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Early Defensive Fantasies and the Psychoanalytical Process

Eugenio Gaddini

Fantasy in its origin seems to be associated with an image, and above all with a visual image, and many fantasies can be found in dreams. Freud **(1923)** realized that visual thought precedes verbal thought in mental development, and the former is closer to 'things'. It seems to me that still nearer to 'things' we can find primitive mental experiences of the body which are made up of particular sensations connected to a specific function (originally that of feeding). Where necessary, these experiences are physically expressed, actively and specifically promoting that particular function which produced those sensations which the mind has already experienced. Since this necessity is generally linked to environmental failures, psycho-physical response seems to imply a protective defence, which aims to protect and preserve survival. Generally, enacting a particular bodily function also modifies it, according to the mental significance of the need. This closed circuit of body-mind-body most probably precedes the emergence of fantasy associated with the image. Thus, while the fact of an image being present was a guarantee of the reality of what was presented **(Freud, 1925)**, this guarantee seems itself to be furnished in the mind by the concreteness of the body. It seems to me certain that fantasy expressed through an image represents a more advanced stage than fantasy expressed by means of the body. I believe that when, at a certain stage, the presentation of an image interrupts the body-mind circuit, there is an essential change. In the first place, the image is much more economical for the mind than the enactment of a particular function of the body. In the second place, the image remains in the mind, where it can encounter dynamic vicissitudes of every kind, independently of bodily functioning, while that is expressed through the body seems to remain enclosed within the body-mind-body circuit, and to be excluded from further mental work. Visual fantasy is capable of developing its organization, as can be seen in dreams. During analytical treatment one can assist in a gradual structuring of fantasies and dreams. By contrast, visual thought may regress due to serious psychopathology. At its earliest levels of organization, visual fantasy is obviously much nearer to 'things' than at more advanced levels.

When we deal with these earliest levels, we may mistake for image what is really enclosed within the mind-body circuit. For instance, it seems to me that we cannot be absolutely sure that what we have always described as 'hallucinatory image' is really that. It is clearly a very precocious fantasy, and therefore very near to 'things'. Moreover, we assume a fantasy exists from certain observable physical behaviour, which is enacted by the primitive mind as a defence against unfulfilled desires. These are exactly the characteristics of the body-mind-body circuit. It is possible instead that later on, when a child no longer needs to resort to the immediate psycho-physical response of sucking and is capable, within certain limits, of delaying gratification, there is an effective hallucinatory image which comforts him during the delay. What, however, I want to emphasize is that the development of fantasy seems to begin with fantasies expressed by means of bodily functioning, what I would call 'fantasies in the body'.[1]

This accounts for the fact that mental pathology ordinarily becomes apparent in psycho-physical syndromes **(a term introduced by Greenacre, 1958)**, namely within the body-mind-body circuit. What appears to be somatic

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[1] Fantasies which intervene after these ones, seem to be the earliest mental representations of the body self, and therefore they should be described separately as 'fantasies *on* the body'. Further on I will give some instances of them. As we will see, they are already linked to an elementary image of the body—usually a roundish shape—and precede the formation process of the sense of identity **(Greenacre, 1958)**, and of what is known as the body image.

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pathology is a defensive fantasy represented in specific bodily functioning, with a corresponding change of function in accordance with its psychic significance. It is interesting to note, in this connexion, that some psycho-physical syndromes of early infancy intervene only at a certain period of time after birth **(E. Gaddini, 1981)**. Each one of them comes at a specific time. The syndrome which, to my knowledge, is the most precocious, is known to paediatricians as 'mercism' or 'rumination', and was described by us for the first time as a psycho-physical syndrome in 1959 (E. & R. Gaddini). It never intervenes earlier than eight weeks from birth. Its importance lies in the fact that, due to its precocity, it allows us to understand the passage from organic, not yet mentalized, response to a complexly organized psycho-physical syndrome **(E. Gaddini, 1969)**.

I will limit myself to mentioning only two other psycho-physical syndromes, because they represent important steps in early mental development, namely dermatitis, which usually occurs in approximately the sixth month of life (rarely earlier, and not before the fourth month), and asthma, which never occurs before the end of the first year of life. This sequence seems to indicate that, in the

course of early mental development, the functioning of a particular organ is going to dominate the functioning of other organs **(E. Gaddini, 1981)**. Whereas in mericism (end of the second month) mental primacy belongs to the oral-gastric functioning, and the syndrome relates to an alteration in the feeding function, at the end of the fifth month mental primacy belongs to cutaneous functioning, and at the end of the first year it belongs to respiratory functioning. In the first mental experiences of the body what matters seems to be not the organs themselves but the mental sense of their functioning.

Further, we must take into consideration that psycho-physical syndromes during the first eighteen months generally relate to a pathology of detachment and separateness. Consequently they manifest themselves at particular moments of early development, and express themselves in the altered bodily functioning in a mentally defensive content, which occurs at a specific time in development when this pressing problem emerges. In a recent work **(1981)** I have tried to describe the origin of the constituent elements of these precocious fantasies as they may be found in the analytic treatment of adult patients. In the present paper I have chosen, rather, to consider the way in which these fantasies operate in the psychoanalytic process, and the technical and theoretical problems which may arise.

A primitive fantasy expressed in the body can hardly be further elaborated in the course of development. The fantasy appears as if it were split. In reality it is the result of a gap in the process of integration, not of a splitting mechanism. In the psychoanalytic process, this difference may reveal itself as basic. From a maturational point of view, as Winnicott **(1974)** has indicated, the difference is between non-integration and disintegration. The latter presupposes the existence of a certain degree of integration, and is therefore a phenomenon which has regressed from a more advanced state. In infancy, the production of the somatic symptom comes from quite the opposite direction from the process of integration **(R. Gaddini, 1974)**.

In other words, the psycho-physical syndrome is typically fragmentary and representative of a mental functioning which precedes the integrative process. At this level, splitting makes no sense. The defence, in this case, consists of opposing the integrative processes *in statu nascendi*, which takes place through the reactivation of the fragmentary functioning and, in this way, in the prevention of integration. In the case of splitting, by contrast, the defence consists of the attempt to reconstruct regressively the fragmentary functioning, which was lost through the integration. In the psychoanalytic process, we should therefore expect the following: (a) that the effects of one defence would be different from the other; and (b) that the reconstruction of the integration which was broken and damaged by the split—that is, the re-integration of the split parts—would be a process different from that occurring for the first time, from a non-integrated functioning to integration which would involve the integration of parts which were never previously integrated. Nevertheless, we may easily make the mistake of assuming something to be the result of splitting, even though it could not be because it had never been integrated.

In my view the role of anxiety may be of some help in distinguishing between the two conditions. Fundamentally, I am inclined to believe that the more unbearable the recognition of one's

[2] Anxiety of loss of the self is to be considered as a normal phenomenon, which intervenes at a certain point in the growth of the individual, as soon as a separate self exists. It implies 'on the one hand an initial degree of objective recognition of a self limited by its own boundary which defines an internal space separated from an unlimited external space, and, on the other hand, the sense that this limitation of the self be the result of a mutilating loss, which was brought on by the catastrophic experience'. 'Anxiety of loss of the self is linked to survival, which is an imperative need, which appears for the first time with separation.' 'Anxiety is related to the fragility and the inconsistency of the just recently acquired boundary … and is related to not being capable of holding together the remaining fragments of the self, and of preventing their spreading out in the unlimited external space.' 'To the extent to which the anxiety of loss of the self is bearable, and does not provoke pathological defences, it is an intense stimulus for the formation of further defences, useful to start an organization of the self within its effective boundary' **(E. Gaddini, 1981)**.

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own separateness, the more overwhelming the integrative processes are. When separation has been traumatic and separateness, therefore, unbearable, the integrative processes greatly increase the anxiety of self-loss. On the other hand, when the quality of the separation has not been traumatic, and the separateness has been bearable, the integrative processes may take place more naturally and self anxiety may undergo a progressive and definite reduction.[2]

The role of splitting belongs particularly to the first type of case where the integrative processes promote unbearable anxiety of self-loss and the attempt is made to reduce such anxiety by means of disintegration, that is, through re-establishing the lost fragmentary functioning. This is the reason why, in the analytic process, the re-integration of that which is split provokes anxiety, the same anxiety which originally produced the split, and now makes re-integration difficult. In order to allow re-integration to take place, the analytical restoration of the infantile organization of the self has to reach the point of bringing the self to face this anxiety, which was originally unbearable. However, what really matters is that the damage produced to integrative processes by the split increases, instead of reducing, the pathological precariousness of separateness and, consequently, helps maintain the severity of the self-loss anxiety.

Perhaps non-integration **(Winnicott, 1974)** can be defined as the first functional organization of the self, a fragmentary one, with which the infantile self finds itself at the moment of separation. The serious result of this unavoidable experience is that the separated self loses the protected situation of being held and must consequently maintain its own cohesion by itself, in an external space which at first seems empty and limitless, and which will soon become monstrous and threatening. Patients often experience the anxiety of the

loss of self in the form of a fear of physically going to pieces and getting lost in space. Fragments of the non-integrated self are related, most probably, to the experiences of bodily functioning by the primitive mind. Such experiences are necessarily fragmentary and selective, inasmuch as they refer to specific functions and to certain sensations; however, as I have said, the selection is based on the significance which subsequently established functions acquire in the mind. The body-mind-body circuit characterizes this primitive organization.

Integrative processes, the natural evolution of non-integration, established themselves in this fragmentary organization from separation onwards, but their initial development is made more or less difficult by the way in which separation has been experienced, and by the consequent seriousness of the anxiety of loss of the self. In the pathology of separation this anxiety may reach unbearable limits, and integrative processes may then become threatening forerunners of a new and conclusive catastrophe. After a pathological separation, any thrust towards a change is experienced as a threat to survival. Due to the lack of other means of defence, the psycho-physical syndrome is the only self-protective device which the fragmentary self is capable of producing.

This defence is elementary (although elementary does not mean simple) and it shows in a physical manifestation—in a specific pathological bodily functioning—a specific psychic disturbance, accompanied by pain. Since the cause of both the disturbance and the pain is in the environment, one might think that an appropriate intervention which modifies the environment should make the psycho-physical syndrome disappear. In fact, this can occur when the cause can be understood and an adequate intervention takes place. For instance, it has been demonstrated that if a ruminating baby is given into the exclusive care of a nurse who is capable of

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looking after him as the mother would have done if she had been able to, rumination may rapidly disappear **(R. & E. Gaddini, 1959)**. Analogously—except where the syndrome does produce irreversible functional alterations in the body—one can see that a psycho-physical syndrome aroused in early infancy, which lasts for the rest of the person's life, can sometimes disappear during analysis, not so much because of our interpretations, but because the analytical process was able to re-establish a mother–infant situation which allowed certain natural processes and experiences to take place for the first time. The impression that one has is that the psycho-physical syndrome disappears simply because it is no longer necessary. One could say not only that its disappearance is not accompanied by anxiety of loss of the self but that it is actually a product of the reduction of such anxiety.

Unlike what occurs in the case of splitting, where reinstating integration requires a re-experiencing of that painful anxiety of self-loss which at the time had made the split necessary, in the case of the psycho-physical syndrome the therapeutic process seems to proceed in the direction of a favourable start and development of the integration processes up to the point where the self is able to emerge from the dead-end of non-integration. Usually it is a long process, in which obstacles are encountered which seem, and sometimes are, insurmountable. The dead-end consists of the fact that the pathological anxiety of self-loss is constantly fed from two opposite directions. On the one hand it is fed by the precariousness of the non-integration state itself (the terrifying fantasy of going to pieces and being annihilated in space). In infancy, in conditions which are not pathological, anxiety most probably contributes to the beginning of the integration processes, and these contribute to its progressive reduction. On the other hand, the pathological anxiety of the loss of the self is also fed by the tendency towards integration, which implies the fearful recognition of a permanent separation. Integration, in pathological conditions, thus appears as a fatal step beyond return, which is the move from survival, however precarious, to final catastrophe.

It may be useful therefore to distinguish these two contrasting and coexistent aspects of pathological anxiety of loss of the self, namely anxiety of non-integration and anxiety of integration. Obviously, it is the latter which represents the true pathological aspect; it is stronger than anxiety of non-integration, it prevents the natural developmental process, and contributes in an essential way to maintaining the non-integrative state as an extreme defence.

What follows concerns a female patient who is 43-years-old, and married without children. Analysis had been going on for about two years when the patient decided to leave for London for ten days, as a reaction to the separation caused by the Christmas holidays. I shall report some of the things that she said during the first session after her return.

> *Now I'm okay, but when I was in London I didn't feel very well, and if I could have, I would have returned on foot instead of waiting those ten days. I was surrounded by very affectionate people, but I had to pretend that I was all right. I even had to take a tranquillizer three times a day. I only went out twice, once to buy my return ticket. What I felt was my usual sensation of being broken up, of not being unified, not having a centre, going to pieces, and so therefore I couldn't go anywhere, and was not able to reciprocate affection, so I wasn't interested in anything at all. Now, since arriving at your house I have felt as if I were a whole again. There, I was constantly afraid of not returning, and therefore I couldn't even think about the time or about the days which separated me from my return. I had the strongest fears which I wasn't able to control. I was afraid of a strike, a war … I often felt as though I were outside the situation, outside myself …*

> *A horrible thought occurred to me, I thought that in order to die one must first reunify oneself. If I thought about killing myself, that would mean that I had been able to gather myself together. You certainly can't die disintegrated, can you? You must be a unity to die' (she cries). 'But why did you let me leave like that? Without skin? I was also a bit upset with you. In England, at the worst moment, I thought about painting, in order to feel better, and in fact I succeeded in painting three little pictures; and when I looked at them I felt a lot better. It was as if I could see myself, as if I could see that I existed. I recognized myself*

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more than if I was looking as myself in the mirror.

As can be appreciated, in the suffering of non-integration there is no place for conflict. The reason for this is that, for the fragmentary self, no object can exist as an object. It cannot give way to wishes and drives but instead it must only obey necessity and need. The object becomes the limit and definition of the fragmentary self, the skin which confines, defines and shapes it. This is the essential importance of contact. The roots of this importance are remote, and go back to pre-natal life, when the foetus was surrounded by a precise and stable boundary, the amniotic sac, which is fortified by the womb. That protective boundary allowed the foetal organism to develop and function freely. The loss of this boundary at birth presumably contributes to the primary need of physical contact that the neonate shows, and to the storing of tactile sensations in the primitive mind. This is certainly one of the most precocious among the mental experiences of bodily functioning. Tactile sensations create the sense of the limit of the self, and therefore contribute in an essential manner to the formation of the sense of self. But unlike the continuous and constant boundary of prenatal life, the postnatal environment is discontinuous and inconstant. The original tactile experiences are therefore fragmentary. What, in adequate conditions, gradually transforms the discontinuity of the boundary into a greater and more consistent continuity is the repeated and dependable rhythm of the tactile experiences at the breast, together with the quality of the associated maternal care. If these factors of continuity are lacking, the boundary of the self will remain precarious and insufficient after the separation, and the need for contact will become permanent. Consequently, mental activity will have, above all, to organize protective defence of the self, in order to ensure its survival. It is in this sense, I believe, that the need to make permanent the fragmentary state of non-integration should be understood, as well as the need to make, by means of contact, a magical and repetitive experience out of the integration which is not possible.

The protective defence-fantasy on which the experience of contact is based is that of being able to create, each time, the original lost situation when there was no need to differentiate the other from the self, and the experience of the boundary of the self was, in the fantasy, produced by the self. As I have already written in another paper **(1981)**, 'the objective need of the other, whoever this is, therefore remains constant and unavoidable; but since the other's worth is to be a functional limit of the self, and the "other as distinct from the self" is not objectively recognized, the need, too, is not recognized as such'. In analysis, this may be particularly frustrating for the analyst.

It seems to me that the basic fantasy of the repetitive experience of contact belongs to what I have already described as fantasies in the body, and that these should be included within the body-mind-body circuit fantasies. Rather than translating itself into images it translates itself into physical behaviour, in an effort to reproduce magically the lost bodily sensations of self-containment.[3] The fantasy of perennial survival—that is to say, the lack of the dimension of time—and a particular actuality of space are an intrinsic part of non-integration. I cannot enter here into these important aspects of non-integration but will limit myself to describing briefly certain fantasies which pertain to them and which are of interest in the psychoanalytical process.

The drive for survival originates in the infantile self as a natural result of separation. To survive separation and to organize oneself for an autonomous life are part of the developmental tendency. Under pathological conditions, however, the drive to survive can become, as we have seen before, the principal goal of mental activity, damaging the integrative processes which could have reached an organization sufficient to cope with the process of growth and with an effective autonomous life. Thus, whereas the psychoanalytic process is disposed to favour the natural tendency to develop, which entails the passage from the need to survive to the desire to live, the pathological non-integration opposes the

[3] This is perhaps in line with two phenomena that Marty & De M'Uzan **(1963)** have rightly isolated in psychosomatic patients and which they have descriptively defined as an absence or scarcity of fantasy activity, and as 'pensée opératoire'.

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force of need, which does not give way to any desire, least of all that of living which appears as an extreme danger.

'It is horrible even to think about', said a 41-year-old patient who, after seven years of analysis, was with great difficulty arriving at the crucial passage. 'It is horrible that at the time when one is born one realizes, for this precise reason, that one must die.' This patient had never married nor had any children, but she had had two abortions, one at the time of an earlier psychotherapy and one a short time after the beginning of the actual analysis. This time, however, she had been able to perceive the repetition of her acting out, and to understand her profound tendency to abort the internal growth process of the self. When she had spoken the words I have just quoted it was easy for me to make her notice that, in her description, the whole of life was lacking, the life which lies precisely between being born and dying. This omission, so to speak, was due to the fact that she was not really speaking as she thought, about physical birth and real death, but about the recognition of the boundary of the separate self (psychological birth), and the breakdown of her fantasy of eternal survival (final catastrophe). Faced with the same problem, another patient

dreamed of having a doll in her hands whose head she had to change (the patient had a workshop for restoring antique dolls). However, this doll's head was a real child's head, and the new head had to be like this. 'How is that possible?' the

patient wondered in the dream. At the moment when the head was removed the doll-child would die for ever.

This very beautiful and intelligent patient was sterile (the lifeless body of the child-doll). Only after a long analysis, at the age of 42, she became pregnant for the first time and had a baby.

As may have already been noticed, the patient to whom I first referred associated not her individual life but suicide to the integrated unity of the self. In reality when, in the analytic process, one feels that a developmental change in the state of non-integration is imminent, there is a danger that the extreme defence of suicide may be acted out, especially in patients who have already attempted suicide before the analysis began. I would say that this type of suicide has a lot to do with the body-mind-body circuit, a circuit in which the essential function of the mind generally seems to be to protect the life of the organism. In a paradoxical way, the suicide is the extreme form of withdrawing from the catastrophe. On the other hand, to survive suicide may, at times, be an essential turning-point in the development of the psychoanalytic process.

So far, I have had frequently to refer to the idea of space. it seems to shape itself gradually in the mind, from the time the first fragmentary mental experiences of the body occur. It is generally with separation that the idea of an internal space, circumscribed by a boundary, shapes itself, together with the idea of an unlimited external space beyond the boundary in which a part of the self which has detached itself from the self (breast) is located. The intermediate space described by Winnicott **(1953)** is located between the self and the breast. We have already seen how much the early pathology has to do implicitly with the idea of space, and how much it can upset the formative process of the idea of space. We have also seen how this formative process is linked with the first mental experiences of bodily functioning which are fragmentary and selective, and how the development of fantasy, primarily in the service of defence, proceeds from the body experiences. I have already described the fantasies in the body which, lacking images, may be revealed through a functioning of the body activated by the mind, and altered to a greater or lesser extent according to its psychic meaning. The idea of space can be inferred in an indirect way in these rudimentary fantasies, or protofantasies.

Before concluding this paper I would like to emphasize that the gradual process of fantasy development seems to be essentially linked to the idea of space in the developmental process. The earliest image of the self is linked to this idea, that image which in dream fantasies and in the child's very first graphic expressions is represented by round forms which do not usually refer to objects, but to the detached and separated self.[4] I would like to cite an example.

A patient

dreamed of being 'something like a

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[4] These ones are the earliest 'fantasies *on* the body', which should be distinguished from the preceding 'fantasies *in* the body' (see above).

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round shape, about the same size as an omelette or a cake, that floated in the sea'. This sea was not very big, since he could see his mother standing upright, on firm ground, motionless in front of the round image that was himself.

The strangeness of the dream, according to the patient, was that he *was* that round thing in the water as well as the person who was watching the scene with increasing anxiety.

In fact the round image in the water 'was reducing itself by crumbling away as if it were consuming itself'. The patient looked on in terror, as he became smaller and smaller. His hope was that his mother would do something to save him before he was completely annihilated. However, his mother remained motionless, looking at the round form which would soon disappear.

Before this happened, 'the patient woke up in great anxiety. In the session he commented on what he described as 'a space of water': 'Certainly it was not a sea, but it appeared to the "me" that was immersed in it as greater than a sea, an ocean'.

It is not surprising that the dreams in which the first mental image of the body-self appears are usually accompanied by anxiety of self loss. These dreams usually occur at a very advanced stage in the analysis, when, during the psychoanalytic process, the danger of having to recognize one's own separate individuality, and having to abandon non-integration as a defence, is very near. However, dreams of this kind can also intervene in certain life situations which approximate to the original anxiety of self loss. In this connexion I should like to describe the use that a patient made of a dream of this type, because even though she had the dream many years before the beginning of her analysis it played a significant role in the psychoanalytic process.

This was a 30-year-old female patient who, from the age of six months, was affected by atopical dermatitis which spread over her neck, chest and arms. She had been hospitalized several times because of it, in its more severe phases. Obviously this was not the reason why she had started psychoanalysis. For this patient dermatitis had become so complete a part of herself that she was unable to think of her existence without it. For the rest, her life as well as her internal organization were so seriously unsettled that she had been considered by a psychiatrist as having a split personality. However, psychotic episodes had never played a part in her life, whereas her dermatitis had become so acute at times that she required hospitalization

In analysis, this patient's capacity for internal work was extraordinary—when the analysis was reaching its termination, after a little more than nine years, one of her achievements was that the dermatitis had completely disappeared. This apparently silent and unnoticed disappearance came about only gradually, but then decisively and rather rapidly in the second half of the seventh year of analysis. While this was happening, she never talked about it and only once spontaneously remarked that her skin was 'much better than usual'.

In a session during the last week of analysis, the patient talked about her dermatitis again, declaring that it had actually disappeared a couple of years ago. She made me observe that she was wearing a wollen sweater next to her skin, which would have been quite inconceivable earlier in her life. After a short silence she said, 'There is something that I've never told you, only because it never came into my mind. Before analysis I often had a terrifying idea which made me suffer a lot. This idea was that I could literally go to pieces at any given moment. It was a horrible physical sensation.' After a pause, she continued, 'There is another thing I never told you, which only comes to mind now, after so many years. It's a strange and fearful dream which I had after my mother's death [this happened when the patient was 18].

> *In the dream I was a kind of planet in dark and infinite space. In the distance I saw another planet, which was moving rapidly away. I was extremely frightened. I knew, in the dream, that when the planet had disappeared I would be completely shattered and I would be lost in that dark space.*

I woke up in great anxiety. This dream deeply impressed me, and often came back to my mind during the months that followed my mother's death.' During these same months her dermatitis had become very acute, and she had to be hospitalized.

This dream was therefore the representation of the infantile experience of separation which determined the first appearance of dermatitis as a protective defence of the self. This representation was obviously brought on by the actual death of the mother. It became clear to me that, in that

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session, the patient was discovering the connexions which linked together some fundamental experiences of her self which had not been integrated previously. Her efforts also implied a synthetic retrospective view of the entire analytic process. Only now was the patient able to bring together within herself the original infantile experience, i.e. the necessity of maintaining the non-integration and the dermatitis; on the one hand, the dermatitis expressed the anguished defence-fantasy expressed much later in the dream and afterwards in the terrifying idea of going to pieces, and, on the other hand, the necessity of assuring the survival of the self by means of continuous cutaneous contact, which compensated for her own fragmentary boundary. The omission throughout the entire analysis of these two very pertinent memories corresponded to the vital need she felt to use the analyst as the limit and boundary of the self. Finally, the fact that she had now reported these memories demonstrated that she no longer had to feel her everlasting fears. In this sense, the disappearance of dermatitis had been the first signal of a dramatic reduction in the anxiety of loss of the self. But, with great caution, she had kept these memories within herself for two more years, in order to consolidate her newly acquired gains. Now she could allow her reserves to be set free. Now she knew that she could count on her own skin for her limits and her boundary, and that her separation from the analyst could take place, without the fear of not surviving. Now at last the patient was convinced that she could start living.

SUMMARY

In the infant's mind, before fantasy can be associated with an image, thus becoming a visual fantasy, it is experienced in the body—namely, a particular physical function is enacted and altered according to its mental significance. These 'fantasies *in* the body', as I call them, remain usually enclosed in a primitive and exclusive body-mind-body circuit, and are not available to further mental elaboration, as visual fantasies are instead. However, the study of 'fantasies in the body' can contribute to a better understanding of some normal and pathological aspects of mental functioning in the first year of life. In fact, 'fantasies in the body' may be found in this period on one hand as immediate and transitory responses—as in the case of the erroneously defined 'hallucinatory image'—and on the other hand in early psycho-physical pathologic syndromes. The latter appear to be originally an expression of the fragmentary non-integrated early organization of the self, and to be related to the fear that this organization might go to pieces and get lost in space. This 'anxiety of non-integration', as I call it, is one of two main aspects which anxiety of loss of the self gives places to, the other one being 'anxiety of integration', which is instead related to the fear that whatever change in the non-integrated organization would lead to a final catastrophe. This anxiety may strongly oppose integration and the psychoanalytic process. Clinically, it may be important to distinguish non-integration from splitting.

A further purpose of this paper is to show how, in the infant's mind, 'fantasies *in* the body' are followed by the earliest 'fantasies *on* the body' which, unlike the first ones, are visual fantasies, and in fact represent the first mental image of the separated self. It is usually an inanimate and round-shaped image, as one can see from the examples reported in the paper. The further step towards integration will be that of being able to collect and objectively acknowledge one's own body parts and body limits, a process which Greenacre rightly described as the 'development of the sense of identity'.

REFERENCES

FREUD, S. 1923 The ego and the id. S.E. 19 [→]
FREUD, S. 1925 Negation S.E. 19 [→]
GADDINI, E. 1969 On imitation *Int. J. Psychoanal.* 50:475-484 [→]
GADDINI, E. 1981 Note sul problema mente-corpe *Riv. Psicoanal.* 27 3-29
GADDINI, R. 1974 Early psychosomatic symptom and the tendency towards integration *Psychother. Psychosom.* 23 26-34
GADDINI, R. & GADDINI, E. 1959 Rumination in infancy In Dynamic- Psychopathology in Childhood eds. L. Jessner & E. Pavenstedt. New York: Grune & Stratton, pp. 166-185.

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GREENACRE, P. 1958 Early psychical determinants in the development of the sense of identity J. Am. Psychoanal. Assoc. 6:612-627 [→]

MARTY, P. & DE M'UZAN, M. 1963 La 'pensée opératoire' Rev. Franc. Psychoanal. (Special Issue), 27:345-356

WINNICOTT, D. W. 1953 Transitional objects and transitional phenomena *Int. J. Psychoanal.* 34:89-97 [→]

WINNICOTT, D. W. 1974 Fear of breakdown *Int. J. Psychoanal.*. 1:103-107 [→]

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