

“Successful” Dissociation, Pseudovitality, and Inauthentic Use of the Senses

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Dissociation is posited as a form of psychical organization in which psychical conflicts and threats to self-preservation are regulated on the terrain of mind/body relations. Economic, social, and cultural processes are implicated in the establishment of stable forms of dissociation, and at the same time render these dissociative regimes opaque. This essay attempts to show 1) how the dissociative organization and process relies on a mechanism that may be described as a type of *de-repression*; 2) that dissociative communication is not symbolic in nature but employs a signaling function, giving rise to pseudointegration of the personality rather than true integration; 3) how a phenomenon of *false encoding* may be observed in these cases; and 4) how a stable regime of pathological dissociation subtly creates a sensory cocoon or invisible wall, the effect of which is to erect a narcissistic field of omnipotent constructions (a “pathological container”) in the place of actual contact between people.

Lastly, it is in the structure of pathological dissociation that it is possible to locate a specific psychological definition of inauthenticity.

IN THIS PRESENTATION, I OFFER A MODEL OF DISSOCIATION AS A DEFENSIVE process and type of psychical organization, operating on a specific terrain distinct from that of repression, on one hand, and of the true paranoid-schizoid defenses (based on splitting processes) on the other. Dissociation is undoubtedly a universal phenomenon, playing a part in both normal development and normal living and perhaps a central role in what we call productive work or creative work, and certainly in survival in ordinary and extraordinary trauma situations. This discussion is restricted to the more pathological implications of

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dissociative defensive organization, with respect both to the clinical manifestations and to the social and cultural conditions that may support and abet pathological dissociation.

Case Vignette

A patient with a family background of cruelty and abuse begins a session with an unusual tone of relaxed spontaneity, reciprocated in the therapist's own relaxed state of mind. Then, quickly, the patient falls anxiously silent, and a deadening and withdrawal in her state of mind becomes palpable to the therapist. Presently, the patient begins to report the circumstances of a perceived slight she felt at the hands of a supervisor at work, a man she hardly knows but admires from a distance. This was a very slight slight, mind you—he reportedly failed to acknowledge her enthusiastically. She goes on to describe what followed: she became instantly dejected, and swamped with feelings of self-loathing and worthlessness; she felt physically unwell. To the therapist she catalogues the blows to her self-esteem occasioned by this slight. The sensations preoccupy her. She says she is wrapped around with the feeling and sensation of rejection. All the while, she is wringing her hands, pulling at her fingers. The therapist finds himself asking many questions that convey interest and even concern, but he is at the same time vaguely distracted by street noise and glare and a tiny spider spinning its web against a window pane.

I need not describe the types of interpretation of this vignette that one might expect from therapists of different persuasions. I will instead ask how one might view the vignette from a vantage point informed by a model of dissociation. The observation might begin with the patient's relaxed state of mind and what appears to be actual contact at the start of the meeting, quickly followed by anxious withdrawal—the patient appears numb, dislocated; her thinking is flattened out. And, while these manifestations are subtle, the therapist is able to perceive a ghostly withdrawal in the patient that is real, even though it might easily be missed. This withdrawal may be understood as a manifestation of

dissociation—a sudden dislocating shift in mental state. Now comes the report of the hurtful encounter with the supervisor, which introduces a litany of failings, hurt, and depression, which producing a specific effect: that of being wrapped, as the patient puts it, in feelings, sensations, negative thoughts. One could make the case that this wrapping of despair and self-loathing constitutes a sensory cocoon, a container for the self omnipotently created, albeit out of slight and hurt and disappointment, these being useful in all likelihood precisely because of their unfailing efficacy in inducing specific states of painful arousal in the sensorium: that is, the perceived slight produces a wrapping of feeling, sensation, and mentation. Is it possible, then, that the therapist's distracted mild preoccupation with sensory experiences of his own reflects the countertransference analogue of the patient's withdrawal? As the patient instantiates a sensory cocoon, which in effect removes her from actual emotional or psychical contact with others, does the therapist unconsciously react in similar fashion, effecting a sensory cathexis of the nonhuman world around him while pursuing a dubious line of concerned questioning in what may be an unconscious attempt to overcome the alienation, or merely cover it up with inauthentic contact?

The purpose of the defense, from this point of view, is that the patient is afforded protection from a dangerous source of stimulation arising in actual contact with objects, in this instance the relaxed reciprocal contact with the therapist (although, of course, it is not clear from this vignette what specifically is dangerous about this contact). By withdrawing or dissociating from this contact, she distances herself from the source of danger and establishes a degree of control over it, in effect building a sensory surround or wall that she now relates to in place of the object. Actual contact, by which I mean reciprocal communication between actual subjects (or emotional intercourse between whole objects), is obstructed by this invisible sensory cocoon wall and, in the place of a world of subjects, is constructed a world of omnipotently created part objects—a narcissistic world in which the type of communication and emotional reality are authored and controlled by the patient alone. This is a world that makes intercourse with other people both redundant and impossible.

Components of the Dissociative Process

Dissociation as a defensive mode of organization is a process with a complex structure, and not simply a static observable symptom or phenomenon. The process may be described in its components as follows. Initially, some threat to the self exists, coming, as it were, from the "outside": impingement, overstimulation, trauma, or threat from the outside is the defining condition, the *sine qua non*, of dissociation. But all such threats are registered by the senses, and therefore it is here that the specific action of dissociation takes place—between the mind and the senses. Thus, the first and definitive movement in the dissociative process is the defensive withdrawal of the mind from the sensorium. The danger from the outside is now abated, or at least distanced, and thus brought under a degree of control.

Now another type of threat arises, along the lines of lifelessness, deadness, meaninglessness, dissolution, blankness, these dangers deriving from the fact of dissociation itself, namely, that the mind abstracted from the body and the instincts is starved of sources of aliveness. This danger introduces the other component of the dissociative process, in which dislocation is overcome by means of a forced reconnection of the mind and the sensorium (or psyche-soma). This reconnection, insofar as it is brought about in ritualized, rote, coercive ways, constitutes not an integration of mind and psyche-soma but a pseudointegration, a stable but regimented type of contact that guarantees a rationalized, systematic exploitation of sensory and instinctual aliveness by the mind. This setup may be likened to a colonization of the body. This coercive type of connection stands in contrast to what we observe in the processes of symbolic communication, where separate elements are brought together dialectically, resulting in the creation of something new that does not represent the reality or interests of only one of the parties. Where self-experience is integrated, instinctuality and emotional intercourse with objects are woven inextricably into the workings of the mind (thinking, knowing, speaking), and it is this integral involvement that lends self-experience the qualities of liveliness, of the unexpected, and of authenticity. What I mean by pseudointegration, then, is the bringing together of mind and sensorium in a nonsymbolic connection, a connection that is antithetical to

the pluralistic, fluid qualities of integrated self-experience. Successful pseudointegration maintains the dissociative organization in which psychosomatic experience is rigidly segregated and held under control, resulting in a pervasive inauthenticity in self-experience.

In speaking of dissociation of the mind from the psyche-soma, I am making use of Winnicott's (1949) original conception, which in many respects was the precursor to his well-known conception of false and true self-experience. (Winnicott, 1960) In describing the tendency of certain individuals to live defensively in their minds, Winnicott was not attempting to define the workings of a whole category of defensive organization, but I think that inadvertently he might have done just this. It is worth highlighting that Winnicott was not addressing himself to the mind-body dichotomy—indeed, the paper's title emphasizes that he meant a *segregation of two psychological qualities*, one known as mind, and the other usually as body; but he calls the latter "psyche-soma" so as to escape the purely physiological connotation of body. Thus, he is speaking of a division, not between mind and body, but between two spheres of psychical experience.

Recognizing the Dissociative Regime: Pseudointegration

The function of manifest clinical dissociative symptoms seems fairly self-evident: people dissociate because, faced with danger to the self, they cannot employ more adaptable and less drastic defenses such as repression, displacement, isolation of affect, projection, and the like. Such is the threat to the self that the mind must withdraw from contact with the world—not, as in psychosis, by remaking the actual world (as well as the actuality of emotional life) in the image of primitive mental contents and processes, but, instead, by withdrawal from the senses. Indeed, well-known "symptoms" of dissociation—fugue, amnesia, out-of-body experience, autohypnosis, perceptual distortions, affective deadness, identity change, depersonalization, derealization—all reflect this recoil from the senses, from somatic reality. Some combination of these "symptoms" may be found in a wide variety of disorders, such as hysteria, borderline conditions, the perversions, and multiple personality disorder.

But recognition of these symptoms gives only a part of the picture of dissociation. The greater part of the dissociative process, in my view, is taken up with the component that I have just described—the techniques of reconnection between dissociative parts that perpetuate a hegemony of mind over sensorium. Indeed, the clinical “symptoms” appear only when the overall dissociative defensive organization fails. Naturally, then, it is more difficult to discern the subtle but powerful arrangements of stable dissociative connection (pseudointegration) between mind and sensorium that characterizes the successful deployment of dissociation. This is because pseudointegration often looks like true integration; and, in any case, a clearcut distinction between symbolic (integrative) and dissociative connectedness cannot be made, for all human beings deploy both modes of organization.

But there is still another reason why it has been difficult to discern the orderly, pseudointegrated arrangement between mind and body that is the hallmark of dissociation. I speak of the support and disguise provided by modern cultural and economic life for this type of psychological organization and that may render this type of psychological organization quite opaque, even to the psychoanalyst:

Social, Economic, and Cultural Support of Dissociation

What are some of the phenomena widespread in our culture and everyday life that serve so well the purposes of the dissociative process? I shall allude to only a few, for I am sure that others are better suited than I to make such observations.

I have described a dissociative process in terms of a cycle in which depersonalization, produced by dissociative withdrawal of the mind from the senses, is counteracted by an inauthentic sensory experience, a reconnection with the sensorium that serves to overcome the crisis of deadness and depersonalization. As I have said, we tend to become aware of serious dissociative symptoms only where this defensive organization fails to provide pseudointegration between mind and psychesoma. Much more prevalent are those cases where the dissociative process is not readily discernable—it is effectively disguised. In those cases, we find that the whole personality is devoted to the smooth function-

ing of this defensive system. Hence, most dissociative personalities maintain a sophisticated regimen of coercive self-control, whereby the risk of experiencing severe alienation or depersonalization is minimized by constant self-scrutiny and vigilant monitoring of physical and emotional states of arousal. Stable dissociation is best maintained by compulsive regimes in which exploitation of the instincts and sensorium is carried out in regular doses. The daily consumption of food and of such stimulants as coffee and alcohol, and the use of visual and auditory images as somatic stimulants (both from external sources, such as music and television, and from internal fantasy images) provide a constant homeostatic level of sensory activation and control. It is only when this regime is relaxed that symptomatic distress occurs either in the form of deadness, depersonalization, empty depression, amnesia, etc.; or in the form of loss of control of thought or impulse—emotional onslaughts, panic attacks, intrusive thoughts, flashbacks, perceptual distortions.

The everyday maintenance of stable dissociation is invariably carried out under the cover of a psychological camouflage or decoy of one kind or another. Deception and disguise, preventing awareness of the true relation of the mind to the body, are imperative, because awareness of true alienation within the self is tantamount to bringing on a psychotic crisis of dissolution or fragmentation. But what is the nature of the disguise?

There are many forms, but very common in these cases is the use of distraction (Goldberg, 1987). Doing two things at once seems to serve a particular function here, perhaps to disperse attention just enough to prevent any spontaneous or lively embodied experience from happening convincingly. It is as if the senses themselves are distracted so that the mind remains unassailable. One may also observe a peculiar quality of *attention* in dissociating individuals: attention fixes on the sensory surround, focusing the individual on peripheral physical and mental operations (thereby distracting from the worlds of internal and external reality) and creating an invisible barrier between the self and the outside world.

What we are likely to find again and again in those cases where systematic dissociation predominates are the subtle workings of the ideology of wholeness and health, which, needless to say, are supported on a massive scale by cultural legitimation—in the form, for example, of self-improvement and commodities of the self-help industry. The most

extreme examples are easy to see: the anorectic proclaims the perfection and beauty of her frail body; certain perverts attempt to rationalize their compulsion in terms of the higher virtues of a new religion or faith; some drug abusers write hymns to their drug of choice. These we recognize as transparent rationalizations. But the more subtle everyday versions are more difficult to identify as such: the fitness enthusiast is devoted to health and may mercilessly abuse his body in the name of health. The writer or professor can claim, and is afforded, prestige for what may be an inhuman mental compulsions. And, most important for our purposes, in the therapeutic situation the patient can plunder his or her sensory experience and activate fantasies or induce emotional conflicts, all in the name of the therapeutic pursuit of health and wholeness. I refer here to the possibility of coercive activation of the instincts and the sensorium (including activation of memories and fantasies) carried out in collusion by both patient and therapist, misrecognized, and rationalized as the recovery or discovery of wholeness and emotional health.

Moreover, under the regime of dissociation wherein the body and the instincts are, as it were, mute and disenfranchised, *knowing* often appears as a prominent resistance to change (Bion, 1977) and serves as a formidable tool in the "colonization" of bodily or psychosomatic experience. People will insistently misconstrue and misrecognize (Ogden, 1989), or omnisciently claim an incontestable knowledge (Eigen, 1989) of, their inner emotionality and body experience. Dissociative exploitation of the psyche-soma, through the wielding of "knowledge" of the body and of the emotions, is readily aided and abetted by the commoditization of psychological knowledge, both in the media and in encouragement-type therapies, as well as by an array of health oriented, spiritual, and self-knowledge purveyors. But even within the strictures of the psychoanalytic situation, which is designed to avoid false knowing, pseudointegration in the form of stable dissociation can persist unseen if the patient's false connection to his sensory reality is not recognized. It is along these lines that Winnicott (1960) warned against the possibility of false analysis.

While I have focused in this discussion on the more pathological qualities of dissociative living, there can be no doubt that dissociation is indispensable in a wide range of "normal" activities, such as work and everyday self-preservation. Insofar as psychical survival in the face of

traumatic events and circumstances depends on the psychological capacity to dissociate, we must assume that this capacity is an archaic feature of human psychology and that certain rituals in traditional societies—including trance inducement, body scarring, and pain-inflicting rituals—can be viewed as contributing to the institutionalization of dissociation. In modern industrialized societies, the type of "productive" work expected of citizens often requires sustained use of dissociation. Creative activity, too, seems to entail a certain use of dissociation, as do many of the forms of recreation and entertainment.¹

Signaling and De-repression

How is it that the dissociated psyche-soma, cut off from symbolic connection with the mind, kept under compulsive control, is yet capable of being perceived and "known," albeit in the regimented way that I have described? Whereas sensory experience is excluded from symbolic intercourse with the mind, it is nevertheless in some kind of contact, as I mentioned earlier. If all contact is lost, we observe a distinctly different type of psychical organization and process, typified by schizophrenia—namely, true splitting and fragmentation of the personality, in which the mind creates delusionary versions of the body, and reality (external and internal) is hallucinated rather than directly encountered. Dissociation, by contrast, effects a continuity of actual, rather than delusionary, contact between mind and sensory experience, but this is achieved only by means of a particular type of contact formed in the use of signals (or signs) rather than symbols: the signal effects no new meaning but merely conveys a message from one place to another, with no excess of meaning left over for the purpose of interpretation or new meaning creation. Signs—for example street signs—are static and concrete, rather than mobile and abstract in their meaning.

¹The pleasurable experiences of dissociation have found a place in the culture of recreation—one now actively pursues a "runner's high"—and in everyday speech (especially in the era of mind-expanding drugs), for example, in references to "spacing out," being "out of one's mind," and so on. But presumably there have always been such figures of speech, as, for example, "I am not myself today," "I was beside myself," "I have something on my mind," etc.

This signaling from mind to body (or, more accurately, from the "I" to the "it"), by which the connection to sensory aliveness is accomplished, may be carried out in a great variety of ways. Occasionally, one may observe signaling explicitly in the clinical situation, when a patient might become so bereft of life or motivation that some form of dramatic action or somatic stimulation is invoked to avert the crisis of depersonalization. In extreme cases, somatic activation will take place undisguised, for example, when the patient suddenly begins to move around the office or engage in genital stimulation. More ambiguous are sudden onslaughts of emotion or excitement. Much more common, but less obvious, are those more sustained forms of stimulation which the patient has unconsciously choreographed to forestall the possibility of becoming too dissociated in the sessions: ritual consumption of coffee, food, or alcohol before the sessions may serve this purpose, each activity, of course, invariably accompanied by a rationalization of its use (the use of prescription drugs has the advantage, as regards the construction of rationalizations, of having been recommended by a medical doctor); or the patient may run late for the sessions, creating a physiological tension and sense of worry that blankets the experience of the sessions; or else the patient might prepare a list of topics in his mind that will consume the entire session, report painstaking details of events, recall prolific dreams, preoccupy himself with aches and pains of the body, silently tense up muscles, and so on. Capacities for autohypnosis and autosuggestion, which have been identified as characteristic of the psychiatric portrait of traumatized individuals and which appear to correlate with dissociative features in those diagnosed with multiple personality disorder and those suffering from post-traumatic stress syndrome, are particularly relevant to the individual's ability to *induce in himself states of sensory arousal or stimulation* that will maintain the regime of pseudointegration.

In all these instances, the contact between mind and psyche-soma is predominantly nonsymbolic in character and brings about an inauthenticity of experience. The very gold that the psychoanalyst traditionally seeks is debased in these cases: emotion, suffering, pleasure, excitement, experienced in the therapeutic situation, are, after all, supposed to be the authentic vehicles through which new meanings are found for the self. Without such experience in the transference situation, interpretation and analysis are bankrupt, meaningless. But the dissociating

patient turns everything on its head. Where the analyst, in any given case, has sought out the meaning of excitement, the dissociating patient will seek excitement in meaning, compulsively activating in his mind a series of stimulating thoughts or images. Where the analyst expects to find significance in suffering, the dissociating patient will suffer in order to block significance, by surrounding himself with an impenetrable veil of depression or sorrow or recrimination or physical pain or sexual arousal.

What we encounter here, in the exploitative relation of mind to sensory experience, is a phenomenon that can be referred to as *de-repression*. Where repression prohibits blatant expression of the instinctual motive, requiring instead a symbolic compromise between wish and defense and between psyche-soma and the mind, the goals of dissociation are quite opposite: dissociation, insofar as it is invariably accompanied by depersonalization and deadness, activates and induces blatant and often uncensored manifestations of psychosomatic reality, plundering unconscious and instinctual elements of experience for the enlivening of the self and foreclosing the dialectical processes whereby different and even opposing elements of psychical life are potentially transformed, through symbol formation, toward novel and creative solutions to psychical conflict.²

The Problem of Authenticity: Sensory Alienation, Fear of the Id, and Pathological Containment

What I have described is a system in which the mind can gain access to and remain in contact with that psychosomatic reality from which it has dissociated itself for defensive purposes and, furthermore, can implement control over the psyche-soma so as to avoid experiences of depersonalization. The maintenance of a successful dissociative regime depends, therefore, on the achievement and perpetuation of a stable pseudointegration of the personality, accomplished by means of

²It is this foreclosure of the dialectical process that differentiates the dissociative type of "de-repression" from the "instinctualization" defense that is a part of the neurotic defensive organization. The latter is always part and parcel of the complex unconscious negotiations that lead to compromise formulations but do not serve the primary dissociative purpose of overcoming a schism in the self manifested in depersonalization.

"signaling" and "de-repression." I have also noted that, when this regime breaks down or fails to be effective, "symptoms"—flashbacks, perceptual distortions, dramatic shifts in identity, identity diffusion, panic, affective storm—are liable to emerge, reflecting the sensually impoverished state of a mind withdrawn from psychosomatic reality. At the same time, certain other "symptoms" of dissociation are in evidence (for example, fugue, derealization, amnesia, out-of-body experience), these reflecting the defensive need of the mind to distance itself from a psychosomatic reality that, when loosened from regimented control, seems often to have a life of its own. Because of the lack of true integration of psychosomatic experience into the life of the mind, the body and the instincts are mute and unknown to the thinking self, in a way that is more profound than that encountered in neurotic conditions. Yet it is this very fact of being alien and unknown to the self that makes psychosomatic reality seem so threatening when it escapes control and makes itself felt directly. This is why dissociating individuals are prone not only to deadness of affect, but also to affect storms; not only to distracted thoughtlessness, but also to intrusive thoughts; not only to out-of-body experiences, but also to experiences of possession; not only to amnesia, but also to flashbacks and intrusive memories; in short, not only to an excess of control, but also to a lack of control over their psychosomatic reality.

This brings us to the thorny problem of authenticity. On one hand, when the dissociative regime falters and leaves the individual prey to vagaries of maverick experiences of psychosomatic reality, there is a potential authenticity to these experiences that is often striking in the clinical situation: patients may feel genuinely alive at these times, that is, momentarily liberated from compulsed or frenetic forms of mental or physical activity (false aliveness) and also free from the gnawing underlying sense of emptiness or meaninglessness that is almost palpable in these cases—even while, at the same time, they feel afraid or overwhelmed by the uncontrolled experiences of psychosomatic aliveness. For a certain kind of patient, experiencing a sense of loss and sadness for the first time will be threatening and even frightening, yet it will enable the patient to make sense of self-experience in a way that has not been possible before. For another patient, the surprising advent of visceral sadism in the transference will be greeted with great apprehension and yet leave the patient free to let his or her mind wander for

the first time. Here lies the struggle and dilemma of the person for whom the grip of a dissociative mental organization might be loosening: the surprise and reward of genuine aliveness vies with the fear of aliveness of bodily instinctual self-experience (id)—and, correspondingly, fear of contact with other people's aliveness—which can no longer be controlled and kept at bay.

We may conclude, then, that authenticity of self-experience is embedded in the fluid, contingent integration of mind and psyche-soma, and, consequently, may be achieved only at the expense of relinquishing omnipotent control over both the instinctual realm and the external world as apprehended through the senses. Preservation of omnipotence robs psychosomatic experience of authenticity. And because psychosomatic experience held under omnipotent control cannot find freedom of movement and involvement in the life of the mind, the mute psyche-soma is fit to be *exploited* or *consumed* but can find little genuine expression or articulation in self-experience.

Fed by the omnipotence of self-preservation, pseudointegration constitutes, invariably, a form of pathological containment, whereby the personality, in the relentless pursuit of safety, is held hostage by the dissociative regime, preventing emotional intercourse with others and the free play of the instincts in psychological life.

The Problem of False Encoding

I have referred already to the fact that instincts and psyche-soma, being the sources of vitality for the self, are therefore vital to the life of the dissociating mind; and, for this reason, the mind must seek out and evoke psychosomatic experiences. I have moreover suggested that the potential for inauthenticity lies in the fact that the body cannot adequately "speak" itself (although it can, of course, partially "speak"—through movement, sound, gesture). The body and the instincts, as Freud (1915) theorized, necessarily require what we call the mind—the discursive, self-reflective part of the self—in order to fully speak and know (turn thing-presentations into word-presentations). The psyche-soma, therefore, depends, as it were, on the mind to discover and know itself, which in the case of a more or less satisfactorily integrated

personality can occur more or less smoothly and authentically, because integration implies that mind and psyche-soma are largely inextricable, not separated out from one another. By contrast, the dissociated psyche-soma is obstructed from the life of the mind and hence deprived of discursive and self-reflective qualities. In dissociation, psychosomatic reality can find expression only by insinuating itself into—or borrowing—whatever semiotic, philosophical, cultural, or artistic codes are available.

But there are two faces to this phenomenon of the borrowed codes: on one hand, music, art, spirituality, religion, self-knowledge, psychotherapy—insofar as each is a discursive code, a language of self-experience—may serve as vehicles for true integration of the psyche-soma into the life of the mind. On the other hand, and for the very same reason, each of these codes may become vehicles, not of authentic self-discovery, but of false knowledge of the self. False encoding consists in self-divining pseudotruths wielded deftly by the inquiring mind for the purposes of maintaining control over dissociated psychosomatic and instinctual reality (pseudointegration), thereby promoting an inauthentic form of self-knowledge. Amongst all the systems of inquiry and meaning construction that can be deployed as false codes, psychotherapy and self-help modalities, designed as they are to plumb the psychological and emotional spheres, are particularly prone to false encoding and therefore to the perpetuation of the forces of pathological dissociation.³

Summary

In summary, two aspects of this model may be recapitulated. First, I have spoken of a dissociative cycle in terms of the initial defensive withdrawal of mind from sensory experience, a rupture that opens the door to depersonalization and even psychic death. To counteract this threat, a coercive, controlling form of reconnection is established, in which sensory and instinctual experience are activated for purposes of overcoming depersonalization. This process, I have suggested, resem-

³The current debate over false-memory syndrome may be viewed as a symptom of this problem and highlights the special role that psychoanalysis, as a method of critical self-inquiry, can play in providing a critique of the problem of false encoding.

bles a kind of "de-repression." The stable product of this dissociative cycle is a regimented, nonsymbolic (i.e., a "signaling") relation between mind and psyche-soma, a pseudointegration in which the body and emotions (as well as fantasies and thoughts) may be treated as things, promoting inauthenticity in self-experience.

Second, I have suggested that dissociation removes the individual from actual contact with other subjects and internal objects (instinctual life), replacing these with a psychological cocoon or fortress omnipotently constructed from the materials of sensory experience. Deployed in this way, objects in the external world, as well as internal objects, instinctual experience, fantasies, and emotions, become thing-like, distanced, controlled, and exploited by the mind. This aspect of the dissociative process may be understood, then, as providing pathological containment for self-experience—a self-made holding environment that registers all of reality in the terrain of mind-body or I-it relations.

Conclusion

I wish to conclude with a broader reflection on the possible relation of psychological dissociation to social, cultural, and economic formations. There is reason to assert that contemporary social structures, for example, the prominence of consumption in everyday life, provide a foil for the dissociative organization of the personality. It is hard to evaluate how far dissociation has evolved as a dominant mode of self-regulation, carried out through scheduled living, food and exercise compulsions, ritualization of creativity, technological codification of work, communication, social relations, and consciousness, and other rationalizing forces in our culture and society. One may refer here also to the immeasurable impact on psychic reality brought about by the displacement of reciprocity as the organizing economic principle of society and human interaction, as well as the loss of the sacred in religious and secular life (Lingis, 1994). In his 1966 book *Triumph of the Therapeutic*, Philip Rieff describes the ethos of therapeutic self-awareness as the modern person's answer to the crisis of faith. We have become scientists of ourselves, a dubious achievement in some respects and yet a necessary adaptation, which Rieff comprehends in terms of the vicissi-

tudes of faith. Another influential book of the era of the 60s, Herbert Marcuse's (1966) *Eros and Civilization*, draws attention to a more insidious aspect of the modern adaptation of the self, which he captures in the term "repressive desublimation," by which he means to describe the cost to human freedom and integrity incurred by deceptive practices of permissive pseudoliberation in everyday life in the industrialized West. He shows how forces of commoditization and needless consumption produce, at the psychological level, an incapacitation of the individual's sublimatory potential, a result that aids and abets the purposes of repression.

In speaking of civilization and its discontents, Freud (1927) posed the problem of the necessity of repression of the libido, as well as the possibility of its liberation. Dissociation has, in some respects, a quite opposite relation to the libido—a de-repressive one. Dissociation turns libido into an instrument of pseudovitality. It enslaves the aliveness of the psyche-soma and uses this aliveness for cynical purposes, as an antidote to depersonalization and deadness. Many of my patients, and indeed many other people I know, are sophisticated scientists of their own psychosomatic self-regulation, and I wonder if psychoanalysis has fully comprehended the degree to which the modern libido is imperiled not only by repression, or indeed by fragmentation (splitting), but by commoditization, in the sense that the libido is now part of the known world, is objectified in knowledge, and has user value. In one sense, the libido has actually been liberated for certain purposes and for certain people in this culture: we can use it, manipulate it, transform it. But this facility is put to other, less emancipatory, uses: for, as far as I can tell, the universal anguish of psychical conflict has not been resolved or diminished. The phenomena I am referring to are grappled with in the arts and are well known in critical social theory. Indeed, everybody is aware of the elusive shift in the nature of unhappiness in modern culture. So now we see that under the psychical regime of dissociation, the inability to find gratification and achieve sublimation does not lie simply in an excess of repression, but in a compulsive use of de-repression associated with contemporary structures of social and economic life.

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