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Revisiting Unconscious Phantasy in Contemporary Psychoanalysis: Embracing Clinical Change and Interdisciplinary Integration

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Foreword

Recognizing the importance of this concept, which has already been discussed by various authors, this essay aims to explore unconscious phantasy from a contemporary perspective. This exploration will consider clinical technique developments and research in developmental psychology and trauma studies to argue for the relational and constructive nature of unconscious phantasy. As a result, our methods should be adjusted based on the patient's reactions and needs rather than simply following the traditional rules.

Part One: The Basic Concept, Historical Context, and Impact

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Unconscious Phantasy as the Foundation of Mental Life

Unconscious phantasy is a concept developed by Klein, greatly influenced by her innovative method of play therapy (Klein, 1932[1]) with children. The concept builds upon Freud's idea of the unconscious (Freud, 1915[2]) but greatly expands it. Klein viewed unconscious phantasy as the fundamental basis of all mental life, including drives, impulses, anxieties, and

defenses. In other words, unconscious phantasy represents the mental expressions of both libidinal and aggressive impulses, as well as defense mechanisms against those impulses.

Though Klein never provided a clear definition of this concept, we can observe its development in her writings (Klein, 1935[3]; Klein, 1940[4]), as it appears in nearly every paper, especially the early ones. By synthesizing her work, we can gain an understanding of what unconscious phantasy means to Klein.

According to Klein, unconscious phantasy refers to the unconscious mental representations of events and experiences that are not based on reality but instead reflect the individual's inner world. These phantasies can be positive or negative and often involve internalized images of important people in the individual's life, such as parents or caregivers.

Klein believed that unconscious phantasy plays a significant role in the development of the human psyche, particularly in the early stages of life. She argued that infants and young children are not able to distinguish between internal and external reality, and therefore their experiences are filtered through their unconscious phantasies. Klein also

believed that unconscious phantasy plays a role in the development of the ego and the formation of the individual's sense of self. She argued that the ego is formed in response to the individual's experiences of the world and that these experiences are filtered through their unconscious phantasies.

Post-Kleinians also developed this idea, especially Susan Isaacs, who elaborated on Klein's views on the relationship between unconscious phantasy, instincts, and mental mechanisms in her book "The Nature and Function of Phantasy." (Issacs, 1943[5]) Isaacs suggested using the term "phantasy" instead of "fantasy" to emphasize its unconscious nature.

In essence, unconscious phantasy is how we understand the world through our inner lens, as outside reality can be twisted by our internal perceptions. For infants and psychotic patients, unconscious phantasy plays such a crucial role that it almost constitutes their entire reality. However, it exists in everyone, just to varying degrees. It is a spectrum, and as individuals move from the paranoid-schizoid to the depressive position due to different external pressures and ego functions, unconscious phantasy operates in different ways.

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Theoretical and Clinical Evolution and Impact

The concept of unconscious phantasy evolved from Freud's notion of the unconscious, but Klein significantly expanded upon it. She highlighted the widespread presence and function of unconscious phantasy, laying the groundwork for more radical modifications to psychoanalytic understanding. These modifications include re-dating the Oedipal situation (Klein, 1928[6]) and recognizing the much earlier roots of the superego in the infantile mind (Klein, 1930[7]). This concept becomes essential in psychoanalysis for various schools of thought, even the Winicottian and Kohutian schools, which emphasize the environment.

Unconscious phantasy also serves as the foundation for other Kleinian concepts, including projective identification, envy, and the formulation of the paranoid-schizoid and depressive positions.

This concept led to the development of a new school of thought and clinical practice in psychoanalysis following Freud, known as the tradition of truth (Segal, 1993[8]). This tradition posits that the essence of psychoanalysis lies in uncovering and confronting unknown and disturbing parts of the self, grappling with the ambivalence of hate and love, and

addressing the destructiveness of the love object and the subsequent guilt. The analyst's role is to assist the patient in this process through transference interpretation in the here and now. This tradition is deeply rooted in the concept of unconscious phantasy and remains one of the main schools of psychoanalysis with numerous practitioners.

Part Two: Clinical Implications, Evolution and Critiques

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Unconscious Phantasy as The Bedrock of Kleinian Techniques and Interventions

The emphasis in unconscious phantasy is consistently on the inner world rather than the external environment. While Klein herself acknowledged the role of environmental factors and recognized that having more "good enough" experiences can contribute to a healthier development and a more integrated

depressive position, the focus of psychoanalytic work remains on the individual's internal experiences. This is because the ultimate goal of treatment is to integrate the parts that have been split and projected, enabling patients to face reality and assume responsibility for their own experiences. Ultimately, patients must integrate both love and hate for the object, acknowledge their aggression towards the object, and overcome the guilt triggered by it to achieve integration.

Clinically, the implications of unconscious phantasy are centered around the patient's inner world and their interpretation of external reality, rather than the actual events themselves. Each individual's perception of a shared experience may differ significantly, and these unique interpretations form the core of psychoanalytic work. The primary focus of treatment is to address the core feelings that underpin each person's understanding of the world. In this sense, psychoanalysts approach every piece of material as a "dream" of the patient, revealing their subjective reading of reality. This foundational perspective is central to the clinical work of all psychoanalytic schools.

By concentrating on the inner world, psychoanalysts can delve into the core feelings and subjective interpretations of patients. This process allows therapists to address the

fragmented parts of the self, fostering greater self-awareness, understanding, and acceptance. As patients work through their unconscious phantasies and begin to integrate these split aspects of themselves, they become better equipped to navigate the complexities of their external environment and engage in more meaningful and fulfilling relationships with others.

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The Spotlight on Transference Interpretation

Another crucial aspect of unconscious phantasy is its emphasis on transference interpretation, particularly in the here and now. Kleinians argue that this is the most effective approach, as it is where unconscious phantasy is centered. By focusing on the immediate transference relationship, therapists can gain insights into the patient's unconscious phantasies and help them integrate these fragmented aspects of the self, ultimately promoting healing and personal growth.

The Kleinian clinical method involves consistently making interpretations of the present-moment transference, even from the very beginning of treatment, with a particular focus on negative transference (Segal, 1979[9]). This approach enables

patients to become more reflective about their own contributions to their experiences and develop a greater capacity to endure frustration during the treatment process. By addressing transference in the here and now, therapists help patients explore and integrate their unconscious phantasies, leading to increased self-awareness, personal growth, and healing.

Of course, over time, psychoanalytic techniques have evolved and expanded to include extra-transference interpretations (Couch, 2002[10]), which address transference occurring outside the consulting room and therapeutic relationship. Although these interpretations may resemble or even replace direct transference, non-Kleinians may find it useful to focus on more "superficial" interpretations, allowing them to remain external rather than linking them to the here and now. This approach may be necessary for patients who are not yet able to face the intensity of bringing these issues into the therapeutic relationship. They might consciously deny these feelings, be scared, or even discontinue treatment. Kleinians may argue that this approach is not as helpful or effective, leading to the ongoing debate over technique, which will be explored further in the latter part of the essay.

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Engaging with Borderline and Psychotic Patients with Unconscious Phantasy

As the foundation of Kleinian work, unconscious phantasy not only deepens our understanding of the human mind but also expands the range of patients who can benefit from psychoanalytic treatment, particularly those with borderline and psychotic conditions. Unconscious phantasy provides a valuable framework for understanding the distorted thought processes and intense, concrete feelings of pain experienced by these patients during breakdowns.

According to Rachel Blass (2017[11]), unconscious phantasy is both the form and content of the mind, encompassing our bodily experiences. This close connection to physical sensations makes it difficult for patients to distance themselves from their feelings and make sense of their internal worlds, let alone enact change independently. The concept of unconscious phantasy not only enables clinicians to better comprehend these psychological phenomena, fostering empathy and understanding but also equips them to make more accurate interpretations in the clinical setting.

Consequently, therapists can more effectively support patients on their journey toward healing and self-discovery.

The method of working with severely disturbed patients has evolved, as post-Kleinians have suggested. Rather than relying solely on interpretations, containment has emerged as an essential aspect of treatment for these individuals, particularly when dealing with overwhelming feelings. This process mirrors the early developmental stage where a mother attempts to make sense of her infant's experiences and provides a soothing response.

The concept of projective identification, closely linked to Klein's unconscious phantasy, is a crucial aspect of understanding and treating borderline and psychotic patients. Projective identification arises from the intense pain and distress experienced by the individual, compelling them to express their feelings in a more direct manner by projecting these emotions onto others. As expanded upon by Bion (1959[12]), projective identification is also a normal process of communication. However, this phenomenon makes working with patients who frequently employ projective identification highly challenging for clinicians.

According to Steiner (1994[13]), clinicians may need to initially contain the feelings evoked by projective identification within themselves to lessen the overwhelming impact on the patient. This process of containment allows for a more gradual and manageable exploration of the patient's unconscious phantasies. However, effectively containing and managing these intense emotions is a demanding task for clinicians, requiring a deep understanding of both the theoretical underpinnings and practical applications of Klein's concept of unconscious phantasy and projective identification.

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The Role of Non-Interpretative Measures in Psychoanalysis

Kleinian thought has continued to evolve over time, becoming less radical and more integrated in practice. As previously discussed, transference interpretation now includes extra-transference interpretation, and non-interpretative methods such as containment have been incorporated into clinical work. Post-Kleinians have also expanded upon these ideas and adopted a more balanced approach, focusing on both

positive and negative aspects instead of exclusively negative transference, as acknowledged by Spillius (2011[14]).

Kleinian thought also faces challenges from more contemporary schools in a similar perspective, particularly self-psychology and relational psychoanalysis. These schools share similar perspectives, advocating for the use of non-interpretive measures in analysis, especially when working with trauma. Numerous studies (Shapira-Berman, 2022[15]; Gabbard, 2014[16]; Waska, 2014[17]; Hoffman, 2015[18]) have explored the importance of non-interpretative interventions in treatment, recognizing their value as a preparatory phase for "true" interpretation and fundamental psychological change. These approaches also help build a stronger therapeutic alliance, which can alleviate much of the pain experienced by patients during periods of negative transference.

Kohut (1971[19]) distinctly separates the therapeutic process into two different steps: understanding and interpretation. In the first phase, the primary focus is on mirroring the patient's feelings and using empathy as a tool for gathering information. Winnicott (1965[20]) also emphasizes the importance of providing a holding and facilitating environment for patients who experienced disruptions during the early stages of development. This supportive environment

allows the patient to regress to a state of absolute dependency, bringing forth their inner child instead of the "parent" persona, and gradually revealing their vulnerable true self. Even ego psychologists argue that it is crucial to facilitate ego function through non-interpretative measures, particularly when addressing ego deficits (Pine, 1994[21]).

It is widely acknowledged that the importance and "turning point" nature of interpretation is often overstressed in psychoanalytic writings (Meissner, 2016[22]), with a growing emphasis on the relational aspects of therapeutic results or the moment of meeting (Bromberg, 2018[23]), as the Boston Change Process Study Group has radically suggested. It is argued that interpretation does not work solely as classical psychoanalysis believes, as a product of pure insight. Instead, it is effective because of the quality and emotionally charged moments within the therapeutic relationship.

In reality, there is still a technique issue concerning the timing of interpretations. If an interpretation is made too early, it might trigger intense anxiety that the patient cannot tolerate at that moment, potentially interrupting the treatment. Sometimes, an interpretation is made because the analyst has failed to contain the material properly, meaning

that the analyst feels too anxious and believes they must intervene. It can also be argued that sometimes an interpretation may even represent aggression from the analyst's part, albeit in an implicit and seemingly justified manner. However, it is important to note that the anxiety of patients can be reduced by an accurate and well-timed interpretation, as Kleinians consistently emphasize.

Part Three: Rethinking Unconscious Phantasy in a Contemporary Perspective

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The Interplay of Innate and Constructed Origins both in and Outside the Consulting Room

As clinical approaches evolve, skepticism towards long-held beliefs becomes more common. Is it always solely about the patient's phantasy, or, as traditional methods imply, do we as therapists also contribute significantly to the

patient's distant feelings? Self-psychologist David Terman (1975[24]) believes it is always a good practice to acknowledge our responsibility for the patient's negative feelings because patients often pick up on something real within us.

Furthermore, even if we assume that the patient's experience is entirely based on their own phantasy, technically speaking, it is not very helpful to simply assert that it's their phantasy. Instead, it is more important to delve deeper into how the phantasy is triggered at the present moment and potentially by the clinicians themselves. We will have to admit our own contribution as well.

Even if all these technical changes don't undermine the importance of unconscious phantasy, they only alter how it is treated, and more fundamental questions begin to emerge with these changes. Suppose it is true in the therapeutic relationship that both parties contribute to each other's feelings through projective identification working from the patient to the analyst and vice versa. Could this be even more prevalent in everyday life and relationships? If so, is unconscious phantasy actually constructed rather than innate? Is it possible that the entire concept of unconscious phantasy and its fundamental importance is actually the narcissistic defense of psychoanalysis?

We will explore more theoretical changes in understanding unconscious phantasy in the next part. In some ways, we might say that these conclusions are drawn from clinical practice, but at the same time, the evolving understanding itself can lead to a vastly different paradigm of clinical work. This is a typical example of the cyclical and reciprocal development of theory and technique in psychoanalysis, where one informs the other and continually evolves in response to new insights and experiences.

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Relational Formulations and Empirical Evidence

In fact, we might have a completely different understanding of unconscious phantasy from a more contemporary perspective. While Klein's view emphasizes the innate nature of unconscious phantasy, contemporary relational theorists (Gerson, 2008[25]) argue that unconscious phantasy is more relationally formulated. This perspective highlights the dynamic and interactive nature of unconscious phantasy and its roots in the complex interplay between an individual's innate drives and their early relational experiences. It is more akin

to the concept of implicit procedural representations, as introduced by the Boston Change Process Study Group (2010[26]).

Even if some concepts of Klein, such as envy, were criticized during her time (for example, Winnicott was highly doubtful that this complex mental function could develop in infants), these criticisms were primarily theoretical and often accompanied by contemplation. However, over the past 20 years, new findings in developmental psychology (Slade, 2009[27]) have made it increasingly difficult to maintain the view that the content of the unconscious is purely innate. Recent mother-infant studies have also demonstrated the importance of the mother's role and environmental influences in shaping the infant's mind, especially with the remarkable work of Daniel Stern (2010[28]), which in turn supports Winnicott and Kohut's ideas more than Klein's. This may not be surprising, as Winnicott was one of the first psychoanalysts to incorporate empirical observation into his work.

Perhaps the most compelling and devastating evidence against the idea of purely innate unconscious phantasy comes from studies on hospitalism (Spitz, 1945[29]), where infants were unable to survive physically when separated from any form of caregiving. It is certainly not the innate unconscious phantasy of being destroyed that ultimately harms them. Even

if they might develop such a phantasy in the end, it is likely caused by the harsh reality of being neglected and uncared for, which in turn contributes to the formation of this so-called phantasy.

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Trauma, Embodied Mind, and the Evolution of Unconscious Phantasy

Of course, such extreme premises might not be the case in everyday scenarios, but similar principles could work in other situations as well. Recently, there has been a resurgence of interest in trauma studies (Briere, 2014[30]) within clinical psychology and counseling, which has led to a gradual emphasis on their importance. Even though Freud himself abandoned this idea, it turns out to be crucial for understanding one's psychological structure. This development helps to elaborate and understand the concept of unconscious phantasy while also questioning its innate nature. While we recognize that trauma may have been overstressed to another extreme, it is still reasonable to consider this perspective because of its close relationship with unconscious phantasy.

It is widely acknowledged that trauma, particularly early and cumulative trauma, plays a significant role in shaping one's mind and contributes to the development of one's unconscious phantasy. For example, in many traumatized patients, the brain region responsible for self-recognition is underdeveloped (Perry, 2006[31]), which explains their lack of self-awareness. Trauma also greatly influences memory functioning (Brewin, 2007[32]) and the sense of time (Stolorow, 2018[33]), making it difficult to form a cohesive and consistent self-narrative. Additionally, trauma can cause individuals to feel paranoid as if they are living in dangerous places where bad things will always happen, and they must be fully prepared for such events. As we can see, in some ways, trauma is closely related to the concept of unconscious phantasy.

Trauma studies have demonstrated that traumatic experiences leave deep bodily memories that cannot be easily erased through language or rational thought (Bessel, 2014[34]). Similarly, as many authors (Ogden, 2009[35]; Score, 2019[36]; Beebe, 2019[37]) have discussed, the concept of unconscious phantasy is inherently embodied, as it is closely linked to recent research on trauma and bodily experiences, particularly in preverbal experiences.

Viewing unconscious phantasy as a bodily experience means it may not be easily verbalized or symbolized and could be beyond one's ability to feel or comprehend. As Bion might suggest, unconscious phantasy transcends typical understanding. For individuals with severe character disorders, such as borderline and psychotic conditions, unconscious phantasy can be particularly concrete, leaving little room for questioning or reflection because it is experienced as intensely real and painful in the body. Similarly, for infants, their phantasy around hunger can only be alleviated by the physical act of being fed.

This in turn deteriorates the function of symbolization and verbalization. For example, patients in an extremely paranoid-schizoid position with serious borderline conditions may struggle to comprehend language as a whole and instead perceive it in fragments (Ogden, 1989[38]). In these cases, as clinicians, we must listen to the way the patients listen (Faimberg, 1996[39]), as it allows for a more concrete understanding of their current state at the very moment.

It is also useful to link unconscious phantasy to the concepts of dissociation and vertical splitting, as proposed by Kohut (Wolf, 1988[40]). These concepts are crucial in trauma theory, as they suggest that when an experience is too painful

or overwhelming, an individual might dissociate or distance themselves from the experience to avoid feeling it. This dissociation may lead to the formation and storage of unconscious phantasies, as these incomprehensible experiences are stored within the body in a unique manner.

It is still true that even a traumatic experience is influenced by one's unconscious phantasy and how one perceives it. However, recent studies help us gain a better understanding of how phantasy is initially developed, especially at the early stages. This leads us back to the interplay between innate factors and external influences on unconscious phantasy. An important aspect of clinical work is to break this looping circle and facilitate healing and growth.

Part Four: Conclusion

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In psychoanalytic history, most developments in theory and techniques have been based on the needs of a broader patient population, reflecting how patients' symptoms change over time and in different societal contexts, as suggested by the book title "Learning from the Patient." For example, the Kleinian method was developed to treat more disturbed patients, while Kohut's self-psychology was tailored for the

growing number of narcissistic patients in our time, and so on. It is actually beneficial and a sign of vitality for psychoanalysis to continually question itself and be open to criticism, as our forefather Freud did by revising his own ideas almost until the end of his life. This should be no different for the further modification and new understanding of unconscious phantasy; we should remain tentative to patients' reactions in the clinical setting and open to new developments in empirical studies.

As patients continue to teach us, we need to find more gentle and effective ways to address unconscious phantasy and the so-called resistance, because it feels so real and concrete to the patients. We should be more empathetic to their seemingly real psychic pain and provide adequate preparation and a facilitating environment to ensure their safety while they gradually let go of their phantasies.

With new evidence emerging every day, it is now more feasible than ever to make psychoanalysis a more scientifically grounded discipline, as Freud always dreamed. Therefore, it is essential to approach unconscious phantasy with an open mind and integrate findings from different disciplines, such as developmental psychology and

neuroscience, to provide more comprehensive theoretical and clinical work.

In summary, I believe it is reasonable to hold onto the concept of unconscious phantasy, as it remains the foundation of psychoanalysis and is crucial to our work, while also questioning its innate nature using findings from mother-infant research and trauma studies, and always paying close attention to the clinical material and learning from the patients. By focusing on the relational and constructive nature of unconscious phantasy, we not only gain theoretical insights but also practical applications, ultimately fostering therapeutic change.

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