

# **A Psyche of One Voice and Many Voices: Clinical Implications of the Univocal and Polyvocal Conceptualizations of the Psyche**

Daniel Benveniste  
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Different conceptualizations of psyche demand different therapeutic techniques. But no single therapeutic technique is effective with all clinical problems or in all circumstances. Our theories of personality and conceptualizations of the psyche are ways of looking. Each provides a different lens on the world, which bring some aspects into high relief and recesses other aspects into low relief. Consequently clinical thinking requires critical thinking and with each patient we need to think about how we are going to think about our patient and select a theory and technique, which is the most clinically indicated.

In the 19<sup>th</sup> and 20<sup>th</sup> centuries various models of the mind were introduced: the medical model, psychoanalytic model, cognitive-behavioral model, family systems model and so on. Psychologists in the early 21<sup>st</sup> century struggle with these models and their conceptualizations of the psyche along with their toolkit of clinical techniques. When overwhelmed by these different views many resort to religious attitudes about the correctness of their chosen theory and become dismissive of other theories, conceptualizations and techniques.

In this paper I will address two specific conceptualizations of psyche and their associated clinical implications. The first is the **univocal conceptualization of the psyche** in which the psyche is seen as monadic, unitary, willful and quite specifically speaking in one voice. Thus it is univocal. The other is the **polyvocal conceptualization of the psyche** in which the psyche is seen as constructed, composite, in conflict with itself and speaking in many voices, that is to say, it is polyvocal.

A univocal psyche is modern, heroic, monadic, and self-evident. A univocal psyche gives rise to a univocal self, which interacts with other univocal selves like a set of separate and distinct billiard balls. The univocal psyche presumes a distinct boundary around itself. It says “I am captain of my ship, master of my destiny, self-made and directed only by my will.” The univocal psyche is imagined as a discrete being. While the univocal psyche is modern, heroic and monadic, it is sometimes regarded as conservative if not old fashioned. But we must remember that the univocal psyche is an artifact of our cultural evolution. It displaced our traditional, indigenous human mentalities in which each person was more a member of a group than an individual per se. As a member of a group, the group is internally represented in the structure of the psyche of the person with very little in the way of a discrete distinction made between member and group and the rules and roles that bind them. The invention of the univocal self means identifying with the chief of one’s own internal tribe and then seemingly forgetting

the rest of that tribe.

A polyvocal conceptualization of the psyche by comparison is postmodern, ironic, composite, dynamic and is driven partially by multiple unconscious motivations. A polyvocal psyche gives rise to a polyvocal self which interacts with others in a dance of mutual construction. A polyvocal psyche admits its own unconsciousness, accepts that it is interactional, knows it is field and threshold. Constructed in tension, immersed in conflict and born of compromise it says, "I am dynamic, interlaced, embedded within interaction, plural, over-determined, and multifaceted. I am a collage, a committee, a chorus."

### **The Clinical Implications of a Univocal Conceptualization of the Psyche**

The univocal psyche, the psyche of one voice, is what we know as the person, the citizen, the voter, the neighbor, the consumer. But this univocal person, this personality, subjectivity, this me-ness and this you-ness is, we must remember, a post-hoc construction – a unity named after its multiplicity has been constructed and covered up. Nonetheless, it has its utility. What do you want? Who do you vote for? What will you buy? What are you selling? What is wrong with you? How can I help you?

Without a univocal conceptualization of the psyche I can't tell my patients where my office is located, can't tell them my fee, can't set up a time to meet and can't ask them why they have come to see me. Just to get started I need to operate under the assumption that we are each discreet univocal others occupying distinct positions within a shared space and time. But once the patient begins speaking I will need to determine if I will continue to use a univocal conceptualization of the psyche in counseling my patient or if I might be able to introduce a polyvocal conceptualization, which will induct the patient into a different kind of conversation – an analytic conversation.

If it is in the best interests of my patient to work employing a univocal conceptualization of the psyche, I will counsel, advise, educate, reframe, refer, encourage and so on. I will view my patient as a monadic individual encountering external problems in a literal world or ego-dystonic problems within a problematic being. I will employ counseling strategies – or what others might call cognitive-behavioral approaches – in order to, in a sense, put my patient back together, help him to cope, adjust, behave differently, manage a crisis or return to a previous level of functioning.

One day, a patient, hurrying to her appointment with Sigmund Freud, crashed her car. Unhurt, she left the car behind, she ran to her session and began to free associate. Freud seeing she was traumatized, knelt at her side, cradled her head and fed her a cup of coffee. The surprised patient, said, "But Dr. Freud, What about the transference?" Freud replied, "First things first."

The treatment strategies of counseling and cognitive-behavioral approaches are highly effective in working with addictions, sexual problems, academic problems, behavior problems in schools, limit setting with children and crisis interventions. Cognitive-behavioral approaches assume a univocal learner, thinker, agent who has difficulties in learning, thinking and behaving.

But, to a great extent, this perspective admits no internal objects, unconscious motivations, or conflicting desires.

Counseling approaches to a great extent require will, the capacity for directed attention and action and reliable reality testing. The univocal conceptualization of the psyche views the person as a discrete person encountering problems alien to it within itself or out there in a literal world.

Only theoretical chauvinism can maintain our denial of the efficacy of clinical techniques associated with the univocal conceptualization of the psyche. But similarly, it is only theoretical chauvinism, from the univocal perspective, that can deny the obviously multifaceted, if not polyvocal, nature of the psyche and the utility of its clinical implications.

### **The Clinical Implications of a Polyvocal Conceptualization of the Psyche**

As we step off the terra firma of the univocal conceptualization of the psyche and set sail on the dynamic flux of the polyvocal conceptualization of the psyche, we suddenly see the world very differently. The dead literal material world of objects and events is replaced by a pulsating, shimmering, vibrancy of metaphor and meaning in a world of relationships and experiences. We have stepped out of the literal and into the metaphorical, away from objects and into relationships, out of events and into experiences, away from a more mechanical vision of self and into a more fluid one.

If the univocal conceptualization of the psyche centers the self, the polyvocal conceptualization of the psyche decenters it. Copernicus decentered the earth from the middle of the universe to an obscure corner of that universe. Darwin decentered the human species from the pinnacle of God's creation to just another species among many. And Freud decentered the univocal self into a subordinate position in relation to a vast unconsciousness.

The conceptions of consciousness and unconsciousness were found to be useful in understanding curious behaviors, as the result of two competing desires, that is, two voices, within one psyche. This was particularly evident with slips of the tongue that unconsciously conveyed the opposite of what was consciously intended. With Freud's elaboration of an Id, Ego, and Superego the monadic unity and wholeness of the heroic self was deposed and replaced by multiplicity, incompleteness, conflict and compromise. Freud discovered that the patient had a family at home and an internal representation of that family embedded in his psyche. With the introjection of experience comes the establishment of an internal world and the possibilities of projection - the projection of internal others and, of course, transference. And when transference becomes possible so does the repetition compulsion.

Children in therapy do not say, "Gee, Doc, I've got a conflict between my primitive impulses and the demands of society." No, what they do is go to the floor, place the toy dinosaurs in a line, set up the cowboys in an opposing line and let the war begin. In the play, as in the dream, the child is both the dinosaur and the cowboy. The monster in the child's nightmare is just as much a part of the child as the child's frightened self-representation. In play, as in dreaming, the polyvocal nature of the psyche is represented as a set of seemingly discreet figures

in a scenario. We recognize those scenarios in the repetition compulsion – the recurring projection of internal representations and dynamics into the dramas of daily life, which are linked to compromise formations for dealing with unmetabolized traumatic experience. Whether conceptualized as a set of internal others, objects, linkages, or roles, these partial aspects of the psyche carry messages and in this way constitute the polyvocality of the psyche.

### **Nathan Adler and the Polyvocal Psyche**

Dr. Nathan Adler was one of the pioneers of psychoanalytic-psychology in San Francisco. In his article, *The Polyvocal Psyche* (1994), he asserted, in his typically polemical discourse, that the Americanization of psychoanalysis displaced the notion of psychic conflict with the notion of a singular 'self' struggling to adjust to the demands of a reified id, super-ego and 'outer' world. This, he said, resulted in the distortion of psychoanalysis from a deconstructive exploration of unconscious motivation into a psychology of adjustment, growth and actualization. As an antidote, Adler suggested we abandon this idea of 'The Self' as a singular entity in favor of the notion of a 'Polyvocal Psyche' - a psyche made up of a cluster of voices.

Adler said "Subjectivity is neither mode nor monad; it is constructed in the tensions of complementarity and in the reflection of its negation. It is not an entity but a statement of a relationship" (1994, p.5).

"Selves" he said "are not discrete and singular. They are interactional. They are not univocal but polyphonic and choral, and they are embedded in alterity. The self is a specter and a reflection of the other." (1994, p. 9) He said, "...when we listen to a patient, we need to recognize the patient not as singular, univocal and monad but as a choir of voices, as polyvocal. The therapist and patient need to discriminate whose voice is speaking, when the patient achieves subjectivity and when he is a puppet, spoken by the other" (1994, pp. 9-10).

The psyche constrained within the metaphor of a singular "self" is trapped within the limits of this metaphor and condemned to struggle within its own seemingly self-evident reality, unaware of its kinship to the others with which it is in dialogue. The metaphor of a choir of voices representing the self allows us the opportunity of listening to the harmonies and disharmonies of the patient's narrative, attending to the solos that dominate, the silences of others, and the song's refrain - signaling the completion of yet another cycle in the repetition compulsion.

This notion of a psyche as a cluster of voices enables us to dismiss the concept of 'the self' as barricaded within the fortress of a noun, and sets it free as a dynamic process, as a gerund, as 'selving,' (1994, p. 10). Adler would say there is no self, only selving, no mind, only minding, no ego, only egoing. And similarly, Fredric Spiegelberg, the religious historian, once said, "There is no soul, only souling" (Personal communication Jan. 15, 1993)

Thinking of the psyche as a choir of voices, a flock of birds, a swarm of bees, a school of fish, or any other metaphor of multiplicity acknowledges the decentered nature of the psyche and aids us in animating or personifying the multiplicity of introjected voices and imagos. This allows us to recognize the cast of characters on both sides of a conflict, the parties in a triangular

relation and so on. If as Adler says "Language cuts and shapes and orders our experience" (1994, p. 11) then the analytic dialogue is aimed at unpacking the figures of speech, which both shape and limit our experience. Adler viewed defenses not in the industrial revolution metaphor of defense 'mechanisms' but rather as 'tropes' or figures of speech. Thus, we have the metaphors, negations, intellectualizations, denials, passive voices, doings and undoings, humor, and so forth. And it is these that not only enable us to tell our story but also limit it and inevitably turn every anamnesis into a cover story to deconstruct. The analysis of resistance begins with the demonstration of resistance in the figures of speech defensively employed to hide the secrets of our souls.

### **Other Views of Polyvocality**

Freud peopled his psyche with the I (ego), the it (id) and the over-it (superego). And when he described melancholia as the shadow of the object falling on the ego, he was again introducing the notion of a composite psyche in a dance with itself. Intrapsychic conflict was made further evident in the psychoanalytic view of the psyche as being inherently bisexual, in the concept of ambivalence, in hysterical indecision, in obsessive-compulsive doing and undoing, in the nature of the symptom as a compromise formation, and so on.

Andrew Samuels thinks in terms of a 'Plural Psyche' and wrote, "On the personal level we are faced with the pluralistic task of reconciling our many internal voices and images of ourselves with our wish and need to feel integrated and speak with one voice" (Samuels, 1989, p. 2).

Robert J. Lifton situates the many-sided self in historical context – particularly contemporary history. He wrote, "We are becoming fluid and many-sided. Without quite realizing it, we have been evolving a sense of self appropriate to the restlessness and flux of our time. This mode of being differs radically from that of the past, and enables us to engage in continuous exploration and personal experiment. I have named it the "protean self" after Proteus, the Greek sea god of many forms" (Lifton, 1993, p. 1).

Aldous Huxley wrote, "For what am "I" but a colony of souls, of whom now one and now another gets hold of the communal consciousness? And what I call "myself" is the net product of the activity of many selves, the harmony, or discord (whichever the case may be) of a number of contrapuntal personalities" (Huxley, 1929, p. 10).

Enrique Pichon-Riviere posited the notion of the "internal group" – a structure of bond representations internalized from the external group and modified in reciprocal interaction. Samuel Arbisser picks up on this idea of Pichon-Riviere and elaborates it recognizing that changes in external culture give rise to corresponding psychopathological expressions and we are seeing some of this today in our increasingly post-modern culture (Arbisser, 2003, p. 1).

Then there is the poet, Pablo Neruda, who wrote,  
"Of the many men whom I am, whom we are,  
I cannot settle on a single one."

Erik Erikson's concept of "identity" is not an essential point located in the pineal gland but rather a configuration of identifications. Identity formation, he wrote, "arises from the selective repudiation and mutual assimilation of childhood identifications and their absorption in a new configuration, which, in turn, is dependent on the process by which a society (often through subsocieties) identifies the young individual, recognizing him as somebody who had to become the way he is and who, being the way he is, is taken for granted" (Erikson, 1968, p. 159).

A motif in traditional Indian painting that conveys the idea of multiplicity in the individual is the great animal whose body is depicted as composed of many other animals. And the Italian painter Giuseppe Arcimboldo (1527-1593), famous for his portraits of humans composed entirely of fruits or of flowers or of other objects, painted two portraits as composites of multiple human forms.

### **Clinical Perspectives**

When Freud tells us the melancholic suffers from self-reproaches, who is reproaching whom? In low self-esteem, who is esteeming whom lowly? In self-consciousness, who is conscious of whom? In self-criticism, who is criticizing whom?

The repetition compulsion is a scenario with a cast of internal others and their respective roles, which are projected onto various external others. In everyday life the repetition compulsion gets mixed up with the realities of the others involved making the patterns difficult to see, much less understand. To understand the repetition compulsion we need to establish a certain level of clinical neutrality.

This does not mean being cold and unresponsive. It means getting out of the patient's way. Therapy is a game of Pin the Tale on the Doctor in which the patient is blindfolded by the therapist's neutrality and the tale, T-A-L-E, is the patient's transference narrative in the context of the repetition compulsion. The therapist's task is to invite the patient to become curious about the tale – this narrative - that the patient wants to pin on the doctor.

If we view the patient's tale as a play, we begin to see the patient as an unconscious playwright, casting director and actor. As playwright the patient knows every line and is the unwitting author of his/her own experience. As casting director, every new encounter is an audition for the other person to play a role in the play - and every relationship is an on-going piece of theater. If the other person refuses to play the assigned role, the patient can either reverse roles or feed the other his or her lines. If, for example, the patient always plays the victim he/she will insist that the other play the victimizer. If the other refuses this role or maintains a stance of neutrality, the patient may reverse roles and attack the other in just the way the patient usually anticipates being attacked.

If the patient always feels he is being shot at, how does he present himself as a sitting duck? Does he seek out the aggression of others to conceal his own hostility? How is the hunted also the hunter? Why are priests obsessed with sinners? cops with robbers? doctors with illness? psychotherapists with madness?

Dr. Adler would say that psychoanalysis is a three-person psychology - the analyst, the patient and the patient's other. He'd say analysis is a tennis match between the patient and his other, with the analyst calling the shots. The analyst veers away from speaking in the voice of the patient's other, avoids capitulating to the patient's seduction, declines being cast into a prescribed role, and conscientiously objects to the patient's recruiting efforts. A patient once protested my refusal to capitulate to her erotic seduction by saying that I wasn't a "real man", which meant to her, that I was either married or a priest. In time she spoke with grief of the seductions to which she was victimized as a child.

When the therapist refuses to capitulate to the patient's seduction - refuses to engage in the repetition or act out in the transference - the veil of repression begins to lift and the conditions are set for the patient to either give new meaning to an old memory, recall something long forgotten or have a new experience of him/herself in the room. In the case of the patient described above, my refusal to capitulate to her seduction left her feeling uneasy. As she settled into this uneasiness, she began to recollect. In time she reconfigured me as a kind of man she had never known and, in doing so, reconfigured herself as a kind of woman she had never known.

A patient may say he doesn't want to be mothered and smothered by women yet he insists on acting the little boy. Charming in one moment, whiny in the next, he seduces or pulls for a mothering response. If the patient is afraid of the therapist's criticism and the therapist refuses to critique the patient, the patient may critique the therapist as an inferior therapist. Every patient invites his/her therapist to play a game of tug-o-war, that is, to participate in his/her conflict. It is the therapist's role to call attention to the game, name the conflict and resist the temptation to pick up the rope.

People often constellate their repetition compulsion by simply setting the stage. A woman repeatedly victimized by family members, sexual predators and boyfriends from early childhood until well into adulthood told her therapist she wanted to be done with men, at least for a while. She had nothing to do with men for two weeks and then reported she'd found a new boyfriend but felt he was going to really be different. "Where did you meet him?" the therapist inquired. "At a sex shop. Why do you ask?"

If a patient has a history of abandonment she may develop defenses to ward off the experiences of deep attachment and the threat of bitter abandonment. These defenses may include seeking out relationships with people that are passing through town, leaving the lover before being left, or clinging so tenaciously that the beloved recoils. In each case, the strategy to ward off the threat of abandonment always ends in abandonment.

To speak of the psyche as a group, a play, or a choir, is to give voice to each bird in the flock, each bee in the swarm, each fish in the school, each introject in the collage of experience. In therapy we want to disarticulate the 'self,' amplify the voices and listen in on the dialogue, debate or discussion. If the psyche is like a board of directors, in whose voice are the prohibitions asserted? Who is dominating the discussion? What is the important message that is always shouted down?

There is no problem in recognizing the multiple voices and messages in our polyvocal psyches but problems emerge when we become 'possessed' by a dominating voice or silenced by a critical message or symptomatic over a bitter internal conflict.

### **A Relationship Looking for an Other and an Experience Looking for an Event**

In the transference, we are dealing with a constellation of voices that constitute a subjectivity in relation to an 'other' that is projected, or pinned, onto the therapist. It is this that affords us the opportunity to say to the patient, "You are a relationship looking for an other." "It is not that you *have* a relationship but that you *are* a relationship - a relationship looking for an other to confirm your view of your self. So who is the other you need me to be? What demand do you demand that I impose on you?"

A dancer once explained that in a ballroom dancing class with an uneven number of dancers the dancer without a partner was asked to "partner herself". She was to dance *as if* she was dancing with someone. And isn't that what we all do every day? We dance as if we were dancing with one of our internal others and we look for people to dance in our other's place.

If we accept that the person is a relationship looking for an "other", that the psyche is polyvocal, and that the repetition compulsion is like the scenario of a play, then perhaps we can also say to the patient "You are an experience looking for an event."

I once knew an autistic boy who, when anxious, would begin to shake and nervously move about the room until he'd trapped himself between a large piece of furniture and the wall. As soon as he'd wedged himself hopelessly in place, he'd let loose a blood curdling scream. This happened time and again. After a while, I could see when he was about to do it again based on his nervous shaking and agitated movement about the room. Then it occurred to me, that prior to his entrapment he seemed to be feeling trapped and was seeking an external circumstance to confirm his internal experience. He was feeling emotionally caught between a rock and a hard place and looking for an event to confirm this experience.

Similarly, each of us is an experience looking for an event to confirm that experience. When we say that a person is a relationship looking for an "other" or an experience looking for an event, we assert the multiplicity, polyvocality, and dynamism of the psyche but the question remains, "What is the experience? What is the scenario?" If we formulate a person's experience by saying, for example, "He is a loaded gun looking for a target." we have to be mindful that while he may prefer to identify himself in the role of the loaded gun, it is probably as a compensation to the complementary experience of feeling like a target about to be shot. Other formulae might include: I'm an outsider looking for an inside from which to remove myself. I'm a runner looking for someone from whom I can run. I'm a mother looking for a child to whom I can show care. I'm resentfully powerless looking for someone with more power so I can resent them. I'm a mourner looking for something to lose. I'm guilty looking for a punishment. I'm looking for an external conflict to confirm my internal conflict.

Formulating the dynamic by describing the patient as 'an experience looking for an event' brings into high relief the complementarity of the dynamic and thereby reveals the vulnerability



of the tyrant, the sadism of the masochist, the dependency of the caretaker and so on. Then the patient is in a position to begin to take title to what he or she has previously felt the need to repudiate, dissociate, deny, repress, and project. Thus, the goal of therapy is to make the unconscious conscious and limit the number of secrets one feels compelled to keep from oneself.

I recall a patient whose repetition compulsion was organized around betrayal. She'd been betrayed as a child, set up love relations to assure she was betrayed again and then, when grateful for all my help, staged yet another betrayal by leaving me with a large unpaid bill.

In the transference, the patient listens for his own voices echoing off the therapist. He sets up his radar and searches for his dreaded and desired others looking for anything that remotely assumes their forms. When the therapist maintains neutrality, the patient wonders where his others are lurking. He recalibrates his transference radar, making it sensitive to true positives and false positives alike. In this way, the patient conjures a transference. And as he does, the therapist wonders, "Who is the other being conjured here?"

Voices are contagious. We catch them with over-exposure and traumatic impact and we often seek to fulfill their desires. The therapist resists contagion by maintaining a neutral stance but it is in the nature of the analytic dialogue that we inevitably catch a mild case of the patient's central dialogue and engage in a piece of transference-countertransference theater, or enactment, in which we speak in the voice of the patient's others. When dealt with properly these enactments serve to further the treatment significantly. Other times we answer the transference call with a somatic experience or a fantasy of our own, which often gives us additional clues to the transference-countertransference dynamic.

Examining linguistic armor - that is, the defense mechanisms or figures of speech and the narrative itself - helps us to identify which voice is speaking when, who is accusing, who is soothing, who is passive, who is active, whose utterances are spoken in rebuttal, who is silent, who is anticipating attack, who is provoking attack, and so on. When these opposing voices are tintured in racial, sexual, ethnic, religious, and political agendas they may give rise to the phenomena of bigotry, which is nothing less than the projection of self-hatred.

### **Real Friends and Real Enemies**

I once asked a little boy if he had an imaginary friend. He said, "Yes." and proceeded to tell me all about him. The imaginary friend, he explained, lived in his garage, went places with him and said nice things to him. The boy spoke in a lively manner about his imaginary friend until his mood suddenly changed. He became very serious and then said, in a manner that suggested both confession and a need to set the record straight, "But he isn't really an imaginary friend. He's a real friend. It's just that he covers himself with invisible paint so that only I can see him." Yes, sometimes our "imaginary friends," our internalized others, are our "real friends" and sometimes our "imaginary enemies" are our "real enemies."

The polyvocal psyche is made up of the introjected voices of parents, siblings, teachers, and other important figures in one's life. With the self-mutilator we ask, "Who, in the psyche, is cutting whom?" and with the suicidal patient, "Who wants to kill whom?" To the hypomanic

patient we might say "You seem to have your foot on the gas to get away from someone in the back seat. So, who's in the back seat?" And when two people go to bed we say there are at least six people there: the two people and the internal representations of the attitudes and messages of each of their parents.

Sure we find self-representations in the dream but all aspects of the dream emerge from the same psyche. And even the masturbatory fantasy is constructed out of the implicitly bisexual nature of the psyche and the dexterity of the hand to assume both feminine and masculine forms. The masturbatory fantasy incorporates the internalized others, previous experiences, passionate desires, the repetition compulsion and, of course, the reparatory rebuttals to traumatic experience.

### **Counseling and Psychotherapy**

The psyche is polyvocal but each person has only one mouth through which to speak. While counseling is valuable and useful in managing many sorts of problems in living, it operates under the monadic illusion that the patient is a bounded and discreet unit and that the psychologist is as well. Counseling does not take into account internal conflict, multiple internal representations, the internal family, the internal group and has no room for the concept of the mutual construction of subjectivity between the patient and analyst.

As a young student I was clearly told by my professors to never give advice and later discovered that was a highly overstated position. But others who work from a radical cognitive-behavioral orientation are also just as dogmatic in denying the therapeutic utility of the concept of an unconscious. My point is simply this: the psyche can be profitably conceptualized as univocal or polyvocal and these two conceptualizations have important clinical implications. Sometimes the correct thing to do is not the analytic thing to do. And other times, when the patient is capable and can benefit from an analytic intervention, it is a shame not to offer it.

The depth of analytic work is often described in relation to the use of a couch or a chair, the frequency of visits, the attention to external and internal realities, or the interpretation of resistance and transference but perhaps another dimension is the degree to which the discourse of the patient and the interventions of the therapist recognize the polyvocal nature of the psyche. Inducting the patient into an analytic dialogue means inviting the patient to loosen up, to come undone, to fall apart, to be analyzed.

When we cease to see the person as a discreet entity - a hero, a victim, a survivor, a warrior, a self - and begin to see him as a cast of characters, a relationship looking for an other, an experience looking for an event - we are then in a position to listen to the dialogue or discussion between his others. With the moorings of his desire untied, the patient is free to orient to a desire of his own and set sail in a direction of his own choosing. It is a desire and a direction influenced, but not determined, by the desires of his internalized others. It is a desire distilled from the desires of his others. It is a subjectivity that knows its own multiplicity and because of that is dispossessed of the tyrannical desire of one or another of its internal others and becomes,

in a sense, its other's keeper. A subjectivity that knows its multiplicity learns to keep as few secrets from itself as possible and thereby learns to live more comfortably within its own skin.

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