

What's connection between fantasizing and false self?

2 Dreaming, Fantasying, and Living

A Case-history describing a Primary Dissociation

In this chapter I make a fresh attempt to show the subtle qualitative differences that exist between varieties of fantasying. I am looking particularly at what has been called fantasying and I use once more the material of a session in a treatment where the contrast between fantasying and dreaming was not only relevant but, I would say, central.¹

The case I am using is that of a woman of middle age who in her analysis is gradually discovering the extent to which fantasying or something of the nature of daydreaming has disturbed her whole life. What has now become clear is that there is an essential difference for her between fantasying and the alternatives of dreaming, on the one hand, and of real living and relating to real objects, on the other. With unexpected clarity, dreaming and living have been seen to be of the same order, daydreaming being of another order. Dream fits into object-relating in the real world, and living in the real world fits into the dream-world in ways that are quite familiar, especially to psychoanalysts. By contrast, however, fantasying remains an isolated phenomenon, absorbing energy but not contributing-in either to dreaming or to living. To some extent fantasying has remained static over the whole of this patient's life, that is to say, dating from very early years, the pattern being established by the time that she was two or three. It was in evidence at an even earlier date, and it probably started with a 'cure' of thumb-sucking.

Another distinguishing feature between these two sets of phenomena is this, that whereas a great deal of dream and of feelings belonging to life are liable to be under repression, this is a different kind of thing

¹ For discussion of this theme from another angle see 'The Manic Defence' (1935) in Winnicott (1958a).

from the inaccessibility of the fantasying. Inaccessibility of fantasy is associated with dissociation rather than with repression. G as this patient begins to become a whole person and begins to break up her rigidly organized dissociations, so she becomes aware of the importance that fantasying has always had for her. At the same time the fantasying is changing into imagination related to dream and to reality.

The qualitative differences can be extremely subtle and difficult to describe; nevertheless the big differences belong to the present and to the absence of a dissociated state. For instance, the patient is in reality not having her treatment and a little bit of the sky is available for her to look at. It is evening. She says: 'I am up on those pink clouds and I can walk.' This, of course, might be an imaginative flight. It is a part of the way in which the imagination enriches life just as it can be material for dream. At the same time, for my patient the thing can be something that belongs to a dissociated state, and she does not become conscious in the sense that there is never a whole person there to be aware of the two or more dissociated states that are present at any one time. The patient may sit in her room and while doing so she does not at all except breathe she has (in her fantasy) painted a picture or has done an interesting piece of work in her job, or she has been on a country walk; but from the observer's point of view nothing new has happened. In fact, nothing is likely to happen because of the fact that in the dissociated state so much is happening. On the other hand, she may be sitting in her room thinking of tomorrow's job and plans, or thinking about her holiday, and this may be an imaginative exploration of the world and of the place where dream and life meet. In this way she swings from well to ill, and back to well.

It will be observed that a time factor is operative which is different according to whether she is fantasying or imagining. In the fantasying what happens happens immediately, except that it does not happen all at once. These similar states are recognized as different in the analysis because of the fact that if the analyst looks for them he always has indications of the degree of dissociation that is present. Often the difference between the two examples cannot be discerned from a verbal description of what goes on in the patient's mind, and would be lost in a recording of the work of the session. C.T.?

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The case I am using is that of a woman of middle age who in her analysis is gradually discovering the extent to which fantasizing or something of the nature of daydreaming has disturbed her whole life. What has now become clear is that there is an essential difference for her between fantasizing and the alternatives of dreaming, on the one hand, and of real living and relating to real objects, on the other. With unexpected clarity, dreaming and living have been seen to be of the same order, daydreaming being of another order. Dream fits into object-relating in the real world, and living in the real world fits into the dream-world in ways that are quite familiar, especially to psychoanalysts. By contrast, however, fantasizing remains an isolated phenomenon, absorbing energy but not contributing-in either to dreaming or to living. To some extent fantasizing has remained static over the whole of this patient's life, that is to say, dating from very early years, the pattern being established by the time that she was two or three. It was in evidence at an even earlier date, and it probably started with a 'cure' of thumb-sucking.

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DREAMING, FANTASIZING, AND LIVING

from the inaccessibility of the fantasizing. Inaccessibility of fantasizing is associated with dissociation rather than with repression. Gradually, as this patient begins to become a whole person and begins to lose her rigidly organized dissociations, so she becomes aware¹ of the vital importance that fantasizing has always had for her. At the same time the fantasizing is changing into imagination related to dream and reality.

The qualitative differences can be extremely subtle and difficult to describe; nevertheless the big differences belong to the presence or the absence of a dissociated state. For instance, the patient is in my room having her treatment and a little bit of the sky is available for her to look at. It is evening. She says: 'I am up on those pink clouds where I can walk.' This, of course, might be an imaginative flight. It could be part of the way in which the imagination enriches life just as it could be material for dream. At the same time, for my patient this very thing can be something that belongs to a dissociated state, and it may not become conscious in the sense that there is never a whole person there to be aware of the two or more dissociated states that are present at any one time. The patient may sit in her room and while doing nothing* at all except breathe she has (in her fantasy) painted a picture, or she has done an interesting piece of work in her job, or she has been for a country walk; but from the observer's point of view nothing whatever has happened. In fact, nothing is likely to happen because of the fact that in the dissociated state so much is happening. On the other hand, she may be sitting in her room thinking of tomorrow's job and making plans, or thinking about her holiday, and this may be an imaginative exploration of the world and of the place where dream and life are the same thing. In this way she swings from well to ill, and back again to well.

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life and living and about her potential to realize that in life terms she is missing the boat, and that she has always been missing the boat (at least, from near the beginning of her life). Inevitably she is a disappointment to herself and to all those relations and friends who feel hopeful about her. She feels when people are hopeful about her that they are expecting something of her or from her, and this brings her up against her essential inadequacy. All this is a matter for intense grief and resentment in the patient and there is plenty of evidence that without help she was in danger of suicide, which would simply have been the nearest that she could get to murder. If she gets near to murder she begins to protect her object so at that point she has the impulse to kill herself and in this way to end her difficulties by bringing about her own death and the cessation of the difficulties. Suicide brings no solution, only cessation of struggle.

There is an extremely complex aetiology in any case like this, but it is possible to say something brief about this patient's early childhood in a language which has some validity. It is true that a pattern was established in her early relationship to her mother, a relationship that too abruptly and too early became changed from very satisfactory to disillusionment and despair and the abandonment of hope in object-relating. There could also be a language for describing this same pattern in the little girl's relationship to her father. The father to some extent corrected where the mother had failed, and yet in the end he got caught up in the pattern that was becoming part of the child, so that he also failed essentially, especially as he thought of her as a potential woman and ignored the fact that she was potentially male.¹

The simplest way to describe the beginnings of this pattern in this patient is to think of her as a little girl with several older siblings, she being the youngest. These children were left to look after themselves a good deal, partly because they seemed to be able to enjoy themselves and to organize their own games and their own management with ever-increasing enrichment. This youngest child, however, found herself in a world that was already organized before she came into the nursery. She was very intelligent and she managed somehow or other to fit in. But she was never really very rewarding as a member of the group from her own or from the other children's point of view, because she could fit in only on a compliance basis. The games were unsatisfactory for her because she was simply struggling to play whatever role was assigned to her, and the others felt that something was lacking in the sense that she was not actively contributing-in. It is likely, however,

¹ For a discussion of male and female elements, see Chapter 5.

that the older children were not aware that their sister was essentially absent. From the point of view of my patient, as we now discover, while she was playing the other people's games she was all the time engaged in fantasying. She really lived in this fantasying on the basis of a dissociated mental activity. This part of her which became thoroughly dissociated was never the whole of her, and over long periods her defence was to live here in this fantasying activity, and to watch herself playing the other children's games as if watching someone else in the nursery group.

By means of the dissociation, reinforced by a series of significant frustrations in which her attempts to be a whole person in her own right met with no success, she became a specialist in this one thing: being able to have a dissociated life while seeming to be playing with the other children in the nursery. The dissociation was never complete and the statement that I have made about the relationship between this child and the siblings was probably never entirely applicable, but there is enough truth in this kind of statement to enable a description to be usefully made in these terms.

As my patient grew older so she managed to construct a life in which nothing that was really happening was fully significant to her. Gradually she became one of the many who do not feel that they exist in their own right as whole human beings. All the time, without her knowing it, while she was at school and later at work, there was another life going on in terms of the part that was dissociated. Put the other way around, this meant that her life was dissociated from the main part of her, which was living in what became an organized sequence of fantasying.

If one were to trace this patient's life one could see the ways in which she attempted to bring together these two and other parts of her personality, but her attempts always had some kind of protest in them which brought a clash with society. All the time she had enough health to continue to give promise and to make her relations and her friends feel that she would make her mark, or at any rate that she would one day enjoy herself. To fulfil this promise was impossible, however, because (as she and I have gradually and painfully discovered) the main part of her existence was taking place when she was doing nothing whatever. Doing nothing whatever was perhaps disguised by certain activities which she and I came to refer to as thumb-sucking. Later versions of this took the form of compulsive smoking and various boring and obsessive games. These and other futile activities brought no joy. All they did was to fill the gap, and this gap was an essential state of

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doing nothing while she was doing everything. She became frightened during the analysis because she could see that this could very easily have led to her lying all her life in a bed in a mental hospital, incontinent, inactive and immobile, and yet in her mind keeping up a continuity of fantasizing in which omnipotence was retained and wonderful things could be achieved in a dissociated state.¹

As soon as this patient began to put something into practice, such as to paint or to read, she found the limitations that made her dissatisfied because she had let go of the omnipotence that she retained in the fantasizing. This could be referred to in terms of the reality principle but it is more true, in the case of a patient like this, to speak of the dissociation that was a fact in her personality structure. In so far as she was healthy and in so far as at certain times she acted like a whole person she was quite capable of dealing with the frustrations that belong to the reality principle. In the ill state, however, no capacity for this was needed because reality was not encountered.

Perhaps this patient's state could be illustrated by two of her dreams.

Two Dreams

1. She was in a room with many people and she knew that she was engaged to be married to a slob. She described a man of a kind that she would not in fact like. She turned to her neighbour and said: 'That man is the father of my child.' In this way, with my help, she informed herself at this late stage in her analysis that she has a child, and she was able to say that the child was about ten years old. In point of fact she has no child, yet she could see from this dream that she has had a child for many years and that the child is growing up. Incidentally this accounted for one of the early remarks she made in the session, which was to ask: 'Tell me, do I dress too much like a child, considering that I am middle-aged?' In other words, she was very near to recognizing that she has to dress for this child as well as for her middle-aged self. She could tell me that the child was a girl.

2. There was a previous dream in a session a week earlier in which she felt intense resentment against her mother (to whom she is potentially devoted) because, as it came in the dream, her mother had deprived her daughter, that is herself, of her own children. She felt it was queer that she had dreamed in this way. She said: 'The funny thing

¹ This is quite different from that 'experience of omnipotence' which I have described as an essential process in the first experiences of the 'me' and the 'not-me' (cf. Winnicott, 1962; see also p. 47 below). The 'experience of omnipotence' belongs essentially to dependence, whereas this omnipotence belongs to hopelessness about dependence.

is that here I look as if I am wanting a child, whereas in my thought I know that I only think of children as needing protection being born.' She added: 'It is as if I have a sneaking feeling that people do find life not too bad.'

Naturally, as in every case, there is a great deal else that reported around these dreams which I omit because it would necessarily throw light on the exact problem that I am examining.

The patient's dream about that man being the father of her child was given without any sense of conviction and without any special feeling. It was only after the session had lasted an hour and a half that the patient began to reach to feeling. Before she went, at the end of the hours, she had experienced a wave of hate of her mother which gave a new quality to it. It was much nearer to murder than to hate and it felt to her that the hate was much nearer than it had previously been to a specific thing. She could now think that the slob, the father of her child, was put forward as a slob to disguise from her mother that he was her father, her mother's husband, who was the father of her child. This meant that she was very close to the feeling of being rejected by her mother. Here we were indeed dealing with dream and reality and we were not lost in fantasizing.

These two dreams are given to show how material that had been locked in the fixity of fantasizing was now becoming released. Both dreaming and living, two phenomena that are in many ways different, are the same. In this way the difference between daydreaming and dreaming (which is living) was gradually becoming clearer to the patient and the patient was gradually becoming able to make the distinction between the analyst. It will be observed that creative playing is allied to dreaming and to living but essentially does not belong to fantasizing. Significant differences begin to appear in the theory of the two phenomena although it remains difficult to make a pronounced diagnosis when an example is given.

The patient posed the question: 'When I am walking up under a pink cloud, is that my imagination enriching life or is it this that you are calling fantasizing which happens when I am doing nothing and which makes me feel that I do not exist?'

For me the work of this session had produced an important result. It had taught me that fantasizing interferes with action and with the real or external world, but much more so it interferes with the personal or inner psychic reality, the living core of individual personality.

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These two dreams are given to show how material that had formerly been locked in the fixity of fantasizing was now becoming released for both dreaming and living, two phenomena that are in many respects the same. In this way the difference between daydreaming and dreaming (which is living) was gradually becoming clearer to the patient, and the patient was gradually becoming able to make the distinction clear to the analyst. It will be observed that creative playing is allied to dream- ing and to living but essentially does not belong to fantasizing. Thus significant differences begin to appear in the theory of the two sets of phenomena although it remains difficult to make a pronouncement or a diagnosis when an example is given.

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It could be valuable to look at the subsequent two sessions in this patient's analysis.

The patient started with: 'You were talking about the way in which fantasizing interferes with dreaming. That night I woke at midnight and there I was hectically cutting out, planning, working on the pattern for a dress. I was all but doing it and was het-up. Is that dreaming or fantasizing? I became aware of what it was all about but I was awake.'

I found this question difficult because it seemed to be on the borderline in any attempt one might make to differentiate between fantasizing and dreaming. There was psychosomatic involvement. I said to the patient: 'We don't know, do we!' I said this simply because it was true.

We talked around the subject, how the fantasizing is unconstructive and damaging to the patient and makes her feel ill. Certainly working herself up in this way restricts her from action. She talked about the way in which she often uses radio to hear talks rather than music, while playing patience. This experience seems to play into the dissociation almost as if it is making use of it and therefore giving her some degree of a sense that there might be an integration or a breakdown of the dissociation. I pointed this out to her and she gave me an example at the moment while I was talking. She said that while I was talking she was fiddling with the zip of her bag: why was it this end? how awkward it was to do up! She could feel that this dissociated activity was more important to her sitting there than listening to what I was saying. We both tried to make an attack on the subject in hand and to relate fantasizing to dreaming. Suddenly she had a little insight and said that the meaning of this fantasizing was: 'So that's what you think.' She had taken my interpretation of the dream and she had tried to make it foolish. There was evidently a dream which turned into this fantasizing as she woke, and she wanted to make it quite clear to me that she was awake while fantasizing. She said: 'We need another word, which is neither dream nor fantasy.' At this moment she reported that she had already 'gone off to her job and to things that happened at work' and so here again while talking to me she had left me, and she felt dissociated as if she could not be in her skin. She remembered how she read the words of a poem but the words meant nothing. She made the remark that this kind of involvement of her body in the fantasizing produces great tension, but since nothing is happening this makes her feel that she is a candidate for a coronary occlusion or for high blood pressure, or for gastric ulcers (which indeed she has had). How she longs to find something that will make her do things, to use every waking minute, to be able to say: 'It is now and not tomorrow, tomorrow.' One could

say that she was noting the absence of psychosomatic clin patient went on to say that she has been organizing the work as much as possible, but she is usually unable to distinguish fantasizing, which paralyzes action, and real planning, which is with looking forward to action. There is an enormous amount of distress because of the neglect of her immediate environment and the paralysis of action from which she suffers.

At a school concert the children sang 'The skies will be full of splendour' exactly as she in school sang it forty-five years ago. She was wondering whether some of the children would be like her, knowing about the skies shining because eternally engaged in the form of fantasizing.

We came round in the end to a discussion of this dream that was reported at the beginning (cutting out a dress) which was exactly what she was while she was awake and was a defence against dreaming: 'But how do you know?' Fantasizing possesses her like an evil spirit. From here she went on to her great need to be able to possess herself and to be in control. Suddenly she became tremulous, aware of the fact that this fantasizing was not a dream and I pointed out from this that she had not been fully aware of this fact previously. It was like this: she woke, and there she was madly making a dress. It was like saying to me: 'You think I can dream. Well, you are not.' From here I was able to go to the dream equivalent, a dream of dress-making. Perhaps for the first time I felt I could formulate the difference between dreaming and fantasizing in the context of her therapy.

The fantasizing is simply about making a dress. The dress has a symbolic value. A dog is a dog is a dog. In the dream, by contrast, she was able to show with her help, the same thing would indeed have a symbolic meaning. We looked at this.

The Area of Formlessness

The key word to be carried back into the dream was *formlessness*, which is what the material is like before it is patterned and shaped and put together. In other words, in a dream this would be a comment on her own personality and self-establishment. In a dream it would only to some extent be about a dress. Moreover, the dream that would make her feel that something could be made of formlessness would then come from the confidence that she has in her analyst, who has to counteract all that she carries forward

¹ Another aspect of this type of experience I have discussed in terms of the dream for ego orgasm (Winnicott, 1958b).

be valuable to look at the subsequent two sessions in this analysis.

patient started with: 'You were talking about the way in which dreaming interferes with dreaming. That night I woke at midnight and I was hectically cutting out, planning, working on the pattern and so on. I was all but doing it and was het-up. Is that dreaming or not? I became aware of what it was all about but I was awake.' and this question difficult because it seemed to be on the borderline of any attempt one might make to differentiate between fantasizing and dreaming. There was psychosomatic involvement. I said to the patient: 'We don't know, do we?' I said this simply because it was true. We talked around the subject, how the fantasizing is unconstructive and damaging to the patient and makes her feel ill. Certainly working up in this way restricts her from action. She talked about the way in which she often uses radio to hear talks rather than music, while waiting for her patience. This experience seems to play into the dissociation as if it is making use of it and therefore giving her some degree of sense that there might be an integration or a breakdown of the self. I pointed this out to her and she gave me an example at the moment while I was talking. She said that while I was talking she was fiddling with the zip of her bag: why was it this end? how awkward to do up! She could feel that this dissociated activity was more important to her sitting there than listening to what I was saying. We tried to make an attack on the subject in hand and to relate it to dreaming. Suddenly she had a little insight and said that the meaning of this fantasizing was: 'So that's what *you* think.' She had her own interpretation of the dream and she had tried to make it clear. There was evidently a dream which turned into this fantasizing and she wanted to make it quite clear to me that she was not fantasizing while fantasizing. She said: 'We need another word, which is neither dream nor fantasy.' At this moment she reported that she had 'gone off to her job and to things that happened at work' and 'came back again while talking to me she had left me, and she felt dissociated and she could not be in her skin. She remembered how she read the end of a poem but the words meant nothing. She made the remark that this kind of involvement of her body in the fantasizing produces a tension, but since nothing is happening this makes her feel that she is a candidate for a coronary occlusion or for high blood pressure, or for gastric ulcers (which indeed she has had). How she longs to find something that will make her do things, to use every waking minute, and she is able to say: 'It is now and not tomorrow, tomorrow.' One could

say that she was noting the absence of psychosomatic climax.¹ The patient went on to say that she has been organizing the weekend as much as possible, but she is usually unable to distinguish between fantasizing, which paralyzes action, and real planning, which has to do with looking forward to action. There is an enormous amount of distress because of the neglect of her immediate environment following the paralysis of action from which she suffers.

At a school concert the children sang 'The skies will shine in splendour' exactly as she in school sang it forty-five years ago, and she was wondering whether some of the children would be like her, not knowing about the skies shining because eternally engaged in some form of fantasizing.

We came round in the end to a discussion of this dream that she had reported at the beginning (cutting out a dress) which was experienced while she was awake and was a defence against dreaming: 'But how is she to know?' Fantasizing possesses her like an evil spirit. From here she went on to her great need to be able to possess herself and to be in possession and to be in control. Suddenly she became tremendously aware of the fact that this fantasizing was not a dream and I could see from this that she had not been fully aware of this fact previously. It was like this: she woke, and there she was madly making a dress. It was like saying to me: 'You think I can dream. Well, you are mistaken!' From here I was able to go to the dream equivalent, a dream of dress-making. Perhaps for the first time I felt I could formulate the difference between dreaming and fantasizing in the context of her therapy.

The fantasizing is simply about making a dress. The dress has no symbolic value. A dog is a dog is a dog. In the dream, by contrast, as I was able to show with her help, the same thing would indeed have had symbolic meaning. We looked at this.

The Area of Formlessness

The key word to be carried back into the dream was formlessness,^x which is what the material is like before it is patterned and cut and shaped and put together. In other words, in a dream this would be a comment on her own personality and self-establishment. In a dream it would only to some extent be about a dress. Moreover, the hope that would make her feel that something could be made out of the formlessness would then come from the confidence that she had in her analyst, who has to counteract all that she carries forward from her

¹ Another aspect of this type of experience I have discussed in terms of the capacity for ego orgasm (Winnicott, 1958b).