

# Unconscious Phantasies, the Cerebral Cortex, and the Frontal Lobes

## Overview:

I pondered placing this section after two upcoming sections (Implications of Midbrain Memory Storage and 'Limbic Leakage' of those midbrain memories as feelings). The essential issues are (1) how and when are memories stored and given meaning, and (2) how realistic or fantastic are those meanings. Any clinician's wealth of experience should answer the question of how realistic people's unconscious phantasies are, the obvious answer being that they are not very realistic. But only now, with newer methods of neuro-imaging and infant developmental research, are we finding in greater detail the answers to how, when, and where in the brain those phantasies are formed.

The real difficulty, as I experience it, is that these research studies and tools are typically not being done by or used in conjunction with psychoanalysts, who are really doing the only type of work that takes one into the depths of someone's unconscious inner world where these phantasies make their living.

This problem is well-exemplified in psychoanalyst Daniel Stern's book entitled, "The Interpersonal World of the Infant," which came out in the late 1980's. As I recall, the first six chapters had wonderful summaries of infant research, and the book overall was pioneering. The author noted, early in the book, that he had spent considerable time in the hospital as an infant himself, and it had made him a "keen observer" of all around him. Later in the book, he implied that infants store "realistic" versions of what goes on around them.

Nothing, in all of my experience, could be further from the truth. Yes, infants observe, and yes, they store a great deal of that experience. However, the meanings they give to those experiences are invariably, tremendously egocentric, suffused with projections, and distorted by a very limited awareness of the principles "cause and effect." In short, they are not at all "realistic."

My first child analysis supervisor, Susanna Isaacs Elmhirst, described her three year old daughter as pointing to her mother's nipple as the mom was dressing, and casually remarking, "That is the thing you bit me with." So much for accurate observations, unfettered by projections!

## A Brief Digression on Kleinian Terminology:

Before I go any further, I need to clarify why I am spelling phantasies with a "ph" instead of an "f." In Kleinian literature, it is accepted practice to differentiate "unconscious phantasy" from a "conscious daydream" type of fantasy by using a "ph."

## The Potential Violence in Infant's Emotional States:

So let's go back to unconscious phantasy. What really messes up the realistic nature of a baby's ideas about its experiences is the intensity of the baby's emotional reactions to everything. You may not like my choice of words, but babies' reactions are not just intense, they are often quite "violent," as well. If you doubt this, hang out for an hour or two with an overly tired or hungry toddler. That will quickly disabuse you of any idealistic images of babies and small children as always sweet and innocent.

I would further argue, even though I cannot prove it, that those infants destined for the greatest or most problematic disturbances in development are those with the most violent of emotional reactions. It probably can be made into an axiom: "The greatest emotional disturbance has a high correlation with the most violent of emotional reactions in early childhood."

I have now driven us into really tricky territory. The problem is that not all violent reactions manifest with observable emotional intensity. Some of the most violent of reactions lead to instantaneous “evacuation” of the states of mind into the outside world and away from further emotional experience, so they are functionally “split off” from the self and its world. This can occur in such an instantaneous manner that the observer sees no change in the behavior of the infant. A couple of examples might help.

A two year old child, when his father brought a guitar out for the first time, and began to play it, walked up to the father, put his hands on the strings of the guitar to stop any sound coming out, and that stopped his father from playing the guitar for him ever again. You’re entitled to your own interpretation of the situation, but when I looked at the details and followed up on the child, I concluded that it was most likely an extremely intense envious reaction on the part of the toddler who literally silenced the situation so that there was no more need for overt action.

Another example of instantaneous evacuation of a really intense emotional state – extreme anxiety in this case – happened to me in my office. A very troubled young man came to his session one day, and as I let him in, he walked straight to my chair and sat in it. He immediately told me he was in a rage, wanted to kill me, and asked how did I know that he did not have a gun in his jacket with which to shoot me.

I was sitting in his chair at this point, our roles completely reversed, trying desperately to keep my composure and think. Then something happened that shocked both of us. I involuntarily closed my eyes and went to sleep, maybe for three seconds! His immediate, distressed response was, “Can’t take it, can you Minnick!” My response was, “I guess not.”

After a bit, I went on to say that perhaps he was letting me know what it was like to be in his shoes, how he had felt in both his childhood and now in his relationship with me. After about ten more minutes of discussion centered on what had provoked his rage, we moved back to our usual positions and continued our work. I have never forgotten that session!

Let me summarize where we are with unconscious phantasies up this point. It is in the nature of babies to experience everything very intensely. The intensity of their reactions is, as far as I can tell, always embedded in the context of an imagined object relationship, probably with a “mom- or dad-like figure.” If it is an intensely positive experience, then the relationship in which it is embedded will be seen as “good.” If it is an intensely negative experience, it will be seen as “bad” and typically attributed to a bad relationship between a “bad” part of self and a “bad” version of mom or dad.

#### Backdrop Ideas for Thinking about Unconscious Phantasies:

It is important to have a few key ideas, at your disposal, at this point.

1 – “The absence of a good parent is usually experienced as the presence of a bad parent.”

2 – Babies seem universally to make themselves the “center of everything.” In other words, if anything goes wrong, they will invariably see it as their fault in some way.

3 – Infants universally seem to imagine that mom and dad “have everything, know everything, and can do anything.”

If we add these together, the punch line is something like this in the baby’s thinking: “This experience went really badly because mom and/or dad want it that way, because I am in some way to blame and therefore must be bad.” You would be amazed at how often that little bit of math will explain so many different patients’ reactions during their early years of development.

Thus, from the baby's or child's point of view, a depressed mom, alcoholic parents fighting, parents getting divorced, a sibling getting hit by a car, mom having a miscarriage, parents not paying any attention to the child, etc., are all somehow "my fault."

At this point we need to remember another idea mentioned earlier. This is the one where Klein pointed out that to work through any difficult emotional situation, as in the examples above, one has to simultaneously rework all earlier situations that parallel, and thus underlay, the current one.

This implies, in effect, that to get past any current intense or traumatic situation, you have to rework all previous ones that are similar, but especially the preverbal ones. If the preverbal situation was painfully intense, then you may fail at working through the current situation, and it may open the door to depression.

#### How the Amygdala Complicates Reworking Early Emotional States:

At this point I have to remind the reader that the "amygdala" was the primary memory storage system in operation for the first two years of life, storing intense, important experiences as "feelings," but not in a way that they can be retrieved and "remembered" via conscious introspection. Paradoxically, they can be externalized and "relived."

The problem that this creates is that later life experiences, which are powerfully distressing, will potentially overlay, and stir up any powerfully traumatic "memories as feelings" that might exist in the amygdala. But because the person cannot recall these earlier amygdala level states of mind, they usually overreact to the current experience, failing to know that this overreaction is linked to an early life experience. The result is that they cannot fully understand and "work through" their overreaction.

As I often say, "A problem well-defined is a problem half solved." So in this situation, the powerful "baby level" component of the reaction is missing, and the problem is not adequately defined and often thus inadequately resolved.

A very common example of this is seen in the stress of military battle experience, from which some people are able ultimately to move on from the traumatic experiences, while others' lives are derailed in a much more problematic way, some times never recovering. In the latter situations, a baby history would be needed to rule out much earlier traumatic situations from infancy being reactivated.

#### The Reworking of Amygdala Level Memories into Unconscious Phantasies:

Now back to baby phantasies and their origins. I find it useful to create a two stage model for the creation of what Klein would call an "unconscious phantasy." The first stage would link to intense emotional experience being stored in the amygdala as a "memory in feeling."

The model that works best for the totality of my clinical experience, although I cannot definitively prove it is correct, is that most really intense baby experiences are always stored as a "feeling" embedded in the context of a relationship between a "part of self" and a "version of mom or dad."

This brings us to the second stage of the creation of an unconscious phantasy. Whenever the amygdala level emotional experience accrues a sufficient level of significance, either because of the intensity with which it is experienced or because of a significant number of repetitions of that particular emotional experience, the infant will feel a need to "make sense" of that emotional experience. In other words, it will try to give that experience and its attendant emotional states a "meaning." A useful, shorthand way of describing this is that the infant is trying to understand: "Who is doing what, to whom, and why are they doing it?"

The “meaning” ascribed to that relationship, at that time, is not necessarily the final one that will occupy one’s inner world for years to come. What I think can be observed is that children, particularly starting in the latter part of their first year of life, will still be reworking their earliest experiences. Put in different words, the child will have a very primitive fixed emotional state at the level of the amygdala, embedded in a relationship between a part of self and a parental figure, and will be evolving the “meaning” of “what” they are imagined to be doing to each other, and “why” they are doing it.

#### Cerebral Cortex and Frontal Lobes:

A quick overview of where we are at this point may be in order. We now have an infant with an “emotion as a memory” stored at the level of the amygdala, that the infant has a need to make sense of and give it a “meaning” that can be thought about.

This memory as a feeling is probably embedded in the context of a relationship between a part of self and a version of mom or dad that can be externalized but cannot be thought about consciously. The infant’s “hippocampus,” which would be needed to recall the memory, is not adequately formed to remember and rework the experience consciously until the end of the second year of life.

So what I think happens is that the infant keeps externalizing and recreating the experience in various forms, with important figures in its outside life, and slowly, progressively during childhood, arrives at meanings that have the potential to be verbalized with words. If the surrounding people in that child’s life recognize the link between the infantile experience and these later reworkings, the child may develop a fairly accurate understanding of the early emotional experience. Unfortunately, more often than not, the reworked meaning stays significantly distorted from reality.

#### Adoption as an Example Situation for Unconscious Phantasy:

Adoption represents a situation where the evolution of an unconscious phantasy is always in evidence and is a situation to which most people can relate. For the sake of this discussion, I will picture a planned adoption in which the adopting parents take the infant directly from the hospital at birth, and the adopted infant never sees the biological parents after birth.

The powerful emotional experience in this case is the “disappearance” of the biological mother whose voice, bodily rhythms, etc. all suddenly disappear, never to return. Every adopted child or adult I have ever had contact with displays directly or indirectly evidence of having been impacted by that separation and loss and a need to give it a “meaning.” In other words, where did the woman go that I lived inside for nine months, why did she go away, was it my fault, etc.

When these questions are examined at length and in depth with an adopted individual, one can usually trace an evolution of the ideas that developed, starting with very primitive emotional reactions, and slowly progressing in most cases to more detailed and sophisticated explanations of those questions. Not infrequently, there is a discrepancy between the “consciously” espoused explanations or answers and what the person’s emotional development suggests were the unconscious phantasies that have held sway from a more primitive level of the individual’s thinking.

I have seen on numerous occasions a person’s valiant explanation consciously rationalizing the adoption, contradicted by a fairly unmistakable unconscious phantasy of not being “lovable” as demonstrated by the person’s episodic history of depression, feeling of worthlessness, and recreation in relationships of the original feeling of being rejected and abandoned.

Mind you, I am not by any means suggesting that this is how all adopted babies grow up to feel. But I am suggesting that when a person has such a history in later life, and they were adopted, there is probably an important link that needs to be recognized and explored.

### Powerfully “Split-Off” Baby Emotional States and Their Return at Puberty:

Before I go on to the growth in sophistication of an unconscious phantasy, I need to make an important comment as an aside. Not all powerful experiences in infancy are worked on in a progressive manner. Some are, for whatever combination of reasons, probably both constitutional and environmental, completely split off from the organ of attention, and quite seemingly “hallucinated out of existence.”

For example, an infant may have a very distressing experience in early infancy, and the adult figures around it cannot see that it seemingly had any impact. This can be seen sometimes in adoption, or a divorce that occurs in infancy, and everyone assumes that the impact of the experience is non-existent.

Wrong!!! The experience will come powerfully back to the forefront of the person’s emotional life at puberty, when the “baby core” of the personality is reborn to the surface of that individual’s emotional experience. If no connection is made to the infantile trauma, then “Pandora’s box” is opened wide for all sorts of problematic developments in adolescence.

I consulted to Los Angeles County Juvenile Hall for many years early in my career, evaluating just shy of nine hundred teenagers for the court. With sporadic regularity I would see a teen who had been a good student throughout childhood, with no demonstrable problems apparent to anyone, inexplicably begin to go downhill after puberty with no one having any idea why.

Invariably, in those cases, there was something very important in their early history that no one was connecting to the pubertal emotional deterioration. The early histories included adoption that the teenager had never been told about, premature birth, illness with hospitalizations and/or surgeries in infancy, parental divorce in infancy with no further contact with one parent, etc.

In real estate, the mantra is “Location, location, location!” In life it is “Baby Core, Baby Core, Baby Core!”

### Cerebral Cortex and Frontal Lobes:

This is the point at which the cerebral cortex, and especially the frontal lobes, come into play. As we will see in the next section, they are not required for the earliest experiences of infancy to be recorded as memories.

However, as the “hippocampus” comes on board at the end of the second year of life, with its connections to many other “higher” areas of the brain, the cortex and ultimately in adult life the frontal lobes, are probably where those earliest experiences will be reworked to evolve the “meanings” that will give a “thinkable” significance to these earliest of stored experiences.

It has to be that “unconscious phantasies” are elaborated and reworked for rest of one’s life at the cortical/frontal lobe level of the brain. I do not believe the midbrain is capable of this type of activity.

This is at the heart of an idea that I have come to increasingly appreciate since it was first pointed out to me by Kleinian psychoanalyst Albert Mason some years ago. “THE WORK OF LIFE, AT ITS ESSENCE, IS THE GROWTH OF THE CAPACITY FOR THE MANAGEMENT OF MENTAL PAIN!” Since the frontal lobes will ultimately be central in this activity, and they are not even fully developed until one’s mid twenties, one can see why this task is lifelong.

### Examples of Lifelong Reworking of Unconscious Phantasies:

Let’s go to a couple of graphic examples, while assuming that every analysis produces several of these during the years of work with a given patient. The patient, with whom I fell asleep as he shared his intense rage with me, had a catastrophic infancy in which his mother fell into a psychotic depression when he was

less than two months old. She took to bed and stopped all functioning for several months. He struggled with a lifelong feeling that he was unlovable and bad, on one hand, and with tremendous rage for her abandoning him, on the other. At every decade of his life one could trace the evolution of his reactions to powerful emotional experiences in his first three months of life.

Another example of lifelong reworking of the meaning of an early event occurred with a girl who was breast fed for only a week and came down with severe colic a week later, which lasted until the beginning of the fourth month of her life. At 10 months of age she stopped eating meat products, for no apparent reason. At three years, she said one day, when asked to try some meat, “No, because meat is people!”

By that time she had become preoccupied with dinosaurs, especially the meat-eating Tyrannosaurus Rex. At six, having gone to Sea World and observing sharks, she became obsessed with great white sharks. For the next several years she wanted to be a marine biologist who studied them. Thus one can trace the possible phantasy that she likely had in early infancy, namely that her cannibalistic biting urges somehow damaged the breast and resulted in the premature weaning and the colic.

A third example emphasizes an ‘under-reaction.’ A very mild-mannered and shy woman had a history of being adopted at nine months of age, but there was no history of her life before that, or how she ended up in the orphanage from which she was adopted.

Her lifelong symptom was a vague undercurrent of a feeling that she was not lovable, even though her adoptive parents were very loving, and as far as I could tell had been very good parents.

Interestingly, she could remember almost nothing of her life before the age ten, and was, not surprisingly, very poor at having any imagination about anything scary or bad. Prior to coming to see me she had never really connected her adoption, the missing first nine months of life of her life, and tendency to feel unlovable and anxious.

#### Summary of Unconscious Phantasy:

Before we move on to even earlier experiences in the next two sections, I would like to summarize what we have just covered.

1 – I am proposing a model for the development of the unconscious inner world. I find it useful to refer to this foundation as the “Baby Core of the Personality.” I am also suggesting that it is helpful to think of this “baby core” as being composed of a handful, at most, of “paired relationships.” This all takes place at the level of the “amygdala.”

2 – These relationships seem to almost always reduce to “parts of self” in a relationship with a “version of mom or dad” at a part or whole object level.

As mentioned earlier, the reason for these stored relationships always reducing to pairings with mom or dad seems to be linked to our phylogenetic inheritance of a “preconception” of a “mommy grain of sand” and a “daddy” one. Whomever our caregivers are, we seem to create, ultimately, versions of mom and dad that will show up in our dreams for the rest of our lives.

3 – These pairings seem to be a product of both intense experiences and repetitive experiences, in early life.

The pairings seem to be composed of an “identifiable” part of self, identifiable because it is capable of a particular type of emotional reaction and regularly has that type of response to experience.

The version of mom or dad is seen in a particularly “identifiable” way because that parent is seen repeatedly as being, or behaving, in that particular way, i.e. loving, rejecting, depressed, remote, angry, cruel, favoring a sibling, etc.

4 – The “unconscious phantasy” that becomes the link holding that relationship together is composed of the “primitive feelings” imagined to be had by the object and the feelings the self has toward that particular version of the object.

Most patients can access some awareness of the feelings embedded in that relationship. What is missing is a coherent understanding of the “meaning” of that relationship. In other words, what is happening and why it is happening, that explains the emotions each is having in that specific configuration of a relationship.

Dr. Albert Mason describes that situation, when it is recreated in the transference relationship with the therapist by the patient, as requiring the questions: “Who am I to the patient at this moment, what am I imagined to be doing, and why am I imagined to be doing it?”

5 – I am suggesting that the “meaning” of that paired relationship, which has become a permanent structure in the unconscious inner world of that infant, will be in flux, often for years. However, I do not have the impression that the “emotions” embedded in it are easily modified to any significant extent.

The core emotional tone has had its impact at a midbrain level (i.e. amygdala), even though the cortex elaborates its meaning and emotional tone as life progresses through childhood and into adult life. This is why the baby core of the personality remains so dominant during adult life, and is often all that remains in old age.

6 – I always find myself describing these paired relationships with the words “rather permanently fixed.” This is because, as I have observed over and over during my own life and my career, they do not seem possible to meaningfully alter without first recreating them with somebody. One then has to bring them to conscious awareness, and with the understanding gained, choose consciously to modify one’s behavior, even if it is difficult to alter the underlying feelings.

The process of change can only occur, as far as I am concerned, in the context of an “intimate relationship.” By intimate, I mean one in which the “baby core” of both individuals’ personalities enter into the relationship. I do not mean “intimate” in the sense of sexual.

Such a quality of relationship is common with parents or siblings, but usually not in a way that can lead to insight and personality change. The type of relationship that can recreate the baby core and work on change may happen occasionally with a friend and probably more commonly in a marital relationship that is very constructive. But the only relationship that has as its primary goal to recreate and understand these unconscious, fixed paired relationships is a psychoanalytically informed therapy setting that works with the “transference.”

The recreation of the “baby core, paired, unconscious relationships” is what the “transference” is all about. That is why psychotropic drugs may help to stop a person from being able to “feel” their distressing states of mind, but the medications will never alter the baby level phantasies that underlay the emotional distress for which the medication was prescribed.