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**THE UNCONCIOUS FANTASY
AS THERAPEUTIC AGENT IN
PSYCHOANALYTIC TREATMENT**

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The Unconscious Fantasy as Therapeutic Agent in Psychoanalytic Treatment¹

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What is the psychological process that brings about change in psychoanalytic treatment? The consensus among psychoanalysts is that the *main* agent of change is insight, with the qualifications that the insight must be experienced emotionally as well as cognitively and that it must be "worked through." But as to whether there are other subsidiary agents of change, there is no consensus. Or, at least, there is no consensus on whether other processes that can lead to change during psychoanalytic treatment are "legitimate"—i.e., whether they are compatible with the main agent of change. Thus, in answering this latter question, many analysts would respond with an emphatic "No," maintaining that in properly conducted psychoanalytic treatment insight is the *only* legitimate agent of change; if any other process is in evidence, it should be nullified by subjecting it to analysis. Another substantial group, on the other hand, would legitimize certain other agents of change as long as they do not impede insight.

What are these other agents of change? They include "transference gratifications" (Freud, 1915), internalizing the analyst as an "auxiliary superego" (Strachey, 1934), "identification with the analyst" (Sterba, 1934),

"corrective emotional experiences" (Alexander, 1954), and the "holding environment" (Winnicott, 1965). Central to the thesis I will propose here is that at least one aspect of the ameliorative process that each of these terms refers to involves the activation of unconscious fantasies.

In this paper I shall proceed in the following way. First, I shall argue that there are certain unconscious fantasies which, when activated, can have a powerful adaptation-enhancing effect on behavior. To support this argument, I will first cite an experimental research program of many years standing that has extensively tested this hypothesis. Then I will describe a variety of instances in real life, including nonpsychoanalytic treatment situations, in which the same fantasies that we have deliberately activated in the laboratory are inadvertently activated, with improved adaptation again being the outcome. Finally, I shall suggest that these same fantasies are often—if not regularly—inadvertently activated during psychoanalytic treatment and that they account for some, if not most, of the change in such treatment that has been attributed to the "noninsight agents of change" referred to above; then I shall discuss the clinical implications of this view.

I

Since the early writings of Freud, the concept of the unconscious fantasy has appeared many times in the psychoanalytic literature. It has been only in

the past two decades, however, that it has been given detailed and systematic treatment, with major papers devoted to the subject by Beres (1962), Sandler and Nagera (1963), and Arlow (1969). In the current paper, I shall define unconscious fantasy as an organized configuration of unconscious ideas and images, motivated (to varying degrees) by libidinal and aggressive wishes, anxieties, defensive operations, and adaptive strivings. When a behavior emerges, intensifies, diminishes, or disappears without any apparent conscious instigation (i.e., perception, memory, anticipation, or other cognition), the activation of some unconscious fantasy (or some element thereof) is likely to be causative. Whereas any kind of behavior can be influenced by such a fantasy, almost all explicit references in the psychoanalytic literature have been to the influence of unconscious fantasy on pathological behavior. Most frequently, references have been made to fantasies that generate symptoms—for example, the womb fantasy that Lewin (1936) described as underlying claustrophobia. But as I indicated above, the thesis of this paper is that the activation of unconscious fantasies can also have the opposite effect—i.e., it can lead to the dissipation of a symptom, or in other ways improve adaptation.

When I speak of improved adaptation, let me say at the outset that I am not referring to either a final or a summary judgment. The resulting adaptation-enhancing change may be only temporary; or it may be limited to one area and even be accompanied by a negative change in another area; a

careful weighing is necessary to judge its *overall* effect on adaptation. On the other hand, I am not maintaining that adaptation-enhancing changes that come about in this way are *necessarily* temporary or "at a price." As I have detailed elsewhere (Silverman, 1978a) and will touch on later here, this question must be considered an empirical one; its answer requires the accumulation of particular kinds of systematically collected clinical data.

II

The major evidence that I shall present to support the thesis of the adaptation-enhancing effects of unconscious fantasies emanates from the laboratory. Many psychoanalysts will have doubts about a thesis concerning the effects of unconscious fantasy that is based primarily on laboratory experimentation. Thus, let me indicate why I have chosen this focus. First, there is very little in the psychoanalytic literature that addresses this thesis. While, as I will spell out, there is *implicit* evidence in the observations reported by many analysts for the adaptation-enhancing effects of unconscious fantasy activation, there are very few instances of an analyst drawing the *explicit* conclusion that such activation has the power to bring about such effects. Second, there is the matter of how convincing such a conclusion would be to a skeptic if it were based primarily on clinical evidence. For, as I have elaborated on elsewhere (Silverman, 1975), the clinical situation, while providing opportunities par excellence for *developing*

hypotheses about unconscious mental processes, does not allow for the necessary controls to be instituted to *test* these hypotheses so that one psychoanalytic clinician can convince another of a clinical proposition about which the latter is skeptical. The clinical situation is too complex, and its ability to test alternate explanations too deficient, for it to serve as a vehicle for resolving controversy. And the proposition under consideration here is clearly controversial, even within the psychoanalytic community.

It is in just such situations as this—when psychoanalytic clinicians disagree—that research on the issue in question is particularly important; and such research requires, among other things, laboratory data that can meet the dual criteria of stringent controls and relevance (Silverman, 1975). I believe these criteria have been met by the research I shall now describe.

In the early 1960s, a method termed "subliminal psychodynamic activation" was developed that allows for the experimental study of the effects of unconscious fantasies on behavior. Using the demonstrations of subliminal registration in Fisher's pioneering studies (e.g., 1954, 1956) and the later investigations stimulated by Fisher's work (summarized in Wolitzky and Wachtel, 1973) as a starting point, this new type of investigation attempted to *utilize* the phenomenon of subliminal registration for stimulating unconscious fantasies in order to make a systematic, precise, and controlled appraisal of their influence on behavior. Over thirty published

reports have now appeared documenting the success of this method in achieving its aim (most recently summarized in Silverman, 1976), and several earlier discussions have dealt with the implications of these findings for psychoanalytic theory (Silverman, 1967, 1970, 1972, 1975, 1978a).

The following is a description of the experimental design that has been used in these investigations. Subjects are seen individually for an experimental session on one day and a control session on another, with their order counterbalanced. In the first session the experimenter briefly explains the purpose of the study to the subject and seeks his or her cooperation. Then the subject is told about the tasks that will be administered to assess aspects of his or her behavior and is further informed that several times during these tasks he or she will be asked to look through the eyepiece of a machine (a tachistoscope) at flickers of light that contain extremely brief exposures of verbal and pictorial stimuli. The subject is promised that at the end of the experiment he or she will be told the content and purpose of these stimuli.

The session proper begins with a "baseline" assessment of the subject's propensity for whatever pathological manifestations are being investigated. The subject is then asked to look into the tachistoscope and to describe the flickers of light. There follow four exposures of either a stimulus related to an unconscious fantasy (the experimental session) or a (relatively) neutral stimulus (the control session). Each exposure lasts for 4 msec. Then the

specific pathology is reassessed to determine the effect of whatever stimulus was exposed. The procedure for the second session is the same except that a different stimulus is exposed between the baseline and reassessment task series. Subjects who are exposed to the fantasy-related stimulus in the first session are shown a neutral stimulus in the second session, and vice versa. In each session the experimenter who works the tachistoscope and administers the assessment procedures is "blind" to which of the stimuli is being exposed. Since the subject is also unaware of the stimulus (it being subliminal), the procedure qualifies as "double-blind," analogous to drug studies in which neither the patient nor the person administering the capsule knows whether a drug or a placebo is being ingested. The evaluation of pathological manifestations is also carried out blindly.

In our early work with this method, our interest was in stimulating pathogenic (rather than adaptation-enhancing) unconscious fantasies. Here, it was our intention to subject to rigorously controlled laboratory study the proposition, agreed on in the psychoanalytic community, that certain fantasies lie behind psychopathology. In these earlier studies (summarized in Silverman, 1976) a great deal of data was accumulated supporting our expectation. With many groups of subjects, characterized by a variety of symptoms, *intensifications* of symptoms appeared after the pathogenic fantasy-related condition but not after the control condition. This was the case both for symptoms for which there is a consensus among psychoanalytic

clinicians as to the chief conflict involved (e.g., depression, stuttering, and male homosexuality) and for symptoms where no such consensus exists and controversy within the psychoanalytic community abounds (e.g., thought disorder and other symptoms of schizophrenia). I should add that both these results and the ones I am about to describe involving adaptation-enhancing stimuli are dependent on the tachistoscopic presentations being *subliminal*. When the same stimuli are presented in awareness, they typically leave the subject unaffected.

III

After several years of applying our research method in the way that has been described, we moved in a new direction—one that relates to the topic of this paper: the adaptation-enhancing effects of activating certain unconscious fantasies. I became interested in such an effort after reading papers by Limentani (1956) and Searles (1965), who reported that there is often an abatement of symptoms in schizophrenics when *ymbiotic wishes* are gratified. A further search of the clinical literature revealed, however, that other psychoanalytic clinicians held the opposite position and maintained either explicitly or implicitly that such gratification would only intensify the pathology—or at least impede the progress—of such patients (Freeman, Cameron, and McGhie, 1958; DesLauriers, 1962). The absence of a consensus on this issue served as a further impetus to our attempt to study it in the

laboratory. We reasoned as follows. While it would hardly be feasible to gratify symbiotic wishes in a laboratory experiment, it might be possible to stimulate a *fantasy* of these wishes having been gratified using the subliminal psychodynamic activation method that had been used so profitably in the earlier studies. We then could test a hypothesis derived from the writings of Searles and Limentani, namely, that the stimulation of unconscious symbiotic gratification fantasies could reduce symptoms in schizophrenics.

We proceeded as follows. Schizophrenic subjects were seen for two sessions, experimental and control, in each of which "baseline" and "critical" assessments were made of their symptoms, especially the degree to which they gave evidence of a thinking disorder.² Between the baseline and critical assessments, they were given four subliminal exposures of a stimulus—either one designed to activate a fantasy of symbiotic gratification (experimental session), or one intended to be neutral (control session). The former consisted of the message MOMMY AND I ARE ONE, presented by itself in some experiments and accompanied in others by a picture of a man and a woman merged at the shoulders like Siamese twins. The control stimulus consisted of a neutral message, such as MEN THINKING or PEOPLE ARE WALKING accompanied by a congruent picture in those studies where a picture accompanied the symbiotic message. To date, nine studies have been carried out with the above-described design, four by us in our laboratory (Silverman et al., 1969; Silverman and Candell, 1970; Silverman et al., 1971;

Bronstein, 1976) and five by others trying to replicate our findings (Leiter, 1973; Kaye, 1975; Spiro, 1975; Kaplan, 1976; Fribourg, 1979). In all of these studies the symbiotic condition resulted in a decrease in pathology that was not in evidence after the control condition. This well-replicated finding was subject to the following qualification, however: The reduction in pathology was found only in schizophrenics who could be characterized as "relatively differentiated from their mothers"; this characteristic was assessed by a procedure that is described in detail elsewhere (Silverman et al., 1969).³ For *less* differentiated schizophrenics, on the other hand, the stimulation of the symbiotic fantasy did *not* reduce pathology and in one study even intensified it (Leiter, 1973). Our explanation of this finding was the following. Fantasies of symbiotic gratification can serve a number of adaptation-enhancing functions, such as the fulfillment of libidinal wishes, insurance against object loss, the restoration of narcissistic equilibria, and as a protection against both destructive wishes and external destruction. Such a fantasy also can pose a threat, however; it can lead to a loss of sense of self, an experience to which schizophrenics are particularly vulnerable. Thus, whether or not a schizophrenic will respond positively to the stimulation of a symbiotic fantasy will depend on the degree to which this threat is mobilized. For schizophrenics who are relatively differentiated, the balance of forces favors an adaptation-enhancing outcome, whereas for those who are highly undifferentiated, this is not the case. We were therefore able to conclude that

there is some validity in the position of the clinicians on both sides of the controversy over whether symbiotic experiences are ameliorative for schizophrenics, and that the schizophrenic's initial level of differentiation is the decisive factor in whether his or her response to such experiences will be positive (see Silverman, 1975).⁴

This, then, was the first series of experiments to indicate that, at least for some people, the stimulation of a particular unconscious fantasy—in this case a symbiotic-gratification fantasy—could be adaptation-enhancing.

In a second group of studies we investigated whether the adaptation-enhancing effects of the symbiotic fantasy are *limited* to schizophrenics. The data from these studies indicate that this is not the case. In some of the studies we questioned whether symptom reduction would follow the symbiotic stimulation of subjects with particular neurotic symptoms. In one study (Silverman et al., 1973) two groups of male homosexuals were assessed for manifestations of anxiety and defensiveness (as reflected in Rorschach responses) after the subliminal presentation of both the symbiotic stimulus that had been used for schizophrenics and a neutral control stimulus. These manifestations were found to diminish significantly after the symbiotic condition.

In investigations of three other symptoms, the effects of symbiotic

stimulation were investigated in a treatment context and thus are more directly relevant to the theme of this paper. The experimental design differed somewhat from the one just described: groups of patients received, over several weeks, a nonanalytic therapeutic intervention designed to help them overcome particular symptoms; subliminal stimulation accompanied the intervention. In each study one group of patients received the MOMMY AND I ARE ONE stimulus and a matched group received a (relatively) neutral stimulus such as PEOPLE ARE WALKING, again in a context of double-blind controls. One of these studies (Silverman, Frank, and Dachinger, 1974) was carried out with insect phobics, and therapy consisted of systematic desensitization. In a second study (Schurtman, 1978), the patients were alcoholics, and an AA type of counseling was involved. And in a third (Martin, 1975), the patients were obese women, and the therapy was behavior modification techniques designed to control overeating. In each of these studies, the patients who received the symbiotic stimulation manifested significantly more symptom reduction.⁵

The adaptation-enhancing consequences of activating symbiotic fantasies were also demonstrated for several nonpsychiatric populations (Silverman and Wolitzky, 1970; Parker, 1977; Sackeim, 1977). In one study, for example (Parker, 1977), two groups of college students, matched for academic performance, were given tachistoscopic stimulation at the beginning of a class four times a week over a six-week summer term. For one

group the stimulus was MOMMY AND I ARE ONE; for the other group it was PEOPLE ARE WALKING. The students in the former group received grades on their final exam ("blindly" marked) that were significantly higher than those of the controls (average marks of 90.4 percent and 82.7 percent respectively). Thus it can be concluded that, for a wide variety of persons the activation of symbiotic fantasies can have adaptation-enhancing consequences.

IV

What are the particular qualities of the symbiotic fantasy that allow it to be adaptation-enhancing? One of the strengths of laboratory research in general, and the subliminal psychodynamic activation method in particular, is that precise delineations are possible. This advantage is enhanced in the present experiments by the use of *verbal* stimuli to trigger unconscious fantasies, for such stimuli allow for the presentation of variations of a particular fantasy theme to determine the specific characteristics that effect behavioral change.

With regard to the MOMMY AND I ARE ONE stimulus, a number of investigations have yielded relevant data. In each of these, researchers asked whether a particular element of the symbiotic fantasy was crucial in producing the ameliorative effects. The conclusion that can be drawn from these experiments is that the fantasy must involve a *sense of oneness* in order for it

to be ameliorative. Thus, in a study by Bronstein (1976), the effects of the MOMMY AND I ARE ONE stimulus were compared with the effects of the stimuli MOMMY IS INSIDE ME; MOMMY AND I ARE THE SAME; and MOMMY AND I ARE ALIKE—the latter three implying ways that MOMMY could be internalized other than through a sense of oneness. Bronstein found that, whereas the oneness stimulus produced the same reduction in pathology that it had in the other studies, none of the other internalization messages had this effect. Analogously, Kaplan (1976) compared MOMMY AND I ARE ONE both with a neutral control stimulus and with the following other stimuli, each of which was intended to stimulate some reassuring fantasy involving MOMMY that did not imply a sense of oneness: MOMMY IS ALWAYS WITH ME; MOMMY FEEDS ME WELL; and I CANNOT HURT MOMMY. She, too, found that only the MOMMY AND I ARE ONE stimulus led to a reduction in symptoms.

Finally, mention should be made of four studies (Kaye, 1975; Cohen, 1976; Parker, 1977; Silverman, 1977) that investigated whether the word MOMMY had to be in the message for the outcome to be an adaptation-enhancing one. The results of these studies suggest that, while the word MOMMY need not be in the message, the sense of oneness that is suggested must be with someone who represents MOMMY—the good mother of infancy. Thus, in an experiment by Kaye (1975) with male schizophrenics, an adaptation-enhancing outcome was obtained for the message MY GIRL AND I ARE ONE, as well as for MOMMY AND I ARE ONE, but not for the message

DADDY AND I ARE ONE. Apparently, MY GIRL had connotations of the good mother of infancy for these subjects, but DADDY did not.⁶

Let me present one final series of studies in this review of experiments on subliminal psychodynamic activation and adaptation enhancement. In these, a second type of adaptation-enhancing unconscious fantasy was stimulated—one that we term a sanctioned Oedipal gratification fantasy. In seven experiments of this series, five carried out in our laboratory (reported in Silverman and Adler, 1978; Silverman et al., 1978) and two conducted elsewhere (Lonski and Palumbo, 1978; Silverstein, 1978), the performance of college males was enhanced in a competitive situation (a dart-throwing tournament) after the subliminal presentation of verbal messages implying sanction for derivative expressions of Oedipal wishes (DEFEATING DAD IS OK; BEATING DAD IS OK; and WINNING MOM IS OK).⁷ As I will soon spell out, these findings can be viewed as paralleling real-life events in which behaviors that have either an explicit or an implicit competitive meaning can be carried out more adaptively if the person experiences a sense of sanction for the Oedipal derivatives hidden in the behavior.

V

Before turning to the issue of the activation of unconscious fantasies as therapeutic agents in psychoanalytic treatment, let me make reference to

other situations in which the inadvertent activation of such fantasies can have adaptation-enhancing consequences. With regard to the symbiotic fantasy, as I have elaborated in detail elsewhere (Silverman, 1978a), a number of psychoanalytic writers, while not specifically using the term "unconscious symbiotic fantasy," have referred to certain experiences, feelings, and memories that are activated in real-life situations for which our experimental findings are an analogue. Thus, Bergmann (1971) refers to "feelings and archaic ego states that were once active in the symbiotic phase" (p. 32) being revived in the experience of being in love. Winnicott (1958) makes reference to a symbiotic element in experiences of sophisticated aloneness, which he views as a mark of health and as having adaptation-enhancing value. And Rose (1972) has made reference to a more general adaptation enhancement that can result from symbiotic gratification. He writes:

Mastering something by "fusing" with it, temporarily obscuring the boundaries between the self and object representations, recalls the primary narcissism of the infant and the psychotic. But to merge in order to re-emerge, may be part of the fundamental process of psychological growth on all developmental levels. Although fusion may dominate the most primitive levels, it contributes a richness of texture and quality to the others. Such operations may result in nothing more remarkable than normally creative adaptation to circumstance. At the least, it affords what [William] James called the "return from the solitude of individuation" refreshed to meet the moment. At the most, it may result in transcending the limitations of earlier stages of narcissism to simplify, unify anew, and recreate an expanded reality (p. 185).

Moreover, while Searles, Limentani, and others have written about the

pathology reduction following the stimulation of symbiotic experiences in the treatment of schizophrenics, others have indicated that for nonschizophrenics, the inadvertent activation of such experiences in a variety of nonanalytic treatments leads to clinical improvement. This conclusion is implicit in discussions of transference improvement by Fenichel (1945) and Oremland (1972); and the role of symbiotic experiences in specific forms of nonanalytic treatment has been explicitly discussed by Gordon (1970) for group-activity therapies of the Esalen and Synanon type, by Shafii (1973) for meditation, and by me (Silverman, 1979) for systematic desensitization and client-centered therapy. It has been suggested that for each of these treatment modalities there are specific symbiotic activators embedded in the therapeutic procedures. For example, in client-centered treatment, it is the therapist continually conveying to the client his sense of the latter's experiential state. This explicitly conveyed empathic focus can arouse in the patient unconscious memory traces of interactions with the good symbiotic mother of infancy in which she was exquisitely in touch with the infant's needs and desires, often explicitly and sympathetically conveyed with such words as "little baby is frightened" or "you want your mommy."

VI

The other type of fantasy that our laboratory results bear on—the sanctioned Oedipal gratification fantasy—is also one that is activated in many

real-life situations with adaptation-enhancing consequences. Thus, everyday sexual contact between men and women can contain as a *component* of its meaning the sanctioned gratification of incestuous longings; participation in sports can allow for the expression of sanctioned competitive feelings toward the same-sex parent; and vocational accomplishment can have the unconscious meaning of a sanctioned triumph over the same-sex parent.⁸

As I have elaborated on elsewhere (Silverman, 1979), the inadvertent stimulation of sanctioned Oedipal gratification fantasies also plays a significant role in the therapeutic success of many nonanalytic forms of psychotherapy. Treatments in which such stimulation is most likely to occur are those in which the therapist is experienced as a "superego figure" by virtue of assuming what I have termed a "directive stance" (Silverman, 1974). By this I mean a stance in which the therapist is heavily involved in directing the patient's thoughts, feelings, and/or actions either in or out of the treatment sessions, particularly where patients are directed to engage in libidinal or aggressive behavior. Included here are the Masters and Johnson type of sex therapy, touching and other body-contact therapies, behavior-assertiveness training, and encounter treatment. In all of these, it is easy for the therapist to be unconsciously experienced as a permissive superego figure—i.e., as an external representation of the patient's superego who is giving permission for the fulfillment of wishes that previously have been taboo.

VII

Summarizing the thesis thus far, my focus has been on two types of unconscious fantasies, each of which is associated with early childhood experiences that have been well described in the psychoanalytic literature. But whereas these psychoanalytic writings on unconscious fantasies have focused on their pathogenic potential, my focus has been on a variation of each fantasy that can be "adaption-enhancing" (in the limited way I defined earlier). Two types of data were presented to support this thesis. The first came from a series of tightly controlled laboratory experiments in which the activation of these fantasies through the subliminal psychodynamic activation method led to improved adaptation in many varied subject populations. The second came from observation of persons in various types of real-life situations, including nonanalytic psychotherapies, from which it was inferred that the inadvertent activation of these same fantasies also had adaptation-enhancing consequences.

Before going on to the implications of this thesis for psychoanalytic treatment, let me offer the following clarification. The difference between the versions of the fantasies that can be adaptation-enhancing (which have been my focus) and the versions that are more likely to be pathogenic (which earlier psychoanalytic writers have dwelt on) would seem to be the following. In the former, a compromise is attained that simultaneously satisfies

unconscious wishes and the countermotivations that oppose these wishes. Thus, for activation of the symbiotic gratification fantasy to be adaptation-enhancing, the fantasy has to involve only partial merging so that the need for individuation as well as the wish for oneness can be satisfied. In this regard it is interesting that in one study of schizophrenics (Silverman, 1970), when we changed the words of the symbiotic stimulus so that they read I AM MOMMY, rather than MOMMY AND I ARE ONE, the pathology level increased rather than diminished. This we understood as due to the fact that the former wording implies a much more complete loss of self-object differentiation than does the latter wording.

Similarly, for the activation of the sanctioned Oedipal gratification fantasy to be adaptation-enhancing, the gratifications that are experienced have to be derivative rather than unmodulated. Or in the words of our experimental stimuli, DEFEATING DAD IS OK in sports competition (and even in heterosexual activity), but not in taking mother as a sexual object.

VIII

Let me turn now to the implications of the above discussion for psychoanalytic treatment. As mentioned at the outset, it has always been the consensus among psychoanalytic clinicians that the main agent of change in psychoanalytic treatment is insight, defined as the working through of the

cognitive and emotional realization that particular aspects of one's behavior are the result of specific motives which one previously had warded off. I believe that there also would be a consensus among psychoanalytic clinicians that other agents of change frequently assert themselves in the psychoanalytic situation, as they do in nonanalytic therapies and other real-life situations. Thus, while the analyst's assumption of an "interpretative stance" lessens the likelihood that other processes will be mobilized, it by no means offers assurance against this happening (see Silverman, 1974).

What are these noninsight agents of change? As I indicated at the beginning of the paper, a number of concepts have been used in the psychoanalytic literature. These include, most prominently, "transference gratifications" (Freud, 1915), the analyst as "auxiliary superego" (Strachey, 1934), "identification with the analyst" (Sterba, 1934), "corrective emotional experiences" (Alexander, 1954), and the "holding environment" (Winnicott, 1965).

I shall now argue that each of these concepts can be reconceptualized as involving the activation of unconscious fantasies, particularly the two that I have been discussing. Thus, the holding environment can be viewed as referring to those aspects of the analyst's behavior (and other qualities of the "psychoanalytic situation") that stimulate symbiotic gratification fantasies. The analyst as auxiliary superego can be reconsidered as involving the

activation of sanctioned Oedipal gratification fantasies. And transference gratifications, corrective emotional experiences, and identification with the analyst can be seen as involving the activation of both these fantasies. As I noted at the outset, this formulation is not meant to imply that for each of the earlier terms used, the process referred to involves *only* the activation of an unconscious fantasy. Rather, I am suggesting that for each of the concepts the unconscious fantasy activation is one aspect of the underlying process involved.⁹

What is the advantage of my having reconceptualized the other concepts that have been used to describe noninsight-based changes during psychoanalytic treatment in terms of the activation of unconscious fantasies? For one thing, it calls attention to the fact that these other concepts have a core element in common and it specifies just what this element is. This advantage would not mean much, however, if I could not simultaneously maintain that the new conceptualization better fits the available data than do the earlier ones. Thus, let me point out the following. While the old conceptualizations might be perfectly adequate for the clinical data, the same cannot be said for the laboratory data that have been cited. Consider again the experiments that have been described. A subject—patients in some studies, nonpatients in others—enters the laboratory and looks into the tachistoscope for a few seconds. He or she receives subliminal exposures both of experimental stimuli (e.g., MOMMY AND I ARE ONE or DEFEATING DAD IS

OK) and neutral control stimuli (e.g., PEOPLE ARE WALKING), the former producing adaptation-enhancing changes not produced by the latter. These changes are obviously not due to a "holding environment," an "identification," a "corrective emotional experience," a "transference gratification," or an "auxiliary superego"—processes in which there is an interaction over time with some significant person. In the laboratory the subject's encounter is brief, and even more important, it is no longer during the experimental condition than it is during the control condition. And whatever unconscious importance the experimenter may have for the subject, that remains the same during the administration of the experimental and control conditions. The differential reactions of the subjects under the two conditions, therefore, can only be ascribed to differences in the stimulus content, and to account for these data a different conceptualization is needed. The formulation that something in the external world has activated a latent unconscious symbiotic gratification or sanctioned Oedipal fantasy provides a reasonable fit.¹⁰

IX

Earlier I noted that noninsight processes of the kind I have reconceptualized in terms of the activation of unconscious fantasies often occur in the psychoanalytic situation. When such processes act detrimentally on the analysand's adaptive functioning, they should of course be nullified. As I will detail, the analyst can accomplish this by: (1) subjecting the noninsight

process to analysis—i.e., calling attention to it and exposing its links to the analysand's current motivations and personal history; (2) reflecting on his or her interaction with the analysand so that any aspects of the analyst's behavior that are contributing to this process can be modified.

A more controversial question, however, is what position the analyst should take when the noninsight process appears to be having a *positive* effect on the analysand's adaptive functioning. In the "psychoanalytic community," three positions have been taken (at least implicitly) on this question: (1) noninsight processes are always to be nullified; (2) these processes need not be nullified if they are the means to the end of furthering the insight process; however, to the extent that they are a direct agent of change, they are to be abrogated; (3) noninsight processes need not be nullified even if they are acting as a direct agent as long as they are subsidiary to the insight process, which remains the *main* agent of change.¹¹

The major (implicit) point at issue would seem to be the following. Those adopting the first position assume that noninsight processes *always* risk compromising the analysis—if not immediately, then in the long run. Those sympathetic to the second position assume that this danger will materialize only if the noninsight process is producing direct change. And finally, those accepting the third position assume that even when the noninsight process is producing direct change, the analysis is not *necessarily*

impeded.

The resolution of the controversy described above would require extensive, detailed, and systematically collected clinical data from both analyses in which attempts were made to nullify these noninsight processes and those in which no such attempts were made.¹² In my opinion, studies seeking these types of data deserve high priority and, in carrying them out, I think it important to consider the *degree* to which the unconscious fantasies at issue have been activated. I would hypothesize that, for most analysands, while continuous or even frequent activation of these fantasies will impede the analytic process, their *occasional* activation will have a facilitating effect. More specifically, I would propose that the occasional activation of the symbiotic gratification fantasy leaves the analysand with an increased sense of well-being so that he or she is willing and able to engage in the arduous task of analysis (for related viewpoints, see Stone [1961] and Nacht [1964]). Similarly, the occasional activation of sanctioned Oedipal fantasies can enable the analysand more comfortably to allow himself or herself ideational and affective derivatives of Oedipal wishes so that they are more accessible to analysis.

X

I should now like to return to the matter of nullifying symbiotic and

Oedipal gratification fantasies in psychoanalytic treatment. Whatever validity the hypothesis offered above may turn out to have—and more generally, whatever results may emerge from studies investigating the merits of the three positions outlined—I believe there would be agreement among psychoanalytic clinicians that there are instances when these fantasies *should* be nullified in psychoanalytic treatment. (It is only the frequency of these instances that would be at issue.) I am referring to those occasions when these fantasies impede the insight process or when they have a maladaptive effect on the analysand's functioning outside of treatment. My discussion of these instances is based in part on my experiences in conducting, supervising, and discussing with colleagues psychoanalytic treatment; and in part on findings from the laboratory research program, which I described earlier. With regard to the latter I should mention that, while the activation of both the symbiotic and the sanctioned Oedipal gratification fantasies has had a positive effect on the great majority of subjects in our investigations, a few (about 5 percent) have reacted in a paradoxical fashion; and it is what we have learned from these subjects that has relevance for the psychoanalytic clinician in the current context.

First let me note the most frequent circumstances in which the activation of each of the fantasies cited has had maladaptive consequences. With regard to the symbiotic gratification fantasy; the circumstances include: (1) when the fantasy serves a defensive rather than a restitutive function—

particularly when it serves to ward off Oedipal wishes; (2) when it reinforces a symbiotic fixation and prevents a person, who is otherwise ready, from developmentally advancing to a stage of greater individuation and separation; (3) when it shades into an experience of total, rather than partial, merging and thus threatens the person with a loss of sense of self; and (4) when, for a male, the fantasy shifts its meaning from one of symbiosis to one of incest. In any of these circumstances, the activation of a symbiotic gratification fantasy can be expected to disrupt the analysand's functioning either within or outside of the psychoanalytic situation.

As for the sanctioned Oedipal fantasy, two negative fostering circumstances have been noted: (1) when the Oedipal gratification that is experienced as sanctioned is not derivative enough—i.e., when the wish involved has not been sufficiently modulated with regard to its original incestuous or aggressive aims; and (2) when the analysand experiences the sanction as carrying with it what can be termed "an unreasonable contingency clause" (Silverman, 1979). I will return to this concept shortly with a clinical example.

Whether the activation of these fantasies will result in maladaptive consequences will depend not only on the psychology of the analysand but on the behavior of the analyst as well. Consider the following example. A female analyst, whom I was supervising, was treating a young woman with a height

phobia, a symptom that remitted after several months of treatment. My supervisee and I understood this remission to be less the result of insight and more the consequence of an activated unconscious fantasy in which Oedipal wishes that underlay the phobia were experienced as sanctioned by the analyst, who was the Oedipal mother in the transference. Then, over a year later, the symptom returned shortly after the analysand became pregnant for the first time. The understanding that evolved from her associations and dreams was that the sanctioned Oedipal fantasy, which had been operative, contained a contingency clause in which pregnancy was taboo. Or, to put this somewhat differently, the analyst as Oedipal mother was experienced as permissive only as long as the analysand did not encroach on her territory—i.e., as long as she did not become a mother, as the analyst was, a fact of which the analysand was aware.

What was the contribution of the analyst to this state of affairs? As I "observed" the treatment, I saw no evidence that the analyst actually opposed her analysand's pregnancy. But I was frequently struck by the analyst's manner, which was often subtly restrictive, and which the analysand, on more than one occasion, characterized as "Spartan" and "Prussian." Thus, while the analysand's experience of her analyst as opposed to her pregnancy had an important transference component, it also contained a grain of truth, a point to which I will return shortly in another context.

XI

What are the means by which the psychoanalytic clinician can nullify the unconscious fantasies under consideration? As noted earlier, he or she can proceed in the following ways: (1) by analyzing these fantasies with the analysand; and (2) by modifying aspects of his or her own behavior that are stimulating the fantasies. Clearly, with regard to the latter step (and as I will soon argue, with regard to the former as well), the analyst must be aware of what behavior is serving as an activator. It is toward delineating these activators that I will now turn my attention.

In an earlier paper (Silverman, 1972) I examined and detailed the real-life analogues of the "subliminal psychodynamic effects" that we have demonstrated in the laboratory. Here I noted that reactions analogous to those produced in our laboratory research usually occur in real life when a person is confronted with an external stimulus of which he is aware, yet *unaware of its psychodynamic relevance*. Consider the following example from a case I described earlier:

A 24-year-old unmarried woman in analysis, who felt exceedingly frustrated over the fact that she was childless, received a birth announcement from an old friend toward whom she had always felt rivalry. She reacted to the announcement with an intensified longing for a child of her own and jealous feelings toward her rival, although not symptomatically. Some time later, however, while reading a book during a train ride, she suddenly, and at the time inexplicably, felt depersonalized. This was a symptom from which she had suffered in the past but which, at

that point in analysis, no longer plagued her. She reported that the symptom came on when she began to read a particular article, but she could see no relationship between the article itself and her conflicts and symptom. Suddenly, in the session, she remembered with a laugh that the name of the author of the article was "Rothschild," to which she instantly associated the married name—Roth—of the friend who had sent her the birth announcement a few weeks before. She felt convinced that she was unwittingly reminded of "the child of Roth" and that it was the unconscious hostility this "silently" aroused that brought back her symptom (1972, p. 312).

Keeping this general observation in mind, I have reflected on those aspects of a psychoanalyst's behavior which can inadvertently activate each of the fantasies that have been the focus of this paper. I consider the following to be among the most frequent and potent activators, though whether they will have this effect in a particular instance will, of course, depend on both the analysand's general psychology and the state of the transference at the moment.

With regard to symbiotic gratification fantasies, I would suggest that notable activators include prominent and frequent expressions by the analyst of protectiveness, nurturance, and unconditional acceptance; and frequent *explicit* expressions of empathy (recall my previous discussion of client-centered treatment), as well as the use of the vocalizations "mmm" and "mm-hmm" while listening to the patient (often wrongly regarded as being less "active" than words spoken by the analyst). With regard to the latter I have in mind Greenson's (1954) thesis about the "mmm" sound's link to experiences

with the good (symbiotic) mother of infancy.¹³

As for sanctioned Oedipal fantasies, let me suggest that their most notable activator is the analyst who prominently conveys a sense of parental authority, for example, by being directive or by exuding an ex cathedra sense of certainty. Such a stance encourages the analysand to experience the analyst as the same-sex Oedipal parent, as does the adoption of a judgmental approach—for example, the analyst who frequently uses confrontations as an intervention or who makes reference to the analysand's "acting out." While such judgmental expressions obviously cause the analyst to be experienced as the *forbidding* Oedipal parent, they also allow for the opposite experience. It is as if the analysand unconsciously "reasons" that if a previously taboo fantasy is *not* forbidden by the authority, it must be sanctioned.¹⁴

Knowledge of these activators¹⁵ is important for the analyst not only so that he can modify his behavior when necessary but also for the analysis of these unconscious fantasies. That is to say, whenever an analyst feels that a symbiotic or a sanctioned Oedipal gratification fantasy is having a maladaptive effect on an analysand, the analyst's ability to specify to the analysand just what in the treatment situation triggered the fantasy can help greatly in analyzing it successfully.

This conclusion, which I have tested clinically in my work with

analysands, was first suggested to me by the aspect of our research findings alluded to above involving the small minority of research subjects who reacted negatively to the fantasy-related stimuli that the much larger percentage responded to positively. These paradoxical reactions sometimes came to light during the study proper and in other instances during a debriefing interview held at the conclusion of the study. In the latter instances we discovered that when we revealed to the subject the stimulus that he or she had received, encouraged the subject to associate to it, and then discussed its idiosyncratic meaning, the paradoxical reaction dissipated.

Extrapolating from the above, as well as from the clinical observations of Langs (1973), who has stressed the importance of helping patients become aware of the aspects of the external world that activate psychodynamically important reactions (which he refers to as the "context" in which these reactions occur), the following recommendation seems in order. Whenever a psychoanalytic clinician views the activation of an unconscious fantasy as maladaptive for a particular analysand, the analysis of the fantasy should include not only the exposure of its content, its dynamics, and its historical roots, but also the activator of the fantasy in the treatment situation.

To exemplify what I mean here let me return to the case vignette cited earlier of my supervisee's analysand in whose treatment a sanctioned Oedipal fantasy contained a disruptive contingency clause. If I was correct in inferring

that the analyst's manner was partly responsible for this state of affairs, she might have said the following to her analysand at an appropriate time in treatment:

We have discovered how you experience me as a restrictive mother whose permission you need for feeling good. And we have seen how you have viewed my permission as contingent on your not becoming a mother as I am. While, as we have learned, this view of me is rooted in your earlier relationship with your own mother, I wonder if it may not have been fostered by my manner. You have often characterized me as Spartan and Prussian.

I am not advocating "countertransference confessionals" or even deep revelations to the analysand, but rather, as I hope the example conveys, that the analyst simply avow surface personality characteristics that have been activating the fantasy. While, as in the example cited, analysands (usually) are aware of these characteristics, they tend to isolate them from transference experiences. It is toward countering this defensive operation, and also toward strengthening the analysand's ability to master noxious environmental stimuli, that my technique recommendation is directed.

Summary and Conclusions

The following interrelated points have been made in this paper. There is now abundant evidence available from tightly controlled laboratory studies involving the presentation of stimuli outside of awareness that the activation

of unconscious symbiotic gratification fantasies and sanctioned Oedipal fantasies can have adaptation-enhancing effects on behavior. These findings can be viewed as a laboratory analogue of real-life situations in which these same fantasies are activated by external events of which the person is aware, yet unaware of their fantasy-related "pull." These situations include psychotherapy encounters in which therapists inadvertently, through their manner or techniques, activate one or the other of these fantasies. In nonanalytic therapies (according to my hypothesis) these fantasies serve as major therapeutic agents. In psychoanalytic treatment, on the other hand, the main agent of change is insight, but these same fantasies are often operative. They play an important role in what have been referred to in the psychoanalytic literature as "transference gratifications," "corrective emotional experiences," "the holding environment," "identification with the analyst," and "the analyst as an auxiliary superego." Reconceptualizing these noninsight agents of change in terms of unconscious fantasies seems to provide a better fit for the available "data"—particularly if one takes this term to cover the results from the laboratory experiments as well as clinical observations.

The hypothesis was offered that the activation of symbiotic gratification and sanctioned Oedipal fantasies in psychoanalytic treatment can facilitate the insight process and thus further psychoanalytic goals if this activation is: (1) occasional rather than frequent, and (2) subject to analysis at some point

in treatment. It was noted, however, that psychoanalytic clinicians differ considerably in their views on this matter so that systematic and objective empirical study is clearly in order. The only point on which a consensus can at present be reached is that, in particular instances, the activation of these fantasies can be maladaptive and thus should be nullified. Thus, the position taken here was that when the abrogation of these fantasies is viewed as desirable, this can be effected both by analyzing them and by the analyst modifying aspects of his or her behavior that are inadvertently contributing to their mobilization. It is therefore important for the analyst to be aware of these aspects; toward that end, a listing of some of the more frequent activators was offered. Finally, it was proposed that for the optimal analysis of these fantasies, the analysand should be helped to understand not only the fantasy's content, dynamic function, and origins, but also its activators in the treatment situation.

REFERENCES

- Alexander, F. (1954), Some quantitative aspects of psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 2:685-701.
- Arlow, J. (1969), Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Quart.*, 38:1-27.
- Beres, D. (1962), The unconscious fantasy. *Psychoanal. Quart.*, 31:309-328.
- Bergmann, M. S. (1971), On the capacity to love., In: *Separation-Individuation: Essays in Honor of Margaret S. Mahler*, ed. J. B. McDevitt & C. S. Settlage. New York: International

Universities Press.

- Bronstein, A. (1976) An experimental study of internalization process in schizophrenic men. Unpublished doctoral dissertation, Yeshiva University.
- Cohen, R. (1977), The effects of subliminal stimulation of three symbiotic stimuli on the psychopathology of female schizophrenics. Unpublished doctoral dissertation. Teachers College, Columbia University.
- Condon, T. (1976), Systematic desensitization: An evaluation of a psychoanalytic model of its effectiveness. Unpublished doctoral dissertation. University of Connecticut.
- Des Lauriers, A. (1962), *The Experience of Reality in Childhood Schizophrenia*. New York: International Universities Press.
- Eissler, K. R. (1953), The effect of the structure of the ego on psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 1:104-143.
- Fenichel, O. (1945), *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- Fisher, C. (1954), Dreams and perception. *J. Amer. Psychoanal. Assn.*, 2:389-445.
- ____ (1956), Dreams, images, and perception: A study of unconscious-preconscious relationships. *J. Amer. Psychoanal. Assn.* 4:5-48.
- Freeman, T., Cameron, J. L., & McGhie, A. (1958), *Chronic Schizophrenia*. New York: International Universities Press.
- Freud, S. (1915), Observations on transference love. *Standard Edition*, 12:157-171. London: Hogarth Press, 1958.
- Friborg, A. (1979), Further studies of subliminal symbiotic stimulation on relatively differentiated and nondifferentiated schizophrenics. Unpublished doctoral dissertation, New York University.
- Gordon, L. (1970), Beyond the reality principle. *Amer. Imago*. 27:160-182.

- Greenson, R. (1954), About the sound "Mm." *Psychoanal. Quart.*, 23:234-239.
- Holt, R. R. (1969), Manual for scoring of primary-process manifestations in Rorschach responses. Draft 10 Research Center for Mental Health, New York University (mimeographed).
- Kaplan, R. (1976), The symbiotic fantasy as a therapeutic agent: An experimental comparison of the effects of three symbiotic elements on manifest pathology in schizophrenics. Unpublished doctoral dissertation, New York University.
- Kaye, M. (1975), The therapeutic value of three merging stimuli for male schizophrenics. Unpublished doctoral dissertation, Yeshiva University.
- Langs, R. (1973), *The Technique of Psychoanalytic Psychotherapy*. Vol. 1. New York: Jason Aronson.
- Leiter, E. (1973), A study of the effects of subliminal activation of merging fantasies in differentiated and nondifferentiated schizophrenics. Unpublished doctoral dissertation, New York University.
- Lewin, B. D. (1935), Claustrophobia, *Psychoanal.Q.*, 4,227-233.
- Lidz, T. (1973), *The Origin and Treatment of Schizophrenic Disorders*. New York: Basic Books.
- Limentani, D. (1956), Symbiotic identification in schizophrenia. *Psychiatry*, 19:231-236.
- Lonski, M., & Palumbo, R. (1978), The effects of subliminal stimuli on competitive dart-throwing performance. Unpublished manuscript, Hofstra University.
- Martin, A. (1975), The effect of subliminal stimulation of symbiotic fantasies on weight loss in obese women receiving behavioral treatment. Unpublished doctoral dissertation, New York University.
- Nacht, S. (1964), Silence as an integrative factor. *Internat. J. Psycho-Anal.*, 45:299-300.
- Oremland, J. D. (1972), Transference cure and flight into health. *Internat. J. Psycho-Anal. Psychother.*, 1:61-74.

- Parker, K. (1977), The effects of subliminal merging stimuli on the academic performance of college students. Unpublished doctoral dissertation. New York University.
- Rose, G. (1972), Fusion states. In: *Tactics and Techniques in Psychoanalytic Therapy*, ed. P. L. Giovacchini. New York: Science House.
- Sackeim, H. (1977), Self-deception: Motivational determinants of the non-awareness of cognition. Unpublished doctoral dissertation. University of Pennsylvania.
- Sandler, J., & Nagera, H. (1963), Aspects of the metapsychology of fantasy. *The Psychoanalytic Study of the Child*, 18:159-194.
- Schurtman, R. (1978), Symbiotic stimulation as an aid in the counseling of alcoholics. Unpublished doctoral dissertation, New York University.
- Searles, H. F. (1965), *Collected Papers on Schizophrenia and Related Subjects*. New York: International Universities Press.
- Shafii, M. (1973), Silence in the service of the ego: Psychoanalytic study of meditation. *Internat. J. Psycho-Anal.*, 54:431-443.
- Silverman, L. H. (1967). An experimental approach to the study of dynamic propositions in psychoanalysis: The relationship between the aggressive drive and ego regression —initial studies. *J. Amer. Psychoanal. Assn.*, 15:276-403.
- ____ (1970), Further experimental studies on dynamic propositions in psychoanalysis: On the function and meaning of regressive thinking. *J. Amer. Psychoanal. Assn.*, 18:102-124.
- ____ (1972), Drive stimulation and psychopathology: On the conditions under which drive-related external events evoke pathological reactions. In: *Psychoanalysis and Contemporary Science*. Vol. 1, ed. R. R. Holt & E. Peterfreund. New York: Macmillan.
- ____ (1974), Some psychoanalytic considerations of nonpsychoanalytic therapies: On the possibility of integrating treatment approaches and related issues. *Psychotherapy*, 11:298-305.

- ____ (1975), On the role of laboratory experiments in the development of the clinical theory of psychoanalysis, *Int. Rev. Psychoanal.*, 2:43-64.
- ____ (1976), Psychoanalytic theory: "The reports of my death are greatly exaggerated." *Amer. Psychologist*. 31:621-637.
- ____ (1977), Experimental data on the effects of unconscious fantasy on communicative behavior. In: *Communicative Structures and Psychic Structures*, ed. N. Freedman & S. Grand. New York: Plenum.
- ____ (1978a), The unconscious symbiotic fantasy as a ubiquitous therapeutic agent. *Internat. J. Psycho-Anal. Psychother.*, 7:562-585.
- ____ (1978b), Reply to Theodore Shapiro's discussion of "Unconscious symbiotic fantasy: Ubiquitous therapeutic agent." *Internat. J. Psycho-Anal. Psychother.*, 7:594-601.
- ____ (1979), Two unconscious fantasies as mediators of successful psychotherapy. *Psychotherapy*. 16:215-230.
- ____ & Adler, J. (1978), An experimental demonstration of unconscious conflict motivating behavior. Unpublished manuscript, Research Center for Mental Health.
- Silverman, L. H., and P. Candell (1970), On the relationship between aggressive activation, symbiotic merging intactness of body boundaries and manifest pathology in schizophrenia, *J. Nerv. Ment. Dis.*, 150:387-399.
- Silverman, L. H., P. Candell, T. F. Pettit, and F. A. Blum (1971), Further data on effects of aggressive activation and symbiotic merging on ego functioning of schizophrenics. *Percept. Mot. Skills*. 32:93-94.
- ____ & Frank, S. (1978), Aggressive stimulation, aggressive fantasy and disturbances of ego functioning. In: *Psychoanalytic Perspectives on Aggression*, ed. G. D. Goldman & D. S. Milman. New York: Kendall/Hung.
- ____ & Dachinger, P. (1974), Psychoanalytic reinterpretation of the effectiveness of systematic desensitization: Experimental data bearing on the role of merging fantasies. *J.*

Abnorm. Psych., 83:313-318.

____, Kwawer, J. S., Wolitzky, D., Coron, M. (1973), An experimental study of aspects of the psychoanalytic theory of male homosexuality. *J. Abnorm. Psych.*, 82:178-188.

____, Martin, A., Ungaro, R., & Mendelsohn, E. (1978), Effect of subliminal stimulation of symbiotic fantasies on behavior modification treatment of obesity. *J. Consulting & Clinical Psych.*, 46:432-441.

____, Ross, D., Adler, J., & Lustig, D. (1978), A simple research paradigm for demonstrating subliminal psychodynamic activation. *J. Abnorm. Psych.*, 87:341-357.

____, Spiro, R. H., Weissberg, J. S., & Candell, P. (1969), The effects of aggressive activation and the need to merge on pathological thinking in schizophrenia. *J. Nervous & Mental Disease*, 148:39-51.

____ & Wolitzky, C. (1970), The effects of the subliminal stimulation of symbiotic fantasies on the defensiveness of "normal" subjects in telling TAT stories. Unpublished manuscript.

Silverstein, R. (1978), Studies of subliminal oedipal stimulation and dart-throwing ability. Bachelor's Honors thesis, Brown University.

Spiro, T. (1975), The effects of laboratory stimulation of symbiotic fantasies and bodily self-awareness on relatively differentiated and nondifferentiated schizophrenics. Unpublished doctoral dissertation, New York University.

Sterba, R. (1934), The fate of the ego in analytic therapy. *Internat. J. Psycho-Anal.*, 15:117-126.

Stone, L. (1961), *The Psychoanalytic Situation*. New York: International Universities Press.

Strachey, J. (1934), The nature of the therapeutic action of psychoanalysis. *Internat. J. Psycho-Anal.*, 15:127-159.

Winnicott, D. (1958), The capacity to be alone. *Internat. J. Psycho-Anal.*, 39:416-420.

____ (1965), *The Maturation Process and the Facilitating Environment*. New York: International

Universities Press.

Wolitzky, D. L., & Wachtel, P. L. (1973), Personality and perception. In: *Handbook of General Psychology*, ed. B. B. Wolman. Englewood Cliffs, N.J.: Prentice-Hall.

Notes

- 1 An earlier different version of this chapter was presented at the Annual Meeting of the American Academy of Psychoanalysis, Atlanta, Georgia, May 1978, and appeared in the *Journal of the American Academy of Psychoanalysis*, 7:189-218, New York: Wiley, 1979. I am grateful to Drs. Gerald Epstein, Merton Gill, Stanley Grand, Marvin Hurrich, Nathan Leites, David Rubinfine, David Shainberg, and Paul Wachtel for their comments, criticisms, and suggestions
- 2 Thinking disorder is defined as manifestations of illogical, unrealistic, and loose thinking, assessed from such tests as the Rorschach, Word Association, and Story Recall using the manuals that have been developed for such assessment purposes (e.g., Holt's 1969 manual for assessing primary-process manifestations in Rorschach responses). The other measure of psychopathology that we have used with schizophrenics is one that we term "pathological nonverbal behavior": peculiar mannerisms, inappropriate laughter, blocking, body rubbing, etc., that emerge during the testing procedures.
- 3 We have found that between 50 and 80 percent of the populations of hospitalized schizophrenics score as "relatively differentiated" on this procedure.
- 4 This statement should not be taken to imply that schizophrenics are necessarily stable with regard to where they fall on this differentiation variable. We have not yet ascertained the degree to which schizophrenics maintain themselves over time as "relatively differentiated" or "relatively undifferentiated."
- 5 The following measures of clinical improvement were used: (a) in the phobia study it was the patient's ability to tolerate contact with insects (as revealed in a "behavioral assessment treatment evaluation procedure") and ratings by both the subjects themselves and the investigator of the amount of accompanying anxiety; (b) in the alcoholism study, the indicators of improvement were counselor ratings for patient involvement in treatment; (c) in the weight study, improvement referred to the amount of weight loss four weeks

after the behavior modification program ended

It should also be noted that attempts have been made to replicate the findings from the phobia and obesity studies. The latter replication yielded essentially the same results (Silverman et al., 1978), but the attempt to replicate the phobia findings was unsuccessful (Condon, 1976). With regard to this nonreplication, it may be important that the population used, unlike the original population, did not consist of persons seeking treatment for their phobias. Instead, the subjects were college students who, although manifesting a certain degree of phobic symptoms, entered the study to fulfill a psychology class requirement. It thus may be that for the subliminal symbiotic stimulation to enhance the effectiveness of a treatment intervention, subjects must be well motivated to overcome whatever behavior the treatment is intended to address.

6 The fact that all of the schizophrenics in the study were male was apparently crucial in producing this result. In Cohen's (1977) study, for the first time female schizophrenics underwent the same experimental procedure that theretofore had been limited to male schizophrenics. In contrast to its effect on males, the MOMMY AND I ARE ONE stimulus did not reduce pathology for the females, but the DADDY AND I ARE ONE stimulus did. Cohen viewed these results as bearing out the clinical observations of Lidz (1973, p. 47), who has reported that most female schizophrenics, in contrast to males, turn from mother to father as the symbiotic object.

7 Two of these studies showed that it was specifically the Oedipal sanction in the messages (rather than simply the general sanction in the word OK) that improved the dart throwing of the subjects. In the experiment by Lonski and Palumbo (1978) the message BEATING MOM IS OK did not affect performance whereas BEATING DAD IS OK did. Similarly, in Silverstein's (1978) investigation, whereas WINNING MOM IS OK enhanced performance, WINNING DAD IS OK had no effect.

8 In each of these situations, there are particular circumstances that increase the likelihood that the Oedipal fantasies that are activated will be experienced as sanctioned. Thus, the greater sexual activity and more pleasurable experience that many people report after viewing X-rated movies can be seen (in part) as a result of the implicit permission that the availability of such movies conveys. Analogously, the familiar "home-court advantage" in professional sports competition can be viewed (in part) as the result of the cheering of the crowd, which implies sanction for the expression of competitive impulses. And the improved work performance that sometimes occurs in response to the encouragement

of an older same-sex person can similarly be seen as reactive to the fantasy that the Oedipal same-sex parent is approving of one's successful performance.

9 With regard to what else is involved, it is explicit in Alexander's concept of the corrective emotional experience and Strachey's concept of internalizing the analyst as an auxiliary superego (and perhaps implicit in the other three concepts as well) that the following element also plays a mutative role. The analysand has a new experience that is contrary to his past experiences, thus contradicting the analysand's expectation of negative environmental reactions. In a recent personal communication. Merton Gill made the following comment, which I would endorse, at least as a working hypothesis: "In my opinion there are at least three major mutative factors [in all psychotherapies]: insight, unanalyzed transference [or the activation of unconscious fantasies), and new experience.... The relative role that these three factors play in any particular therapy differs widely."

10 Let me make mention of a third fantasy, the activation of which also may play a role in some of the noninsight agents of change under consideration here; a fantasy involving an internalization of the "Oedipal father's" strength and power, and on a deeper level, his penis. This fantasy, like the two already discussed, is activated in many real-life situations, perhaps most particularly in religious experiences in which God is unconsciously equated with father; and in the placebo effect in medicine in which the physician is so equated. Like the previously discussed fantasies, this one too may be the primary agent of change in nonanalytic therapies, particularly in treatments such as est (Erhard Seminars Training) in which the therapist comes across as authoritarian, mysterious, and potentially punitive. The difference between the version of this fantasy that is adaptation-I suspect, in whether the father's penis, strength, and power are unconsciously perceived as shared or as stolen. I am proposing this fantasy in a more tentative way than the other two, because it has not yet been studied in the laboratory.

11 Among those favoring positions 2 and 3 above, there would be a further division between those who would allow the noninsight process forever to operate silently and those who, later in treatment, would subject it to analysis. In the opinion of this writer, this latter step (similar to Eissler's [1953] recommendation that "parameters" be analyzed after they are "employed") may well be necessary if the insight process is to be the main agent of change.

12 Such a resolution also would require evaluations made by clinicians other than the treating analysts as to the outcome of each type of analysis. These evaluations should cover all important

ego functions (level of object relatedness, frustration tolerance, sublimatory capacity, etc.), as well as the fate of the presenting symptoms, and should include extensive follow-ups.

The means that I am suggesting for addressing this controversy may seem obvious to some readers and thus my emphasis on it unnecessary. However, there has been an unfortunate tradition in psychoanalysis for clinicians to react to controversial questions by making theoretical deductions or alluding to their "clinical experience." As I have expanded on elsewhere (Silverman, 1978b), when clinicians disagree, as in the current instance, the clinical experience of either antagonist cannot be given much weight. And as for theoretical deductions, not only are they a less scientific way of resolving controversy, but they often are based on unwarranted assumptions. With regard to the current controversy, for example, some analysts unjustifiably assume that a change based on a gratification experience could only be understood as a catharsis, with the implication that it *necessarily* will be short-lived. But as has been detailed elsewhere (Silverman and Frank, 1978, pp. 135-136), a case can be made for the formulation that, in certain circumstances, a gratification experience can lessen the need for pathological defenses or lead to cognitive restructuring, thus providing an "acceptable rationale" (within a psychoanalytic framework) for anticipating personality change. Lest I be misunderstood, let me make clear that I am not arguing for the validity of this formulation; I am only stating that it cannot be rejected out of hand. The accumulation of data that are systematically and objectively collected and evaluated should be the basis for resolving this controversy.

[13](#) It is interesting to note that the great majority of mantras—the Sanskrit sounds that meditators in transcendental meditation are instructed to focus on—contain the sound "mmm"; e.g., the prototypical mantra, "om."

[14](#) This "logic" can be seen more clearly in the Masters and Johnson type of sex therapy where the therapist actually instructs the patient at the beginning of treatment to restrict his sexual interaction with his partner to petting and temporarily to forgo attempts at intercourse. This, I suspect, makes the "go ahead" instructions later in treatment much more likely to be experienced as a sanction for a taboo wish.

[15](#) If one takes into account the idiosyncratic perceptions and associations of particular analysts, many more activators of the two fantasies under consideration could be added to the above list, including aspects of the analyst's physical appearance and even the analyst's

analytic interventions. With regard to the latter, Marvin Hurvich, in discussing an early version of this paper, pointed out that, for certain analysands, those interventions that are designed to further insight (i.e., the offering of interpretations) or to allow for working through can be idiosyncratically experienced and thus stimulate an unconscious fantasy.