

# The Experience of Self

PART I

EXPLORING THE INNER WORLD

by

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## ABSTRACT

This work is the culmination of 21 years of research into Eastern religion, spiritual practices and of practicing psychotherapy with spiritual practitioners. It consists of four sections. The first deals with methodology and author biases. The second discusses the relationship of the idea of self found in Eastern metaphysical systems and the idea of self found in modern psychoanalytic theory. Both are contrasted with a phenomenological investigation of self, especially of the Laing/Guntrip existentialist anxiety feelings lying at the core of many self disorders. Implications for therapy of personalities suffering from an immature self development are discussed.

The third section (chapter II) examines the structure and development of the self from a perspective of dialectical structuring processes, especially, the process of objectification. In this process portions of the self are externalized, and the world is created. These externalized elements, including feelings, percepts, objects and relational structures become the fabric of the external world. The relationship of this theory to psychoanalytic and cognitive–structuralist thinking is discussed with the idea to lay the foundation of a new psychoanalytic discipline called phenomenological psychoanalysis.

Section four (chapter III) examines the concept of self from an experiential viewpoint with the intent of creating a new therapeutic approach containing both the analytic emphasis on meaning and the Gestalt therapy emphasis on phenomenology. Every effort is made to indicate how such a therapy would proceed.

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## CHAPTER I

### A Dialectical Model of Psychological Development

#### INTRODUCTION

This paper is the culmination of over twenty years of research into the nature of the self and the attributes of the self. That investigation began as an Interest In oriental philosophy and spiritual practices through reading Eastern religious texts and the biographies of yogis with their Incredibly dedicated searches for God or truth.<sup>11</sup> Eventually I was to become a Zen monk studying under many famous and not so famous Zen masters, Tibetan Lamas and Hindu Yogis Including Zen master Seung Sahn and Swami Muktananda. A series of personal disasters in 1978 led to a long course of psychotherapy and a shifting of Interest towards various forms of psychotherapy. After what seemed like an endless and frustrating search for psychologists who seemed to make sense to me, I discovered the work of James Grotstein and through him, Melanie Klein and the British School of object relations.<sup>2</sup>

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<sup>1</sup> The type of search chosen marks a real distinction in personality type and underlying psychological dynamics, and also the subjective way the searcher perceives the world. The type of spiritual search has specific psychological motivations, and specifically different ways that the self and world are experienced.

<sup>2</sup> “Object relations” is a peculiar term originating from Freud’s designation of an Infant’s mother and father as being objects towards which the infant has emotions and to whom it looks for needs fulfillment. Needs (instincts) and emotions come first, and then they need external world objects to acquire a direction. Later, object relations came to mean the Internal fantasy world relationships between the fantasy self and the fantasy objects (mother and father) which are the prototype of all later emotional relationships and the filters through which all significant others are seen.

I finally felt as if I had “come home,” attaining a sense that someone really understood my subjectivity. For all these authors I feel a deep gratitude. Not only did the writing of Harry Guntrip and Fairbairn strike a deep resonance in my heart, it pointed to a possible bridge between the self concepts found in the East—especially those I was most familiar with: Zen, Kashmir Shalvism and other Buddhist Schools--and the Western self concepts originating in the early psychoanalytic tradition, developed and changed by the humanists on one hand, and by the ego psychologists and object-relations theorists on the other. Grotstein’s work (Grotstein, 1980) on his dual track theory pointed the way to my own speculations on dialectical processes as agents in the development of psychological structure, both developmentally and in therapy.

Many years passed in this psychologically oriented investigation and in a narrow sense I felt finished with my spiritual search by discovering how important personal relationships were for me. Eastern spirituality tends towards a hermetic ideal of self illumination and solitary enlightenment. Four years of therapy made me realize how lonely this life had been. Also, as a counseling monk, I saw how most of my therapeutic clients used their spiritual practices and beliefs to avoid psychological problems and psychological pain.<sup>33</sup> I had begun to see spirituality as an escape from relationships and from pain within the self--the same sort of painful anxiety that Guntrip, Laing and Fairbairn talked about.

Recently I met with a Zen master I had studied under many years before. He was very interested in some of the ideas that I was suggesting, especially in ideas about the process of identification and how that leads to change. He almost shouted

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<sup>3</sup> Successful therapy requires an ability to stay with one’s own pain and with the pain of others without bolting. Instead of facing pain, they pursued spiritual practices to feel good through generating altered consciousness states or by idealizing their guru and participating in his greatness so as not to feel their own imperfections or depression.

in his own excitement that this was also the central problem of Buddhism: What is the self? What do we identify with in our experience?

Another Zen master stated this problem as the need for Zen students to attain a new center of gravity, a shift of perspective within the subjective sense of self. I recognized that my spiritual search had not ended, but that we had discovered an important interface between the spiritual endeavor and the therapeutic challenge of healing. Indeed, my entire therapeutic style stemmed from the strong phenomenological and experiential inclinations that had first motivated my entering Zen, and which were reinforced by having been a monk in that tradition for many years.

Further talks with this Zen master and others has helped me to reformulate object relations theory within a more phenomenological and experiential framework than its psychoanalytic meaning framework origin, yet not ignoring that meaning impacts how we experience the world. These talks and a reevaluation of my own experience, as well as my experience counseling Zen students has helped me to reformulate that Zen experience within an object relations framework.

Buddhism is a philosophy that ostensibly denies self. Self is an illusion. But what do Buddhists mean by this? One Buddhist psychologist (Wortz, 1982), from his own eclectic Zen-Gestalt background, says this means that a strong self is invisible to itself. It is a self that is weak or in pain or undergoing developmental stress that is reflexive and aware of itself. Pain, disorder within the self, and buried conflicts generate the reflexivity of consciousness that reveals self. A healthy and fully developed self is not reflexive, and it does not exist as an object for itself. Thus, phenomenologically, the self does not exist for a psychologically healthy person.<sup>4</sup>

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<sup>4</sup> Jack Engler and Dan Brown go further saying that Buddhism has no psychology of repairing (of self), but assumes a high order of integration and health. Practicing Buddhism can take one past the level of object relations that psychotherapy can lead to at its best. Buddhism works to get frozen object relations unfrozen after attaining the place of good object relations that psychoanalysis can give us, but still yields an intrinsic unhappiness. Buddhism transcends the “ordinary human unhappiness” that Freud postulated was the end product of analysis.

On the other hand, the Buddhist denial of self is usually accepted to mean that the personal self, the sense of I-ness and also our ideas and images of ourselves (psychoanalysis calls these our self representation) are illusions. These images of self exist, the sense of I-ness exists, but there is no referent for these images, and the *sense of I-ness* has *no observable source or object*. That is, there is no connection between images, fantasies and feelings of self to any objective phenomena. Self cannot be pointed to, either as a real external object like a chair, or a “real” internal experience like a stomach ache. Several Zen masters (Seung Sahn, 1976) make a distinction between the personal, or small self, and a transcendent and non-personal Big Self. Zen practices, koans and Dharma (Buddhist philosophy) are ways of understanding the structure and experience of this Big Self truth, as opposed to the illusion or ordinary reality, ordinary mind and ordinary personal self.

To give this whole identification problem a perspective, let me state its important aspects in psychological rather than spiritual terms since this formulation is closer to ordinary language and to a conceptual framework more commonly accessible than Buddhist philosophy:

1. What is the self?

- I.A. What are the differences and relationships between the self, and conceptions (Ideas or images) of the self? Psychoanalysis poorly distinguishes the self from ideas of the self (These latter are the self-representations of object relations theory and the self\_ImagesN of cognitive therapies).

- I.B. What changes in therapy? Does a disordered, unformed and undeveloped self become articulated out of an undifferentiated experiential matrix, or are our ideas and representations of self altered In therapy allowing us to feel better about ourselves and to function better?

1.C.What changes in spiritual practices, the self, images and ideas of the self, the mindstate from ordinary mind to altered consciousness, or as Swami Muktananda repeated over and over, our understanding (perspective) ?<sup>5</sup>

2. How does the self develop and differentiate from the <sup>TM</sup>other'?"

3. What is the process of identification, how does it work and how does it interact with differentiation and projective mechanisms in the mind to determine and maintain the boundaries between self and not-self?

4. How are disorders, conflicts and pains within the self best dealt with?

A Zen master would never express these problems in this academic fashion. He'd be more interested in manifestations of the appropriate or inappropriate self-identifications and differentiations of his students. He would watch behaviors and examine expressions as indicators of "correct" understanding flowing from an "accurate" internalization (of the differentiations of Buddhist metaphysics) especially as expressed in answers to the well known Zen problems or koans.<sup>6</sup>

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<sup>5</sup> It is very, very difficult to get a firm grasp on what Eastern spiritual teachers mean by the term "self," especially the personal self. It is even more difficult to understand what they mean by positive change or how it takes place. I cannot find any definite idea of a personal self in their writings other than that it is ideas and conceptions that we have about ourselves. In my terms, it is content and object. If we are in pain, we must change our ideas or perspective of ourselves and of that pain in order to end it (Muktananda, 1973 ; Seung Sahn, 1976). Pain results from poor or partial personal identifications with others, political views, nationalism or ethnic groups.

<sup>6</sup> I taught Zen for many years at U.C.L.A. and found the same recurrent misconceptions and idealizations about Zen. First, though officially there is no self, personal or transcendent in Buddhism, Buddhists are very concerned with how we identify experience, objects or ideas with our sense of I-ness, and what the boundaries of this I are. They act as if there were an I, a self. Beginners, especially cognitive oriented psychologist beginners, think of koans as ways to transcend thinking to attain a direct intuition into reality. In fact, koans perform that task poorly. That was not their design. Rather, they are ways to teach Zen philosophy and Zen experience (subjectivity). Koan training was intense, combining great psychological pressure with meditation, asceticism, formal study and testing. It led to the formation of deep meaning linkages and the restructuring of the monk's meaning contexts (the filters through which we understand

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Hindus approach these problems differently. A Siddha yogi would explicitly address many of these questions by reference to a large body of Hindu literature exploring the theories of knowing and being--but from the perspective that such knowledge is of the structure of delusion. The real self according to this literature is not found through knowledge and that which can be analyzed--the content of the mind, which appears to be myself. All of this for the yogi is just a covering or veil hiding a core self that transcends or permeates all else. The Zen master was interested in being the True Self and acting from it, while the yogi wanted to understand the self also, but usually as a technique for transcending or escaping the human limitations of the self and identifying with the great self of Brahman.<sup>7</sup>

In none of these Eastern traditions is the personal self regarded as valuable. Universally, the self that the Zen master or yogi talks about is not the personal self of Western psychotherapy. That latter personal self arises from a context of interpersonal relationship. It is a function of those relationships, especially that with the mother. For a great many people, the personal self still has no existence apart from relationships. Their sense of personal self depends on having another person close by who serves as a self-object, as an external other whose existence and interaction with us gives us our sense of self. Because of this dependency this self is very fragile. The self is also the source of great pain, loneliness and internal conflict, especially in relationship with those same self-objects.

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and perceive, leading to actual changes in how he perceived reality and himself. Rather than directly intuiting reality, a new meaning context for reality is constructed, much like Castaneda's sorcerer's realities.

<sup>7</sup> The self is transcended by entering an eternal witness consciousness from where ordinary mind is watched. Or, it is transcended by entering altered consciousness states of merger (Samadhi) with portions of the subjective not-self (such as body sensations, thoughts or the sense of I-ness itself) or merger with the experience of perceiving something external (becoming the sound of a bell, or the watching of a cloud). These latter merger states are forms of satori, or glimpses into enlightenment.

In the Eastern traditions, this self is to be transcended, snuffed out, escaped from, penetrated as an illusion, absorbed into Brahma or in other ways removed from consciousness as the center of our being. The center should be that of transcendent witness states (objectivity) or the opposite merger states of ultimate subjectivity (being). Most importantly, neither state has a personal self that suffers. I become a portion of that self or something that the self experiences (the sound of a bird), or I become a removed witness. But I am not a whole and separate personal self with a name and who loves, who suffers, who has a wife and children, and who dies. This latter person is illusion, Maya.

The emphasis within the mainstream of Western psychotherapy and psychoanalysis has been to heal this self not to transcend it. Even within the West there exists traditions that have emphasized selflessness as the way to peace and happiness. Currently, psychoanalysis is being influenced by a trend of “orientalization,” under the recent impact of the transpersonal psychotherapists and of psychiatrists and psychoanalysts now practicing Zen or yogic tradition and who are rewriting psychoanalytic theory from Eastern viewpoints (Brickman, Engler, Brown, Grof, Shainberg, Wienpahl ).

In the paper that follows I will present the results of my own investigation as an expert witness for both sides. Within that general context I want to state my procedural and methodological biases. First, as a long time Zen student I place a great deal of emphasis on the experience of subjective states as opposed to an analysis of those states or interpretations of what those experiences and states “really mean.” From this perspective a lot of arguments about what enlightenment is or what an enlightened being’s mind is like or whether an experience I had was or wasn’t satori, or whether a client’s fantasy really represents repressed instinctual material or is indicative of a self disorder, have no meaning. From this viewpoint we explore our feelings, thinking, images, memories and body sensations not to understand them vis-a-vis Eastern or Western metapsychology, but first, just to allow ourselves to experience them—to become familiar with the territory, so to speak.

Secondly we can either witness this content of body-mind-feeling-meaning and begin to make internal connections between elements brought into consciousness, or we can allow ourselves to disappear into the content. The first approach is much like the even-minded hovering attention so necessary for a successful therapist to have when listening to a client. It is called the witness consciousness in yoga, and there (Siddha Yoga) it is the supreme consciousness. In psychoanalysis and psychotherapy it is referred to by a variety of names, the most common being the “observing ego.” The second approach, called “Samadhi” in Buddhism and the Hindu traditions is less prevalent in psychotherapy. Even here there exists some references to the necessity of losing the self into ones feelings as one stage of successful psychotherapy (Rogers, 1961).

A common element in both the witness and merger (Samadhi) approaches is that they are phenomenological approaches rather than cognitive and differ only to the degree that the content is included into the self (subjectified) or excluded and observed as the not-self (objectified). By phenomenological I mean the intent is not to interpret or understand, but to merely witness or to be. Bion refers to a similar mind–state as being essential for a therapist to possess, a mind empty of concepts or memory (Bion, 1963, 1967).

Observed phenomena can be either internal, (that is, private), or external and public like a tree or thunderstorm. With this initial taxonomy we can begin to differentiate the world of our experience into a provisional four cases (or realms):

I. A. INTERNAL(private) and witnessed (Objective)

I. B. Internal (private) and merged (subjective)

2. A. External (public) and witnessed (objective)

(I.e., our concept of the the real world case]

2.B. External (public) and merged (subjective)

(I.e., our concept of the psychotic and the spiritual cases)

This beginning taxonomy is fraught with philosophical and meta-psychological difficulties which are increasingly the focus of controversy among the more philosophically oriented psychologists (Schafer, 1976; Meissner, 1981).

From this experiential-phenomenological set of mine comes a second bias of having a strong clinical orientation. I want metapsychology to have direct clinical applications or else it is worthless. I want these investigations to have some therapeutic value through helping us better understand the self and how it develops, changes and heals.

My third strong bias is that any conclusions stated here be primarily based on my own experience, as a monk, as an analyst in psychoanalysis and in psychotherapy, and as a psychotherapist. This third orientation, which some of my colleagues have referred to as resulting from my own unresolved narcissism, comes from a personal failing of being unable to grasp most psychoanalytic theory in a deep sense. In so far as that theory and those theoretic structures do not relate directly to my subjective sense of self, or the self experience of my clients, I am not convinced that those theorists are talking about unconscious structures in me or my clients that we are unaware of. Much of psychoanalytic theory doesn't make sense to me from my own background. The metapsychology of the early Freudians just seems too abstract, impersonal and mechanistic, while cognitive-behavioral psychotherapy seems too superficial. So my understanding and presentation of that understanding lacks a rootedness in Freudian, Oedipal-oriented analytic tradition or in the Vedic-Buddhist traditions either, both of which lack a notion of the centrality of the personal self.

The centrality of the question of self seems so evident to me that I cannot conceive of a successful metapsychological scheme not centered on unraveling its complexity. I did come finally to a tradition within psychoanalysis that made sense because it was addressed to this problem and which has been a focus for clarifying and articulating what I have learned about my own "self" and other selves. This is the British Middle School, and especially the work of Harry Guntrip.

In the paper that follows I will try to tie together aspects of Eastern metaphysical approaches to the self with object–relations theory. It will also become clear that I have changed from being primarily a Buddhist philosopher ten years ago to an object-relations oriented clinician today. Further, I can state that what I formerly considered to be health, I now believe to be mostly sophisticated ego defenses. I'll also indicate how Eastern spiritual practices, especially certain meditation forms (Shikantaza, Hahamudra and Vipassana), can be used with an understanding of psychoanalytic theory to create powerful new therapeutic approaches that remain within the context of psychoanalytic thinking, and therefore more acceptable to both psychoanalysts and to non-committed therapists working to find new skills and a new understanding.

This study is a base for further investigation in subsequent chapters and other papers. In this chapter, and In a separate paper entitled Polarized Processes: A Dialectical Model of Psychic Structuralization, (Muzika, 1982) I'll investigate some areas of psychoanalytic and Eastern developmental psychologies and attempt to form a coherent theory of self within these two different contexts. In chapters three and four, I will explore a phenomenology of self and emotions as well as how various Eastern and Western therapies treat disorders in these areas, especially the symptoms of psychological pain. Throughout chapters three and four, and especially in chapter seven, I'll look at the notions of personality disorders and how those fit in with my understanding of spiritual practices and traditions as being manifestations of these disorders or defensive constellations of these disorders which protect the self from pain, inner conflict or from “painful” and frightening relationships with others. This is accomplished by creating altered consciousness states to cover pain and associated psychological “spaces” to live in rather than in the real world and experiencing one's helpless neediness and dependency on others in that world. Winnicott's True Self is alive but not so well, deep In the private spaces explored and created through meditation and chanting. This cave of meditation give rest from overwhelming conflict and pain. But that cave can also become a prison.

In future papers I hope to look more closely at the defensive and therapeutic aspects of both spirituality and psychotherapy. There have been healers for thousands of years working their trade in many different ways--mostly very naively and most often unsuccessfully. But does psychotherapy and its father, analysis, offer anything more? Does analysis cure, or does it only ameliorate severe neurotic pain to bring the analysand to a state of Freud's "ordinary human unhappiness"? How does it cure? Does spirituality cure and if it does, does it do it in the same way therapy does? Who goes to religion and who goes to therapy? Are the disorders and problems the same or are these two groups fundamentally different? For example, does the therapy seeker have a better relationship orientation than the spiritual seeker who may worry about relating to God but not to his wife?

These questions require first that we understand what the self is, what self-disorders are and what the healing attributes of therapy and spirituality are. It is towards answers to these questions that this book is dedicated.

## A DIALECTICAL MODEL OF PSYCHOLOGICAL DEVELOPMENT

A revolution has been taking place in psychotherapy for the last twenty–five years, a revolution that has even touched psychoanalytic thinking, the conservative bastion of mainstream acceptance of new ideas in clinical psychology. This new viewpoint is leading clinical psychology away from an investigation of the psyche and its contents as an object. Meta-psychological interest is moving away from structural analysis and content analysis, such as the meaning of dreams or the structure of a “weak” ego, towards a careful study of the phenomenology of the personal self and its subjective aspects with the idea that this objective examination of subjectivity will result in a deeper understanding of the dynamics of the ego and self.

The object of analytic investigation is increasingly becoming personal subjectivity rather than hypothetical objective psychological structures such as a dynamic unconsciousness or structures within that unconscious. This subjectivity ontologically precedes our objective knowledge.

**First we have our subjectivity, our experience of the world and of ourselves. Then this subjectivity becomes the object of our reflection. By objectifying this subjectivity we give it an explicit structure. Before this objectification, the content of our consciousness--the objective--was arranged, differentiated and understood through the mediation of an implicit, unknown structure within the self and its way of knowing. In Kantian terms, there were knowing structures or mechanisms in the cognizing infrastructure on the unmanifest, noumenal “self.”**

Our reality is shaped by what we know, the way we know, and also by the way we are---by the structure of our beingness which we call the self. This structure is what we are, yet we do not know it.

**Knowing that implicit structure of subjectivity requires first that that**  
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subjectivity, that way of knowing and being, be reflected on and made itself the object of knowing, and perhaps of a deeper knower.

When that implicit structure is objectified, it acquires an explicit structure and becomes a new content of a new subjectivity--a deeper more articulated subjectivity than before. We can now understand the formerly buried subjective structures in a much more complete and articulated way than before. What was subjective, what was the self, and determined then what and how the self perceived, now becomes objective--itself an experience of a new self, a new locus of being and consciousness.<sup>8</sup>

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As a hypothetical example, a classical analysis of 50 years ago might have the patient and the analyst examine dreams, behaviors, free associations, slips of the tongue and vaguely expressed hostility in the form of sarcastic statements or “jokes” in order to uncover elements and derivatives of the Oedipus complex or repression and transformations of sexual impulses. The theory posited certain unconscious psychic structures and the patient’s words, stories and behaviors were interpreted as giving credence to the existence of these unconscious structures. Analysts 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 of other levels of beingness, performed a miracle of healing the patient.

Today, a Kohutian oriented analysis would more directly tend to the patient’s conscious subjectivity especially as experienced within the therapeutic relationship. The assumption is that old trauma or deficiencies affect the structures of subjectivity and the investigation of the client’s self presentations and self representations offer direct indications of pathology within those structures.

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<sup>8</sup> As Sasaki Roshi (Sasaki, 1970) puts it, a Zen **student must** acquire a new center of gravity where the subjective objectifies itself, and objective subjectifies itself. This means that the “barrier” between knower and the known must be permeable enough to allow a movement of the locus of consciousness from objective to subjective and vice-versa.

The classical analysis would ferret out the buried and painful subjectivity through an analysis of experience-distant material. The buried subjectivity becomes gradually made conscious through interpretation of seemingly innocuous free associations, dreams and other presentations. This buried subjectivity that becomes revealed is the “hurt child” self and how that hurt became transmuted into psychic structure and behaviors. Of special interest was how that hurt specifically affected “universal” unconscious structures such as the superego and the Oedipus complex. The Kohutian analysis is more experience near than the classical analysis and dwells more on presentations of the conscious subjectivity than on an assumed buried subjectivities and what those presentations mean in terms of self structure.

[It should be noted that in both cases the exploration is speculative and expected at the same time. That would be found is implied in the theoretic orientation of the therapist, and it is speculative as the exploration is theory-based as opposed to uninterpreted explorations of subjective experience. That is, the therapist/client relationship already has several “tour guides” in the background in the sense of Jungian, Kohutian or Freudian theories, and these each lose credibility through the years because some people explore without preconceived models by use of unconscious model that reveal different results and hence new theories.]

A second trend in this analytic revolution is the investigation of the intersubjectivity of analyst and patient. The therapeutic couple form an intersubjective “field” which each person in the couple can explore rather than just the patient. The analyst’s half of that investigation includes his own unconscious contributions called “countertransference.” The connective linkages between the two elements of this couple include certain unconscious ego mechanisms such as projection, identification and projective identification and also the boundaries that separate these two as emotional and physical beings. 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.

Another aspect of that couple’s mutual subjectivity was the complex  
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phenomenon called transference which amounted to the ways that the analyst was perceived by the patient, including his intent and character. These were a function of how the patient's mother and father were perceived.<sup>9</sup> That is, my analyst--my idea or "internal representation" of my analyst--is prejudiced by my 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.

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 differentiate itself from the purportedly undifferentiated totality of experience of the newborn.<sup>10</sup>

Further, this current analytic emphasis is becoming a "microanalysis." Just as economic theory moved from gross economic dynamics involving the whole country, to an investigation of the economic environment of the individual firm, analytic theory is 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. That self then becomes an object of the patient's subjectivity. Reflexive consciousness, the self-observing self, has turned portions of subjectivity into a more structured and articulated 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

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<sup>9</sup> 11. 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" gradually becomes then, the subjective—what. Is the patient experiencing now.

<sup>10</sup> Indeed, it is speculative to assume what the experience of a 4 week old baby is no matter how thoroughly explored are the behaviors of that 4 week old. We can never have that experience again, although it is very common in spiritual circles to try to regain that primitive and allegedly undifferentiated experience.

manipulate and change that other. The more sophisticated this differentiation and analysis becomes, the more structured and objective my self becomes.

Yet a more astounding thing takes place: the self that remains is different from the self that was before. The new self has portions of the old self as object rather than as hidden implicit structure. Therefore, it has as not-self, or object, all that environment we had considered as “world” or “other” before, but some of what we had considered to be “1” is now other--not-self. The new self is substantively different from the old self just by the fact that it now has portions of itself as content. It is more differentiated, structured, *and the very locus of consciousness has changed*. Our locus of consciousness “moves deeper” into our still unconscious implicit structures. We no longer “live” in those portions of our old self now made explicit. We no longer react and manifest from those parts of ourselves. We now “live” in a new subjectivity which includes the old subjectivity as object.

On the other hand, Buddhists and Hindus alike point out that the very nature of subjectivity does not change through this process of progressive differentiation or regressive merger. Bare awareness itself, the pre-personal basis for the subjectivity that is self is unaffected by the developmental structuring of mind or its content. The Hindus then take one more step and say it is also unaffected by death since changes in the body do not result in any apparent change in the sense of I-ness. In a very deep sense, they are 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 is identified with that capacity.<sup>11</sup> I am witness.

[Here is am expressing my understanding of Ramana Maharshi’s expression of

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The reason for identifying the basic self-nature with the witnessing function is that only the I-ness itself cannot be taken as object. Every other experience can be objectified, but not 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).

self-knowing and I-Amness, which is different from Nisragadata's, who I did not read until a year or two after this was written.—Ed. 2009 comment]

Krishnamurti, the Indian philosopher, also holds 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. In this mode, personal self disappears. Personal self is properly found only in mode I experience, which has both subject and object as well as a perceived degree of isolation or distancing from the experience.

This clear distinction between personal self and subjectivity is of great philosophical and clinical value. If this witnessing is pure subjectivity without personal self, it either ontologically precedes that self, or it may be a defensive that the self can flee to in order to escape trauma, emotional pain and conflicts. That is, it may be a schizoid-like defense. It may also be both. It may be an ontologically prior to personal--self-state that is retreated to as a defensive position.

If this bare self precedes the personal self, it means personal self is something more than consciousness and content of that consciousness. It means personal self has a form and structure lying over and through the bare self state, and this structure may be held together by meaning. It may also be held together by other identificatory processes. It is this structure of personal self, the implicit structure that is the way we, as persons experience, that becomes objectified through evolution and therapy into complex behaviors, identifications and personality patterns. It is this structure that we work with in therapy to remedy defects in that structure.<sup>12</sup> The Eastern approach is to abandon that structure and

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<sup>12</sup> As I indicated in a previous paper (Muzlka, 1982) the personal self as a structure 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)  
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work towards an identification with the bare awareness self which is empty of personal distinctions (Hoksha).

Further, if we assume a dual track assumption, we know that that development must proceed in an oscillating fashion--an evolutionary cycle. The very fabric of the personal self may develop 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. A similar cyclic progression is also assumed by Kegan (Kegan, 1982), Wllber (Wilber, 1980), and by the Piagetians.

### Preliminary Implications for Therapy

This point of view has enormous implications for therapy. In practical application it suggests that there are stages involved in successful therapy and the work of therapy must change with the stages. From my own experience as a therapist I do assume this is true; I assume that there are stages in therapy and that these stages are not just a recapitulation of normal-development. In therapy we must first undo pathological development. The first stage is a gaining of trust of the therapist by the client which results in a therapeutic regression. This regression is a relaxation of habitual defenses against expression of normally hidden pains and pathologies of the self. The client regards the symptoms of these deeper problems as so odious, that their manifestations 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 of her behavior, but they-are-there, waiting for an appropriately deep relationship to be activated.

These problems only manifest in a deep relationship of good bonding and

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of that continuum. Once the continuum is structured, it determines its own behavior and logic. With mind though, implicit structure results from development and biological limits.

intimacy.<sup>13</sup>

Once this trust is established, the patient begins to submerge her self-sense into those areas of self pain, fear and shame that normally are not available to consciousness except maybe as a foreboding of what might happen if she allowed herself to get into a deep relationship. She defends against bad-object relationships until an appropriately good therapist is available. Once she begins bonding, then these transferences and other self disturbances begin to re-manifest as the dreaded bad parent experiences return. They return despite her careful choice of what appeared to be a good therapist object. These same transference re-manifested experiences have always prevented her from getting into good relationships before. As Winnicott said of some people of this type, the only thing worse than a bad relationship or no relationship, was a good relationship because these are terrifying.

The good relationship with the patient's 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 submerging of her present self into the 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 she had identified with self, to the childish core ego states--which she becomes. It is not that she now has these feelings and old buried attitudes, but emotionally, morally and cognitively she has become the child

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<sup>13</sup> This is why so many people with self disorders avoid real intimacy and deeply bonded relationships. All the old pain, conflicts fears and sadness returns in good relationships once again. It is also why a great many people choose inappropriate partners so that the relationship feels safe. Unconsciously they presume it will never be a deep relationship and the old problems will not be reactivated. This mechanism is an overt form of what Fairbairn calls the schizoid compromise--a relationship that isn't really a relationship. As Winnicott said, for these people, the only thing worse than no relationship, or a bad relationship, is a good relationship, because the old, terrible pains and problems arise again.

structures again. Her self has identified with the buried structures which are now blatantly manifest in behavior and her relationships. The terrified child-beast is out in the presence of her therapist mother/father. Two things may happen. The first is as she manifests her more and more outrageous behaviors and feels those undefended against, raw feelings anew, she also then swings back shortly thereafter into the psychological position she left before she began the regression. She becomes an adult again. But now she is an adult with the memories of the regression and identifications she has just been through.<sup>14</sup> In still other very complicated ways, she literally carries a portion of the child-self back into the resurrected adult. 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.<sup>15</sup>

She is recapitulating a developmental structuring sequence that was aborted the first time through. The first time through the normal developmental sequence, trauma, deficiency of parenting, or her own inability to objectify prevented the appropriate explication of her implicit self structure, leaving it weak and damaged. Therapy repeats that process by returning her sense of self to that evolutionary conflicted or emotionally traumatic level of structuring.

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

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The process of leaving the subjectification of the regression is usually triggered by fear of the raw emotions felt in that regression. The objectification is initially a defense against these feelings, but it also results in the building of psychic structure.

I will spend a great deal of time in the next chapter and in subsequent papers discussing the defensive aspects of objectification, or witness consciousness.

<sup>15</sup> There are cycles of regression much like economic recession cycles, with major, long-term regressions and simultaneous short-term, limited to the therapeutic hour regressions superimposed.

allows for a deeper regression and also for a more careful articulation of the emerged child through his interpretive efforts. So there is both an inward evolutionary striving towards health and articulation as Carl Rogers and Robert Kegan emphasize, but also an outward pecking of the client's eggshell by the 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 back into the present self and becomes merged in the present adult--so much so that sometimes the client is just a little girl. Yet just a 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--perhaps for the first time--from a position of relative therapeutic security standing by her therapist's side (or front or back depending on her psychological needs for a background or foreground parent).

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This repeated process of being 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 that all important objectification of the implicit, old self structure. The child-self becomes structured rather than just being the person. The new adult self now has the old child self implicit structure as explicit structure and her old child behaviors, feelings and attitudes seen as reflected content. 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.

In any event, the new adult self has its own implicit structure, portions of which are the newly differentiated content of the implicit structure of the old self, and portions of the old self it wants to keep as 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 aspects she deems valuable.

In chapters two and four, I'll spend a good deal more time investigating this process of building structure through linkages arising from the movement of consciousness between and out of various subjectivities. In subsequent papers, I'll show how certain pathologies arise from and are predicated on a continuance of incomplete linkages, especially linkages of time. Without sufficient time-like linkages, self continuity never results.