself into silence. The mother was relieved when the girl became silent and the girl was relieved because the mother then left her alone. However, the girl's relief was only temporary for it was washed away by utter despair. She was hungry for nourishment of all kinds, but that which was offered to her did not satisfy her in any way. As she got older she learned to tolerate the food that was nastily given to her; so as she aged, her body grew stronger and bigger. Her heart and soul shrank within her growing body. She grew more and more sad. Her heart broke. Her soul, or spirit, weakened. She almost died from distress.