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The Nature and Function of Phantasy¹

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INTRODUCTION

A survey of contributions to psycho-analytic theory would show that the term 'phantasy' has been used in varying senses at different times and by different authors. Its current usages have widened considerably from its earliest meanings.

Much of this widening of the concept has so far been left implicit. The time is ripe to consider the meaning and definition of the term more explicitly.

When the meaning of a technical term does become extended in this way, whether deliberately or insensibly, it is usually for a good reason—because the facts and the theoretical formulations they necessitate require it.² *It is the relationships between the facts* which need to be looked at more closely and clarified in our thoughts. This paper is mostly concerned with the definition of 'phantasy'; that is to say, with describing the *series of facts* which the use of the term helps us to identify, to organize and to relate to other significant series of facts. Most of what follows will consist of this more

¹ A chapter from a book in preparation jointly with Paula Heimann, Melanie Klein and Joan Riviere.

² In a contribution to the British Psycho-Analytic Society in 1943, Dr. Ernest Jones commented with regard to this extension of the meaning of 'phantasy': 'I am reminded of a similar situation years ago with the word "sexuality". The critics complained that Freud was changing the meaning of this word, and Freud himself once or twice seemed to assent to this way of putting it, but I always protested that he made no change in the meaning of the word itself: what he did was to extend the conception and, by giving it a fuller content, to make it more comprehensive. This process would seem to be inevitable in psycho-analytical work, since many conceptions, e.g. that of conscience, which were previously known only in their conscious sense, must be widened when we add to this their unconscious significance.'

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careful study of the relationships between different mental processes.

As the work of psycho-analysis has gone on, in particular the analysis of young children, and our knowledge of early mental life has developed, the relationships which we have come to discern between the earliest mental processes and the later more specialized types of mental functioning commonly called 'phantasies' have led many of us to extend the connotation of the term 'phantasy' in the sense which is now to be developed. (A tendency to widen the significance of the term is already apparent in many of Freud's own writings, including a discussion of unconscious phantasy.)

It is to be shown that certain mental phenomena which have been generally described by various authors, not usually in reference to the term 'phantasy', do in fact imply the activity of unconscious phantasies. By correlating these phenomena with the unconscious phantasies with which they are bound up, their true relationships to other mental processes can be better understood, and their function and full importance in the mental life appreciated.

This paper is not primarily concerned to establish any particular content of phantasy. It will deal with the nature and function of phantasy as a whole, and its place in the mental life. Actual examples of phantasy will be used for illustrative purposes, but it is not suggested that these examples cover the field; nor are they chosen systematically. It is true that the very same evidence which establishes the existence of phantasies even at the earliest ages gives us some indication of their specific character; yet to accept the general evidence for the activity of phantasy from the beginning of life and the place of phantasy in the mental life as a whole does not automatically imply accepting any particular phantasy content at any given age. The relation of content to age will be worked out to some extent elsewhere; this paper is intended to pave the way for that by general considerations.

To understand the nature and function of phantasy in the mental life involves the study of the earliest phases of mental

development, i.e. during the first three years of life. Scepticism is sometimes expressed as to the possibility of understanding the psychic life at all in the earliest years—as distinct from observing the sequence and development of behaviour. In fact we are far from having to rely upon mere imagination or blind guesswork, even as regards the first year of life. When all the observable facts of behaviour are considered in the light of *analytic* knowledge gained from adults and from children of over two years, and are brought into relation with analytic principles, we arrive at many hypotheses carrying a high degree of probability and some certainties, regarding early mental processes.

Our views about fantasy in these earliest years are based almost wholly upon inference, but then this is true at any age. Unconscious fantasies are always inferred, not observed as such; indeed, the technique of psycho-analysis as a whole is largely based upon inferred knowledge. As has often been pointed out regarding the adult patient too, he does not tell us his unconscious fantasies directly, nor, for that matter, his preconscious resistances. We often observe quite directly emotions and attitudes of which the patient himself is unaware; these and many other observed data (such as those instanced later, on pp. 90, 91) make it possible and necessary for us to infer that such and such resistances or fantasies are operating. This is true of the young child as well as of the adult.

The data to be drawn upon here are of three main sorts, and the conclusions to be put forward are based upon a *convergence* of these lines of evidence.

- a. Considerations regarding the relationships between certain established facts and theories, many of which facts and theories, although quite familiar in psycho-analytic thought, have hitherto been dealt with in a relatively isolated way. When considered fully, these relationships require the postulates which will be put forward, and by means of these postulates become better integrated and more adequately understood.
- b. Clinical evidence gained by analysts from the actual analysis of adults and children of all ages.
- c. Observational data (non-analytic observations and experimental studies) of the infant and young child, by the various means at the disposal of the science of child development.

I. METHODS OF STUDY

A. Observational Methods

Before considering our main thesis, it may be useful to survey briefly certain fundamental principles of method which provide us with the material for conclusions as to the nature and function of fantasy, and which are exemplified

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both in clinical (psycho-analytic) studies and in many of the most fruitful recent researches into the development of behaviour.

A variety of techniques for the study of particular aspects of child development has been evolved in recent years. It is a no table fact that observational researches into the development of personality and social relationships, and especially those which attempt to reach understanding of motives and of mental process generally tend to pay more and more regard to certain methodological principles, now to be discussed. These principles bring them into closer line with clinical studies and thus form a valuable link between observational methods and analytic technique. They are: (a) attention to details; (b) observation of context; (c) study of genetic continuity.

- a. All serious contributions to child psychology in recent years could be instanced as illustration of the growing appreciation of the need to attend to *the precise details* of the child's behaviour, whatever the field of enquiry may be, emotional, social, intellectual, locomotor or manipulative skills, perception and language. The researches of Gesell (1928–40), Shirley (1933), Bayley (1936) and many others into early mental development exemplify this principle. So do the experimental and observational studies of social development, or the researches into infant behaviour by D. W. Winnicott (1941) and M. M. Middlemore (1941). Middlemore's research on the behaviour of infants in the feeding situation, for example, demonstrated how varied and complex even the earliest responses of infants turn out to be when noted and compared in close detail, and how intimately the child's experiences, for example, the way he is handled and suckled, influence succeeding phases of feeling and fantasy and his mental processes generally.

Most advances in observational and experimental technique have been devised to facilitate the precise observation and recording of details of behaviour. We shall later refer to the great importance of this principle in psycho-analytic work and the way in which it helps us to discern the content of early fantasies.

- b. *The principle of noting and recording the context* of observed data is of the greatest importance, whether in the case of a particular instance or sort of social behaviour, particular examples of play, questions asked by the child in the development of speech—whatever the data may be. By 'context' is meant, not merely earlier and later examples of the same sort of behaviour, but the whole immediate setting of the behaviour being studied, in its social and emotional situation. With regard to fantasy, for example, we have to note *when* the child says this or that, plays this or that game, performs this or that ritual, masters (or loses) this or that skill, demands or refuses a particular gratification, shows signs of anxiety, distress, triumph, glee, affection, or other emotions; who is present—or absent—at the time; what is his general emotional attitude or immediate feeling towards these adults or playmates; what losses, strains, satisfactions have been recently experienced or are being now anticipated? And so on and so forth.

The importance of this principle of studying the psychological *context* of particular data in the mental life has become increasingly recognized amongst students of children's behaviour, whatever mental process or function of behaviour happens to be the subject of study. Many examples could be given: e.g. the study of temper tantrums, by Florence Goodenough,³ of the innate bases of fear, by C. W. Valentine⁴(1930); of the development of speech in infancy, by M. M. Lewis⁵(1936); of the development of sympathy in young children, by L. B. Murphy⁶(1937).

³ Goodenough (1931) trained her observers to record not merely the frequency and time distribution of temper tantrums, but also the context of social and emotional situations and physiological conditions in which they occurred. In this way, she was able to elucidate, to a degree which had not been done before, the nature of the situations which give rise to temper tantrums in young children.

⁴ Repeating Watson's work on the subject of innate fears, Valentine paid attention to the total situation in which the child was placed as well as to the precise nature of the stimuli applied. He concluded that the setting is always a highly important factor in determining the particular response of the child to a particular stimulus. It is a *whole situation* which affects the child, not a single stimulus. The presence or absence of the mother, for example, may make all the difference to the child's actual response.

⁵ Lewis not only made a complete phonetic record of the development of speech in an infant from birth onwards, but also noted the social and emotional situations in which particular speech sounds and speech forms occurred, enabling us to infer some of the emotional sources of the drive to speech development.

⁶ Lois Barclay Murphy has made a considerable contribution to problems of social development in a series of careful studies of the personalities of young children and their social relationships. She showed that it is useless to attempt either ratings of personality as a whole, or of particular traits such as sympathy, without having constant regard to the context of the behaviour studied. The social behaviour and personal characteristics of young children vary according to the specific social context. For example, one boy is excited and aggressive when another particular boy is present, but not so when that boy is absent. Murphy's work gives us many such glimpses of the feelings and motives which enter into the development of the child's traits of personality. She sums up her study of 'sympathetic behaviour' in young children playing in a group: 'the behaviour which constitutes this trait is dependent upon the functional relation of the child to each situation, and when shifts in status give a basis for a changed interpretation of the situation in which the child finds himself, changed behaviour occurs. A significant proportion of the variations in a child's behaviour which we have discussed are related to the child's security, as affected by competitive relations with other children, disapproval by adults, or guilt and self-accusation in relation to injury to another child,' thus emphasising that sympathetic behaviour (as one aspect of personality) cannot be understood apart from the variations in the context in which it is shown.

Murphy's work, in especial, has shown how indispensable is this principle in the study of social relationships, and how far more fruitful it proves than any purely quantitative or statistical treatment of types of behaviour or traits of personality, made without reference to context.

One of the outstanding examples of the way in which attention to precise details in their total context may reveal the significance of a piece of behaviour in the inner psychic life of the child is Freud's observation of the play of a boy of eighteen months of age. This boy was a normal child, of average intellectual development, and generally well behaved. Freud writes: 'He did not disturb his parents at night; he scrupulously obeyed orders about not touching various objects and not going into certain rooms; and above all he never cried when his mother went out and left him for hours together, although the tie to his mother was a very close one: she had not only nourished him herself, but had cared for him and brought him up without any outside help. Occasionally, however, this well-behaved child evinced the troublesome habit of flinging into the corner of

the room or under the bed all the little things he could lay his hands on, so that to gather up his toys was often no light task. He accompanied this by an expression of interest and gratification, emitting a loud long-drawn-out "o-o-o-oh" which in the judgement of the mother (one that coincided with my own) was not an interjection but meant "gone away" (*fort*). I saw at last that this was a game, and that the child used all his toys only to play "being gone" (*fortsein*) with them. One day I made an observation that confirmed my view. The child had a wooden reel with a piece of string wound round it ... he kept throwing it with considerable skill, held by the string, over the side of his little draped cot, so that the reel disappeared into it, then said his significant "o-o-o-oh" and drew the reel by the string out of the cot again, greeting its reappearance with a joyful "Da" (there). This was therefore the complete game, disappearance and return, the first act being the only one generally observed by the onlookers, and the one untiringly repeated by the child as a game for its own sake, although the greater pleasure unquestionably attached to the second act.

The meaning of the game was then not far to seek. It was connected with the child's great cultural achievement—the forgoing of the satisfaction of an instinct—as the result of which he could let his mother go away without making any fuss. He compensated himself for this, as it were, by himself enacting the same disappearance and return with the objects within his reach (1922).

Later on, Freud also noted a further detail in the boy's behaviour: 'One day when the mother had been out for some hours she was greeted on her return by the information "Baby o-o-o-oh" which at first remained unintelligible. It soon proved that during his long lonely hours he had found a method of bringing about his own disappearance. He had discovered his reflection in the long mirror which nearly reached to the ground and had then crouched down in front of it, so that the reflection was "gone".'

The observation of this detail of the sounds with which the boy greeted his mother's return called attention to the further link of the child's delight in making his own image appear and disappear in the mirror, with its confirmatory evidence of his triumph in controlling feelings of loss, by his play, as a consolation for his mother's absence.

Freud also brought to bear upon the boy's play with the wooden reel other and more remote facts which many observers would not have thought had any relation to it, such as the child's general relationship to his mother, his affection and obedience, his capacity to refrain from disturbing her and to allow her to absent herself for hours together without grumbling or protest. Freud thus came to understand much of the significance of the child's play in his social and emotional life, concluding that

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in the boy's delight in throwing away material objects and then retrieving them, he enjoyed the phantasied satisfaction of controlling his mother's comings and goings. On this basis he could tolerate her leaving him in actuality, and remain loving and obedient.

The principle of observing context, like that of attention to detail, is an essential element in the technique of psycho-analysis, whether with adults or children.

c. *The principle of Genetic Continuity.*

The third fundamental principle, of value both in observational and in analytic studies, is that of *genetic continuity*⁷(1936).

Experience has already proved that throughout every aspect of mental (no less than of physical) development, whether in posture, locomotor and manipulative skill, in perception, imagination, language, or early logic, any given phase develops by degrees out of preceding phases in a way which can be ascertained both in general outline and in specific detail. This established general truth serves as a guide and pointer in further observations. All studies of developmental status (such as those of Gesell and Shirley) rest upon this principle.

It does not mean that development proceeds at an even pace throughout. There are definite crises in growth, and there are integrations which from their nature bring radical changes in experience and further achievement, e.g. learning to walk is such a crisis; but dramatic though it be in the changes it introduces into the child's world, actual walking is but the end-phase of a long series of developing co-ordinations. Learning to talk is another such crisis; but again, one prepared for and foreshadowed in every detail before it is achieved. So true is this that the definition of ability to talk is purely a matter of convention⁸(1933). Commonly it is taken

to mean the use of two words, an arbitrary standard useful for purposes of comparison, but not intended to blur the continuous course of development. Speech development *begins*, as has often been shown, with the sounds made by the infant when hungry or feeding in the first few weeks of life; and on the other hand, the changes occurring *after* the mastery of the first words are as continuous and as varied and complex as those occurring before this moment.

One aspect of speech development having a special bearing upon our present problems is the fact that *comprehension of words long antedates their use*. The actual length of time during which the child shows that he understands much that is said to him, or spoken in his presence, yet has not come to the point of using any words himself, varies much from child to child. In some highly intelligent children, the interval between comprehension and use of words may be as much as one year. This time lag of use behind comprehension is found generally throughout childhood. Many other intellectual processes, also, are expressed in action long before they can be put into words.

⁷ Referred to by Joan Riviere in her paper 'On the Genesis of Psychical Conflict in Earliest Infancy'.

⁸ Hazlitt, in her chapter on 'Retention, Continuity, Recognition and Memory' says: 'The favourite game of "peep-bo" which the child may enjoy in an appropriate form from about the third month gives proof of the continuity and retentiveness of the mind of the very young child. If impressions died away immediately and the child's conscious life were made up of a number of totally disconnected moments this game could have no charm for him. But we have ample evidence that at one moment he is conscious of the change in experience, and we can see him looking for what has just been present and is now gone.'

Hazlitt's whole treatment of these problems takes the line that explicit memory grows out of early recognition—i.e. 'any process of perceiving which gives rise to a feeling of familiarity.' She goes on: 'In speaking of the month-old child's sucking reaction to the sound of the human voice it has not been assumed that the child recognizes the voices, that there is a conscious experience corresponding to the idea "voices again". There may or may not be such conscious experience. ... As the weeks go by, however, numberless instances of recognition occur in which the child's expression and general behaviour form a picture so like that which accompanies conscious experience of recognition at the later stages that it is difficult to resist the inference that the child is recognizing in the true sense of the word. Records tell of children from eight weeks onwards appearing to be distressed by strange, and reassured by familiar faces.'

Hazlitt also takes the view that even judgment is present, e.g. in the child's adaptive responses, in the third and fourth months. Hazlitt has no doubt that the very earliest responses of the infant show the rudimentary qualities from which memory, imagination, thinking, etc., develop. She says: 'Another argument for the view here taken that judgment is present from a very early time is that the expression of surprise at stimuli which are not surprising through their intensity, but from being changed in some way from their usual appearance, is quite common by six months and shows itself every now and then much earlier than this.'

Another important field in which this law of genetic continuity operates is that of logical relations. Experimental studies of Hazlitt and others have shown that the child can understand and act upon certain logical relations (such as identity, exception, generalization, etc.) long before he can express these relations in words, and he can understand them in simple concrete terms before he can appreciate them in a more abstract form. E.g. he can act upon the words 'all ... but not ...' when he cannot yet understand the word 'except'; again, he can comprehend and act upon 'except' before he can use the word himself.

Examples of rudimentary thought emerging in action and in speech from the second year of life are given in the studies of speech development by M. M. Lewis (1937). The experimental studies of the development of logical thinking, by Hazlitt (1933) and others, show the same principle at work in later years.

This general fact of genetic continuity, and its particular exemplifications in speech development, have a specific bearing upon one important question: are phantasies active in the child at the time when the relevant impulses first dominate his behaviour and his experience, or do these become so only in retrospect, when later on he can put his experience into words? The evidence clearly suggests that phantasies are active along with the impulses from which they arise. (This question is bound up with the problem of *regression*, which will be discussed elsewhere.)

Genetic continuity thus characterizes every aspect of development at all ages. There is no reason to doubt that it holds true of phantasy as well as of overt behaviour and of logical thinking. Is it not, indeed, one of the major achievements of psycho-analysis to have shown that the development of the instinctual life, for instance, had a continuity never understood before Freud's work? The essence of Freud's theory of sexuality lies in just this fact of detailed continuity of development.

Probably no psycho-analyst would question the abstract principle, but it is not always appreciated that it is far more than this. The established principle of genetic continuity *is a concrete instrument of knowledge*. It enjoins upon us to accept no particular facts of behaviour or mental processes as *sui generis*, ready-made, or suddenly emerging, but to regard them as items in a developing series. We seek to trace them backwards through earlier and more rudimentary stages to their most germinal forms; similarly, we are required to regard the facts as manifestations of a process of growth, which has to be followed forward to later and more developed forms. Not only is it necessary to study the acorn in order to understand the oak, but also to know about the oak in order to understand the acorn (1911).

B. The Method of Psycho-Analysis

These three ways of obtaining evidence of mental process from observation of behaviour: that of noting the context, observing details and approaching any particular data as a part of a developmental process, are essential aspects of the work of psycho-analysis, and most fully exemplified there. They are indeed its breath of life. They serve to elucidate the nature and function of phantasy, as well as of other mental phenomena.

The observation of detail and of context are so intimately bound up in analytic work that they may be briefly dealt with together. With adult patients, as well as children, the analyst not only listens to all the details of the actual content of the patient's remarks and associations, including what is not said as well as what is, but notes also where emphasis is put, and whether it seems appropriate. Repetition of what has already been told or remarked, in its immediate affective and associative context; changes occurring in the patient's account of events in his earlier life, and in the picture he presents of people in his environment, as the work goes on; changes in his ways of referring to circumstances and to people (including the names he gives them), from time to time, all serve to indicate the character and activity of the phantasies operating in his mind. So do idiosyncrasies of speech, or phrases and forms of description, metaphors and verbal style generally. Further data are the patient's selection of facts from a total incident, and his denials (e.g. of things he has previously said, of states of mind which would be appropriate to the content of what he is saying, of real objects seen or incidents occurring in the analytic room, of facts in his own life which can certainly be inferred from the other known content of his life or family history, of facts known by the patient about the analyst or of happenings in public affairs, such as war and bombs). The analyst notes the patient's manner and behaviour as he enters and leaves the room, as he greets the analyst or parts from him, and while he is on the couch; including every detail of gesture or tone of voice, pace of speaking, and variations in this, idiosyncratic routine or particular changes in mode of expression, changes of mood, every sign of affect or denial of affect, in their particular nature and intensity and their precise associative context. These, and many other such kinds of detail, taken as a context to the patient's dreams and associations, help to reveal his unconscious phantasies (among other mental facts). The particular situation in the internal life of the patient at the moment gradually becomes clear, and the relation of his immediate problem to earlier situations

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and to actual experiences in his history is gradually made plain.

The third principle, that of genetic continuity, is inherent in the whole approach and the moment-by-moment work of psycho-analysis.

Freud's discovery of the successive phases of libidinal development in the child, and the continuity of the various manifestations of the sexual wishes from infancy to maturity, has not only been fully confirmed with every patient analysed, but, as in the case of every sound generalization of observed facts, has proved to be a reliable instrument for further understanding of new data.

Observations in the analytic field of the development of phantasy and of the continuous and developing interplay between psychic reality and knowledge of the external world, are fully in accordance with the data and generalizations regarding development arrived at in other fields, such as bodily skills, perceptions, speech and logical thinking. As with the external facts of behaviour, so with the development of phantasy, we have to regard each manifestation at any given time and in any given situation as a member of a developing series whose rudimentary beginnings can be traced backwards and whose further, more mature, forms can be followed forward. Awareness of the way in which the content and form of phantasy at any given time are bound up with the successive phases of instinctual development, and of the growth of the ego, is always operating in the analyst's mind. To make this plain (in concrete detail) to the patient is an inherent part of the work.

It was by attending to the details and the context of the patient's speech and manner, as well as of his dreams and

associations, that Freud laid bare both the fundamental instinctual drives in the mental life, and the varied processes—the so-called '*mental mechanisms*'—by which impulses and feelings are controlled and expressed, internal equilibrium is maintained and adaptation to the external world achieved. These 'mechanisms' are very varied in type and many of them have received close attention. In the view of the present writers, all these various mechanisms are intimately related to particular sorts of phantasy, and at a later point, the character of this relationship will be gone into.

Freud's discoveries were made almost entirely from the analysis of adults, together with certain observations of children. Melanie Klein, in her direct analytic work with children of two years and onwards, developed the full resources of analytic technique by using the children's play with material objects, their games and their bodily activities towards the analyst, as well of course as their mien and manner and signs of feeling and their talk about what they were doing and feeling, or what had been happening in their external lives. The makebelieve and manipulative play of young children exemplify those various mental processes (and therefore, as we shall see, the phantasies) first noted by Freud in the dream life of adults and in their neurotic symptoms. In the child's relationship to the analyst, as with the adult's, the phantasies arising in the earliest situations of life are repeated and acted out in the clearest and most dramatic manner, with a wealth of vivid detail.

Transference Situation

It is especially in the patient's emotional relation to the analyst that the study of context, of details and of continuity of development proves fruitful for the understanding of phantasy. As is well known, Freud early discovered that patients repeat towards their analyst situations of feeling and impulse, and mental processes generally, which have been experienced earlier in their relationships to people in their external lives and personal histories. This transference on to the analyst of early wishes, aggressive impulses, fears and other emotions, is confirmed by every analyst.

The personality, the attitudes and intentions, even the external characteristics and the sex of the analyst, *as seen and felt in the patient's mind*, change from day to day (even from moment to moment) according to changes in the inner life of the patient (whether these are brought about by the analyst's comments or by outside happenings). That is to say, *the patient's relation to his analyst is almost entirely one of unconscious phantasy*. Not only is the phenomenon of 'transference' as a whole evidence of the existence and activity of phantasy in every patient, whether child or adult, ill or healthy; its detailed changes also enable us to decipher the particular character of the phantasies at work in particular situations, and their influence upon other mental processes. The 'transference' has turned out to be the chief instrument of learning what is going on in the patient's mind, as well as of discovering or reconstructing his early history; the unfolding of his

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transference phantasies, and the tracing of their relation to early experiences and present-day situations, form the chief agency of the 'cure'.

Repetition of early situations and 'acting out' in the transference carry us back far beyond the earliest conscious memories; the patient (whether child or adult) often shows us, with the most vivid and dramatic detail, feelings, impulses and attitudes appropriate not only to the situations of childhood but also to those of the earliest months of infancy. In his phantasies towards the analyst, the patient *is* back in his earliest days, and to follow these phantasies in their context and understand them in detail is to gain solid knowledge of what actually went on in his mind as an infant.

Mental Life under Two Years of Age

For the understanding of phantasy and other mental processes in children from the end of the second year onwards, we thus have not only all the evidence of observed behaviour in ordinary life, but also the full resources of the analytic method used directly.

When we turn to children under two years, we bring certain proved instruments of understanding to the study of their responses to stimuli, their spontaneous activities, their signs of affect, their play with people and with material objects, and all the varied aspects of their behaviour. First, we have those principles of observation already outlined—the value of observing context, of noting precise details, and of regarding the data observed at any one moment as being members of a series which can be traced backward to their rudimentary beginnings and forward to their more mature forms. Secondly, we have the insight gained from direct analytic experience into the mental processes so clearly expressed in similar types of behaviour (continuous with these earlier forms) in children of more than two years; above all, the evidence yielded by the repetition of situations, emotions, attitudes and phantasies in the 'transference' during analyses of older children and of

adults.

Using these various instruments, it becomes possible to formulate certain hypotheses about the earliest phases of phantasy and of learning, of mental development generally, which can be credited with a considerable degree of probability. There are gaps in our understanding, and from the nature of the case, these may take time to remove. Nor are our inferences as certain as those regarding later development. But there is much which is definitely clear, and much more that only awaits further detailed observations, or more patient correlating of the observable facts, to yield a high degree of understanding.

II. THE NATURE AND FUNCTION OF PHANTASY

To turn now to our main thesis:—

As has been said, it is on the basis of the convergence of these various lines of evidence that the present-day significance of the concept of phantasy is to be discussed. A consideration of all these sorts of fact and theory calls for a revision of the usages of the term.

Common Usages of the term 'Phantasy'

Among psycho-analytic writers, the term has sometimes referred (in line with everyday language) only to *conscious* 'fantasies', of the nature of day-dreams. But Freud's discoveries soon led him to recognize the existence of *unconscious* phantasies. This reference of the word is indispensable. The English translators of Freud adopted a special spelling of the word 'phantasy', with the *ph*, in order to differentiate the psycho-analytical significance of the term, i.e. predominantly or entirely unconscious phantasies, from the popular word 'fantasy', meaning conscious day-dreams, fictions, and so on. The psycho-analytical term 'phantasy' essentially connotes *unconscious* mental content, which may or may not become conscious.

This meaning of the word has assumed a growing significance, particularly in consequence of the work of Melanie Klein on the early stages of development.

Again, the word 'phantasy' has often been used to mark a contrast to 'reality', the latter word being taken as identical with 'external' or 'material' or 'objective' facts. But when external reality is thus called 'objective' reality, this makes an implicit assumption which denies to psychical reality its *own objectivity as a mental fact*. Some analysts tend to contrast 'phantasy' with 'reality' in such a way as to undervalue the dynamic importance of phantasy. A related usage, very common in patients, is to think of 'phantasy' as something 'merely' or 'only' imagined, as something unreal, in contrast with what is actual, what *happens* to one. This kind of attitude tends towards a depreciation of psychical reality and of the significance of mental processes *as such*.

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Psycho-analysis has shown that the quality of being 'merely' or 'only' imagined is not the most important criterion for the understanding of the human mind. When and under what conditions 'psychical reality' is in harmony with external reality is one special part of the total problem of understanding mental life as a whole: a very important part indeed; but, still, 'only' one part. (This will be touched upon at various later points, for example p. 90 *et seq.*)

Freud's discovery of *dynamic psychical reality* initiated a new epoch of psychological understanding.

He showed that the inner world of the mind has a continuous living reality of its own, with its own dynamic laws and characteristics, different from those of the external world. In order to understand the dream and the dreamer, his psychological history, his neurotic symptoms or his normal interests and character, we have to give up that prejudice in favour of external reality, and of our conscious orientations to it, that under-valuation of internal reality, which is the attitude of the ego in Western civilized life to-day.⁹

A further point, of importance in our general thesis, is that unconscious phantasy is fully active in the normal, no less than in the neurotic mind. It seems sometimes to be assumed that only in the 'neurotic' is psychical reality (i.e. unconscious phantasy) of paramount importance, and that with 'normal' people its significance is reduced to vanishing point. This view is not in accordance with the facts, as they are seen in the behaviour of ordinary people in daily life, or as observed through the medium of psycho-analytic work, notably in the transference. The difference between normal and abnormal lies in the way in which the unconscious phantasies are dealt with, the particular mental processes by means of which they are worked over and modified; and the degree of direct or indirect gratification in the real world and adaptation to it, which these favoured mechanisms allow.

Phantasy as the Primary Content of Unconscious Mental Processes

Thus far, we have been upon familiar ground. If, however, we bring recent clinical data into closer relation with certain formulations of Freud's, we take a definite step forward in understanding the function of phantasy.

A study of the conclusions arising from the analysis of young children leads to the view that phantasies are the primary content of unconscious mental processes. Freud did not formulate his views on this point in terms of phantasy, but it can be seen that such a formulation is in essential alignment with his contributions.

Freud has said that '... everything conscious has a preliminary unconscious stage. ...'¹⁰(1932). All mental processes originate in the unconscious and only under certain conditions become conscious. They arise either directly from instinctual needs or in response to external stimuli acting upon instinctual impulses. 'We suppose that it (the id) is somewhere in direct contact with somatic processes and takes over from them instinctual needs and gives them *mental expression*.'¹¹(1933). (My italics.) 'We must say that the Ucs is continued into its so-called derivatives, is accessible to the influence of life, perpetually acts upon the Pcs, and even is, on its part, capable of influence by the latter system.'¹²(1915B).

Now in the view of the present writers, this 'mental expression' of instinct *is* unconscious phantasy. Phantasy is (in the first instance) the mental corollary, the psychic representative, of instinct. There is no impulse, no instinctual urge or response which is not experienced as unconscious phantasy.

In the beginning of his researches, Freud was concerned particularly with libidinal desires, and his 'mental expression of instinctual needs' would refer primarily to libidinal aims. His later studies, however, and those of many other workers, have required us to include destructive impulses as well.

⁹ E.g.: 'There is a most surprising characteristic of unconscious (repressed) processes to which every investigator accustoms himself only by exercising great self-control; it results from their entire disregard of the reality-test; thought-reality is placed on an equality with external actuality, wishes with fulfilment and occurrence. ... One must, however, never allow oneself to be misled into applying to the repressed creations of the mind the standards of reality; this might result in undervaluing the importance of phantasies in symptomformation on the ground that they are not actualities; or in deriving a neurotic sense of guilt from another source because there is no proof of actual committal of any crime.' (Freud: 'Formulations Regarding the Two Principles in Mental Functioning') (1911). 'An abandonment of the over-estimation of the property of consciousness is the indispensable preliminary to any genuine insight into the course of psychic events. ...' (Freud: *The Interpretation of Dreams*, p. 562) (1932).

¹⁰ *The Interpretation of Dreams*, p. 562.

¹¹ *New Introductory Lectures*, p. 98.

¹² *The Unconscious*, p. 122.

The first mental processes, the psychic representatives of bodily impulses and feelings, i.e. of libidinal and destructive instincts, are to be regarded as the earliest beginning of phantasies. In the mental development of the infant, however, phantasy soon becomes also a means of defence against anxieties, a means of inhibiting and controlling instinctual urges and an expression of reparative wishes as well. The relation between phantasy and wish-fulfilment has always been emphasized; but our experience has shown, too, that most phantasies (like symptoms) also serve various other purposes as well as wish-fulfilment; e.g. denial, reassurance, omnipotent control, reparation, etc. It is, of course, true that, in a wider sense, all these mental processes which aim at diminishing instinctual tension, anxiety and guilt also serve the aim of wish-fulfilment; but it is useful to discriminate the specific modes of these different processes and their particular aims.

All impulses, all feelings, all modes of defence are experienced in phantasies which give them *mental* life and show their direction and purpose.

A phantasy represents the particular content of the urges or feelings (for example, wishes, fears, anxieties, triumphs, love or sorrow) dominating the mind at the moment. In early life, there is indeed a wealth of unconscious phantasies which take specific form in conjunction with the cathexis of particular bodily zones. Moreover, they rise and fall in complicated patterns according to the rise and fall and modulation of the primary instinct-impulses which they express. The world of phantasy shows the same protean and kaleidoscopic changes as the contents of a dream. These changes occur partly in response to external stimulation and partly as a result of the interplay between the primary instinctual urges themselves.

It may be useful at this point to give some examples of specific phantasies, without, however, discussing the particular age or time relations between these actual examples.

In attempting to give such examples of specific phantasies we are naturally obliged to put them into words; we cannot describe or discuss them without doing so. This is clearly not their original character and inevitably introduces a foreign element, one belonging to later phases of development, and to the preconscious mind. (Later on we shall discuss more fully the relation between phantasies and their verbal expression.)

On the basis of those principles of observation and interpretation, which have already been described and are well established by psycho-analytic work, we are able to conclude that when the child shows his desire for his mother's breast, he *experiences* this desire as a specific phantasy—'I want to suck the nipple'. If desire is very intense (perhaps on account of anxiety), he is likely to feel: 'I want to eat her all up.' Perhaps to avert the repetition of loss of her, or for his pleasure, he may feel: 'I want to keep her inside me.' If he is feeling fond, he may have the phantasy: 'I want to stroke her face, to pat and cuddle her.' At other times, when he is frustrated or provoked, his impulses may be of an aggressive character; he will experience these as, e.g.: 'I want to bite the breast; I want to tear her to bits.' Or if, e.g. urinary impulses are dominant, he may feel: 'I want to drown and burn her.' If anxiety is stirred by such aggressive wishes, he may phantasy: 'I myself shall be cut or bitten up by mother'; and when his anxiety refers to his internal object, the breast which has been eaten up and kept inside, he may want to eject her and feel: 'I want to throw her out of me.' When he feels loss and grief, he experiences, as Freud described: 'My mother has gone for ever.' He may feel: 'I want to bring her back, I must have her *now*', and then try to overcome his sense of loss and grief and helplessness by the phantasies expressed in auto-erotic satisfactions, such as thumb-sucking and genital play: 'If I suck my thumb, I feel she *is* back here with me, belonging to me and giving me pleasure.' If, after having in his phantasy attacked his mother and hurt and damaged her, libidinal wishes come up again, he may feel he wants to restore his mother and will then phantasy: 'I want to put the bits together again', 'I want to make her better', 'I want to feed her as she has fed me'; and so on and so forth.

Not merely do these phantasies appear and disappear according to changes in the instinctual urges stirred up by outer circumstances, they also exist together, side by side in the mind, even though they be contradictory; just as in a dream, mutually exclusive wishes may exist and be expressed together.

Not only so: these early mental processes have an omnipotent character. Under the pressure of instinct-tension, the child in his earliest days not only feels: 'I want to', but implicitly phantasies: 'I *am* doing' this and

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that to his mother: 'I *have* her inside me', when he wants to. The wish and impulse, whether it be love or hate, libidinal or destructive, tends to be felt as actually fulfilling itself, whether with an external or an internal object. This is partly because of the overwhelmingness of his desires and feelings. In these earliest days, his own wishes and impulses fill the whole world at the time when they are felt. It is only slowly that he learns to distinguish between the wish and the deed, between external facts and his feelings about them. The degree of differentiation partly depends upon the stage of development reached at the time, and partly upon the momentary intensity of the desire or emotion.

This omnipotent character of early wishes and feelings links with Freud's views about hallucinatory satisfaction in the infant.

Hallucination and Primary Introjection

Freud had been led (by his study of unconscious processes in the minds of adults) to assume that, in the beginning of mental life, '... whatever was thought of (desired) was simply imagined in a hallucinatory form, as still happens with our dream-thoughts every night'. This he calls the child's 'attempt at satisfaction by hallucination' (1911).

What, therefore, does the infant hallucinate? We may assume, since it is the oral impulse which is at work, first, the nipple, then the breast, and later, his mother as a whole person; and he hallucinates the nipple or the breast in order to enjoy it. As we can see from his behaviour (sucking movements, sucking his own lip or a little later his fingers, and so on), hallucination does not stop at the mere picture, but carries him on to what he is, in detail, going to do with the desired object which he imagines (phantasies) he has obtained. It seems probable that hallucination works best at times of less intense instinctual tension, perhaps when the infant half-awakes and first begins to be hungry, but still lies quiet. As tension increases, hunger and the wish to suck the breast becoming stronger, hallucination is liable to break down. The pain of frustration then stirs up a still stronger desire, viz. the wish to take the whole breast into himself and keep it there, as a source of satisfaction; and this in its turn will for a time omnipotently fulfil itself in belief, in hallucination. Thus we must assume that the incorporation of the breast is bound up with the earliest forms of the phantasy life. This hallucination

of the internal satisfying breast may, however, break down altogether if frustration continues and hunger is not satisfied, instinct-tension proving too strong to be denied. Rage and violently aggressive feelings and phantasies will then dominate the mind, and necessitate some adaptation.

Let us consider further what Freud has to say about this situation.

He goes on: 'In so far as it is auto-erotic, the ego has no need of the outside world, but ... it cannot but for a time perceive instinctual stimuli as painful. Under the sway of the pleasure principle, there now takes place a further development. The objects presenting themselves, in so far as they are sources of pleasure, are absorbed by the ego into itself, "introjected" (according to an expression coined by Ferenczi): while, on the other hand, the ego thrusts forth upon the external world whatever within itself gives rise to pain (v. *infra*: the mechanism of projection)' (1915A).

Although in describing primary introjection, Freud does not use the phrase 'unconscious phantasy', it is clear that his concept accords with our assumption of the activity of unconscious phantasy in the earliest phase of life.

Difficulties in Early Development Arising from Phantasy

Many of the familiar difficulties of the young infant (e.g. in feeding and excreting, or his phobias of strangers and anxiety of being left alone, etc.) can best be integrated with well-established analytic views, and their significance more fully understood, if they are seen as manifestations of early phantasy.

Freud commented on some of these difficulties. E.g. he referred to '... the situation of the infant when he is presented with a stranger instead of his mother'; and after speaking of the child's anxiety, added: '... the expression of his face and his reaction of crying indicate that he is feeling pain as well. ... As soon as he misses his mother he behaves as if he were never going to see her again.' Freud also referred to 'the infant's misunderstanding of the facts. ...'

Now, by 'pain', Freud obviously does not here mean bodily, but *mental* pain; and mental pain has a content, a meaning, and implies phantasy. On the view presented here, 'he behaves as if he were never going to see her again' means his phantasy is that his mother has been destroyed (by his own hate or greed)

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and altogether lost. His awareness of her absence is profoundly coloured by his feelings towards her—his longing and intolerance of frustration, his hate and consequent anxieties. His 'misunderstanding of the situation' is that same 'subjective interpretation' of his perception of her absence which, as J. Riviere points out, is a characteristic of phantasy.

On another occasion, when speaking of oral frustrations, Freud says: 'It looks far more as if the desire of the child for its first form of nourishment is altogether insatiable, and as if it never got over the pain of losing the mother's breast. ... It is probable, too, that the fears of poisoning are connected with weaning. Poison is the nourishment that makes one ill. Perhaps, moreover, the child traces his early illnesses back to this frustration' (1933).

How would it be possible for the child to 'trace back his early illnesses to this frustration' unless at the time of the frustration he experienced it *in his mind*, retained it and later on remembered it unconsciously? At the time when he experiences the frustration, there is not merely a bodily happening but also a mental process, i.e. a phantasy—the phantasy of having a bad mother who inflicts pain and loss upon him. Freud says 'the fear of poisoning is probably connected with weaning'. He does not discuss this connection further; but it implies the existence of phantasies about a poisoning breast, such as Melanie Klein's work has shown (1932).

Again, when Freud speaks of the feelings the little girl has about her mother, he refers to the child's 'dread of being killed by the mother'.¹³

Now to speak of a 'dread of being killed by the mother' is obviously a way of describing the child's phantasy of a murderous mother. In our analytic work, we find that the phantasy of the 'murderous' mother supervenes upon that of the mother who is attacked with murderous intent by the child. Sometimes the phantasy of the vengeful mother may come to conscious expression in words later on, as in the small boy reported by Dr. Ernest Jones, who said of his mother's nipple when he saw her feeding a younger child: 'That's what you bit me with.' As we can confirm by analysis of the transference in every patient, what has happened here is that the child has projected his own oral aggressive wishes on to the object of those wishes, his mother's breast. In his phantasy which accompanies this projection, she (the mother or her breast) is now going to bite him to bits as he wanted to do to her.

Phantasies and Words

We must now consider very briefly the relation between phantasies and words.

The primary fantasies, the representatives of the earliest impulses of desire and aggressiveness, are expressed in and dealt with by mental processes far removed from words and conscious relational thinking, and determined by the logic of emotion. At a later period, they may under certain conditions (sometimes in children's spontaneous play, sometimes only in analysis) become capable of being expressed in words.

There is a wealth of evidence to show that fantasies are active in the mind long before language has developed, and that even in the adult they continue to operate alongside and independently of words. Meanings, like feelings, are far older than speech, alike in racial and in childhood experience.

In childhood and in adult life, we live and feel, we fantasy and act far beyond our verbal meanings. E.g. some of our dreams show us what worlds of drama we can live through in visual terms alone. We know from dancing, acting, drawing, painting and sculpture and the whole world of art, what a wealth of implicit meaning can reside even in a shape, a colour, a line, a movement, a mass, a composition of form or colour, or of melody and harmony in music. In social life, too, we know from our own ready and intuitive response to other people's facial expression, tones of voice, gestures, etc.,¹⁴ how much we appreciate directly without words, how much meaning is implicit in what we perceive, sometimes with never a word uttered, or even in spite of words uttered. These things, perceived and imagined and felt about, are the stuff of experience. Words are a means of *referring* to experience,

¹³ These occasional references by Freud to fantasies in young children, quoted above, are examples of the way in which the intuitive insight of his genius, perforce scientifically unsupported and unexplained at the time, is being confirmed and made intelligible both by the work of certain of his followers, notably M. Klein, and by observations of behaviour.

¹⁴ 'When the lady drank to the gentleman only with her eyes, and he pledged with his, was there no conversation because there was neither noun nor verb?'—Samuel Butler.

actual or fantasied, but are not identical with it, not a substitute for it. Words may evoke feelings and images and actions, and point to situations; they do so by virtue of being signs of experience, not of being themselves the main material of experience.

Freud made quite clear, in more than one passage, his own view that words belong to the conscious mind only and not to the realm of unconscious feelings and fantasies. He spoke, e.g. of the fact that it is real objects and persons which we invest with love and interest, not their names¹⁵(1915B).

And of visual memory he wrote: '... it approximates more closely to unconscious processes than does thinking in words, and it is unquestionably older than the latter, both ontogenetically and phylogenetically.'

Perhaps the most convincing evidence of the activity of fantasy without words is that of hysterical *conversion symptoms*.¹⁶ In these familiar neurotic symptoms, ill people revert to a primitive pre-verbal language, and make use of sensations, postures, gestures and visceral processes to express emotions and unconscious wishes or beliefs, i.e. fantasies. The psychogenic character of such bodily symptoms, first discovered by Freud and followed up by Ferenczi, has been confirmed by every analyst; their elucidation is a commonplace in the work with many types of patient. Each detail of the symptoms turns out to have a specific meaning, i.e. to express a specific fantasy; and the various shifts of form and intensity and bodily part affected reflect changes in fantasy, occurring in response to outer events or to inner pressures.

We are not, however, left to depend upon even such convincing general considerations from adults and older children, but can occasionally gather quite direct evidence from a young child that a particular fantasy may dominate his mind long before its content can be put into words.

As an example: a little girl of one year and eight months, with poor speech development, saw a shoe of her mother's from which the sole had come loose and was flapping about. The child was horrified, and screamed with terror. For about a week she would shrink away and scream if she saw her mother wearing any shoes at all, and for some time could only tolerate her mother's wearing a pair of brightly coloured house shoes. The particular offending pair was not worn for several months. The child gradually forgot about the terror, and let her mother wear any sort of shoes. At two years and eleven months, however (fifteen months later), she suddenly said to her mother in a frightened voice, 'Where are Mummy's broken shoes?' Her mother hastily said, fearing another screaming attack, that she had sent them away, and the child then commented: 'They might have eaten me right up.'

The flapping shoe was thus *seen* by the child as a threatening mouth, and responded to as such, at one year and eight

months, even though the phantasy could not be put into words. Here, then, we have the clearest possible evidence that a phantasy can be felt, and felt as real, long before it can be expressed in words.

Phantasies and Sensory Experience

Words, then, are a late development in our means of expressing the inner world of our phantasy. By the time a child can use words—even primitive words such as 'Baby o-o-oh'—he has already gone through a long and complicated history of psychic experience.

The first phantasied wish-fulfilment, the first 'hallucination', is bound up with *sensation*. Some pleasurable sensation (organ-pleasure) there must be, very early, if the baby is to survive. E.g. if, for one reason or another, the first sucking impulse does not lead to pleasurable satisfaction, acute anxiety is aroused in the infant. The sucking impulse itself may then tend to be inhibited or to be less well co-ordinated than it should. In extreme cases, there may be complete inhibition of feeding; in less marked instances, 'pining' and poor development. If, on the other hand, through a natural unity of rhythm between mother and child, or the skilful handling of any difficulties that may arise, the infant is soon able to receive pleasurable satisfaction at the breast, good co-ordination of sucking and a positive attitude to the suckling process is set up which goes on

¹⁵ 'The system Ucs contains the thing-cathexes of the object, the first and true object-cathexes; the system Pcs originates in a hyper-cathexis of this concrete idea by a linking up of it with the verbal ideas of the words corresponding to it. It is such hyper-cathexes, we may suppose, that bring about higher organization in the mind and make it possible for the primary process to be succeeded by the secondary process which dominates Pcs.' (**'The Unconscious', Collected Papers, IV** pp. 133–4, 1915 B).

¹⁶ Dr. Sylvia Payne pointed out this connection in a discussion on this subject at the B.Ps-An.Soc. January 27, 1943.

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automatically thereafter, and fosters life and health (1941). Changes of contact and temperature, the inrush of sound and light stimulation, etc., are manifestly felt as painful. The inner stimuli of hunger and desire for contact with the mother's body are painful, too. But sensations of warmth, the desired contact, satisfaction in sucking, freedom from outer stimulus, etc., soon bring actual experience of pleasurable sensation. At first, the whole weight of wish and phantasy is borne by sensation and affect. The hungry or longing or distressed infant feels actual sensations in his mouth or his limbs or his viscera, which *mean to him* that certain things are being done to him or that he is doing such and such as he wishes, or fears. He *feels as if* he were doing so and so—e.g. reaching or sucking or biting the breast which is actually out of reach, or as if he were being forcibly and painfully deprived of the breast, or as if *it* were biting *him*. And all this at first, probably without visual or other plastic images.

Interesting material bearing upon this point is offered by Middlemore, from the analysis of a girl of two years nine months, who was treated for severe feeding difficulties. In her play, both at home and during her analysis, she was continually biting. 'Among other things she pretended to be a biting dog, a crocodile, a lion, a pair of scissors that could cut up cups, a mincing machine and a machine for grinding cement.' Her unconscious phantasies and conscious imaginative play were thus of an intensely destructive nature. In actuality, she had from birth refused to suck the breast, and her mother had had to give up the attempt to breast-feed her because of the infant's complete lack of interest and response. When she came to analysis, she was eating very little and never without persuasion. She had thus had no experience of actually 'attacking' the breast, not even in sucking, let alone in biting as the animals did whose fierce attacks she played out. Middlemore suggests that the bodily sensations, i.e. the pangs of hunger, which disturbed the infant were the source of these fierce phantasies of biting and being bitten¹⁷(1941).

The earliest phantasies, then, spring from bodily impulses and are interwoven with bodily sensations and affects. They express primarily an internal and subjective reality, yet from the beginning they are bound up with an actual, however limited and narrow, experience of objective reality.

The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy. Before long, the child's phantasies are able to draw upon plastic images as well as sensations—visual, auditory, kinæsthetic, touch, taste, smell images, etc. And these plastic images and dramatic representations of phantasy are progressively elaborated along with articulated perceptions of the external world.

Phantasies do not, however, take *origin* in articulated knowledge of the external world; their source is internal, in the instinctual impulses.

E.g. the inhibitions of feeding sometimes appearing in quite young infants, and very commonly in children after weaning and in the second year, turn out (in later analysis) to arise from the anxieties connected with the primary oral wishes of intense greedy love and hate: the dread of destroying (by tearing to bits and devouring) the very object of love, the breast that is so much valued and desired.

It has sometimes been suggested that unconscious phantasies such as that of 'tearing to bits' would not arise in the child's mind before he had gained the conscious knowledge that tearing a person to bits would mean killing them. Such a view does not meet the case. It overlooks the fact that such knowledge is *inherent* in bodily impulses as a vehicle of instinct, in the excitation of the organ, i.e. in this case, the mouth.

The fantasy that his passionate impulses

¹⁷ It was said by Dr. Clifford Scott, in a contribution to the discussion on this subject at the B.Ps-An.Soc. on January 27, 1943, that the adult way of regarding the body and the mind as two separate sorts of experience can certainly not hold true of the infant's world. It is easier for adults to observe the actual sucking than to remember or understand what the experience of the sucking is to the infant, for whom there is no dichotomy of body and mind, but a single, undifferentiated experience of sucking and phantasying. Even those aspects of psychological experience which we later on distinguish as 'sensation', 'feeling', etc. cannot in the early days be distinguished and separated. Sensations, feelings, as such, emerge through development from the primary whole of experience, which is that of sucking—sensing—feeling—phantasying. This total experience becomes gradually differentiated into its various aspects of experience: bodily movements, sensations, imaginings, knowings, and so on and so forth.

We recall that according to Freud, 'The ego is first and foremost a body-ego' (1927). As Dr. Scott said, we need to know more about what 'the body' means in unconscious phantasy, and to consider the various studies made by neurologists and general psychologists of the 'body schema'. On this view, the unconscious body-schema or 'phantasy of the body' plays a great part in many neuroses and in all psychoses, particularly in all forms of hypochondriasis.

¹⁸ The aim of oral love is 'incorporating or devouring, a type of love which is compatible with abolition of any separate existence on the part of the object'.

will destroy the breast does not require the infant to have actually seen objects eaten up and destroyed, and then to have come to the conclusion that he could do it too. This aim, this relation to the object, is inherent in the character and direction of the impulse itself, and in its related affects^{18(1915A)}.

To take another example: the difficulties of children in the control of urination are very familiar. Persistent enuresis is a common symptom even in the middle years of childhood. In the analysis of children and adults it is found that such difficulties arise from particularly powerful phantasies regarding the destructive effect of urine and the dangers connected with the act of urinating. (These phantasies are found in normal people as well, but for particular reasons they have become specially active in incontinent children.) Now in the child's phantasies, urine is very potent for evil. His anxieties thus spring from destructive impulses. It is primarily because he *wants* his urine to be so very harmful that he comes to believe that it is so, not primarily because his mother gets cross when he wets the bed, and certainly not because he has ever observed that his urine is as harmful as in his phantasies he really believes it to be; nor because he has conscious awareness that people may be drowned and burned in external reality.

The situation goes back to early infancy. In the phantasy: 'I want to drown and burn mother with my urine', we have an expression of the infant's fury and aggression, the wish to attack and annihilate mother by means of his urine, partly because of her frustrating him. He wishes to flood her with urine in burning anger. The 'burning' is an expression both of his own bodily sensations and of the intensity of his rage. The 'drowning', too, expresses the *feeling* of his intense hate and of his omnipotence, when he floods his mother's lap. The infant feels: 'I *must* annihilate my bad mother.' He overcomes his feeling of helplessness by the omnipotent phantasy: 'I can and *will* destroy her'—by whatever means he possesses;¹⁹ and when urinary sadism is at its height, what he feels he can do is to flood and burn her with his urine. Doubtless the 'flooding' and 'burning' also refer to the way in which he feels *he* is overcome, flooded, by his helpless rage, and burnt up by it. The whole world is full of his anger, and he will himself be destroyed by it if he cannot vent it on his mother, discharging it on her with his urine. The rush of water from the tap, the roaring fire, the flooding river or stormy sea, when these are seen or known as external realities, link up in his mind with his early bodily experiences, instinctual aims and phantasies. And when he is given names for these things, he can *then* sometimes put these phantasies into words.

Similarly with the infant's feelings about his excretions as good things which he wishes to give to his mother. In certain moods and moments he does feel his urine and faeces to be something mother wants and the gift of them is his

means of expressing his love and gratitude towards her. Such phantasies of fæces and urine as beneficent are certainly strengthened by the fact that mother is pleased when he gives them at the proper time and place; but his observation of his mother's pleasure is not the primary origin of his feeling of them as good. The source of this lies in his *wish* to give them as good—e.g. to feed his mother as she has fed him, to please her and do what she wants; and in his feeling of the goodness of his organs and of his body as a whole, when he is loving her and feeling her good to him. His urine and fæces are then instruments of his potency in love, just as his voice and smile can also be. Since the infant has so few resources at his command for expressing either love or hate, he has to use all his bodily products and activities as means of expressing his profound and overwhelming wishes and emotions. His urine and fæces may be either good or bad in his phantasy, according to his intentions at the moment of voiding and the way (including at a later period the time and place) in which they are produced.

These feelings and fears about his own bodily products link with the so-called 'infantile sexual theories'. Freud first drew attention to the fact, since then very widely observed, that young children, consciously as well as unconsciously, form their own spontaneous theories about the origin of babies and the nature of parental sexual intercourse, based upon their own bodily capacities. E.g. babies are made from food, and parental intercourse consists in mutual feeding or eating. Father puts the good food into mother, he feeds her with his genital

¹⁹ Grasping, touching, looking and other activities can be felt to be disastrously harmful, as well.

²⁰ Scupin records an instance (of his own boy of eleven and a half months) which illustrates the interpretation of an observed reality in terms of phantasy arising from the infant's own primary instinctual life. 'When we (his parents) were fighting in fun, he suddenly uttered a wild scream. To try if it was the noise we made that had frightened him, we repeated the scene in silence; the child looked at his father in horror, then stretched his arms out longingly to his mother and snuggled affectionately up against her. It quite gave the impression that the boy believed his mother was being hurt, and his scream was only an expression of sympathetic fear.

An example of a child in the second year being comforted by ocular proof that his parents were not fighting was noted by a colleague. His boy suffered from frequent attacks of anxiety, the cause of which was not understood, and he could take comfort from neither parent. Their caresses and soothing voices did not relieve his anxiety. But they found, at first by accident, that when he was in these moods, if they kissed *each other* (not him) in his presence, his anxiety was immediately relieved. It is thus to be inferred that the anxiety was connected with his fear of his parents quarrelling, and his phantasy of their intercourse being mutually destructive, the anxiety being relieved and the child reassured by the visible demonstration that they could love each other and be gentle together in his presence.

in return for her feeding him with her breast, and then she has the babies inside her. Or they are made from fæces. Father puts fæces into mother and in so far as the child is loving and able to tolerate the parents' love for each other, he may feel this is good and gives mother life inside her. At other times, when he is feeling full of hate and jealousy and completely intolerant of his parents' intercourse, he wishes father to put bad fæces into mother—dangerous, explosive substances which will destroy her inside; or to urinate into her in a way that will harm her. These infantile sexual theories are obviously not drawn from observation of external events. The infant has never observed that babies are made from food and fæces, nor seen father urinate into mother. His notions of parental intercourse are derived from his own bodily impulses under the pressure of intense feeling. His phantasies express his wishes and his passions, using his bodily impulses, sensations and processes as their material of expression.²⁰

These and other specific contents of early phantasies, no less than the ways in which they are experienced by the child and their modes of expression, are in accordance with his bodily development and his capacities for feeling and knowing at any given age. They are a *part* of his development, and are expanded and elaborated along with his bodily and mental powers, influencing and being influenced by his slowly maturing ego.

The Relation of Early Phantasy to the Primary Process

The earliest and most rudimentary phantasies, bound up with sensory experience, and being affective interpretations of bodily sensations, are naturally characterized by those qualities which Freud described as belonging to the 'primary process': lack of co-ordination of impulse, lack of sense of time, of contradiction, and of negation. Furthermore, at this level, there is no discrimination of external reality. Experience is governed by 'all or none' responses and the absence of satisfaction is felt as a positive evil. Loss, dissatisfaction or deprivation are felt in sensation to be positive, painful experiences.

We are all familiar with the feeling of being 'full of emptiness'. Emptiness *is* positive, in sensation; just as darkness is felt as an actual thing, not the mere absence of light, whatever we may *know*. Darkness falls, like a curtain or a blanket. When the light comes it drives away the darkness; and so on.

Thus, when we say (justifiably) that the infant feels a mother who does not remove a source of pain to be a 'bad' mother, we do not mean that he has a clear notion of the negative fact of his mother's not removing the source of pain. That is a later realization. The pain itself is positive; the 'bad' mother is a positive experience, undistinguished at first from the pain. When at six months or so, the infant sits up and *sees* that his mother, as an external object, does not come when he wants her, he may then make the link between what he sees, viz. her not coming, and the pain or dissatisfaction he feels.

When the infant misses his mother and behaves 'as if he were never going to see her again', it does not mean that he then has discriminative notions of time, but that the pain of loss is an absolute experience, with a quality of sheer 'neverness' about it—until mental development and the experience of time as a slowly built up external reality have brought discriminative perceptions and images.

The 'primary process' is, however, not to be regarded as governing the *whole* mental life of the child during any measurable period of development. It might conceivably occupy the main field for the first few days, but we must not overlook the first adaptations of the infant to his external environment, and the fact that both gratification and frustration are experienced

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from birth onwards. The progressive alterations in the infant's responses during the first few weeks and onwards show that even by the second month there is a very considerable degree of integration in perception and behaviour, with signs of memory and anticipation.

From this time on, the infant spends an increasing amount of time in experimentative play, which is, at one and the same time, an attempt to adapt to reality and an active means of expressing phantasy (a wish-enactment and a defence against pain and anxiety).

The 'primary process' is in fact a limiting concept only. As Freud said: 'So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction.'²¹ Later on he speaks of the 'belated arrival' of the secondary processes, which seems at first sight somewhat contradictory. The contradiction is resolved if we take the 'belated arrival' to refer not so much to the *onset* of the secondary processes, their rudimentary beginnings, but rather to their full development. Such a view would best accord with what we can see of the infant's actual development, in adaptation to reality, in control and integration.

Instinct, Phantasy and Mechanism

We must now consider another important aspect of our problem, that of the relation between instincts, phantasies and mechanisms. A good deal of difficulty and certain confusions on this matter have appeared in various discussions; one of the aims of this section is to clarify the relations between these different concepts.

The distinction between, e.g. the phantasy of incorporation and the mechanism of introjection has not always been clearly observed. For example, in discussions about specific oral phantasies of devouring or otherwise *incorporating* a concrete object, we often meet with the expression: 'The *introjected object*'. Or people have sometimes spoken of the 'introjected breast', again mixing up the concrete bodily phantasy with the general mental process. It is especially with regard to the mechanisms of introjection and projection that these difficulties seem to have arisen, although the problem of the relation between instincts, phantasies and mechanisms can be considered in a more general way, with regard to every variety of mental mechanism.

To consider 'introjection' and 'projection', in particular: these are abstract terms, the names of certain fundamental mechanisms or methods of functioning in the mental life. They refer to such facts as that ideas, impressions and influences are often taken into the self and become part of it; or that aspects or elements of the self may be disowned and attributed to some person or group of persons, or some part of the external world. These common mental processes, plainly seen in both children and adults, in ordinary social life as well as in the consulting room, are 'mechanisms', i.e. particular ways in which mental life operates, as a means of dealing with internal tensions and conflicts.

Now these mental mechanisms are intimately related to certain pervasive phantasies. The phantasies of incorporating (devouring, absorbing, etc.) loved and hated objects, persons or parts of persons, into ourselves are amongst the earliest

and most deeply unconscious phantasies, fundamentally oral in character since they are the psychic representatives of the oral impulses. Some of these oral phantasies have been described above (p. 82), for example: 'I want to take and I am taking her (mother or breast) into me.' The distinction should be kept clear between a specific fantasy of incorporating an object and the general mental mechanism of introjection. The latter has a far wider reference than the former, although so intimately related to it. To understand the relationship between phantasies and mechanisms, we must look more closely at the relation of both to instinct. On our view, fantasy is the operative link between instinct and ego mechanism.

²¹ More fully Freud writes: 'When I termed one of the psychic processes in the psychic apparatus the *primary* process, I did so not only in consideration of its status and function, but was also able to take account of the temporal relationship actually involved. So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction; but this at least is a fact: that the primary processes are present in the apparatus from the beginning, while the secondary processes only take shape gradually during the course of life, inhibiting and overlaying the primary, whilst gaining complete control over them perhaps only in the prime of life. Owing to this belated arrival of the secondary processes, the essence of our being, consisting of unconscious wish-impulses, remains something which cannot be grasped or inhibited by the preconscious; and its part is once and for all restricted to indicating the most appropriate paths for the wish-impulses originating in the unconscious. ...'

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An instinct is conceived of as a border-line psycho-somatic process. It has a bodily aim, directed to concrete external objects. It has a representative in the mind which we call a 'phantasy'. Every human activity derives from some instinct; it is only through the phantasy of what would fulfil our instinctual needs that we are enabled to attempt to realize them in external reality.

Although themselves psychic phenomena, phantasies are primarily about bodily aims, pains and pleasures, directed to objects of some kind. When contrasted with external and bodily realities, the phantasy, like other mental activities, is a figment, since it cannot be touched or handled or seen; yet it is real in the experience of the subject. It is a true mental function and it has real effects, not only in the inner world of the mind but also in the external world of the subject's bodily development and behaviour, and hence of other people's minds and bodies.

We have already touched incidentally upon many examples of the outcome of particular phantasies; for example, in young children, such difficulties as feeding and excretory troubles and phobias; to these could be added so-called 'bad habits', tics, tantrums, defiance of authority, lying and thieving, etc., etc. We have spoken also of hysterical conversion symptoms in people of all ages as being the expression of phantasy (1933). Examples are alimentary disturbances, headaches, susceptibility to catarrh, dysmenorrhoea, and many other psycho-somatic changes. But ordinary bodily characteristics, other than illnesses, such as manner and tone of voice in speaking, bodily posture, gait of walking, mode of handshake, facial expression, handwriting and mannerisms generally, also turn out to be determined directly or indirectly by specific phantasies. These are usually highly complex, related both to the internal and the external worlds, and bound up with the psychical history of the individual.

It is noteworthy how often and to what a degree such bodily expressions of individual phantasies may change, whether temporarily or permanently, during the process of analysis. In moments of depression, for instance, the manner of walking and holding the body, the facial expression and voice, the patient's whole bodily response to the physical world as well as to people, will be different from what it is at times of elation, of defiance, of surrender, of determined control of anxiety, etc., etc. These changes during analysis are sometimes quite dramatic.

In outside life, people may have phases of dropping and breaking or losing things, of stumbling and falling, of a tendency to bodily accidents.²² One has only to look round at people in ordinary life, in the tube train, the bus or restaurant or family life, to see the endless differentiations of bodily characteristics, e.g. mannerisms, individualities and idiosyncrasies in dress and speech, etc., through which dominant phantasies and the emotional states bound up with them are expressed.

Analytic work brings the opportunity to understand what these varied details signify, what particular changing sets of phantasies are at work in the patient's mind—about his own body and its contents, and about other people and his bodily or social relation to them now or in the past. Many such bodily traits become modified and sometimes considerably altered after the analysis of the underlying phantasies.

Similarly, the broader social expressions of character and personality show the potency of phantasies. E.g. people's attitudes to such matters as time and money and possessions, to being late or punctual, to giving or receiving, to leading or following, to being 'in the limelight' or content to work among others, and so on and so forth, are always found in analysis

to be related to specific sets of varied phantasies, the development of which can be followed out through their various functions of defence in relation to specific situations, back to their origins in primary instinctual sources.

Freud drew attention to a striking example in his study of "The 'Exceptions'", where he discussed the interesting character trait exhibited by quite a number of people, that of proclaiming themselves as exceptions and behaving as such—exceptions from any demands made by particular persons, such as members of the patient's family or the physician, or by reality as a whole. Freud refers to Richard III as a supreme example of this, and in his discussion, he penetrated to some of the phantasies lying behind the apparently simple defiance of Richard on account of his deformity. Freud suggests (1915)

²² 'Accident proneness' has long been recognized among industrial psychologists. The well-known superstition that 'if you break one thing you're sure to break three before you've finished', is a strong confirmation of the view that such tendencies spring from phantasies.

²³ 'But I, that am not shaped for sportive tricks,
Nor made to court an amorous looking-glass;
I, that am rudely stamp'd, and want love's majesty
To strut before a wanton ambling nymph;
I, that am curtail'd of this fair proportion,
Cheated of feature by dissembling Nature,
Deform'd, unfinish'd, sent before my time
Into this breathing world, scarce half made up,
And that so lamely and unfashionable,
That dogs bark at me as I halt by them;
And therefore, since I cannot prove a lover,
To entertain these fair well-spoken days,
I am determined to prove a villain,
And hate the idle pleasure of these days.'

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that Richard's soliloquy²³ is by no means mere defiance, but signifies an unconscious argument (which we should call a phantasy) as follows: "Nature has done me a grievous wrong in denying me that beauty of form which wins human love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to overstep those bounds by which others let themselves be circumscribed. I may do wrong myself, since wrong has been done to me."

An example which may be quoted from the writer's analytic experience is that of an adolescent boy who came to treatment because of serious difficulties in his home and public school life—e.g. very obvious lying of a sort that was certain to be found out, aggressive behaviour, and a wild untidiness in dress. In general the conduct and attitude of this boy of sixteen years of age were entirely out of keeping with his family traditions; they were those of a social outcast. Even when the analysis had brought sufficient improvement for him to join the Air Force, soon after the outbreak of war, he could not follow the normal course of events for those in his social circumstances. He did brilliant work in the Air Force and built up an excellent reputation, but always refused to accept a commission. At the beginning of the analysis he had been lonely and miserable, and entirely without friends. Later he was able to maintain steady friendships, and was very much liked in the sergeants' mess, but was quite unable to live up to the family social traditions, in which there were distinguished officers.

This boy's illness, as always, was determined by many complex causes of external circumstances and internal response. He had a rich phantasy life, but dominant amongst all other of his phantasies was that the only way of overcoming his aggressiveness towards his younger brother (ultimately, his father) was to renounce all ambition in their favour. He felt it impossible for both himself and his younger brother (a normal, gifted and happy person) to be loved and admired by his mother and father. In bodily terms, it was impossible for them both, himself and his younger brother (ultimately himself and his father), to be potent; this notion arose in the depths of his mind from the early phantasies of incorporating his father's genital; he felt that if he himself sucked out father's genital from his mother, swallowed it up and possessed it, then the good genital would be destroyed, his younger brother could not have it, would never grow up, never become potent or loving or wise—indeed, never exist! By electing to renounce everything in favour of his younger brother (ultimately, of his father) the boy modified and controlled his aggressive impulses towards both his parents, and his fears of them.

In this boy, many subsidiary internal processes and external circumstances had served to make this particular phantasy dominate his life—the notion that there is only one good thing of a kind—*the* good breast, *the* good mother, *the* good father's penis; and if one person has this ideal object, another must suffer its loss, and thus become dangerous to the possessor. This phantasy is widely found, although in most people it becomes modified and counterbalanced during development, so that it plays a far less dominant part in life.

Similarly, Freud brings out that Richard's claim to be an exception is one which we all of us feel, although in most people it becomes corrected and modified or covered up. Freud remarks: 'Richard is an enormously magnified representation of something we may all discover in ourselves'²⁴(1915C). Our view that phantasy plays a fundamental and continuous part, not only in neurotic symptoms but also in normal character and personality, is thus in agreement with Freud's comments.

To return to the particular problem of the

²⁴ Freud writes: '... now we feel that we ourselves could be like Richard, nay, that we are already a little like him. Richard is an enormously magnified representation of something we can all discover in ourselves. We all think we have reason to reproach nature and our destiny for congenital and infantile disadvantages; we all demand reparation for early wounds in our narcissism, our self-love. Why did not nature give us the golden curls of Balder or the strength of Siegfried or the lofty brow of genius or the noble profile of aristocracy? Why were we born in a middleclass dwelling instead of in a royal palace? We could as well carry off beauty and distinction as any of those whom now we cannot but envy'.

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phantasy of incorporation; the mental process or unconscious phantasy of incorporating is described in abstract terms as the process of introjection. As we have seen, whichever it be called, its real psychic effects follow. It is not an actual bodily eating up and swallowing, yet it leads to actual alterations in the ego. These 'mere' beliefs about internal objects, such as, e.g. 'I have got a good breast inside me', or, it may be: 'I have got a bitten-up, torturing bad breast inside me—I must kill it and get rid of it', and the like, lead to real effects: deep emotions, actual behaviour towards external people, profound changes in the ego, character and personality, symptoms, inhibitions and capacities.

Now the relation between such oral phantasies of incorporation and the earliest processes of introjection has been discussed by Freud in his essay on 'Negation'. Here he not only states that even the intellectual functions of judgment and reality-testing 'are derived from the interplay of the *primary instinctual impulses*' (my italics), and rest upon the *mechanism* of introjection (a point to which we shall return shortly): he also shows us the part played in this derivation by *phantasy*. Referring to that aspect of judgment which asserts or denies that a thing has a particular property, Freud says: 'Expressed in the language of the oldest, that is, of the oral instinctual impulses, the alternative runs thus: "I should like to take this into me and keep that out of me." That is to say, it is to be either *inside me* or *outside me*' (1925). The wish thus formulated is the same thing as a phantasy.

What Freud picturesquely calls here 'the language of the oral impulse', he elsewhere calls the 'mental expression' of an instinct, i.e. the phantasies which are the psychic representatives of a bodily aim. In this actual example, Freud is showing us the phantasy that is the mental equivalent of an *instinct*. But he is at one and the same time formulating the subjective aspect of the *mechanism* of introjection (or projection). Thus *phantasy is the link between the id impulse and the ego mechanism*, the means by which the one is transmuted into the other. 'I want to eat that and therefore I have eaten it' is a phantasy which represents the id impulse in the psychic life; it is at the same time the subjective experiencing of the mechanism or function of introjection.

The problem of how best to describe the process of introjection related to the phantasy of incorporation is often dealt with by saying that what *is* introjected is an image or 'imago'. This is surely quite correct; but it is too formal and meagre a statement of a complex phenomenon to do justice to the facts. For one thing, this describes only the preconscious processes, not the unconscious.

How does anyone—whether psychologist or other person—come to know this distinction, to realize that what he has actually 'taken inside', his internal object, is an image and not a bodily concrete object? By a long and complex process of development. This, in broad outline, must include the following steps, among others:

- a. The earliest phantasies are built mainly upon oral impulses, bound up with taste, smell, touch (of the lips and mouth), kinaesthetic, visceral, and other somatic sensations; these are at first more closely linked with the experience of 'taking things in' (sucking and swallowing) than with anything else. The visual elements are relatively small.

- b. These sensations (and images) are a bodily experience, at first scarcely capable of being related to an external, spatial object. (The kinæsthetic, genital and visceral elements are not usually so referred.) They give the phantasy a concrete bodily quality, a 'meness', experienced *in* the body. On this level, images are scarcely if at all distinguishable from actual sensations and external perceptions. The skin is not yet felt to be a boundary between inner and outer reality.
- c. The visual element in perception slowly increases, becoming suffused with tactile experience and spatially differentiated. The early visual images remain largely 'eidetic' in quality—probably up to three or four years of age. They are intensely vivid, concrete and often confused with perceptions. Moreover, they remain for long intimately associated with somatic responses: they are very closely linked with emotions and tend to immediate action. (Many of the details referred to here so summarily have been well worked out by psychologists.)
- d. During the period of development when the visual elements in perception (and in corresponding images) begin to predominate over the somatic, becoming differentiated and spatially integrated, and thus making clearer the distinction between the inner and the outer worlds, the concrete bodily elements in the total

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experience of perceiving (and phantasying) largely undergo *repression*. The visual, externally referred elements in phantasy become relatively de-emotionalized, de-sexualized, independent, in consciousness, of bodily ties. They become 'images' in the narrower sense, representations 'in the mind' (but not, consciously, incorporations in the body) of external objects recognized to be such. It is 'realized' that the objects are outside the mind, but their images are 'in the mind'.

- e. Such images, however, draw their power to affect the mind by being 'in it', i.e. their influence upon feelings, behaviour, character and personality, upon the mind as a whole, is founded upon *their repressed unconscious somatic associates* in the unconscious whole of wish and phantasy, which *form the link with the id*; and which do mean, in unconscious phantasy, that the objects to which they refer are believed to be inside the body, to be incorporated.

In psycho-analytic thought, we have heard more of '*imago*' than of '*image*'. The distinctions between an '*imago*' and '*image*' might be summarized as: (a) '*imago*' refers to an *unconscious* image; (b) '*imago*' usually refers to a person or part of a person, the earliest objects, whilst '*image*' may be of any object or situation, human or otherwise; and (c) '*imago*' includes all the somatic and emotional elements in the subject's relation to the imaged person, the bodily links in unconscious phantasy with the id, the phantasy of incorporation which underlies the process of introjection; whereas in the '*image*' the somatic and much of the emotional elements are largely repressed.

If we pay enough attention to the details of the way in which other mental mechanisms operate in the minds of the patients, every variety of mechanism can be seen to be related to specific phantasies or sorts of phantasy. They are always *experienced* as phantasy. For example, the mechanism of *denial* is expressed in the mind of the subject in some such way as: 'If I don't admit it (i.e. a painful fact) it isn't true.' Or: 'If I don't admit it, no one else will know that it is true.' And in the last resort this argument can be traced to bodily impulses and phantasies, such as: 'If it doesn't come out of my mouth, that shows it isn't inside me'; or 'I can prevent anyone else *knowing* it is inside me.' Or: 'It is all right if it comes out of my anus as flatus or fæces, but it mustn't come out of my mouth as words.' The mechanism of *scotomization* is experienced in such terms as: 'What I don't see I need not believe'; or 'What I don't see, other people don't, and indeed it doesn't exist.'

Again, the mechanism of compulsive confession (which many patients indulge in) also implies such unconscious argument as the following: 'If I say it, no one else will', or 'I can triumph over them by saying it first, or win their love by at least appearing to be a good boy.'²⁵

In general it can be said that ego mechanisms are all derived ultimately from instincts and innate bodily reactions. 'The ego is a differentiated part of the id' (1926).

Phantasy, Memory-Images and Reality

In quoting just now from Freud's essay on 'Negation', we noted his view that the intellectual functions of judgment and reality testing 'are derived from the interplay of the primary instinctual impulses'. If, then, phantasy be the 'language' of these primary instinctual impulses, it can be assumed that phantasy enters into the earliest development of the ego in its relation to reality, and supports the testing of reality and the development of knowledge of the external world.²⁶

We have already seen that the earliest phantasies are bound up with sensations and affects. These sensations, no matter how selectively over-emphasized they may be under the pressure of affect, bring the experiencing mind into contact with external reality, as well as expressing impulses and wishes.

The external world forces itself upon the attention of the child, in one way or another, early and continuously. The first psychical experiences result from the massive and varied stimuli of birth and the first intake and expulsion of breath—followed presently by the first feed. These considerable experiences during the first

²⁵ In the analysis, a great deal of mocking and triumph and intention to defeat the analyst can often be discerned behind the 'goodness' of such compulsive confessions.

'He put in his thumb
And pulled out a plum,
And said, "What a good boy am I."

²⁶ '... one must not take the difference between ego and id in too hard-and-fast a sense, nor forget that the ego is a part of the id which has been specially modified.' (*The Ego and the Id*, pp. 51–2) (1927). Again, '... originally, of course, everything was id; the ego was developed out of the id by the continual influence of the external world. In the course of this slow development certain material in the id was transformed into the preconscious state and was thus taken into the ego.' ('Outline of Psycho-Analysis', *Int. J. Psycho-Anal.* (1940) 21, p. 43.)

²⁷ An appreciation of what external facts, e.g. the way he is fed and handled in the very beginning, and later the emotional attitudes and conduct of both his parents, or his actual experience of loss or change, *mean* to the child in terms of his fantasy life gives a greater weight to real experiences than would usually be accorded by those who have no understanding of their fantasy value to the child. Such actual experiences in early life have a profound effect upon the character of his fantasies as they develop, and therefore upon their ultimate outcome in his personality, social relationships, intellectual gifts or inhibitions, neurotic symptoms, etc.

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twenty-four hours must already evoke the first mental activity, and provide material for both fantasy and memory. Fantasy and reality-testing are both in fact present from the earliest days.²⁷

External perceptions begin to influence mental processes at a certain point (actually from birth on, though at first they are not appreciated as external). At first the psyche deals with most external stimuli, as with the instinctual ones, by means of the primitive mechanisms of introjection and projection. Observation of the infant during the first few weeks shows that in so far as the external world does not satisfy our wishes, or frustrates or interferes with us, it is at once hated and rejected. We may then fear it and watch it and attend to it, in order to defend ourselves against it; but not until it is in some degree libidinated through its connections with oral satisfactions and thus receives some measure of love, can it be played with and learnt about and understood.

We conclude with Freud that the disappointingness of hallucinatory satisfaction is the first spur to some degree of adaptation to reality. Hunger is not satisfied by hallucinating the breast, whether as an external or an internal object, although waiting for satisfaction may be made more tolerable by the fantasy. Sooner or later, hallucination breaks down, and a measure of adaptation to real external conditions (e.g. making demands on the external world by crying, seeking movements, restlessness, etc., and by adopting the appropriate posture and movements when the nipple arrives) is turned to instead. Here is the beginning of adjustment to reality and of the development of appropriate skills and of perception of the external world. Disappointment may be the first stimulus to adaptive acceptance of reality, but the postponement of satisfaction and the suspense involved in the complicated learning and thinking about external reality which the child presently accomplishes—and for increasingly remote ends—can only be endured and sustained when it itself satisfies instinctual urges, represented in fantasies, as well. Learning depends upon interest, and interest is derived from desire, curiosity and fear—especially desire and curiosity.

In their developed forms, fantasy thinking and reality thinking are distinct mental processes, different modes of obtaining satisfaction. The fact that they have a distinct character when fully developed, however, does not necessarily imply that reality thinking *operates* quite independently of unconscious fantasy. It is not merely that they 'blend and interweave';²⁸ their relationship is something less adventitious than this. On our view, *reality-thinking cannot operate without concurrent and supporting unconscious fantasies*. E.g. we continue to 'take things in' with our ears, to 'devour' with our eyes, to 'read, mark, learn and inwardly digest', throughout life.

These conscious metaphors represent unconscious psychic reality. It is a familiar fact that all early learning is based

upon the oral impulses. The first seeking and mouthing and grasping of the breast is gradually shifted on to other objects, the hand and eye only slowly attaining independence of the mouth, as instruments of exploration and of knowing the outer world.

All through the middle part of his first year, the infant's hand reaches out to everything he sees in order to put it into his mouth, first, to try and eat it, then at least to suck and chew it, and later to feel and explore it. (Only later do his hand and eye become independent of his mouth.) This means that the objects which the infant touches and manipulates and looks at and explores are invested with oral libido. He could not be interested in them if this were not so. If at any stage he were entirely auto-erotic, he could never learn. The instinctual drive towards taking things into his mind through eyes and fingers (and ears, too), towards looking and touching and exploring, satisfies some of the oral wishes frustrated by his original object. Perception and intelligence draw upon this source of libido, for their life and growth. Hand and eye retain an oral significance

²⁸ As Dr. Brierley once put it: 'phantasy thinking ... and reality thinking constantly blend and interweave in the patterns of current mental activity'—in adults as well as children.

W. Stern too has written at length (although in reference to the child's conscious fantasies) of 'this mutual, intimate intermingling of reality and imagination', which he says is 'a fundamental fact', *Psychology of Early Childhood*, p. 277 (London: 1930, George Allen and Unwin).

throughout life, in unconscious phantasy and often, as we have seen, in conscious metaphor.

In her papers 'Infant Analysis' and 'The Importance of Symbol Formation in the Development of the Ego' (1926), Mrs. Klein took up Ferenczi's view that (primary) identification, which is the forerunner of symbolism, 'arises out of the baby's endeavour to rediscover in every object his own organs and their functioning', and also Ernest Jones's view that the pleasure-principle makes it possible for two separate objects to be equated because of an affective bond of interest. She showed, by means of illuminating clinical material, how the primary symbolic function of external objects enables phantasy to be elaborated by the ego, allows sublimations to develop in play and manipulation, and builds a bridge from the inner world to interest in the outer world and knowledge of physical objects and events. His pleasurable interest in his body, his discoveries and experiments in this direction, are clearly shown in the play of an infant of three or four months. In this play he manifests (among other mechanisms) this process of symbol-formation, bound up with those phantasies which we later discover in analysis to have been operating at the time. *The external physical world is in fact libidized largely through the process of symbol-formation.*

Almost every hour of free association in analytic work reveals to us something of the phantasies which have promoted (mainly through symbol-formation) and sustained the development of interest in the external world and the process of learning about it, and from which the power to seek out and organize knowledge about it is drawn. It is a familiar fact that, from one point of view, every instance of concern with reality, whether practical or theoretical, is also a sublimation²⁹(1935).

This, in its turn, means that *pari passu* some measure of 'synthetic function' is exercised upon instinctual urges, from the beginning. The child could not learn, could not adapt to the external world (physical or human) without some sort and degree of control and inhibition, as well as satisfaction, of instinctual urges, progressively developed from birth onwards.

If, then, the intellectual functions are derived from the interplay of the primary instinctual impulses, we need, in order to understand either phantasy or reality-testing and 'intelligence', to look at mental life as a whole and to see the relation between these various functions during the whole process of development. To set them apart and say 'this is perception and knowledge, but *that* is something quite different and unrelated, that is mere phantasy', would be to miss the *developmental* significance of both functions.³⁰

Certain aspects of the nexus between thought and phantasy were discussed in *Intellectual Growth in Young Children*³⁰(1944). From direct records of spontaneous make-believe play among a group of children between two and seven years of age, it was possible to show the various ways in which such imaginative play, arising ultimately from unconscious phantasies, wishes and anxieties, creates practical situations which call for knowledge of the external world. These situations may then often be pursued for their own sake, as problems of learning and understanding, and thus lead on to actual discoveries of external fact or to verbal judgment and reasoning. This does not always happen—the play may for periods be purely repetitive; but at any moment a new line of inquiry or argument may flash out, and a new step in understanding be taken by any or all of the children taking part in the play.

In particular, observation made it clear that spontaneous make-believe play creates and fosters the first forms of 'as if' thinking. In such play, the child re-creates selectively those elements in past situations which can embody his emotional or intellectual need of the present, and adapts the details moment-by-moment to the present play situation. This ability to evoke the *past* in imaginative play seems to be closely connected with the growth of the power to evoke *the future* in constructive

²⁹ See e.g. E. F. Sharpe's paper on 'Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science' (*Int J. Psycho-Anal.*, (1935)16, Part 2).

³⁰ Dr. Brierley has written: '... the existence of "internalized object" fantasies would not contravene the memory-trace hypothesis since memories and fantasies have a common trace origin. All images are memory-images, re-activations of past experience. It was suggested that, artificially simplified, the concept of an "internalized good object" is the concept of an unconscious fantasy gratifying the wish for the constant presence of the mother in the form of a belief that she is literally inside the child. Such an unconscious fantasy would help the child to retain conscious memory of its mother during temporary absences though it might fail to bridge a prolonged absence. A two-year-old child's memory of its mother will not be a simple system but the resultant of two years of life with her. The conscious memory will be the accessible part of a far more extensive unconscious mother-system having its roots in earliest infancy'.

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hypothesis, and to develop the consequences of 'ifs'. The child's make-believe play is thus significant not only for the adaptive and creative intentions which when fully developed mark out the artist, the novelist and the poet, but also for the sense of reality, the scientific attitude, and the growth of hypothetical reasoning.

The argument of this paper may now be summarized:

1. *The concept of fantasy* has gradually widened in psycho-analytic thought. It now requires clarification and explicit expansion in order to integrate all the relevant facts.
2. On the views here developed:
 - a. Fantasies are the primary content of unconscious mental processes.
 - b. Unconscious fantasies are primarily about bodies, and represent instinctual aims towards objects.
 - c. These fantasies are, in the first instance, the psychic representatives of libidinal and destructive instincts; early in development they also become elaborated into defences, as well as wish-fulfilments and anxiety-contents.
 - d. Freud's postulated 'hallucinatory wishfulfilment' and his 'primary introjection' and 'projection' are the basis of the fantasy life.
 - e. Through external experience, fantasies become elaborated and capable of expression, but they do not depend solely upon external experience for their existence.
 - f. Fantasies are not dependent upon words, although they may under certain conditions be capable of expression in words.
 - g. The earliest fantasies are experienced in sensations; later, they take the form of plastic images and dramatic representations.
 - h. Fantasies have both psychic and bodily effects, e.g. in conversion symptoms, bodily qualities, character and personality, neurotic symptoms, inhibitions and sublimations.
 - i. Unconscious fantasies form the operative link between *instincts* and *mechanisms*. When studied in detail, every variety of ego-mechanism can be seen to arise from specific sorts of fantasy, which in the last resort have their origin in instinctual impulses. 'The ego is a differentiated part of the id.' A mechanism is an abstract general term describing certain mental processes which are experienced by the subject as unconscious fantasies.
 - j. Adaptation to reality and reality-thinking require the support of concurrent unconscious fantasies. Observation of the ways in which knowledge of the external world develops shows how the child's fantasy contributes to his learning.
 - k. Unconscious fantasies exert a continuous influence throughout life, both in normal and neurotic people, the differences lying in the specific character of the dominant fantasies, the desire or anxiety associated with

them and their interplay with each other and with external reality.

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