

Learning From Childhood

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In my work as a psychoanalyst with children, adolescents, and adults, I have been helped by and drawn inspiration from Susan Isaac's article, 'The Nature and Function of Phantasy', written in 1948, 70 years ago. It has opened the door for me to delve into some of the earliest elements of the unconscious. Unconscious Phantasy is like a seal that leaves deep imprints in the mind and in the body, and allows for construction of realities, traits, defensive mechanisms, etc., that make us be as we are.

Thinking about the traces of earliest fantasies and how they continue to operate throughout life, we will illustrate the concept of unconscious phantasy through case examples, in order to reflect on how we can learn from its traces and bring them forth in our work with patients of all ages.

A.[2]. a 59-year-old woman who attempts suicide by ingesting a high dose of sleeping pills, is found by her husband thanks to the sound of her snoring as she sleeps. She does not want to wake up — she becomes upset because he interferes with fulfillment of her desire. She says she did it on this day because summertimes are heavy with a sadness she does not understand.

We try to understand more about this over the course of her treatment. She slowly associates to a recent event: her oldest son just went through a marital separation, which she has not been doing well with. Also, on the night of the attempt, her husband had demanded her sexually, and she could not refuse. She feels like a prostitute at his side because she doesn't love him, and, she adds, *"I would never have sex with him. I feel obligated."*

While discussing her history, A. mentions that her mother died when she was seven years old. At the time of the funeral, her older sister said, **"Mother left us"**, as A. watched some cars, probably the courtége, drive away. Then everything became sad and desolate. This forgotten phrase makes her associate to the loneliness of the streets during the summertime, to her son's recent separation, and to the fact that A.'s grandchildren are now the same age as she was when her mother died. What fantasy did that seven-year-old girl have when she heard the phrase **"Mother left us"? Where did she go?** There were no explanations other than those she described. Then she gradually remembers that, after her death, her house and her family disappeared, and she, as the youngest daughter, was abandoned, and exiled to her relatives' homes, where she felt that 'Cinderella' story repeated itself. She remembers a hole that bore itself into her mind, where coldness and emptiness are but one.

"Cars that leave in the summertime" leave behind a city, sad, empty, like she had been when **"mother left."** The probable phantasy is, **"Everything that leaves never comes back,"** which equates separation with death. *"Freud 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"* (Freud in Isaac)[3].

A. gradually remembers — she sees herself wandering through unknown streets on cold winter nights waiting for the sunrise, because, when her father got home drunk he forced them to leave the house. If they did not, the beatings he gave mother were terrifying. She thinks about how she has never felt sexual pleasure, nor the slightest trace of desire, and how it may be due to her having witnessed sexual acts between her parents, actual rapes, in which the sound of the man's breathing and her

mother's weeping were synonymous. Isaacs says, *"Now, in the view of the present writers, the '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."*

Although A. was a strong-willed woman who was able to survive a series of painful experiences, she preserved these experiences of her mother, along with as her own, as a bulwark that kept her from loving a man. Her husband inherited the experiences of her parents' abuse and mistreatment (it is likely that she contributed to this), she never allowed herself to love him, nor to desire him, nor even to yield to sexual fantasies. Allowing herself to be carried away, even just for a moment, was impossible, since, in her mind, doing so was tantamount to death.

Isaacs reminds us, *"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."* [4].

Maybe the phantasy of the sexual act was experienced as a dangerous and destructive fusion of libidinal and death instincts, hypothetically phantasized from birth, given the characteristics of the parents' relationship. After all, *"All impulses, all feelings, all modes of defence are experienced in phantasies which give them mental life and show their direction and purpose."* [5].

For Isaacs, *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, here is indeed a wealth of unconscious phantasies which take specific form in conjunction with the cathexis of particular bodily zones*[6]. A. smoked heavily, and her attempt to commit suicide orally makes me think that for this woman the good and bad breasts were blurred in phantasy and, likely, also in reality.

B. is a mother of two sons who could not be a container for her children, neither while she was pregnant with them nor during the first moments of their lives. She delivered them via c-section after seven months — from the start, she showed signs of an early miscarriage, she kept complete bed rest, and then gave birth prematurely. The narrative is straightforward — she adds that she did not feel attachment toward them. With the second one, she had gone on a month-long trip when the boy was only one month old.

She has never breastfed them. She grimaces with disgust as she says it; she seems disconnected and to have the sense that she does not understand them, that they get in her way. She also flatly recalls that she herself was born after a six-or seven-months-long pregnancy and weighed 1.5 kg. While she was on the neonatal unit, her mother never came to visit because she had been told that B. might die and that she was ugly.

B. is very thin, she presents with many tics and psychosomatic illnesses. When I see her, I sense that she feels desperate in my presence, as if she were suffocating. She closes and opens her eyes to the rhythm of the tics. She says that she does not understand her youngest son; she describes him as unbearable and full of psychosomatic illnesses. At that moment, her cell phone rings — it's her son calling (I hear his yelling).

B. sounds worried and annoyed talking to him. The tics become more pronounced. I feel sorry for this woman. I imagine her on a neonatal intensive care unit, full of probes, cables, and monitors, locked in

an incubator, and I think that, faced with the fantasy of dying, she had to save herself by not feeling, Maybe this defensive mechanism is what sustains her, and she projects it onto her sons. Isaacs thinks that *“Each detail of the symptoms turns out to have a specific meaning, i.e. to express a specific phantasy; and the various shifts of form and intensity and bodily part affected reflect changes in phantasy, occurring in response to outer events or to inner pressures.”* [7].

B. adds that during the first months of her life she had some skin conditions and a lot of cramps. We can make of this that B. never had a skin-container that allowed her to experience calm, and that her coping mechanisms likely have been her intestinal conditions, through which physical pain is a way of feeling. Maybe she turns to sickness because she discovered early on that it is a way of feeling and of being seen. I can sense B.'s difficulty connecting with herself. I feel mistrust looming in the face of closeness and ties. *“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.”* [8].

B. considers herself a picky eater and states that she is a coeliac. She was diagnosed her so years ago, although her stomach pain itself is very old. I associate the refusal to eat with a failure in oral libidinization during the first days of her life. We know that a baby born prematurely weighing what she weighed lacks a sucking reflex and, furthermore, feeding the baby orally is generally avoided because doing so would entail a considerable expenditure of energy. They must be fed through a feeding tube until they exceed 2 kg and develop a sucking reflex. B.'s mother did not feed her, neither with her presence nor with her milk, and B. required the hospital personnel and baby formula to be fed, both of which were artificial agents for a premature mind and stomach. These early experiences provided her a means of feeling and of experiencing distrust. *“The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy.”* [9].

C. is a newborn girl, born prematurely at seven months. She was not allowed to breastfeed until she was one month and one week old because of how delicate her health had been and her exhaustion sucking. Her mother has been on the neonatal unit since giving birth. Initially, she fed C. BM) [10]. through a nasogastric tube, then through baby bottles. For a few days now, C.'s mother has breastfed C.; C. sniffs her, snuggles up to her, and kisses her softly, stroking her before before she starts to suck, then she delicately starts to, making soft sounds all the while. Isaacs says, *“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. [. . .] 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.”* [11].

D. is a child who gagged the first time he breastfed, he had severe complications latching to his mother's breast and containing his voraciousness and the rage he feels at being restrained. His excessive curiosity led him to watch porn at age nine, and today, at eleven, he enjoys riddles. This evolution could be understood as an intense desire to enter his mother's body and, in a vampiric way, devour her. Currently he has been able to sublimate this element through an interest in knowledge and his discovery of riddles, thereby observing the course of development of the oral fantasy. We may believe that, in D., *“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 throughout life, in unconscious phantasy and often, as we have seen, in conscious metaphor.” [12].

What can we learn from childhood? That our world is held up by unconscious fantasies. They both enrich and impoverish us. Maybe our work as psychoanalysts consists of being able to aid in their discovery and, to the extent possible, promoting their understanding...

References

Isaacs, S. (1962). The Nature and Function of Phantasy. In Klein, M., Heimann P., Isaacs, S., Riviere J. *Developments in Psychoanalysis*, Ch. II. Ed. Hormé, Buenos Aires. 1st Edition in Spanish (1962).

[1] “Waking Up,” a poem by Jorge Luis Borges.

[2] Patient A is in treatment on three occasions.

[3] Isaacs, S. (1948). *The Nature and Function of Phantasy*, p. 82.

[4] *Ibid.* p.84.

[5] *Ibid.* p.84.

[6] *Ibid.* p.84.

[7] *Ibid.* p.89.

[8] *Ibid.* p.91.

[9] *Ibid.* p.91.

[10] *Breast milk.*

[11] *Ibid.* p.105.

[12] *Ibid.* p.105.

Translation: Jorge Alcantar