

PSYCHODINAMIC OF PFOBIA

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INTRODUCTION

The word «phobia» comes from the Greek word «phobos» which means desertion, terror, panic, fear.

Freud has established his first psychoanalytic study of phobia in 1909 in his book «Analysis of phobia of a five-year-old boy», writing about a boy called «little Hans». In psychodynamics of little Hans Freud stresses out Edipal's desires (page 25) and his fear of castration (page 8), describing the boy's aggressive desires towards his father (page 44) and younger sister (page 67), because they frustrate his wish to be alone with his mother. It shows his sadistic (sexually aggressive) desires towards his mother (page 81, 83).

Freud also mentions Hans's homosexual desires (page 15), Hans's bisexuality through fantasy of having born his own child (page 133). Freud assumed that little Hans had experienced a primary scene (page 135,136), which Hans's father denied.

Hans's father has mentioned Hans's exhibitionist desires (page 21).

H.Deutsch (1928/1929) in his psychodynamics of agrophobia besides Edipal conflict, fear of castration, and aggression towards both parents, writes about masochism (especially in the fantasy of birth) and exhibitionism. Descriptions of patients and seances reveal some hidden desires for masturbation, homosexual desires, fear of separation and fear of losing the loving object. One of the female patients has also had a hearing experience of a primary scene.

Deutsch mentions some defense mechanisms like: regression, curbing her feelings, turning the aggression towards herself, identification with the object of aggression, hiring a bodyguard.

O.Fenichel (1945) in his psychodynamics of phobia besides Freud's and Deutsch's discoveries (mentioned before) also writes about the existence of inferiority, anal-erotic desires, voyeurism and fantasy of being in the mother's intestines.

He mentioned defense mechanisms: movement, curbing one's feelings, projections, regression and anti-phobic mechanisms: sexualization of fear, frightening other people, identification with the aggressor, collecting the out-door reassurances. Fenichel finds out the orality at Freud's patients: little Hans (fear that the horse will bite him) and a man-wolf (fear of white wolves). He thinks that a fear of castration at those patients is seen through their oral fantasies. Furthermore, he mentions that all serious cases of social fear show certain paranoid tendencies (difference between neurotic and psychotic patients

is that neurotic patients' test of reality is being kept). Fenichel believes that some neurotics have a tendency to use schizophrenic mechanisms in cases of frustrations.

Shave (1968) writes that the oral phase, as an etiological factor of agoraphobia, is still hardly comprehensible. He mentions infantile dependence and oral incorporative guilt as main etiological factors. He cites Marmor's discoveries that there is a similarity among phobic and schizophrenic patients in oral fixation. He also cites Perman's discoveries that in the case of borderline patients the fear of ego-function (or ego-desintegration) is the most evident fear.

Rhead (1969) in the psychodynamics of phobia emphasizes the unrealized separating - individualization, he writes about inadequate mothers who don't protect their children from overwhelming stimuli, which cause an early maturity of Ego and fixation of primitive defence mechanisms.

Cameron (1963) claims that a dynamic organization of all phobias is the same. He sees the causes of phobia in the early inadequate society, which from the beginning of child's life didn't know how to protect him from too strong external and inner tensions.

The result is a change of the personality structure of a phobic person, where archaic forms of defence dominate (denial, movement, projection), which makes phobic patients similar to the paranoid patients (difference - phobic patient have a preserved testing of reality and they see their disorders as an Ego-distone). In the psychodynamics of phobia, besides positive and negative Edipal's complex, Cameron also mentions a fear of disappearance (losing identity), as a fear of devouring. (He believes that phobic reactions convey a threat of invasion by unconscious powers of Id and super-Ego that induce desintegration, leading to regression.)

In Compton's article (1992) the listed authors have confirmed the psychodynamic factors described by Freud, Deutsch and Fenichel.

Compton mentions Lewin and Spurling, who claim that orality is an essential element of phobia.

He also mentions Weiss, who claims that besides a signal of anxiety, there is also anxiety as an registration of a possible structural desorganization.

Meissner and other experts (1987) besides already mentioned defence mechanisms, mention condensation and externalization (by A. Freud).

M. Klein (1930) notices that phobic anxieties at children often convey ideas of persecution with a paranoid character. Those persecutions (1952 a) are manifested in the form of partial objects: evil mother's breast and evil father's penis. Except for paranoid anxiety, phobias may also be related with depressive anxiety (1952 b) (guilt for feeling aggression towards the whole object generated by one's own greedy and destructive impulses).

In cases of projective identification (1946) according to Joan Riviere referred to by M. Klein, the whole self perceived as evil, could penetrate in fantasy into mother's body in order to monitor it, but it generates fear from the same kind of revenge, i.e. that it will be locked within mother's interior and

imposed to persecutions (as in the case of claustrophobia) or that the own interior will be attacked (fear from burglars or spiders) and destroyed (fear from tearing up the womb and the overall splitting of body and personality), those necessities that are absolute at the beginning of one's life.

Persecutors in external world could be neutralized by mother's love and care (physical and mental, in sense of empathy).

T. Ogden (1992) further analyses projective identification in which the patient performs an interpersonal pressure onto the therapist in order to make actual the patient's unconscious fantasies.

CLINICAL EXAMPLE

Here we will describe a patient with multiple phobias, who had a paranoid-shizoid mechanism in the background.

Patient EF starts coming to the therapy at his twenties. He lives with his parents, he is single and unemployed.

He has lots of fears, which are frustrating him in his everyday life.

Anaesthetically we discovered this: He was the only child in his family. His birth passed without any problems. He was breast fed for 2.5 years. He doesn't know anything about cleanliness.

He lived with his parents and his grandma. He was raised under «the glass bell»: his parents took too much care of him, he couldn't ride a bicycle and he didn't have any company until he finished primary school. His mother and grandma bathed him until his puberty.

His mother idealized him. She had very strong relationship with him and she used to say that she will die if something happens to him. In his early childhood, his father used to get drunk and throw things all around the house.

Later he stopped drinking, but he demonstrated uncontrolled invasions of aggression. His father humiliated him continuously. In their arguments he would tell him that he was a «trash» or that he was «crazy», because he was going to psychotherapy.

During his childhood, his father used to tell him that he was guilty for the parents' arguments, and on the other side his mother used to tell him that he was guilty that she suffered in her marriage.

In his family, the father was always aside and he couldn't get close with his son, because the mother and the grandma wouldn't allow him to get «near the patient» and to take care of him.

Female members of the family considered themselves as «good» and accused the male members of the family (patient's father and grandfather - he was also addicted to alcohol and aggression) as being bad and dangerous. They also used to tell the patient that the whole world is bad and dangerous for him.

Female members of the family also encouraged the female identifications at the patient (photographing with some female characteristics) and didn't allow male identifications with his father. There were also some family secrets. For example, they never talked about his mother's first marriage (the patient heard it in one of the arguments), sexuality and death. Mother kept a secret from grandma about a death of one of their close cousins.

Mother was keeping some secrets from the patient's father, but she told her son about them and in that way she started to create a sort of partnership relation with her son, who was (unconsciously) feeling guilty because of his homosexuality. It was not allowed to talk to other people about the things that happened in the family. Grandma lived with them until his full age. He loved her. He slept in the same room with her until he went to high school.

When she died, for the first week he could «neither understand nor accept» her death and few years later, he sometimes got a feeling that she is going to come back. His education in primary school passed well, but the problems started in grammar school. He failed his first grade of grammar school and then started and finished successfully a three-year high school.

He passed through teenage revolt: started acting noticeably and wearing excentric clothes. After the high school he was employed for some time and later he got out of the job.

The patient had some homosexual experiences, but all his relationships were superficial and short.

His first health problems - pains in the stomach and neurosis started at the beginning of high school: he had difficulty to accept «transition» from primary to secondary school.

After grandma's death, he was afraid to go outside the house (this fear was mostly dominant), he was afraid of loneliness, death, everything unknown, from losing control, madness, disgracing, he was afraid of crowd and closed places.

He says that during his childhood he was afraid of dark and «monsters». He hides his feelings and keeps them from the others. Everything he does, he wants to be perfect. He hates wars, killings, army. He would like to be free of serving army.

Psychoanalytic psychotherapy lasted for 27 months. During the first year, he attended the sessions twice a week, but later because of the therapist's change of the working place (and more duties), once a week.

During the therapy, the therapist didn't notice that the change of setting was a traumatic experience for the patient (he often had a feeling that a therapy is a difficulty he has to pass to achieve some kind of benefit - to get release of serving the army).

The therapist and the patient were sitting opposite each other, face-to-face.

The patient was coming to the therapy with his father. After two years, when the patient achieved his secondary benefit, his motivation for the

therapy decreased, he didn't attend it as regularly as he did earlier, and after three months the therapy finished.

The therapist thinks that they made some progress at the therapy, but then the patient started showing strong resistance (positive and negative Edip's complex), which made the further development of the therapy impossible.

At the beginning of the therapy, the patient shows existence of deep psychodynamic processes with his early memories and dreams that were kept deep in his mind, but he doesn't have any associations on those memories or associations are very rare.

He often expressed his fears and unconscious fantasies by retelling some movies which impressed him. He got very impressed and scared after watching one science-fiction movie where some inhuman creatures (aliens) eat human organs, and cut one girl's breast.

Fear of bad objects has come up through these dreams: in one dream he dreams that parasites (aliens) come into some people and make them evil.

In the dream he remembered that he watched some movie where parasites (aliens) get connected with the human's back bone and take control over their nerve system.

In the other fragment of his dream he remembers that he dreamt about some orange fog that was coming into people and destroying them.

Fear from incorporation of bad objects (even a therapist as a bad object) was shown through seansas similar to this one: the patient starts the seansa by explaining why he couldn't come to the therapy last time - he felt sick and he had diarrhoea, so he called the therapist on the phone to cancel the seansa. But 15 minutes after he telephoned him, saying that he didn't feel sick anymore and the diarrhoea stopped.

He continues the seansa by retelling his dream:

Patient: It was some kind of banquet, I knew there were parasites (aliens) in the food, which, when you eat them, take control over your body and soul. I had a feeling that I have to warn the others not to eat them.

There was one woman, alien, and I told her that I forgive her and that I won't do anything to her.

Therapist: How did you feel in the dream?

Patient: I was angry at the parasites...but I can't remember the ending of the dream.

Therapist: I'm interested if you are, maybe, looking at me and this therapy as a bad food which makes you sick so you have to take it out by throwing it up or by diarrhoea?

Patient: Maybe... now I remember that when I was a child I used to watch horror movies with my mother. When she watched those movies, she used to put a jumper over her ears, and I did so as well. Sometimes I was afraid to breathe in because I had a feeling that something bad from TV would come into me. Or I would turn my head aside and take a breath, and then continue watching the movie.

Thorough dreams like this one, we can see that he has built some kind of defence from his own aggression by projection or projective identification.

Patient: I had a dream that bad people are living on the Earth and that new, good people are living on the Mars. There's a bomb on the Earth and I have the detonator. I want to activate that bomb, but my parents do not allow it telling me that I would become crazy and schizophrenic if I do something like that.

Therapist (feeling unpleasant and anxious): What do you think about the dream?

Patient: I read a similar story a month ago... and I had a feeling that I have to destroy some bad and old things within myself and build new ones.

In further conversation about the dream we talked about the manifestation of the dream - separation of good and evil. The patient had a feeling that evil is something black and powerful, and the good on the other side is white and weak.

He has a feeling that «black cloud eats the white one». He thinks that he has to «destroy the entire evil, so that it couldn't destroy the good inside himself».

«The black» also reminds him of the parasites from the movies and dreams.

The therapist had unpleasant feeling. He couldn't figure out the cause of that feeling, but later he realized that through the projective identification, he has to completely take a role of being a black and evil object (the Earth and parasites in the dreams) patient has to «completely destroy».

The pressure on the therapist for taking a role of being dangerous and negative object continues through the therapy. During one of the sessions the patient talks about it.

Patient: One day I was having bath and when I was getting into the bathtub, I splashed over the water and it scared me, because it reminded me of one of the movies I watched.

I forced myself to take bath, get dressed and write down what was bothering me, so the fear slowly decreased.

The movie is about some mutant-people. One negative mutant captures the positive mutant (who maybe isn't completely positive) and takes control over him. The positive mutant starts felling with water inside, so the skin bursts under the water pressure and the positive mutant «explodes».

When I was getting into the bathtub, the splash of water reminded me of the sound of that «water explosion». I think I got scared because at that moment I saw myself as being the positive mutant. I noticed that the death of the negative didn't disturb me, but the death of the positive one did.....

Therapist: Does it, maybe, remind you of something else, too?

Patient: Yes, it reminded me of my therapy and my fear that the therapy will lead to my inner death, where only an external «shell» will remain from me.

Therapist: You said to me earlier that you are afraid that the therapy will lead to disappearance of your feelings, so you would become like a kind of «zombie» or a living dead man.

Patient: Yes, only my external side will remain.

Therapist: If you compare this with the movie you watched, I would be the negative mutant, and you would be the positive one.

Patient: Yes, since this therapy could, in spite of good intention, end up with something bad.

Therapist: On the earlier sessions you talked about «black» and «white», and identified yourself as being good and «white» and me as being bad, «black» and dangerous.

Patient: Yes, and I had a feeling that «black» is very powerful and it always takes control over the «white».

Therapist: So, you are looking at me as someone very powerful and dangerous...it is very interesting how we got dressed today: you are wearing white jumper and I am wearing a dark jumper and shirt.

Patient(smiles):...colors are very interesting....

The patient had a feeling that the therapist was not only an external, but also an inner bad object. It was noticed through this fantasy: on one of the sessions the patient talks about his fear of being a multiple person and a fear that a bad person could take control over his real identity, which would in that case be shrouded, lonely and desperate, in constant fear.

According to M.Klein (Segal, 1975) a strong aggression leads to the secondary division of inner bad objects, and after the projection of new fragments many external persecutors arise from it.

Fears of invasion of personal identity with the bad objects were noticed through this dream: the patient dreams that his grandma's friends are coming out of the TV and scaring him.

On the session he also talks about his fear when he plays computer games and the picture gets deformed. He is also scared when the TV picture gets deformed.

Patient: I have a feeling that TV is some kind of exit for people or for someone from the external world who could come into my room.

On one of the next sessions, he talks about this dream:

Patient: I'm driving along the road which I usually take coming to my therapy. There's a big hole on the road with a plastic bottle in it. There are cockroaches in the bottle. I want to kill them with two petards, but after the

explosion, the cockroaches are still alive and the hole is smaller. Then I tried to burn them with gas, but the hole becomes even smaller and the cockroaches are still alive and there's more of them.

They are following me everywhere, they are constantly multiplying, coming into my room...

they are all around me.... I'm waking up in fear... the dream reminded me of my problems:

my old ways of reaching which are still present in me.

During the therapy patient's simbiotic needs were shown, as well as his potential threats of separation. The patient was talking about his need for constant pleasure, about hard delay of wishes, about desire for living as a fetus in his mother's womb: life without frustrations, where he wouldn't have to meet face-to-face with the reality and everyday problems.

At one of the sessions he says:

Patient: Once I was sitting in a bathtub in a fetus position and I got very scared.

Therapist:The bathroom could be your mother's body and the bathtub your mother's womb.

Patient: I had a feeling as if the space was shrinking and I was captured...

I remembered one movie where the parasite comes out from a man and the man dies, like my mother would die if I go away (separate) from her.

Therapist: ...so you think that your separation from your mother would lead to her death.

Patient: Yes...

Because of deep unconscious and power of early unconscious fantasies on one side, and a relative weakness of his Ego on the other side, the patient has verbalized his fears in keeping his normality and integrity.

For example: he is afraid of one dream where he has a feeling as if he is touching «certain black hole inside himself». After that scary dream, when he wakes up, he has a feeling that he had touched that deep powerful darkness».

In one other dream he is afraid of looking at the bottom of some vessel, which he associates with a fear of meeting his own unconsciousness. When he is in the bathtub full of water, he is afraid to plunge thinking that a water might «take him away».

He awakes from one dream in fear that he is hallucinating, and from another in fear that he is losing his mind.

DISCUSSION

After Freud's analysis of little Hans and his emphasis on Edipal's positive and negative psychodynamics by noticing Hans's symbiotic desires, further researches of psychodynamics of phobia were made in different ways. Some authors pay their attention to the aggression (as hidden aggressive fantasies or paranoid-schizoid position and projective identification).

In their researches other authors paid their attention on symbiotic child's needs and a process of separation - individualization. Some have described the insufficient Ego-structure and some the insufficient society, closely related to the child, which wasn't able to take a good care of it.

This clinical review shows the parts of therapy which are related to the paranoid-schizoid position (described by M.Klein). According to M.Klein (1952 c) the child divides (separates) the libido and aggression and project it into mother's breast and then into child's fantasy (by appropriate external conditions), so it creates a good breast (which satisfies) and a bad breast (which frustrates). In its destructive fantasies (1952 a) the child bites, tears and swallows the breast which provokes the feeling that the breast will attack him in the same way. When uretral and anal sadistic impulses invigorate the child attacks the breast in his dream with poisonous urine and explosive drugs, expecting the same attacks on himself. After this position comes the depressive position (1946) with a synthesis of loving and hateful features of the whole object which leads to a feeling of guilt and sorrow as important elements for child's emotional and intellectual development in his life.

An important psychodynamic process at this patient is identifying and sorting good from evil, or in other words libido from aggression. The evil (aggression) is projected so the patient thinks of himself as being good, and the environment evil and black.

This kind of environment brings him into danger so the need for destroying the environment appears as a «solution» of the problem. This strictly white-black picture is shown through example of a dream of a good and bad planet and the patient's wish to destroy the bad planet (therapist) and get rid of evil which experiences as imperiling him from outside. Similar situation is shown through identification with the «good mutant» against the «bad mutant» in the movie. The patient's important psychodynamic starter is his fantasy desire for getting into his mother's body and discharge of oral and anal aggression, which was expressed through the projective identification. According to the patient's strong oral fixation (long breast-feeding, passive oral desire), dreams in which he is running away from sharks, cannibals and vampires (as a manifestation of his own oral aggression), strongly memorized scenes from science fiction movie about aliens who are eating human organs, we can assume that the patient fantasizes about eating his mother's inner object. The meaning of

this aggression would be the destruction of threatening inner objects (threatening, because of the «total» projection of his own aggression into the paranoid-schizoid position). On anal level aggression is shown in the way of controlling inside, as destruction. Fantasy about controlling is shown through the dreams about parasites-aliens who control the body and soul or through the fantasy about bad personality which dominates and keeps the good personality in loneliness and constant fear. Fantasy about destruction is shown in the dream about a fog, which comes into the human body and destroys it, and also in a fantasy where separation-posterity destroy mother's body. Fear of the same revenge is shown through the identification with the movie character, the good mutant, who will be destroyed with explosive liquid, then through the fear of parasites, cockroaches and all bad objects, that could come into the body and destroy it.

Besides hidden, aggression is also shown in the dreams as direct (struggles where patient kills and cuts the monster in pieces, fights with other people, fights with his father where father gets killed). These dreams were directly confronting the patient with his own aggression, which is gradually accepted.

In his mature parts the patient comes to the depressive position- he feels guilt and care for the whole object which is shown through these dreams: in one dream mother dies from some head disease, he is sad and feels guilty. According to this dream he realizes that he has a strong emotional relationship with his mother. In the other dream after he kills his father, he feels great sorrow. After that dream he remembers that he watched a movie, where the main character is a father who is ugly-outside, and good-inside, but the environment made him a bad person, just like his father.

Besides aggression, these unconscious fantasies and needs were also present in patient's psychodynamics: idealized narcissoid picture of himself, pretended self (Winnicott, 1960), which sacrifices the real self, positive and negative Edipal's complex along with the fear of castration.

Ambivalence between protecting symbiosis and liberating separation has made conflict between the simbiotic desire for a life of a fetus inside the mother's body. But the thought about separation has created a feeling of guilt and fear that his mother could die if they separate.

Appart from the above, the secondary interest was also present (unconscious manipulation with disease).

The patient used different defence mechanisms. The main ones are: splitting, projection and projective identification. Because of the projection (oral aggression) fears from outside bad objects (canibals and vampires) appeared. Because of the projective identification «fears from» inside bad objects appeared. Inside persecutors can be: unliving (fog, explosive liquid) or alive. Alive are divided on: the partial ones (parasites, cockroaches) and the whole

ones (therapist, grandma's friends). Bad objects (inside and outside persecutors) are actually metaphors of primitive archaic super-ego, its oral and anal levels (Fairbairn, 1931.) We can assume that levels arise from various and variable mixture of patient's own earlier projected (and again introjected) unconscious needs (for ex. early extremely strong destructive aggression, omnipotent narcissism, convulsive symbiotic needs) as the experiences in the external reality (for ex. frustration of physical and emotional needs). The quality of « the unliving» in the evil objects, was probably caused with the early unsatisfied emotional needs when the patient was a baby (Winnicott, 1967.), and so the own «unliving» is projected on the surrounding objects.

Patient has also used the other defense mechanisms, such as: keeping the feeling inside, denying (grandma's death), idealization, regression.

The conscious defense mechanism he used were: avoidance, company to insure for oneself (father went with him to the therapist), incorporation blockout of the bad objects (he was not breathing in when he watched a scary movie).

The goal of the therapy was to lower down the splitting and gradually accepting the projected (mostly aggressive) own self parts. They tried it by opening the negative transfer where the patient had a feeling that a therapist was like the parasite alien who comes into the human body and controls the body and soul, then like a negative mutant, like black which is very powerful and eats the white-the patient, like a devil offers him a contract for killing and prostituting, like a cannibal who wants to eat him, like a vampire who persecutes him etc. Because of the projective identification, the therapist has sometimes felt unpleasant and anxious in the countertransfer. Identifying the causes of these feelings has contributed to adequate response of the patient in the therapy and better containing of patient fears.

By transfer onto therapist, the inner good, idealized object was gradually strengthened. This object is shown through these patient's dreams: one dream in which the therapist is a doctor who puts something onto the patient's head, finds out his feelings (without patient's verbal expression) and solves his problems. In another dream the patient's loving girl dies, so the therapist returns the patient and himself into the past by the time-machine and then all of them go back to the future.

In this way, a balance between inner good and evil objects on primary level was reestablished, so the patient had had more security in his everyday life even though he didn't work on his deep aggressive fantasies. Those fantasies were further persisting as bad intrapsychic objects.

Besides aggression, the therapist was working with the patient on processes of separation-individualization, on adopting the more realistic picture about himself, on lowering down the feeling of guilt, on confronting with the secondary interest.

The result of the whole therapy work was patient's clinical (partial) improvement: he started going out of the house alone without any company,

became more sociable with people of his age, he started driving a car alone, so the fears were not present as they were before.

The improvements were also intrapsychic: the patient accepted the aggression as a part of himself, he started recognizing the idealistic picture of himself which bounded him in communication with others (fear of narcissistic injury), the feeling of guilt decreased (guilt because of separation and instinctive desires), he started dreaming dreams with «very honest feelings for his friends».

But, certain things left unchanged: the patient came to every therapy with his father until the end.

Unconscious meaning of that was: the proof that his father is alive (that the patient's aggression didn't kill him), then aggression through guilt: "let him see how much I'm sick and what he has done to me" and finally the patient's fear of change and taking over the responsibility.

The patient and the therapist didn't work a lot on the patient's problems in his relationship with his father, what is understandable because they were occupied with the main problem – the patient's relationship with his mother.

Also the patient's ability for a heterosexual relationship is left unresolved (because Edipal's positive and negative conflict isn't worked out).

Many authors (Fenichel, Cameron, Marmor, Klein, Fairbairn) when talking about neurotic, phobic patients, describe paranoid and schizoid mechanisms.

They probably (as in this case) do not talk about "clean" neurosis, but about more or less present elements of borderline (border structure of personality). So these patients are very sensitive on separation (the patient's illness started with the first separation - from primary to high school, and grew worse with the second separation - his grandma's death).

Also, because of the weak structuralization, the fear of madness (Ego disintegration) was present. The patient mentioned these fears few times on the therapy.

So, it was very important not to hurt the patient with too deep realizations, as well as with constant estimation of the relative strength of his Ego.

The patient's family through their pathologic function has certainly contributed to the patient's immatured needs and early psychodynamic processes.

The patient's mother has shown her incapability through: too long breast feeding and not allowing the separation - individualization (probably to satisfy her symbiotic needs).

She was not able to accept her own aggression which is shown through fear of bad objects (patient's memories when he and his mother watched scary movies), as an exaggerated (unreasonable) care for her child and as her tendency to split the family on "good" and " bad" members.

According to all these, her capability for containing the patient early fears is often questioned (the patient remembers a situation from his early childhood, when he had an attack of hard breathing in the same time when his mother had asthmatic attacks, thinking that in that way he could help her and make her situation easier - so the patient has felt a need to contain his mother's hard situation).

Her incapability was also shown through forming a partner relationship with her son, as well as through keeping secrets within the family.

The father has shown his incapability through uncontrolled aggression towards the other members of the family. The patient couldn't identify himself with that kind of father. It has made the patient's separation and male identification harder to realize.

The parents blamed the patient for their unhappy marriage and fill him with their bad parts of personality through the projective identification. The other female members of the family were encouraging the splitting of the family and female identification and in that way made it harder for the patient for his male identification.

The whole family has functioned in a paranoid-schizoid position inside the family, as well as with other people, so the patient watching his mother and the other members of the family couldn't identify his own self (Winnicott, 1967.).

In the end we can say that at some patients with a clinical picture of phobia besides superficial positive and negative Edipal's psychodynamics, fantasies based on very early oral needs and fears from paranoid-schizoid position can have a very dominant influence. In the therapy those basic immature situations have to be solved first and then gradually Edipal's psychodynamics.

CONCLUSION

Cosidering those relatively rare cases of paranoid-schizoid position at patients with clinical picture of phobia, this work describes a patient with symptoms of mansided phobia, at who the basic of psychodynamic processes was on paranoid-shiyoid position as weel as on symbiotic-narcisoid needs.

The patient's main psychodynamic starter was a fantasy desire for getting into his mother's body and a discharge of oral (eating) and anal (controlling and devastation) aggression, as well as a fear of identical revenge (act of talions)- the

bad objects who are actually metaphores of primitive archaic Super-ego and its oral and anal levels.

In defence of these fantasy situations, the patient used primitive as well as mature mechanisms of defence: splitting, projection, projective identification, idealization, denying, regression, shift, holding his feelings inside.

The conscious defence mechanisms he used where: avoidance, escort insurance for himself and incorporated blackout of evil objects.

Although present, positive and negative Edipal's psychodynamics at this patient was in shadow of dominant oral psychodynamics.

Besides, through primitive mechanisms, the patient's relative, probably structural, weakness of Ego has been expressed through fear of overwhelming unconsciousness and a fear of insanity as well as through strong fear of separation (fear from losing the objects the patient considered to be "good").

The patient's family that also functioned in paranoid-schizoid position has contributed in fixing the patient's early psychodynamics.

During the therapy, the patient was trying to get rid of his own "bad" objects through projective identification making a pressure on the therapist to take a role on himself as being «black» in a white-black division of roles. The main therapy procedure consisted of containing, "detoxication" and gradual confrontation of the patient with his various forms of aggression.

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