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**Levinson, Laurie Jane**

THE ROLE OF INTERNALIZED REPRESENTATIONS OF PARENTAL  
AMBIVALENCE IN THE ESTABLISHMENT AND MAINTENANCE OF  
ADOLESCENT SCHOOL PHOBIA

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by

LAURIE LEVINSON

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*J. V. G.*  
Chairman of Examining Committee

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*Herbert D. Saltzman*  
Executive Officer

Steven Ellman, Ph.D.

Laurence Gould, Ph.D.

Sheldon Bach, Ph.D.

Donald Kaplan, Ph.D.  
Supervisory Committee

The City University of New York

## Abstract

THE ROLE OF INTERNALIZED REPRESENTATIONS OF  
PARENTAL AMBIVALENCE IN THE AETIOLOGY AND MAINTENANCE OF  
ADOLESCENT SCHOOL PHOBIA

by

Laurie J. Levinson

Advisor: Professor I.H. Paul

The purpose of this theoretical and clinical study is to expand the understanding of the aetiology and dynamics of adolescent school phobia regarding the adolescents' fantasied power over their parents; their heightened sense of omnipotence and grandiosity; and most importantly, the enormous pleasure they derive from the belief in their magic control. The study examines the nature of the internalized object relationship (between child and parent) and the vicissitudes of a highly pathological identification in determining the emergence of the disorder. One case is presented in detail because of its powerful confirmation of my thesis that pathological identifications result from highly disturbed object relations; and that this disorder tends to occur only in families whose shared ethos is one of perceiving the outside world as dangerous.

The literature on the subject has tended to view the disturbance as being essentially the same as a latency school phobia - only more serious. This investigation proposes that a school phobia in adolescence is qualitatively different from its latency counterpart, due to the increased pressure from the drives and the extremely weak ego resources available to these

adolescents. The determining role of early psychopathology makes the tasks of separation and detachment from parents not only painful, but forbidden.

Treatment implications involve the necessity to be aware of the degree of impairment of ego capacities; the need to make the patient cognizant of the pleasure derived from control disguised as suffering; and the gaining of parental support. Without the above, the prognosis for change is poor.

## I. Introduction

The purpose of this study is to reexamine the phenomenon of adolescent school phobia with a view to expanding the current psychoanalytic understanding of its aetiology and to postulate further dynamic determinants of this disorder and their implications for character development.

The psychoanalytic literature concerning the subject of school phobia has tended to view this disturbance as stemming primarily from the child's fear of the consequences of his or her death wish toward the mother. The defense against this forbidden aggressive wish takes the form of the child's refusal of school and at times openly stated preference to stay at home, close to the mother. Most writers have noted that a school phobia which comes to fruition in adolescence often has behind it a more ominous and insidious process, and thus a poorer prognosis, than its latency counterpart.

While a significant body of literature on this subject exists, little if any attention has been given to the specific issue of the powerful latent gratification derived by the adolescent on feeling the conflict or tension associated with separation and differentiation from the mother. It is my belief that these young people feel compelled to retain an infantile, tyrannizing representation of the parent, in order to avoid the greater conflicts and tension arising from inner maturational thrusts and the demands of adapting to reality. Just as the addict seeks always to have the drug available, so the adolescent school phobic seeks the presence of the significant parent in order to suppress pain and maintain pleasure.

In order to demonstrate the compelling nature of the adolescent school phobic's dilemma, I present illustrative data from a clinical case. Specifically, I shall trace to their various sources -- internal and environmental -- the developmental vicissitudes which culminate in this pathological phenomenon. By this developmental analysis, we may isolate for the purposes of critical examination certain aspects of the process of identification, especially those which effectively distort the normal evolution of ego and superego functions. I shall also consider the effect of such distortions on the mechanisms of adaptation to reality.

The main concerns of this study are:

1. The role of the internalized and ambivalently experienced object in the adolescent school phobic
2. The extent to which this phenomenon depends on a particular environmental configuration
3. The severity with which character development is impaired by the pathogenic effects of identifications and identificatory processes continually invaded by conflict, or protracted anxiety states, and resulting in fixations or later regressions in the important tasks of the achievement of autonomy. The rigid defense structure prevents the evolving ego functions from successfully mediating the demands imposed by inner pressures toward growth and those imposed by external realities.

Following a review of the pertinent literature, I present data from one clinical case in extensive detail, using the

psychoanalytic method of investigation. The discussion of the clinical material focuses on the specific psychopathology emanating from the disruption occurring in the normal development of identifications. I also include the implications of my findings for the treatment of this disorder. The literature review falls into three sections: that pertaining to the subject of school phobia in general; that specifically related to adolescent school phobia; and that relating to the psychoanalytic theory of the concept of identification.

<sup>1</sup>I should like to make clear at the outset that in my treatment of the subject the phenomenon of truancy is excluded, in that many authors have concurred that truancy differs markedly from adolescent school phobia in a number of significant ways.

## II. Review of the Literature

### School Phobia

The term "school phobia" was first used by Johnson et al. (1941) in an article which clearly distinguished school phobia from truancy. These authors sharply differentiate the delinquency and behavior disorders associated with truancy, and the profound psychoneurotic disorder associated with children who feel unable to attend school. Johnson et al. postulate three factors necessary for the inception of a school phobia: acute anxiety in the child, heightened anxiety in the mother, and an inadequately resolved early dependency relationship of these children to their mothers. These authors, in their emphasis upon the importance of the mother-child relationship in the aetiology of the disturbance, set the tone for much of what was to follow.

In an article of 1945, Klein discerns within school-phobic children the motives of anxiety, aggression, and secondary gain. He presents a case in which the role of the father of a nine-year old girl contributed to the girl's disturbance. Klein proposes that school-phobic children are fixated at the pre-oedipal or oedipal level of development, with the concomitant regressive dread of the punitive parent being projected onto the school situation, hence the need to stay at home.

Warren (1948) emphasizes that the source of this problem lies within the family. He writes, "These children always show a neurotic illness which may involve the whole family circle. To a less extent the father and siblings may become involved in what

is now an acute family upheaval; this involvement of the family is important in treatment (p. 269)." Warren notes that hospitalization could facilitate therapeutic improvement in that it can save the child much anxiety by removing him from the charged atmosphere of the home, characterized by a vicious cycle of anxiety and aggression leading to mutual recrimination and loss of impulse control.

Bornstein (1949) reports the details of what is now a classic case of childhood school phobia. In this paper she describes the deep involvement of both parents in the aetiology of the problem and poignantly describes a child's difficulties in negotiating a healthy masculine identification due to his deep-seated conflicts over aggressive wishes toward both his parents and his sister.

The role of the family in the creation of the school phobic has continued to be heavily stressed by many writers on the topic. In one study by Perry (1956), it is observed that the fathers of these children -- as opposed to those of delinquents -- are relatively cognizant of their own internalized conflicts. Additionally, these fathers typically perceive themselves as identified with the phobic child, who is usually their favorite.

The repression of aggressive wishes and strong ambivalence toward the parents is another theme which recurs again and again in the literature. Thompson (1948) describes the majority of the fathers in her study as passive, ineffectual individuals who allow their wives to take charge. In a few of her cases, the fathers are themselves controlling and anxious people. Goldberg (1977) makes an important observation that the mothers of her

school phobics appear to have serious narcissistic difficulties, as well as longstanding problems with their own mothers. Interestingly, half of these mothers are said to have had the identical symptoms in their childhood.

Suttonfield (1954) looks at three latency-age children and two adolescents. With the former group, the factors found important are maternal rejection, the mother's preference of a sibling, and the child's unusually dependent relationship with an overprotective mother. In the latter group, Suttonfield finds that the adolescents were reacting to their dependency upon a rejecting (I would say, ambivalent) mother -- a situation which interfered with the age-appropriate moves toward independence and greater social interactions.

In a series of papers by Coolidge et al. (1957) a number of themes emerge. Central to the disorder is what these writers describe as a symbiotic tie to the mother with a need to establish autonomy. Originally, the researchers separated their cases into two groups, neurotic and characterological; but Johnson (1957) thought that the division need not be made: she saw the second group as only more deeply entrenched with pathology of longer duration. The Coolidge group thought that the "neurotic" group had psychosexual fixations at the level of genital primacy. In attempting to free themselves from the mother's grip, these children tend to back off from the anxiety-ridden oedipal conflict, regressing to the position of helpless, asexual baby. The "characterological" group was seen to have a pregenital level of fixation, in which the fear of school was part of a larger fear of the outside world. Typical defenses in

these children were projection and externalization, and they appear mistrustful, oversensitive, and prone to disavow responsibility for their own feelings and actions. In the end, one sees an impoverished and restricted personality organization in that all available energy fuels the enormous need to cling to the mother.

Depressive symptomatology has been described in many published reports. Campbell (1955) attempts to classify school phobias under the rubric of "endogenous depressions." Agras (1959) also is interested in these children's depression, finding six out of seven studied to have symptoms, with similar distributions observed in the mothers. The pattern in these families was that where one member reacted to any sort of stress by becoming depressed, the others tended to react in a similar fashion.

Hersov (1960) describes three principal types of parent-child relationships. In the first two groups, there is a passive or emotionally distant father and the mother either overindulgent or domineering and demanding. In the third group, Hersov finds a firm, controlling father with an overindulgent mother tied to and dominated by a demanding child who is cheerful and outgoing when away from the home.

Voiland et al. (1962) delineate four main groups of family types with school phobics, proceeding from less to more severely disordered. The first is the "perfectionistic family" in which the guiding standards are extremely high, as is the need to avoid open expression of aggression. In these families the parents tend to put too much pressure to excel on themselves and their

children; the result is that everyone, including the parents, believes that he or she is not living up to the collective ideals. Voiland's second group is called the "inadequate family," -- characterized by increasingly strong opposition to the ordinary family structures. This type of family looks excessively to others for encouragement, support, and help with problem-solving activities which the ordinary family can usually perform for itself. The "egocentric family" (type 3) is just that: devoted to the self-seeking desires of its members. This family is overbearing, opinionated in its attitudes, and has its basis in the narcissistic needs of the parents. The final type described is the "unsocial family," which is isolated from social contacts with the world outside. Inside the family one sees various characteristics: poor resolution of everyday problems, low ideals, deviant social conduct to a major or minor degree with respect to the prevailing cultural norm, thought processes and powers of concentration so distorted that the individual can endanger his own or others' welfare or can become the victim of another's design. More than one member of this family is maladjusted to a serious degree, and at times may get into legal trouble.

Sperling (1967) offers another attempt at classification of the various school phobias. First, she states that the disorder must be considered a true psychoneurosis in that it is based on unconscious conflicts and fantasies which are outside of the child's awareness. Second, she differentiates acute from chronic school phobia, and a common form from induced school phobia. Sperling stresses that both the age of the child and the time of onset

(prelatency, latency, or adolescence) must be considered. She notes that one should include college students in the adolescent group. What is common to all these phobic manifestations, regardless of the date of onset, is the individual's inability to separate successfully from a parent and to function independently away from home. Usually, the child succeeds in staying home.

Sperling characterizes the "acute school phobias" as occurring at any age, usually with no prior history of school phobic behavior. She postulates the existence of a significant event which has great unconscious and traumatic meaning to the child. This event represents a threat to the child's ability to control reality: specifically, a potential loss of control over a person (usually the mother) or situations. The enormous need for control emerges in the wish to be in control of life and death, with the ultimate fear of the phobic patient being that of death. Sperling discusses the fact that the precipitating event may be real or imagined; whatever the actual origin of the fear, it represents an acute threat of separation, and to the child who is predisposed to phobia by its anal-sadistic fixations, it assumes the meaning of impending death. Sperling places great emphasis on the importance of anal fixation and the personality traits associated with it: highly ambivalent object relationships, narcissistic orientation to the world, omnipotence of thought, and the persistence of magical thinking. Through the phobic behavior, the child attempts to combat his increased anxiety over his magical belief in his own control.

Sperling's second type of phobia, which she designates "chronic," is signified by the absence of a "manifest external

precipitating event." The onset of an acute, induced school phobia is much less dramatic than an acute traumatic phobia. This is because in the chronic phobia the traumatization of the child is more cumulative due to the pathology within the parent-child relationship. In these cases, one usually encounters previous school phobic behavior or at least a history of reluctance to attend school. Sperling talks of the mother "who induces the phobic behavior of the child." With cases of "acute traumatic" school phobias, Sperling advises individual treatment for the child. In the "acute induced" cases she recommends working with the parent.

In a study comparing school phobia with other childhood neuroses, Waldron et al. (1975) found a significantly higher incidence of depression among the school-phobic group, as well as unrealistically high self-expectations. Although both groups of children showed substantial inhibition of assertive or aggressive behavior, the school phobics had much more difficulty with expression of fantasy in general. The authors believe this indicates the degree to which the school-phobic child fears his own aggressive fantasies. In terms of the parental pathology, Waldron et al. found the most significant difference to be the tendency for the school-phobic child to be "more important to the mother than the father was." The sequence of events leading to an impaired ability to function independently has been described by Waldfogel et al. (1957):

Thus the parents...fail to provide the child with any basis for a stable system of inner controls. At the same time he internalizes their rage at his parasitical demands, and is left without any substantial source of

narcissistic support except even greater reliance on his parents to bolster his self-esteem (p. 759).

In a paper on the role of aggression in school phobias, Coolidge et al. (1962) discuss the general effects upon the child of the mother's conflicts over her aggression, her struggle with omnipotence, and with magical thinking. These authors state that the ego development of the child dovetails with the pathology in the mother. Thus the child shows similar disturbances in the area of magical thinking and an inflated sense of infantile omnipotence. The mother, rather than foster the development of reality testing, hinders it; what emerges is the picture of a child who feels as if he actually possesses his mother. The child expects his mother to carry out his wishes, be present when he wishes it, and generally to do his bidding. Along with this delusion of grandeur goes a parallel sense of helplessness whenever the mother is not present in a situation of any sort of stress. This predicament is brought about from outer and inner sources. In the mother's overzealous concern for the child, she creates in him or her the feeling that he can do nothing without her help. This is often, of course, quite untrue in reality.

The child, when faced with a situation in which he has to act assertively in the mother's absence, is helpless in the face of the anger which immediately erupts, and which is magically feared. The magic then appears to backfire; fearing his inability to manage the rage, the child makes a regressive move to increasing demands upon the mother. Thus is he or she reunited with the object of his destructiveness and thus does he alleviate his frustration.

## Adolescent School Phobia

Writers on this subject generally agree that the manifestation of this symptom in adolescence indicates a severe and often ominous persisting disturbance. Sperling (1967) refers to this group as belonging to the "chronic" school phobias, and as representing a great challenge to the therapist in that the symptom itself is but the tip of an iceberg. What must be addressed in this context, then, is the total neurosis. (Here I would say total character pathology and distortions of development.) Sperling likens the clinical picture of such patients to those with schizophrenia or psychosomatic disorders. She believes the aetiology to stem from the same basic sources as those observed in younger children, but to have the additional conflictual burden imposed by the inability of the ego to meet the demands of the appropriate developmental thrust to separate. Sperling dates the origin of the school phobic to unresolved symbiotic preoedipal fixations. The child is thus unable to negotiate successfully the oedipal phase, and therefore approaches adolescence in a crippled state, usually making a hasty retreat to the earlier ambivalent object relationships. Sperling makes her focus the constellation of an overprotective and controlling mother, with a seductive father-- a situation which serves to heighten the dangers of oedipal rivalry. One finds the adolescent girl's reaction to this danger in an increase in omnipotent thinking and wish for control. The deep rage and death wishes toward the mother are hidden under a facade of phobic clinging which contains a homosexual flavor.

Agoraphobic features, notes Sperling, are seen more often in girls than boys. These young people frequently need to stay at home altogether, avoiding contact with the outside world. Sperling mentions the frequent phenomenon of identification with a phobic parent in these patients -- as do the majority of authors.

Coolidge (1979) presents an excellent overview of the traditional thinking about school phobias. Regarding the clinical syndrome at adolescence, he describes the secrecy and denial, rationalization and defiance which characterize the patient's efforts to hide his or her underlying (and at times quite conscious) anxiety. Again, Coolidge stresses that in the adolescent group the psychopathology is "more deeply embedded." He notes that when one examines the histories of these children, one invariably discovers "earlier episodes of either a subclinical or overt, but transient, symptomatology which subsided spontaneously or diminished to a chronic state of discomfiture regarding school attendance (p. 459)." When he looked at the early family relationships of the adolescents, Coolidge found a definite similarity between the younger school phobics and the older ones.

In terms of the psychodynamic understanding of the syndrome, Coolidge notes the fact that a child with a more developed ego and more integrated personality structure would probably be able to produce a more "definitive symptom which forces the problem regarding separation into the open." Thus, where there is a more clearly neurotic symptom, the disturbance can be ascertained and treated more easily. In Coolidge's

adolescent cases, overt symptomatology had not been present prior to the onset of the phobia, mainly because the family had colluded so successfully with the children's defenses. He cites a most common situation in which there is a kind of family agreement that real separation will never be expected. Coolidge notes the antithetical aspect of this symptom in relation to the developmental tasks of adolescence, and although he remarks that it is indicative of a more pervasive adjustment disorder to reality, he does not specify the underlying causes. He does, however, describe various aspects of these patients' psychodynamic functioning. Their defenses are typically those seen in most phobias: externalization, displacement, and projection. While they work, they serve to maintain repression of both sexual and aggressive wishes, and to enable the youngster to experience the source of the danger as coming from the outside world. In relation to ego disturbances, Coolidge points to the presence of a "marked blunting of ego development, regression, or both." One often sees an increase in fearful behavior, tentativeness, and an extension of the school phobia to many other life situations. One important fact cited by Coolidge and others is that school phobia in adolescence may be the initial presenting symptom of schizophrenia, the phobia representing just the beginning of a more serious withdrawal from the world.

Another problematic area for these adolescents pertains to their narcissistic difficulties. To quote Coolidge (1979, p. 461):

The very nature of the interpersonal relationships with parents of children with this syndrome augments and perpetuates the grandiose

self, inflated omnipotence, and sense of entitlement of infantile narcissism. This is expressed by the child's magical thinking, control over parents, and the undiluted expectation that the parents should cater to every need. In more severely disturbed adolescents, concurrent with the narcissistic disturbance, there is a marked failure of development of self-esteem regulating mechanisms.

In his description of the character organization of the adolescent school phobic, Coolidge delineates the constrictions and arrests which are caused by the young person's failure to achieve any real autonomy. The adolescent here is unable to give up his or her primitive, harsh superego, as well as the early hostile parental introjects -- which rule the ego with a vengeance. For the normal adolescent, the task of relinquishing this infantile position must be accomplished; for the school phobic, who cannot master the challenge of growing up, there exists a kind of status quo ante. There is little if any diminution in battles with authority, a paucity of assertive drives and a highly questionable capacity for a clear sexual identification. Coolidge comments on the role of the ego ideal as the dominating force of the ego and a crucial factor in self-esteem regulation. He thinks that the growth of the ego ideal is precisely what is necessary for the evolution of a solid character formation -- and precisely what is lacking in the adolescent school phobic's stagnation at the preoedipal hostile-dependent fixation point. If untreated, these individuals will most likely suffer from serious characterological distortions and, in particular, continue in their unresolved struggles with authority.

The place of identification in the aetiology of adolescent school phobia has been discussed by many writers in addition to Coolidge (Berg & McGuire, 1974, 1976; Davidson, 1961). What one usually sees is a strong identification on the part of both parents with the stressed and suffering child, as well as the child's identification with fearful and often phobic aspects of the parents (usually mother). The parents cannot bear to see their child in pain -- identifying to the point of being rendered helpless. Although the parents are often quite enraged with the child, there is nevertheless a pattern of remorse when confronted with the misery which enshrouds the child. The adolescent is certainly aware of the identification, experiencing it as both intrusive and frightening. To whom can they turn in their search for a reliable identificatory model?

Davidson (1961) highlights the prominence of severe conflicts concerning ambivalence in the mothers of school-phobic adolescents. She says (p.275): "By ambivalence I do not mean the alternation of love and anger that all parents show, but a more primitive relationship, where the two emotions exist side by side. The mother gives with one hand and takes away with the other." Davidson stresses that this relationship is not one of rejection but of real ambivalence: the mother attempts to use her love for the child to protect it from the effects of her hostility.

The dependence of the school phobics' mothers upon their own mothers is a point that comes up repeatedly in the literature on this symptom in all age groups (Coolidge, 1979; Davidson, 1961; Sperling, 1967). The mothers are described as immature,

anxious, overcontrolling, and tending to repeat with their children the relationship they had with their own mothers. Many mothers were themselves school phobics; some are agoraphobic; and most share the belief that danger lurks everywhere outside. Davidson notes that the mothers in her study had very perfectionistic standards, both for themselves and their children, and would therefore frequently be overwhelmed with guilt and self-reproaches at not living up to their own high expectations. Thus it follows that these mothers demand perfect love and obedience from their children. When this is not forthcoming, the mothers are hurt, feel they've failed, and must deny their anger.

In relation to the fate of aggression turned inward, Levin (1969) has discussed the part which depression may play in the genesis of school phobias. Levin believes that in addition to the other factors involved in this syndrome (as described above), one must consider the degree to which these factors "contribute to a depressive state of the ego or whether they make excessive demands upon an ego which is in an already depressive state (p.70)." Levin postulates that when depression underlies a school phobia, it often has been brought on by a teacher's or parent's depression. One conclusion to be drawn from Levin's idea is that the school phobia serves to protect the child or adolescent from a more frightening state of affairs: either guilt feelings over responsibility for the parent's unhappiness or dangerous anger felt toward an object perceived as unable to tolerate it. Another avenue opened by Levin's hypothesis concerns the more intricate vicissitudes of identification,

particularly with a highly pathological parent, the topic to be addressed in the following section.

Leventhal and Sills (1964) put forward a formulation based on self-esteem regulation. Although not a novel idea regarding this subject, these authors develop a schema through which to view the difficulties faced by the adolescent. They writers see a preoccupation with and efforts to maintain a self-image "determined by unrealistic mastery and power strivings." The adolescent will therefore do his utmost to maintain this unrealistic self-image, and find any divergent view of himself irritating and intrusive. These authors note the precarious nature of such a perception of the self, based as it is on the need to defend against feelings of weakness, helplessness, or perhaps a more fragmented cognitive structure. Thus, any perceived flaws in the self threaten to cause serious chinks in those patients' armor.

According to Leventhal and Sills, the adolescent school phobic views achievement at school as the most important indication of his capacity to master situations. Staying at home and avoiding "facing the music" allows the young person to protect the grandiose notions he has of himself, and permits no threat to the cherished self-image. I quote: "...the intensity of the fear (of school) is probably related to the degree of the cathexis of the self-esteem (p. 690)."

To conclude this section, I would point to the findings of Coolidge et al. (1960), perhaps the only group of researchers to focus specifically on the subject in this age range. These investigators note that due to the increasing internal and

external pressures of the onset of adolescence, the neurotic balance of the child becomes more and more fragile. As the basic conflicts are heightened, the acute symptom of the school phobia may reappear, along with a major regression of both the drives and the ego functions. Researchers writing subsequent to this study have all concurred with the findings of Coolidge et al. that a school phobia in adolescence is more often than not a manifestation of a severe character disorder. It is the endpoint of a long history of dependency, both of the child on the parents and vice versa. This history has distorted the development of the child in such a way that by the time the acute symptom emerges, there is already considerable interference with and distortion of the ego. The emergence of the symptom creates a situation which is extremely difficult to treat, primarily because of the family's need to perceive the world as dangerous rather than to acknowledge the real source of the aggression within themselves.

## Identification: A Review Of The Concept

Webster's New International Dictionary (1934, p. 1236) defines identification as: "The unconscious placing of oneself in the situation of another person, and assuming the characteristics of that person." Proceeding from this observable, ubiquitous phenomenon, it remained for psychoanalysis to explicate it in a systematic way. Freud, in his first use of the term in 1897 (Freud, 1954, p. 207)), describes the concept as, "...putting oneself in [the parent's] position with an idea of retribution. The identification which takes place here is, as we can see, merely a mode of thinking, and does not relieve us of looking for the motive..." In this reference to the motives for identification, Freud pointed the way to the crucial role the concept of identification was to assume in the development of a psychoanalytic psychology: its significance in the stages of psychosexual development, the vicissitudes of the instincts, and, of momentous import, its role in normal development and psychopathological states.

In 1900 in The Interpretation of Dreams, Freud stresses the important place of identification in the aetiology of symptoms. He states there that identification "is not a simple imitation, but assimilation on the basis of a similar pretension, (p. 150)," and, "it derives from a common element [between subject and object] which remains in the unconscious (p. 150)." From his observations that "melancholics reproach themselves" (1917), he traces identifications to their origins in attitudes the subjects had toward their love objects. He then reasons that relinquished

or lost objects are reestablished in the psyche of the subject, and he further reasons that this is the only way objects can really be given up; that their mental representations are incorporated into the ego of the subject.

An important step in the elaboration of the concept of identification occurred when Freud, in his paper "On Narcissism" (1914), introduced the distinction between narcissistic identifications and those resulting from an emotional investment in the object; viz: the cathexis of the self versus object cathexes. The narcissistic identifications represent earlier forms of psychic development and may reappear as the consequence of regression, as a result of conflict, and, in severe instances, where relations with the object are exceptionally disturbed, as in deep disappointment. This latter situation may result in the withdrawal of cathexis from the unconscious representation of the object, and may extend to the point where objects, and reality, have been abandoned, and psychosis ensues.

Freud, at this point, had not yet elaborated a coherent theory of psychic development; he had not yet integrated the sequential stages of the development of the libido. It remained for Abraham, in 1924, to propose a framework for relating libidinal substages to the narcissistic-object related cathexis continuum, which Freud then went on to elaborate in his later metapsychological papers. At this stage in the development of the concept of identification, three powerful ideas, which have continued to influence psychoanalytic thinking to the present time, emerged. They are:

- 1) Identification is intimately related to the loss, or threatened loss of the love object
- 2) Identification alters the composition of the self/ ego and provides the means of modifying its content and structure
- 3) Identification is an early, if not the earliest form of object relatedness, and is predicated on a "taking-in" process, and represents the matrix from which growth and development arise.

In his germinal contribution, "The Ego and the Id," Freud arrives at a crucial stage in the evolution of his theory of personality development with his formulation of the structural theory, if not replacing the old conscious/unconscious topography, then expanding immeasurably the possibilities for understanding the institutions of the mind and their inter-relatedness. In short, he lays the groundwork for the metapsychological explanation of mental functioning. Within the framework of the structural theory, Freud views identification as a dynamic process that contributes to psychic structuralization. This formulation led him to understand the sources of superego formation, which constitute the most fertile ground for both analytic theory and therapeutic technique. On the basis of identification and the processes involved in it, it is possible to explain the internalization of those functions and agencies by which instinctual restraints are achieved through the formation of the superego. Though this theoretical construct does not completely explain all the determinants of superego formation, Freud was able to perceive how identifications shape the ego and

the superego as consequences of abandoned or surrendered object relations. Thus he was in possession of a firmer theoretical framework for what he observed clinically, that the disappearance of oedipal wishes in the child coincided with the appearance of identification with the parents' moral strictures, and their profound influence on the development of self-control. Freud could explain, in terms more compelling than ever before, why the child's surrender of its erotic interest in the parent of the opposite sex leads to strengthened identifications with the parent of the same sex. While other factors, (e.g. biological and constitutional), may here play a part, the influence of such identifications has an inexorably determining impact on illness and health.

In his further elaboration of the structural divisions of the mind into its functional agencies (ego, id, and superego), Freud's interest and perspective widened to encompass the phenomenon of identification not only as products, but also as an ongoing process by which structuralization occurs. By so doing Freud gave identification a special, primary place in mental development. The original idea of identification as a literal "taking in" or "incorporating" burgeoned when considered as a process able to be linked with wishes and fantasy formation, with strivings and imagination. As a process, identification assumed a pivotal position in personality building and revealed itself a decisively complex phenomenon. The earlier view that it involved only a shift in cathexis from the narcissistic investment in the self to the investment in the need-satisfying object was superceded. The processes of identification, viewed in this new

way, could embrace the realms of conceptualization and imagination in the interactions of the subject with the object.

It was then but a step to viewing the identificatory processes adhering to a developmental timetable, and from there to postulating the various substages of psychosexual development, as Abraham had outlined. It was possible to observe that some identifications completely replaced object relations, while others did so only partially, and from such observations to ascertain the developmental level at which the identifications had taken place. Abraham's analysis of those suffering from melancholic illness (today we would describe such cases as depressive illness) presents an opportunity to establish the great importance of oral and anal fantasies of incorporation, destruction, and preservation of objects in the process of identifications. Such findings corroborate the interconnected substages of development which Freud had postulated on theoretical grounds, namely the continuum autoerotism-narcissism-object relatedness. Thus the fundamental work was laid for preoedipal or oedipal levels of psychopathology and the types of identifications associated with them. Total or narcissistic identifications, which because they occurred earlier in development, were seen to be associated with the more severe forms of psychic disturbance.

In "Inhibitions, Symptoms, and Anxiety" (1926), Freud postulates further refinements in psychoanalytic theory, which Anna Freud extended in her treatise, The Ego And The Mechanisms of Defense (1936). Among the important defenses, she lists "identification with the aggressor," which illuminates the

incorporative processes and their vicissitudes as a special instance of a pathological outcome of identification in the service both of ego and superego activities to punish the object, that is the source of the perceived aggression, and to punish the self. The aim of this defense is the preservation of the tie to the object.

Following the publication of The Ego and the Id (1923) by Freud and The Ego and the Mechanisms of Defense by Anna Freud, (1936) many workers in the field have taken up the concept of identification, amplifying and clarifying distinctions among the terms identification, incorporation, introjection, and internalization. These several terms have come to be used in psychoanalytic literature in such a way that their specific meanings have become blurred, sometimes, in a way that could imply they were synonymous. Hartmann, in his monograph, The Ego and the Problem of Adaptation, (1939) speaks of internalization as one aspect of identification, which, together with other ego functions, results in the "construction" of an inner world which is a "map" of external reality. Hartmann implies that mental activity is quite clearly an "internal process," and that all events, whether located inside or outside the organism, are recorded and interpreted within the psychic apparatus. These representations of events and their relationship with each other are what are dealt with in the mind. This process is, of course, internalization in the broadest possible sense, and does not afford a sufficient framework for what Freud had originally said and meant, namely that we are compelled to consider "motives" when we speak of the mental activity involved in identification

as an internalizing of something perceived from the outside world, e.g. an object, a quality of an object or of the environmental matrix. This view constrains us further to ascribe specificity and order to mental functioning while guarding against oversimplification and teleological reasoning.

David Rapaport, (1960) who had a profound interest in ego and superego formation, considers identifications and other defenses as forms of "microstructures" in the mind. To Rapaport these structures constitute fundamental aspects of the capacity to delay discharge. These microstructures bring about increasing differentiation in the mental apparatus, eventuating in the establishment of the agencies within the mind, in his view structures are processes with a relatively slow rate of change. Rapaport's attempts to define internalization, incorporation, introjection, and identification lead us to conclude that these mechanisms refer to the assimilation of the means by which instinctual discharge is controlled, thereby implying a metapsychological view not essentially different from that propounded by Freud.

In Aspects of Internalization (1968), a comprehensive and detailed treatment of the terms introjection, incorporation, identification, and internalization, Roy Schafer emphasizes the "interiorization" of "regulatory interactions" between subject and object, and that "internalization refers to all those processes by which the subject transforms real or imagined regulatory interactions with his environment, and real or imagined characteristics of his environment, into inner regulations and characteristics" (p. 9). Schafer further

clarifies the term "regulation" by describing the higher-order forms of restraint, guidance and mastery as "the regulations", and the more primitive, less modulated tendencies as "that which is regulated." Further, Schafer says:

Experientially, the term regulation subsumes, on the one hand, such terms as demand, command, control, guide, influence, prohibit, punish, and gratify, and, on the other hand, such terms as rebel, appease, rebut, reason with, rationalize, and surrender. Metapsychologically, these are 'dynamic terms'. They correspond to motives to act, think, or feel one way or another. Thus, in internalization it is commonly the object's motives that are reproduced by the subject himself and brought into a new relation with motives he already regards as his own (p.11).

Schafer departs from the usual metapsychological view, with special emphasis on function, and shifts the emphasis from the ego being defined as a system of functions to the term ego "...understood to refer to a system of motives"; he adds, "...in their metapsychological aspects, defenses are motives, ego aims are motives...(p. 12)". In short, Schafer proposes that it is not the abstract "functions" that are internalized, but motives and their associated behavior patterns and mental representations.

Schafer makes abundantly clear his preference for viewing the dynamic and motivational in psychic life first and foremost as mental action, beginning with the most primordial reactions between instinctual stimulus and environmental response. While this implies a framework of developmental sequences, it seems to make too one-sided Freud's insistence on "motives" for a full description and explanation of identification.

Another attempt at a more precise definition and

description of identification is Loewald's (1962). He emphasizes that relationships are the internalized contents, i.e. in explaining what is internalized, the specific criterion is that fantasies of interpersonal relationships evolve into truly "inner" impersonalized "structures." There seems to be in this formulation some lack of clarity between an internalized relationship and its fate as an "impersonalized structure."

I wish to emphasize what the original theoretical constructions, by Freud, Abraham, and other early workers fashioned as explanations of the phenomena they observed, and those constructed by later workers. The essential points of agreement among all are fundamental to understanding the nature of the emotional ties the growing child establishes to the important objects of its early life, the parents: the hierarchical evolution of these ties, the crucial importance of mutuality, both conscious and unconscious, in the psychic life of parents and child. This complex network of factors constitutes the potential for psychological traumata of either a qualitative or quantitative nature. The adolescents' inner responses act as impediments to growth by reinforcing fixations and, as in the case presented in this thesis, by facilitating regressions in the face of dangers imposed by the demands of growth and differentiation.

The existing theories pertaining to the aetiology and psychodynamics of adolescent school phobia fall short in accounting for certain important phenomena one meets in the treatment of such cases. These phenomena, associated with the especially tenacious quality of the resistance to the changes one

might expect in the course of treatment, may take on the quality of negative therapeutic reactions. Behind the rigid defenses lies intense gratification, highly erotized and which the adolescent has come to cherish. This pleasure arises from the inner struggle the patient compulsively lives and relives with the hostile representation of the object he or she has internalized. It is a fateful drama which keeps child and parent(s) locked in a mutual bondage of devotion.

## Clinical Case

Emma G. was referred for treatment at the age of 13 1/2. She had been seen for four months in weekly psychotherapy at a child guidance clinic for an intermittent but long-standing difficulty attending school. Her therapist believed Emma's situation to be so grave as to require psychoanalysis. The case was referred to me for intensive treatment. Emma's case presents the possibility of observing a highly disturbed/distorted mother-child relationship, through which one may gain a more comprehensive understanding of the vicissitudes of identification in a family where the same-sex parent demonstrated profound character pathology. Questions pertaining to the twofold nature of Emma's attachment to her mother and the latter's contribution to it are salient. I shall therefore address Emma's identifications with her mother, "their impact on and distortion of the normal process of identification, and their effect on a variety of ego functions and mechanisms of adaptation of an object that would not tolerate separation" (Levinson, 1984, p. 372). I would also suggest that the deficits in Emma's development were not primarily "self-inflicted as a result of internal strife, but caused and maintained by active, ongoing influences lodged in the environment" (A. Freud, 1968, p. 115).

Pertinent to the above is the fact that at the very beginning of the treatment, Emma's mother spoke angrily of the legal authorities' requirement of formal schooling. She resented their intrusion into what she believed to be a more ideal state for her daughter, i.e. for Emma to stay at home and be under the

tutelage of mother. From the start, Mrs. G. saw no convincing reason for Emma to be "subjected to the scrutiny of psychoanalysis" (process notes). Mrs. G. was indeed proud of her daughter's daring to defy the unreasonable conventions imposed by what she believed was a dangerous and arbitrary outside world.

#### History:

Emma was the first child, born to parents in their early 20s. She had an 11-year-old sister and two brothers, nine and seven years old.

Family life had as its central focus an intense emphasis on togetherness, along with a specific and rather unusual religious affiliation. This religion, somewhat cultish in nature, expressed the G.'s collective conviction that the only good solution to the problems imposed by modern life was to retreat from it. The organization itself was described to me as having within it aspects of all religions, and believers would join together in sessions where one or more members used the power of suggestion to induce what sounded like trance states. This religious, or spiritual, "family" represented the only social activity engaged in by the G.'s.

Both of Emma's parents suffered greatly during childhood, with financial and emotional deprivation, death of loved ones, and frequent separations. During her own adolescence, Mrs. G. remembered being subject to terrible moods and hysterical outbursts. In her late teens she once attempted suicide. Mr. G. was raised in a poor, working-class family, with one sister 18 months his senior. Due to the Second World War, he was separated

from his parents between the ages of five and eight. An extremely anxious and somewhat remote man, Mr. G. hesitantly expressed his feeling that his wife "did too much for the children," making it difficult for them to want to become independent. Despite his disagreement with her child-rearing philosophy, Mr. G. always gave in to his wife's stance regarding what he called her "overindulgence" of Emma. He remained throughout a shadowy and rather ineffectual presence (Levinson, 1984). It seemed that marriage offered these two lonely individuals a refuge in which they could feel safely sheltered from the dangerous outside world. Because the home life was so stringently insulated from the incursions of reality, descriptions of this home life suggested an artificial and inauthentic fairy-tale quality (Levinson, 1984, p.373).

Emma had a normal birth and was said by her mother to have been a perfect baby for the first two years. The couple had married when the mother was 20, and Mrs. G. was 21 when Emma was born. Still suffering from her own adolescent symptoms, Mrs. G. was extremely anxious about the well-being of this new baby, having had to wake her often to reassure herself that all was well. Mrs. G. described a great closeness with Emma, which ended abruptly with the mother's second pregnancy when Emma was two and a half. During the pregnancy, Mrs. G. felt she and Emma became estranged from each other--a situation which lasted (according to the mother) until Emma was five or six. It would appear that Mrs. G. was very depressed and anxious during these years, and following the birth of the second child she developed agoraphobia. Emma was sent to relatives when her sister was born

and returned home ten days later to find a new baby. Upon her return, both parents reported that it had been impossible to make contact with her. Regarding her first child, this mother had no memories of her between the ages of two and a half and five. Mrs. G. was convinced that the source of Emma's difficulties lay in this early estrangement and was due to her own fragile mental state. She was determined to make up for what she had done.

Emma's remoteness persisted and was clearly evident in her diagnostic evaluation. She was described as:

...an attractive, well-built girl, but somehow rather immature and old-fashioned looking. Her manner was quiet and friendly; she smiled when appropriate. That I found myself getting rather tired of listening to her and that the psychologist found her attention wandering during the tests may be significant as representing the effect which Emma's general avoidance and inability to be involved have on other people (Levinson, 1984, p. 374).

Emma described a sensation of emptiness when not in the presence of her mother and was afraid to do or say anything if the mother was not there to see and hear. She spoke of odd physical states in imaginary people. One of her stories concerned "a girl who felt very faint, and suddenly it was like a miracle, she suddenly felt a whirring round her head, and she closed her eyes, and when she opened them she was in a different land." Emma's ideas about being turned to stone or paralyzed when alone were probably defenses against a greater fear of

depersonalization.

The following summary of Emma's treatment is excerpted from a previous paper (Levinson, 1984).

Treatment:

In my first meeting with Emma, I was struck immediately by her terror. Her eyes cast downward, her hands tightly clasped in her lap, she spoke in a voice that was barely audible. Although she was a pretty girl, her face was devoid of feeling, and her clothes, too, were drab and lifeless. Sitting opposite me with her raincoat buttoned up, Emma imparted a sense of great heaviness. She had brought with her an enormous collection of drawings and paintings, but she took quite an indifferent attitude toward them, had no preferences, could tell me nothing about any of them; they almost seemed not to belong to her. Emma's meticulous attention to detail was striking. Many had begun as doodles, though when completed she felt the meaning was clear. There were also pictures in which she openly portrayed hostile and destructive wishes. This group of drawings had an eerie, undefended quality.

One of Emma's drawings was of a Siamese cat called Simba, about whom she wove her stories in bed every night. Simba was a male, "not grownup and not a kitten." Emma spoke warmly of Simba, saying what a nice, good cat he was. In the stories she created for him, a very different side to this apparently withdrawn, affectless, timid girl could be seen. Simba loved adventure, often was involved in violence and intrigue, and was always victorious over the powers of evil. Yet Emma hastened to

point out that this was a very spoiled cat, who worried lest his mistress get another cat. Simba had to be the center of attention. Emma would lie in bed at night, thinking of her detective cat. First she would try to imagine a difficult situation or a puzzle that needed a solution; then the story followed.

"Simba and the Smugglers" had just been conceived; and Emma's face actually lit up as she told me about it. The plot concerned Simba's encounter with some evil smugglers, who watched him with a powerful telescope. These smugglers kidnapped the cat, poisoned the food, and tried to prevent him from discovering buried treasure. The police caught the smugglers and allowed Simba to take his revenge by putting drugs into their "nice red wine." In the end, Simba usually triumphed and escaped to a magical land, where "people think lovely thoughts." Emma punctuated her telling of the story with an occasional laugh and frequent comments that she had to "get it right." When it was time for the session to end, she whispered hesitantly, "There are more stories." I noted her great involvement with Simba, to which Emma replied, "Oh, yes; I'm sure Simba is real. He lives with his mistress, Lady K, and lies on a lovely green velvet cushion." To my question whether she had invented the character of Simba, Emma said it was more like having heard about him than inventing him.

Emma made it clear in the first week of analysis that she preferred her world of fantasy to her everyday life. Her favorite books were those by C.S. Lewis, in which children have exciting and frightening experiences in mythical lands ruled by

good and bad witches. Emma imagined these adventures happening to her; and often she was the victim of a cruel witch whose icy stare turned her to stone. Although her fantasies were often frightening, Emma always emerged unscathed and victorious--like Simba, the one whose powers had triumphed over evil.

In her second session in the midst of an awkward silence, Emma suddenly began to talk of a friend with whom she wrote stories. The two girls would pretend to be sisters, living in Victorian times in the attic of a large, old house. They were cared for only by an aged aunt. Emma spoke with pleasure of how they would wear beautiful long dresses and keep many secrets from their aunt. She added that she enjoyed pretending to live in the past. To my saying that it must seem so much nicer than the present, she readily agreed. On her way to the door, Emma remarked that her favorite historical figure was Queen Elizabeth I, "who never married because no one was good enough."

Interest in the past was only partly a way of avoiding the present, for Emma soon began to talk of her interest in her own early childhood. Although the beginning of every session was characterized by a frozen silence, Emma eventually managed to start speaking. In the first months of treatment, she introduced the themes that continued to occupy us through-out. In addition to her "school problem" and her conflictual relationship with her mother, Emma also indicated early in the analysis that she did want to be like other girls and be able to do things on her own. The problem was that even thinking of an independent activity away from mother led to almost unbearable anxiety.

Emma described her feelings of anxiety in different ways.

She felt like crying, was terribly afraid, and worried that something quite awful would happen. These were the "het-up" feelings. When I asked what she thought might happen, her first association was to starting nursery school at age four, and her mother having come into the class with her. It was significant that she could say, "I was really excited; but my mother should not have come with me. It made it so much harder for her to leave." Emma dated her anxiety over separations to that time in her life, stating that it had remained the same ever since. She spoke with a kind of resignation of various situations in which her parents had not really encouraged or trusted her to do things on her own, citing examples of returning from camp and not having been allowed to baby-sit for her siblings. Emma said, "I used to want to do things on my own, but my mother always feels sorry for me and helps me out." She explained that her mother was fearful when any of the children were out by themselves; "she thinks something will happen to us." In the next breath, Emma told me she was thinking of her sister's birth and what a terrible blow it had been. She had felt left out, sent away, and dropped. She had not known of the coming baby and had been tremendously shocked to discover a sister upon her return from her grandparents. These memories led Emma to an early fantasy in which she imagined herself in a dark tunnel, all curled up and unable to get out. She was still greatly bothered by this image and often could not sleep because of it. When I asked about the railway tunnels on the way to the Clinic, she said that she hated them and handled her fear by timing the distance.

The fear of being trapped was always with Emma and

naturally extended to the analytic situation. Soon after telling me of her fears of tunnels, she was totally silent for the first 40 minutes of a session. Then, in a halting and labored voice, she started to tell me "something she had never told anyone." She had in her mind various stories--images which frightened her terribly. First she pictured herself on a long journey, "probably going home," and different violent things happened to her. Then she related the fantasy of being in a room with a large vase that had roots growing out of it. Eventually, the entire room would be covered with these roots, and Emma would be stuck. She went on talking of her fear of being lost in a scary forest and another of being with a dangerous, foreign person. I wonder whether perhaps she felt a bit worried about this place: part of her wanted to talk and part was frightened; part of her liked me and another part of her feared being disloyal to her mother. Emma nodded silently, looking away from me.

At the end of the first month of analysis, Emma arrived at the Clinic one day with her father. The difference in her demeanor was remarkable. Whereas she usually looked downcast and depressed, she suddenly was bright and cheerful, referring to the train journey with her father as an adventure. She said, "My father is lighter than my mother. My mother is more serious and heavy. We don't talk on the train or in the waiting room. She is always so worried." In connection with the radical change in Emma's expression, I rather tentatively mentioned that she might not want her mother to know that she enjoyed coming to the Clinic with her father because her mother might feel bad. Emma sighed

deeply, "Yes, that is how I feel."

In the week following Emma's acknowledgement of her loyalty conflict, the crux of her separation problem was brought directly into the treatment. On Monday, I received a message from Mrs. G. that Emma had decided to come alone to the Clinic (over an hour's trip on the train). She was to phone home if there were any problems. Emma was positively radiant when I went into the waiting room. I congratulated her on what really was a major achievement. She was very proud of herself and told me with much feeling that her brother had the flu, and she had used his illness as a reason to come by herself. Her mother had been worried and had acceded to Emma's wish only after her father intervened on her behalf. Emma laughingly showed me a piece of paper on which her mother had written detailed instructions for the journey. When I asked why she was laughing, Emma said, "Because it's so obvious what to do." She went on to say that, contrary to what she had expected, she had had no difficulty getting the train door open and had even enjoyed being on her own. She added that she was not worried about the return trip. I wondered to myself whether Mrs. G. would be able to tolerate Emma's new independence. What followed confirmed my doubts.

Emma's mother accompanied her on Tuesday. Emma explained with a sad look that her mother "had just known" that she wanted her to come along, that she was nervous again. Emma didn't know why; perhaps she'd try it on her own another time. She spoke of the surprise and pleasure her family had expressed on hearing of the Monday trip. Her mother had questioned her repeatedly about the details of her every movement, as if in disbelief.

When Mrs. G. was again in the waiting room on Wednesday, Emma said she didn't know why her mother had come along. "She just put her coat on when it was time to go. At first I was pleased, then disappointed because I would have liked to come alone." I verbalized her conflict: she wanted to come by herself, but felt that in doing so, she would be disloyal and incur her mother's anger. Thus, when her mother put on her coat, Emma was unable to say anything. Here, Emma smiled slightly and said, "I do feel like that."

I received messages on Thursday and Friday of that week that William was ill again, and that Emma was much too nervous to negotiate the journey alone. It was clear that Mrs. G. was threatened by the idea of Emma establishing more distance from her. Emma had no choice but to stay home, to reassure her mother of her attachment. At the same time, however, it appeared that Emma's wish to extricate herself from her feeling of entrapment was heightened by her mother's need to encourage her to stay home. What had previously been subtle and tacit was now coming into the open: the more steps away Emma took, the more Mrs. G. had to attempt to pull her back. In this way Emma's enormous conflicts over aggression were introduced into the analysis.

Emma confessed one day that she had to perform certain compulsive acts. In a rush of words she told me that she had to look at things, jump over a crack, or turn the faucet three times to avoid feeling anxious whenever she left her home. Emma was ashamed of these compulsions and thought they were crazy. She was relieved when I said I was sure that there were good reasons for their existence. She went on to enumerate the objects she

had to look at while on the train. Although the objects themselves were constant, Emma was never certain whether they were friends or enemies. In order to ascertain this she had to speak to them. It was a particular chimney which issued the orders to whom she must talk along the way--a row of cottages, a tree trunk, a crack in the window, a statue of a horse. Emma was quite aware that the orders really emanated from within her, but she felt powerless when they came, especially if she was with her mother. When I wondered if perhaps she was not always sure whether her mother was friend or enemy, Emma gave me a surprised and questioning look. I talked of our knowing that her mother sometimes gave double messages--that she was all for Emma traveling to the Clinic alone, but that she really didn't want her to. Thus Emma was left confused and waiting for orders. She agreed heartily with my comment, but laughed merrily when I indicated that she must also wonder what I wanted. I pointed out that despite her denial, it was interesting that in most of our sessions she waited for me to "give the orders," i.e., to break the many silences with either statements or comments. Emma looked taken aback and said, "Yes, that's true."

Emma recalled her great surprise that when she had started school at five, she had wished to be at home. "I really wanted to go to school, to be out of the house. My mother used to be very hard on me, always yelling. But then I finally got there and just wanted to leave." In response to Emma's curiosity about this odd phenomenon, I spoke briefly of how children sometimes believed that their thoughts and wishes could magically come true. Perhaps she had been worried about her cross feelings

toward her mother, and then had to stay near her to make sure she was all right. Emma listened closely, replying, "Yes, I remember when I was little and a friend told me that if you think something, it will come true." She then told me a story she had written about "females who have magical powers." One has the ability to create rain with her fingers; the other can "burn holes into people with her burning gaze." I remarked that if a child believed in the magic of her own thinking, it would be logical for her to assume others possessed similar powers. Emma laughed and fell into what was becoming her habitual mode of relating to me--she was silent for as long as I permitted. She sat with her hands in her lap, digging her fingernails into her knuckles and squirming in her seat. The silences came to have the quality of a provocative noncommunication, in which she let me know that she had chosen not to speak. All the while she would have a slightly amused smile playing at her mouth. This was obviously a feature of Emma's relationship with her mother, in which each seemed to be the prisoner of the other.

In the third month of treatment, Emma broke one such silence with a laugh, saying she had been thinking of a play she had written. It was about a prince (Emma's role) in search of a princess. The prince had a fairy godmother, who promised to help him obtain the king's requirement for his daughter--the heart of a dragon. It happened that the godmother turned into a witch, causing the prince to land in an inn where he had to get drunk, lose control, and suffer great humiliation. The prince was only saved by luck, as his brother happened to be riding by. When I asked lightly if the inn bore any resemblance to the Hampstead

Clinic, with its assortment of fairy-godmother witches, Emma laughed and said I was being quite silly. It seemed that to acknowledge transference feelings was too hazardous to risk.

In the following session Emma was completely silent. I wondered aloud whether she was showing me, like mother, that she did not want her privacy intruded upon. Emma glanced up briefly to whisper that she had been baking the day before and her mother had insisted on putting the ingredients into the mixing bowl for her, despite the fact that Emma had asked her not to. I likened our situation to that of the baking: that she didn't want me to put my thoughts into her mixing bowl. Emma remained silent, but after a few minutes said haltingly that she did not feel real. This was a sensation which occurred often in bed at night--as if everything around her were very far away and small. I asked if she thought that this feeling could be a way of putting some distance between herself and her unacceptable wishes. My question was met with silence; but it was interesting that after this session Emma began to attend the Clinic alone on a regular basis.

Once the routine of coming and going by herself was established, Emma's transference appeared to intensify and take on the quality of a transference resistance. Her need to be the victim emerged more clearly; she had to be the one forced to do things and for whom others were to make all decisions. Her great concern about making me angry now surfaced quickly. Emma had offered to baby-sit for some friends during the time of an analytic hour. Although she had not wanted to baby-sit, she had been afraid to say no and arouse the woman's anger. Hence she

was concerned about provoking my anger. When I asked what she thought my reaction might be, Emma replied, "That you would stop talking to me."

Emma's rigid defenses were at times threatened by breakthroughs of her impulses. During one silence I asked if she could describe what was going on inside. "Nothing. I feel empty and have no thoughts." I compared her feeling to that of putting down a screen, which would protect both of us from the many feelings she had. I said that this situation reminded me of what she had told me about her childhood, when her mother had been so disturbed. Perhaps the only way she had had of being safe had been to keep quiet, thus complying with her mother and not provoking her anger, yet at the same time maintaining her own personality and not being swallowed up by mother. Emma's response to this was a description of her feelings while going to sleep. "I feel anxious, tense, nervous. I can't sleep, feel like I'm being lifted up inside and as if there are ripples going through my body. I think I'm going to burst out of bed and get on top of everything." She said that "getting on top of everything" meant climbing up high and looking down on others. I noted that contrary to being empty, she was full of feelings, but very frightened of them. Emma nodded, adding that these were real, physical feelings, just as her anger with her mother was during an argument. Emma described how, after yelling at her mother, she would run to her room, feel tight inside, and convinced that her anger had really hurt her mother. We could then talk of Emma's uncertainty whether I would be able to help her with such feelings. Or would I, like mother, think my

feelings were more important?

Emma then told me a story about Simba and an American policeman called to England to solve a difficult crime. Someone had been stealing the herbal remedies of an old woman and Simba was appointed assistance detective. The American was described as small but very clever. He gave the orders and Simba carried them out. We saw Simba dive into a well, discover a secret passage, and get into a tremendous fight with the criminal. "Siamese cats are very good fighters, you know." Emma smiled as she related this story, saying that she had meant to bring it but had forgotten. When I asked if the reason she forgot to bring it might have had something to do with me, she blushed and nodded. I commented on her embarrassment at anything to do with me. Did she fear that I, like the policeman, would give her only orders and no real help in solving the mystery? Acknowledging this anxiety, however, ran the risk of incurring my anger. Emma remained mute and nodded in her usual way.

Regarding Emma's silences, I said to her at one point that perhaps they were a necessity. How could she commit herself to a therapy about which her mother was so unsure? In the silence she could remain the obedient patient (regularly attending) and the loyal daughter (not giving anything away). Emma responded by speaking of an upcoming trip with her father. When the trip had been planned, her mother had considered going in her place. I remarked that it was no wonder that Emma felt she had to keep her pleasure secret; otherwise she might lose out to mother. "Yes," she said, "I think it would be rotten of me to talk about it." Suddenly Emma began to laugh, but stopped as quickly as she had

started, appearing to be most uncomfortable at this outburst. She whispered that this was a "nervous laugh," which plagued her at home and at school. I suggested that the laugh could also cover up other, more unacceptable feelings.

Soon after this session, Emma openly acknowledged for the first time that she did not like to show when she was happy, especially when she was with her mother. Apparently having been in a good mood, Emma had asked her mother a question about a project she was working on with her tutor. To Emma's amazement, her mother had talked all the way home from the library. Emma said with some rare real humor that she had not even realized her mother was still talking. She nodded emphatically when I said that she must have felt her mother responded more to her own need to be the teacher than to Emma. Later in this session, after a prolonged silence, Emma again began to laugh. She said she often had the urge to laugh at home during dinner, "to break the silence." She then began to laugh quite uncontrollably, to tremble all over, and blushed a deep red. It was only with the greatest effort that she managed to gain control. Emma was visibly shaken, looking at me intensely, unable to speak. I said that she was very frightened by what had just happened and that we could see what a hard job it was to keep everything bottled up inside.

A few days later, Emma related another story. It concerned a girl who had all sorts of adventures with a witch. The girl found a ring on the Heath. This ring which belonged to the witch was a passport for the witch to get back to her own time. Because the witch was so nice, the girl did not want her to

leave; and so she kept the ring for a time. After telling me this story, Emma remarked, "You know, these are real feelings." I said I was interested that the girl had found the ring on the Heath. Emma broke into a big smile, but could not say why. I commented that the ring was awfully similar to the key to her Clinic locker--the key which she had recently lost on the Heath. Emma laughed heartily and said, "That's what I was thinking." I noted how very difficult it was for her to tell me these sorts of feelings, perhaps because she feared that any attachment to me would result in the kind of engulfment she felt from mother.

Emma did go on the trip with her father; and upon her return said she had felt "strange" coming home. Actually, she confessed she had not really wanted to come home. Her mother said that while they had been away, she had hardly slept and had often waked in the night hearing strange noises. Emma felt badly about this, but then added with a smile that when she had been little she had often gone to her mother in the middle of the night to assuage her own anxiety.

Emma then told me that she was having trouble getting to her tutor. She laughed, saying, "Perhaps it would be easier for me not to live in a house at all; but in the road." I said that if her mother were also in that road, then the two of them would probably be stuck there together. Emma grinned broadly.

The weeks that followed Emma's return from her trip were characterized by increasingly long, often hostile silences. Emma fell into a depressed and gloomy state and frequently did not utter a single word in a session. It was during one such session that she handed me a piece of paper on which she had written her

thoughts:

When I feel like this I want to do plenty of exciting things and have adventures. But I know I cannot and sometimes I feel depressed and very quiet. Sometimes I remember things about when I was very small, but I cannot say anything because I cannot get the words out and I do not know what to say. I think I will not be able to become like other girls and go to school, and I feel angry inside. Some days, though, I do not feel like talking.

Emma described how, when she was silent at home, her parents would go "on and on" at her. She smiled slightly when I said that perhaps silence was a refuge from too many words; but that it had the additional effect of provoking more. She probably often felt that I also talked too much, despite her having told me that she didn't mind.

In the week before the summer holiday, Emma attended only one session. Again unable to speak, she managed to convey that she felt neither angry nor depressed, just stuck. I made an interpretation to the effect that when Emma had been small and her mother so upset and intrusive, Emma's only way of keeping safe must have been to withdraw into herself and her own private world. I added that little children often believe that it is their fault if mother is upset, and that they then feel awful to be cross with an unhappy mother. She must have felt stuck then, as now. At this point, Emma's eyes filled with tears. I was surprised that she asked tentatively if she might have my summer address. I was not surprised that I did not hear from her.

The autumn brought weeks of extremely erratic attendance, with an average of one to two sessions per week. Emma needed to be put bodily on the train to London: her mother reported scenes

of crying and Emma locking herself in the bathroom every morning. To complicate matters, Mrs. G. around this time got a job helping with lunches at a local school. In the few sessions we had, we continued to work on Emma's conflict over her aggression, embedded in her silence.

Emma arrived one November morning looking much more relaxed. With genuine pleasure, she exclaimed, "It's a much easier day today! I just didn't have any trouble getting up and going out. Usually it's so difficult." Emma did not know what had made it easier that day, but thought that bad dreams were responsible for the difficult times. She said she tended to wake up with the bad feeling left over from the dream. She then told me a recurring dream in which she was smashing all the china animals on the mantelpiece. They were not always the same animals, nor did she smash them all in the same way. Sometimes she knocked them down; sometimes they fell off; and sometimes she broke them apart with her hands. This dream greatly troubled Emma. "The animals were given to my mother long ago and she gave them to me." I said, "So you are breaking things which belonged to your mother?" Emma agreed, telling me that when her angry feelings became too strong, she had to do certain things. She clenched her fists and jaw; and at night she ground her teeth. I said that Emma must have been cross with me at times because she often clenched her teeth and fists during our sessions. At first she denied this, but when I said jokingly that I didn't believe her, she laughed and blushed. Emma was thinking of Jane Eyre. She thought Charlotte Bronte must have been very miserable to write such a book. I asked, "Like you?" She nodded sadly.

I received a message on the following Monday that there had been an enormous struggle getting Emma out of the house. Having expected to see a glum and sullen patient, I was astonished at Emma's appearance. Her long hair was down for the first time; her face was expressive; and she wore brightly colored clothes. Amazingly, she was eager to talk. When I said I had heard about the hard time at home, Emma replied, "Yes, it was awful. I just couldn't move--had no idea why. I couldn't face going out. It's worse if I'm in my bedroom. One part of me says I have to go out and another part says I can't. It's awful when people ask me why, because I have no idea. I really wanted to come today, but I just couldn't move." I wondered what she felt might happen if she went out. "Well, I used to worry that I might be killed; but I don't worry about that anymore." I said that sometimes people worried about being hurt if they had hurting wishes toward someone. Emma looked very frightened. "Sometimes when I'm washing dishes, I imagine taking a knife and sticking it into my mother." I remarked on how very scared she was, as if she were really afraid of doing such a thing. Emma nodded, "I don't imagine wanting to do it; I imagine really doing it." I asked Emma whether there was not a huge difference between imagining something and actually doing it. She gave a faint smile. I also said that it was no wonder she had to stay home near her mother--to protect both of them. Emma looked at me intently and lapsed into silence.

Finally I broke the silence with a question. Emma was thinking of all the plays they had performed in her family and of all the arguments. Her brothers never wanted to take part;

her father always wanted to direct; and her sister demanded the best role. Emma said hesitantly that it might have been better were her father to direct, but that really she preferred to be director and organizer. Her little brother got on her nerves because he insisted on having his own way.

In talking about her horoscope, Emma said that she was really an Aries personality, "a leader, a pioneer--a person who makes friends easily, but also forgets the feelings of others." Emma then told me of her wishes to have things her way and reported having had an angry outburst at her sister, but added that she had not meant to scream at her, nor did she know why she had done it. I linked this outburst to the angry feelings toward her mother she had lately been talking about and indicated that perhaps some of her anger was spilling over, to which she responded with a small smile. Following this she fell into a long silence and ended by saying, "I feel so confused--about everything."

The profound effect of what had occurred in the fore-going session was startling, for Emma did not return to the Clinic for three weeks. Apparently, Emma had made up her mind to stop coming to treatment, and when she arrived after the long silence, she informed me by whispering that she couldn't come anymore and that she could only stay for 25 minutes. She sat silently, her eyes riveted to the floor, she was close to tears. She nodded when I said she looked awfully unhappy, uttering not a word, to which I said that I understood what had made coming to the Clinic so very difficult. She must have felt that a well-guarded secret had slipped out, namely, her anger toward her mother and wish to

hurt her.

Because of Emma's inability to talk and the fact that this was to be our final session, I took the opportunity to explain to Emma that just at the point where she had begun to be able to talk about her worries and fears, they had taken over and prevented her from continuing. I told her that we both knew she needed treatment to help her get rid of these fears, but that for the time her deeper fears were too strong. I spoke of her concern about actually hurting her mother, adding that there was a great difference between thinking and doing; but she felt that just thinking an angry thought deserved punishment. I took up Emma's need to include her mother in everything and her fear of punishment for her pleasure she obtained in the treatment.

I asked if she felt totally hopeless or if there was just a glimmer of hope in her, to which she replied with great difficulty, "A tiny bit." I said that perhaps someday she would have the wish to return, after which Emma rose stiffly, her eyes brimming with tears, and walked to the waiting room with me where we found her mother. Mrs. G. looked as upset as Emma and blushed a deep red herself. She said haltingly that she wanted to thank me. I wished Emma good luck; she too smiled, blushed, and the two of them left.

Discussion

One of the most significant, but also one of the most painful, psychical achievements of the pubertal period is...the detachment from parental authority, a process that alone makes possible the opposition, which is so important for the progress of civilization, between the new generation and the old. At every stage in the course of development through which all human beings ought by rights to pass, a certain number are held back; so there are some who have never got over their parents' authority and have withdrawn their affection from them either very incompletely or not at all.

(S. Freud, 1905, p. 227)

The unconscious process of identification represents the earliest tie the infant makes to the mother, and occurs under the pressure imposed by absence or threatened loss of the object, identification thus being the source of satisfactions which bring about the reduction of tension. Fenichel (1926), in referring to this phenomenon, notes that early object loss, whether experienced as originating in the outer world (e.g. absence of the mother), or from the inner world (e.g. the emotional unavailability of the mother), results first of all in a primitive incorporative identification, "a reaction to the disappointing loss of unity which embraced ego [primitive and poorly differentiated] and external world." It is my belief that the emergence in adolescence of a school phobia can be ascribed to a feeling of helplessness, which represents a return, in more or less sophisticated forms, to the state where the need for the physical presence of the object is peremptory and obligatory, for the relief of tension resulting from separation. The state of helplessness and anxiety experienced by these individuals reflects the awful dilemma they face, and that they so frequently

despair of resolving. They are caught in the grip of their hostile feelings toward the very object on whom they are compelled to depend (in a regressive, inappropriate way), the very object they also hate. The inability to resolve this dilemma -- that is, the dilemma of ambivalence -- is the developmental, characterological legacy of what in early life represented an unstable compromise formation in which a primitive, but not quite complete, identification occurred with the object of the child's ambivalent feelings. While adaptive in certain settings, this solution is a fragile and tenuous achievement, subject to breakdown at crucial points along the route to growth.

While true that larval manifestations of a phobic nature were frequently present during latency, consistent with the findings of other workers, it is noteworthy that only upon reaching adolescence does the repression give way to a full-blown school phobia, consisting of fears which quickly extend to other areas until they encompass most aspects of the adolescent's life away from home. Adolescence, of course, exerts its own kinds and degrees of stress, making such individuals particularly vulnerable to regression because of the instability and tenuousness of the compromises reached as neurotic solutions to early childhood conflicts. These young people are subject to the inner pushes toward greater independence and autonomy imposed by their desires and ambitions, the pressures felt from peers and from the world at large, and the result of these forces can institute a vicious circle.

There is, too, the effect of "going to school," that is, of studying and learning, activities which themselves may represent a distancing from home and mother. It has been my observation that the outbreak of the phobic state coincides with a deterioration in the learning functions. While the presence of intense anxiety may in itself compromise ego functioning so as to make studying, reading, and learning difficult, there seems to be a danger also in the "schooling activities," because of the primary process meanings they hold; that is, these activities may accentuate the reactions to separation, and drive the adolescent to seek the preambivalent, undifferentiated relationship with a primary object.

I want to stress the fact that in all the cases reported in the literature, the parents' conscious and stated wish that the child be independent played a minor role in comparison with their unconscious need to keep the child attached. It was to this latter wish that the adolescents' symptoms and character conformed. The clinical evidence was overwhelming that, despite these parent/child pairs' protestations that they sought help and wished to change, they strongly resisted any threat to the established pathological equilibrium. The young person here described, and all those discussed in my literature review, clearly derived much more gratification from the vicissitudes of the pathological relation to the parent than any pleasures they thought the real world presented. I believe the various writers on this topic have underestimated an issue of paramount importance in this syndrome, namely, the intense and highly invested gratification afforded the adolescent by fantasies of a

sadistic, punitive and aggressive nature toward the parents. These fantasies, precisely because they are so pleasurable, must, of course, be disavowed, and are then in turn directed against the self, as a result of pressure exerted by the superego. The relationships thus established within the internal world of the adolescent are firmly embedded in the sado-masochistic interaction with the need-satisfying and protecting object or objects.

This attachment to the parents' representations, perceived by the subjects as punitive and malevolent, is based on the very young child's quite accurate perceptions of the parent or parents' ambivalent attitudes. The child correctly registers the parents' conscious wish for his or her independence, as well as their unconscious, and therefore more insidious, belief that the child's independence is absolutely unacceptable. According to Schafer, one would explain this phenomenon as the result of the child's internalization of the ambivalence of one or both parents, thus making their motives his or her own. In the adolescent school phobic, the internalized and conflicted relationship is played out through a reversal; though both parties are truly ambivalent, the adolescent takes the parent's unconscious wish as his own, while the parent fervently espouses the stated conscious wish. The internalized conflict of the parent thus becomes externalized and actually realized in the adolescent's compliance with the unacknowledged parental wish, to perpetuate the infantile attachment, and avoid thereby the arousal of anxiety attendant upon the threat of separation and loss.

Blos (1962) states that very early object loss engenders certain primitive identifications which aim at undoing the loss and restoring the former relationship with the parent. This intrapsychic activity, initiated by anxiety, has important consequences for ego development, especially because self/object boundaries become blurred, and the capacity for distinguishing psychic from external reality is compromised. Such early distortions present the potential for severe impediments to the maturational imperatives of the adolescent. These young people are subject to strong regressive pulls, and as a consequence they retreat into states in which anxiety is diminished, but at the expense of feeling independent and competent. For the satisfactions renounced in the external world, satisfactions which are at first devalued and then discarded, the adolescent school phobic experiences the gratifications that derive from the regressed state imposed by the fear of losing the love of one or both parents. The threat of separation invariably arouses impulses and fantasies of an aggressive nature, which in turn may coincide with similar impulses and fantasies in the parent.

From clinical observations it appears that the aim in the adolescent's withdrawal from the world is to arrive at a pre-ambivalent, relatively conflict-free attachment to the parent. This path, however, is doomed to frustration because of the fixations at those points in development when the child makes its first forays away from the parent. Mahler et al. (1975) beautifully describe how the mother's behavior toward the child during the rapprochement subphase can affect the extent to which the child manages the attainment of a sense of separateness and

emotional object constancy:

Depending upon her own adjustment, the mother may react to the child's demands during this period either with continued emotional availability and playful participation or with a gamut of less desirable attitudes. It is, however, the mother's continued emotional availability, we have found, that is essential if the child's autonomous ego is to attain optimal functional capacity, while his reliance on magical omnipotence recedes. If the mother is "quietly available" with a ready supply of object libido...and thus facilitates his salutary attempts at imitation and identification, then internalization of the relationship between mother and toddler is able to progress to the point where, in time, verbal communication takes over....

(1975, p. 79)

The introjections from those early developmental phases result, as described above, from separation from and/or the emotional unavailability of parental objects. I believe that these introjects are powerful voices within the mind of the child and that in the case of adolescent school phobics they dictate a perception of the world as a hostile environment. In the cases I have seen there is a great likeness between the attitude of the real parent and that of the introject, now part of the adolescent's superego. The internal world of these patients is one in which sadomasochism holds sway, and from which the adolescent derives forbidden gratification. In lieu of the ordinary but unavailable satisfactions offered by reality, the adolescent school phobic must content him- or herself with seeking pleasure within this regressed state -- and ultimately becomes dependent upon a particular feeling state, somewhat resembling the addict's dependence upon a drug.

The impetus for regression in such cases is clear: the child attempts to return to an earlier state of object

relatedness in order to reduce the tensions and anxiety engendered by the perceptions of the internal and the external sources of danger; i.e. conflicts arising between id strivings for gratification and superego injunctions. Here one sees the struggle between all the age-appropriate wishes that accompany adolescence and the harsh superego introjects which echo more loudly than their real-life prototypes the need for renunciation and repression of such longings in order to preserve both the object itself and the object's love. The early and primitive identifications I am discussing serve as valuable defenses against the stirrings of rage and its consequences. As long as the battleground remains solely internal, the opportunity exists for both the denial and gratification of the rage. This dynamic accounts for the obsessive dilemma of the adolescent school phobic, and usually eventuates in a situation where repression begins to fail, and anger to emerge. The question which follows, then, concerns the form of these young people's aggressive impulses, which constitute a particular kind of rebellion that is subtle, pervasive and long-lasting in its effect on character formation.

Rebellion against parental authority is certainly a typical fact of normal adolescence. Adolescent school phobics, however, do not follow the more usual pathways of their less disturbed counterparts. Emma dramatically illustrates the ways in which the adolescent school phobic dominates the household in a manner characterized by an unrelenting tyranny which restores to them the feeling of infantile omnipotence (see also Levinson, 1984). The parents of these children, initially from compassion,

yield to the adolescents' demands until they themselves cannot contain their own angry and punitive feelings. The child, in the face of his anger, retreats, only to have the demands recur in a different direction when the parents again give in. This cycle is repeated again and again and sets the tone for daily life.

Various themes emerge in the literature regarding the families of adolescent school phobics, but none with such frequency as the pathological role of the mother in the genesis of the disorder. As early as 1941, Johnson and her colleagues noted the presence of great anxiety in the mothers, coupled with an unresolved dependency relationship between mother and child. Goldberg (1953) observed the mothers of school phobics to have serious narcissistic disturbances as well as having had highly conflictual relationships with their own mothers. Suttonfield (1954) spoke of the adolescent's dilemma resulting from a rejecting and overprotective mother.

Coolidge and his co-workers (1957) have given the best psychodynamic explication of this syndrome to date. They see the primary difficulty as stemming from an early "symbiotic tie to the mother" with the opposing developmental need to establish autonomy. The case I have chosen to describe here would fit into the category of the "characterological school phobias." Emma was fixated at a preoedipal level, in which the fear of going to school was but a small part of the greater fear of the outside world. The defenses of projection and externalization were extensively employed, to the point where an almost a paranoid style of thinking developed. Like Coolidge, I have observed such patients to be extremely oversensitive, mistrustful, and easily

prone to temper outbursts. As a rule, these patients attribute to others, all responsibility for their thoughts and actions, the end result being a depleted and constricted personality, with all energy devoted to the parasitic relationship with the parent.

A vignette from Emma's treatment nicely illustrates these points. Early in her analysis, she told me that just thinking of doing something away from her mother made her feel unbearably anxious. She wanted to cry and was afraid that something terrible would happen. Emma's association to "something terrible" was the memory of her first day of school at age 4: "I was really excited; but my mother should not have come with me. It made it so much harder for her to leave." Emma was aware of the influence and power of her mother's anxiety in determining her own ability to separate. In another instance Emma demonstrated the belief that mother knew best -- an attempt, I believe, to rid herself of unwanted anger. "I used to want to do things on my own, but my mother always feels sorry for me and helps me out." Emma's perceptions of homelife were split into two categories: the perfect warm and cosy family where love and acceptance prevailed, and home as entrapment in a room with a large plant that had so many intertwining roots growing out of it that she was in danger of being strangled. Emma's need to locate the source of dangerous aggressive impulses outside herself indeed was the same as her mother's. It appeared that each tried to protect the other from what she felt would be the consequences of her magical thinking. Again regarding her early years in school, Emma spoke of having longed to be out of the house: "My mother used to be very hard on me, always yelling. But when I

got to school I just wanted to leave." She remembered being told by a friend that if she thought of something it could come true, and related a story about "females with magical powers," one who could "burn holes into people with her gaze."

I share the conviction of Coolidge et al. (1962) that severe conflicts over aggression are responsible for the quandary in which adolescent school phobics find themselves. What the psychoanalyst sees are the pervasive and profound effects on the child of the mother's conflicts over her own aggression, omnipotence, and magical thinking. When Emma managed, somewhat miraculously, to attend a treatment session alone, her mother was thrown into a near-panic state, having to phone repeatedly to make sure her daughter had safely arrived. Emma reported that on her return home her mother had grilled her about every detail of the journey. Emma had laughingly joked about her mother's worry, but the following day reported that when the time had come to leave for the clinic, her mother had "just known" Emma was nervous again and wanted her mother to come along. Consciously, Emma did not believe her mother could read her mind; the problem lay in the fact that Emma had been enormously pleased and triumphant at conquering her fear and achieving independence, albeit short-lived. She had been dangerously audacious, having realized the constantly forbidden and repressed wish to leave her mother out. Such audacity had to be punished, and the punishment meted out by her superego was directly related to her secret wish: to regress to an infantile and totally dependent state, which restored to both mother and child an illusory sense of well-being, and to Emma in particular a return to omnipotence.

While most authors ascribe an important role to the aggressive, hostile urges and wishes on the parts of both child and parent(s), insufficient attention has been accorded the immense gratification, indeed glee, experienced by the adolescent (who appears and feels imprisoned) in his or her regressed state of outward helplessness, but triumphant and omnipotent in his or her magical control over the environment: especially the parents. While this state of affairs may appear to reestablish an early developmental sequence, such is of course not the case. Whereas the omnipotent, magical fantasies enjoyed by the growing child represent a natural phenomenon shared and enjoyed by both child and parent, what reappears in the adolescent school phobic is a pathological caricature of the original situation. What has been to a great degree overlooked in the literature on this subject is precisely the caricature quality of the interaction, and the adolescent's triumph, to which he or she has become intensely attached. It is this attachment, and the pleasure associated with it, that may constitute another form of dependency, one which the adolescent is extremely reluctant to give up because the gratifications it profers are so much brighter than those proffered by the real world.

### Implications for Treatment

The foregoing literature review and clinical material make amply clear what a formidable task confronts the clinician in such cases. Success, if one is to achieve it in any measure, requires a sufficiently thorough evaluation of the specific psychopathology presented as a school phobia in adolescence. This is particularly important, as many other disturbances may also manifest themselves as a fear of going to school. Therefore it is crucial that the symptom be differentiated from the syndrome discussed in this paper. The resistance to attend school may mask other disturbances, such as severe obsessional neurosis, the relatively simple regression imposed by long physical illnesses, and even incipient psychosis. In the disturbance which is the subject of this thesis, great attention must be focused on a careful history of the relationship between the child and the parents. Since the distortions in these relationships are profound, dating from the earliest period in the child's life, i.e. from the time the child takes its first steps away from the mother, all later developmental phases will be influenced by the child's perceptions of the double messages presented by parental ambivalence. An important feature frequently mentioned by the parents of these adolescents is their utter perplexity at this unexpected turn of events. How could such a heretofore "easy, obedient, compliant" child suddenly become apprehensive and completely unamenable to the parents' wishes? The perception by the parents of the child as "good," totally malleable by them is, paradoxically, precisely the manifestation of the close undifferentiated ties between them.

These bonds, long established and highly valued, are stubbornly unyielding to therapeutic efforts. The environment in which the adolescent school phobic dwells usually includes two parents who assume an active, even unwitting participation in the establishment and perpetuation of the pathological status quo. The parents of these adolescents tend to try anything possible to obtain collusion on the part of the environment. Thus, when the therapist makes his or her acquaintance with such a family, he or she will at once become the object of such attempts. Usually it is the mother who is the more active in these efforts, with the father taking a silent and passive, but definitely supporting role. Regardless of the number of siblings, one child is always chosen by the parents in such families and cast in the role of the "beloved/victim." This child is selected on the basis of the parent's(s) identification with him or her, and is narcissistically cathected, remaining an undifferentiated part of the parent's(s) self. Despite the family's avowed and earnest conscious desire to change the situation, the therapist must be ever mindful of the fact that real change may impose a cost which no one is prepared to assume. The prospect of relinquishing the gratification in the mutually torturing relationships looms dark and threatening, with its portents of loss and dissolution. An example of such a reaction was Emma's fear that in the absence of her mother she would become paralyzed and turned to stone. If certain defenses against aggressive wishes are weakened, the patient must then face the full force and extent of new and primitive rage, primarily directed at the mother. At this juncture such arousals pose a grave threat to the continuation of

the treatment. Parents and child become alarmed by signs of an impending disequilibrium and may well want to stop the therapy.

Just as family members can aid and abet pathological addictions, so these family members have a similarly powerful investment in keeping the adolescent "sick." The fact that the environment (family) can pose more formidable resistances than those of the patient may engender reactions in the therapist which can eventuate in extratherapeutic involvements, struggles and even attempts at manipulation which will, of course, severely limit the effectiveness of both therapist and therapy. What is called for on the part of the therapist is great resourcefulness in enlisting and maintaining the parents' cooperation.

As I see it, the one most crucial aspect of treating adolescent school phobics is the ability to be sensitive and alert to the tremendous secret gratifications inherent in the nature of the syndrome. Here I refer to the pleasure experienced by the patient, pleasure which is disguised as suffering and helplessness. For these patients the concept of being like others signifies the loss of what they deeply believe to be their specialness, e.g. the triumph and elation derived from two sources: the fantasy of omnipotent control over the environment and the internalized tug of war with the parental object representation.

As regards the prognosis of this disturbance, one is forced to conclude that it is indeed quite guarded. This fact is due to the incapacity of the patient's ego to withstand deprivations proceeding from the environment and from within the psyche itself. Pathology which occurs as a result of damage done to the

ego is much less reversible than that which the ego creates via a distorted perception of the external world (A. Freud, personal communication). Anna Freud, at the 1975 International Congress of Psychoanalysis remarked (Anna Freud: speaking informally on a panel): "The pleasures offered by reality pale when compared with those offered by sadomasochism. It requires great motivation indeed for a person to choose to renounce such pleasures or the omnipotence deriving from them."

While sadomasochistic impulses, involvements, and struggles may form part of the pathological relations with objects in a variety of conditions, and even though these pleasures may be considerable, the external world still beckons with desirable and potentially attainable goals and rewards. For the adolescents described in this thesis, such goals and rewards, though they may be dimly perceived, remain totally outside the realm of the possible. So dark and dangerous does the threat of reality loom, that special efforts must be made in their treatment to undo the crippling effects of conflict on ego functioning. One therefore may have to introduce certain "educational" measures into the treatment, directed toward the goal of increasing the tolerance of the anxiety that will ensue from the attempts at a progressive attenuation of the defenses which have deformed the character structure.

Thus, an illness that is so critically overdetermined must be clinically approached in a manner as sensitive to the explosive underlying issues as it must be supple in its application of psychotherapeutic technique.

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