Symbols in Psychotherapy

Regressive Symbolization

Symbols in Psychosomatic Disorders

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The Categorization Of Psychosomatic Symptoms According To The Level Of Regression In The Symbolizing Function, Which Has Participated In Their Formation

INTRODUCTION

Extreme discomfort tantamount to physical illness can occur when the symbolizing function utilizes bodily organ functions for the symbolic expression of affect. At times the manifest symbols are difficult to recognize as of psychological origin. For instance symbols for the experience of affect emphasize physical sensations when evoking memories that consist of haptic somatic tissue sensibilities. These are often recalls that have been organized and synthesized into sensory concept clusters in memory. Remembered affect sensations inform the feelings associated with affect porous symbols.

Leroi Gourhan (1967), an anthropologist, pointed out an easily overlooked symbol referent in memories of physical responses to stimuli. He noted that "The reference point of the esthetic sensibility of man has its (source) in . . . symbolic reflections of the ensemble of tissue sensibilities." (page 83). Affects in isolation can be symbolized and held out of consciousness by the establishment of physiological functions for use as displaced substitutes, which draw attention cathexes away from referent affect potentials.

Awareness of psychosomatic expression of affect potentials is not new to mankind. Simpson (1972) reveals to us that as early as the time of the New Kingdom in ancient Egypt, there was acceptance of the idea that emotions could produce physical illness. The following poem illustrates this well.

> "Seven days have passed,
> and I've not seen my lady love;
> a sickness has shot through me.
> I have become sluggish,
> I have forgotten my own body.
> If the best surgeons come to me,
> my heart will not be comforted
> with their remedies.
> And the prescription sellers, there's no help through them;

my sickness will not be cut out.
Telling me "she's come" is what will bring me back to life." (page 320)

In spite of this long history of psychosomatic awareness, there is little agreement amongst psychosomaticians on the nature of the mechanism, which translates emotions into bodily changes. Descriptive phrases such as "the magical leap" fail as explanations; they also fail to aid communication between investigators. In discussions of symptoms described as psychosomatic, modern day investigators at times find that exchanges of opinion turn into scenes of rancor. The source of this rancor lies in part in the fact that "psychosomatic" as a term, refers to disparate symptom clusters deemed to be alike on the basis of a single characteristic, namely, they are physical symptoms that occur in distressed psychological contexts.

Theories of psychosomatic disease usually attempt a unitary formulation creating a single dynamic. This results in the exclusion of alternative explanations. Dynamics derived from a few cases of a single entity may be generalized to apply to the total psychosomatic complex. A criterion for the establishment of a theory that will cover all possibilities is doomed to fail. When a single word is deemed adequate to represent a protean concept, the concept itself tends to be considered unitary. Setting aside this unitary concept in favor of a study of a multiplicity of intrinsic clinical characteristics is necessary. It makes possible close studies of the differentiated entities.

The intrinsic explanatory and differentiating characteristics of the subcategories of the group of symptoms called psychosomatic reveal that a variety of complex mental events make up the symbolizing function. Just as the blind men with the elephant might justly disagree on what an elephant was, so modern day investigators justly disagree on the nature of psychosomatic symptoms and the therapeutic approaches indicated to treat them. Each deals with a different part of the beast. All are limited by the absence of theoretical-clinical tools for the accurate differentiation and description of the variety of symbolic characteristics that appear in the different types of "psychological somatic" symptoms. Psychosomatic conditions are usually somato-psychic as well. Patients can develop anxiety in response to their symptoms. Within this theoretical framework treatment often entails dealing with anxiety, which is secondary to the symptom.

Schur in 1955 postulated a "'psychosomatic' phase of development" (page 126) in which

emotional and cognitive immaturity provided the infrastructure for pathology. The personality enters this phase, when "the ego loses the capacity of secondary process thinking . . . . uses unneutralized energy and desomatization fails" (page 126). "There seems to be a parallel between the prevalence of primary process thinking, the failure of neutralization, and the resomatization of reactions" (page 133). "In the condition leading to the first eruption or the recurrence of an eruption after a prolonged interval, we can see a regression to the precursors of thought, affect, instinctual drives and defensive action-expressed exclusively on the somatic level" (page 143). Within this theoretical context, Schur's concept of treatment consists of "anything counteracting . . . regressive reactions which accompany affects and instinctual drives . . . " (page 160) " . . . the analysis proceeds in the uncovering of unconscious conflicts, the predominance of primary process thinking recedes and simultaneously patients who used to think feel and act with their skin, learn to use normal channels of expression" (page 161). In this theory therapeutic cure comes from relieving cognitive regression without the resolution of the influence of fantasy content associated with affect.

These concepts cannot be generalized to all conditions called psychosomatic. Only one possible channel of regression is described, a cognitive one. There are many paradigmatic developmental lines with many regressive stopping points along their way that provide explanation for nature and depth of the genetic regressions that support somatic symptoms of psychic origin. Indeed, the formation of psychosomatic symptoms shares with psychological symptoms Freud's (1939A) concept that symptoms can be produced at the point that repressed content finds its way to consciousness "[When] in recent experience impressions or experiences occur, which resemble the repressed so closely that they are able to awaken it . . . " (page 95) At that point " . . . . what has hitherto been repressed (does not) enter consciousness smoothly and unaltered, it must put up with distortions . . . . " (page 95). With psychosomatic symptoms, the characteristic distortion involves turning to the body to be used as a source of simple symbols to express affects directly (i.e. tears)

The body also serves as a source of manifest cryptic expressive symbols to be used in using body language to articulate fantasy. The theory that latent fantasy propels psychosomatic symptoms was championed by Mellita Sperling. In her dynamic explanation for somatic symptoms of psychic origin, M. Sperling (1968) taught that " . . . . the psychosomatic patient . . . . act(s) out . . . . impulses, wishes and fantasies internally in a variety of somatic symptoms".

The process, which creates a distorting translation of referents into somatic representations, has myriad symbolic forms from which to choose. The most primitive forms betray a level of regression to a point where direct somatic expression takes place. An example would be tears for sadness or G.I. cramps for anger. The least primitive symbolization of referents using somatic channels negotiates those levels of sophistication at which representations are the products of denial and displacements. The latter are psychoanalytic symbols in which latent content or affect are represented through linkages based on similarities in organ shape or function. An example of such a symbol would be hysterical arm paralysis that disables the ability to strike another person, as an expression of the inhibition of rage.

The form taken by psychosomatic symbol based symptoms is determined by two sets of developmental lines. The first set of developmental lines involves regressions along the ontogenesis of consciousness (V.I. and Sarnoff 1970). The second set of developmental lines is derived from regressions along the march of symbolic psychic representations of libidinal objects, which proceeds from the bodily organ narcissistic self to reality objects as loved ones. Psychosomatic symptoms can be categorized according to their stage of regression as manifested in each of these developmental lines.

The Ontogenesis of Consciousness

The ontogenesis of consciousness is organized around four progressive stages, which are reflected in the forms (concrete, abstract, and cryptic symbols), which its characteristic symbol types take. They are the primal system consciousness, which contains direct concrete expressions, the late stage verbal system consciousness which contains symbolic representations based on linkages that are derived from the verbal memory system (See Volume 2 Page 68), the abstract system consciousness, which contains symbolic representations based on linkages that are derived from abstract similarities, and the mature system consciousness, which contains an enhanced number of displaced and cryptic symbolic representations. The latter is based on exclusion from awareness of the abstract relationship between referents and representations. They are free to appear as a result of the loss to awareness of their connection to highly affect charged and feared or prohibited meanings.

The Developmental March of Symbolic Representations from the Bodily Organ Narcissistic Self to Reality Objects

The developmental march of symbolic representations from elements of the somatic self to elements drawn from reality was reported in the early psychoanalytic literature. There is no one place where it is described in its entirety. A full picture can be gathered from a combination of extracts from some basic papers on the subject. Ferenczi (1912) stated " . . . . bodily organs (principally the genital ones) can be represented not only by objects of the outer world, but also by other organs of the body. In all probability, this is even the more primary kind of symbol creation" (page 275). In the earliest symbolization, bodily organs (i.e. genital ones) are represented by other organs of the body. Ultimately bodily organs are represented by objects in the outer world. Klein (1930) described an intermediate phase in childhood during which aggression felt toward the mother creates anxiety "Since the child wishes to destroy the organs, penis, vagina, breasts which stand for the (loved) objects, he conceives a dread for the latter. This anxiety contributes to make him equate these organs in question with other things . . . which form the basis of . . . symbolism" (page 24).

There follows a fuller outline of the march of representing objects from elements of self representing parts of the self including concepts to elements of reality representing parts of the self including concepts. These are serially added to the armamentarium of potential manifest symbols used during the ontogenesis of the symbolizing function. These objects are subsequently used to represent latent referents. This progressive developmental march provides us with information about stages in the paradigmatic line of symbolic forms that inform somatic characteristics during regressive symbol formation.

Self <-> Self Stage

The most primitive referent is that part of the motivated self which is limited to felt need. There is an urge for discharge without an object. There is only evocation in expression. The perception involved in psychic imagery is alerted by these needs. It cathects the self autoerotically in search of gratification. A pre-symbolic self <-> self stage of object relations exists at this point. The self <-> self stage is an example

of primary narcissistic evocation. It is seen clinically in infantile autism and in malignant depression.

The Self—> Undifferentiated World Stage

The second stage is manifested in the articulation and evocative discharge of felt need through or from an image of the self that is undifferentiated from the world.

Self—> Direct Expression Through Organ Stage

The third stage is manifested in the satisfaction of felt need through the function of organs of one's own body aimed at recruited fantasy figures adapted from real people. Tears from the eyes that call the mother's attention are an example of this. Though they appear to be in the communicative mode, they are still primarily evocative. They are saved in the growing memory systems of the child. Somatic memory traces established during this phase provide the templates that influence psychological somatic manifestations during later regressions. Mahler (1969) has described this as a symbiotic phase of early childhood that participates in setting the stage for later somatic psychopathology. She says, "Whenever organismic distress occurs, the mothering partner is called upon as the major contributor to the maintenance of the infant's homeostasis. " . . . somatic memory traces are set at this time." (page 13). Murderous fantasies expressed through mucous colitis are an example of such symptom formation.

The Self—> Substitute Organ Stage

The fourth stage is the utilization of remembered psychic representations of body organ functions or affects as objects to substitute as symbols for other organs or affects, in the gratification of needs or the defense against such gratification. Organ functions, which participate in this process contribute the somatic component to psychosomatic phenomena.

Self—> Part Object Stage

The fifth stage begins with self-object differentiation. It is characterized by a shift to the interpretation of elements, such as people in the real world, as symbolic representations of an organ. Loved ones in the object world become part objects as a result of being interpreted to serve the function of

organs. An example would be a relationship in which every movement of a loved one is scheduled and managed as though it were a bowel content. Manifestations of this stage contribute characterological coloring to people who have psychosomatic symptoms. This process begins to take on the coloring of symbols in the communicative mode. Regression to this stage on the developmental somatic march of symbols was postulated by Ferenczi (1912) when he stated "The symbolic identification of external objects with bodily organs makes it possible to find again, . . . all the wished for objects of the world in the individual's body".

Self—> Object Stage

The sixth stage is characterized by the use of symbols, which are products of displacements from loved ones (primary objects) to manifest symbols. It is not involved in psychosomatic symptom formation. This stage is important in phobia formation, and is the basis for the use of objects outside the body boundary and reification of words in the selection of manifest symbols. An example would be the seaweed phobia of little Jan. (See above)

Degrees of weakness in repression of content and affect and varying degrees of inward turning in the search for an object (regression along the developmental somatic march of symbols) determine which stage will be involved in the formation of representations during symbol formation.

Clinical Examples

Somato-Psychic Disorders

Somato-psychic disorders are products of awareness of organ change. These are clinical responses to the presence of physical discomfort derived from pathology, which is of somatic origin. These discomforts are interpreted secondarily to be life threatening or potentially castrative. Freud (1914) summed up the libido distribution in this state when he quoted the line "concentrated is his soul in his jaw tooth's aching hole". In the production of this psychic state, interpretation of what is real, seen at the level of self-organ awareness, is elaborated into the context of a pre-existing fear fantasy. There is direct representation in the primal system consciousness on the self-organ level. A typical case history follows:

Mr. T.E. was a 38 year old, married architect. He developed severe headaches, oppressive feelings in his chest, pain in his chest and an awareness of his heartbeat. A similar condition was reported in six of his wife's co-workers. All seven were seen by an internist who diagnosed the condition as pericarditis on the basis of electrocardiographic changes reflecting sub-pericardial myositis. The intensity of the symptomatology caused great anxiety in Mr. E. He was convinced that he would die during one of the attacks. When seen by a psychiatrist, he was noted to have a history of repeated neurotic depressive reactions whenever a family member became ill and an unresolved symbiotic attachment to his mother.

Somatic Anxiety Equivalents

Somatic anxiety equivalents are hyper-expressions of normal physiology. They are clinically characterized by the presence of strong somatic responses in which one aspect of the total physiological anxiety reaction is predominant. This is a direct somatic expression of affect. There is direct representation in the primordial awareness of the primal system consciousness on the self <-> self level and there is no need for higher cortical functions including symbolization, when responding to present

danger. In the cases where there is fear of a future event an abstract system consciousness with abstraction based symbols is required, because that which is yet to be is a "perpetual abstraction in the world of conjecture"[1]. The specific responses involved in somatic anxiety equivalents are hyperventilation, diarrhea, tachycardia, and trembling. Specific emphases in choice of symbol may be consistent for a given individual and familial patterns are not unknown. A typical case history follows:

Mr. A.E.C. was a twenty-three year old medical student faced with a difficult examination upon the outcome of which his future in medicine hinged. Upon entering the building in which he was to take the examination, he developed abdominal cramps and diarrhea. Once in the bathroom, he had to wait his turn. His reaction was a response to fear of a projected and therefore memory borne abstraction rather than a present danger. The former requires an abstract system consciousness. The latter requires mobilization of a primal system consciousness. He was able to take the examination successfully.

That which is described here requires only a quite primitive personality organization including the direct representation of affect characteristic of the primal system consciousness and no requirement of self-object differentiation. This is a manifestation of the expression of the self through the self (the self <-> self stage) at a primitive level.

Somatic Anxiety Equivalents Used for Secondary Gain

Awareness of a connection between anxiety states and symptoms, which are anxiety equivalents, is the product of the development of the abstract system consciousness. A symbolic linkage is provided to be used for the establishment of an anxiety equivalent as a symbol to be used as a tool for communicating personal discomfort to others. If the linkage is not repressed the anxiety equivalent serves as though it were a simple symbol. A true psychoanalytic symbol can develop if the mature system consciousness is reached and the link is repressed.

A level of regression at which self or organ can carry the message of an affect can predominate in these states. This eventuality can occur in the presence of a functioning abstract system consciousness. The initial episodes may be of infectious or anxiety equivalent origin and are clearly self <-> self in nature at first. Memory of their effect on others can be linked to symptoms in an abstract system

consciousness. This knowledge becomes the basis for the use of old symptoms as symbols which aim to achieve secondary gain. The following case illustrates this:

Master J.J. was a six-year-old boy who lived in a serene home with an understanding mother, a quiet father, and a nine-year-old sister. It should be noted that the boy had had an episode of diarrhea at the age of four, accompanied by fever and abdominal cramps. One day, when he was five, the father and the children returned home late for dinner. The mother became angry and shouted. The child grabbed his stomach and began to complain of pain. He could not communicate any fears directly. When the father tried to comfort him, the child turned towards the mother. The child was expressing his anxiety through a symptom known to attract the mother's compassion. He was relating to an "outside object", though it appeared that he had regressed to the cathexis of a part of himself. The nature of his condition can be summed up by the fact that the symptom cleared when he was finally able to verbalize his concern in the words "are we a happy family again". The symptom, an anxiety equivalent, was used as a communication reflecting a level of self—> outside object relations.

Hypochondriasis—Overreaction to Organ Changes

Hypochondriasis refers to the use of physical symptoms to deflect one's attention cathexes from external stress. These are clinically characterized by the presence of marked concern with bodily organs and functions in the absence of comparable severity in physical symptomatology. No psychoanalytic symbolization is present although there often has been a difficulty with object relations or even a true phobia at the self—> object level. The individual has regressed to preoccupied complaining about symptoms. Such preoccupations withdraw the patient from mature object relations and the situation to which the manifest phobia had been responding. A cognitive constellation is generated as the product of regression to the abstract system consciousness with its pre-psychoanalytic abstraction based symbols. The presence of this constellation indicates self—> organ object drive discharge orientation. A loss of awareness of the link between symptoms and the life situation to which it is a reaction occurs in hypochondriasis. Such an exclusion from consciousness is characteristic of the repression that creates the truncated consciousness of the mature system consciousness. It is a forerunner in development of the repression of the abstract connection between referent and representation that is supported by countercathectic symbols. The last mentioned is the defining characteristic required to be part of the

mature system consciousness. A case example follows.

Mr. E.R was a forty-six year old, childless, former storekeeper who lived with his wife and sister. When he came for treatment, he was unemployed, although he had an excellent past work history.

The cause of his referral was an incapacitating somatic symptom. He had difficult breathing, a pressing feeling in his chest, pain and fear of death. No objective findings were detected by an internist. He was diagnosed hypochondriacal and was sent for psychiatric evaluation and treatment. During psychotherapy sessions, his attention was noted to be directed toward his heart whenever his life situation was discussed.

The heart symptoms cleared up after he was able to work through recent traumatic events and direct his conscious attention to the potential phobic avoidance reaction that had been de-emphasized by a regression to hypochondriacal emphasis on the affect symptom, anxiety. He was a small man, who had been robbed, trussed up and left unattended for hours in the back of his store. He had developed a fear of going into the street, which he could not explain.

The analysis of the phobia, which had been de-emphasized as a result of cathexes of sensations in the heart, revealed an unconscious fantasy that he would see two people fighting, one of whom would leave the fight to come over to strike him. The fantasy, he could relate to childhood fears of his father who often threatened him during fights with his mother.

Organ Changes of Psychological Origin without Psychoanalytic Symbolization

Organ changes expressing conflict, anxiety and affect in the absence of psychoanalytic symbolization are manifested in syncretic anxiety equivalents. Examples are somatic responses to neuronal discharge into the autonomic nervous system, infantile eczema, and nocturnal anxiety episodes in early childhood. This condition is supported by a cognitive constellation including regression to use of pre-psychoanalytic abstract symbols, and a self—> organ drive discharge orientation. This condition is characterized clinically by the presence of physical discomforts associated with signs of specific physical changes either in the form of tissue damage, muscular contractions, autonomic changes or shifts of fluids into the extravascular space as occurs in hives. There is appreciation of sensations involved characteristic

of the primal system consciousness on the self-organ level.

Related clinical examples follow:

Spitz (1965) described a population at high risk for infantile eczema. Characteristically, this condition appeared during the second half of the first year of life and tended to disappear between the twelfth and fifteenth month (page 225). The lesions consisted of weeping and exfoliation favoring skin folds, localized on the flexor side (inguinal, popliteal, etc.). The children were found to differ from unaffected youngsters in their cutaneous reflexes, evidence of an increased readiness of response of the skin (an innate factor), and in that the incidence of eight months anxiety was markedly below (15% vs. 85%) the incidence in the control group. Spitz relates this to a disturbance in object relations (page 229). This in turn was related to characteristics of the mothers. They were found to have " . . . unusually large amounts of unconscious repressed hostility . . . " (page 229), and "they did not like to touch their children" (page 230). In effect, the children were systematically deprived of cutaneous contact. Unable to use means of locomotion because of age and unable to find normal gratifications of the felt need of infants for object relations with the mother, "it is as if the children cathected the cutaneous covering . . . with increased libidinal quanta" (page 240). Spitz hypothesizes that the child provides himself with the cutaneous stimulation that is not forthcoming from the environment (page 240). What is important for us in this report is documented clinical proof of the existence of somatic signs of psychological origin during the developmental time period when the Primal System consciousness holds sway. Spitz points to the self—> outside potentials of the psyche of the child during the second half of the first year of life and demonstrates that a failure to achieve this potential results in persistence of expression of the self—> organ phase as manifested in the eczema.

A supporting phenomenon is described by Spitz (1965) from the work of Pavlov. In the establishment of a conditioned reflex, dogs were required to differentiate between stimuli applied within a given perimeter above and below a line drawn on the dog's thigh. The stimuli were brought closer and closer to the line, "thus forcing the dog to perform an increasingly difficult task" (page 235). Most of the dogs in the experiment " . . . developed an 'experimental neurosis'" (page 235). Some dogs "when discrimination became impossible, . . . developed eczema in the perimeter of the electrical stimulation" (page 235). Of pertinence to our work is this example of the biological capability in a

subhominid species for the development of somatic signs as the result of psychological inputs. The existence of self—> organ cathexes in the context of a primal system consciousness is within the realm of possibility for the animal psyche. It is also within the realm of the psychic states to which an adult may regress.

It is possible when in the primal system consciousness to be aware of the affects and conflicts expressed in somatic symptoms. Commonly with crying and paroxysmal tachycardia the patient can tell of the concomitant mood. People who are crying ordinarily know that they are sad. Wulff (1928), Sperling (1952), and Sarnoff (1970) have described anxiety, somatic symptoms and sleep disturbances characterizing nonpsychotic psychopathology during that part of early childhood prior to the development of the capacity for repression of the link between the symbol and what is symbolized. In the papers of Sperling (1952) and Sarnoff (1970) the development of phobias with a move to the phase of psychoanalytic symbols and self-> object cathexes, was accompanied by the disappearance of somatization.

Organs Used as Psychoanalytic Symbols to Express Affect and Fantasy

There was described in the early paragraphs of this chapter, the concept that symptomatology produced as a result of psychoanalytic symbol formation can represent affects (anxiety, guilt, hostility) and fantasy contents. In keeping with this, we now turn to the study of displacement of attention to body organ function in the service of the symbolization of the mature system consciousness. These representations serve as symbols, which provide a countercathectic substitute in support of repression of the abstract relationship between referents and the representations.

True psychosomatic disorders (not hysterical symptoms or anxiety equivalents) are characterized by tissue changes, fluid shifts and physiological modifications. During their formation, affects and fantasies are channeled to organic expressions that reflect fixations or regressions to pregenital (prephallic) levels. Their manifest affects can represent displaced latent affects. There is a great amount of displacement that masks meaning and diminishes the affective valence of the latent content to the point that the quality that attracts consciousness is lost. This is an example of the function of a mature system consciousness. The latent content is repressed. The organ functions involved in expression are

usually visceral and have latent symbolic meanings involving oral, respiratory, cutaneous, and anal incorporations. By way of contrast, when expression can be accomplished solely through the use of self—> outside (object) cathexes with new symbolic objects substituted for the primary content of the fantasy, neurotic symptoms (i.e. phobias) result. When outside objects are not used, but instead body and bodily feelings are used to symbolize latent content, the affects remain strong.

Affects as symbols of other affects, such as depression representing anger, are a means for the expression of drives. Cathexes directed toward organs readies the organs to be used as symbols for latent affects. For instance, fluid extravasations (i.e. urticaria) can be used to express, unknown to the patient, unconscious hostility and weeping.

Clinical Examples of Conditions in Which Organs Express Affects and Fantasy Contents

The following clinical examples illustrate the difference between a physical symptom (edema), which is a true psychosomatic reaction and a physical symptom (paralysis), which is a neurotic conversion reaction.

Psychosomatic Disorder—Giant Urticaria

Miss K.L. was a nineteen year old single college student, who was referred for treatment by a gynecology resident from the hospital to which she had been admitted for a third episode of high fever accompanying a septic instrument induced abortion. The resident considered her repeated pregnancies to be suicidal gestures. Once in treatment, she explained that her episodes of sexual activity occurred during periods of hazy awareness (dissociation states) during which she was not fully in control of her behavior. These states began while on dates. They related to feelings of attraction to her date, which were contrary to her moral code. Because of her state of altered awareness and accompanying confusion, birth control measures were neither instituted nor insisted upon. Analysis of the symptom revealed an unconscious desire to "have a little boy with her father". The boys with whom she conceived represented both her father and the "little boy". During the course of one of her sessions, she was speaking of that which the abortions meant to her. At one point in the session, a fantasy occurred to her, which she could not put into words. She fell into silence. The thought was lost for a moment. A look of dismay came across

her face. “Dr. Sarnoff, look”, she said pointing to the volar aspect of her right forearm. A giant hive, raised, blanched, was there. “What thought did you have just as you became silent before the hive appeared”, I asked. “I thought of you as a man, I wanted to get inside your belly and rip your guts out”, she replied. As she spoke, the hive disappeared.

Greenacre (1965) commenting on tears and urticaria, said “the whole consideration of tears in weeping presents many interesting facets, . . . it is a situation in which the nucleus of a primitive physical defensive activity is later used in a much more complicated way and assumes the role of a quasi-psychic defense. There are questions also regarding the relationship of tears and tearfulness to disturbances of other fluid discharges in the body such as . . . the periodic appearance of fluid in body tissues in response to psychological as well as to physiological initiations, as in urticaria . . . ” (page 218).

A psychoanalytic affect symbol is formed from the displacement of cathexes from one affect to another affect, through the function of a personal internal effector organ such as tearing from an eye. In this case the affect was anger and the symbol took the form of a physical alteration of the skin. Affect symbols are successful if there is masking of the latent affect or decathexis of original affect.

The fantasy content, which is repressed originally attracted consciousness as the result of the disturbing affects that were associated with it. When original associated affects are expressed as symbols through effector organ sensations, the high affective valence of the latent fantasies is neutralized.

Affects as well as contents can undergo displacement to a substitute. Greenacre (1965) describes the displacement of affects thusly “Tears may come rather tardily and even then be displaced either as to the object or situation which elicits them or appear as edematous effusions in the should be weeper’s own body” (page 213). The quality that attracts consciousness is lost and the original fantasy contents slip out of consciousness when substitute representations are activated. These conditions represent regression to the self—> organ phase with organs activated to conform to the nature of the psychoanalytic symbols of the mature system consciousness. With the development of the capacity for psychoanalytic symbol formation during the early months of the third year of life, affect and contents associated with the referent can be repressed and truly countercathectic substitutes can be introduced. Psychotherapeutically contents and their affects can be recathected when they are come upon through

free association or through questioning.

True psychosomatic disorders, are affective symbolizations, manifested in the symbolization through self—> affect cathexes (see Legault above) and the symbolization of latent fantasy content through the use of bodily organs. Amongst psychosomatic disorders are included asthma, mucous colitis, regional ileitis, ulcerative colitis, and peptic ulcer. Sperling (1963) (1972) has pointed out the tendency of the psychosomatic patient to develop acting out behavior or phobias when somatization is analyzed and the person begins to replace body organs with objects in the world to deal with his conflicts. For this reason, the fantasies which form the basis for the somatic symptoms must be analyzed and their relationship to the symptoms worked through.

True Psychosomatic Disorder—Mucous Colitis.

Mr. J.L. was a thirty-year-old single male, advanced graduate student, who came to treatment for repeated depressive episodes associated with the loss of girlfriends whom he considered potential wives. The depressions did not interfere with his work, but were accompanied by weight loss of up to twenty pounds. At the times that he attempted to communicate with his lost loves by telephone, he developed sudden cramps in the left side and rectal fullness of such great severity, that he had to seek a toilet immediately, or risk soiling himself. This latter contingency never did occur but was a constant threat. He produced a diarrhea in which the scybalum was lost in the massive outflow of fluid. This cramping often lasted for days at which time it was accompanied by pruritis ani. Such episodes had begun when he was eight to ten years of age. In addition to the calls to the girls, the episodes were associated with periods of working with handsome men who looked younger than their actual age and with situations in which people in high positions lavished praise on others ignoring the patient's achievements.

One particularly intense episode, which occurred during the treatment, was analyzed intensely and became the basis for working through this condition to the point that thirty years after the analysis of the condition, he is still symptom free. He had met a young woman with whom he fell in love. There were three months of bliss involving an intense sexual affair. This was followed by three months during which the young woman gradually lost control over consciously controlled sadistic urges. At times, she would

obsess for days before screaming at him that she thought he was dirty. In addition, she introduced situations that lead him to obsess that she was seeing other men. The future of the relationship was put severely in doubt by her behavior. It would have been terminated through a period of slow sticky disentanglements, as had been his pattern in the past, if it were not for the fact that she had become pregnant and he felt it his responsibility to remain in contact with her until she could obtain an abortion. This resolve was further intensified by his fear that her unstable state of mind might result in her carrying out a threat to report him to his employers, who required high moral standards for people who intended to enter his career. In the face of all this apparent danger, there was no diarrhea. Then there arose a need to terminate the relationship quickly. He had met another girl. He took her out in the afternoon and would have stayed with her through the evening, if he had not made a dinner appointment to discuss the abortion with the pregnant girl. As a march of cramps moved across his abdomen, he recalled my question, "What were your thoughts and feelings just before the cramps started?"

He found that the cramps stopped when he recalled that he had just thought and then banished from consciousness a wish to murder the pregnant girl. His abdominal pains were equated by him with murderous wishes and cramps during an abortion. The dejecta was associated to a number of things he expected to lose or shed. These were the baby, the murdered girl, that which had happened to his image of himself, and tears that were not overtly possible for him at the time. It is striking that during sustained episodes of cramping, he had quiescent periods during which he described the feelings in his abdomen as "crying".

This case illustrates the use of the function of a body organ for the symbolic expression of strong affects. The patient withdrew from the expression of his hostility directly at a real object. He had turned his aggression inward and expressed his decathected aggression through the function of a bodily organ. A hostile wish associated with a murderous affect was symbolized by the colitis symptoms. It should be noted that the presence in consciousness of the affects and the symptoms alternated and did not occur simultaneously.

Conversion Reaction—Hysterical Conversion Disorder

Hysterical conversion symptoms are characterized primarily by modifications in function and sensation of sensory and motor organs. The affects and fantasies expressed reflect fixations or regressions to phallic and Oedipal levels, although the object relations expressed may have oral components. The organs involved are usually parts of the perceptual apparatus, the genitals and the somatic motor apparatus. They usually have symbolic meanings relating to phallic, genital, Oedipal strivings and identifications, and the inhibition of aggressive urges. Occasionally trophic phenomena are seen, such as "stigmata", but these are rare. For production of these psychic states that which is required is regression to the self—> organ/affect cathectic system for the establishment of psychic representations to be used as objects through which drives can be discharged or inhibited. A functioning mature system consciousness must be present. The latter makes it possible to have psychoanalytic symbols as part of the manifest symptomatology.

Hysterical Anaesthesia of the Penis

Mr. A.J. was a twenty-seven year old former pilot who had been commended for bravery and physical courage. He came to analysis because of premature ejaculations, occasional retarded ejaculations, occasional impotence, anaesthesia of the distal two thirds of his penis and difficulty in meeting and talking to girls.

During the analysis it became clear that he had severe castration anxiety. During the analysis he had visual fantasies of a penis with a cord tied tightly at its base. The penis turned blue and fell off. A similar fantasy involved vaginismus resulting in amputation of the penis for gangrene. In another visual fantasy, he saw a rocket flying down toward the mouth of a cave at an angle of about 20 degrees; as the rocket approached the cave, it became flaccid (SIC) and couldn't make it. The analysis of these fantasies as the root of his anesthesia resulted in the slow resolution of that condition. The impairment of sexual function can be seen as an inhibition, which conveyed in symbolic form his castration fears. Note that there was a symbolization of his aggression in the projection of it into the cave and the vaginismus fantasies. Affective symbolization was present but the content symbolization predominated. Note that here the impaired function involved an organ that is involved in a relationship to another person. The

developmental level associated with psychoanalytic symbol formation is apparent. The organ chosen is not one that is capable of serving for object absent evocations. Rather it is an organ involved in self—> object drive discharge.

Conclusion

The structure and function of a given psychologically based physical symbol is defined by regression along two lines of development, These are the ontogenesis of consciousness and the developmental march of the choice of objects to be used as manifest symbols. The former consists of concrete, abstract, and cryptically symbolized conscious forms. The latter manifests felt needs progressively through expression of latent affects through substitute manifest affects, narcissistic evocation using organ functions, cathexis of organs as objects, and cathexis of people as representations of organs.

A combination of regressed positions derived from each developmental line determines the form of the manifest symbol produced. For instance representation of affect on the level of the undifferentiated self combined with the level of concrete representation produces a somatic anxiety equivalent, while psychoanalytically symbolized fantasy on the level of organ cathexis, resulting from regression from object ties, produces somatic changes with repressed links to referents.

Notes

1 T.S. Eliot "Burnt Norton"