

## *Power of Unconscious: In Clinical Usage*

Sarala Kapoor, Bangur Institute of Neurosciences, India

The European Conference on Ethics, Religion and Philosophy  
Official Conference Proceedings 2015

### **Abstract**

As a practicing Psychoanalyst, I have found in my clinical experiences that power often comes as a non-verbal sign language in different expressions of emotions. Though 'talking cure method' discloses the power of unconscious as a tool in shaping the 'intra-psychic' life of the patient, yet at the initial stage it comes as defiance, resistance and inhibition in order to hide one's unacceptable memories and to bring them at cognitive level for a successful communication. How through discourses I helped them to carve out the destiny of their mental life with their own resources. This process silently sublimates its powerful energy and its vicissitudes; thus, it mutates the former structure and restores the psychic integrity. It is done through language which not only provides freedom to express but it also binds as well. The process of binding and dismantling silently goes together and thereby makes the reconstruction possible.

This paper focuses on the necessity to decipher the power of labyrinth of unconscious and its infinite layers to dive into its depth. I would like to substantiate my points with some clinical vignettes. The objective is to let them accept their forbidden wishes and to integrate in their own selves in full. It is necessary for their mental maturity and inner calmness.

Keywords: Unconscious, intra-psychic process, silence, sublimation, mental integrity, destiny.

**iafor**

The International Academic Forum

[www.iafor.org](http://www.iafor.org)

## **Introduction**

The well known process of psychoanalysis--- “Talking Cure” opens an inter-subjective and intra-subjective dialogue. By allowing the patient to talk, Freud opened the Pandora’s Box, and tried to connect the silence of unconscious with consciousness for cognitive use. It is a ‘No-body’ event. It is the most powerful and blind force/energy of mind that functions silently. It travels beyond time and space, has no negation and works on the pleasure principle. Contradictions exist here peacefully. It comes as a ‘stranger’ or as Freud called it “The Uncanny”; so it gives feeling of something alien or the ‘other’, that exist within us. It comes to notice only when its free flow is thwarted.

Let us see *what is unconscious?*

It is, as per Freud, the reservoir of feelings, urges and memories outside our conscious awareness that underlie our behaviour. It is like water underneath an iceberg.

*Where does it come from?*

It has its root in early past. It is the most primitive part of the mind. It has no objective truth. It is the way we have experienced the world we grew in, believing it (perception) as true.

*Where it is found?*

In the depth of the mind which is a bottomless pit. Its nature is dynamic and keeps transforming its nature. It is partially responsible for who we are and why we are who we are. The power of its energy is such that if we try to repress without giving it a safe corridor, it will return in its most fierce/revengeful manner that may run across generation. It will be cruelly exploded (Psychosis) creating extensive and irreparable psychic damage. If we can regulate its force (sublimation), it will take us to heights of our potentialities making us efficient. It tells the story of each self, unique of its kind. We have to learn to live with it not against it by heedless repression. As Carl G. Jung said, “Until you make UCS conscious, it will direct your life and you will call it fate. So don’t let it fool you”.

In clinical setting it appears through the mechanism of transference where he not only reveals what he says but also what he does not. Our driving force is buried in unconscious but it continues to have its powerful and dramatic effects on all our activities. It seeks its release by all means. To control it a continuous dialogue is necessary. To listen to the ‘other’ we must quiet “I” within us. It is necessary also to keep neutrality in analytical setting. The silence of unconscious does not say anything. It is to be interpreted. One may wonder how a dialogue can heal. Can it really at all? What means one adopts to make a successful dialogue. Language is that powerful source that keeps articulating the unknown, unforeseen desires those are not socially approved. The language of Psychoanalysis is not only verbal but it can be non-verbal, sign language or even silence. There are many other ways also by which the presence of this most powerful source is manifested. I will mainly discuss here about its strongest strength – The silence. It creates maximum difficulties in clinical setting – just opposite to talking cure. It (the UCS) fights with all its energy not to allow talking as if then it will be caught red handed. When a person is in distress he wants to share, because the reason of the apparent distress is not known. This is generally not an intellectual difficulty but an emotional one. Communication is like lighting a candle to see through the dark (UCS) invisible source. Understanding the problem is the

foundation stone for its resolution. So the process of dialogue should be continued. If it is stopped at any point, the UCS will win and twin towers (Ego and super ego) will collapsed. Failures in communication occur at two levels, viz. at intra psychic and secondly at inter psychic level. It is commonly known as “Hidden self” and “social self”. One gets split between the two. A part then remains alien to other part which is a source of suffering. A (analyst) tries to connect it through language. This connection is emotional and so, ‘invisible’ – silent. The power of such silence is as powerful as that of speech. A patient who does not want to talk still has come to cure himself by ‘talking cure, often irritatingly warned me by repeating Bernard Shaw’s line, “If you do not understand my silence you will not understand my words”. Quite true!! Because unconscious is silent. A patient who falls silent not always because of inhibition or ‘resistance’ – not let the repression come up, but also because he finds him incapable of expressing. Here lies the competence of Analyst, how he interprets it for the patient. In case of patient who is in dead silence, a mother-child dyad is to be established because he carries a ruptured relationship with primitive object – the mother. The other side of the story is very beautiful and touching where an orphan child always used to remember his ‘lost mother’ every now and then by repeating, “you know, my mother used to say like that.” He made an image of loving and caring mother. On being asked, why he says so? His answer was, “to give weight to my statement it is very necessary for me. It keeps me upright, Valued”. Then will give an innocent smile. It was just a transcription of his preverbal material in to speech. It was necessary for him to continue with this internal dialogue to live. In normal cases it is this residual infantile impression that one keeps addressing unconsciously. It is not always easy to decipher preverbal state in to speech. The dynamic nature of unconscious makes it destiny.

## II

I have witnessed its power and vicissitudes in varieties of ways. I shall take two small and one case in details to show how UCS function in normal and pathological conditions to support my hypothesis:

- I. A young man of 28 yrs diagnosed as ‘Depression’. He shut himself from all possible ways of communication, confined in a room, quiet and speechless (not aphonic). When he was brought to clinic he answered to every question by nodding his head, but showed interest in coming for therapy. The only words he said verbally, was, “Please help me”. In his first session he could not speak. In next 3-4 sessions he tried only in ‘hush-hush manner almost whispering to him. I decided not to understand but to wait when he will speak out. I made him relaxed on the couch, he became more distressed. One of my senior colleague said if you can make him speak he will be alright forever, as both psychiatrist and neurologist failed in their attempts. Around 12 to 14 session he showed signs of restlessness and disturbance. He was wriggling in pain to speak. , On 15<sup>th</sup> day he asked for an urgent appointment. He greeted for the first time, lay down on the couch, screamed, made different sounds of pain and then suddenly shouted, “Help! Help!! Run! Run!! Fire, Fire everywhere!!! Hanuman is setting fire!! The Lanka is burning”!! He laughed in frenzy. He got up and was gasping, asked for a glass of water and fell in to quietness again. This time his quietness was different from previous one. He was little relaxed.

- II. This is a 32yrs old woman, diagnosed as 'Narcissistic personality disorder'. She was communicable but will often fall in to stubborn silences. Before doing so, she will thump on the couch; will yell, "Now I will not speak!! You can't make me speak if I don't want to. Can you really do so? OK let me see your strength". She openly used to challenge. Any amount of request, interpretation or explanation regarding both her internal and external difficulties, would be turned down. She would keep mum, would turn her face in other direction towards the wall and would keep on playing with her shadow as if wanted to kill or punch someone but will not speak despite persistent requests. Her silence appeared to be defiant, very vocal but an example of unstructured and unarticulated aggression.
- III. The third is a 40yrs old artist who was vocal (more than it was required) and apparently communicable but was silent internally. He showed signs of maladjustment everywhere. Despite his talent and performing skill he could not rise to that level. He looked down every one including his teachers and parents. Otherwise a brilliant student of performing art, a linguist (knew more than seven languages to his command, various kinds of performing skill to his merit - like 4-5 types of classical Indian dances, martial arts of both Indian and western type, drama theatre etc.) he remained confused and a wanderer as to what he is searching in all through his journey. He was little megalomaniac to his worth, challenged and criticized authority including his parents and teachers. His overt behaviour was extremely modest; who will beg pardon on every issue where he thought might be against as per the Indian norm - criticizing teachers or any disagreement with elders in the family. He tried to show himself indifferent and resigned person hunting for knowledge (truth as he said). What truth he wanted to unearth was not clear. He wanted 'more, and more and more!!' But was unable to tap his resources. His performances and stage shows (though appreciated by others) appeared to me just like martial art exercises, which may create magical moments but passion was not seen.

He used his intellect to his performances so were more mechanical than a full passionate show. I inferred so as he never felt happy or satisfied with any of his show rather criticized group members to ruin his choreography, except the part he played, was enough to raise the bar of the show. He very often will open his dialogue in session, "I want to know /I just want to know? Or can you throw some light on..? As if wanting to test the knowledge of Analyst whether she is capable of handling such a talented person or not. He felt frustrated because he found himself underestimated and devalued state. Incidentally it was worth noticing that both his parents were highly admirable figures in academic and field of performing art. His father was a professor of linguist and his mother and sister were professors of performing art at the university. He accused all three, "no one helped me out in building my career rather they tried hard to damp my spirit if I wanted to do something on my own". His parents, as reported, were abusive to him, physically, mentally and even socially. They openly called him by names and threw him out of the house very often. They were hesitant even to pay for his education. He appeared to accept his situation calmly

(!) and lost the battle before he could fight for himself. Demanded everyone around him to help him as he was meritorious but did not put his merit to use to help him out. He came to clinic for neither of the above difficulties but for different reasons—

- i) His frequent failures in interpersonal relationships due to his different sexual orientation and
- ii) The humiliation he faced everywhere – in family, among friends, with his acquaintances and in public as well as it was clear from his effeminate behaviour.

He always put him in some pitiable condition to make him believe that, “look, I am an eternal sufferer. I am wounded, please help me out”. So pathetic was his ‘call for help’ that people do came to help him but he would enjoy by seeing their concern but would refused everyone on the ground of ‘self respect’ which he really lacked. It was a child’s call for nourishing mother, who was feeling discomfort everywhere. This man was unable to depend on his own resources which were quiet rich but all his demands were from ‘others’. No one was there to oblige him forever. He made him the ‘mistress’ of the house – taking care of his sick and old mother without any helper, taking care of his father’s intellectual legacy, doing house hold chorus etc. His mother also, never allowed him to work, called him her servant and treated him like one. He was comfortable with this arrangement because it exempted him to care for his daily expanses and a square meal.

By fighting to his aggressor and abuser he became one for himself, where he was nowhere, only a shadow of both his parents --- a linguist like his father and a performing artist like his mother.

These three important clinical cases helped me to understand three different shades of silence, as a tool used unconsciously in different personalities.

### III

The first case, who could utter only few words to express his anger by using a mythical event, His silence was a vocal scream, to save him from potential violence. He wrapped silence around him as a wall. He saw himself as a mirror image of/in Hanuman. The internal discourse was, if Hanuman could to take revenge for his master, why not me but was not sure of his enemy – the father. That is why he went to sleep the first day he spoke. It is not a linear system, i.e. from preverbal to non verbal (Body language) to acquisition of speech but a to and fro relational system. We keep on oscillating from the magic of words (to curse) to silence (Where one does not need to talk – a sign of contentment).

In case II, it was a split situation. So silence here was stubborn. It was used as a safeguard with a signal of “No entry! Danger Ahead!” She was tired of her internal struggle so never wanted to destroy her peace in analysis, it was a pleasant experience for her as she was fond of talking incessantly by not giving any chance for Analyst to dialogue. She never wanted to listen so when confronted with she found herself under stress. Analytical situation allowed her to have a free play of reality in phantasy. He used to get stubbornly tight lipped. Her UCS equation with silence is the deprivation of love and attention. “If you refuse love to me, I shall refuse words to you”. (Oral

stage) same silence in obsessive patient will come in terms of “holding back” (constipation) i.e. not to give up, whereas at phallic stage it makes one silent (Psychic impotency) to suffer, not to be active sexually. This patient showed all three types of shades of silence in analysis. She was scared of her ‘horrifying secret’ to be out. That is why she was so talkative to let ‘other’ fall silent. She was unable to reflect over her problem. May be silence brings many memories, images and wishes to forefront of consciousness what would normally go unnoticed. It then becomes a warning signal to otherwise harmonious state. She would always ask Analyst to articulate what she was thinking. Analyst’s understanding was taken as a magic act. It is clear from her association. One day in a very pensive mood, she said, “you are ridiculous. I often get disturbed by ‘you’ inside ‘me’. You don’t let me do or think the way I like. I feel necked before you even when I think of you. It is an irrational fear, I know, but it is there. I wish you were dead, so nobody will ever come to know what you know about me”. A relation (mother – child) which was already dead is now transferred on to Analyst with a little difference that she realized it is inside even when Analyst is not in picture. The more she understood, more violent she became. She would scream, “I want every one dead. I don’t want anyone. None exist for me. I want a dead, just dead silence”. She did not realize she was already screaming even in silence. It would save her from not revealing. *Silence saved her from many discourses.*

The ability to speak is like entering the reciprocal communication with ‘others’. It is an ability to share, to make socialization possible and to enhance the process of maturity and individuation. The emotional sharing is that unique quality in human beings that helps to reconstruct imaginatively his past experiences with others. This is an invisible link to extend oneself to ‘others’ to understand them. Despite her incessant babbling the communication part was missing. Silence served here a partial management and reparation.

#### IV

The first two cases, I illustrated silent inhibition and defiance in analysis while the third case in detail because it is close to normal (partial sublimation – the silent communication through creativity) as well as psychopathological state, (symptom formation – his sexual disorientation and maladjustment in interpersonal relationships). As said earlier, language is an important tool of psychoanalytical process. The relationship between language and symbolic function is very significant in clinical findings. The relevance of preverbal experience (the pictorial object) and secondary process (development of language) is very important. Language structures the concepts of self and significant ‘others’, but earlier experiences with the first love object – the mother, remains silent. It helps not only to differentiate the self and the object but also to internalize the relationship between them. It is the picture engraved in mind. So the first level of communication is silent and preverbal comprehension. Language is the second level of communication – crucial at the earlier developmental stage not only to differentiate self and object but also for the internalization of the relationship between self and ‘object’. With it develops cognitive functions.

In case I, he used indicators and determinators (by raising his finger, if he wants to say something, nodding his head and hands, making different clacking sounds to interruptions in speech to fluent speech at a time with pauses and then falling into silence again as if tired of talking.

In case II, her silence was disturbing. When I allowed her to be silent she will scream, “Talk to me. Lots of memories and images are bombarding me. I am getting head ache. I will have cerebral stroke then you have to take me to the hospital. It suffocates me. I can’t live in this dead silence” or will satire, “ours is a dialogue session then why you are silent?” If I will start discussion she will shout again, “Look, this is my session. Allow me to talk. You just have to listen to me”.

The multilingual patient (III) will shift from one language to other, firstly to impress the Analyst and secondly and importantly to avoid facing emotional content of the dialogue. He would start speaking in English, and then will shift to Sanskrit and hardly used Bengali – his mother tongue. Only recently he is using vernacular (after my emphasis). He thought he was obliging me. The reason was not known to him that he was avoiding certain forbidden wishes. So talking in foreign tongue was like teaching or narrating an incident without getting involved in to it. The UCS conflict remained silent. He complied to the rule (as he was talking) and observed “safety barrier” (Lacan) at the same time by not allowing affect to come up which was so carefully repressed. His internal need to express inner experiences led him to take both languages, i.e. “trial of articulation” ( J. Lacan) and Freud’s Symbolic language used in performing art - dances and theater as a preverbal expression to create – the ‘Dream language’. He generally used mythical stories to stage show. “Myths take us beyond time. It makes one feel ‘nostalgic’ for the eternal return (from lost paradise) to *the psychic harmony*”. He wanted others to take care of his need so that he could enjoy his ‘work’ of phantasy forever. Continuous blaming for his miserable condition only weakened him and lost both confidence and opportunities came to his way. It often reminded me of the spider web. He made the web out of his own resources and got imprisoned inside. I tried to undo what he did unconsciously through interpretation to make him aware and to owe the responsibility of the same to decide whether he would continue with his defenses or would correct it to use his potentialities in better way. Thus to change his destiny he made himself, i.e., not to do die like the spider in his own created web. The will is very much within him. By recognizing his finite power and strength, he not only would learn to reason out and excuse the difficulties and limitations of the ‘others’, he would also learn to connect himself with infinite power and strength through his art. His intellect was his strongest defense which arrested his ‘Individuation’. His emotional coldness left him with mechanical exercises only. He was ‘pedant not prudent’. His cynical attitude drained him out of all values and worth. The meaning he could have attained. He often felt helpless that he has to owe everything to his fold. The ultimate clinical truth is brute and hard to tolerate, let aside accept it. So problems of boundary violations remained. It makes both analyst and patient vulnerable as UCS affects both unconsciously.

## **Conclusion**

My long clinical experience has made me understand: each mind has told me a unique story. Each mind is connected with every other mind and all minds in turn are connected to the universe and thus to the cosmos. This is the essence of “Integrity”. It helps to restore the ecological equilibrium of the mental – material world. Clinical data has proved that to me. When a patient talks about him – his difficulties and phantasy of the world he expects, he also talks about his parents, friends, and ‘others’ mind, how they have been to them and how he perceived and reacted to that. By understanding this silent net work of intra- and inter subjectivity, he finds his own self, his own place in the whole world of his own and that makes his life meaningful. He learns to forget and forgive to protect his mental peace. I discovered the silent power of unconscious through discourses and screams.



## References

- Blos, P. Jr. (1972). *Silence: a clinical exploration*, *Psychoanal*, Q41 pg. 348 – 363.
- Ferber, S.G. (2004) ‘Some developmental facets in Psychoanalysis: A case study’, *British J. Of P.A.* 30, PG. 315 – 352.
- Freud, Sigmund. (1981). *The Complete Psychological Works, S. E. II, Studies on Hysteria*, James Strachey (Trans.), London, The Hogarth Press & IPA.
- Freud, Sigmund. (1981). *S.E. II, IV, & XX.*, J. Strachey (Trans.), London, The Hogarth Press & IPA.
- Greenson, R. (1961). *On the silence and sounds of the analytic hr.*, <http://rewritingthebrain.net/> *the power of unconscious*, (on 01.06.2015).
- Ruth, Golan. (2000). *Loving Psychoanalysis*, London, Karnac Books.
- Sabbadini A. (1992). *Listening to Silence*.

**Contact email:** saralakapoor@gmail.com