

UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE

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The role of unconscious fantasy in mental life has been recognized as of primary importance in psychoanalytic theory and clinical practice from the very beginning. Expressing the fulfillment of unconscious wishes, such fantasies were recognized by Freud as the common basis of dreams and the symptoms of hysteria (25, 28). He showed how hysterical attacks proved to be involuntary daydreams breaking in upon ordinary life. He had no doubt that such fantasies could be unconscious as well as conscious. Under favorable circumstances, it was possible to account for otherwise inexplicable disturbances of conscious experience in terms of the intrusion of an unconscious fantasy. The example he gave involved an upsurge of affect. He reported how a patient burst into tears, without apparent cause, while walking on the street. Thinking quickly, she came to realize that she had been involved in an elaborate, sad, and romantic daydream. Except for the psychotherapeutic experience in which she was involved at the time, the awareness of the fantasy and of its connection to her otherwise unaccountable outburst of emotion might have eluded her completely. Observations of this kind have since formed part of the experience of every practicing psychoanalyst.

Freud went on to demonstrate other ways in which the drives may find discharge by way of the intrusion of unconscious fantasies upon ordinary conscious experience (31). These may not only influence daily activity, as part of the psychopathology of everyday life, but they may also become part of the character. Certain hysterical persons may express their fantasies not as symptoms; they may instead consciously realize them in ac-

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tion and by doing so bring about assault, attacks, and sexual aggressions. The masochistic character, Freud noted, may represent the repetitive translation into action of a persistent, unconscious fantasy with a relatively fixed mental content, namely, the fantasy of being beaten. He said, 'People who harbour phantasies of this kind develop a special sensitiveness and irritability toward anyone whom they can include in the class of fathers. They are easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father' (31, p. 195). In the situation just described, the patient may be seen as operating on two levels of mental activity, i.e., he responds inappropriately to realistic events because he misconstrues them in terms of an unconscious fantasy.

Many authors have written of the intrusion of unconscious fantasy into conscious experience, apart from symptom-formation, dreams, and the psychopathology of everyday life. Anna Freud, for example, demonstrated the connection between social maladjustment, delinquency, and distorted ego functioning, on the one hand, and the effects of repressed masturbation fantasies on the other. She described cases in which the struggle against masturbation is abnormally successful and in which masturbation is totally suppressed. 'As a result, the masturbation phantasy is deprived of all bodily outlet, the libidinal and aggressive energy attached to it is completely blocked and dammed up and eventually is displaced with full force from the realm of sex life into the realm of ego activity. Masturbation phantasies are then acted out in dealing with the external world, which becomes, thereby, sexualized, distorted and maladjusted' (23). In a clinical communication (5), I described how such a process resulted in a transient change of identity and social role in a hysterical patient during adolescence. This transformation took place shortly after she had voluntarily suppressed all masturbatory activity. Her fantasies, until that time, were masochistic in nature. They were fantasies in which she imagined herself working for a harsh employer who subjected

her to many indignities, culminating in humiliating sexual relations. After she abruptly stopped masturbating, she left home, wandered through a public park, avoided being picked up by a seedy-looking man, and finally accepted a job as a domestic, assuming the name of the Negro servant who had recently been employed by her parents.

In what has been said so far, we can see how Freud first delineated the role of unconscious fantasies in symptoms, dreams, and parapraxes. There are other ways, however, in which unconscious fantasies affect mental life. My purpose in this communication is to focus on other less familiar manifestations of the influence of the unconscious fantasy.

It would seem that a concept so well founded clinically and so much a part of the body of our theory would long since have ceased to be a problem for psychoanalysts. This is not the case however. Freud called attention to some of the difficulties involved in the idea of unconscious fantasies. Methodologically, the difficulty arises from the fact that such fantasies, although unconscious, are composed of elements with fixed verbal concepts. In addition, these fantasies have an inner consistency, i.e., they are highly organized. According to the topographic theory such attributes are alien to unconscious processes. They are associated with preconscious derivatives which operate according to the laws of the secondary process. Freud stated this succinctly. 'Among the derivatives of the *Ucs.* instinctual impulses . . . there are some which unite in themselves characters of an opposite kind. On the one hand, they are highly organized, free from self-contradiction, have made use of every acquisition of the system *Cs.* and would hardly be distinguished in our judgement from the formations of that system. On the other hand, they are unconscious and are incapable of becoming conscious. Thus *qualitatively* they belong to the system *Pcs.*, but *factually* to the *Ucs.* . . . Of such a nature are those phantasies of normal people as well as of neurotics which we have recognized as preliminary stages in the formation both of

dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious' (30, pp. 190-191). These were among the considerations which led Freud to the conclusion that accessibility to consciousness is not a reliable criterion on which to erect psychic systems. The passage cited above was indeed an adumbration of the structural hypothesis.

Within the structural hypothesis, however, many questions remain to be resolved concerning unconscious fantasies. This was brought out by Beres who wrote the most recent review of the problem. He states: 'In clinical work psychoanalysts have found the concept of unconscious fantasy to be a working tool of great value, if not indispensable. When we attempt to understand it theoretically, we are faced with difficult questions, some at present unanswerable. Paradoxically, the state of consciousness appears to be of secondary importance in the understanding of fantasy, its formation, and structure. Of greater significance are the cathectic shifts, the structure of mental content, the relation to verbalization and imagery, and the role of other ego functions—especially the synthetic or organizing function' (15, pp. 326-327). He states it is difficult to conceptualize unconscious mental content but that the unconscious fantasy is devoid of imagery or verbal concepts and that verbalization enters only during the process of making the fantasy conscious.

Thus it would appear that unconscious fantasies embarrass our methodology. The evidence is clear that such fantasies do exist but precisely where is one to place them in our conceptual frame of reference? What is their nature and in what form do they exist? Are they merely vehicles for the instinctual energies of the id or do the other components of the psyche, the ego and the superego, play a role in their formation? How high a degree of organization can we ascribe to unconscious fantasy?

A further purpose of this communication is to attempt to answer these questions from an examination of pertinent clinical material. It is my impression that a clearer understanding of the functioning of the mind may be achieved from examining

the role that certain aspects of unconscious fantasy play in mental life.

Before we proceed let me make clear how the term fantasy is used in this paper. It is used in the sense of the daydream. Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious. It would be more useful, in my opinion, to speak in Brenner's terms of different mental contents which are fended off with a greater or lesser measure of counter-cathetic force (17). In other words, ease of accessibility of a particular mental representation to consciousness may vary. The appearance in consciousness of a fantasy or of a derivative expression of a fantasy is governed by the same rules that apply to the emergence of any repressed material, i.e., it depends upon the balance between the cathetic potential and the opposing, repressing forces. The specific way in which unconscious fantasies influence conscious experience depends on several factors: the nature of the data of perception, the level of cathetic potential, and the state of the ego's functioning. Of the ego's functioning, reality testing, defense, adaptation, and integration are most significant. How the interplay of these factors determines the mental products which finally emerge will be considered in the light of clinical examples.

Some general comments on the phenomena under consideration are in order. Instead of unconscious fantasies, it would be more appropriate to speak of unconscious fantasy function. The purpose of this variation in terminology is to emphasize a very important point, namely that fantasy activity, conscious or unconscious, is a constant feature of mental life. In one part of our minds we are daydreaming all the time, or at least all the time we are awake and a good deal of the time we are asleep.

The private world of daydreams is characteristic for each individual, representing his secret rebellion against reality and against the need to renounce instinctual gratification (27). Fantasy reflects and contains the persistent pressure emanating

from the drives (5, 10). In earlier communications (4, 5, 9, 10, 11), I have described the hierarchy of fantasy formations in the mental life of each individual. Fantasies are grouped around certain basic instinctual wishes. Each group is composed of different versions or editions of the fantasy, each version indicating how at different stages of development the ego attempted to integrate the instinctual wishes with moral considerations and with reality. The same wish may find expression in various fantasies of which some may be pathogenic by virtue of the intrapsychic conflict which they engender, while others may occasion no conflict whatsoever. Under ordinary circumstances, the more recently organized fantasy expressions are usually readily accessible to consciousness without provoking anxiety reactions. The most primitive fantasy expressions may be barred from consciousness by the defense function of the ego. Every instinctual fixation is represented at some level of mental life by a group of unconscious fantasies. The specific expressions in conscious mental life of a fixation or of a repetitive trauma may be traced to the ever-present, dynamic potentiality of the specific details of that individual's unconscious fantasy activity to intrude upon his ordinary experience and behavior.

While it is true that the world of daydreams is individual and largely idiosyncratic, there is nonetheless a certain communality of elements in the fantasy life from one individual to another. Communality is the result of similarities of biological endowment and developmental experiences. The communality of the fantasy life is more pronounced in members of the same cultural or social group or of any group of individuals whose early childhood experiences are patterned more or less in the same way and who share a common tradition. The element of communality establishes the empathic base which makes possible communication and empathy, and at a higher level of mental organization it is an indispensable aspect of such group phenomena as religious experience and the enjoyment of artistic creations (12, 13).

The concept of persistent unconscious fantasy activity may be used to elucidate certain elements of language, with regard to both general and individual usage. Sharpe wrote as follows: 'Metaphor fuses sense experience and thought in language. The artist fuses them in a material medium or in sounds with or without words. . . . When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as predetermined as a slip of the tongue or trick of behavior. Metaphor, then, is personal and individual even though the words and phrases are not of the speaker's coinage. The verbal imagery corresponding to the repressed ideas and emotions, sometimes found even in a single word, will yield to the investigator a wealth of knowledge' (47). In my own experience, and in some of the examples to be given, I have found the examination of metaphor to lead directly to concrete representations of an unconscious fantasy. Metaphor constitutes an outcropping into conscious expression of a fragment of an unconscious fantasy. The æsthetic effectiveness of metaphor in literature is derived, in large measure, from the ability of metaphorical expression to stimulate the affects associated with widely entertained, communally shared unconscious fantasies (40, 46).

The fact that the analysis of metaphorical expressions may lead associatively to repressed fantasy material comes as no surprise to the analyst, versed as he is in dream interpretation. It is a well-known technical rule that the words and adjectival phrases which the patient uses to describe a dream are to be considered part of the dream proper and may be used as a point of departure for eliciting associations. When patients characterize their dreams as 'vivid', 'eerie', 'consisting of X number of parts', etc., we customarily treat these elements as part of the manifest dream. The insight which we gain thereby enables us to infer unconscious mental content. Thus in metaphor, as in dreams, a single phrase or expression may be the conscious representative of unconscious fantasy activity. Later in this paper, I hope to demonstrate how the same principle may be

applied to the analysis of alterations of how one experiences the external world and even how one experiences the self. Very often the words which the patient uses to characterize such states represent, in the same way as does metaphor, a derivative of unconscious fantasy activity.

There is a mutual and reciprocal effect of the pressure of unconscious fantasy formations and sensory stimuli, especially stimuli emanating from the external world. Unconscious fantasy activity provides the 'mental set' in which sensory stimuli are perceived and integrated. External events, on the other hand, stimulate and organize the re-emergence of unconscious fantasies. In keeping with its primitive nature, the basic fantasy is cathected with a highly mobile energy, and presses for gratification of the sort which Freud characterized as tending toward an identity of perception. The pressure may affect many of the functions of the ego. Derivatives of fantasies may influence ego functions, interfering, for example, with the neutral processes of registering, apperceiving, and checking the raw data of perception. Under the pressure of these influences, the ego is oriented to scan the data of perception and to select discriminatively from the data of perception those elements that demonstrate some consonance or correspondence with the latent, preformed fantasies (42).

Situations of perceptual ambiguity facilitate the foisting of elements of the life of fantasy upon data of perception. This plays a very important role in such experimental situations as the Rorschach test and subliminal sensory stimulation (21). Kris noted the importance of ambiguity in the æsthetic experience (40). This feature is related to the fact that the lack of specificity of elements in a work of art makes it possible to stimulate a wider range of unconscious fantasy activity. In this context, sensory stimuli become significant, but not because of their indifferent or inconsequential nature, as is supposed to be the case in the day residue and the dream. On the contrary, the perceptual data which facilitate the emergence of unconscious

fantasies are effective precisely because they are not indifferent, because they contain elements which correspond to features already present in the preformed unconscious fantasies. This interplay between the inner mental set, which is determined by the fantasy life and the stimuli afforded by experience, is a complex of interactions that can be expressed at another level of conceptualization in the language of electronics, in terms of reciprocity of signal and feed-back.¹

When the cathectic potential of the fantasy activity is high, under appropriate circumstances the pressure for discharge may organize and structure the data of perception into illusions, misconceptions, and parapraxes. Thus, for example, a patient in a very angry mood, occasioned by an altercation with an authority figure and entertaining fantasies of revenge, reported the following illusion. While crossing the street on the way to the session, out of the corner of his eye he saw a sign in bold red letters which read, 'murder'. When he looked again he saw that the sign actually read, 'Maeder', the name of the proprietor of the shop. He had seen the sign many times before.

The intrusion of fantasy upon conscious experience may at times be so overpowering as to seem relatively independent of the influence of perceptual data. Hallucinations, fugue states, and certain transient confusional episodes may eventuate under these conditions, depending upon the degree of intactness of the function of reality testing. Let me cite an example which is common enough in analytic practice. This material was taken from the analysis of a patient whose transference relationship was dominated by an unconscious wish to castrate the analyst. Among the specific manifestations of this wish were attempts to deprive the therapist of time and money. On occasion, when these impulses were frustrated, the pa-

¹ A closer examination of the relationship of the day residue to the manifest dream would probably demonstrate also that the elements of daytime experience enter into the structure of the dream precisely because they are characterized by a high degree of consonance with the unconscious fantasy activity.

tient would act out by means of some drinking episode or homosexual activity, an unconscious fantasy of castrating the analyst. After a short but stormy period of protest over being charged for a session which he could not attend, the patient paid his bill. Two days later, as he entered the consultation room, entertaining a fantasy of recouping his money, the patient was overcome by a sense of confusion. Suddenly he was convinced that he had not paid the bill. This vengeful undoing of the payment in fantasy was so vivid that for the moment he could not tell whether his fantasy was real or whether his memory was fantastic. The momentary inability to distinguish which of the two sets of experiences, fantasy or memory, was the real one resulted in the state of confusion.² The confusion experienced by the patient, upon being presented the task of distinguishing between two sets of data, is comparable to the confusion which is experienced by patients with fugue states and hallucinatory hysteria. As the patients emerge from their daydreaming experience, there is a momentary, confusing inability to distinguish between fantasy and perception.

The function of reality testing may be interfered with by the fantasy life, even when the fantasy does not become conscious. Only a fragment of the unconscious fantasy may find representation in conscious experience and this fragment need not necessarily be only a derivative of an instinctual wish of the id. It may represent the effects of the defense function or other functions of the ego and of the activity of the superego. The example which follows is a temporary disturbance of the sense of reality, namely an attack of *déjà vu*. In this example, it will be possible to illustrate what has just been mentioned and to indicate, at the same time, that unconscious fantasies are highly structured and contain verbal concepts and imagery. The attack of *déjà vu* was unusual in the following respect. It occurred in surroundings with which the patient was thoroughly familiar. He had, in fact, seen the sight many times before. Thus the

² I am indebted to Dr. Peter Manjos for this example.

false judgment of *déjà vu* which seems so strange when one is in unfamiliar surroundings was all the more mystifying in this case. Clearly, the sense of unwarranted familiarity had nothing to do with the physical location in which the attack occurred.

Since I have presented this material in another communication (8), only a condensed account will be given here. Among the patient's symptoms were claustrophobia, specifically anxiety about tunnels. The anxiety was not associated with entering tunnels; it began to appear only after the patient had been in a claustrum for a while. The analytic work demonstrated that these symptoms were based upon an unconscious fantasy of a murderous encounter, inside the mother's body, with the father and/or his phallus.

The attack of *déjà vu* took place under the following circumstances: the patient had an interview with the financial officer of the institution for which he was working. This interview was in response to a letter of complaint the patient had written regarding a delay in receiving his salary. He went to the treasurer's office, where the attractive secretary told him that the treasurer was busy at the moment. She invited him to sit down and talk for a while. Her manner was reassuring. It was at this moment that the patient looked out of the window at the fields and the surrounding landscape, with which he was thoroughly familiar and felt, 'I've seen all of this before. I've been through this before.' This experience was accompanied by an unpleasant affective state, a mixture of anxiety and feelings of uncanniness.

Let us compare the objective situation with the patient's unconscious fantasy. In reality, the patient found himself with a sexually tempting woman while waiting to enter the inner office. In the office was an authority figure, an adversary, with whom he might quarrel over money. This configuration corresponded to the elements of his unconscious fantasy—namely, an encounter with the father and/or his phallus within the body of the mother. The anxiety which he experienced was appropriate to the concomitant fantasy which he was uncon-

sciously entertaining at the time. The feeling of *déjà vu*, of having been through all this before, was connected with defense against castration anxiety and was stimulated by the reassuring presence of the secretary. He felt she was on his side and in his fantasy imagined that she would side with him against her employer, even as his mother had taken his part against his father. In fantasy he had often identified himself with Jacob in the Bible story in which Rebecca helps her son deceive his father and steal the blessing. In his old Hebrew schoolbook, which he resurrected from his library at this point in the analysis, was a picture of Rebecca at the entrance of the tent reassuring Jacob as he is about to enter. When the patient was a child, his mother used to help him overcome his fears of the barber and the doctor (his father was a doctor) by telling him, 'Don't be afraid. You have been through all of this before and everything came out all right. The same will happen now.'

Thus we see that both danger and defense were part of the unconscious fantasy activity. The danger contributed to the consciously experienced feeling of anxiety and the defense became evident in the feeling of *déjà vu*, to wit, 'You have been through all of this before and you came out all right because mother was at your side. The same will happen now.' The transposition of affect in the *déjà vu* experience is similar to the transposition of affect in the typical dream of missing trains or failing an examination. The disturbing, manifest content of the dream contains the reassurance against anxiety connected with a currently experienced danger. So too, the disturbing, conscious experience of *déjà vu*, in this case, arises in response to the emerging danger of retaliation and punishment. Not all attacks of *déjà vu* necessarily convey this specific form of reassurance in fantasy. Other forms of defense connected with unconscious fantasies may be involved. This has been demonstrated by Marcovitz (43). In the *déjà vu* experience cited above, unconscious fantasy activity, in the service of defense against anxiety, intruded momentarily upon the function of reality testing.

Is it possible to demonstrate other ways in which unconscious fantasy contributes to the function of defense? Clinical practice indicates that the answer to this question is affirmative. It is not possible, however, to say that all defense mechanisms are mediated through unconscious fantasy. The use of fantasy in defense was described by Anna Freud in connection with the mechanism of denial in fantasy (22). Defensive uses of identification, undoing, and denial are readily incorporated into unconscious fantasies. One of the best known of fantasies, a fantasy which is oriented almost exclusively toward the ego function of fending off anxiety, is the unconscious conceptualization of the woman with a phallus. Although this fantasy serves as the essential condition for sexual gratification of the fetishist, the fantasy itself is primarily defensive in nature. The function of this particular fantasy is to reassure the subject against castration anxiety. It was in discussing this phenomenon that Freud described the split of the ego in the defensive process (33). He was referring to the contradiction between the accurate conscious conceptualization of the female anatomy as opposed to the unconscious concept which in fantasy endows the woman with a phallus. What the fetishist perceives in reality, he denies in fantasy. Certainly this demonstrates that unconscious fantasy may involve definite visual and verbal concepts. The fantasy of the phallic woman is a specific example of denial in unconscious fantasy and it is a common feature of many clinical entities, e.g., voyeurism, exhibitionism, transvestitism, some forms of homosexuality, and some special types of object choice in men.

A defensive use of identification with the aggressor, a mechanism described by Aichhorn (2) and Anna Freud (22), may be incorporated into an unconscious fantasy and be utilized at different times to fend off feelings of humiliation, anxiety, or reproach from the superego. In a case of depersonalization, which I have described (11, 14), the patient had grown accustomed during childhood to master feelings of humiliation by identifying herself in fantasy with her tormentors. As

a child, whenever she felt humiliated, she would fantasy that she was one of the group who were laughing at her, the unfortunate victim from whom she felt alienated. In her adult neurosis, in which the principal presenting symptom was de-personalization, the patient would unconsciously resort to this for purposes of defense: under circumstances which ordinarily would have aroused anxiety or humiliation, the patient would become depersonalized. The analysis of these attacks demonstrated the influence of a fantasy in which the patient once again defensively split her self-representation into two parts. One self-representation was an observer and retained the quality of selfness; the other self-representation was the object of observation and was seen as involved in some painful situation. From this second self-representation, the patient felt detached and alienated.

How the external situation in which a person finds himself, or how the activity in which he is engaging at the moment, may facilitate the contribution that unconscious fantasy makes to conscious experience can be observed in everyday analytic practice. From the technical point of view, the analysis of this interplay constitutes the immediate tactical approach of the therapist. In this regard, it is advantageous to note the introductory statements patients make in transmitting a communication, especially if it is the opening statement of the session or if something in the way the patient says it impresses the analyst that the statement is superfluous. One should be alert on such occasions to the possibility that superfluous comments of this nature point to the influence of unconscious fantasy. Thus when a patient states, 'While riding in a bus, I had the following thoughts . . .', what usually follows in the patient's associations is some derivative of a fantasy of being in an enclosure. Or if the patient begins with, 'On my way to the session . . .', the ensuing associations almost invariably lead to some fantasy concerning the analyst.

Let me cite a particularly illuminating example at greater

length. 'While squeezing some oranges this morning for juice', a patient began, 'I had the following thoughts'. The associations that emerged may be summarized as follows. He was thinking of nourishment, liquid in bottles, and poison. Suddenly he recalled that this was his sister's birthday. He thought of presenting her with a bottle of 3-Star Scotch, when the thought flashed through his mind of presenting her instead with 3X poison. At this moment he became aware of the hemispherical shape of the sections of the oranges which he had cut and which he had been squeezing with unusual violence. Parenthetically, this patient had been abandoned twice by his mother. The first time was when he was less than a year old; she weaned him abruptly and turned him over to the care of his grandmother so that she herself could go back to school to finish her professional training. The second time was when his younger sister was born. The sister had a congenital defect which caused the mother to be occupied with her almost exclusively.

The patient's thoughts continued. He was concerned about his mother. The doctor had reported that the cancer of the breast from which she was suffering was now in an advanced stage. Some years earlier, the patient, a physician, had given his mother injections of estrogenic hormones to control menopausal symptoms. Had these injections caused her illness? He had never forgiven his mother for abandoning him. He thought of his previous treatment with a woman analyst. He felt it had not been successful. She had a child while he was in treatment and sometimes she would sew during the analytic sessions. He was sure that she was sewing for her newborn child. The patient then began to think of the time when his grandmother used to care for him. He had been told that when his mother left him to go to professional school, he refused to take the bottle. He was so importunate in his demands for the breast that his grandmother gave him her dry breast to suckle. He grew up to become an inconsolable pessimist. Another memory came back at this point. He recalled watching his grandmother

grind meat for hamburger. The patient would stand by and eat the raw meat as it came out of the machine.

This material may be formulated in terms of the interaction of unconscious fantasy and conscious experience. Against the background of his lifelong hostility toward his mother and sister, the patient's mental set is intensified by his sister's birthday and his mother's illness. In this setting, the ordinarily routine activity of squeezing oranges becomes the activity which facilitates the emergence of derivatives of an unconscious fantasy, cannibalistic in nature, i.e., of destroying and devouring his mother's ungiving, frustrating breasts. This fantasy in turn influences the manner in which the patient perceives the shape of the oranges and the violence with which he extracts the juice. While squeezing oranges in reality, he is destroying breasts in fantasy.

To this point we have been discussing unconscious fantasies that emerge in the course of psychoanalytic treatment, but an even broader problem is involved, namely the precipitation of neurotic illness in general. In his early studies of neurogenesis, Freud (29) traced the onset of illness primarily to a disturbance in the quantitative relationship between drive and defense. He emphasized especially those features which tended to intensify the pressure of the drives upon the mental apparatus. Later, Freud (32) demonstrated the existence of what is perhaps a more common mode of onset of neurotic illness. A neurosis may be precipitated when the individual finds himself in a realistic situation which corresponds to some earlier traumatic experience. The new experience contains in it elements that are unconsciously interpreted as a repetition of the original trauma. An addition to, or perhaps an elaboration of, the concept of how neurotic illness may be precipitated in adult life may be found in the consonance between the realistic situation and the specific, unconscious fantasy which it reactivates. That may be illustrated with material from the analysis of a patient who suffered from claustrophobia, especially while riding in subway trains. Ten years before the onset of his illness,

his twin brother, whom the patient had momentarily abandoned, collapsed in a train and subsequently died. The patient held himself responsible for his brother's death. Years later, a week before the onset of his illness, the patient was in the unhappy position of having to decide whether to take his uncle to the hospital or to risk having him treated at home. The patient decided to take the uncle to the hospital, but the latter died in the ambulance before they reached their destination. The patient grieved, but did not develop claustrophobic symptoms until several days later *when he was traveling in a subway in the company of a group of sibling figures*. The analysis demonstrated that this symptom was connected with unconscious fantasies concerning his twin brother and the interior of the body. In these fantasies, the patient would imagine himself inside the mother's body with or without his twin. On other occasions, the fantasy concerned the activities of the brother within the patient's body. The specific details of the symptoms were directly related to the behavior which he unconsciously fantasied the introject to be carrying on within the claustrum.

Returning to the point of this discussion, we can see that the uncle's death reactivated the earlier trauma of the brother's death. However, it was the precise experience of traveling in the subway with sibling figures which precipitated the neurotic symptoms. This experience corresponded to elements from a set of unconscious childhood fantasies. In these fantasies, he imagined himself and his twin engaged in various activities inside the mother's body, e.g., struggling with his twin for food, fighting over who should emerge first, and above all, destroying his sibling within the womb so that he could be born as an individual and not as one of a set of twins. It was indeed the conflicts over these childhood fantasies that had caused him, at eighteen, to respond traumatically to his brother's death. The actual death of his brother constituted an actualization of his fantasy wish to have been born without a twin. The uncle's death confirmed his guilt and finally the experience in the train—claustrum—triggered the onset of his symptoms.

Writing about neurotic reactions to the symptoms of neu-

rological disease, Beres and Brenner (16) stated that such symptoms become traumatic psychologically because of the existence of an antecedent, unconscious conflict. What is pathogenic, they add, depends upon a fixation. To extend these ideas and the concept which I have been developing, I would add the following. Since fixation is specifically expressed in a set of unconscious fantasies, the precipitation of mental illness under such circumstances is determined by how the symptoms of organic disturbance affect the fantasy life of the patient and how they facilitate the emergence of pathogenic fantasies.

Even in highly organized symptom-formations, the specific details of the symptomatology may vary from time to time. A careful examination of these variations will demonstrate how the details of the symptoms are exquisitely related to the different versions of the unconscious fantasy. In the case of the twin patient cited above, he experienced various intra-abdominal sensations, depending upon what his daydreams were at the moment about the behavior of the introject within the body. In his studies of claustrophobia, Lewin (41) showed how a patient's symptomatology reflected the patient's immature grasp of reality and of the physiology of the foetus at the time when the conflict was given expression in the form of an organized fantasy. Whenever he found himself within a claustrum, the patient could breathe only intermittently. This detail of the symptom corresponded to the patient's childhood concept of intrauterine physiology. He knew that there was fluid within the maternal enclosure and as a child became apprehensive as to how the foetus, with whom he had identified, could breathe. He solved the problem by utilizing what he knew of the operation of the flushing mechanism of a toilet. When the water level receded it left the chamber with air. The bobbing ball of the flush mechanism resembled the head of the foetus. Based on this model, the patient, as a child, had an idea which he incorporated into an unconscious fantasy that the water level within the womb receded intermittently whenever the mother urinated and that only during this interval could

the foetus get air to breathe. This material demonstrates how an unconscious fantasy may be studied to gain insight not only into infantile sexual theories, but also into forgotten primitive concepts of reality and of the self. The fantasy which is regressively revived in neurotic illness reflects the immature state of the ego at the time of the origin of the fantasy. Unconscious fantasy represents an area which remains to be explored for the purpose of furnishing data concerning the early phases of ego development.

The quick and facile interaction between external events and the appearance of derivatives of unconscious fantasies furnishes ample proof of the hypothesis that fantasy activity is a persistent and constant function. It suggests that what Freud (25) said about the formation of dreams may be applied with equal validity to many disturbances of conscious function. Commenting on the rapid organization of a dream in response to an external stimulus experienced during sleep, Freud said that there must be preformed, readily available unconscious fantasies which can be woven instantaneously into the structure of the dream. The clinical material presented shows how the same holds true for experiences in waking life. This concept contributes to the understanding of such diverse phenomena as wit, illusion, misperception, *pseudologia phantastica* (20), imposture (1, 18, 34), and transient disturbances of identity (37).

For purposes of presentation, till now, it has been necessary to isolate the specific functions that unconscious daydreams may serve. It must be remembered, however, that in common with all other mental products, the effects of unconscious fantasy are governed by the principle of multiple function (49). Id, ego, and superego derivatives may all become manifest in a conscious experience that is determined by unconscious fantasy even though the conscious disturbance is only of minor significance.³ This may be illustrated in the following example

³ See also, Eidelberg (19).

demonstrating a disturbance of the sense of time. A woman patient entered the consultation room on a Monday and said that she felt very strange because she felt as if she had not seen me for one hundred years. She spoke at some length about this feeling of an extraordinarily extended lapse of time since the last meeting of the previous Friday. This session took place on the Monday following Father's Day. Her father was dead. The patient blamed herself for his death. For certain reasons, during adolescence, she had wilfully and stubbornly insisted that the family return home from a relative's house, although it was snowing. This house was many miles from the patient's home and the family had expected to spend the night there. Because the patient was adamant, the family reluctantly acquiesced and undertook the hazardous drive back. The car skidded and the father sustained injuries from which he died one week later.

I was struck by the patient's introductory phrase which reflected her subjective sensation of having been away from the analysis for one hundred years. Her associations to this statement ultimately led to the legend of the Sleeping Beauty. This fairy tale appealed to her as the fulfilment in fantasy of a wish to be reunited with her father, either in life or in death. For her, the Sleeping Beauty story made it possible to undo the finality of her father's death and her guilt. In the story, when Sleeping Beauty is awakened after a sleep of one hundred years, the redeeming lover represents a member of another generation. Through this magical suspension of the barrier which time interposes, it becomes possible to breach the barrier of the incest taboo. Œdipal wishes may be fulfilled and the dead father re-emerges as the resurrecting prince. Thus the subjective sensation of an unnaturally extended period of time represented in a condensed way the unconscious fantasy of Sleeping Beauty. The distortion of the sense of time expressed at the same moment the fulfilment of œdipal wishes and the warding off of superego reproaches, in a fantasy which made it possible to undo the death of her father.

Unconscious fantasy activity has a special relationship to clinical phenomena involving the psychology of the self. This is an area of psychoanalysis that deserves a much more extensive discussion than is possible at this time and in this communication. Alterations in the experience of the self are very common, especially as transient phenomena in the psychoanalytic setting. These disturbances usually fall under one or more of the following three headings: problems of identity, disturbances of the body image, and disturbances of the sense of self. Difficulties pertaining to the first two of these categories may be conscious or unconscious. The manifest dream often contains a concrete visual representation of the self. From the study of dreams, we observe how wide is the range of possible self-representations.

Let us apply what has been stated earlier about the function of fantasy to the realm of self-representation. The multiplicity of self-representations is organized into many different fantasies and fantasy systems. Self-representations in unconscious fantasy, persistently and selectively reactivated and fused with each other, help make up the individual's identity. There is a similarity between these ideas and the concept of 'pooled self-representations' (48).

From time to time, under the impact of conflict, the organized identity, built up from many different self-representations, may begin to disintegrate into its component parts. One or another self-representation comes to the foreground of consciousness, mediated by way of an unconscious fantasy in which the self-representation is expressed in concrete terms. Identical considerations apply to the self-representations involved in the body image and the concept of self. The impingement of such fantasies upon consciousness contributes to the clinically observable alterations of the experience of the self. The structure and meaning of many alterations of self-experience can be determined by reconstituting and analyzing the concomitant, unconscious fantasy.

Language furnishes many clues to the nature of the unconscious daydreaming which accompanies altered experiences of the self. Several examples have already been given; a few relatively uncomplicated ones follow. For example, unless they are unusually sophisticated, patients rarely complain that they suffer from depersonalization. Instead they describe their sensations in some form of imagery, oftentimes quite dramatic. One patient who was suffering from depersonalization, expressed her discomfiture in the statement, 'I feel like a Zombie'. The analysis subsequently revealed that she had indeed identified herself with a dead relative and that when she was depersonalized she was under the influence of an unconscious fantasy of suspended animation. Other patients say they feel empty inside, or like a passively manipulated puppet, wrapped in cotton, etc. Rangell (45) described a patient who had transient alterations of the sense of self while on the couch. The patient described this experience in terms of disappearing into the background or becoming fused with the couch. These sensations were based upon an unconscious fantasy of merging into the body of the mother. Joseph (38) reported a case in which the emergence of an unconscious self-representation intruded into conscious experience and took the form of what was, for all intents and purposes, a hallucination. This patient was one of a set of twins. In his unconscious fantasy life, he often represented himself and his brother as a sexual couple, with himself in the role of the woman. During the treatment of this borderline patient, a series of events culminated in the two brothers separating. In this state of longing for his twin, the patient experienced an upsurge of homosexual feeling. While passing a highly polished store window, the patient saw himself as a woman, reflected in the glass. Similarly, in the seminar of the Kris Study Group, Milton Horowitz presented material from a patient whose behavior constituted exquisite acting out of a very detailed unconscious fantasy of identification with his dead mother. In addition, Jacobson (37) has written of conflicts of identity within the ego as the basis of certain dis-

turbances of the self. Such conflicts between different identities are probably mediated through unconscious fantasies derived from specific experiences in the patient's life and tend to influence conscious experience simultaneously or alternately (*II*). Finally, disturbances of the body image during analytic sessions are perhaps the most common of the phenomena under discussion. The wish-fulfilling aspect of the intrusion of unconscious fantasy in such situations is too well known to require comment. The defensive and self-punitive aspects could be investigated with profit.

To summarize the main points of this paper: Unconscious daydreaming is a constant feature of mental life. It is an ever-present accompaniment of conscious experience. What is consciously apperceived and experienced is the result of the interaction between the data of experience and unconscious fantasizing as mediated by various functions of the ego. Fantasies are grouped together around certain basic childhood wishes and experiences. In these systems of fantasies, one edition of the fantasy wish may represent a later version or defensive distortion of an earlier fantasy. Which fantasy version of the unconscious wish will contribute to conscious experience depends upon a number of factors that have been discussed. Unconscious daydreaming is closely allied to instinctual fixations. It is this activity that supplies the mental set in which the data of perception are organized, judged, and interpreted.

The contribution that unconscious fantasy makes to conscious experience may be expressed illustratively through the use of a visual model. The idea for such a model occurred to me several years ago. It was after Thanksgiving dinner and a friend had brought a movie projector to show the children some animated cartoons. Since we did not have a regulation type movie screen, we used a translucent white window shade instead. During the showing of the cartoons, I had occasion to go outdoors. To my amusement, I noted that I could watch the animated cartoons through the window on the obverse side of

the window shade. It occurred to me that an interesting effect could be obtained if another movie projector were used to flash another set of images from the opposite side of the screen. If the second set of images were of equal intensity to the first and had a totally unrelated content, the effect of fusing the two images would, of course, be chaotic. On the other hand, however, if the material and the essential characters which were being projected from the outside and the inside were appropriately synchronized according to time and content, all sorts of final effects could be achieved, depending upon the relative intensity of the contribution from the two sources.

The concept of unconscious fantasy activity has two implications of general import for psychoanalytic theory. One concerns the theory of technique, the other methodology. One may describe the psychoanalytic situation as structured in a way that is most favorable for obtaining data indicating the influence of unconscious fantasies. One immediate technical goal of the therapist is to help the patient learn to distinguish between reality and the effects of unconscious fantasies. In order to do this, the analyst maintains a neutral position and avoids getting involved in his patient's life. Transference analysis becomes the proving ground in which one can demonstrate to the patient how he confuses the past with the present, the daydream with reality. This is how I understand Nunberg's (44) view that the transference is a projection; it represents a foisting upon the analyst of the patient's preformed, latent, unconscious fantasies. Thus analysts who minimize the role of unconscious fantasy in mental life (3) are also ready to play roles in therapy.

The point about methodology is simple but fundamental. If we are cognizant of the tendency of unconscious fantasies to influence conscious experience and behavior, then we must be very careful in evaluating data from a superficial, i.e., from a strictly phenomenological, point of view. Unless one knows the patient's unconscious fantasy, one can easily be led into a confusing dilemma as to whether a certain action represents activity or passivity, masculinity or femininity, self-punishment or

masochism, etc. Anna Freud (24) pointed this out in analyzing different types of male homosexuality. She showed how a patient, whose actual role in homosexual relations could be described as passive, receptive, masochistic, and feminine, was in fantasy unconsciously identifying himself with the so-called active, sadistic, masculine partner. His behavior was one thing, his fantasy another.

In the introduction to this paper, a number of questions were posed concerning the nature of unconscious fantasy. In the light of the material presented, we can formulate our answers to these questions. No sharp line of distinction can be made between conscious and unconscious fantasies. In the framework of the structural hypothesis, it seems more appropriate to speak of fantasies which are fended off to a greater or lesser extent, bearing in mind that the role of defense may change radically with circumstances. A very high degree of organization may be attributed to unconscious fantasy, though this need not always be the case. Fantasies are not exclusively vehicles for discharge of the instinctual energies of the id. The ego and super-ego play a part in their formation. The contribution which unconscious fantasy makes to conscious experience may be dominated by defensive, adaptive, and self-punitive trends as well.

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