The Unconscious: An Integrationist Perspective

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Abstract

> I have chosen to look at this subject, *The Unconscious: The Real McCoy of Psychotherapy?* from the vantage point of an integrationist and, inevitably, I speak from my perspectives as a practitioner in medicine, as a practitioner in psychotherapy, and as a person with a long-time interest in spirituality.

Victor White, the Jungian analyst and theologian wrote in his book, *God and the Unconscious:*

> image-breaking is no less part and parcel of human life and history than image-making... For the fixed image evokes the fixed stare, the fixed loyalty which may blind man's vision to the claims of further and wider loyalties, and so paralyse the human spirit and crush its inherent will to advance and to venture. (1969: 27)

The term 'the unconscious' is an image, or a constructed image. It is a label for an aspect, or a group of aspects, of our total functioning, aspects of our functioning which have been known for centuries. As Victor White says:

> Dreams, or automatisms of every sort, the influence of 'forgotten' experience or unacknowledged desires upon conduct, alternating personalities, the phenomena of trance, abnormal and paranormal psychological phenomena of many kinds: none of these was new in human experience. (1969: 48)

What was new from late last century was the systematic study of these aspects, and, commonly, attempts to define them in structural terms, attempts to grasp hold of them as things or 'its', and to delineate their scope and their boundaries.

The term 'the unconscious' is a *signifier* of these aspects of our functioning. But what do or should we include amongst the *signified*? Borrowing Julia Kristeva's words (quoted in Berry, 1998) how should we carve up this "vital psychic space"? As with the word 'resurrection' amongst New Zealand Christians in the 1960s, at the time of the heresy trial of Lloyd Geering, or the word 'soul'

amongst psychotherapists at the 1996 New Zealand Association of Psychotherapists Conference at Nelson, on *The Place of Soul in Psychotherapy*, so in conversing about 'the unconscious' we all use a common term. But, as in these other situations, scratch beneath the surface of the terms and we will find huge differences in assumptions as to what we are really talking about.

What are we talking about? What does our discussion embrace? Is there an implicit Freudian or Jungian or some other dominant discourse defining the parameters of our discussion? I want to open up the discussion to other elements, which are potentially marginalised. More specifically I want to connect the issue of the unconscious to the issues of both body and spirit. In doing that I must raise another related issue. In one way or another it seems that many if not most human beings search for the essence of things, for the real, or, often enough, for that *thing* which is going to make the real difference: if you like, a search for the 'real McCoy'. I have no problem with searching. But I do have a problem with the lamentable tendency in human beings (at least in modernist Western culture) to try and decide what is *fundamental*. An heroic and modernist grasping of the truth in one's hand, achieving some sort of empty reassurance that finally I have got hold of it, leading thereafter to an even more lamentable assertiveness that what I am interested in or good at is fundamental, or *where it is at.*

Thus I have some problems with the title of this year's conference. For me every aspect of life is fundamental. For example, speaking as a psychotherapist, I hold the conscious use of choice to be fundamental, the interpersonal space to be fundamental, the unconscious processes to be fundamental—they all have 'real McCoy' qualities.

Turning to medicine, we are provided with some salutary lessons. The curse of modern medicine is its mechanistic world view, which defines the biological as fundamental, and the psychological as epiphenomenal. This defines much of that which is crucial to us, as persons, as outside the doctor's field of interest. Pataki, an Australian philosopher, said recently:

> Love, friendship, caring for oneself and for others, loss of others and the loss of one's self in madness or death concern us more in daily life, art, literature (though they do not much concern contemporary psychiatry and Anglo-Saxon philosophy) than anything else." (1996: 52–63)

Nor do such things concern modern medicine. The very things which are *at the centre of our concerns* get excluded within a reductionistic mechanistic biological fundamentalism.

We might ask then what sorts of reductionistic fundamentalisms operate for us in psychotherapy? Does our topic draw us both to a healthy focus on unconscious processes, and also to an unhealthy reductionism around the Unconscious?

As a physician I do not believe in *the* Body, though clearly we have physicality as part of our unitary wholeness. As a psychotherapist I do not believe in *the* 'Unconscious' though clearly there is much of our data and history and functioning out of conscious awareness, and unconscious elements have major influence on our existing. I do not believe in these things as entities, certainly not as compartmentalised entities, but as part of that wonderful continuity and unity captured by the word 'person'.

A person is in my view an existent being, an I AM, a unified unbroken continuity. If we *as certain types of observer* choose to take a data slice through this 'I am', this unity, we will see different patterns. The biologist sees physicality and a physical structural pattern, and labels accordingly—the kidney, or DNA (according to the level of the cut). The depth psychologist sees unconscious functioning and labels it 'the Unconscious'. And though it is certainly convenient for us to talk with one another about our focus on either the bodily or unconscious aspects of our functioning in terms of 'the Body' or 'the Unconscious', the reductionism which slips in at this point is ultimately damaging, or at least very limiting to the management of the persons who come to doctors or psychotherapists for healing.

For example the physician, having taken his /her cuts of data in the restricted way I describe, has come to construe and treat the body as a machine, and the result in Western medicine is an expensive, characteristically modernist enterprise, a bloated body-focus, a technology out of control, a system unable to survive its own hypertrophy and now bewildered as it engineers its own (economic) collapse. The doctors have 'McCoyed' the body; wonderful things have come from this, but it has been disastrous in terms of *the devaluation of other aspects of our personhood.* The mind, the social, interpersonal relationship, the unconscious, soul, and spirit hardly figure in the dominant discourse of modern medicine. In my view this constitutes an institutionalised and professionalised disregard for aspects of our patients' personhood, and restrains a range of healing possibilities for our patients. We need to be warned.

Nor is a 'McCoying' of the Unconscious, or any other aspect of our subjective functioning, likely to do justice to the personhood of our clients, unless we know the total embrace of the term (which is impossible), unless we focus upon

its connections rather than on its exact limits. A focus on unconscious processes is extremely helpful, and arguably one of the main foci of the practitioner vantage point we call psychotherapy. But as an integrationist I am strongly against any form of reductionism, reification, or to put it in more understandable terms, 'thingification'—i.e. I am against elevating any aspect of our personhood, against any form of giving priority to one aspect of our reality over another, and definitely against any form of reification which allows the unconscious to become some sort of a 'thing'.

Before I risk being tiresome around a point which some might feel is at the margins of our topic, I want to share a personal anecdote. Some years ago I developed a lesion on my left arm about the size of 50 cent piece. From my medical perspective it looked as if the skin had died, or technically speaking, atrophied. The skin over the lesion became so thin and delicate that I could see tiny vessels beneath the skin, and at times I had to cover it up to avoid damaging it when doing manual work. It neither progressed nor remitted over several years. I had never seen anything quite like it, and didn't consult a medical practitioner because I didn't think anyone would know what it was. I accepted it as one of those small mysteries in life. I had no idea of the significance of the lesion.

Two or three years after the onset of this lesion, and during a period of my own personal psychotherapy, I had two very vivid dreams concerning my father. My father had died of lung cancer at age 59 when I was a young doctor aged 26 years. It was a very difficult time for both of us. He found it extremely difficult to acknowledge that he had a fatal disease, and I was drawn into a painful process of providing (false) reassurance and hope. A few days before his death we had a direct and honest and positively memorable exchange, of which he turned out to be more capable than I.

Though I was left with positive memories of my relationship with him there was one thing, over the years, that seemed to hover around the edges of my consciousness. I sometimes wondered whether I too might die of cancer in my fifties. I had a distant and foggy realisation that I was bound in to him in some way. It seemed that the way he died and the age at which he died could in some way be predictive for me.

Against that background I will return now to the dreams, the second of which seems most relevant to the story I'm telling here. In this dream I walked towards and then into a rest home or hospice on a rise overlooking an Arcadian park-like setting. This mansion had an upper storey with a balcony, upon

which there was a canvas deckchair with wooden framework. I was lying on this chair. The notable thing about the chair was that there were cancerous secondaries, metastatic deposits, in the wooden framework. It was very clear in the dream that the cancerous deposits were in the wooden framework and not in the person lying on the chair.

Following this dream I pondered my relationship with my father, my closeness to him and separation from him, and the sense that I had not grieved adequately. The next Sunday morning I went to his grave and spent some time feeling through some of the past events. After an hour or so I returned home with a feeling that I had done what was right for me at that point.

The next day I noticed that my left arm was itchy, and examination showed that the lesion was becoming reddened. I should say that the lesion itself had not been in my conscious awareness during this period of consideration of the dreams. Over the next ten days the 'dead' skin of the lesion completely regenerated and the skin returned to normal. In addition, the background anxiety that somehow I was tied to my father in respect of cancer and death in the sixth decade also disappeared. Three or four years have elapsed since this event and that old background muted apprehension has not returned. Of course I am not claiming that I have a ticket into my seventh decade, nor that I am now exempt from the exigencies of our common humanity!

I could have used many other patient stories to make the same point which is that *the same 'story' was being told*: in the background apprehension of my consciousness, in the coin-shaped lesion in my physicality, and in the dreams representing my unconscious functioning. Now, which one of these was the 'real McCoy'? Certainly the one I was able to listen to was my dream.

I argue then that I had an awareness in my consciousness of some sort of connectedness, or lack of separation from, or over-identification with my father and his illness. For several years the same thing was represented in the language of the body in the form of the arm lesion. And then in the course of therapy the dreams emerged with a different languaging of the same thing (perhaps because I was in therapy and because dreams are responded to by therapists whereas physical symptoms are not). My point is that the reality of personhood, our 'I Am-ness' gets expressed in the various dimensions of our reality, including the physical, and the conscious, and the unconscious. These are not compartments, these are not fundamentalist realities. They are different cuts through the data of the whole.

It is very appropriate in our roles as psychotherapists to focus upon the unconscious elements. Indeed it might be the approach to the personhood of patients and clients which we are best suited to and trained to utilise. But how many of us allow ourselves to ponder that which we hear in the dreams of patients *and* that which we hear in the physical symptoms of patients? I do not think we should 'McCoy' either of them. They are often the same story in a different language. I suggest that any privileging of *the unconscious* over other aspects of our functioning will in the end lead to compartmentalisations which will leave us blind to other data.

Emphases are of course needed. A non-reductionist focus on our unconscious functioning is something I support. But let us remember or realise that as Westerners and modernists we have privileged objective and scientific knowledge. We idolise measurement, which is an approach to the person which privileges our reality *as objects*. And we end up with a medicine and a psychology which privileges us as objects rather than subjects. But we are subjects, and in my language we are 'I Ams'. We are in urgent need of expansion of our ways of looking at our reality. A focus on the Unconscious is one way of expanding our view of people as persons, as subjects, as is a focus on feelings and suchlike rather than on objective knowledge. Many others are voicing this. I concur with Kristeva, who Phillippa Berry says:

> points to the need to found a new subjectivity upon a discourse around identity which privileges affect and the giving of love, instead of an endless quest for the absolutes of objective knowledge. (1998: 319)

But if, in reaction, we privilege subjectivity over objectivity we will end up with another limiting reductionism. There are perils as we move from one emphasis to another. In the so-called Enlightenment, Western culture moved to privilege thinking. Again Berry summarises Kristeva's suggestion that

> when the *Ego affectus est* of a medieval thinker such as Saint Bernard of Clairvaux was replaced by the Cartesian Ego (as) *cogito*, the resultant definition of identity, which was of course in terms of rational thought, produced a profound narcissistic crisis—a crisis whose consequences we have only really seen in the 20th century. (1998)

Whatever the truth of that, I do believe that we move from one over-emphasis to another at our peril. If we privilege one thing over another we will reap down-line consequences. We must see the unity and the continuity. We must hold conscious, unconscious, interpersonal, intrapsychic, psychodynamic,

behavioural, biological and physical, social, cultural, and spiritual *all in the same space*. That is different from saying we need to be experts from each observer position. And from my observer vantage point(s), and we all have one/some, I want to emphasise this: when we look at unconscious mechanisms let us not be afraid to wonder about and connect with the physical and to wonder about and connect with the spiritual. We must not allow safe and comforting orthodoxy, masquerading under the necessary and convenient defence of Professionalism, and Quality Control, and our own tendencies to *reductionism* around our role as psychotherapists, and our *focus* on the unconscious processes, to imply blinkers to physicality and spirituality.

We *will* have the problem of words and meanings again. Scratch the surface and we will open a can of worms. But that is what the temptation to reductionism is about. It's about knowing for sure; it's about mastery; it's about having friends and keeping controversy out so one can keep friends in; it's about keeping one's equilibrium, and life as safe as possible; it's about keeping the lid on the can of worms.

But as Jung said in respect of the psychological and the spiritual:

> ... the (medical) psychotherapist cannot in the long run afford to overlook the existence of religious systems of healing—if one may so describe religion in a certain respect—any more than the theologian, in so far as he has the *cura animarum* at heart, can afford to ignore the experience of (medical) psychology. (quoted in White, 1996: 22)

So in my view, the medic cannot ignore the psychological and spiritual, the psychotherapist cannot ignore the physical and the spiritual, and the religious cannot ignore the psychological and the physical. We are 'I Ams', we are subjects, and these are all aspects of the whole who is a subject. To focus on one aspect, whilst more manageable and inclined to reinforce our sense of expertise and specialisation, is in reality to collude with a carving up of something which should not be so carved. I cannot agree with the 'McCoying' of any aspect of personhood.

References

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