

## Chapter III-B

### VISUAL ASPECT OF WITNESSING IN THE DIFFERENTIATING PROCESS

Clients over and over use the term "watch" when they talk about how they perceive certain emotions or physical pain. They watch it. Watching diminishes it by objectifying the feeling and making it not-self. I suggest they are literally describing their experience and not metaphorically relating a sense of isolation and depersonalization. They are describing how they do isolation and depersonalization. Portions of the subjective core of self are objectified out of vital existence as the self becomes more and more a witness self. They watch their experience through an imaginary, or, possibly a real internal visual sense which competes with the physical perception of that pain or feeling and thus decreases the impact of that pain or feeling on the self.

The internal visual sense appears real to an experienced meditator. In fact, Hindu and Buddhists texts for thousands of years have talked about this internal visual sense and hypothesized about an inner "eye" to explain it. For the advanced meditator the internal-external dichotomy can be very insubstantial. The altered states of consciousness generated through Shikantaza or Mahamudra meditations can temporarily destroy any of these realm divisions resulting in a no-boundary state. These no-boundary states do not appear to be fantasies, but rather, "spaces" in which perception can occur along with the objects of perception. Within those spaces we can perceive experiences not normally thought of as being perceivable in a visual way, such as pain in my leg or an emotion. Or we can visually perceive elements of the external world as being part of ourselves (first level Satori). Certain meditations may activate the visual receptive and interpretive part of the brain generating a visual sense, and an experience of space, that become co-extensive with tactile and auditory realities, where they can become mixed and fused.

Experientially, if this visual field is part of an infant's perceptual reality, it would have a real, psychological and developmental effect. Again, this is Winnicott's play space or transitional reality with a twist. For him it was a buffering reality where the realm and fantasy interpenetrate and this reality continues throughout life to play a significant role. For the meditator it is a real sense of space, affecting his self sense by creating an inner ground within which subjective phenomena can become visual objects. Meditation may be said to influence, extend and change the structure and quality of transitional realities and thus the processes of self-differentiation by making these areas more explicitly conscious and adding a visual quality to witnessing.

The self can take itself, including the division into subjective self and not-self, as object. I can examine the subjective experiences I call self and those I call other, even while those subjective processes and experiences are occurring. The internal visual perception of both these states as object arises from the "splitting off of a portion of self" as witness. (This is the phrase used in analytic theory to explain the observing self). This witness aspect is also part of the the subjective sense of self, even though its function is to objectify. As a part of the subjective self, the witness is closely related to that personal sense of self, but it gives the self a sense of an imaginary space in addition to the "realness" of direct experience of emotion or pain through the body. Wortz (private communication) has suggested that meditative watching of emotional and physical pain leads to a sensory competition between the physical and visual modes that diminishes that pain. I.e., if we both watch and feel the same event, the perception through both channels is diminished in impact. This may also be the way we build an inner map of experience, dividing it into internal-external, and self-not-self through visual discriminations. The subjec-

tive and vulnerable self objectifies itself through this visual sense, not only as a defense, but as part of a developmental sequence. Perhaps Gendlin's felt sense is a mixture of perceiving undifferentiated body experience, including primitive feelings partially through a visual and partly through a body mode. Visualizing it gives a sense of objectification, safety and being "pushed down," while feeling it with the body gives it reality and vitality leading to incorporation through merger into the self.

### I SEEING I

The experience of objectifying the self, itself has the quality of being witnessed. I watches I watching the I. The subjective personal self (the "I") as well as the experience of that self (content) can be perceived as an object by the witness consciousness. This perception can become increasingly invested with the quality of an internal visual sense with progressive experience in meditation.<sup>2</sup>

The entire subjective self, itself, can be perceived in this visual fashion, and be "seen" as a consciousness limited to portions of the body. Internal experience can be divided into three aspects, much like a Hegelian dialectical synthesis

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2. You might want to try this experiment for yourself or with clients. Write a short catalog of emotions and sensations and imagine them occurring to you, one by one. Note how they seem to occur to you. Do you "feel" them in your imagination or do you "see" them as an imaginary occurrence happening to you, either as you witness your body, or as you are subject within that body. Then, next time you feel a pain in your body or feel some fairly strong emotion, stop, close your eyes and "witness" that experience. Then try it with your eyes open. Does the experience of witnessing your own self and its experience have a visual quality? Does it have it all the time or only with the eyes closed? Do you have an imaginary visual space (transitional reality) coextensive with your "real" visual reality and with your internal body space?

with different degrees of objectification determining embodiment in the flesh. First is the subjective experiential self-core ("I-ness" attached primarily to certain body experience, including ideosyncratically determined tactile and emotional feelings); second is the subjective not-core self (the remainder of the body and emotional experience which are not experienced as self-core) which has less body immediacy or experiential impact and which includes the representational worlds of self and object; and third, this entire dichotomy of core-self and subjective, non-core self which itself is witnessed as object or merged with as subject.

I-ness from this view is the basic implicit structure of personality that directs consciousness in its merger and differentiating aspects, bringing experiences and structures into the core self through identificatory "gluing," after and simultaneously with witnessing consciousness's differentiations and projections of experience and other implicit structures from the self.

#### SPLITTING AND REFLEXIVITY

As psychologists become more sophisticated, the complexity of the laws that arrange content within realms (cognitive psychology, classical psychoanalysis, object relations theory, semantics and semiotics) dramatically increases. But fundamental questions of precisely how these realms are formed out of the infant's undifferentiated matrix of experience is not known. Nor is it known how these realms are kept separate by the invisible boundaries, or what composes the boundaries themselves. Most boundary phenomena are totally unknown and virtually undiscovered except for the small class of functions long investigated by psychoanalysis: the ego defenses.

This model gives us a new perspective on these traditional defenses. They can be conceived of as boundary main-

taining mechanisms that divide the personal self into I and subjective not-self, separating both from the dynamic unconsciousness, from never conscious experience (the never differentiated area of unformed emotions and body awareness) and from the outside world. Aside from their normal defensive functions, which may turn out to be aberrations of their boundary functions, they are also part of a larger set of mechanisms which differentiate and maintain the world as we know it.

The most fruitful area of investigation for the new science of phenomenological psychoanalysis are the boundary creating and maintaining mechanisms such as splitting and its derivatives, projection and its derivatives, reflexive consciousness and the time-binding mechanisms of the self. The first two mechanisms contribute to the fragmentation the experiential continuum (see appendix for differing assumptions about consciousness as dual mind or one mind with dual differentiating aspects) into various realms such as external and internal, self and object representational realities, and through repression, into consciousness and unconsciousness. Projection can be into the external world, either of aspects, qualities and emotions belonging to the self, or of the self representation into our inner world mappings of external reality (object representations). Projective identification can be between the self (or self-representation) and the real object therapist, or between the self (or representation) and the reality filter of the self's therapist representation.

Projective identification is usually considered to happen between the self representation and the object representation of the real world therapist (Grotstein, 1981, Ogden, 1982). The therapist as external object is emotionally and perhaps cognitively indistinguishable from the client's therapist representation. The client projects into her object representation (of the therapist) some quality of her self representation (self as idea and image) and acts as if the real

therapist, seen through the representation filter, now has that quality. Typical examples are unrecognized anger or sexuality that are attributed to the therapist.

If the client is able to relate to an external person, the therapist is both a representational stand-in for mother (the origins of transference) and a real other. In this case projective identification is not restricted to processes involving representations only, but can be between the real world objects and representational objects or between any two realms. In analytic theory, projection is often done of a feeling, image, or self-judgment within oneself that is not acceptable or safe within the self. The feeling is attributed to our idea of the therapist, who can more safely have that attribute or feeling. It may be unsafe for me to be sexual or loving, but my therapist is, and I can think of him whenever those feelings arise in me, liking or disliking the denied feelings projected into him. But his image is linked to the real external world therapist. If I project into my idea of him, I also project into my tactile and visual perception of him which may affect the way I physically perceive him (see the example of Mrs. M. in the next chapter). Sometimes I can "see" that my projections are unreal. His behavior and demeanor do not support my projections of him as angry. If I can relate to him in this real way by reality checking my projections, I can diminish the projective-identificatory linkage between my self image and the external person. I withdraw the projections into myself eventually allowing for a merger incorporation of that feeling into my core self. A "real" relationship with another demands an already intact, differentiated and separate sense of self.

Besides the splitting mechanisms and derivities, which divide reality into realms, there must be other merger and identificatory linking mechanisms that hold realms, experiences within realms and Gestalten together. The many experiential realities are held apart yet held together and

coordinated. Self is separated from not-self; internal is separated from external; and subjective is separated from objective partially through a combined process of the splitting of consciousness into an external world direction and into a self-reflexive direction. Reflexive consciousness acts to "glue" components of self into a Gestalt and contain them within boundaries. The latter self-reflexive consciousness has body, fantasy, thinking, memory, witness and other components as objects with an "inward" direction, while outward directed consciousness is spread through the various perceptual channels of vision, hearing, taste, touch and smell and has the external world as object.

The directional split of consciousness that creates inner and outer, self and not-self may exist between other realms also separating outer from subjective not-self for example, or unconscious fantasy from representational self. Pathological splitting observed in cases of extreme self-fragmentation traditionally has been attributed to unneutralized rage as Kernberg and Klein would suggest. Possibly though, this splitting arises from fragmentation problems in the very fabric of experiential reality itself, such as a failure to establish appropriate directionalities of consciousness, fixed but permeable boundaries, sufficient binding merger "glue" to hold the self together, or appropriate separation from objects within consciousness. There may be something wrong in the functioning of the dialectical processes of appropriate splitting or projection as a precursor of reflexive binding of phenomena. Stabilized differentiation requires optimal functioning of both merger and differentiation aspects of the personality. Rather than rage resulting in unneutralizable splits, the unresolved splits themselves may be the origin of the pathology. Manifest rage is not a necessary accompaniment of severe borderline or schizophrenic splitting, but fragmentation of the self is, leading to speculations that the rage is a symptom of the splitting rather than an effect.

### IMPLICATIONS FOR THERAPY:

If bare awareness (witness consciousness) and Samadhi consciousness ontologically precede the personal self, and if the personal self is partially an evolutionary result of the interplay between them, then we have the nucleus of a theory with enormous implications for therapy. In practical application it would suggest that there are stages involved in therapy that may be quite different from the stage models of current psychoanalytic literature which emphasize one aspect or another of re-developing object relations or cognitive structures. The pioneering work of Gedo and Goldberg (1973) on the hierarchical model, and Horner's work in ego psychology both suggest changes in the way therapy is done as the ego develops during therapy. They both suggest different types or styles of therapy for patients with different levels of developmental disorders. In Kohut's system, a narcissistic patient would initially have his therapy directed towards resolving needs for mirroring responses; later, as his self attained significant "compensatory structure" his needs to idealize and be idealized for worldly attainments would be addressed. Much later, Oedipal competitive conflicts may arise as the personality disorder is resolved to be replaced by neurotic issues.

In the proposed dialectical-phenomenological model, therapeutic emphasis would change from analysis of self and object representations, their splits and projective defenses to a close examination of self-experience (I-ness and the core) itself. This would help the therapist understand the quality of the linkages and boundaries that comprise the patient's self, and the degree and kinds of fragmentation that plague it. Analytic emphasis would be on components of the "deep" or implicit structures of the self--processes, functions and Gestalten which underly self-experience. This kind of introspection also builds new reflexive linkages, tying



various ego states together. The therapeutic approach and changes in that approach that would accompany changes in the developing self in this model may be very different from the stage specific techniques of psychoanalysis based on ego or self psychology.

Psychoanalytic theory is split on the efficacy of "expressive" or "uncovering" therapies over supportive therapies (educational, cognitive) for borderline and schizophrenic patients. Some theorists insist the egos of these patients are too "weak" to tolerate the undoing of inadequate repressive defenses resulting from expressive therapy, leading to profound regressions or impulsive acting out of self-destructive tendencies. The dialectical-phenomenological model would emphasize the teaching of microanalysis, an uncovering technique, for these clients because it gives them a method of consciously coping with feelings other than the inadequate defenses they presently have. Microanalysis is, at once, both an excellent defense (or cognitive coping technique) and an excellent uncovering technique that would acquaint the patient in small, safe ways with portions of an emotional situation that otherwise would be overwhelming.

Jack Engler (1982) holds that Vipassana-like techniques are expressive and should be avoided with borderline or psychotic patients because they undo repressive defenses. My findings are surprisingly different. His experience is based on a population of people who are students and practitioners at a Buddhist Center. I agree with Engler that the populations found there often have a higher proportion of borderline personalities. But rather than being contraindicated, I have found these analytic techniques well suited to established splitting defenses, especially in the form used by Dr. Wortz. In fact these techniques initially reinforce these defenses, yielding added conscious control over splitting. This leads to decreased spontaneous fragmentation of the self by increas-

ing its ability to regulate the impact of dangerous affects. Witnessing exposes the painful affect, and the client is immediately encouraged to examine how she feels or generates that emotion, allowing her to modulate its experience. Conscious control over splitting and witnessing diminishes the need to split on unconscious levels. Splitting as a defense becomes a more conscious mastery allowing increased safe exposure to the split-off emotion or idea. Experience that was formerly automatically shunted past consciousness by an unconscious defense is now regulated by it.

With these (borderline and narcissistic) clients we can increase emphasis on using the observing ego to assist and prepare for limited partial regressions within a framework recognizing that development is a non-linear, three-step process of regression, progression, creation and stabilization of boundaries followed by cyclic repetition of this process. Regression would reveal formerly hidden affects and symptoms, and progression results from objectification and analytic differentiation of these new emotions, experiences and processes, resulting in new self-structure.

Regressions are normal consequences of the dynamic therapy process or of hospitalization. The psychoanalyst will usually struggle to limit them in cases of personality disorders or psychoses. In these cases regressions are not considered therapeutic, but debilitating. Regressions in our new model, while not necessarily encouraged, certainly would not be avoided. Instead they would be utilized by the therapist to foster the development of introspective internalizations (incorporating the therapist's perceived structures), reflexive consciousness and the exposure of self-defects. Regression exposes hidden developmental arrests, covered by poor compensatory structures, allowing the problems to become objects of consciousness. Microanalysis is then used to manage the emotions and symptomology.

Microanalysis itself is fairly neutral with respect to regression because it treats object related feelings, such as overwhelming guilt, envy or rage as objects. The self is not immersed in these feelings so regression is slowed. Regressions would still result from the libidinal relationship with the therapist. The resulting transferences automatically generate regressions in a large percentage of therapeutic patients. Even this regression can be analyzed and slowed using objectification, verbalization and microanalysis.

Gradual "objective" or witnessed exposure to the previously repressed or split off feelings leads to a "de-sensitization" to that feeling, and ultimately to a momentary incorporation of that feeling into the core self. After that experience, splitting, denial, projection and other defenses are less needed as the emotion or repressed experience begins to be structurally bounded by the dialectical processes of self-other delineation. The self no longer deeply fears that feeling. Remerger with a formerly rejected emotion, impulse or traumatic experience re-initiates the self-development sequences frozen by early trauma, leading to changes in self structure and an appropriate structuring of that feeling within and between core-self, representational self and representational object.

The phenomenological therapy model creates: (1) a safe uncovering technique that (2) teaches the basics of introspection which (3) can be used to reinforce inadequate defenses in a way that (4) can later aid an object-related and whole-feeling traditional therapy through gradual exposure to object directed feelings.

### Transference and Regression in Psychodynamic Therapy

On the therapist-observer level, therapeutic stages, especially the initial stages, vary from psychoanalysis to the more experiential therapies such Gestalt therapy or those

proposed in this text. Transference and partial regressions are encouraged in psychoanalytic work (for neurotic structures as opposed to borderline personalities), even if not always on a conscious level. But Gestalt, and more so, cognitive-behavioral therapy may not support the manifestation of these processes. This would affect the degree and type of bonding with the therapist and indeed whether there were any stages in the therapy at all. Stages in psychodynamic therapy are stages of a re-initiated developmental sequence, sometimes like the original infantile sequence, and are sometimes stages of development of compensatory structure--structures that "surround" and bolster the damaged self. Compensatory self development may also mimic the original developmental sequences, but we need to be aware that therapy is not a simple recapitulation of infantile development. If transferences and regressions do not occur, the arrested parts of the self are not directly exposed in the analytic process nor amenable to changes normally resulting from the deep personal relationship with the therapist. Symptoms are dealt with instead of structural difficulties and no restructuring takes place.

In dynamic psychotherapy the therapist must first undo pathological defensive patterns. The first stage (in the therapy of neurotic level disorders) is a gaining of trust of the therapist by the client, establishing a therapeutic and libidinal bond which may result in a therapeutic regression either to the neurotic core or to underlying characterological disorders. This regression is usually a relaxation of habitual defenses against the expression of hidden pains and pathologies of the self. The client sometimes regards the symptoms of these deeper problems as so odious that their manifestation leads to profound shame, guilt or fear. Fear of these feelings normally keeps them out of the client's consciousness and often out of direct manifestation in her behavior; but they are there, waiting to be activated in appropriately deep relationships. These deep problems only come out in a significant relationship of bonding and intimacy.

This is why so many people with self disorders avoid real intimacy and deeply bonded relationships. All the old pain, conflicts fears and sadness return in "good" relationships once again, as if she were two, three or ten years old, feeling helpless, controlled, overwhelmed or just numb. It is also why a great many people choose inappropriate partners so that the relationship feels safe. They "know" they could never permanently be in a relation to such an inappropriate person. Unconsciously they presume if it is a safe relationship, it won't become deep enough to bring out the old problems. Consciousness though, they may feel a great "chemistry" for the person they are choosing, and love them very deeply. "Chemistry" is the conscious experience of unconscious needs for a safe and sexualized relationship. This mechanism is an overt form of what Fairbairn calls the schizoid compromise--a relationship that isn't really a relationship. Winnicott said, for some people, the only thing worse than a bad relationship (or no relationship), is a good relationship, because the old terrible pains and problems arise again.

Once trust is established in therapy, the client begins to submerge her self-sense into those areas of pain, fear and shame that are normally hidden to self and others except in a deep relationship. She defends against "bad-object" relationships until an appropriately good therapist is available. Once she begins bonding, the deep transferences and other self-disturbances begin to re-manifest bringing back the dreaded bad-parent experiences. They return despite her careful choice of a good therapist-object. These same "bad" transference experiences have always prevented her from getting into "good" relationships before.

The good relationship with her therapist activates the old transferences and bad-object memories and emotions. But along with the manifestation and a dropping of the defenses against these hurt child feelings and dramas comes a submerg-

ing of her present self into the past infantile and childish attitudes (object relations), emotions and even cognitive and moral development. Regression to these places removes her sense of self from the adult defensive constellations that had been identified with self, to the childish core ego states--which she now becomes. Her locus of consciousness and what she identifies as self, has moved across ego state boundaries. It is not that she now has these feelings and old buried attitudes, but emotionally, morally and cognitively she has become a child again. Her self has identified with the buried structures which are now blatantly manifest in behavior and her relationships. The Oedipal beast may come out along with impulsiveness, and the "negative" emotions so little tolerated in polite or even non-polite society such as anger, fear, jealousy, envy, shame, hate and most importantly--self loathing.

The terrified child-beast is out in the presence of her therapist mother/father. At this point a three-part dialectical process may begin. As she manifests her more and more outrageous behaviors and feels those undefended against, raw feelings anew, she also then swings back a few minutes, hours, or weeks into the psychological position she left before she began the regression. She becomes an adult again. But now she is an adult with the memory of the regression and identifications she has just been through. The process of leaving the subjectification of the regression is usually triggered by fear of the raw emotions felt there. The sudden objectification is initially a defense against these feelings, but it also part of the structure building process. In some very complicated ways, she literally carries a portion of the child-self back into the resurrected adult. Regression to the child allows a re-initiating of the long-gone developmental sequence that starts with objectification of portions of that now conscious childish self.

During the process of therapy, she will cross back and forth between the regressed, helpless, angry or fearful child and the increasingly rational, articulated and differentiated adult. These cycles have major, long-term features and simultaneous short-term, session-limited regressions superimposed. They also tend to worsen in intensity as the therapy progresses. She can tolerate deeper experiences of the fended-off emotions and feel safer expressing them. All the while she is recapitulating a developmental structuring sequence that was aborted years ago. The first time through, trauma, deficiencies of parenting, or her own inability to objectify prevented the appropriate articulation of her implicit self structure, leaving her overt self structure weak and damaged. Therapy repeats that process by returning her sense of self to that evolutionary conflicted or emotionally traumatic level.

Secondly, she is performing this miracle of regression and resurrection in front of her therapist mother (or father) who is providing an explicit therapeutic framework of interpretation and also the psychological functions of holding, acceptance, love and understanding. This holding, nurturing therapeutic presence allows for a deeper and more controlled regression, and also for a more careful articulation of the emerged child through interpretive efforts. There is both an inward evolutionary striving towards health and differentiation as Carl Rogers and Robert Kegan emphasize, and also an outward pecking at the client's defensive shell by the mother hen therapist.

The locus of consciousness, where the client is as a person, moves back and forth between the submerged child now brought to light and the ever growing adult self. Consciousness moves from a newly reclaimed old self to a newly differentiated adult self; it moves back and forth, back and forth across the boundaries of objectification which separate the knower from the known. The old hurt self is brought into

the present self and becomes merged in the adult--so much so that sometimes she is just a little girl. Yet just therapeutic moments later she leaves that regressive identification and sees objectively where she just was. Thereby the implicit structure of the old self, the structure that mostly was her just moments before, becomes reflected on from a position of relative therapeutic security standing by her therapist's side<sup>3</sup>.

This repeated process of being consciously in the old self, perhaps for the first time in thirty years, and then being in the adult self again within the analytic situation, leads to an important objectification of the implicit, old self structure. The child-self becomes structured and encapsulated rather than just being the person. The new adult self now has the old child self's implicit structure as explicit structure and her old child behaviors, feelings and attitudes are "seen" or witnessed as something she has. She has these states and contents as places that she can go to. They no longer are her. They are a content of her consciousness, not the structure through which she orders reality.

She also has part of the old child self (perhaps a lonely sadness) as new implicit structure. She can now see a sadness in her life or the world that she hadn't felt since a small child. There is a kind of revolutionary vitality that comes from retaining a portion of the exposed old self, the emotionality and naivete, within the implicit structure of the new self. The new adult self has its own implicit structure, portions of which are the newly incorporated contents of the implicit structure of the old self that it wants to keep as

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3. Grotstein (1980) talks about a toddlers need for a "background object," one that literally stands behind the outward directed child and whom the child ignores. Parents may need to stand in a number of different symbolic positions in the child's developmental sequence.



"core." The new self still has much the same "I" feelings, except for a tilting away from "pathological" aspects and a broadening to include certain childish elements she deems valuable. As Lowen would also point out, for many people in various diagnostic categories, there is a return to owning the body. Emotionality is originally denied by dissociating from body experience. Accepting feelings means accepting the body. Feelings the body adds a dimension of vitality, direction and purpose as the self reowns its ancient origins.

### Clinical Example

Kay was a very attractive 31 year old female who had left an eight year live-in relationship with her boyfriend six months before, because he didn't want to get married. She felt he lacked the ability to be intimate and affectionate--qualities she craved. She had recently entered a new relationship that felt more satisfying, and was receiving the intimacy, affection and communication she had wanted. However, a new problem was arising: emotionally she was becoming, in her words, like a two year old, with periods of feeling great helplessness, hopelessness, inadequacy and incapability to deal with the world. She only wanted to stay at home with her boyfriend. His needs to work and be in school outside their immediate relationship were viewed as betrayal of her basic right towards having her father/daddy present.

Simultaneously with entering this new relationship, her therapist began a year long process of moving to another city several hundred miles away, leaving her feeling abandoned, alone, terrified, angry, and increasingly dependent on her boyfriend. With them both, there was a mutuality and consciousness of regressive behaviors and feelings occurring in each. When they were feeling especially close both would baby talk to each other and in other ways emulating childlike behaviors typical in the early stages of bonded relationships.

Kay would regress to feeling playful and all the positive aspects of being a cared for of a happy two year old. Later in the relationship, when disappointed by her boyfriend's not "being there for her when she really needed him," she'd feel deeply hurt, depressed and then abandoned, alone and helpless. A period would follow where she felt an increasingly deep depression followed again by a defensive period of blame, anger and hatred as her boyfriend became "only bad"--a disappointing, hurting and attacking mother that was making her feel bad. A few months before this narcissitic issue appeared, her therapist worked with a more troublesome underlying theme of fear of relationships, fear of abandonment, fear of being overwhelmed by her own feelings and by external world demands. Her self-sense felt fragmented and dissociated from her feelings increasing her sense of fragility, alienation and inability to cope with the "size" of her feelings when they did come. The weakness was so pervasive she feared for her continued existence as a person. The external world was too large and frightening. She also felt hopeless and depressed of ever getting what she wanted from relationships because they never provided enough closeness and she was always abandoned or she always withdrew and couldn't get what she wanted. This internal withdrawal prevented "letting in" the intimacy that was offered, the lack of which she imagined was the cause of her empty feelings. The other always left for something of someone else: work, clients, exercise, shopping; or else she became frightened and went away inside.

After a year and a half of working through these phenomena with her gradually disappearing therapist--for whom she felt the same feelings, but more as a disappointing father than a mother--the issues changed from being primarily depressive and schizoid to being more adamantly narcissitic. The developmental stage in therapy had shifted from the depressive to the narcissitic structural level, a developmental progression from the viewpoint of Horner's, ego psychology. Far more

importantly the process of working through the cycle was consciously grasped: 1. good feeling period of being a happy three year old, 2. disappointment by therapist or boyfriend, 3. depression, abandonment and helpless inadequacy and inability to function in the world, 4. anger, blame, criticism and rage, 5. fear of damaging boyfriend/mother or therapist/father with her anger-rage, 6. coming out of the regressed cycle to a reflective, insightful, rational adult that had much of the feeling state of the good feeling part of stage 1.

She was now a new adult with a deeper insight into the therapy process. She had reflected on her mood and attitude cycling and had watched her rage, blame and the feelings of shame and depression she felt at the damage she had caused. This new adult now distanced those parts in herself through objectification and reflection. The adult who emerged was still a child in many ways, but a more structured child, with increased insight and capability. The adult who emerged with the child was also more competent and creative, increasingly capable of beginning her own career independent of her boyfriend's and in a different direction than she had gone to that point. She also felt, as she put it, much more grounded in what was really her. Discarded defensive patterns had revealed hidden aspects of herself, now reclaimed. Yet even after three years of therapy the old states periodically returned to overwhelm the new adult in brief, but extremely intense encapsulated form, until the reflective holding was stabilized.

Besides this overall, "macro" cycling there was an oscillation between "ego states" or sub-personalities, each with its own subjectivities and object relations. Her "locus" of consciousness relocated between the various selves of her different regressed ego states, leading eventually to an emergence of a new subjectivity with the ego states as object. The center of her "selfness" transitioned between various ego

states, each with its own self feelings and implicit structures of self, and each with its differing stage of moral and cognitive development. This movement between various selfnesses and object relations and moral/cognitive functioning levels was accompanied by her increasing reflective ability. These two processes, the freedom to move between formerly defended against ego states combined with reflectiveness arising from transitioning into a final adult state, began a process of tying together the various ego and self states with linkages of reflexivity, memory and insight through time. This gluing process was augmented by the additional reflexivity provided by the therapist, who also provided the safety of a therapeutic frame that allowed for the whole process. Self-reflexivity needs reinforcement by a trained external reflexivity. It is a learned skill.

For example, if Kay had five ego states that she transition through, the final adult state was quite capable of reflecting on the process of transitioning and also aware of her normal inability to reflect while in those states. In addition, her therapist provided a constant reflective background. Both reflexivities together, along with the locus of selfhood changing from one ego state to another, built internal associative connections, and a new meaning framework, permanently objectifying elements of the more primitive self state's implicit structure. At the same time, other elements of those same primitive self states' implicit structures were brought into the new self as implicit structure.

Before therapy, these elements were heavily defended against because of associated pain. Increasing tolerance of pain in the therapy allowed for the emergence of the deeply buried child self, portions of which now became objectified and parts of which were added as new subjective adult structure.

## PHENOMENOLOGICAL AUGMENTING TECHNIQUES

Onto our basic dialectical and dynamic model, I propose we add the phenomenological techniques of objectification, microanalysis and merger. Regressions can be utilized to bring forth new material while controlled in depth and timing by microanalysis. Microanalysis objectifies components of object relations, diminishing experience of whole-object feelings or whole-object relations. Guilt, for example, is fragmented into its many systemic components, including image, memories, meaning, and the body experience of guilt. In the same way transference manifestations can also be utilized to bring forth different levels of object relations fixations and controlled by analyzing fragments of the experience. In both instances, inherent ego weaknesses already used as a splitting and projection defense, are therapeutically utilized to aid therapy. Microanalysis is a controlled splitting defense used as a therapeutic tool. Splitting and microanalysis can worsen pre-existing ego fragmentation if it is only used as a defense, which is precisely how many people many people in cults use it.

In the meantime, the partial merger and incorporation of formerly distasteful, yet developmentally appropriate emotions, and objectification of formerly desirable or acceptable feelings that have caused adjustment problems lead gradually to a strengthening of the self and lessened need to use splitting as a defense. Self strengthening no longer depends on self-object availability. It now comes from two sources: attaining an inherently more stable and complete self structure, and an external world reinforcement of improved functioning along with experiencing others as whole people rather than good or bad objects.

Splitting is a process where the weak self uses its lack of cohesiveness and tight structure to dissociate portions of itself or selected emotions or images from the current locus

of awareness. Very different ego states and contradictory feelings and ambivalences can thus co-exist unreconciled because consciousness can pass easily from one contrary state to the other with no memory or consciousness of the antagonistic state. Over a period of time, the conscious utilization of splitting as a defense further weakens and fragments the self. The conscious use of that same splitting, as part of microanalysis, can reverse this trend by utilizing it as a step towards re-owning that feeling or ego state.

Splitting may be "spatial" or time-like, separating experiences normally cognized simultaneously into "spatially" separated realms and disrupting associations between these experiences. Or it may be time-like, disrupting temporal continuity so that the patient can experience one split-off state or emotion, and then another, minutes, days or weeks later, but with no memory or awareness of the other feeling or ego state. If a feeling, such as guilt, is present in one ego state, but not another and the ego states are cycled through in a temporal sequence, we would say that guilt was split off temporarily. Given time, the self would eventually experience it. If that guilt were permanently assigned to an ego state or realm the conscious self never occupied, meaning that guilt never was made conscious, that split would be called spatial.

Long term damage to the self may be repaired over time using selective merger "tacking" of formerly separated experiences through time. Conflicted time-split and separated ego states are isolated in therapy through microanalysis and consciously brought together by successive mergers in increasingly short time periods accompanied by interpretive efforts to tie the experiences together in memory. For example, if a morose teen-ager state is immediately followed by a four-year-old state of feelings narcissistically abused, elements connecting the self and objects in both states can be brought out in therapy leading to reflective linking and subsequent merger of these states. Consciously experiencing the

transitions between the states as in Gestalt work, facilitates that merger.

Spatial splits require a different technique of first uncovering the split-off affect or ego state, initiating a merger-objectification dialectic to incorporate that state into consciousness and add its implicit structure to the self. Repressive and other "spatial" defenses can be circumvented by doing an "end-around" the body aspect of these defenses. As I mentioned in the last chapter, body armoring has a specific subjective feel. The person feels muscle tensions, agitations, defensive emotions, and in other ways may somatically hide emotions. By gaining a close familiarity with the subjective experience of the defenses, the patient may begin to discriminate new affects and new self experiences within the "noise" of the defensive sensations. These may become momentarily merged with, decreasing fear of these feelings or self experiences and "tacking" them to the implicit self structures. This process re-initiates object relations sequences and can lead to new self experiences that careful discrimination can isolate and nurture. Once previously repressed or split off affects are brought into some level of self the defenses begins to disappear. The disappearance may be aided by allowing the patient to merge with the tension of the defense and the anxiety those defenses both create and attempt to avoid.

In chapter four, I'll spend a more time investigating this process of building structure by building linkages arising from the movement of consciousness between and out of various subjectivities. In the Enlightenment Maneuver, I show how certain pathologies arise from and are preserved by a continuation of incomplete linkages, especially linkages within real and representational time. Without sufficient time-like linkages, self continuity never results.