"SYMBIOSIS AND THE SYMBIOTIC NEUROSIS"[1]

Southern California Psychoanalytic Society

by

George H. Pollock, M. D.

Symbiosis is not limited to the very earliest mother-child relationship but is characteristic of all phases of development. It does not exist only in psychosis, but may be considered, in some instances, a normal type of relationship. Along the developmental axis, fixations and regressions may occur at various points in which a symbiotic relationship may have existed. Symbiosis may be only partial or focal, as may identification, to which it is closely related.

Pathological symbiosis occurs when the interplay between parent and the child includes fixations from the parents. In this sense, the parent needs the child for his or her neurotic needs, and this may result in premature frustrations of the child, or pathological fixations. Generally, the earlier the level at which these occur, the more the symbiosis tends to be a total one; whereas, later fixation points tend to result in a partial or focal symbiosis. These relationships may facilitate or hinder development, depending on their degree and the stage of development. The symbiosis may be a triadic one involving both parents and the child, as well as a diadic one.

1. Summary of the scientific meeting of the Southern California Psychoanalytic Society, November 26, 1962.

Symbiotic relationships from childhood are recapitulated during the transference neurosis. The child's age and the degree of the distortion are the determinants of the symbiotic neurosis. In psychoanalysis, the therapist induces the separation from the symbiosis relationship by not participating in the relationship, but interpreting the analysand's efforts to re-establish the symbiotic relationships of his childhood. The analyst provides a new introject which has the effect of neutralizing the old pathological introjects.

Clinical Case

A 30-year-old woman suffering from pruritus ani showed clear evidence of tremendous anxiety about abandonment. The patient remained very closely involved with her mother, and even in adult life, continued to sleep in the same bed with her. The patient's mother identified with the patient and attempted to spare the patient the separations which the mother had experienced in her own life. It was clear from the analytic material that the patient was responding to the needs of her mother.

The patient's multiple psychosomatic complaints, which included asthma, could all be related to a wish for closeness to her mother, and exacerbations in these conditions occurred with interruptions of her analysis, for vacations, etc.

The patient's anal itching had begun at a time when the patient was tempted to begin an affair, and had reacted to this temptation with anxiety about losing her husband, who clearly

was a maternal figure for her. The patient had many fantasies of the analyst soothing her itching anus and had memories of sleeping close to her mother, "spoon fashion," which she expressed symbolically by lying on her side on the couch with her buttocks towards the analyst's chair.

Much of the patient's genital material was a disguise for her intense pregenital wishes for the closeness she had had with her mother. The analysis was terminated by setting a date six months in advance, and the termination period was extremely stormy. There was a return of all symptoms and many difficulties. Following termination, there were several follow-up phone calls and one appointment. The patient's pruritus ani persisted for several months but then disappeared.

Discussion

Dr. Franz Alexander pointed out that it is difficult to study object relations in the very earliest months of life, and it is probably only partially true that the earliest internalizations are repeated in the transference. No regression is a pure repetition of infancy, and the transference is influenced by events in life later that earliest childhood. These more recent determinants may be more significant for the therapeutic aspects of the transference than the earliest ones. The concept of a failure in identification is missing from Dr. Pollock's paper, but may be important in this case, where the patient's mother seemed to be an inadequate, infantile figure. An unsuccessful identification may perpetuate the need for continuing a

relationship with the external object, and this may lead to a symbiotic type of relationship.

This patient's regressive trends were not solely based on the symbiotic fixation but were regressions because of threatening sexual experiences. The patient regressed after her father's death and some traumatic sexual experiences.

In order to completely understand a case such as this, the concept of skin vulnerability must be added to explain the particular choice of target organ. Freud used the term "physical compliance" as a necessary assumption in explaining psychosomatic conditions. The conditions of neurodermatitis, excema and asthma all seem to be very well explained by the symbiotic concept, as expressed by Dr. Pollock.

The patient gradually replaced the symbiotic relationship with her mother by a non-symbiotic relationship with the therapist, who did not hold on to her as her mother had. Setting a date to terminate the analysis was behavior totally at odds with that of the patient's mother, and this provided a corrective emotional experience for the patient, which was probably of much greater therapeutic importance than the intellectual insights gained from the analytic work. Many times, intellectual insight seems to be the result, rather than the cause, of the cure.

This case clearly illustrates the concept of contact hunger as the central issue in psychosomatic skin conditions. Infantile neurosis is a mutual affair between parent and the

child and is not developed simply because of intra-child conflicts. This concept is becoming of increasing importance and is basic in the present trend towards family therapy.

Dr. Robert Litman commented on the mutual clinging which he sees in his work with suicidal patients, where it often seems to have very destructive results. He raised questions about: acting out as an expression of separation anxiety in Dr. Pollock's case; the fate of the patient's mother when the patient no longer needed her; the problem of growth and development when a symbiotic partner will not join in the growth; and the problem of what provides the stimulus for continuing human growth and development.

Dr. Richard Renneker asked about results of any longer-term followup of Dr. Pollock's case. He commented that the term "working through" is not clearly defined and noted the fact that the mother is not the only figure who attempts to fill the needs of the infant in the early months of life.

Drs. Richard Alexander and Alfred Coodley presented clinical material from cases similar to Dr. Pollock's. Dr. Glenn Flagg asked how the patient's psychosomatic illnesses were used in the service of her resistance. Dr. Sidney L. Pomer asked if the pruritus represented a recapitulation of the symbiosis in the transference and for a clarification of the difference between symbiosis and internalization.

Dr. Pollock's response to the discussion was incomplete due to considerations of time. He noted that the symbiosis in this case was not a total one and that the transference

included all levels of early relationships, symbiotic as well as others. The psychosomatic reactions served as resistance by diverting a great deal of energy at times of stress, such as vacations from the analysis. He has recently heard, some three years after the termination, that the patient has remained well. He acknowledged the role of persons other than the mother for optimal development and expressed the feeling that the term "working through" seems generally understood, though perhaps not clearly defined.

John S. Peck, M. D., Reporter