THE UNCONSCIOUS

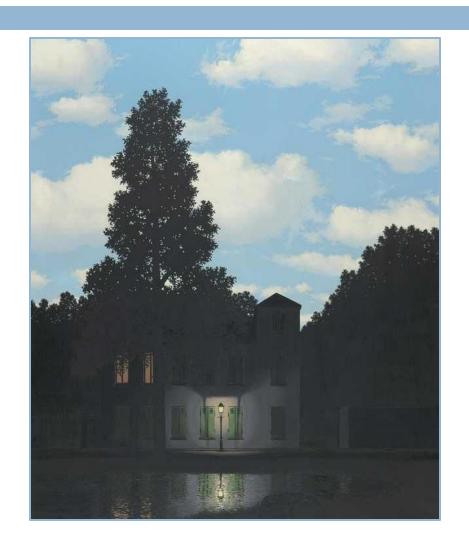
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Content outline

Unconscious phantasy

Unformulated experience

□ Free associations.





Unconscious phantasy and transference

LaFarge (2014)

Core Thesis

- Phantasy and transference are the defining features of psychoanalytic work.
- All human experience has a dual aspect: it's shaped by both conscious, contemporary reality, and unconscious phantasy (Isaacs, 1952; Arlow, 1969).



Unconscious Phantasy

Phantasies are unconscious (British spelling distinguishes from 'fantasy,' which is conscious) (LaFarge, 2014).

□ They form early in life, bound up with object relations (Klein, 1946).

 Phantasy organises memory, shaping how past experiences are recalled and re-experienced.

Nature of Transference

Transference is the emergence of phantasies and their associated object relationships in the analytic relationship.

□ It is not a mere replica of historical events, but a phantasy-mediated organisation of the past within the present (Freud, 1899; Arlow, 1969).

Dual Nature of the Analytic Relationship

- □ Exists as both:
 - A contemporary, real relationship, and
 - An unconscious, phantasy-infused relationship.

□ Countertransference arises as the analyst's own unconscious is activated by the patient's material (Racker, 1957).

The Analytic Setting as 'Stage'

- □ The consulting room becomes a stage where unconscious dramas are enacted (Bleger, 1967).
- □ The frame (time, place, frequency) is invested with phantasy and functions as a container or its failure (LaFarge, 2014).



Action in Analysis

- Action is an essential mode through which phantasy is expressed.
- □ It may:
 - Bypass thought
 - Defend against intolerable meanings
 - Evoke complementary roles in the analyst (Joseph, 1983; Sandler, 1976).
- Action should be analysed, not enacted; it must become part of the narrative of the analysis (LaFarge, 2014).

Multiplicity of Meaning

 Every communication and event has layered meanings – no final or singular meaning can be assumed.

 Analyst aims to foster a process of meaningmaking, not closure (Schafer, 1983).



Analyst's Subjectivity

Analyst's experience is also shaped by unconscious phantasy.

□ Requires ongoing self-reflection and openness to multiple versions of the patient and the self (LaFarge, 2004b).

 Analyst's interpretations may open access to previously defended or dissociated material.

Technical Implications

Emphasis on free association, minimal directive input.

Analyst strives to observe how material emerges –
 its sequence, context, and manner – not just what emerges.

Importance of revisiting actions/events to access hidden or layered meanings.

Conclusion

 Psychoanalysis provides a unique arena for making unconscious phantasy visible and meaningful.

 Central aim: facilitate the co-creation of meaning within a containing, reflective, and interpretive process that remains open-ended (LaFarge, 2014).



Stern's response to LaFarge

Donnel Stern (2014)

Context and Background

 Stern responds to LaFarge from the standpoint of interpersonal and relational psychoanalysis.

 LaFarge's views reflect contemporary Freudian thought with Kleinian influences.

 Historical divide: interpersonal psychoanalysis (e.g., Sullivan, Fromm) diverged from Freudian ego psychology in the 1930s.

Core Theoretical Differences

Interpersonal psychoanalysis

- Rejects libido theory, dual instinct theory, psychosexual stages.
- Questions centrality of Oedipus complex.
- Emphasises language, culture, and interpersonal relations.
- Centres therapeutic action in the here-and-now.
- Asserts that both analyst and patient's subjectivity shape the analytic field.

Freudian psychoanalysis

- Continues to rely on concepts like phantasy as central to unconscious life.
- Views phantasy as an amalgam of wish, defense, and superego.
- Clinical phenomena interpreted through unconscious psychic reality.

Phantasy: Necessity or Inference?

 LaFarge asserts phantasy as essential to clinical understanding.

- Stern challenges the inevitability of phantasy:
 - It is an interpretive construct, not directly observable.
 - Like many psychoanalytic concepts, it becomes "normalised" and treated as fact.
 - Posits that unconscious phenomena can be interpreted in non-phantasy-based ways.

Hermeneutic and Constructivist Framework

- Stern draws from hermeneutic philosophy (Heidegger, Gadamer):
 - All understanding is interpretation.
 - Experience is emergent and created in each moment.
 - Consciousness and unconsciousness are shaped by interpersonal meaning-making.
- Challenges psychic determinism:
 - The mind and experience are non-linear and unpredictable.
 - Theories of the unconscious must account for this emergent complexity.

Unformulated Experience (Stern's Alternative to Phantasy)

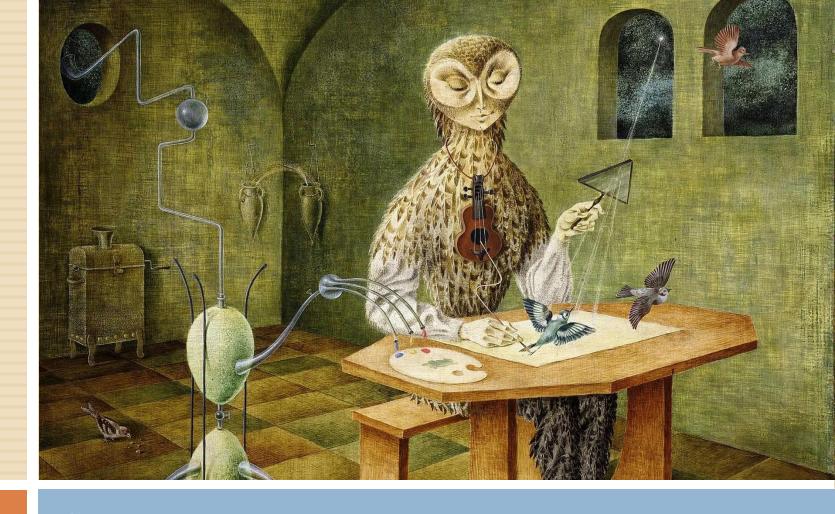
- □ Proposes concept of "unformulated experience":
 - Not yet symbolised, structured, or consciously represented.
 - It is ambiguous, potential experience, shaped by the interpersonal field.
 - Consciousness emerges through interpretation within relational dynamics.
- Experience is not repressed, but often not formed at all, due to dissociation.

Defense Mechanisms: Repression vs. Dissociation

- Traditional Freudian view: repression hides unacceptable content.
- Stern's view: dissociation prevents certain experiences from becoming formulated at all.
- Based on subtle, unconscious avoidance (e.g., "glimmers of meaning" or "feelings of tendency").
- Influenced by William James and Herbert Fingarette's work on self-deception.

Implications for Clinical Practice

- □ In Stern's interpersonal view, clinical change depends on:
 - Relaxing the constrictions of the interpersonal field.
 - Facilitating emergence and formulation of previously unformulated experiences.
 - Understanding unconscious content as contextual, relational, and emergent, not necessarily phantasy-based.
- Emphasises freedom and openness in therapeutic dialogue.



The colourless canvas

Levine (2012)

Introducing key ideas

Freud's Evolving View of the Unconscious

- Early Freud (1900, 1901): psychoanalysis as
 uncovering repressed thoughts, memories, wishes –
 once conscious but now hidden (Freud, 1900, 1901).
- Later Freud (1915, 1923): distinguished between the repressed (structured, symbolised) unconscious and a broader category of unstructured, presymbolic forces (Freud, 1915, 1923).
- □ These 'proto-psychic' or unrepresented elements are active yet lack form, language, or meaning.

Represented vs. Unrepresented Mental States

- Represented mental states: organised, articulable, symbolised; part of the dynamic unconscious (Freud, 1915).
- Unrepresented/weakly represented states: inchoate, unsymbolised psychic material that has never been mentally 'known' or formed (Levine, 2012).
- □ These elements make a 'demand upon the mind' for transformation (Levine, 2012; Botella & Botella, 2005).

Figurability and the Work of Representation

 'Figurability': the process of transforming formless mental states into represented, thinkable ones (Botella & Botella, 2005).

An intersubjective process, unfolding within the analytic relationship (Levine, 2012).

Moves from force to meaning, from the inchoate to psychic structure.

Theoretical Influences

- Draws on Freud's metapsychology and how it was expanded by later theorists:
 - Bion (1970): emphasised the unknowable nature of raw experience ('O') and the limits of containment.
 - □ Green (2005a, 2005b): linked unrepresented states to decathexis, foreclosure, and failures in representational linkage.
 - Botella & Botella (2005): developed the idea of figurability as central to psychic work.

'Experience' vs. 'experience'

- Experience (capital E): raw, unprocessed, presymbolic reality (akin to Bion's 'O'); inherently traumatic unless transformed (Levine, 2012).
- experience (lowercase e): mental content that has been symbolised, organised, and made accessible to thought.
- Transforming Experience into experience enables psychic integration and symbolic creation (e.g., art).

The 'Colourless Canvas' - Freud Revisited

□ Freud's metaphor (1905): psychoanalysis as sculpture (revealing) vs. painting (adding).

 Many patients today lack repressed traces to uncover – nothing is hidden because nothing was formed (Sparer, 2010).

□ The analyst's work shifts from revealing to cocreating meaning.

The Representational Imperative

□ The psyche is governed by a 'compulsion to represent' (Rolland, 1998; Levine, 2012).

This imperative can be catalytic (activating mental work) or traumatic (if it overwhelms the mind's capacity to symbolise).

 Representation protects and organises the psyche, forming affect-laden, meaningful narratives.

Clinical Implications

In many cases, analysts are not uncovering the repressed but participating in the creation of psychic meaning.

- Raises critical clinical and ethical issues:
 - Is the analyst facilitating the emergence of the patient's true self (Winnicott)?
 - Or potentially imposing an alien, false self (Ahumada, 1994; Levine, 1999)?

On Representation

Defining 'Representation'

- □ In common usage, representation implies:
 - Standing in for something (e.g., a word representing an object)
 - Re-presenting or bringing forth again a past experience or image.
- Freud understood representation as the foundation of psychic reality: using signifiers to connect present perception with past emotional and relational experiences.

The Function of Re-presentation in the Mind

The mind doesn't simply recall; it 'presents again' – bringing a scene or memory to life with affective meaning (Levine, 2012).

These re-presentations are linked to other internal happenings, forming associative networks.

This process creates perspective and meaning, making felt experience thinkable (Green, 2010).

Representation and the Absent Object

- □ Freud (1900): the ability to represent an absent object is essential to developing the capacity to think.
- Representation bridges the gap between presence and absence – keeping what is no longer perceptible alive in the mind.
- □ Sparer (2010): without representation, patients become action-bound, unable to process in the absence of the object.

Bion on Representation and Thinking

- □ Bion (1965): without a 'notational system', patients can't think in the absence of the object they must act or discharge somatically.
- Bion does not separate thought from affect; true thought is emotionally invested and psychically active.
- Patients may have moments or areas of failed representation, leading to impoverished psychic functioning (Levine, 2011a).

Green on Representation as Binding and Linking

□ Green (2010): to represent is to 'make present' in the object's absence.

Involves binding: associating new representations with past ones, linking memory, affect, phantasy, imagination, and meaning.

Psychic work entails giving form to feeling, and linking that form to other symbolic systems.

Formation of Representation

 Initial registration (or inscription) of events is not enough to create representations.

 Requires psychic work: transforming raw impressions into integrated, affectively meaningful constructs.

Freud: such psychic capacity arises in early relational experiences (e.g., infant feeding linked to the image of satisfaction).

Failures and Absences of Representation

- What about inscriptions that have not become representations?
 - They remain ineffable, non-symbolic, unusable in thought
 - Transformation into representation is required for them to be processed (Bion, 1970).
- □ Green (2005a, 2005b): foreclosure, decathexis, and psychic voids result in representational gaps, often filled by rigid pathological organisations and destructive phantasies.

Representation, Affect, and Thought

- □ True thought (Levine, 2011a) depends on:
 - A history of emotional satisfaction.
 - The ability to link perception, memory, and feeling into a coherent psychic network.

Representation is thus not just mental, but affective – it gives meaning, form, and symbolic potential to experience.

Theoretical Challenges

- Representation is always partial; experience can never be fully symbolised (Bion's O vs. K distinction).
- Psychoanalysis faces the challenge of finding language to speak of prepsychic or unrepresented mental states (Green, 2010).



From Interpretation to Creation – Expanding the Analyst's Role

- Classical analysis helps patients uncover the hidden but structured unconscious.
- Some patients, however, require help in creating a dynamic unconscious – initiating or strengthening representations.
- The analyst may unconsciously participate in constructing psychic meaning, especially when working with pre-symbolic or unrepresented states.
- Representation must be formed before it can be repressed and uncovered.

Analytic Action – Figuration, Resonance and Co-construction

- Analytic action includes internal acts of emotional resonance, reverie, and intuitive figurability, not just verbal interpretation.
- The analyst absorbs the patient's sensorial turbulence and may give it form (representation) via spontaneous, intersubjective processes.
- Figuration is a co-constructed event, shaped by both patient and analyst subjectivity.
- This action may be non-verbal, affective, or even behavioural (e.g. bodily presence, tone, timing).

Clinical Application – Working with Non-neurotic Patients

- With non-neurotic patients (Green, 1975), or in non-neurotic sectors (Bion, 1957), speech may not symbolise, but evacuate or discharge.
- Patients may present amorphous affect, fragmented self-object images, and unsymbolised experience.
- Analyst may need to help create language, build associative links, and bind affect to meaning.
- Analytic action becomes a repair of psychic fabric, not just interpretation of existing threads.

Clinical Manifestations of Failed Representation

- □ Failures or weaknesses in representation underlie many familiar clinical phenomena:
 - Impulsivity, eruptive affect, blind discharge
 - Psychic deadness, somatic symptoms, rigid defensive organisations
 - Perversion, addiction, destructive guilt, and negative therapeutic reactions.
- □ These states reflect psychic material that is:
 - Not yet representable or
 - Only weakly inscribed, unlinked to symbolic networks or language.
- Such material cannot yet be thought about, spoken, or reflected upon.

Transformative Outcome of Successful Analytic Process

- □ Vague somatic and affective states become:
 - Linked to words, images, and symbolic meaning
 - Embedded in associative chains and narrative sequences.
- □ This transformation allows patients to:
 - Reflect, communicate, and regulate affect
 - Delay action and think instead of act
 - Develop more coherent and integrated psychic functioning.

Key points on analytic action

- □ The analyst's task:
 - Not only to uncover the dynamic unconscious but also to create it.
 - In cases of weak/unrepresented psychic material, analyst must:
 - Receive unmetabolised projections
 - Engage in transformative acts of figuration and emotional resonance
 - Offer these back to the patient in usable symbolic form.
- Characteristics:
 - Intersubjective and co-constructed
 - Often intuitive, spontaneous, not purely deductive
 - May involve internal acts, but sometimes requires external, catalytic acts.

The Analytic Field

- Who "owns" the representation that emerges?
 - The patient?
 - The analyst?
 - Both? Either? Neither?
- Both and either (Levine, 2012).
- The emergent representation may belong to neither analyst nor patient.
- A phenomenon of the analytic field or third a shared psychic space (Baranger et al., 1983;
 Ogden, 1994; Winnicott, 1971).





Unconscious thinking and free associations

Bollas (2009)

Christopher Bollas and Unconscious Thinking

- Revives Freud's distinction between repression and reception (the mind's capacity to unconsciously perceive, absorb, and organise experience without it ever becoming consciously recognised).
- Modern analysts focus largely on repression, neglecting reception, which creates a selective bias in listening and theory.



Unconscious Communication

- Transference and countertransference convey unconscious meaning.
- Character expresses the self much like free association.
- Character is experienced, not consciously grasped.
- Introduces the idea of the "unthought known."



Openness and Object Use

- Analysts must remain open to the logic of the unconscious.
- □ Patient communicates internal world through diverse channels.
- "Object use" involves allowing oneself to be affected by the patient's unconscious.
- Avoid imposing pre-existing theories or selecting content in advance.

Listening Without Preconceptions

- □ The patient should speak freely, without censorship.
- The analyst listens intuitively, without filtering or interpreting prematurely.
- A striking word or phrase may be repeated to support emergence of meaning.
- □ Non-selective attention allows unconscious themes to surface.

Immersion in the Analytic Process

- Effective analysis requires the analyst to be fully immersed.
- Analysts may not be able to explain why something was said.
- □ Meaning often emerges retrospectively, after the fact.
- □ Free association enables access to unconscious experience.

The Infinite Question

- Encourages curiosity and questioning, not rushed interpretation.
- The unconscious works with images, sounds, gestures, not just words.
- □ Like dream-work, unconscious thought moves through various forms.

Analysts should listen to sessions in their raw form.

Supporting Unconscious Thinking

- Analysis is about receiving, not enforcing change.
- □ Aim: to support the development of unconscious thinking in the patient → the primary goal of psychoanalysis



Thinking as Ongoing Questioning

Mental life involves continual unconscious questioning.

□ The analyst must stay open to what may come next.

Often, the patient will answer a question before even asking it.

Interpretation arises from following associations, not leading them.

Unconscious Life in Process

Unconscious life is not fixed, but continually evolving.

Influenced by both internal and external objects.

 Bollas insists on a continuity between dreaming and waking life.

 Hesitation is essential for genuine association – pushing leads to compliance.

Free Association as Creative Process

- Free association is not randomness, but creative selfexpression.
- □ Requires time, patience, and a non-directive attitude.
- Pressuring the patient may result in a false self response.
- Bollas advocates for restoring free association as central to analysis.



Next session — Transference