

CHAPTER I

A RENAISSANCE OF SUBJECTIVITY

Freud's largest contribution to clinical psychology was his emphasis on the dynamic unconsciousness and hypotheses about its structure. Most practicing psychotherapists believe that clients are unaware of many of their motivating feelings, conflicts and desires. We might say these elements of their subjectivity are unconscious. But Freud went further by postulating various models of that unconscious as an active agent determining observable behavior, populating it with ego defenses, the id and superego, and the Oedipus Complex.

He took observations of complex behaviors and symptoms of patients and inferred the existence structures within their unknown subjectivity that would explain those behaviors. The unconscious became the dynamic unconsciousness. Psychoanalysis strove to unearth these structures and functions (such as the ego defenses) and bring them into consciousness and under voluntary control. Consciousness somehow created health by ending the distortions and symptoms of unconscious conflicts and motivations. The psyche became unified by ending repression and admitting conflicted elements into the ego, which was the mostly conscious executive coordinator of the entire mental apparatus.

Unfortunately, insight alone did not work. In fact, at times insight seemed to have little to do with the processes that transforms someone with great psychological pain into a normal person with normal pains.

Carl Rogers (1961, 1965) and other phenomenological and existentialist psychologists in the 50's began to emphasize working with the client's self experience rather than with hidden areas of their unconsciousness. For him, much that was illness was the disparity that existed between how a client saw herself and her ideal of self. Restated in analytic terms, there was a conflict between her self-representation and her ego ideal.

Moreover, the client might hide certain aspects of her feelings or desires from public view, and fake being more like her ideal than her "real" self. Sometimes she might fake being worse than she really thought of herself in order to get others to help her or let her alone.

Rogers emphasised the healing power of the therapeutic relationship where the therapist's accepting presence brought out and integrated missing attributes of the "real" self into the surface self representation and also reduced their disparity with the client's ego ideal. Thus she could rest more easily in herself and be open to reality as it was. Without the therapeutic relationship, Rogers conjectured the changes a client could make were limited to what she could do on her own. Large changes required the unconditional regard of the therapist.

Simultaneously in England, Melanie Klein was researching the self experience of the infant, basing her work on the the metapsychological structures postulated by Freud and actual child therapy sessions. In her own way she was combining a classical analytic orientation's emphasis on a dynamic unconsciousness with a phenomenological emphasis on the self. Her work strongly impacted the British Middle School of object relations analysts consisting of Ronald Fairbairn, Michael Balint, Harry Guntrip and Donald Winnicott. They became phenomenologists of self-structures embedded in a dynamic unconsciousness.

In the United States, psychoanalysis was being mildly influenced by the work of on Paul Federn, a member of the original Vienna Circle who wrote on the phenomena of self experience which he hypothesized to be a significant structural factor in the make-up of coexisting ego states that together comprised the ego. His work in the 50's help establish ego psychology and the concept of ego boundaries as serious elements within psychoanalytic theory. Harry Sullivan, like the object relation's school, emphasized the interpersonal aspects of development and psychopathology over a strict adherence to the intrapsychic approach of the classic analysts.

Along with the purely psychoanalytic investigation of the self, other schools, especially the Gestalt psychology of Perls and Goodman, and the body oriented therapies derived from Wilhelm Reich's work, began to emphasize the phenomenology of self, the boundaries of body and self, and the content of this subjective experience. Together these trends raised the investigation of subjectivity to a legitimate status and paved the way for Heinz Kohut's self psychology.

One effect of this change was a movement away from analyses of inferred structures found within the dynamic unconscious, such as Oedipal constellations or the death instinct, towards a careful study of the phenomenology of the personal self with the idea that objective examination of subjectivity will result in a deeper understanding of the dynamics of the ego and self (Bach, 1985). This emphasis is clearly manifest in the current psychoanalytic emphasis on understanding character pathology as disorders of the self and the processes that form the self.

As an example of this change, a classical analysis of 50 years ago might have the patient examine his dreams, behaviors, free associations, slips of the tongue and vaguely expressed hostility in the form of sarcastic statements, in order to uncover elements of the Oedipus complex or derivatives of partially repressed and transformed sexual impulses. Analytic theory posited certain unconscious psychic structures and the patient's words, stories and behaviors were interpreted as giving proof to their existence. Analyst and patient worked to create a context of conscious revelation of this dynamic and structured unconsciousness. As Freud put it, "Where the id is, the ego (consciousness) shall be." The act of becoming conscious and acquiring insight into these buried structures performed a miracle of healing the patient by dissolving or resolving the deleterious impact of those complexes on the ego.

Today, a Kohutian oriented analysis would more directly examine the patient's conscious self-experience, self-referring pains and attitudes, and the subjective impact

of the therapist on his self. The assumption here is that old trauma or deficiencies affect the implicit (hidden) structures of the self and that the investigation of the client's presentations, both behavioral and verbal, and self-representations offer evidence of pathology existing within these unconscious structures.

Classical analysis would ferret out buried structures through an analysis of conscious painful experience regarded as symptoms of the impact of damaging and conflicted complexes. Subjective experience pointed to underlying structures which when made conscious resulted in therapeutic change. The buried subjectivity became conscious through interpretation of seemingly innocuous free associations, dreams and other presentations. The buried subjectivity that becomes revealed is the hurt child self and how that hurt became transmuted into "libidinal fixations" of hindered development that affected the pleasurable and full functioning of the ego. Of special interest for classical analysis was how that hurt specifically affected "universal" unconscious structures such as the superego and the Oedipus complex which lay outside the conscious experience of self but which determined and regulated its behavior and thinking.

The Kohutian analysis is more concerned with the phenomenology of self and how that experience ties to implicit self structures that generate painful pathological symptoms. Rather than investigate defects in sub-structures (complexes) imperfectly integrated and resolved into an intact ego that cause conscious pain as in the Freudian viewpoint, the self psychologists look for disorders within the structures of the self that weaken it and make it susceptible to destruction or the fear of annihilation.

A second impact of this analytic revolution is the investigation of the intersubjectivity of analyst and patient in terms of transferences indicative of inadequate self structure development rather than as repetitions of Oedipal rivalry or of frozen libidinal development as in Freudian analysis. The therapeutic couple form an intersubjective "field" within

which each person in the therapeutic couple makes a contribution to the joint analysis rather than just the patient. The therapist is no longer a blank wall upon which the patient writes his subjectivity. The analyst's half of the therapeutic investigation includes his own unconscious countertransference contributions arising from his own self structure. This couple is two and yet also one. The subjectivity of the couple merges and yet they remain two, and as two they interact, communicate and have fluctuating boundaries.

Part of the patient's contribution to the therapeutic couple's mutual subjectivity is the complex phenomena called transference which are the ways that the analyst is perceived by the patient, including his intent and character. The analyst is perceived as a function of how the parents were perceived, not how they were. How they were, the "real" parent and the "real" relationship is unknowable. We have the patient's version, and we could get the parent's version, but both are subjective evaluations mediated through selective memory. The "real," or objective is never knowable. "Real" comes to mean then the subjective--what is the patient experiencing now.

The analyst--rather, the client's idea or "internal representation" of the analyst--is prejudiced by his inclination to see all people (in psychoanalytic terminology, called "objects") as stand-ins for "mommy and daddy." This original articulation of subjectivity in psychoanalytic theory gradually became objectified and itself turned into metapsychologic entities and complexes (e.g., the idea of object representation and the ways they are created). Exactly so are we now investigating other areas of the self--as subject--with the intent of better understanding and making explicit the implicit self-structure. Self becomes object. Subject becomes object in an apparent evolutionary sequence very similar to the differentiating of self that takes place as an infant begins to separate from the undifferentiated totality of experience of the newborn.

Thirdly, this phenomenological trend in psychoanalysis is becoming "microanalytic." The works of Paul Federn and more recently, Mardi Horowitz, place analytic emphasis on the detailed explication of disjoined ego states within the patient and the ways these states succeed each other in stabilized patterns or Gestalten that together are the self. Just as economic theory moved from macro-analysis of the gross economic dynamics involving the whole country, to a "microanalytic" investigation of the economic environment of the individual firm, analytic theory is slowly moving toward a finely tuned microanalysis of the self--formerly considered only one small part of the ego--and of sub-components of that subjective self.

The overall result of these trends is that the patient's self has become an object of his own subjectivity. Reflexive consciousness, the self-observing self, is used to turn portions of its subjectivity into a more structured and articulated objectivity, or not-self. What was formerly self and that in which "I" was embedded, now becomes an object--something I can "look" at. As such, it is no longer self, but other. I can relate to that other, reflect on that other and manipulate and change that other. The more sophisticated this differentiation and analysis becomes, the more structured and objective my self becomes.

While the phenomenological approach is gaining strength in psychoanalytic theory, the resistance to it is still immense. Kohut himself states in one of his earlier works, Forms and Transformations of Narcissism (1966), that: "...as is true with so many other of Federn's fascinating insights into ego psychology, the formulations remain too close to phenomenology, i.e., to the introspected experience, and are thus hard to integrate with the established body of psychoanalytic theory." As of yet the gap is too broad for many with a traditional orientation to make the leap to this new paradigm. The resistance to becoming a science of pure subjectivity is still too strong in an era where science means objective, repeatable, verifiable and measurable.

This change of emphasis from either a pragmatic cognitive-behavioral approach, or a classical psychoanalytic orientation to an introspective and almost idealistic philosophical approach possibly indicates changes within the psychological structure of Westerners in general, which are reflected in other areas of our culture. Current psychoanalytic literature centers its investigative efforts around those illnesses that involve disorders of the self--a striking change from the literature of only four decades ago where the emphasis was on understanding the better functioning neurotic, or the much worse functioning psychotic. This change in investigative emphasis accompanies a more general change in the pathologies and psychodynamics of the general population. The clinical population is changing as well as the sophistication of the therapists.

Kernberg (Gunderson, 1985) for example, has variously estimated the percentage of the general population in the United States suffering from severe self disorder problems to be between 15 and 30%, with a full 40% of the hospitalized psychiatric population falling in this category. Others, like Melanie Klein, Harry Guntrip and Donald Winnicott maintain the position that depressive and schizoid level problems are almost universal in the general population, problems that are resulting in a nation of broken families and an increasing percentage of adult singles unable or unwilling to be in relationships (Kilpatric, 1975)

Whether these characterological problems have always been inherent in our culture and only currently recognized, or whether this pathology is a new phenomena, resulting from the disrupting impact of two world wars and changing economic and political trends is certainly not understood. The changing nature of psychopathology most certainly marks great shifts in the individual psychology and psychodynamics of Western society as a whole.

A similar trend of subjectivization is manifesting in many other aspects of modern life. Physicists are talking like psychologists in attempts to anthropomorphize and make more

"user friendly" their inert subject matter. They want to make their subject matter more understandable in terms of self-experience. Immunologists talk of self-identification of antibody functions. Psychology is wrestling with basic epistemological and ontological problems of knowing and being. The personal self and efforts to heal that self have attained a level of legitimacy heretofore lacking in a materialistic and pragmatic society. The transcendence of the personal has led to increased self-differentiation and structuring and the development of individuality with its creative expressions.

A second and "narcissistic" factor driving this new emphasis on the self and on subjectivity may be a reaction to a general denial of the importance of self and of subjective viewpoints that has characterized American pragmatism and its behavioralist manifestation. Subjectivity has been ignored and given second place behind the problem-oriented and scientific objectivity of a nation bent on expansionism. This emphasis on the self may mark a broader turn towards a more existentialist-phenomenological orientation with its viewpoint that subjectivity ontologically precedes objective knowledge. The self as knower is more important than what is known and what can be done with that knowledge.

It is as if the small child in each of us, previously suppressed by a culture bent on external world control and external marks of success, may be rebelling and now demands to be heard in its entirety, including its fear and pain at having these parts ignored. The culture of narcissism is a self-healing attempt to redress the massive injuries to the self carelessly visited on all members of our society where performance is valued more highly than being.

While this revolution in clinical psychological orientation is new to the West, an introspective viewpoint has long been part of the Eastern spiritual and philosophical traditions. Long before Kant's transcendental idealism and the existentialist-phenomenological transformations which were the intellectual precursors of our own introspective revolution, the East already had an ancient tradition of self

investigation. Like the West, the East had differing viewpoints on the self, varying from monistic and unitary, to pluralistic and fragmentary philosophies which emphasized differing kinds of subjective experiential states in religious experience.

The Eastern traditions shared some similarities with Western approaches. Subjective experience in the East was quite often used as proof of objective and inferred structures buried in the very nature of reality and how we perceived it. They took certain experiences as proof of the existence of a soul or of impediments to the manifestation of that soul. Certain yogic and Buddhist traditions displayed an interest in "micro-analytic" approaches (Vajrayana and Vipassana) much like psychoanalysis and the phenomenological work of Husserl and William James did with perceptual, dream and fantasy elements. Insight was thought to lay in close introspection to detail.

In other ways the Eastern traditions are quite different from our own introspective efforts, especially on the concerning the basic nature of self and of subjectivity. None of the Eastern traditions, lacking as they did in a comparable developmental psychology of childhood, had any real notion of interpersonal transference issues or of self-disorders. Personal self, itself, was considered a disorder, and it's experience was analyzed in order to destroy it or to transcend it.

As we will see in chapter three, Western dynamic therapy proceeds by often sponsoring a regression to the hurt parts of the self, then initiating a renewed developmental sequence emulating some properties of the original sequence in the infant-toddler. On the whole, the Buddhist and Hindu philosophical traditions hold that the intrinsic nature of subjectivity does not change through any process of progressive differentiation or regressive merger. Bare awareness itself, or what is called the fourth state of consciousness (Turya), is a basic pre-personal consciousnesses underlying the personal self. It is itself unaffected by the developmen-

tal structuring of mind or its content.

The Hindus philosophers took one more step by saying it is also unaffected by death since changes in the body and body consciousness do not result in any permanent change in the sense of the witness aspect of I-ness. Sleep, drugs and illness only temporarily change one's subjectivity. Therefore, they reason, death--a change in the body's state also--effects no permanent change in I-ness. In a deep sense, Hindu philosophers were equating the basic nature of I-ness, of subjectivity, with witnessing. Witnessing is a function of I-ness and is itself an objectifying capacity. I-ness, for them, is identified with that capacity. I am the witness.

Their reason for identifying the basic self-nature with the witnessing function is that only the I-ness itself cannot be taken as object. In mathematical terms, it is a singularity in the continuum of consciousness. Every other experience can be objectified, except I-ness. I-ness as the source of consciousness cannot also be an object. Thus I-ness is witnessing. The analogy used is that consciousness is like an eye, and an eye cannot see itself (cannot be reflexive). Western psychotherapy, from a very contrary view, puts a great deal of emphasis on reflexivity, but on reflexive consciousness of attributes of the self other than I-ness such as impulses, anxiety, depression, body experience, images and ideas. I-ness is not normally an object of consciousness.

Within this immortality framework of identification of the "True Self" with the nature of consciousness itself instead of with the personality, it is easy to see why the East never discovered a developmental psychology. They emphasized the transcendent and non-personal aspects of self since those personal aspects were painful and transitory. By ignoring the personal self it was impossible to invent a developmental psychology of the personality. They emphasized the attaining of states where the person was no longer there or conscious of self.

While neither Hinduism or Buddhism has a developmental psychology in the psychoanalytic or developmental psychology

sense (Engler, 1982), they do have theories of the progressive evolution of the self or soul towards either absorption into God or into emptiness. In this evolution, the soul (Hinduism) or the basic subjectivity (Buddhism) is not itself modified by self-reflexivity or by interaction with the world. The goal of evolution is to have the personal self become conscious of its God or emptiness underpinnings, which, from the beginning, is its basic nature.

Krishnamurti, the Indian philosopher-guru, also held that basic awareness is the groundstate of consciousness and that by cultivating "just being" in bare awareness, that we can experience objects, including all of our experience, with no distance--a mode III type of perception as described in the next chapter. Bare awareness gives way to Samadhi. In this mode, personal self also disappears. Personal self is properly found only in mode I experience of ordinary mind consciousness that has both subject and object as well as a perceived degree of isolation from the experience.

In a way that is sometimes difficult to understand, Eastern spirituality, notably Zen, Mahayana Buddhism and yoga place a strong emphasis on apparently opposed yet inseparably interrelated states of mind of witness and Samadhi. In the witness state, sometimes there is an assumed witness, or soul or self, even if the witness is invisible to itself, and the content of experience that is witnessed. In Samadhi, there is no separation between witness and content. In the witness state, sometimes there is an unknowable subject, or self, who observes the world as content. (At other times and contexts, the witness has no subject--there is just witnessing which is an aspect of a subjectless consciousness). In Samadhi, that same self becomes the content--the self merges with the "other." That other may be a tree, or it may be some aspect of my personal experience, or it may be the self, itself.

I can "become" the object in Samadhi (Samadhi with "seed") or I become merged into the Self (Atman) with no object or content (Samadhi without seed). Mahayana and Zen have no concept of a real, localized self, so Samadhi (without seed) oc-

curs with the totality of the field of perception and experience, or with the emptiness background.

In none of these Eastern viewpoints is the personal self an important factor. It is considered to be illusion. The "underlying" two mindstates of witness and of merger are regarded as being ontologically and epistemologically prior to the personal self. This is an idea quite foreign to the Western clinical approach to subjectivity and the self. Hartmann and Mahler, both ego psychologists, held that objectivity arises through development and evolution from an original matrix of infantile experience which is an undifferentiated continuum of subjective experience. Self came before witness for Hartmann. Klein held that there was a self very early in life which was capable of recognizing an "other" out from the undifferentiated field, but that self was not an embodiment of an objectifying principal as we find in the Eastern traditions. Self and other developed together and neither had any metaphysical priority.

Western clinical psychology has largely ignored the dual mind attributes of witness and merger. The only kinds of merger that were investigated was symbiosis and the pathological mergers known as confluence in family therapy, or those arising from borderline or schizophrenic disorders. Recently there has been some work on dual mind models which assume the human brain operates and perceives in two different cognitive modes and styles. An attempt to incorporate this notion into developmental psychoanalytic theory by James Grotstein (Grotstein, 1980) has met with little critical success.

This clear distinction between personal self and the witness and merger states is very interesting and of great philosophical and clinical value. If we can have a mindstate that is either pure subjectivity or objectivity without a personal self, it may ontologically and perhaps developmentally precede that self. If witness and merger mindstates precede the personal self, entering those states may be used as a defensive position that the self can flee to in order to escape trauma, emotional pain and conflicts of the personal

self. But these mindstates can also be part of a new therapy process where developmental defects of the self may be remedied through selective witnessing and then merger with hidden self-structures so that remedial development may be done consciously.

If this bare awareness witness state or the Samadhi state ontologically and chronologically precedes the personal self, it means personal self is something more than consciousness and the content of that consciousness. It means personal self has a form and structure lying over and through the bare awareness and merged states, and this structure may be held together by meaning and by other identificatory and linking processes. It is this structure of personal self, the implicit structure of the way we experience, that becomes objectified through evolution and therapy into complex behaviors, identifications and personality patterns. It is with this structure that we work with in therapy to remedy defects in the self and the behaviors of the self.

In a previous paper (Muzika, 1982) I proposed that the personal self is a structure of consciousness itself. It directs where and how consciousness experiences content or experience. As the implicit structure changes, so does the nature of consciousness, the way it perceives and what it perceives. One analogy I use is that consciousness is like a space-time continuum which is structured according to the laws of motion by the content (mass-energy) of that continuum. Once the continuum is structured, it determines its own behavior and logic. With mind, implicit structure results from developmental processes within biological limits. The final structure determines the content of phenomenal experience.

The Eastern approach is to abandon that structure and work towards an identification with the bare-awareness/ Samadhi states which are empty of personal distinctions (Moksha).

If we assume a dual track assumption such as that explored in the third chapter, we know that development must proceed in an oscillating fashion--an evolutionary cycle. The very fabric of the personal self develops as a consequence of an

oscillatory interaction between the two basic consciousnesses of witnessing (bare awareness) and identification (Samadhi). I-ness has two sides: merger and witness--subjectification and objectification. This cyclic progression, assumed also by Kegan (Kegan, 1982), Wilber (Wilber, 1980), and by the Piagetians, occurs both in natural development and in therapy. Yet none of these theories has a clear explanation for the mechanisms of these developmental progressions. A dual track assumption offers the beginnings of an answer to the oscillatory nature of this progressive evolution.