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The Skin as a Psychic Organ: The Use of Infant Massage as a Psychotherapeutic Tool in Infant-Parent Psychotherapy

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ABSTRACT: This paper explores the use of touch, particularly infant-massage in infant-parent psychotherapy and the ways in which clinicians can utilize this intervention to strengthen infant-parent attachment. Touch as a taboo in psychotherapy, and the paradigmatic shifts that are occurring to allow for a reconsideration of the value of touch in psychotherapy is considered. Theories on touch and development from a depth-oriented perspective are presented, including related concepts such as: psychic skin, skin ego, and Winnicott's holding environment or handling.

KEY WORDS: Infant development, infant, massage, infant massage therapy, infant-parent bonding, mother infant relations, psychoanalysis, object relations, psychic skin, skin ego, holding environment and handling, touch.

INTRODUCTION

The infant's development of differentiation of the senses through the use of touch, smell, taste, sight, and sound and the infants' experience of their skin as a defining boundary between internal space as opposed to that which is external to the self greatly impacts psychological development. These encounters set the foundation for our experience of self and identity. In addition, this early sensorial foundation frames our capacity for attachment and individuation. The skin is the largest human sensory organ, and touch, the first

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sense, is in itself a language, setting the stage for symbolic communication beginning in the womb (Montagu, 1971). Since the skin is the first sense to develop, it seems reasonable to assume that the somesthetic system (kinesthetic and cutaneous processes) plays a fundamental role in development.

This paper will explore the following topics: (a) Touch in the practice of psychotherapy, particularly psychoanalysis, and the longstanding debate against the use of touch in psychotherapy, (b) changing paradigm shifts within the field of psychology that allow for a reconsideration of the value of touch within psychotherapy, (c) the skin as a psychic organ based on psychoanalytic theory and practice highlighting the importance of holding the infant through empathic mental containment as well as through physical holding, and (d) touch therapies, particularly infant massage, as a psychotherapeutic tool in infant-parent psychotherapy.

Touch in Psychotherapy

The idea of introducing touch into the practice of psychotherapy is not new. Ferenczi (1953) felt that nurturing touch could facilitate analysis by assisting the patient to tolerate pain that was characterologically defended against. However, Freud strongly held onto the belief that touch could lead to sexual enactments (Rachman, 1989). James Fosshage (2000) outlined a review and assessment of the classical theoretical basis for the exclusion of touch in psychoanalysis and found that most analysts restrained from touching their patients due to the assumption that physical touch gratifies (allows for energy discharge of) the patient's infantile sexual longings and, thereby, fixates the patient at an infantile level.

It is understandable that under the classical model, touch was strictly prohibited. However, it was still hotly debated despite popular assumptions about its non facilitative function. Winnicott (1954-1955) suggested that "*therapeutic changes can only be brought about by new instinctual experiences*" (p. 273) as they occurred in the transference of patient to analyst. This statement highlights Winnicott's belief that psychoanalysis can provide an alternative experience and education for the patient, including techniques outside of the realm of language.

Winnicott (1969) compared the work of the analyst to that of a physiotherapist. In cases of disturbances in early care, such as inadequate *holding*, which may lead to unthinkable anxiety, physiotherapy was warranted to repair damage to the infantile ego and the injury to the sense of self. Winnicott held the belief that

physiotherapy provided a means to address the lack of ego cohesion which manifested as unintegrated states. In addition, he felt that physiotherapy could restore the relationship to the body and create an awareness of the skin as a limiting membrane. Winnicott did allow for touch and physical contact in play as did Klein when working with children. In his work he observed that the body had a certain intelligence that defied containment in words. Winnicott also used touch with adults, similar to his work with children, which would not have been indorsed by Klein or Freud. Margaret Little (1990), an analyst, wrote of her personal analysis with Winnicott between 1949 and 1957 in *Psychotic Anxieties and Containment*. Little (1990) writes of her first-hand experience of her analysis with Winnicott, shedding light on such concepts as *holding, holding environment, facilitating environment*, and *containment*. In a session early in the analysis, Little described having intense spasms that would build and reach a climax and then subside, and then once again build. Winnicott interpreted Little's physical reaction as a reliving of the birth process and the experience of being born, and then he held Little's head for a while and said, "that immediately after birth an infant's head could ache and feel heavy for a time" (Bass, 1992). Little (1990) described in detail Winnicott's metaphorical holding as well as his literal holding: "Literally through many hours he held my hands, clasped between his, almost like an umbilical cord, while I lay, often hidden beneath the blanket, silent, withdrawn, inert, in panic, rage, or tears, asleep, sometimes dreaming" (p. 44). Winnicott strongly believed, as illustrated in Little's account, that psychoanalysis should in part gratify the patient and provide an alternative experience through education and new instinctual experiences, such as touch.

Dworsky (2001) outlined in her dissertation "the implications of repression of physical expression in western psychotherapeutic practice" highlighting how classical analytic techniques encompass the Cartesian mind/body split and often sequester the body's expressiveness in favor of persistent reliance on intellectual understanding. She further outlines the longstanding taboo of touch in analytic work due to its association with unnecessary gratification or sexuality, which contaminates pure understanding of the patient's unconscious thoughts and motivations. The literature emerging in support of the reintroduction of touch in psychotherapy often includes theoretical justifications for the use of touch, research findings that support the use of touch in psychotherapy, and ethical guidelines which include recommendations against the use of touch with certain clients (Maroda, 1999).

A Shifting Paradigm

Psychoanalysis has undergone two major paradigmatic shifts that allow for a reconsideration of the value and use of touch within psychoanalysis. First, it has shifted from being considered a positivistic to a relativistic science, and second, it has moved from an intrapsychic to an intersubjective approach or relational paradigm. This shift involves a new understanding of the analytic relationship to include the concept of an intersubjective (Stolorow, Brandchaft, & Atwood, 1987) or relational (Mitchell, 1988) field where there is a mutual bidirectional interactive influence (Beebe, Jaffee, & Lachmann, 1994). This paradigm shift recognizes that action or lack of action on the analyst's behalf affects the relational field and, therefore, the patient's experience of the relationship. This being said, the new model is in contrast to the classical or displacement model of transference where transference is seen as being an intrapsychic process (Fosshage, 1994). Understanding that the analyst contributes to the patient's transferential experience makes us far more aware of the subtle, intricate verbal and nonverbal communications that take place in analysis or psychotherapy. Therefore, it allows us to consider the multitude of interventions available that can be introduced into the therapy process, including touch therapies such as infant massage.

The Skin as a Psychic Organ

Esther Bick has been credited with being the first to do an in-depth study of the psychological function of the skin (Feldman, 2004). Bick, a Kleinian analyst, wrote a small number of articles that explored the personality-containing functions of the skin. In addition, Bick originated the infant observation model at the Tavistock Clinic, which has had a tremendous impact on the training of psychotherapists and psychoanalysts worldwide (Davison, 1994). Bick in *The Experience of the Skin in Early Object Relations* (1968), indicates that the primal psychic function of the skin is to bind and hold together parts of the infant's personality, which the infant has not been able to distinguish from parts of the body. The infant lacks a binding force to hold parts of the personality together, so the skin functions as a concrete boundary:

> The need for a containing object would seem, in the infantile unintegrated state, to produce a frantic search for an object—a light, a voice, a smell, or other sensual object—which can hold the attention and thereby be experienced, momentarily at least, as holding the parts of the personality together. (p. 484)

The internal function of containing the parts of the self relies on the initial introjection of an external object, optimally the nipple in the mouth, in conjunction with mother's familiar smell, voice, and holding. Furthermore, Bick asserts that the containing object is experienced by the infant concretely as the skin. It is only after this first skin integration that identification with this function of the object surpasses the unintegrated state and "gives rise to the fantasy of internal and external spaces" (p. 484). Bick indicates that a failure of introjection would result in the baby functioning primarily through projective identifications and identity confusion. According to Bick, successful introjection of the containing maternal function is needed for the concept of a space within the self to occur, where symbolization and thought transpire. This may lead to the development of a second-skin formation, where dependence on the object is replaced with precocious development, early muscular development in the child, or a pseudo-independence. Second skin formation is similar to Klein's (1930) belief that excessive anxiety often resulted in the premature development of language and or motor skills. Bick's theory also resembles Winnicott's theories regarding the development of a *false self*. A defensive pattern can develop along the lines of language skills and early development of talking where the infant uses the sound of their own voice for self-soothing purposes.

Anzieu's Contribution of the Skin-Ego

The concept of the *skin ego* was well established by 1974 by the Freudian French analyst Didier Anzieu. Anzieu in *The Skin Ego*, (1985/1989) originally published in French in 1985, further developed Bick's (1968) concepts, particularly the primal psychic skin. Anzieu begins by explaining that mental processes are supported by both the biological body and by the social body. He defines the *skin ego* as:

> A mental image of which the Ego of the child makes use during the early phases of its development to represent itself as an Ego containing psychical contents, on the basis of its experience of the surface of the body. This corresponds to the moment at which the psychical Ego differentiates itself from the bodily Ego at the operative level while remaining confused with it at the figurative level. (1989, p. 40)

Anzieu explains that the primary function of the skin ego is to support the various functions of the skin: containment of the inside with a boundary, and the exclusion of the outside; communication with

the Other; and inscription of sensory traces. Anzieu stresses the role of the external environment in containing the individual psyche over the function of the primal psychic skin in creating a sense of internal space. Anzieu (1985/1989) explained that phantasy was both a "bridge and intermediary screen between the psyche and the body, the world, and other psyches" (p. 4). He postulated that the skin ego was a phantasied reality and an intermediate psychic structure.

Anzieu (1985/1989) held that the skin ego was developed through the experience of touch. The skin ego is essentially an image used for ego-representation in infancy. This ego-representation was built on psychic elements resulting from sensory experience on the body's surface, the skin. Anzieu critiqued Klein for not acknowledging the essential role of the skin in defining a boundary between inside and outside worlds making introjection and projection possible. Anzieu indicates that it is the initial skin-to-skin contact between mother and infant that defines communication and the foundation of language. The infant first experiences touch as sensation or stimulation then as communication, the "massage becomes the message" (p.39). Anzieu emphasized that the way the infant was held, rocked, and attended to provides clues into the emotional state of the caregivers and external reality. The skin ego emerges as a mental representation through the exchange between the mother's body and the infant's body.

The skin supports the skeleton and muscles, whereas the skin ego has the function of maintaining the psyche. When this interchange is successful, the containing function (similar to Winnicott's holding) is introjected and the infant is able to develop a sense of space within the self, which leads to the conceptualization that both the mother and the infant are respectively contained within their own skins. The skin covers the entire body surface, yet the skin ego performs a containing function which envelopes the psychic apparatus.

Anzieu presented many psychic functions of the skin ego, which corresponded to the physiological functions of the skin. For example, the skin ego was formed through the baby from the mother's secure support of the infant's entire skin and muscles while she cared for the infant through her holding and feeding. Supportive holding, in turn, reduced the infant's anxiety about her lack of control over bodily orifices related to the feeding and digestive process. The mother then served as a reliable receptacle of the infant's sensations and emotions, both good and bad. Maternal reliability is then internalized by the infant and serves the function of reducing and managing the infant's internal anxieties. When the containing function is unsuccessful the infant develops a *secondary skin function* defense to guard against the

experience of having a fragile skin ego, or a leaking colander skin that allows for psychic content to leak or spill out causing distortions of reality testing and interpersonal relationships. In addition, Anzieu related skin conditions to stress and deficient ego structure, which can be linked back to unsatisfactory skin-ego formation. Skin ailments like dermatitis may worsen over time with the compulsion to scratch, which is difficult to discontinue. Anzieu related this symptom to an inability to discriminate between body and psyche and a confusion of epidermal irritation with psychic irritation, and this was referred to as a primary *skin language* which is used to transform discomfort into pleasure.

In therapy, the strengthening of the primary skin function comes from the secure holding environment that the analyst provides. Despite Anzieu's recognition of the primal affiliation of the skin and touch to language, he rejected the use of touch in the practice of psychoanalysis. Anzieu (1985/1989) outlined several theoretical considerations in relation to a *double prohibition* on touching in psychoanalysis and held strong in his belief, as did Freud, that it is symbolization through language that allows for an effective psychoanalytic cure. Anzieu's prohibition on touch in psychoanalysis creates a paradox. On the one hand, Anzieu's theories relied on touch and on the physiological structure and functions of the skin; yet, his theoretical position may very well have missed the challenges of patients experiencing unintegrated preverbal states of mind reflected in embodied feeling states.

Winnicott on Holding, Handling, and Indwelling

Winnicott held that emotional development is a process of maturation and that growth is based on the accumulation of experiences, and he referred to this as the maturational process (1989a). The *maturational process* is inherited and does not become real unless the infant is in a *facilitating environment* (1989a). The facilitating environment can be explored in relation to the details of the *maturational process*, which includes integration in its various forms, such as "the indwelling of the psyche in the soma, object relating, and the interaction of the intellectual processes with psycho-somatic experience" (1989a). Interconnected to these and other fundamentals of the *facilitating environment* are "Holding, Handling, and Realising" (1989a).

Winnicott addressed in his theory and practice the infant's extreme dependency needs and his or her non-negotiable need for holding,

which includes both the *holding* of the baby in mind and empathic identification with his or her state of mind, as well as his or her need for physical holding. Winnicott refers to this empathic identification as the mother's "*primary maternal preoccupation*" with her baby, which includes subtle unconscious adjustments to various infant sensitivities. *Primary maternal preoccupation* allows the infant, early in development, to maintain an illusion of omnipotence, and to feel that he or she creates the breast. For example, when he or she is hungry food appears. The infant is not aware of external care, but experiences it as a continuity of *going-on-being* within his or her own body. As the infant gets older, he or she is better able to recognize the mother as a separate being, with her own needs which are separate from the infant's control. This is where a transitional object, which is both "me" and "not-me," comes into use by the infant as a partial substitute for the mother. This object is often a soft blanket or teddy bear with obvious tactile qualities that allow the infant to self-soothe. The infant however, cannot make use of a *transitional object* in the first few months of life and is dependent on physical holding.

The physical holding of the infant allows the mother to show her love; however, Winnicott (1965b) also adds that there are those that can hold and those who cannot. To instruct a mother to be *good-enough* is not sufficient if she does not have it in her, but if she has the potential to be *good-enough* in her mothering it is extra support and care that acknowledges the essential nature of the mothering task that can allow her to do better. Holding:

> Protects from physiological insult . . . Takes account of the infant's skin sensitivity-touch, temperature, auditory sensitivity, visual sensitivity, sensitivity of falling (action of gravity) and of the infant's lack of knowledge of the existence of anything other than the self. It includes the whole routine of care throughout the day and night, and it is not the same with any two infants because it is part of the infant, and no two infants are alike. Also it follows the minute day-to-day changes belonging to the infant's growth and development, both physical and psychological. (Winnicott, 1965b, p. 49)

Winnicott coined a separate term *handling* and this is linked particularly to the establishment of indwelling, defined as the dwelling of the psyche in the personal soma or vice versa:

> A subsidiary task in infant development is that of

> psychosomatic indwelling (leaving the intellect out for the moment). Much of the physical part of infant care—holding, handling, bathing, feeding, and so on—is designed to facilitate the baby's achievement of a psyche-soma that lives and works in harmony with itself. (Winnicott, 1986, p. 29)

Winnicott held that there is an inherited tendency in each individual to achieve a unity of psyche and soma, and that the experiential identity of the spirit or psyche as well as the totality of physical functioning are all linked by our early experiences of *psychosomatic indwelling* (1966), which, when positively achieved, involves responsive touch or *handling*. Winnicott views these experiences as a critical aspect of maternal care, with far reaching implications for infant and adult adjustment and health. Winnicott's term *holding* covers similar ground as Bion's (1962) use of *containment*, which refers to all the ways in which maternal care helps or hinders an infant to take in and manage his or her experiences.

Winnicott adds the concept of *handling*, which relates to the actual physical aspects of infant care, and to the associated frame of mind of the maternal figure. Handling is related to the way in which the mother handles her infant in all the day-to-day details of maternal care, including her ability to enjoy her baby and the associated tasks and routines required of motherhood. Winnicott (1989b) contends that in healthy development body function reinforces ego development and ego development, reinforces body functioning (influences muscle tone, coordination, adaptation to temperature change, etc.). Winnicott also contends that touch qualifies as good-enough handling only when it is reliant upon and responsive to the needs of a particular infant at a particular time.

Infant Massage

Touch therapies, particularly infant massage, can be used with parents to sensitize them to the need for touch between infant and caregiver by providing them a new technique, philosophy, and way of being with their infants. When parents are instructed in infant massage techniques, bonding and attachment may be enhanced, leading to increased parental efficacy and infant emotional well-being. A review of the literature suggests benefits for the dyad, including: increased mother-infant bonding (Field, 1995; Heart, 2003; Heller, 1997), increased pleasurable interactions on the part of mothers who have massaged their children (Field, et al., 1987), improved mood of

depressed mothers engaging in an infant massage program (Field, 2003), increased parenting skills (Szyndler & Bell, 1992), and increased sensitivity to behavioral cues.

When the psychotherapist instructs parents in infant massage, not only can the experiential component of sentient touch between parent and infant begin to occur, but an opportunity for deeper understanding to emerge through the use of contextual transference directed at the therapist as the provider of a *holding environment* (Winnicott, 1986) for parent and infant. A model baby is used in infant massage, so the therapist literally models for the parent a contextual holding of the baby analogous to the mother's holding and protecting of the baby. The infant massage instruction is geared towards the nurturing and supporting containment of both mother and infant. The therapist models nurturing using the model doll, and comments on the parent's massaging of the infant such as: "she is really enjoying your touch," or "notice how you and your baby are making such great eye contact with one another, or "she really seems relaxed today in your presence."

Attachment and Bonding

Infant massage can play a significant role in the enhancement of bonding and attachment. Infant massage provides the infant and caregiver an experience that includes eye contact, skin contact, the caregiver's voice and the infant's response to it, and rhythms of communication. Touch is also a powerful element in bonding, and through infant massage the caregiver learns to enjoy and engage with his or her infant. Vocalizations are utilized in infant massage, and soft vocalization and singing can also be used to enhance the massage. Massage is a great form of intimacy, communication, play, and caregiving.

Early parenting behaviors that are known to affect the parent-infant attachment and bond during the first year of life are highlighted during the instruction of infant massage, for example the learning of vocal cues and body language of the newborn. When the new parents become more familiar and confident in their ability to read and respond to these cues, they feel more relaxed and self-assured in their parenting tasks, and in turn become more sensitive to their infant's needs. In addition, the new mother is particularly sensitive to a re-experiencing of her own infancy through the stimulation of her own unmet infant needs, which come to surface within the context of the infant-mother relationship. Here is where a therapist working with the dyad can make a critical difference by

utilizing infant-parent psychotherapy in conjunction with infant massage instruction.

Infant-Parent Therapeutic Intervention Models and Programs

Currently several established methods of intervention and program models are being utilized, which treat infants and their parents, such as infant-parent psychotherapy, interaction guidance, watch-wait-wonder, short-term treatment, prenatal and birth therapy, relationship-based prevention and the infant in context. The relationship between therapist and parent(s) serves as the primary catalyst for change and for the integration of the intervention modalities mentioned (Heffron, 2000).

Infant-parent interventions often incorporate the goal of altering the interactional styles and behaviors to improve and enhance parent-infant relationships, and to help the infant achieve mastery or to develop new abilities. There are many commonalities between the treatment goals and the purpose of infant-parent interventions and infant massage instruction. The main difference, of course, is that infant massage instruction introduces the body into treatment, whereas other treatments may have an inherent taboo related to touch, as mentioned earlier in the paper.

Conclusion

It was Freud (1940) who referred to the mother's bond as "unique, without parallel," and who has asserted that the mother is "established unalterably for a whole lifetime as our first and strongest love object . . . the prototype of all later love relations." It is the trust created within the mother-baby bond that sets the stage for the adult's later relationships. At core, this trust comes from the most basic level of relating, touch, which is central to the success or failure of the mother-baby bond. As I mentioned earlier, touch can be felt both literally and symbolically. It is the mother's task to contain her baby in both mind and body. Successful relating comes from the mother's ability to connect with her baby from one mind to another, as associated to holding of the baby in mind and empathic identification with his or her state of mind, as in Winnicott's *primary preoccupation*. It is also important that the mother connects to her infant from one body to another through the utilization of the senses of touch, smell, taste, sight, and sound, creating, through the skin, the defining boundary between internal and external space, forever impacting

psychological development. These early sensorial encounters then become the basis for our experience of self and identity. When it goes well, development is set on course for love of self and others to transpire. It becomes more likely that one will bring forth positive feelings from others, and to develop resiliency in the face of adversity. When the mother-baby bond goes awry the stage is set for faulty development, for cruelty to self and others, weakened relationships, provocation of anger, and poor coping skills (Heller, 1997).

The use of infant massage instruction in clinical practice allows touch to be introduced into psychotherapy without the therapist ever touching the infant. It is the mother who is instructed to do all of the touching. The inclusion of infant massage instruction in conjunction with infant-parent psychotherapy provides the therapist an avenue for exploring the benefits of touch between infants and parents by providing them with a primary learning experience. The use of infant massage allows learning to occur naturally through the use of *modeling*. The parent is then allowed an *actual* experience with the infant instead of an intellectual understanding of the benefits of physical contact.

It has been my experience in teaching infant massage, as an adjunct to psychotherapy, that when a parent can experience an actual positive experience with his or her infant, which is witnessed and encouraged by the therapist, true learning occurs. Sir Richard Bowlby (2003) really seems to understand this concept, emphasizing that words are not necessary to communicate feelings and develop relationships, a valid experience affects change more than intellectual understanding, and positive messages are easier to communicate to the average parent than negative ones.

This paper has highlighted both the importance of holding the infant through empathic mental containment, which relates to all the ways in which maternal care helps an infant absorb and process her experiences of the maternal figure and the actual holding tasks of motherhood as highlighted by Winnicott (1957) and referred to as *handling*, which includes both the holding of the baby in the mother's mind and her empathic identification with the infant's state of mind as well as the infant's need for physical holding.

It was suggested that the use of infant massage as a psychotherapeutic tool allows for the infant to develop sensory distinction through the use of touch, smell, taste, sight, and sound. Furthermore, infant massage can be used in conjunction with most infant-parent intervention models and programs. Many of the treatment options available for infants and parents dovetail with the

purpose and goals of infant massage instruction. Therapists treating infants and parents have a unique opportunity at hand when utilizing the instruction of infant massage as a psychotherapeutic tool, which allows and enhances both touch as a sentient experience for the parent-infant dyad and as a model of containment or "holding" (Winnicott, 1986) for the parent.

Opening up the Dialogue

At the very least, this project opens up an understanding of how infant massage can be of benefit for the infant-parent dyad. In turn, it is my hope that more psychotherapists will support the instruction of infant massage in their prospective communities. This may take the form of referring clients out to an infant massage group. It is my hope that this project will open up a dialogue on the significance of touch in early development and will allow therapist to assist clients in connecting with their infants in a new, or should I say *ancient* and effective, manner. This study has provided a bridge between a depth-oriented approach of understanding the developing infant and the use of infant massage as an adjunct to psychotherapy.

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