

The background of the cover is black, filled with various colorful, organic, blob-like shapes in shades of green, purple, yellow, brown, and blue. These shapes are scattered across the top and bottom sections of the cover, framing the central white text area.

THROUGH THE MIND'S EYE

The Problem of Self-Consciousness and the Need for Reality

PETER SHABAD

WAY BEYOND FREUD

Through the Mind's Eye

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Peter Shabad

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Through the Mind's Eye: The Problem of Self-Consciousness and the Need for
Reality © Peter Shabad

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Table of Contents

[INTRODUCTION](#)

[TRAUMA AND DISILLUSIONMENT: THE RUPTURE OF INNOCENCE](#)

[INTROJECTION: USING THE MIND TO CO-OPT THREAT](#)

[ON THE OUTSIDE LOOKING IN: DISSOCIATIVE DEFENSE AND UNDOING](#)

[SELF-DISRUPTION AND THE DECONSTRUCTION OF ONE'S SENSE OF
REALITY](#)

["THIS MAY JUST BE MY FANTASY, BUT . . .": SELF-CONSCIOUSNESS AND
THE INHIBITION OF CREATIVITY](#)

[FINDING AN ENDURING REALITY BEYOND ONE'S CONTROL AND LETTING
GO](#)

[About the Author](#)

Through the Mind's Eye: The Problem of Self-Consciousness and the Need for Reality

Peter Shabad, PhD

INTRODUCTION

When a passionate love affair ends abruptly, each lover is left to gather up the real pieces of the breakup that occurred so much more rapidly than they could realize. To hold onto the elusively real story, the lovers' minds may work overtime as they attempt feverishly to catch up to the facts that have passed them by. They think back to their first encounter, to their growing attraction to each other—as if to confirm for themselves that they were drawn together by irresistible excitement. They remind themselves of how they became intimate and declared “I love you” while staring into each other’s eyes. Or did they? She seemed to mean what she said, or did she? Hesitantly, he then begins to tread down the memory path of the breakup. He painstakingly retraces the steps of how their love turned sour, and reenacts scenes in his mind of how the full bloom of passion gave way to complaints about her need for space. No matter how many times he goes over it, it does not make sense. He still cannot believe what happened, and he is still not sure whether he imagined her saying “I love you” or not. So he tries to catch the tail of real events one more time . . .

Aloneness is a subtle destroyer of the sense of the real. In the privacy of our own company, our minds play tricks on us. When good things turn to bad, we reflexively curl inward, creating a self-enclosed mental world of doubt and uncertainty in the process. What seemed so real and true before no longer seems so anymore.

Most discussions of self-consciousness are concerned with the acute sense of embarrassment and shame that a person feels when made suddenly conscious of his or her own nakedness. In this chapter I would like to examine self-consciousness as an ongoing stance of narcissistic self-enclosure that has the dual functions of both using the mind to diffuse anticipated threats from the outside world, and of taking up the caretaking slack for significant others who were not emotionally available.

Due to the previous use of the obsessional defense of undoing, self-conscious individuals are continually at risk of undoing or “deconstructing” their memories and perceptions of their experiences, leaving their sense of what is real mired in doubt. Chronic doubt makes it difficult to establish a secure basis from which to act in the world and pursue a fulfilling life. From this point of view, self-conscious individuals are searching for a reality that endures beyond their own creative and destructive powers, one that is not subject to their own making and unmaking of it. Finding a holding environment of an enduring reality enables such persons to relinquish the

caretaking vigilance of consciousness and is crucial to both the creative and mourning processes.

Certain postmodern ideas, rather than being part of the therapeutic solution, may themselves reflect the problem of self-consciousness. The concepts of constructionism and deconstruction, for example, may be viewed as abstract concepts that parallel and extend the defensive processes of doing and undoing. Furthermore, to the extent that the concept of intersubjectivity between analyst and analysand is rooted in the imaginary perspective of a third person, it also is more an abstraction than an accurate depiction of how each individual sees himself and the other within the analytic relationship. My critique here is based not so much on the philosophical truth or falsehood of these ideas as it is on their lack of psychological completeness to describe how people think and feel. To the degree that these abstract ideas reflect and perpetuate the problem of self-consciousness, I question their therapeutic usefulness.

TRAUMA AND DISILLUSIONMENT: THE RUPTURE OF INNOCENCE

One essential constituent of healthy development lies in the capacity of the child to retain some sense of integrity or organismic wholeness as she proceeds through life. Initially, the mother's meeting of the infant's "spontaneous gesture" establishes a synchrony and then a mutuality between

what is created and what is found, as well as a fluidity between a wish conjured up and a wish fulfilled. This fluidity fosters a sense of continuity or what Winnicott calls “going-on-being.” The philosopher Henri Bergson (1889) refers to this unconscious sense of continuity as “duration.” This sense of continuity of being or duration now underlies the child’s innocence.

Innocence refers to the child’s elemental conviction that he is welcome in a world that is benignly disposed toward himself. It is a constructive illusion that enables the child to place his wellbeing trustfully in the protective arms of parents waiting to receive and care for him. Innocence thus consists of an unconscious, carefree sense that no matter which pathway one creates for one’s developmental quest, the responsive home of a receptive audience is to be found at the other end.

Implicit in this reliance on the receptivity and protection of others is an unconsciousness of impending threat. It is precisely this unawareness or innocence of evil that insulates an illusory sphere of going-on-being from which the child can play and explore care free. In relatively healthy development, this naturalistic buffer of innocence gives way only gradually to a consciousness that still is fundamentally rooted in the child’s psychosomatic unity.

What occurs then when a child’s innocence is disrupted before its time?

What happens when any number of impingements, frustrations, traumas, or prolonged separations evict a child from his private Garden of Eden? Here is Winnicott's (1967/1971 a) description of a baby's experience of being separated from his mother as the time of her absence is extended: "In x+y+z minutes the baby has become *traumatized* Trauma implies that the baby has experienced a break in life's continuity . . ." (p. 97).

When the internal compass of a hoped-for image of the mother breaks down, the guiding purposefulness of searching gives way to the aimlessness of mental disorientation. The infant's experience of absence may become increasingly flavored by a desperate *fear* of not finding the mother rather than by the *wish* to find her. This state of being is so unbearable that Winnicott (1967/1971 a) suggests "primitive defenses now become organized to defend against a repetition of unthinkable anxiety" (p. 97). This shift of wish to fear also may become the basis for a lifelong pattern in which a person seeks to avoid the anxiously anticipated worst instead of pursuing a hoped-for best. Trauma ruptures the illusory space that binds the innocent core of the child's continuity of being. It is the defensive reaction to trauma, however, with its foreclosure of further openness and vulnerability that seals off any possibility of restoring innocence to anything resembling its original form. Perhaps it is this combination of trauma and defense, of rupture and foreclosure that lead Winnicott (1967/1971a) to say "after 'recovery' from x+y+z deprivation a baby has to start again permanently deprived of the root

which could provide continuity with the personal beginning" (p. 97).

INTROJECTION: USING THE MIND TO CO-OPT THREAT

As human beings elaborate on their experiences of trauma, they transform the meaning of those experiences in memory. When these meanings are projected on to the imaginary canvas of the future, the residual transferential afterimages of trauma come to form an anticipation of threat out of the reflected shadow of past disillusionments. Just as the Garden of Eden was spoiled after its inhabitants ate from the Tree of Knowledge, so, too, once a child is evicted from his unselfconscious state, there is no turning back; no matter how much he may endeavor to make it so, genuine innocence, once lost, is not retrievable. Never again will he be able to engage the world without some mental vigilance. The future, now and forever, will be circumscribed to a greater or lesser extent by a fearful bracing for the dangers that have been transferred to its blank screen. As Adam Phillips (1995a) says: "In fear we assume the future will be like the past. . . . Fear, in other words, makes us too clever or at least misleadingly knowing In fear the wish for prediction is immediately gratified; it is as though the certainty—the future—has already happened" (pp. 58-59).

The child adapts to the rupture of his innocence by taking the matter of his biopsychological survival into his own hands with the aid of

counterphobic defenses. Whereas phobia entails a retreat from danger, counterphobia, in contrast, involves a movement toward precisely that which is most threatening. It is a means of adaptively rendering passive into active, of defending by taking the offensive.

Mike is a 44-year-old married man with two young children who has suffered from lifelong symptoms of anxiety, depression and fears of death. Sometimes his death anxieties have been so great that, paradoxically, he entertains thoughts of suicide to escape them. Mike's history is replete with experiences of physical abuse at the hands of his father. On a number of occasions, Mike's father, without warning, would slap him across the face. He recounted that this arbitrary doling out of violence at a moment's notice often occurred at the dinner table. Once Mike proudly displayed a model ship to his father that he had worked on for two months, saying, "Look, this is the *Santa Maria*." His father responded by smashing the boat and saying, "Now, it's junk."

Recently, Mike disclosed that his fears of death intensified when he was less depressed, as if he were "bracing for impact." Indeed, he said the worst way that he could imagine dying was to be run over by a car without forewarning. He said he could not tolerate the idea of being unaware of when he was going to die. I suggested that perhaps his fears of death had less to do with death per se and more to do with a fear of being re-exposed to the

impact of his father's fits of violence. To counter his lack of preparedness for his father's unpredictability, Mike is braced for impact at every moment through his self-deadening symptoms of depression. If he deadens himself first, how can anyone harm him? It is only when he entertains the possibility of a better life that he is filled with terrible death anxiety over his vulnerability to his father's envy and violence.

In *Project for a Scientific Psychology*, Freud's (1895/1966) early notions of the ego originating as a defensive buffer against unpleasure suggest a counterphobic means of adapting to frustration. He suggests that insofar as unpleasure remains the only means of education, the adaptation-seeking ego learns about reality by introjecting frustration. Unlike the relatively simple coping mechanisms of fight or flight, introjection is a rather ingenious means of gaining ego mastery or control over an external threat. It gives the appearance that frustration is being accepted, but without letting its meaning penetrate too deeply. Wearing the mask of the enemy in this way enables the child to co-opt and inoculate himself against the full potency of a traumatic experience by titrating the degree to which it is internalized. In speaking of the neurotic, Ferenczi (1909/1980) describes introjection as a "kind of diluting process by which he tries to integrate the poignancy of free-floating, unsatisfied and unsatisfiable unconscious wish impulses" (p. 47).

Out of the child's mandate to ensure his own survival emerges a

pragmatic soul that ensures that the blank face of nothingness be avoided at all costs. Rather than wait indefinitely for a wished-for mother to materialize, for example, the infant attempts to gain mastery or a type of ownership over the frustratingly real mother by bringing her into the “area of omnipotence” (Winnicott, 1960a/1965a). The child imposes his own introjective structure upon his experiences of impingement by creating what Winnicott termed a mental False Self devoted to the care of the mother’s needs. This attempt to introject and co-opt the frustratingly real mother, however, carries with it a heavy cost to the child’s integrity and sense of continuity, as is implied in the distinction Winnicott (1960b/1965b) makes between the True Self and the False Self. Thus, the very same protective mechanisms that enable a person to adapt or to adjust to the exigencies of his environment and survive may also tear apart mind from body.

Winnicott (1949a/1975a) observes:

Certain kinds of failure on the part of the mother, especially erratic behavior, produce over-activity of the mental functioning. Here, in the overgrowth of the mental function reactive to erratic mothering, we see that there can develop an opposition between mind and the psyche-soma, since in reaction to the abnormal environmental state the thinking of the individual begins to take over and organize the caring for the psyche-soma, whereas in health it is the function of the environment to do this. (p. 246)

The precocious intensification of mental activity now may become a primary means by which anticipated threats may be engaged and diffused

ahead of time. Through the immediacy of forethought, the future is reached instantaneously. From an early age, a child learns to use his mind to cover up his emotional nakedness so that he is never caught off guard again. The cultivation of precocious mental activity, based on the transference fear of retraumatization, is tinged with a mistrust of all things spontaneous and unpredictable. Romanyshyn (1989) calls this defensive style of thinking “the mathematical.” He refers to the mathematical as the “projection, in advance of the appearance of things, of precisely how those things are to appear” (p. 78). This counterphobic process of leaping into the future is an attempt to subject the helplessness of undergoing trauma to the omnipotence of mental control.

ON THE OUTSIDE LOOKING IN: DISSOCIATIVE DEFENSE AND UNDOING

For the traumatized child, there is no middle ground between life and death, between the perfection of surviving intact and the error of disintegrating extinction. Because the sudden rupture of innocence may be experienced as a psychic dying, the dread of re-experiencing this mortifying sense of acute shame infuses the child with a perfectionistic morality of survival. For the precociously developed mind, born out of the ashes of a dead innocence, a good enough environment is no longer good enough. Thus, Winnicott (1949a/1975a) notes, “the mind has a root, perhaps its most important root, in the need of the individual, at the core of the self for a perfect environment” (p. 246).

In taking up the caretaking slack for traumatic disruption, individuals develop the omnipotent conviction that they are both capable of and solely responsible for the construction and deconstruction of their experiences. In this sense, such persons may reconfigure the objectivity of a traumatic event into the subjectivity of a self-created experience. As Winnicott (1960a/1965a) states, "There is no trauma that is outside of the individual's omnipotence" (p. 37). A sexually abused girl may wonder to herself whether it was really she who seduced her father and brought the molestation on herself. A physically abused boy may be convinced that the beatings he receives are punishments for his badness. The bereaved, too, not acknowledging the finality of death, may assume an inordinate burden of control over bringing the dead back to life. In taking omnipotent control of their experience, such individuals seek to undo the undoable: to sweep away all vestiges of the trauma in the future so as to restore a "perfect" flow of being.

Thus, if the unconscious had a purposeful plan, with the time-traveling acrobatics of the mind at its disposal, it would be one far more ambitious than the mere quest for mastery. The attempt to gain omnipotent mental control over a traumatic experience, as reflected in the shift from passive to active, may have the primary aim of undoing the traumatic wound, so as to begin again perfectly. During the very same moments that a person suffers a traumatic experience, he may already be attempting to reverse the course of

events. In shifting his center of gravity from body to dissociated mind, an individual gains a sense of distance from himself and thus can foster the illusion that he has annulled the flow of time at the site of the wound.

Consciousness thus brings the unpredictable dynamics of the self-inprocess under omnipotent control by dividing the unfolding, indivisible flow of time into discrete segments of past, present, and future. Winnicott (1949b/l 975b), in discussing the aftermath of birth trauma, describes the counting and cataloguing function of mental activity. Henri Bergson (1889) has noted that it is through this quantifying function of consciousness that a notion of space is formed. Once the past is no longer viewed only as an indistinguishable aspect of the seamless, irreversible flow of lived time, but has its own discrete, reified space that becomes fixed in consciousness, it may become subject to the magical manipulations of primary process thinking.

Now, through the counterphobic leap of forethought, the sequence of events and images of a person's life may be halted and reversed. By mentally locating oneself in the future, an experiential sense of distance from oneself is created—a self-conscious sense of being on the outside looking in. With this shift in perspective from inside to outside, everything that was in is out and that which was out is in, and what was future is past and what was past becomes future. Beginnings are endings and endings are beginnings; one can go backward as easily as forward, and that which has been lost can be

retrieved. Shifting from body to mind and from present to future is not unlike leaping out of a bus moving in one direction and hopping on another bus moving in the opposite direction. In so doing, one may retrace one's steps to use a wrong (reenacting of trauma) to undo a wrong (trauma) and make a right (a perfect new beginning). It is through the counterphobic magic of precocious thinking and undoing that a person may leap from a mortal body, necessarily anchored in one place at one time, and refigure the traumas and disillusionments of the past into a perfectible brave new world in the future. By means of a dissociative stance of being on the outside looking in, time as well as space can be turned inside out and transformed into the ground of a fresh start.

Loewald's (1980) concept of repetition as a "passive reproduction" of an earlier event fits the person who cannot actively digest the overwhelming quality of his traumatic reality. Ultimately, the problem of passive repetition reflects the fact that the individual is attempting to find the ground of a new beginning from within the insulated safety of his own self-enclosure. In this sense, the ambitious omnipotent fantasy of undoing reflects the desperate straits of aloneness in which the person finds himself. It is precisely because of the isolating quality of self-enclosure that an individual's sense of omnipotence remains unmodified, and his fantasized false self starts to undo and begins again to continue unabated. Repetition is self-perpetuating because one searches for a sense of the real where it cannot be found—

through one's own mind's eye.

SELF-DISRUPTION AND THE DECONSTRUCTION OF ONE'S SENSE OF REALITY

Getting lost in an omnipotent world of one's own making and unmaking carries with it a whole host of problems. When children suffer, they often are not aware of what is triggering their emotional pain, let alone able to convey it in words to someone else. Without another person to provide solace and validate the event of their suffering, children may be forced into the involuted position of watching over themselves and bearing witness to the reality of their own experience.

Schneider (1977) emphasizes that a "disruption" to an initially unselfconscious person always triggers a reflexive movement of consciousness, or self-consciousness. The undivided self in action gives way to the doubled self. As a reflex brought about by a sudden, rude awakening to the unconscious, self-consciousness is a defensive stance designed to shelter rather than reveal the deepest strata of the self. Lacking the foundation of relationship between mind and body, self-consciousness is the semblance of self-awareness without its essence; it is an involuted hyperconsciousness superimposed on but not integrated with the body. In a sense, the child's mind curls instinctively inward in an attempt to care for its own injury. From this viewpoint, the narcissistic vehicle of self-consciousness or mental

preoccupation with oneself is an attempt to take control of one's survival and wellbeing.

As Winnicott (1949a/1975a) notes, under abnormal circumstances, "One can observe a tendency for easy identification with the environmental aspect of all relationships that involve dependence, and a difficulty in identifying with the dependent individual" (p. 247). Looked at another way, the mind reacts to the disruption as it would to loss, whereby it takes up the slack for and identifies with the lost object in its attitude to the self. Thus, in *Mourning and Melancholia*, Freud (1917) says "The shadow of the object fell upon the ego, so that the latter could henceforth be criticized by a special mental faculty like an object, like the forsaken object" (p. 249).

Although the child may seek to escape from the helplessness of the body to the omnipotent refuge of mental activity, previous experiences of trauma must inevitably pervade the activity of thinking, which now becomes anything but an autonomous ego function. Russell (1993) uses the metaphor of a camera attempting to photograph its own injury to describe a person's attempt to testify to the reality of his own experience. He suggests that because "the photographic perceiving and recording apparatus itself is damaged while it is being built. . . [a] camera cannot photograph its own injury" (p. 518). Self-consciousness, born of disruption, will be necessarily tinged with the frustration of that disruption. Thus, Rank (1936) notes that in

self-consciousness, “consciousness turns from an organ of pleasure in the service of wish fulfillment into an organ of pain” (p. 244). The problem now is that as Phillips (1995b) writes:

Because the mind comes in afterward—after the trauma—it always runs the risk of being a preemptive presence. The mind object, that is to say, has always unconsciously identified with the traumatic agent (or rather, event) that first prompted its existence. *The mind that attempted to repair—to compensate for—the trauma becomes the trauma itself*, (p. 238, original italics)

In this regard, curling in on oneself self-consciously tends to freeze or inhibit the spontaneous movement and expressiveness of the body. Whether it be a teenager stuttering while speaking with a person to whom he is attracted, or an athlete who “chokes” because of thinking too much, self-consciousness paralyzes and distorts whatever it casts its gaze on. Romanyshyn (1989) says this anatomical gaze “*isolates* the body from its living context or situation and *fragments* the body which it sees” (p. 115). Self-consciousness, born of dissociative defense, is not grounded in the substantive reality of the body. To the extent that self-conscious individuals are not inhabiting themselves and life is not being lived from within, they do not have a corpus of lived experience to fall back on for a sense of certainty.

Through the mind’s eye, doubt is sown and cultivated as self-conscious persons become less certain that what happened out there actually did happen. The derealizing process of involuted thinking works against their

quest to prove that their trauma was not just a figment of their imagination but a real event. Within the enclosed isolation of their own minds, they chase the tail of the real, but never quite catch up because they are looking for something that can only be found outside of themselves. Pervaded with doubts, the mind is an uncertain witness to its own experience.

To return to the metaphor of the camera attempting to photograph its own injury, I would suggest that although the photographic apparatus is damaged, these individuals nevertheless, through the use of self-consciousness, attempt to photograph their own injuries. However, because of the nature of the involuted mental equipment, when the photography is developed, it is dreamlike and blurry. In a desperate attempt to develop a clear picture of a real injury, they snap the picture again and again, typically with the same faulty equipment, typically to no avail, and therefore repeatedly.

The problem then with holding the conviction that one has omnipotently created one's own reality is that a real world that is constructed can just as easily be deconstructed or reduced to subjective experience, where it is but a figment of one's imagination. Once individuals reduce the objective events of their lives to their constructions of them, they begin to lose any sense of a substantive reality beyond their control. For example, when losing a loved one to death or suffering through the breakup of a

romantic relationship, such people may find it too painful to re-imagine a passionate love that was shared with someone who is no longer there. In detaching defensively from their desire to remember and restore the good, they also lose an essential sense of the relationship as real. In their own mind, they have analyzed or deconstructed the relationship to such an extent that they may have doubts as to whether the intimacies they exchanged really occurred or whether they were hallucinatory products of their wish-filled imaginations. From within these dizzying, derealizing circles of their own making, such persons now have the impossible task of proving the objective existence of their own experience. From this point of view, Descartes' famous dictum "I think, therefore I am" could be amended to: "I think, therefore I think I am."

A person's aim in objectifying his experience is made difficult by the fact that he has placed his own narrative stamp of memory on his suffering as soon as it occurred. To secure a witness to his experience and transform it into an objective event, he attempts continually to reenact the original scene of the trauma. For the traumatized person embroiled in the repetitive drama of undoing and reconstructing in memory, however, it may not be easy to discern the difference between trauma as his intended, omnipotently created experience and trauma as an objective event independent of his omnipotence.

Perhaps it is for this reason that many analytic patients are uncertain

about the accuracy of their memory when they complain about their parents' actions. On one hand, they may wonder whether they were really victimized by a father's ridicule or a mother's intrusiveness. On the other hand, to the extent that their sense of omnipotence is never fully modified, even in later years, they may take undue mental responsibility for any problems that occurred in their interactions with parents, especially if there were no witnesses to arbitrate reality for them. Such individuals, tormented by a perfectionistic sense of omnipotence that knows no bounds, often drive themselves mercilessly to do more, always more, to please the parent.

“THIS MAY JUST BE MY FANTASY, BUT . . .”: SELF-CONSCIOUSNESS AND THE INHIBITION OF CREATIVITY

To the extent that a central feature of an observing consciousness is to analyze an object into its constituent parts, self-consciousness has a deconstructive effect on the constructed holism of our creations. Thus, Rank (1936) viewed excessive self-consciousness as a hallmark of neurosis because of its inhibiting effects on the creativity central to psychic growth. The created products of our self-revelations, both verbal and nonverbal, that provide us with a sense of kinship to other persons become subject to the nihilistic doubts cast by the second-guessings of self-consciousness. When our creative animus is thus paralyzed, it is difficult to construct a bridge of generalizability from our unique experiences to the lives of others. Caught in an internal web

of our own making, we become locked in an involitional prism of wondering whether our experience is nothing but our experience. In this most isolated of worlds, we lose a sense of belonging to something real beyond our self-preoccupations.

Sometimes we are too smart for our own good, as the lasers of self-consciousness penetrate our illusions with annihilating skepticism, leaving the machinery of our creativity exposed in its deadened parts. We may then question the usefulness or accuracy of our perceptions to such an extent that our creations are shadowed constantly by an anxiety of collapsing into the trivial (reinventing the wheel) or the idiosyncratic (ideas as reflective of only one's own experience). This either/or anxiety of being just one of many *or* of being relegated to the isolation of one's unique experience itself reflects the traumatic rupture to the relationship connecting self *and* other.

It is disheartening to hear trainees, inundated with the doubletakes of self-consciousness, preface their contributory remarks at case conferences and seminars with the disclaimer, "This may just be my fantasy, but.. When the generalizing relational glue of creative insight is undone and reduced to the individual psychopathology of hallucinatory fantasy, it is difficult to find one's place within the common fabric of human experience. Self-consciousness thus leaves each of us with our own set of unique experiences in a lonely internment of self-doubt.

To the extent that the concept of intersubjectivity between the analyst and the analysand is conceived from an imaginary third person's point of view, it, too, is an abstract manifestation of self-alienation, of the self-conscious stance of being on the outside looking in. The idea of intersubjectivity thus asserts that the transference-countertransference matrix is constructed from the personal histories and particular experiences of each "subjectivity" within the analytic relationship. Thus, the perceptions or assertions of each participant within the relationship, especially when they come into conflict, would have to be self-consciously deconstructed to discern their sources in one's own experience. I am concerned that this sort of analysis of the transference-countertransference matrix by means of deconstructing the constructions of each participant only perpetuates the problem of self-consciousness.

The multitude of meanings that can be imposed retroactively on prior experience is so malleably dependent on the shifting actions, moods, purposes, and will of the person in the present that it is easy to second-guess the real existence of that experience. Because it is at the beck and call of such impermanence, where only doubt is certain, the meaningful distinctions between one person's experiences and ideas and those of others may degenerate into the meaningless relativity of randomness, whereby one interpretation is as good as another. What are we to do, for example, if at the same time that we hold to the abstract principle of a pluralistic respect for

and tolerance of different ways of conducting psychoanalysis, we also believe that a colleague may be harming patients because of his or her strict adherence to a certain clinical theory?

When the two participants in the analytic relationship have a conflict between them, each person, at least momentarily, believes his or her position is the correct one; otherwise, he or she would believe differently. In this sense, the respective positions of both participants are not just relative to each other, reducible to their particular experiences; they are also absolute in that they are created products in their own right. There is “my point of view” and all those who agree with it are within my area of omnipotence, and “your point of view” and its adherents that lie outside of the controlling reaches of my omnipotence. We may start out with these absolute positions, and then if the boundaries to our respective positions are flexible and permeable enough, we may, through dialogue, negotiate a transitional space between us in which we let the other affect our position.

To the extent that the psychoanalytic process itself consists in a deconstruction of behavior into the latent rearguard parts of hidden motives, it always has run the risk of inducing self-consciousness instead of selfawareness. Rank (1936) thus was led to make the provocative comment, “Neurotics have long since been where psychoanalysis would like to take them.” When the creation of a symptom is viewed as a compromise formation

between various constituent parts of the psyche, and consciously held positions are consistently reduced to their unconscious determinants, we risk disrespecting the integrity and dignity of the freedom of will inherent in the creative process, even if the final product is a neurotic symptom.

Indeed, perhaps many patients are seeking to escape the treadmill of deconstructing objective events, ideas and opinions into so many relative elements and differently experienced perspectives that keep them trapped in isolation. Instead, they may attempt through the creative process to elaborate their experiences into the memorable status of something real and objective, something that has its own existence independent of their own subjectivity. If the artistic process consists in creatively elevating one's experience through its dramatization into an objective event, then the neurotic creates an illness of symptoms in a dramatic attempt to objectify his unwitnessed experience of trauma. Because this illness is an involuted work of art with a very private language, however, its artistic aim of objectification remains ever-elusive. For this reason. Rank (1936) describes the neurotic as an *artiste manqué* (a missed or failed artist). In effect, the neurotic misses as an artist because his attempts to emerge from his insulated self-preoccupations through his psychological symptoms are so indirect that they never find their sought-for audience. The therapeutic task for such patients now entails discovering a reality beyond their omnipotent control in order to confirm that their experience is not merely a dreamlike figment of their imagination. The finding

of an enduring holding environment to which they can entrust their care facilitates a mourning process in which they can relinquish their tenacious hold on their own experiences.

FINDING AN ENDURING REALITY BEYOND ONE'S CONTROL AND LETTING GO

For patients who have long been fixed in their self-enclosed isolation, the experience of being understood by someone outside of their omnipotence is indispensable before they can become convinced that they no longer have to be solo travelers in their lives. The analyst's freedom of choice in responding to patients is fundamental to her acquiring a credibility as a witness to the patient's story. The credibility of the analyst, lying beyond the controlling reach of the patient, facilitates the patient's task of objectifying his experiences, thus enabling the patient to come out of his selfenclosure.

Sometimes rather than lend themselves to the depths of spontaneous interactions with patients, some analysts may assert a control over the frame, setting, and technical rules that circumscribe the treatment. In a general, formal sense, analysts, equipped with their foreknowledge of psychoanalytic technique, may enter an analytic session ahead of time, before the session makes its actual appearance. With their correct technical principles in hand as a protective buffer, they can counter the phobia of sinking into an unpredictable intimacy of being alone with a person in need. The self-

conscious calculatedness of using empathy as a technique, for example, may detract from its essence of a spontaneous generosity that is freely given. The underlying love that motivates emotional understanding or an identification with the experiences of others cannot be prescribed.

Instead of negating their individuality in order to prepare themselves for the role of the patient's created object, analysts can best lend an objectivity to the patient's experience by retaining their own personhood.

The patient, because of his history of defensive isolation, must be able to find the grounding of the analyst's personal center of gravity in order to use it creatively. Thus Winnicott (1969/1971b) says, "The object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections" (p. 88).

The readymade quality of the analyst's empathy, when it is prepared ahead of time for general usage, is ultimately empty because it lacks a personal credibility. The analyst's ministrations by technical rote may be viewed by the patient as an infantilizing love akin to pity that has been coerced omnipotently out of the analyst rather than having been offered voluntarily. Because the patient may not believe that these "canned" expressions of care originate outside of his omnipotent making, they have an unbelievable, hallucinatory quality. And a love that becomes unreal because it

cannot be believed also cannot be internalized. For love to be credible, it must be personal and real, that is, it must come from an analyst who is acting out of her own freedom of will, beyond the controlling reaches of the patient's omnipotence. The analyst's freedom to be herself provides a sense of the real for the patient.

To the extent that we all live in the burdensome shadow of an omnipotent sense that we create and are responsible for all our experiences, good and bad, there is a relief in knowing that some things cannot be helped, that it is out of one's hands. In speaking of the sense of the real, then, I am referring to the experiential dimension of realization: at one end of the continuum is the hallucinatory, crazy-making sense that the discovered world is a created figment of our imagination; at the other end of the continuum is the conviction that we are finding a solid world of others that is not controlled by us. If we take Winnicott's notion of omnipotence seriously, then mourning involves the relinquishment of a fantasized omnipotent hold on the making and unmaking of one's experiences to an enduring reality beyond one's omnipotence.

What facilitates this mourning process of letting go? The mourner's giving of his possession to a world outside of his control can be viewed as an act of generosity. Perhaps what inspires this sort of generosity involved in mourning more than anything else is the person's trust that there is an

environment out there that cares enough to hold and testify to the actuality of his experiences if he drops or gives them away—*areal* world that endures beyond the subjectivity of his whims.

Here trust entails that a person locate a place for himself in an awaiting world beyond the one he has created. Only then can he emerge from the absurdity of self-relation and form a meaningful relationship with a real other. In the ongoing quest for meaning, we may say that a universal dynamic of the human condition involves a search for this transcendent reality that lies beyond one's omnipotent grasp; for some, the culmination of this search to the limits of one's powers may be found embodied in the absolute being of God, while for others it may lie in the fundamental otherness of a different person. It is this resonating otherness of freely acting human beings that allows people to serve as effective containers for one another. The feeling of being contained allows people to return to their primary task of being themselves. They can then get to the crux of mourning: to accept their wishes, while simultaneously relinquishing the omnipotent burden of fulfilling those wishes themselves.

In speaking of a therapeutic holding environment then, I am describing a relationship that overcomes the patient's sense of self-insulation and meaningless isolation by enabling him to feel that he belongs to the analyst. Once the analyst's credibility as a freely willing other (credibility of the

absolute) has been established, the degree to which she resonates with the experiences of the patient also gains her credibility as one who understands (credibility of the relative). Taken together, both types of credibility help provide patients with the conviction that they are revealing and giving the care for their experiences away to an enduring posterity rather than to the oblivion of deaf ears. Finding and securing a real ground of being inspires a movement of generosity on the part of the mourner that enables him to relinquish his internal possession.

A number of years ago I saw in treatment an acutely suicidal 40-year-old man. Charles, who, along with his other problems, struggled with the cancer of his beloved girlfriend as well as her subsequent breakup with him. In his early sessions he would walk in and before even sitting down would exclaim, "I don't care; I don't care; I just don't care anymore." He would then launch into obsessional tirades in which he ragefully disavowed his girlfriend's significance to him, interspersed only rarely by wistful, dreamlike reminiscences of better times they had shared together. There was some quality of tenderness, however, in these brief instances of remembered intimacy that prompted me to believe that Charles had rewritten history so bitterly that he had taken away something precious from himself.

Sensing that he was killing off experiences of passionate love once shared with his girlfriend, I said that no matter what has happened since, no

one could take away the genuine intimacies he had exchanged with her at one time. They were not part of a dream but a reality that had existed and would always exist, and one to which I could now bear witness because of his communicating it to me. His obsessional rage subsided immediately, giving way to bittersweet tears as he said rather proudly, “we did have something pretty good, didn’t we?” As Charles revealed precious memories of intimacy in my presence, memories that in his self-enclosed isolation were always on the brink of being bitterly unraveled, he infused those intimacies with the meaningful breath of real life, if only for a moment. In a romantic, but powerful, psychological sense, that brief moment, once revealed and alive, lives forever.

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