

Working with infantile fanaticism syndrome

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Summary

The author introduces the phenomenon of infantile fanaticism through a clinical illustration of a particular group of adult patients met in contemporary psychoanalytic practice - patients that present psychotisation and the strong need for a narcissistic-fanatic object relation.

The author bases her work on the theories of Freud, Kohut, Klein, Segal, Bion, Racamier, Abensour, Rosenfeld and others. She refers equally to the findings of Peter Canzler, a German psychoanalyst, who described the psychological mechanism of the formation and functioning of fanaticism with reference to research on fascism. Additionally, she proposes her own theoretical thesis based on her psychoanalytical work. The author alternates between the terms "child" and "infantile", where if mentioned is an adult "syndrome", the preference is "infantile", while "childish" (in line with Freudian tradition) is used to describe a "desire".

temptation of omnipotence / idealization / fanaticism / child's wish for a miracle / transference-countertransference relationship / hallucinogenic space / borderline patients

INTRODUCTION

Approaching a topic from the field of the transference and countertransference phenomena in psychoanalysis compels us every time to integrate what is known and even obvious from our research, with what has only begun to intrigue, interest and demand further inquiry. This also pertains to the question of child fanaticism and its repercussions on both patient and analyst experience. With the assumption that maintaining a dynamic alternation of clinical work and conceptualization is one of the conditions of an ana-

lyst's work, I will attempt to illustrate my observations of conceptual nature with clinical material, at the same time showing how clinical experiences inspired me to state new hypotheses.

Increasingly more often over the last few years in our countertransference, we have been encountering confusion about how to pass on, in the process of analysis, from the realm of internal objects to a stage, where we would be able to work through those relations. The confusion stems from the fact that a patient demonstrates resistance against leaving this common transference – countertransference space. The same problem of coming out of the fusion phase can also be put in another way: how to walk a path that will interiorize the analyst's function, yet the analyst himself will remain an external object. An appealing countertransference trap that can impede this process seems to lie in the tendency of severely disturbed patients to remain in a world where the analyst wields the author-

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ity given to him in an omnipotent and indivisible manner¹.

It should be remembered, that the phenomenon of transference may be considered as a kind of time travel: into regression within a session or a phase of analysis and into reality of primary object relations bearing traits of psychoticism, as the therapist and the patient are not connected by the reality outside the consulting room. We should also mention a fact that should be obvious to psychotherapists: that one of the requirements of the treatment process is that this time traveling follow a pendular motion. The movement in time across the plane of feelings follows its own rules. Once regression is past, thanks to the common activity of working through, it is time to pass on to a higher level of organization: progression.

To depict the circumstances in which child fanaticism reveals itself, we need to keep in mind that regression, especially when the classical couch technique is used, carries us into a dimension, where perception and motor activity are inhibited. One might say it carries us into virtual reality, and such that can be turned off by announcing the end of an analytic session.

THEORETIC REMARKS

The article describes the particularly difficult analyst-patient relation in treatment, in which the patient literally expects a miraculous solution from the miracle-worker therapist, for the price of giving up his or her autonomy. Today there are many such patients: some of them “demanding”, arousing aggression in counter-transference, they roam specialists and institutions, while others provoke the temptation of omnipotence in the therapist. At the early stages of the development of the ego, Racamier describes this state as hallucinogenic: the principle of reality operates in the psyche simultaneously with the principle of pleasure (“what is desired – is possible”).

Infantile fanaticism is a term I have coined while conceptualizing my work with a particu-

lar type of resistance. I have noticed that many patients with pre-psychotic personality structure do not expect of me, as a therapist, to bring them help, which would be a comprehensible manifestation of patient’s trust in a doctor, but express a fairly realistic demand to simply effect a desired change in their lives. Moreover, there is no distance to this demand.

I adopted the term fanaticism as describing the relation of a member of a sect to a cherished and revered object [1]. I have also noticed that patients adapting a fanatic attitude are capable of endowing the therapist with an incredible idealization during the initial phase of therapy, but they are also capable of enormous effort and investment in the analysis – as a new ideology, which can be regarded as an object of manic investment. This initial phase is followed by a phase of dependency on belief, according to which this devotion – as they are convinced – will automatically yield the desired result. Particularly relevant to my studies of early ego development are Melanie Klein’s [2] discoveries concerning the subsequent developmental phases, firstly paranoid schizophrenic, then depressive. Heinz Kohut [3, 4] mentions the idealistic kind of transference relationship in his description of the grandiose self. Personally I often encounter a developmental moment in the transference-countertransference relationship, in which there already exists the perception of a mother as a whole, but the force of projection and idealization is still significant. Racamier [5, 6] called this a hallucinogenic and aconflictual area, ruled by the interwoven principles of pleasure and reality.

In the framework of the theory of Hanna Segal [7] this phenomenon can be understood as an example of symbolic equation (what is symbolic is perceived as real). In the situation of the idealistic fanatic transference investment, the desires of the patient within the analytic relationship are considered by him as equal to his actual claims towards his parents.

In my clinical experience, I have met patients who report such a fantasy, a childlike dream, a belief in miracles, in the magical power of an adult and in his magical efficacy. For instance, as a reward for a child’s devotion, obedience, and helping its parents – Santa will bring the child the desired toy. More and more patients consult-

¹ Of course, there is also another kind of confusion that may occur in countertransference – when it is the patient who does not want to let us into the world of his internal objects, e.g. for fear of us increasing the prevalent chaos.

ed in our private practice manifest a pathological personality organization with dependency traits. Often in those patients' real lives, addictive objects initially hold a function of idealized objects - ones, which satisfy their every need, and this function persists until the moment of mental breakdown.

Another important characteristic of such therapeutic relationships, bearing traits of infantile fanaticism, is that they are highly saturated with the virtual reality factor. Obviously, to a greater or lesser extent, this is the case in any therapeutic relationship, as during a session we operate largely at a level of imagination, our own as well as the patient's. The virtual reality in this context is a reality that is imaginary, yet treated as real.

The saturation with virtual reality in the context of those patients who represent infantile fanaticism as a form of resistance in the therapeutic process, and at the same time show the need for the infantile phase to be worked through, means that virtual reality is more attractive as a whole or in some of its aspects. As such, it often overpowers adopting or even accepting the 'real' reality. We could say to sum up, that there continues to persist quite a strong fixation on normal child psychoticism, in which fantasy intertwines with reality. This can be seen in treatment of patients addicted to fantasy or "Internet life" [8].

Let me enhance the reflection upon infantile fanaticism with a mention of Buñuel's [9] short 1970s movie entitled "Simon of the desert", referring to the person of Saint Simeon Stylites. In a very poor little seaside town, Simon climbed a pillar. When he began climbing down, people started showing up one after another, begging him to stay there. Fishermen brought him offerings, and even high-school girls performed a striptease to hail, please or give sacrifice to their object of worship. Reality becomes blurred and we no longer know whether it is literary fiction or Simon's delusions of grandeur, when the community begins to pray to him. Every attempt to get down from the pillar is responded to by pleading for him to stay on the pole and escalates the ardor of praying fans. Simon feels himself rising, acquiring superhuman traits. The author doesn't tell us whether or not these are delusions caused perhaps by hunger and a lack of sleep. When Simon's need to rise above others

on a pillar meets the worshipers' need to have someone to kneel before and pray to for a better life, the character of Saint Simeon Stylites emerges, as created by the director.

On the social plain, the phenomenon of fanaticism also attracts the attention of sociologists for many reasons. Although the contemporary world is rational and secular to the brim, one notices the enormous social success of sects, and in our clinical therapeutic work we increasingly more often encounter patients "saved" from sects, or those who maintain that a sect is better than the severe experience of a psychiatric ward. The popularity of all kinds of groups or fan clubs gathered around idols is rising. We may also observe a growing interest in the virtual, internet life, a life in the "secondary cycle", reigned by efficacy and effectiveness [10]. These and many other phenomena could stand as evidence for the existence of a great human need for such primitive fusion with an object, to which a magical causative power is assigned and to whose power one may submit oneself, to be relieved from the sense of responsibility for one's life and to acquire a sense of security through wishful, imaginary protection.

Directive techniques, especially those with "programming" or "stimulation" in their name, are on the rise in the field of psychotherapy. Their common denominator is that the patient gives power over himself to the therapist, who in turns claims the power over the patients' conscious part. I have recently heard two opinions – one of an American psychiatrist: There is still a couple of analysts left in the Manhattan heritage park; the techniques in fashion nowadays are ones that are easier and not so long-lasting, and another, that of my own patient: You offer me a partnership for peace, "psychobabble" for politicians and demagogues. I want to pay you good money for good service – a piece of mental health.

In my experience, the feelings which I term a virtual reality syndrome are highly intense in the treatment of patients whose psychopathology exists on the border between neurosis and psychosis. In their relationships with others such patients present themselves as disabled people, lacking self-efficacy in their lives. The patient manifests a strong need for assigning magical causative power to the analysts and

at the same time holds the magical belief, that the analyst knows the happy ending of his story. As has been mentioned above, this resembles a natural phase in a small child's development. As we already know, without this base of infantile fanaticism, this boundless faith of a child in an adult, the mental development, understood as taking in introjects and identifications would not be possible.

As we also know, the lack of this faith in the parental object as having the power called parental authority, as being exceptional and equipped with divine qualities and interested exclusively in the care for, love, protection and development of the child, manifests itself in therapy through various deficits in mental structures and functions. It is worth mentioning at this point that in the early stage of this normal moment of development a child has not yet acquired a full sense of reality and we are dealing with a blurring of the distinction between external and internal reality.

From this thread of reflection, we may derive a hypothesis about the establishment of the therapeutic relationship: the capacity to form a transference relationship, especially in more severely disturbed patients, who so strongly place their hope and responsibility in the therapist, has its source in a natural infantile experience of boundless faith in parental omnipotence. In his countertransference, the analyst symmetrically experiences his causative omnipotence as well as gratification emerging from wandering through various virtual realities with the patient (all without leaving the consultation room, which is the result of the patient's blurred boundaries of reality). We all know this experience: "the patient is difficult, but interesting". Meanwhile, the patient with fanatical traits wants to believe that his internal reality into which he invites the analyst takes on the qualities of "real" reality, which he shares with the analyst. He then manifests resistance against even the most delicate realistic interpretations. He wants to believe, and remains addicted to the belief, that the analyst is really, and not just in the patient's projection, equipped with the power to perform a miracles.

This experience has its counterpart in the child's conviction that as a reward for its prayers or good grades, Santa Claus will bring the desired toy, the father will come back from abroad

(or, in our parents generation, from war), mummy will get better or will finally give birth to a baby brother.

PATIENTS FANATICALLY DESIRING A MIRACLE

Clinical Material: Weronika – Assigning Causal Power to Adults

My patient, Weronika, is one of those people who spent their childhood chained to a musical instrument or woken up at dawn and screwed onto a pair of figure skates – one of the children deprived of their childhood for the sake of a "bright future". Those, who had to believe adults when they said that submitting to somebody else's will is the obvious thing to do.

Since the age of seven, Weronika devoted several hours every day to music. The onset of psychosis upset not only her own lifeline, but also the financial plans of the adults who were counting on her talent. The patient was brought to me in a state of paranoia, not considering herself ill. In my associations she appeared as a mentally naked baby, in a state of psychotic regression. She could speak about anything without selection and she didn't want to speak about anything that was of importance to her. During the initial sessions, I had the feeling that she was relentlessly "spitting" at me with colorful and squeaky Styrofoam words.

After a while, when she gained some confidence, or some curiosity about her inner life, to be exact, she said: I'm totally unable to work, I can't play and suddenly it's as if I've woken up after another life. Since I was seven, every time I sat down at the piano and heard the first bars, I felt my own warmth. As if I came to life by the keyboard. For years the instrument to the patient had been an object reflecting her existence, her echo, an imaginary life companion, like Bion's [11] imaginary internal twin. All those years, I simply wasn't thinking about anything. Many hours of piano practice every day were my pleasure. I don't know what other kids did at that time. Yesterday, I went to see some friends who live a life like the one that my parents probably lived once. My childhood was very happy and full of freedom. From her childhood on, the patient devoted herself fervently to music; later,

in her adolescence, narcotic experiences joined in.

Mental disorganization ensued from a drug overdose. Due to this disorganization, she started to sense the existence of a remote control controlling her life from the outside; which was additionally accompanied by the fear of a catastrophe.

A few weeks after beginning therapy, the patient reported a dream about a pilgrimage to a holy place. We understood it as her reference to the qualities she projected onto me – those which could heal her.

The nature of our relationship is well illustrated by the following material. The patient says: I am satisfied with my successful trip to K city and meeting my friend, with whom I spent a few days there. Here I feel a constant fear of war and cataclysm, I don't listen to the radio. Nowadays, I strongly prefer to stay home, I feel better then. I experience emotional confusion: guilt, because I am under the impression that the belief that I would save her in a miraculous way is unrealistic; and a feeling of anxiety about her - while I cannot clearly sense how severe her internal sense of threat really is. After that session I am tense and I myself have a dream, as if a continuation of the session: I am, as the patient was, in K city, but instead of idyllic peace it is filled with the scenes of horror and violence. I wake up with a headache and the urge to sit and write, as the patient used to sit and play. It dawns on me that I became a container for her internal horrors, so that I could do something with them, comprehend them, take responsibility for them. Like a child who brings the adult a teddy bear with his ear ripped off or a broken toy gun, and pleads silently: "please do something, fix this, change it".

Clinical Material: Agata – Forcing a Magical Solution

In many severely disturbed patients, particularly in the initial phase of transference, the fantasy of being taken under the care of an object endowed with an exceptional power is very strong and close or equivalent to a realistic desire. I call it pretransference or an a priori transference. Some patients express this feeling through the desire for the analyst to perform a miracle, alter hostile reality, change their fate. Sometimes they express it directly and then we

are inclined to understand it as an allegory, fantasy, and not literally, as an expectation of a miraculous fulfillment.

One of my patients came to me with this desire for a miracle and kept demanding it until she understood her mistake. For a long time she worked incredibly intensively as a patient, e.g. she brought me detailed notes and gratified me both directly, with compliments, and indirectly, with frequent insights, until we both began to understand, that her need for me to perform a miracle in return for profound devotion was not metaphoric, but real. In this initial period, she limited all her activity to psychoanalysis; in her devotion, she wanted me to magically take the "remote control" of her life in my hands and transfer her to a reality, in which she has an interesting job, where she is important, experiences love, has a house and is a happy woman. She was like a child in the infantile fanaticism phase, who is convinced that her obedience and prayers will be rewarded by her desire coming true.

Afterwards, when I started working with her regressive desires, the spirit of her conversations with me changed: she would say my technique and my method are not efficient enough and that she would have to look for hypnosis or psychological stimulation, which would actively cause the desired changes. Elaborating her rebellion against me and analysis, and her so strongly expressed need for my performance didn't relieve the patient at all. She informed me she was taking a vacation from analysis and was going to submit herself to another method. She chose hypnosis. When she felt I was letting her down, her infantile fanaticism prompted her to look for another object, which would take on the responsibility for her consciousness without haggling - as that was how she perceived the work with her resistance against taking on responsibility - and would do with her what is really good for her, without forcing her into a difficult partnership.

AN ATTEMPT TO EXTEND PETER CANZLER'S² CONCEPTUALIZATION

Both Freud's extensive research, comprised e.g. in *Totem and taboo* [12], and that of Mela-

² The recently deceased German psychoanalyst also dealt with the winding spiral of fascism as a process.

nie Klein [2], concerning the hallucination of an ideal object, tell us about a child's natural need, which in the context of an analytical relationship enables the patient's regressive tendency of a particular wishful undertone. My further research led me to term this tendency infantile fanaticism [13].

To summarize my theoretic reflections on the role of elements of infantile fanaticism in the transference-countertransference relationship, I would like to refer to Peter Canzler's work [14]. As my supervisor, he not only served as the third-party in my experiences in the analytic processes of specific patients, but also inspired me to extend the conceptualization of fanaticism, which he had proposed.

In his report Sources of fanaticism, presented and published in conference materials at a conference in Berlin in March 1999, Canzler recalls the Latin etymology of the word *fanaticus* stemming from the 12th century, which described a man devoted to temple service and enlightened by God. Today, we understand this notion more broadly – diverse ideas and idols may also be the objects of fanatic faith and religious devotion. In the face of an unfamiliar and fearsome world these ideas and idols seem to protect us or contain some protective promise. In his report Canzler states that Grunberger [15] pointed out the narcissistic aspect of fanaticism, and even earlier before him, in 1924, Ferenczi located the first fanatic experiences in his genital theory [16]. Canzler also carries out an interesting analysis of a fanatic relationship according to Sloterdijk, using the example of a child's attitude towards the soap bubbles it is blowing. The pleasure of blowing colorful bubbles leads to the replication of this experience, in which a momentary fusion with a multicolored, fantastic sphere takes place. It resembles the child's play with a wooden reel as described by Freud, but in the aspect of gaining control over trauma. For a child blowing soap bubbles, the spell is broken when the bubble bursts, but then it wants to produce it again and again, to believe that it is capable of reviving the colorful miracle.

On the social plane, Canzler points out the following characteristics of the fanaticism phenomenon:

- reduction of the reality principle – the fanatic is devoted and enclosed in the ideology he

serves. Delusions are at the extension of these phenomena,

- narrowing-down of consciousness and transferring of responsibility for oneself to the cult object,
- negation of the results and consequences of this state and projection of causality onto the object of fanatic faith,
- negation of object loss, destruction and catastrophes in favor of manic and creative experiences,
- uncritical idealization based on primary splitting,
- negation of triangulation in favor of fusional states of self.

In order to describe the phenomenon of infantile fanaticism in the transference-countertransference relationship, I would propose adding the following characteristics to the above:

- projection of magical causality of the Superego and Ego Ideal on the analyst,
- shared experience of tracing the primary object in virtual reality.

In a relationship like this, the rule of the reality principle coincides with the rule of the pleasure principle. Paul Racamier [6] calls this field the fourth dimension: aconflictual and hallucinogenic. The infantile fanaticism phenomenon in the psychoanalytic cure is close to the regressive need of infantile idealization and, in extreme cases, bears delusional traits. It corresponds with a wish directed to the parents, endowed at that time with a magical power, in a child's Ego development. This experience places itself between the schizoparanoic and depressive phases (according to Klein).

Widely known research on confusional states and treatment of narcissistic personality disorders by Rosenfeld [17] confirms the importance of transference in which the idealized parts of the analyst may be assimilated through projective identification. According to Rosenfeld [18] it is particularly apparent in patients with pre-depressive personality of the obsessive and hypomanic type. Depression in these patients may be considered as a result of a breakdown within the system of manic defenses. Some of the split-off parts of these defenses are projected on the analyst. According to Rosenfeld [18] these parts are not only aggressive elements, but also the

parts of ego that are capable of withstanding depression, pain and suffering. Feelings in the face of which the patient didn't manage to develop adequate capacities of ego during his childhood. The author equally underlines the fact, that such a splitting and projection on the analyst of the above-mentioned hypomaniac elements, has also a progressive and reparative aspect. Working through of this type of transference is essential to achieve a more mature stage of object relationship.

Patients with the abovementioned traits constitute a particular challenge to psychoanalytical practice. Insight into both the transference-countertransference relationship and the confrontation with the fanatic longing for a miracle proves insufficient. Patient, often painful work is needed to work through the infantile desire, or even demand, which frequently emerges as an aggressive pressure, or even a threat to break off the relationship, in order to make the analyst magically change reality.

There is also the positive aspect of the fanatic longing in the analytic relationship for the contemporary analytic work. It seems to me that severely disturbed patients, who currently constitute the majority in our daily work, at some point of transference, reconstruct with us their infantile fanaticism phase. It is thanks to this primal fixation on the fantasmatic level that they can trust us and obtain something from us, in this initial period of idealistic transference.

However, there exists the danger, that if they stop at this fixation, losing the boundaries between the real and the symbolic, they may experience violent disappointment. According to Bion [19, 20, 21] this is a moment when the *rêverie maternel* of the analyst and the regressive desires of the patient meet. While from the point of view of André Green [22, 23], who described *the dead mother complex*, the same moment may be considered as patient's illusion that the caring adult is able to repair his deficits resulting from impaired primary maternal functions. If hidden and not worked-through, this may devastate the analytic process. At the same time, these patients question our analytic function and the space we can internally give up to them, e.g. our own field of primary objects, in a new way. However, we must remember, that our capacity to return from the psychotic position to neurotic balance every

time is one of the foundations of development in the analytic process with patients whose psychopathology is located on the border between neurosis and psychosis.

In every child's experience there is an enchanted moment of faith in the supernatural power of an adult. Fanaticism is a dynamic relation between objects, bearing traits of magic.

Lucy Lafarge [24] describes this type of relationship, based on fantasies of the imaginer and the imagined as an "object relationship between the parent and the child engaged together in imagining the child's experience. The parent's capacity for, and attitude in, imagining the child has an impact upon the child's subjective experience of the parent. The two sets of fantasies are thus dialectically linked. These 'fantasies of the imaginer and the imagined' are ubiquitous, but often remain silent during the clinical work. They draw upon historical experience, but are also altered by wishes and defenses against those wishes. With their emergence in treatment, the patient might remaining the imagined-child role and cast the analyst in the imagining parent-role. Or, the roles may be reversed. Discerning these fantasies helps formulate object relationship-based interpretations" [25].

The quest for the Golden Fleece is possible since the expedition of the Argonauts, who fulfilled the wish for a supernatural force. When we hold a little hand in our hand and we sense on us the trusting gaze of a child, asking: „please, tell me how it is, please, tell me why it is so", for this one moment we suddenly feel as if we have left all our fears in Grimm brothers' fairy tales and as if we knew the answers to all the questions.

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