

THE UNCHARTED TERRITORIES IN US: TEACHINGS FROM MY PATIENTS

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We have been taken to remarkably varied tours in our Sunday talks. To space and universe, to different parts of the world, to the historic past of mankind, to spiritual searches across the nations, to micro-cosmos of bacteria. I want to introduce another territory, so far only sparingly charted for us. Yet it is among the most miraculous and mysterious terrains—in my mind comparable to the mysteries of space and universe. The terrain is within us all. Although poorly recognized, it is powerful as it plays a crucial role in what we are, how we act and feel. I call that terrain our dynamic unconscious. It is unconscious because our conscious, logical, civilized “us” has only limited glimpses of its existence. Indeed, we have to sidestep our logical reasoning and thinking to see elements of the unconscious. We can find them in dreams, daydreams, slips of the tongue, playing, symptom formation, creative process.

It is called dynamic because the unconscious processes are fluid, constantly shifting. There is no sense of time, order, or logic. Contradictory thoughts and images may co-exist without nullifying one another, as happens in dreams, for example. Archaic and primitive modes of functioning are its characteristics, typical among them condensation and displacement. In condensation, one thought or image simultaneously contains several meanings. Displacement is familiar to us in dreams and also in certain conscious operations. Simply put, person X stands for person Y and, through such displacement, allows us to feel our anger, for example, more freely as we may have various internal prohibitions over such feelings toward Y.

But what is this dynamic unconscious? What is it composed of? It has its own historic past in the form of events of childhood and later life that have been forgotten. More important, however, are the various events and experiences of past living which took place without self-awareness, without the mediating powers of conscious thoughts and feelings. Because such experiences take place outside conscious awareness, they are registered in earlier, poorly differentiated forms and content. Thus the content is crude and primitive; the experiencing does not follow the rules of time, objectivity or reality. It is maintained that this aspect of mental life—its untamed, uncivilized part—surpasses the conscious awareness in power and potential impact. In fact, it is said, that our conscious, rational thinking is only the tip of the iceberg and that the foundation of all mental activity is in the submerged part, in the unconscious. A prominent psychoanalyst, Hans Loewald, compared the unconscious processes to the atomic and subatomic processes that underlie the manifest structures and processes of the physical world, or to the biochemical and biophysical processes underlying the biological world. Moreover, he says, the unconscious forces and processes have a simultaneously destructive and creative potential similar to that of atomic physics or of biochemistry.

This combined potential of destructive and creative processes is visibly present in emotional and psychiatric problems. The destructive elements are seen in the crippling effect of the disturbances on the person's life. But the disturbances also reflect creativity as it is expressed in symptoms. If we view symptoms as compromises between hidden, unacceptable forces, that is, forbidden impulses, wishes, thoughts and feelings on one hand, and our socially acceptable adjustment on the other, we can see a truly amazing creativity in these compromises. To illustrate this creativity and to highlight the special characteristics of the unconscious processes, I shall give vignettes from persons with whom I have worked.

I met Lisa, a seven-year-old girl, in children's psychiatric hospital in Ann Arbor, where she was staying suffering from childhood schizophrenia. At the time of her hospitalization, her speech was incomprehensible jabbering, her behavior uncontrollable, and she concentrated only on her collection of bugs that she carried with her. She was an odd-looking child, as here hair was flipping into her eyes, and her clothing was pinned together layer by layer, underpants to tights, to undershirt, to slip, to blouse, to skirt. I started to work with her when she had been one year in the hospital. She was still a very disturbed child to whom—as she later told me—my room was filled with noises that she took to be ghost and monster noises. She attributed to me, another noise maker, enormous magic powers, which she expected me to use to attack and hurt her. Deeply frightened and vulnerable, she did her best to render me powerless and helpless. This she did by making riddles, composed of numbers and self-made words, which I was left to decode. Once she drew a picture of a girl with the inscription " $7 \times 6 = 42$ ". She exclaimed that she did not like "42" and would like to hit it. It occurred to me to link the number with my office number and to suggest that Lisa was in this way telling me about her various feelings toward me. She giggled, made a series of incomprehensible pantomime acts and buried the picture away.

Another time, following her three-day home visit, Lisa acted particularly secretive, meeting all my comments with a tirade of mystical language. She made up a song with the line "three-day Monday Z" and finally informed me that Z stood for tits and bras. When I wondered if three had something to do with her home visit, Lisa giggled and sang further, "three-day home M Z". When I suggested seriously that something was bothering Lisa, she increased her mystery talk. After a while, however, she told me lucidly that she had gone fishing with her parents, but "I came back to you". I now wondered if Lisa had also been thinking of me while at home. Lisa replied, "Yes, M is for "missing" and for "me" and for "M" in your name." With this opening we could explore Lisa's difficulties about liking, missing, and other "people feelings".

When Lisa thus became more comfortable with her affectionate longings, she started to express the opposite feelings, rage and destructiveness, with new directness. When she was angry, she wanted to attack me both verbally and physically. In one dramatic session, she blindly lashed at me to hit and hurt. I quickly suggested that she use a substitute object and pretend it was me. She chose a monkey puppet and started to mutilate it limb by limb and to tear its eyes from its sockets. This outburst terrified her,

as became apparent in subsequent sessions. Fleeing from the puppet and me, she crouched under my table, trembling with anxiety, at times verbally attacking me. My comments echoed her frightened and bewildered feelings. Her desire to kill and destroy me felt very real, yet she also liked me. She was frightened that I would punish her and no longer care for her if she were to show me her very furious feelings. Gradually, Lisa was able to integrate my messages, and, on her own, to conclude, “One can love and hate the same person at the same time”.

Lisa’s first vignette is an example of condensation. Her wishful thought was expressed and condensed in letters. The letter M condensed four different meanings: Monday, missing, me (Lisa herself) and the initial of my middle name. The composite message was that she, while at home, had been thinking about me and wishing to see me on Monday. That wish must have been both pleasurable and frightening to her because the wish led to her problems with “people feelings”—that somebody mattered to her and, perhaps, was not about to hurt and harm her.

The second vignette showed displacement in action. Lisa’s mutilation was originally aimed at me but was transferred, wholesale, to the monkey puppet. For Lisa, the monkey WAS me, not a substitute—witness her intense fright of me when I later met with her. There was also projection: her expecting me to act in fury and rage similar to what she had felt toward me. Her feelings and expectations also illustrate the crude, primitive content, which characterizes our unconscious. Impressively, Lisa did not run away from them but, eventually, was able to tolerate them as part of herself, as her remarkable conclusion shows: “One can love and hate the same person at the same time.”.

In some cases the hidden forces from the unconscious find an expression through bodily sensations, even physical pain. Miss M, an attractive, intelligent thirty-year-old nurse, revealed how physical sensations could replace spoken thoughts and feelings. When I started to work with her, I was struck by her style of narration. Her sentences were brief announcements without any elaboration. Gradually, she became aware of her style but explained she had nothing to say. However, she became aware of novel observations and described several sensations while with me. Her jaws would hurt; her arms felt numb and disconnected; she would feel off balance: “My brain goes to right, my body to left”, she would say. The thought came to her that such sensations replaced her feelings.

Several months later, when she had learned to listen to her body talk and find words for her feelings and thoughts which the body talk replaced, she gave an illuminating explanation to her body language. She said, “If I am preoccupied with physical sensation, I don’t have to think what I am feeling. My brain is numb, only my body has feelings. It’s more real that way—I can do something about it; I can fix it”.

The next vignette illustrates how behaviors, side by side with their conscious, rational reasons, may contain a range of meanings, unacceptable to our conscious mind.

Mrs. A was my training case on my way to become an analyst. As is the custom, we met four times weekly for her treatment. This schedule was interrupted when she became

pregnant and took “maternity leave” for one year and, after that, decided to resume analysis but only three times weekly. With this new schedule her sessions became stormy. She was intensely furious at me for “forcing” her to leave her child; at the same time, her anxious dependency and neediness for someone to take care of her emerged. She wanted to resume her old “program” of four times weekly sessions; at the same time she felt great uneasiness about leaving her baby. At my active recommendation she finally agreed to resume the sessions four times weekly.

When the new schedule took place, novel behaviors started to appear in this generally cooperative, highly involved and motivated patient. She started to cancel sessions and arrive consistently late for her appointments. She always had a realistic explanation—weather, babysitter’s lateness, her son’s crankiness, and for a long time refused to acknowledge their association with our work. My efforts to bring her lateness and cancellations to the analytic exploration were useless, and my interventions had no effect.

Finally, it occurred to me that Mrs. A was always late for the same amount of time. I now stated to her that the 12-13 minutes that she was regularly late, when added together over the four weekly sessions, made approximately fifty minutes—the length of one session. Thus, she ended up attending the treatment for an equivalent of three sessions only. And so she must feel that she had won the battle. Mrs. A did hear me now, and, subsequently, recognized her passive way to be angry—something she did a lot, she said. Interestingly, after this realization, she stopped canceling her sessions and started to be on time.

I have selected these vignettes to demonstrate some of the ways unconscious forces determine our behavior, the way we act, and feel, and what we are. Miss M’s body talk, Mrs. A’s silent rebellion and fight for power, Lisa’s special communications through language and action, all condensed the underlying meanings which were gradually grasped. Because the meanings are built on individual life history, its past events and unspoken experiences, there are no common meanings, which would readily transfer from one person to another. Even in traumas—when a definable event is objectively the same to a number of people—the personal significance of the trauma varies from individual to individual. Thus finding shortcuts to healing is not possible.

Because the unraveling of the personal meaning is inseparable from that person’s experiences throughout past living, it follows that the unraveling is a slow, arduous process. Typically, many lesser, still painful experiences emerge first in the analytic work, and their impact on disturbed, problematic behavior can be understood and corrected. Only after such preliminary work do the core conflicts, the most painful experiences which are the primary roots to disturbance and disorder become ready to be faced. Experience shows that, despite the preliminary work, which will have strengthened the patient’s psyche, encountering the core conflict areas can be exceedingly shattering and ridden with anguish. Yet, that awesome encounter does lead to a novel integration, and, often, to a novel sense of oneself. The last two vignettes will illustrate such encounters.

Dr. B's main theme toward the end of his first year of analysis was his very complex relationship with his father. His disappointment, rage, and sense of humiliation and shame at father alternated with longings for closeness with him. Dr. B, whose one major reason to seek treatment was recurrent depressive episodes, intuitively felt that the episodes were tied to his tormented relationship with his father. During one prolonged depressive episode, he talked lengthily about his ongoing, constant self-torture, his criticalness of himself no matter what he did, and about his frightening thought to kill his father. Thinking of his deep identification with his father, I said how disturbing the thought of killing his father must be to him because he also felt he was the same as his father. If he wished to kill his father, he would do the same to himself, too. He started to cry, his talk became disjointed and muffled. The talk was about his feelings of worthlessness and sense of futility. I remember my many mixed feelings toward him. I wanted to say or do something to alleviate his misery as well as to lessen my own discomfort with his state. Recognizing my anxiety helped me to tolerate his turmoil and intuit some of its frightening, overwhelming quality. I was able to tell him with genuine empathy that I sensed his deep distress and his pain about feeling so worthless.

In subsequent sessions we kept returning to his realization about his sense of worthlessness and failure, and his murderous wishes which were deeply frightening to him. On his own, he tied his self-hatred to "that part of father in me". He added that his murderous feelings toward his father were not as disturbing as his "self-murder" as a way to get rid of his father in himself. Of interest is the fact that, after this work, his depressive episodes did not recur, and although he continued to be prone to depressive moods, these moods were short-lived and not very intense.

My last vignette comes from my work with Lisa. We had covered great many puzzles and riddles, and Lisa was well on her way to reach her goal—to be a regular kid. Unexpectedly, she had a short hallucinatory episode, the first and only one during my work with her, which lasted three years. One day she became paralyzed with fright in the swimming pool. She seemed to be out of touch with reality and talked of twenty-four hands sticking out of the pool edges, armed with needles and knives, ready to hurt her in the stomach. She kept repeating "kawawa" and other magic words that she had used earlier when deeply disturbed. Through them she tried to prevent the hands from hitting, shooting, or grabbing her.

During our emergency session she started to tell me about the event. She was able to agree that the hands were not real but a reflection of her very frightened feelings. Yet she became increasingly terrified, and I felt she was dangerously close to losing touch with reality. The next session when we again talked about the hands, she unexpectedly said, "Hands should really do other kinds of things, like tuck you into bed and give you food. They should not hurt you." Puzzled, I echoed her confusion and fear. Lisa then took my hand, and I asked which kind it was. A long investigation followed before Lisa concluded that it did not hurt her.

The next day when I saw Lisa, I told her about a thought that had come to my mind. I reminded her of her early enema experiences and described how a small child could get

very confused and frightened when her mother and father, whom she loved very much, did something that scared and hurt her. Lisa listened attentively, and then said how one might then think that hands could hurt. I agreed but emphasized the reality as well: her parents had given her enemas to help her. Lisa replied, “But you put them down through the butt—it can hurt.”

During this and subsequent sessions, Lisa worked hard, without needing much help from me, on her various fears that had plagued her: getting hurt, losing control, getting poisoned, her old fears of body intrusion and body hurt. This work was like a summary of her old anxieties, now seen in a new, integrating light. It brought a noticeable improvement in Lisa, both in her relations with children and adults and in her school work.

So, what are the teachings my patients conveyed? First, that there are hidden mental forces operating in all of us—that, side by side with our rational, conscious awareness, there are hidden forces, often unacceptable and forbidden, mostly unexplored. Yet these forces exert a powerful influence on our conscious experience.

Second, my patients wanted to take the risk of exploring these forces, to understand at least some of the ways the forces affected their lives and behaviors. They held in common the conviction that such an exploration was necessary to alleviate their suffering and to release energies which were imprisoned by their disturbances.

Third, in this exploration, they showed great courage—courage to face their dark sides and demons, courage to take the risk of change, even when the outcome was unknown. This lesson in courage is powerful.

There is one more teaching, perhaps more subtle, definitely far-reaching. My patients learned a different way of taking responsibility for themselves. It was different because they learned to acknowledge the strength of the untamed unconscious forces in their lives. This meant to take responsibility for their own history, including all past living and experiences, which took place without self-awareness and which always included crude, primitive, even destructive impulses and feelings.

I believe such expanded sense of responsibility influences our moral and social values. Often our prejudices have roots in our unacknowledged aspects of ourselves. More often than not, our uneasiness about sexual and violent impulses IN US are at the root of racial prejudice, homophobia, and xenophobia. Our unsolved conflicts over envy, greed, or need for omnipotent power IN US find their expression in many social, political, and economic battles, now comfortably reflected outside, away from our own unsolved issues. We cannot get rid of the destructive forces in us. But we can tame them by acknowledging them as being part of us. If this happens, our negativism and criticalness will be replaced by more tolerance and empathy toward ourselves and others. Lisa, the ex-schizophrenic child, gave us a powerful lesson about such tolerance. To paraphrase her, “We love and hate, we build and wish to destroy at the same time all the time.”