

From Seeking to Witnessing: Freud's Unique Perspective on Human Subjectivity

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ABSTRACT

“This struggle between doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomenon of transference” (Freud, 1912. p.322). This paper is a theoretical review, and will attempt to articulate Freud's unique perspective on human subjectivity through what occurs in the psychoanalytic clinic: the unfolding of a patient's inner world within the complex intersubjective tides of the analyst, the patient and the setting. The clinic here also becomes a metaphor for and a representation of what occurs outside or without it. Towards the end, Freud's contribution will also be seen in the light of his changing technique and the impact of this change on the psychoanalytic way of seeing.

Keywords: *Psychoanalysis, Freud, transference, psychotherapy, acting out, resistance*

Drives and the 'System Unconscious'

To enter the domain of clinical unfolding to understand Freud's contribution to human subjectivity, a certain theoretical preparation becomes useful (because it is born out of the clinic itself). Freud (1912) speaks of a personal method of conduct each individual develops which is a combination of her innate disposition, and the influence on her early intrapsychic landscape by object frustrations and gratifications, the latter were undeniably inter-relational as well as a question of using an object auto-erotically. This method of conduct, open to new experiences, forms the blueprint of this individual's relationship to the world. A question arises here, if this blueprint *is* susceptible to change and development why would a patient step into the clinic at all? To this Freud answers, only a section of one's drives (which make up an individual's method) have developed throughout their life, that which remains has not developed or given the space of elaboration, and is either wholly unconscious or given slight freedom in phantasy.

What are drives? And why does this division exist at all? Laplanche (1988) refers to drive or 'trieb' in German as a “charge of energy” or pressure which directs an organism toward her aim; the economical model of psychoanalysis holds an assumption that each individual strives toward a certain comfortable balance of psychic energy/charge which indicates that the amounting pressure requires discharge due to a state of tension which is achieved when

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there is a link formed between an object and the drive due to cathexis/psychic investment in an object. It is important to note that Freud's radical thesis in the *Three Essays of Sexuality* (1905 *ed*) separates an object from drive, indicating that an object is *used* (for gratification, where the location of pleasure is the psyche-soma of the individual) however the drive is not formed in relation to an object. The source of these drives are perhaps memory traces that exist in the system unconscious, created as stated above through innate disposition and early object interaction. These traces exist without words, or perhaps more accurately, before and beyond words. These drives housed in the unconscious are dynamic and highly mobile. Further, Freud (1915) states that the unconscious exists without contradiction, which means that when opposing drives/impulses are active they reach a state of compromise. Connections, negotiations, and compromise formations carried out in the system unconscious are governed by primary processes of displacement and condensation; the former refers to the energy invested in an unconscious idea being displaced along associative paths unique to the autobiography of the concerned individual, the latter refers to the investment of various ideas into a single idea (Freud, 1915; Lear, 2005).

The Conscious and Unconscious in Communication

This dynamism of drives is relevant to an understanding of human subjectivity as it sets the stage to ask questions around the interaction of the system unconscious, system preconscious and system conscious. Freud (1915) states that the psychic system has two stages of censorship, one that operates between the preconscious and conscious, and one that operates between the unconscious and preconscious. Ideas from the unconscious through displacement and condensation exert a force to be let into the preconscious and link themselves to objects for elaboration, this exertion meets one of two ends, first, due to repression these ideas are pushed back (deferred repression) or form links with substitutive ideas and are now capable of becoming conscious (derivatives of the repressed/ derivatives of the unconscious). As an unconscious idea relentlessly pushes against the first barrier, the first stage of censorship the system preconscious withdraws the energy of this idea and then uses the energy now acquired by linking it to an object, a process termed as anti-cathexis (Freud, 1915). Why are these ideas not allowed to move between systems, or simply be conscious as they are? My understanding points towards two, perhaps connected phenomena. Freud's incompatibility model that he developed while studying Hysteria assumed that not all ideas can be conscious, because that is simply too much for an individual to bear, ideas that will lead to the development of affects such as guilt, shame and distress are kept repressed, so that development of these affects can be suppressed, the oedipal rivalry and the narcissistic trauma that results from it is an example of what cannot be kept conscious. The other idea which was later reworked, was that an individual strives for pleasure, where pleasure is defined by a quantity of psychic energy which is not over/under stimulating for the psychic apparatus (the economic principle); to be conscious of ideas that will upset this balance is not agreeable to the psychic system (only so much psychic conflict is tolerable). Thus, we reach a compromise; a substitute idea is cathected in place of the unconscious idea, and as the system conscious and preconscious consists of less mobile/more rigid ideas- less frantic for discharge, these substitutes stay intact (though they are open to influences of life). An example of this might be symptom formation, where Freud speaks of phobias, the object of fear and our way of viewing it carries traces of the unconscious idea, however the symptom simultaneously fulfills the wish of not being evoked: avoidance of the phobic object prevents excitation coming from the outside in, and the distance of this structure of ideas (the substitute) from the unconscious idea prevent the development of distressing affect.

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In this exploration one must be wary of limiting the system unconscious to a static object, hidden away in the dark, acknowledging derivatives is a step in this direction. Freud (1915) states, "The Ucs. is alive and capable of development and maintains a number of other relations with the Pcs (apart from repression)" (p.190).

Dreaming, Transference, and Developmental Arrest

Towards the end of his paper Freud emphasizes on two important points that can be opened up with regards to the clinic. Firstly, for an idea to emerge to the conscious from the preconscious, it requires to be hyper-catheted: it needs to become a word presentation, without this it is only a thing presentation. A word presentation affords the drive an object and a 'quality' leading to the development of affect. Secondly, in pathology one notes the value of word and thing presentations; in neurosis a person has the capacity for transference, implying that object cathexes have been maintained in the system unconscious, as it pushes for release through the person of the analyst, in psychosis however (according to Freud) the capacity for transference is impaired, that is, object cathexes have been withdrawn (repressed), only the word presentation persists. The word acquires a concrete quality, governed by primary processes of displacement, condensation and sensation. Wondering why the word persists and thing is lost (an inversion of neurosis), Freud beautifully notes, "the cathexis of the word presentation is not an act of repression, but represents the first of the attempts at recovery or cure" (1915, p.2013).

To speak of the unconscious and Freud's perspective of human subjectivity, is to speak of the unconscious coming in contact with the other psychic systems, and how we bear witness to it. One way this occurs is through dreaming, where derivatives make their way to us in floating images, ideas and sensations, letting us develop affect within the dream. In dreaming, we wish for wish fulfillment, and dreaming the dream, is fulfillment in itself (Lear, 2005). Dreams also operate using condensation and displacement (distortions), ideas are transferred, and by virtue of connecting various seemingly fragmented ideas into one dream experience, there is also a creation of symbolic function. However, for the purpose of this paper I will use a brief discussion on dreaming to facilitate a discussion of transference, which will explore the unconscious through the clinic.

Freud (1912) begins to explain transference as anticipatory cathexes, which lie in wait to be elaborated, released and developed. As stated in the beginning, a section of an individual's method (of conduct) remains either wholly unconscious, that is, they are not allowed entry into the system preconscious, or partly, where they exist as unconscious derivatives (a symptom for example). Where is this psychic energy being used? And how does one proceed toward developing a drive that has not been allowed to manifest? To this Freud states, "The libido (drive) has entered on a regressive course and has revived the subject's infantile images, the analytic treatment now proceeds to follow it...to make it accessible to consciousness." (p.2459, 1912). The energy is being used to enforce repression and keep these ideas outside awareness. He further deliberates on *why* this moment of introversion/turning inward of the drive has taken place, and speaks of a crucial moment of relating with the world where something has occurred in terms of "frustration of satisfaction" and had it not been for this moment, it would have never occurred at all (p.2459). Perhaps Freud is referring to a developmental moment that turned into a developmental arrest.

Lear (2005) also alerts us to the wish of the analyst to give the conduct of the analysand a reason. However, the unconscious is not a second mind, it is not structured similarly to ideas we are aware of. For instance, one cannot simply say "You are angry at me because you are

angry at your mother, and you are angry *at* your mother *because...*” The unconscious in Freud's formulation exists without affect, because affect is linked with discharge, and the concept of mother here is conscious, and the analysand's engagement with infantile maternal and paternal images do not necessarily carry the attributes of mother and father. Rationality and time cease to exist here, and as a result we have to leave behind words such as ‘because’, ‘why’ and ‘past’.

Resistance and it's Resolution

The resistance in treatment then, is a patient's resistance to develop that which has for so long remained outside the purview of development. Using the example of Ratman, Lear (2005) speaks of an anxiety that fills the patient's personal experience and the clinic, there is an anxiety to develop complex emotions and even though it is painful, resorting to an anxious motor reaction to Freud is preferable, just as it is preferable to stick to the symptom and not give up the derivative that has for so long been useful. Further one can say, the anxiety is not transference but the lack of it; a signal that alerts one to disrupt potential development. The analyst attempts to form an alliance with the healthy part of the patient to together dare to look at that which has not been able to see the light of day (the unhealthy part). The healthy part of the analysand wishes to get better, and bring these ideas to consciousness. Transference then can perhaps be seen as the ultimate compromise that results from this tussle, the unconscious complexes, the occupation of the patient and the images are brought out in a veiled manner through the use of the doctor. It is an idiosyncratic world view coming into the analytic situation between the analyst and patient (Lear, 2005).

Positive transference for Freud becomes a vehicle for clinical work, encouraging enough dependence on the analyst to perhaps be able to rely on her/him for development, highlighted as he quotes a desirable statement from a patient, “I feel no shame in front of you: I can say anything to you” (p.2461, 1912). Ambivalence is acknowledged as acceptable up to a certain point in positive transference, which mirrors our ordinary relationships: how can one love one's mother and never hate her? Yet for Freud intensely negative transference is disruptive for treatment and manifests as resistance instead of facilitation. Perhaps in cases where Freud was seen as the attacker, he faced difficulty in the elaboration of transference. We also recall a statement mentioned above where he speaks of the schizophrenic as someone who does not have the capacity for transference because one's organization needs to be stable enough to conduct a transfer of psychic energy. However, contemporary analysts who engage with psychosis base their work around Freud's hope, where communication and concrete use of words (where words become derivatives and vehicles for wish fulfilment) represent recuperation and a wish to relate.

Acting Out Vs Transference: The Clinical Aim

As clinical matter continues to unfold, Freud links transference with dreaming, “the unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavor to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination” (p.2465, 1912). In these lines lies the center of Freud's formulation, which will then be expanded upon in a refined form in 1914. Drawing a link between dreaming and transference he opens up the hidden aspect of wish fulfillment. He will later go on to say, “as long as the patient is in the treatment, he cannot escape from his compulsion to repeat, and in the end, we understand that this is his way of remembering” (p.150, 1914). The introversion of the libido occurs in a moment of arrest, and the moment of arrest is repeated over and over with the analyst; the analyst is invited into the theatre of the patient's dreaming and assigned a role, because the patient harbors a wish that perhaps this

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time the result will be different, perhaps not so much will be lost. Yet, one must pause to differentiate transference from acting out, the latter is largely motor (re)actions the patient exhibits, for instance the Ratman's decision to stand up from the couch and move around to break the intense emotional moment that was building (Lear, 2005). His aim, Freud declares, is to help the patient submit these impulses to act to intellectual consideration. Transference occurs when one has the capacity to let complexes enter the setting, and to assign the analyst a role to play, this theatre and its various acts (the different ways a similar dynamic is played repeatedly) become extremely valuable to further the cause of analysis. Freud (1915) speaks of the psyche as a continuum which is not centered around the division between mental and physical, the unconscious cathects memory traces which are preverbal, birthed at touch, and thus there *is* discharge in acting out, that is also the psyche's way of wishing for integration, for memory. Lear (2005) speaks beautifully of a compulsive act, as a dance of the body where love and something unknown are acted out, striving for integration. I say "something unknown" to reiterate that we cannot say (looking at psychoanalysis through Freud) that we are acting out of unconscious rage, hatred or anger. The rational system of the conscious and emotional development is not something that runs in parallel with the unconscious, as he clarifies for us, there are not two registers where an experience is written afresh, there are two separate systems with drastically different structures, the lack of time in the unconscious is one way of looking at this. The aim in therapy is to bring to awareness one's acting out, and as we have seen awareness is closely linked to words (hypercathexis) in the Freudian corpus. It is also important to say that transference will perhaps always be erotic, as it will carry a wish to link, a wish to relate, a wish to elaborate (the life force), however an eroticized transference is limiting, where the analyst cannot be seen as more than a sexual object.

Freud's Evolving Technique

In his ovular paper "Remembering, Repeating and Working Through," Freud (1914) reestablishes transference as repetition but articulates an important change in technique while dealing with the phenomena. Instead of wishing to "penetrate into the unconscious of the patient" through "seeking out the libido" (p.2465, 1912), he contents himself with "whatever is present for the time being on the patient's mind, and he employs the art of interpretation mainly for the purpose of recognising the resistances which appear there, and making them conscious to the patient" (p. 147, 1914). The conscious is seen as manifest of the unconscious, where it is valuable to let the patient elaborate experiences and traces that she has, such as screen memories, because these are seen as telling of a story (childhood amnesia) that is as yet without words. Freud also touches upon the common experience of deterioration in treatment to say that "underlying impulses" find their way to repetition, that is, wholly unconscious undeveloped aspects come into play as manifestations, and put an effort into being remembered. How does one deal with acting out and move toward remembering? By handling transference, answers Freud. The symptom organization the patient brings into analysis as a quote of armor is given a transference meaning, this meaning then, with time, makes a patient move from neurosis to transference neurosis (the internal theatre is opened with limited people who can be cast roles), and with a repeated practice of scenes, we reach memories through the patient's associations. Freud (1915) states that for something capable of becoming conscious, it is necessary that the system preconscious turns its attention to the concerned ideas, and that it is through dealing with this second stage of censorship that analysis hopes to access the first. Lear (2005) puts this across simply as the aim of psychoanalysis, to monitor your own transference unfold, to bear to look at your own repetitions, thus, to turn your attention towards what occurs and build the capacity to bear it. Freud's comment on interpretation also makes clear one more movement, the analysts words in themselves do not serve as adequate word representations for the analysand to use to

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elaborate himself and realise himself through hyper cathexis, analysis is the journey the pair takes together for the analysand to find her own words. Only then is the link between the psychic state and the word felt to be true, language here goes from mechanical to magical. Something created and found, all at once, with patience.

Freud also (1914) moved toward looking at the clinic as the potential to play. He refers to transference as a playground, and the clinic as the intermediate space between illness and real life. Play becomes a potential space to address the inner world of the patient which opens with respect to the inner world of the analyst who bears witness. Freud (1915) states, "it is a very remarkable thing that the Unc. of one human being can react upon that of another, without passing through the Cs."(p.194) in the play that is transference both the analyst and patient are involved, creating, acting, finding and living, often without words (a mark of the conscious). The change in the use of interpretation is also facilitative of this play, as over interpretation that is forceful or concerned with a deliberate archeology cannot play the part of an ordinary mother, the hyper present mother does not give the infant enough space to cry, to imagine absence, silence, and then feel as though he has himself created the mother, just as an over interpreter does not let a patient *create and find* that which elaborates his idiom and feels true to him (Winnicott, 1963). Lear (2005) captures this change beautifully as the movement from archeology to surface archeology, from digging to find a hypothesized something, to relying on the upward thrust of the earth (free associations), Oberoi (2019) in a lecture also went a step further to describe the movement as geology, to study the various imprints on the rock which the patient brings to the session as his present association.

Freud as the Root of Contemporary Psychoanalysis

Concepts that emerged later as contemporary psychoanalysis find their roots in these descriptions of Freud, where he was already engaged in play, Winnicott's play as an intermediary space for aliveness to me carries traces of Freud's articulation of transference. Bollas's (1987) concepts like the 'unthought known' which is described as Winnicott's true self with the organisational ego as its manifestation perhaps find home in Freud's construction of human subjectivity as a bearer of that which existed before him, and as a container of a universe of occurring without words but still 'knowing', this knowing enters the room as two unconscious systems begin dialogue.

As we can see from the discussion above, all thoughts and actions are unconsciously motivated, and through the elaboration on transference and dreaming the clinic, we can also place this occurrence outside as does Freud (1912) as he speaks of transference outside the clinic in organizations and institutions. Positive transference here becomes facilitate, and negative transference leads to a desire to leave. Perhaps we can never truly tell how many of our thoughts are merely substitutes of unconscious ideas, or how many of our fears and character traits are elaborating aspects of us that do not find words. We can never tell how much of our relationship with intimate others consists of making them a lost object through our wish to transfer complexities on them to deal with those moments anew.

CONCLUSION

Freud's contribution towards human subjectivity may be called a construction, a perspective that lies in wait, like a good enough interpreter, awaiting us to feel safe enough to associate. It adds to then certain knowledge structure which reduced the self to senses that can be known, the freedom and depth of unknowability. He nudges us to ask questions about ourselves that might never have the 'right' answer or interpretation, but that open several doors and windows in the act of asking. Through his work on transference, he theorized an original way

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of relating and respecting the inner world of the Other and the self. Yet, it is impossible to word his contribution in a sentence, which by its very nature is illusive to spoken things, it changes form to become what we need in the present moment. It is a movement toward play, toward the intermediate space between reality and the personal idiom, it is the slight turning of the infant's head to look at the eyes of her mother to find herself.

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