fore at a particular time, reaches a peak intensity, is worked through or put aside as another conflict builds up, only to reappear in a new form later on. For example, the two-year-old, coming from the stage of infancy where he is completely dependent on mother—a dependence so profound that initially he could not differentiate his own body as a separate object—struggles to define himself as an independent being, one who can say "no!" and "do it myself." Breaking free from Oedipal attachments is a later version of this same conflict, but a version that appears in a new form. The Oedipal age child has secured the independence of his body and basic locomotor actions; he has had some few years of experience eating, dressing, playing, and relating to others by himself. But now it is his emerging social role, his self-conception or identity as male or female, around which the struggle of dependence-independence is waged.

As the Oedipal conflict passes, the child enters a period in which struggles over independence are less intense—they do not disappear, the latency period is not that latent—but the next significant eruption does not usually take place until adolescence. At this time the child begins the task of defining himself as an adult, independent of his family and, sometimes, even from the fact of his own childhood.

At each point in his struggle with independence the child or young adult is different. Struggles during the early intuitive, or later concrete operational periods are different from those in adolescence when abstract thought is possible. What is more, the conflicts are different at each stage because of what has gone before. The two-year-old has no experience being independent, but the adolescent has gone through earlier versions of the struggle and the residues of these versions have their effects on his perceptions and actions.

What is true for the cyclic encounters with dependence-independence is true for the other areas as well. Fresh bursts of aggression and sexuality, stimulated by new challenges and temptations, must be dealt with again and again as life progresses, and as new skills and opportunities stimulate curiosity and excitement. As we have seen earlier, there is a tendency to overdo things at the onset of a new stage, to overassimilate and push new skills and opportunities to their limits. Overassimilation leads to conflict with others, it is countered by social constraint which forces accommodation and a balanced or, in Piaget's terms, "equilibrated" outcome.

The very process of self-development is itself a source of conflict. As we have seen, imitation, modeling, and identification are the major ways in which the person develops. One incorporates new roles by identifying with those one loves or needs, envies or admires, or whose control one chafes under. The growth of self by identification implies that external conflicts become internal conflicts. The aggressive child who acquires self-control by internalizing parental restraint of his aggression, thereafter carries the conflict between the impulse to aggress and the prohibition of this
same impulse, inside himself. I am talking here about conscience or what Freud called the superego. The process by which internal control or morality develops is more complicated than this brief example suggests, and I will present a fuller treatment in the next chapter. Here, I simply wish to make the point that all the core conflicts between the child and others can, to one degree or another, become conflicts within the person.

I have reviewed the material on core conflicts and identification as a way of introducing the topic central to this chapter: the means by which the person deals with conflict and the effects of conflict resolution on self-development. The perennial conflicts of human life involve growth and change, but they also lead to psychological disturbance. Persons who fail to deal adequately with conflict have been called "disturbed," "neurotic," or "psychotic." They are said to rely too heavily on "defenses," to be "repressed," or to have relegated conflicts to "the unconscious." Alternately, such individuals have been described as "rigid" or "anxiety-ridden," as having "symptoms," or as "regressing" to infantile patterns. All of these descriptions come from psychoanalytic or neoanalytic sources. Those who favor other theories speak of "low self-esteem," a lack of "integration" or a "divided self," of "schizophrenia" or "depression," or of chronically disturbed "interpersonal relations." Adequate resolution of conflict has been termed psychological "health," "normality," "sublimation," "awareness," "progression" rather than "fixation," an "integrated self," the absence of symptoms or crippling anxiety, or a minimum of defensiveness. Although all of these descriptions have some theoretical connotations, many of the terms are used by psychologists and psychiatrists in an atheoretical or pantheoretical fashion. That is to say, workers of different theoretical leanings rely on terms such as anxiety, disturbance, normality, and health and seem able to agree with each other at the level of description.

Many of the major theories and terms were developed from experience with disturbed persons. In addition, concepts such as repression or defensiveness, rationalization, projection, or the use of anxiety and guilt as explanatory terms ("He only acts nice because he feels guilty.") have passed into common usage. Orthodox psychoanalysts, neoanalysts, self-theorists, existentialists, certain behaviorists, and educated laymen use concepts, descriptions, and explanations such as these in overlapping ways. The widespread use of such concepts implies either a great deal of agreement or a great theoretical muddle. In fact, while things are a bit muddled, I believe that the strands of a consistent theoretical account exist. In this chapter, I will try to sort through these different concepts with the hope of arriving at such a consistent theoretical and descriptive account. We will see that the developing individual resolves conflicts in one of two general ways, which I will term dissociation and integration. Dissociation involves a splitting off of conflict-producing or anxiety-arousing thoughts, impulses, feelings, or actions from one's self-conception. It encompasses the phenomena of repression, defense, and the unconscious. Adequate conflict resolution involves an integrated growth of the self. Whether the dissociative or integrative course is taken at any particular point in development is a function of the individual's skills, past experiences, opportunities in the environment, and crucially, of anxiety. Anxiety is a key concept in the thinking of so many writers who deal with psychological disturbance and health that we can best begin a theoretical synthesis with an examination of this concept.

ANXIETY

Security versus anxiety is one of the core conflicts that recurs through different developmental stages. But this conflict also underlies the entire process of psychological development. All development involves change, and change means giving up the security of the known for an uncertain future. Let me review the concept of anxiety, trace it from its early appearance to its later transformations, and then see if this developmental view can encompass the usage of the term by Freud, neoanalysts, existential writers, and others.

Separation anxiety is one of the basic primate instincts. Once an infant is securely attached to his mother, separation arouses anxiety which, at this stage, we infer from screams, facial expressions, and body movements. This emotional reaction pattern is found in all primates, as the earlier review of monkey and ape data demonstrated. The maintenance of mother-infant attachment has been crucial for the survival of infants and, thus, for the species, and separation anxiety strongly promotes attachment.

Several aspects of separation anxiety are worth emphasizing. First, it is a primary social instinct, Anxiety does not arise in a secondary fashion when other drives (hunger, thirst, sex, aggression) are frustrated, though it becomes interconnected with these drives later in development. Anxiety comprises an early-appearing, independent system. Second, the earliest form of anxiety is interpersonal. It is provoked by the loss of mother, her care, and all that this means to the infant in his sense- and reflex-dominated state. Again, this points to the primary social quality of anxiety. Third, we should note that early anxiety is tied to the infant's state of helplessness; it does not arise, for example, from traumas or pain-producing injuries. Accidents and traumas certainly occur and cause reactions in the infant similar to anxiety. But they are often transitory and of little lasting significance. Attachment to and separation from the mother is a pervasive and continuing part of the infant's life; the helplessness of separation and loss is almost always a more influential source of "trauma" than accidents,
sickness, or injuries. In sum, the prototype for anxiety is helplessness arising from the disruption of a vital human relationship.

Attachment comprises a state of familiarity; mother's face, voice, and actions are the human world the infant knows best. Separation from this world plunges him into an unknown situation, so even at this level we see the prototype for the security of the familiar and fear of the strange. Fear of strange persons—"stranger-anxiety"—commonly appears in the latter part of the first year and illustrates this phenomenon. Exploration of the new gets underway at this same time, but involves overcoming the anxiety of separation. The very young child is drawn forth by his curiosity, but he will explore best from his base of secure attachment. In strange situations the baby will cling to mother and, a bit later, to familiar symbols of sensorimotor care such as blankets and dolls.

Before considering the later forms of anxiety, let me try to restate what I have just described as the prototype of anxiety in a slightly different way. The attached infant and his mother are, from the infant's point of view, one person. The term symbiosis is sometimes used to describe this intimate relationship. The early self is a symbiotic self. Much of the struggle for independence in the next two years is an attempt by the very young child to define himself as a separate being. The implication of the symbiotic self—of the oneness of attached infant and mother—is that separation is not simply perceived by the infant as the loss of an external source of supply or gratification. From the infant's perspective, separation is like the loss of a necessary part of himself. Keep this in mind because, as we shall see in a moment, a later form of anxiety may also be described as a "loss of self."

Loss of or separation from loved ones is a potential source of anxiety throughout life. Adult grief and mourning following the loss of a parent, child, or spouse are similar in pattern and feeling to separation anxiety. While this is so, it is also true that the infant detaches himself from the symbiosis with mother and becomes, with increasing security, less anxious over separation. This new independence is made possible by his expanding motor and intellectual skills which will eventually enable him to carry his security around inside himself. This is another way of saying that the external relationship, characterized by some balance of security and anxiety, becomes an internalized state in which the person feels secure (good about himself, a sense of "basic trust," high self-esteem) or anxious about what exists "inside," about what he is. Let us see how this transformation comes about.

From Loss of Love to Fear of Impulse

As the young child moves out more on his own, both love and control come more from within himself, and anxiety becomes more a matter of internal experience. As he explores more of the world, he also encounters more of its complexity. He tries to make sense of it, but often mistakes his own needs and impulses for those of others. This leads to the misallocation of control, which in turn gives rise to anxiety.

During the important early years the child learns that certain of his actions lead to parental disapproval. Such disapproval may be expressed by punishment, scolding, reprimands, a withdrawal of privileges, or frowns and angry words from parents. The overall impact on the child is the same. From his present-centered, and relatively un differentiated view, momm y doesn't like him or he is bad when engaged in the forbidden activity. Parental restraints or negative reactions are experienced by the child as a loss of love and a threat to self. And this loss of love, of course, is simply a later version of separation—it arouses the same sort of anxiety as earlier threats to the vital relationships. To put this another way, loss of love—withdrawal of affection, parental disapproval, threats, and punishments—symbolize separation to the young child. The basic source of the anxiety is helplessness; loss of love derives its emotional or instinctual force from its connection with separation anxiety. Some examples will illustrate the force of experienced loss of love.

A young child is angry and strikes out at his mother. She reacts by withdrawing her love and affection—a threat of abandonment which triggers separation anxiety. From repeated experiences, the child learns that his anger and impulse to aggress are signals of an approaching danger, the danger of loss of love. Consider an example from later childhood. The child, glorifying in a newly acquired masculine or feminine role, is sexually attracted toward mother or father. But these advances are rejected; the child is made to feel that the very sensual ideas and feelings that make the parent an object of romantic desire, lead mother or father to reject him. Again, the impulses are signals of a threatened abandonment, and, because of this, are capable of arousing intense anxiety. It is because such sexual or aggressive impulses can be signals of a threatened disruption of vital human relationships that they arouse anxiety.

These examples trace the process from separation anxiety, to anxiety over loss of love, to fear of the internal cues—such as the impulse to aggress or sensual arousal—which become signals for a threatened abandonment. The internalization of this process is the next stage in the transformation of anxiety.

Identification and Internalized Anxiety

When the child reacts to his own impulses as cues of a threatened loss of love, anxiety has become an inner process. That is, the child can
wishes, actions, or thoughts are danger signals. The process of identification greatly enhances this process of internalization.

During the years of childhood, imitation, modeling, and identification play large parts in the growth of self. Love and anxiety are two of the powerful motives for such identifications. In simple form, we may say that the child comes to love himself modeled after the way his parents have loved him. This is another way of stating what many writers on the self or ego—from the social theorist George Herbert Mead (1934) to the interpersonal psychiatrist Harry S. Sullivan (1953)—have stressed: the self is social; it is a precipitate of interpersonal relations. One's sense of self is shaped by the way others treat one.

Identification describes the growth of self by the internalization of external relationships. Parental love becomes internalized in the form of a secure self-image, a sense of trust, or high self-esteem. Once this internalization is firmly structured, then departure from this image—from what one has come to feel is—arouses anxiety, since it is an internalized version of separation or loss of love. Maturation, changing social demands, in short, all psychological development, provokes and requires that the person change. The well-loved baby must become the seeking and assertive two-year-old; home must be abandoned for school and later for work and one's own family. Each of the many crises in personality development demands some transformation of self; thus each threatens security and arouses anxiety. Just as the child must move beyond the security of mother's arms, so he must move beyond the security of his early versions of self. And just as a secure early relationship provides the base for later growth, so does the internalized version of this relationship.

The child also uses identification as a means of coping with the anxiety aroused by separations and loss of love. For example, when a child is abandoned by his mother, he tries to cope with the aroused anxiety and anger by providing himself with the lost love. He does this by playing a mother role with himself, whether this is enacted with toys and dolls, other children, or in private dreams and fantasies. Since the real mother is the model for such identifications, the games and fantasies contain the anxiety and anger—the latter a strong emotion that is typically aroused by abandonment—present in the actual relationship with her. The child attempts to come to terms with his feelings by playing out the conflict in an internal stage in which part of him pretends to be the loved-hated mother and part the anxious-angry child. If abandonments are repeated or prolonged, this inner ambivalence may become a more or less permanent part of the self. Just as the child who is loved by others comes to love and feel secure in his sense of self, so the child who is abandoned comes to feel anxious and angry toward himself.

The development of a stable sense of self—an identity built on identifications—becomes a prime source of security. This is especially true in identity contains severe internal anxiety and ambivalence. Some sense of self is always preferable to none at all. Just as it is better to have a parent that mistreats one than no parent at all, so a self divided by conflict, or prone to anxiety or other unpleasant feelings, is better than being nothing.

The foregoing is only an outline of the complex developmental course of anxiety. In the older child, adolescent, and adult, anxiety arises from within—from internalized conflicts or external threats to the sense of a coherent self. In a way, this development has come full circle. From the initial threat to a symbiotic self, to fear of loss of love, to anxiety over dangerous impulses, the source of anxiety has increasingly come to reside within the self, as it did at the beginning, though of course in a very different way. As Erik Erikson puts it:

As the fear of loss of identity dominates much of our irrational motivation, it calls upon the whole arsenal of anxiety which is left in each individual from the mere fact of his childhood. (1950, p. 413)

As Erikson and others have stressed, adult identity contains a host of factors in addition to the models of childhood. People, to various degrees, derive a sense of security from their identification with their spouse, children, and family group; with kings, presidents, and movie stars; with nations, flags, and ideologies; and with religious or ethical beliefs, church, and God. But this is getting ahead of the story. In the preceding discussion I have presented an account of anxiety that is based on, and synthesizes, central aspects of the major theories. It would require a good deal of additional discussion to demonstrate that this model is, in fact, a comprehensive integration. Since a scholarly effort of this sort would detract from the task at hand, I will make do with a few remarks and some illustrative quotes and leave further checking to the interested reader.

**Freud's Views on Anxiety and the Ego**

Most of the ideas on the origin and transformation of anxiety presented above, as well as many contemporary theories, derive directly or indirectly from Freud. At the same time, certain complications or contradictions exist within the usual psychoanalytic account due to Freud's tendency to formulate new ideas and models without revising earlier ones. There are several early theories of anxiety and repression and these coexist alongside the later theory of anxiety and "ego defense" which is based on a much broadened psychoanalytic experience. Without attempting anything like a complete historical analysis, let me try to sort out these different theories.

Freud's early patients suffered from hysterical neurasthenia and
paralyses, loss of memory, and various inhibitions of their sexual and other functions. Using hypnosis and early versions of the "talking cure," he was able to link a number of these symptoms to traumatic events of a sexual nature which the patients were unaware of or had "repressed." Always formulating hypotheses to explain his observations, Freud at first thought these patients had suffered an actual sexual trauma—that they had been seduced by a parent, for example—and that the pain or anxiety of this traumatic memory caused the repression and neurotic symptoms. This was one of Freud's earliest models of anxiety, as well as his first model of repression, a concept that was later elaborated into a whole list of "ego-defenses" such as intellectualization, projection, regression, and reaction formation (see Anna Freud's *The Ego and the Mechanisms of Defense* [1936] for the best-known description). A conception of anxiety related to the early trauma theory followed soon after.

As Freud constructed his theory of sexual energy—which I have commented on in earlier discussions of the psychosexual stages—he began to view anxiety as arising from ungratified sexual impulses. He came to believe that his hysterical patients did not suffer from actual traumas but from fantasies which led to sexual inhibitions. These inhibitions prevented a "discharge" of sexual energy, and this undischarged energy was experienced as anxiety. It was as if the patient, lacking the outlet of sexual intercourse, became anxious as the unexpended sexual energy built up.

Although these early psychoanalytic ideas about anxiety and repression were based on important observations which linked together sexual experience, anxiety, and neurotic symptoms in new ways, the theories also contained the excess baggage of the energy model. Among other problems, anxiety was seen as secondary to pain or to a "primary" sexual drive. Never completely disavowing his early models, Freud formulated a different theory in his later work, particularly in *Inhibitions, Symptoms and Anxiety* which he published in 1926. The model that he presents here is almost identical with the synthesized view I attempted to outline in the preceding sections. Some quotes will demonstrate the similarities:

Only a few instances of the expression of anxiety in infancy are intelligible to us; we shall have to keep to these. Thus, the three situations of being left alone, being in the dark, and finding a strange person in place of the one in whom the child has confidence (the mother), are all reducible to a single situation, that of feeling the loss of the loved (longed for) person. . . . It decidedly seems as if this anxiety were an expression of helplessness, as if the still undeveloped creature did not know what else to do with his longing.1

(p. 75–76)

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1 Sigmund Freud, "Inhibitions, Symptoms and Anxiety," in J. Strachey (ed.), *Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth Press, 1959). This and all other excerpts from this work are

Freud, as this quotation makes clear, sees the basic source of anxiety as separation and the attendant state of helplessness. All the characteristics of this source—its primary social character, and so on—apply to Freud's view. He then traces the later transformations of anxiety, as follows:

Object loss as the precondition of anxiety now has some further implications. For the next transformation of anxiety, the castration anxiety which makes its appearance in the phallic phase, is a separation anxiety also, and is similarly conditioned. (p. 78)

The various steps in the development of the child, its increased independence, the sharper differentiations of its mental apparatus into various agencies, the appearance of its new needs—all these cannot remain without their effect upon the content of the danger situation. We have followed the change in the content of the latter from loss of the maternal object to castration, and we now see the next step therein as caused by the power of the superego. With the impersonalization of the parental authority at whose hands castration was feared, the danger becomes more indefinite. Fear of castration develops into dread of conscience, into social anxiety. It is now no longer easy to state what it is that there is fear of. The formula, "separation, exclusion from the horde," applies only to that more lately developed portion of the superego which was patterned after social models, not the nucleus thereof which corresponds to the introjected parental authority. Expressed in more general terms, it is the anger, the punishment, of the superego, the loss of its love, which the ego apprehends as a danger and to which it responds with the signal of anxiety. (p. 79)

The only way in which this account differs from our earlier summary is the special emphasis Freud gives to castration. If we take the liberty of expanding this notion—of seeing castration as one, but not the only, source of threatened rejection in middle childhood—then the two accounts are very close. In the last quotation above, Freud clearly describes the process by which an external relationship becomes an internal one; the way in which the love and fear between parent and child becomes love of oneself and anxiety over impulses or fear of conscience.

While Freud's revised ideas concerning anxiety find clear expression in his later writings, the same is not true for his concept of the ego. In his work after 1900, Freud speaks of the unconscious as a repository of instinctual impulses, governed by the tendency or striving for immediate gratification. He called this "das Es," the "it," typically translated in English as the *id*. What he had earlier called consciousness or the preconscious he now replaced by the part of the personality which develops in opposition to the id's instinctual striving; the part associated with purposeful, realistic interchange with the world. To this he gave the name "das Ich," the colloquial "I," which has come to be translated in English as the *ego*.
As early as 1910, Freud described repression as follows: "The inability to control the expression of the ego's impulses is the result of the ego's conflict with the id. The conflict arises from the ego's inability to control the expression of the id's impulses..."

Freud's ideas about the ego and id conflict have been influential in the field of psychology, particularly in the understanding of anxiety and the development of defense mechanisms. The concept of repression, which Freud introduced, has been widely discussed and debated in psychological literature. The ego's role in managing the id's impulses and the conflict that arises from this process is a central theme in Freudian psychology.
enced as alien; as done to me rather than done by me; as passively suffered rather than actively initiated. An examination of psychoanalysis as therapy will provide a further example of these two versions of psychoanalytic theory:

**Psychoanalytic Therapy**

In his early treatment of patients it was clear that Freud, coming from a medical background, viewed them as the helpless victims of illness. The goal of treatment was to rid the patient of symptoms and various authoritative means—hypnosis, suggestion, and even trying to force "insights" about his unconscious on the patient—were used. This model of treatment derives from the same sort of thinking as the early model of repression and anxiety. The patient was thought of as a machine that was not functioning correctly due to past "traumas" (or undischarged libido) and the psychoanalyst's job was to fix it (him) by removing the effects of such traumas. Part of the appeal of this thinking stemmed from the success of conventional medicine, of course. Viewing the body as a machine was a part of the germ theory of disease and the development of many forms of successful treatment. But it did not work so well with psychological disturbance.

Freud made an important break with his mechanistic-medical background when he gave up hypnosis in favor of free-association. Rather than the doctor telling the patient what to say or do, the patient was now free to say whatever came to his mind. From a passive object of "treatment," he became an active participant in his own cure. The goals of treatment also changed. Instead of focusing on the removal of symptoms, or the uncovering of specific traumas, Freud came to view the goal of psychoanalytic therapy as "making the unconscious conscious" or, stated another way, "where id was there shall ego be." While this goal moves beyond the early mechanism of symptom removal, traces of the earlier thinking persisted in orthodox psychoanalysis. That is to say, "making the unconscious conscious" or replacing "id with ego" have been interpreted with either a mechanistic or a psychological emphasis.

In the orthodox view, still tinged with mechanism, making the unconscious conscious refers to the recovery of forgotten memories. Replacing id with ego may mean nothing more than tinkering with defense mechanisms or allowing impulses, formerly repressed, to be "sublimated." In a completely psychological view these traces of mechanism are dispensed with. Anxiety is a social or interpersonal motive with an internalized aspect. Repression and defense are ways in which the person dissociates or disowns ideas, wishes, actions, and even parts of his own body, which he senses are reprehensible by external or internal standards. That is, he attempts to split off such reprehensible aspects from his sense of conscious self or ego. When we view repression and consciousness—id and ego—in terms of dissociation from self, then bringing the repressed to consciousness involves much more than a recovery of forgotten memories. To become "conscious" of a dissociate complex is to own up to it—to comprehend its meaning as part of one's self. This view fits well with the thrust of Freud's ideas which were concerned with truthfulness and the exposure of hypocrisy, whether the latter was society's denial of infantile sexuality or the neurotic's defensive covering over of his motives and intentions. When we equate the "ego" with self and the "id" with disowned impulses, then the purpose of therapy—the meaning of "where id was there shall ego be"—becomes the integration of alien parts into a whole. The goal, in fact, becomes the development of a whole person, one who does not experience certain of his core feelings, ideas or acts as alien.

Freud spoke of the ego as "the organized part of the id." The present view enables us to broaden this idea. The ego as integrated self is synonymous with organization. To put it another way, the ego is organization, it is the person's experience of himself as a coherent, whole organism. That which does not fit must be actively disowned. For example, if sexuality is felt to be impure, dirty, or sinful it must, for these reasons, be dissociated from one's self-view, in spite of continuing erotic arousal. Once dissociated, it will be experienced as arising outside of the existing organization of self. "I can't understand why these filthy thoughts keep coming into my mind," says the obsessive; while the hysterical woman can't understand how she so often finds herself in erotically-tinged situations with men—but no matter, an attack of nausea or a fainting spell will come to the rescue. Impulses, wishes, forbidden feelings and acts continue to exist, but only outside the organization that is ego or self. The neurotic or dissociated person experiences these as beyond his control, as compulsions, symptoms, unexplainable emotions, or unconscious acts. The goal of therapy is reorganization; it is a form of ego or self-development whose goal is the inclusion of the dissociated aspects in a new structure of self.

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2 This oversimplifies things, as Robert Holt has pointed out to me. When Freud introduced free association it was in the form of a "basic rule" to say whatever comes to mind; the patient is, in a sense, ordered to be a passive spokesman for his unconscious. And many patients do not feel free, especially in relation to the analyst's "authority." I think the point is, that since analysis involves a struggle with the patient's dissociations, he will not feel free until he is "cured." Thus, feeling like an active participant becomes a long-range goal: as the patient overcomes resistances, defenses or dissociations he feels increasingly free, both from his "neurosis"—the dissociated side of himself—and from the analyst's "authority" which he discovers was largely of his own creation, that is, what Freud called "transference."
Reconceptualizing repression, ego, id, and the process of therapy in terms of dissociation, self, and reorganization has two advantages. It is a closer descriptive fit with the clinical data from which these ideas originated and it is phrased in a less technical, more psychological or experiential language which facilitates communication with the patient. It is difficult to talk with a patient about what his ego is doing to his id. But one can talk about the way his symptoms or ideas are experienced as not a part of his sense of self. Freud's early case studies and analyses of dreams are, in fact, close to this language of psychological experience. Suppose we ask ourselves the question, "What was Freud observing and attempting to explain with his concepts of repression, the unconscious, id and ego?" The answer is, "All those small and large ways in which people deceive, themselves, pretend to feel other than they do, carry social niceties to parodied extremes, or cover up those acts which they are ashamed of." Repression is not the same as simple lying, to be sure, but it is very close to the way in which covering up old lies becomes a way of life. Defensiveness is comprised of forms of lying and pretense in which the unwanted or distasteful is separated off from one's conception of a polite, nonsexual, or unaggressive self.

To understand fully how lying or pretending, which we all engage in to some degree, can become dissociation, we will have to trace the process through development, for it is only in its developmental context that dissociation can be comprehended. This journey will reveal dissociation—all those ways in which thoughts, impulses, acts, and parts of one's body, are experienced as alien—as one of two major ways in which developmental crises are resolved. The other, for which I will use the general term integration, will emerge as a way of resolving crises by active participation: a mode that incorporates experiences into an expanding self as opposed to splitting them off or dissociating them. As we will see, this view of integration is quite different from the view of "sublimation" as one of many possible "ego defenses." In the present view, interpersonal crises may be resolved in two major directions—dissociation or integration. Resolution in the direction of integration is almost synonymous with what the experienced self is or becomes.

Before examining integration further, however, we had best complete the account of the way the present formulation of anxiety, self, and dissociation fits with various neo-Freudian and existential theories.

**Neoanalytic and Existential Theories**

In the preceding section I have tried to show how a formulation of psychoanalytic theory in terms of meaning and organization—one which is couched in terms of anxiety, self, and dissociation—is preferable to the theory which speaks of id, ego, and sexual energy. This reformulation already goes a long way toward integrating psychoanalytic, neoanalytic, and existential accounts. Many postanalytic theorists such as Sullivan, Horney, Fromm, and Erikson have attempted to reformulate psychoanalytic ideas in ways similar to those just presented. (This is no accident, of course, since my integration draws heavily on the work of these authors.) Rather than reviewing their ideas in detail, I will present a small but representative sampling.

Harry S. Sullivan (1953) places his primary emphasis on the social or, as he terms it, "the interpersonal" aspect of personality development. He defines anxiety as an interpersonal emotion communicated directly from mother to infant. As such, it is very close to separation anxiety as a primary motive. The self, in his view, is a coherent system which tends to perpetuate itself. Things which arouse anxiety are dissociated from the self-system, in Sullivan's view. These ideas, of course, are consistent with the account of social anxiety, the security of a known self or identity, and dissociation, previously outlined. Dissociation is, in fact, a term borrowed from Sullivan.

This same use of anxiety is found in the work of other post-Freudian thinkers. Erikson, for example, stresses the role of social and cultural forces, and an earlier quotation has shown how he connects threats to the personal-cultural identity of the adult with infantile helplessness. Frieda Fromm-Reichmann summarizes the confluence of ideas from several schools of psychoanalysis as follows:

> In going over the literature on anxiety in children and adults, from M. Klein, Sharpe and Spitz, to Ferenczi and Rank, Freud, Rado, Sullivan, Fromm, Horney and Silverberg, it seems that the feeling of powerlessness, of helplessness in the presence of inner dangers which the individual cannot control, constitutes in the last analysis the common background of all further elaborations on the theory of anxiety. (1954, p. 718)

This summary quotation draws attention to both the state of helplessness characteristic of separation anxiety and loss of love, and the later, internalized version of this state: anxiety due to "inner dangers," fear of impulse, and threats to identity.

R. D. Laing, whose insightful analysis of schizophrenia is having increasing impact on contemporary psychology, describes himself as an "existential psychoanalyst." His book *The Divided Self* presents a description of schizophrenia as experienced from the inside and an account of anxiety and splitting of the self that is very close to the present discussion. Laing is quite clear in locating anxiety in the self; his term is ontological
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insecurity—ontology referring to the basic sense of "being," the core of self or identity. Here is how he puts it:

Such a basically ontologically secure person will encounter all the hazards of life, social, ethical, spiritual, biological, from a centrally firm sense of his own and other people's reality and identity. It is often difficult for a person with such a sense of his integral selfhood and personal identity, of the permanency of things, of the reliability of natural processes, of the substantiality of natural processes, of the substantiality of others, to transpose himself into the world of an individual whose experiences may be utterly lacking in any unquestionable self-validating certainties. (1960, p. 39)

Laing goes on to show how the schizoid person suffers from ontological insecurity, from a basic anxiety that prevents his feeling secure, even about his own body. Much of the behavior and thinking of the schizoid person becomes understandable as attempts to come to terms with this basic anxiety or ontological insecurity. "The divided self" refers to the way the ontologically insecure person splits himself into real and fantasy selves, into mind and body, and how he hides behind a false self-system, plays roles within roles, all in a futile attempt to gain the security that he so desperately seeks. For example, Laing states:

In the schizoid condition here described there is a persistent scission between the self and the body. What the individual regards as his true self is experienced as more or less disembodied, and bodily experience and actions are in turn felt to be part of the false-self system. (p. 78)

Such splitting of the self is an extreme form of dissociation; it differs not in kind but in degree from the defensive dissociation of the neurotic person. Both neurotic dissociation and the schizoid splitting of self are motivated by anxiety and both represent attempts to deal with this anxiety by disowning or dissociating a part of the self—by relegating it to the category that Sullivan calls the "not me." The schizoid person is more intensely anxious, he carries dissociation further, or, alternatively, we can say that more of the self is involved in the dissociative process.

Much more could be said about these complex issues, but this brief discussion should be sufficient to show how Laing's existential-psychoanalytic views are consistent with the present model of anxiety, dissociation and self.

There are a number of other thinkers aligned with the existentialist label, from the psychotherapists Rollo May and Victor Frankl to the novelist-essayist Albert Camus and the novelist-playwright-philosopher Jean Paul Sartre. Again, space does not permit a presentation of many ideas associated with existentialist thinking; the interested reader is referred to the works of the above authors. An excellent general source is Herbert

Fingarette's *The Self in Transformation* which reviews a number of these ideas and shows how the existential concepts of anxiety and being may be integrated with psychoanalytic ideas.

Following Fingarette, we can say that ego is "being" or "meaning" and anxiety the other side of ego, "nonbeing" or "meaninglessness." The "despair" that existential writers such as Kierkegaard describe, or the loss of a sense of reality and meaning so acutely portrayed in Sartre's novel *Nausea*, are akin to Laing's ontological insecurity. They represent the anxiety of extreme dissociation, of a splitting of self carried so far as to disrupt the security of one's basic identity.

In summing up his integration of psychoanalytic and existential theories of ego and anxiety, Fingarette states:

There is no genre-species distinction between neurotic anxiety and ontological or existential anxiety. There is anxiety, and there are the ways we face it and respond to it, and the latter may be analyzed in terms of a variety of dimensions of experience and modes of language use. "Anxiety" may be taken into the existentialist vocabulary or into the psychoanalytic one. When anxiety is taken up in the context of psychological language and theory, it is "psychological" anxiety. When it is taken up in the context of existentialist languages, it is "existential" anxiety. When the response is evasive, we speak, according to our orientation and conceptual scheme, either of psychological defense or of lack of spiritual courage, of the "inauthentic." Where the response is reparative, expansive, realistic then we speak either in psychological terms (sublimation, rationalism, maturity) or in existential terms (authenticity, courage). (p. 96)

Anxiety and Self: A Summary

Anxiety begins as the helplessness experienced by the symbiotic infant when the vital oneness with mother is disrupted. The self develops beyond symbiosis with the eventual internalization of external relationships. Anxiety is experienced as loss of love, and later becomes connected to those internal cues which signal a potential loss of love. In short, one comes to feel anxious about impulses, wishes, and ideas. Similarly, the security of external relationships becomes internalized as the security of a known identity. Threats to this identity provoke defensiveness. The core conflicts, and the very fact that development occasions continual change, both assure a constant provocation of growth and anxiety. I elaborated Freud's theories on anxiety and the ego at some length with the hope of showing how his views—if taken psychologically rather than mechanistically—are consistent with the present interpretation of anxiety and self. This general model also fits closely with the thinking of neoanalytic and existential authors such as R. D. Laing.

Throughout the foregoing analysis of anxiety and self, reference has
The essence of dissociation is that conflicts are dealt with in such a way that this "dissociation" is not experienced as actively initiated. This immediately follows that the self as a whole is not involved in the process, and confronts us with the paradox: for the person who does the dissociating, how can it be "unconscious" of it? The development model reveals that the dissociation is perceived as a comfortable situation, and that the person dissociates part of himself (and confronts us with the paradox) if it is not experienced as actively initiated. This is the case in the scenario described, where the individual is experiencing anxiety and has developed a defense mechanism to cope with it. The scenario described is a typical example of a situation where the individual is experiencing anxiety and has developed a defense mechanism to cope with it. The scenario described is a typical example of a situation where the individual is experiencing anxiety and has developed a defense mechanism to cope with it.
illustrates these themes of competition and identification. There is usually some injustice perpetuated on weak or innocent people, symbolizing the way the child feels in reality when adults make him do things he does not like, or when they discipline him. Adults appear in two guises; they are either the evil figures whom the hero must fight or the inept authorities who call on the hero because they are incompetent to deal with evil themselves. Again, this represents the child's wish to outdo adults as well as his identification with desirable adult characteristics; that is, in fantasy he outdoes them by becoming a bigger, stronger, purer version of themselves.

Comic hero stories are close to the preoccupations of young boys—perhaps because they are written by men. Certain fairy tales represent some of the typical conflicts of young girls and their fantasy solutions. For example, when a young girl's desire for her father is frustrated by mother, conflict ensues in which daughter feels humiliated, cast aside, or not worthy of love. In reality, there is little she can do about this state of affairs—except wait until she grows up, when she can have a man of her own. But in fantasy, anything is possible and the young girl may play and dream herself as Cinderella or Snow White, cast aside by the unfeeling mother figure, but winning the handsome prince after all. Like the superheroes so common to the fantasies of young boys, the Snow White or Cinderella figure is better or more virtuous than the evil adult (typically a "bad mother" portrayed as a witch or step-mother). This again shows how fantasy combines competition and identification.

These examples illustrate the way in which the child turns to fantasy as a means of dealing with conflict. The child's retreat to fantasy is almost always accompanied by outward compliance. It is precisely when he feels he must "give in"—do what adults want, or publicly renounce his rebellious or selfish goals—that a turn to fantasy becomes most appealing. The contrast between outward compliance and fantasy gratification is one important prototype for a splitting of self. That is, one of the roots of dissociation as a response to conflict lies in the child's division of himself into an outward, socially compliant, good boy or girl, and an inward or fantasy self who overcomes frustrations and social constraints. Recall also that young children think intuitively—they are centered on the present and do not clearly differentiate fantasy from reality. A splitting of self is thus more natural in early childhood and it is only later, with the appearance of more advanced modes of thought, that dissociation becomes more clearly pathological.

Pretending, putting on an outward show of goodness and compliance, acting as if one feels differently than one did a few moments before, and playing roles, all are childhood prototypes of dissociation. Let us look at the process more closely. First, there is the act of pretending itself. The essence of pretense is that one actively does something and, at the same time, actively denies doing it. Angry older brother hits the baby but Pretends baby hurt himself; the child with his mouthful of cookies asserts that it was really someone else who raided the cookie jar. "I didn't start the fight, he did!" "What are you doing?" "Nothin'," and so it goes. Such lies and pretending are common enough in childhood and we accept them as excusable to various degrees. They will be more frequently used when parents are particularly intrusive or controlling, or when they subject the child to conflicting demands or double messages. Research on the families of schizophrenic persons, which I will discuss in a later section, has shown that contradictory messages are a common part of the communication system of such families, a system that leaves the child few options other than a pervasive splitting of himself.

When the child moves into the world of fantasy as a way to resolve conflict, he is pretending in two ways. Outwardly, he pretends to feel other than he does—he ceases to be angry, demanding, or selfish. Inwardly, he pretends that things are other than they are—he creates fantasies in which his anger can be expressed or his demands gratified. When he creates such fantasies, the child takes both (or all) parts to the conflict. He becomes the punitive parent and the punished child, the victorious child-hero, and the vanquished adult-villain. Such pretense and fantasy is "unconscious." The child does not connect his enjoyment when reading about Superman with the way he feels towards his father.

Passivity. The world of fantasy is both private and, in an important sense, passive. It is private by design; the child has a stake in appearing outwardly compliant since this represents part of the solution to adult demands. If he is to use fantasy as a way of reaching desired but forbidden goals, then he certainly doesn't want to expose his fantasies to those who do the forbidding. The passive quality arises from the conditions under which fantasy occurs. Dreaming during sleep is the purest form of fantasy and it occurs during a time when the person is most passive. Not only is he sleeping, but dreams take place during a phase of sleep when there is the least amount of muscle tone, when the body is most limp. Dreams are, of course, private since they occur during sleep and are typically not communicated to others. Daydreams and other fantasies occur when the person is awake but are also associated with a quality of passivity. The daydreamer stops "doing things" and simply lets images and fantasies float through his mind.

Both qualities, privacy and passivity, along with the pretend features noted earlier, make it likely that fantasy solutions will be experienced as unwilling, as "nonself," or dissociated. Let me expand on this statement. When the child outwardly complies, he is assuming a passive stance vis-a-vis the parents; he "gives in" and accepts control from them. This is likely to be experienced as letting one's self be willed by another. The other side of
self—what the child “really” wants—retraits to the world of fantasy. But here too, the child is likely to experience himself as passive—he is just a dreamer to whom images appear, as if unbidden. This is the quality of dreams. Along with these passive experiences goes the more active form of dissociation. If the child’s desires manifest themselves in action, if he strikes out in jealousy at the baby, for example, and is caught, he may try to pretend that it was not he who did it or, more accurately, that it was not he who willed it to happen (that is, it was an “accident,” or someone made him do it). The similarity between such “pretend” actions and their fantasy counterparts lies in dissociation from self. In both examples, the forbidden or anxiety-arousing or conflict-producing thoughts, feelings, and actions are experienced as “unwilled” or as not “owned” by oneself. They “just happen” or are attributed to other causes or people that “made me do it.”

Passivity, Emotion, and Dissociation. The words “passivity” and “passion” are both derived from the Latin pati, meaning to suffer (the Greek penthos, signifying “grief”; the English pathos, that which arouses feelings of sympathy, pity, or sorrow). Passion refers both to the experience of strong emotions and to the suffering or enduring of pain, as in the passion of Christ—his suffering on the cross. These etymological links call our attention to important psychological connections between emotion, passivity, and dissociation from self.

Passion, in the sense of strong emotion, refers to experience within the instinctual-emotional systems—love, fear, anxiety, anger, and interest. The importance and pervasiveness of emotions makes them specially “driving” or imperative and, particularly in childhood, they are often experienced as coercing behavior, as “taking over,” or guiding action in a manner that the child cannot stop. Indeed, a central problem for the child is learning how to deal with his anger, demands for love and gratification, jealousy, or intrusive curiosity; how to bring these imperative emotional states under self-control. This state of emotional domination is surely what Freud is describing when he speaks of “the id” as a seething mass of excitation pressing for discharge.

Passion as emotional domination is not confined to childhood; we speak of adults in a “fit of rage,” “blinded by love,” or “driven by fear” to express this same quality—the taking over of behavior by powerful emotion. Children and adults differ markedly in the manner and degree to which they are capable of controlling their emotional states. An infant lives more directly by emotion, and children are generally closer to the expression of feeling than are adults. Insofar as this is true, they are more likely to experience their fears and joys, their rages and pleasures, as just happening to them, as passions which they enjoy, endure or suffer. In sum, the closeness of childhood with the direct experience of emotion is one way in which the child is passive, in which he experiences himself as compelled to act by his feelings. Let us look at some other ways.

The most obvious factor contributing to the child’s sense of passivity, that he is “one to whom things happen,” is his real lack of power and competence in comparison to older children and adults. The child is often at the mercy of persons whom he cannot control and whose actions he may not understand. He is made to do things that adults want and must curb his own desires. He sees the giants around him doing things that he envies and yet cannot accomplish. Such feelings of smallness and incompetence are a part of every child’s life to some extent, but they will be enhanced by certain types of parental response. For example, I earlier referred to research on the patterns of communication in families of schizophrenics. A striking characteristic of these families is that the child is much less able to influence what happens to him in any meaningful way. The parents do not respond in understandable ways to his needs or communications. The way they treat him stems from their own unresolved conflicts and is often incomprehensible or contradictory. Thus, the child’s natural tendency to feel at the mercy of forces he cannot influence is much greater in such families, making dissociative life patterns more likely to occur.

As a general rule, we might expect that those factors in the child’s actual situation which make him feel helpless, which make him the victim of forces he can do little to effect, will reinforce dissociation. Being abandoned, treated with inconsistent love and abuse, and being subjected to contradictory communications all contribute to the child’s sense of helplessness.

As a further example, consider illness and physical injury. Do you remember what it was like to be sick as a child? One feels like a victim of fate, struck down by painful circumstances that just do not make sense. “Why me?” “Why now?” Feelings of helplessness, rage, and abject dependence are all common. These responses to illness are not confined to childhood, of course, though they are more intense at that time. Illness is not the child’s fault, yet there is little he can do to influence it. It is, thus, another example of passive suffering, a precursor to dissociation.

The similarity of experienced illness to emotions and psychological events that the child cannot control may form the basis for the widespread view that psychological disturbance is a kind of “sickness” or “mental illness.” That is to say, the person who is mentally disturbed feels “sick”; he experiences his anxiety and conflicts as forces beyond his control, as unpleasant happenings which he can only suffer. Thomas Szasz (1961) cogently argues that the idea of “mental illness” is a myth; that only harm will come from misconstruing anxiety, unresolved conflicts, and interpersonal difficulties—what he terms “problems in living”—as if these were the same as illness due to germs or malfunctioning parts of the body. His arguments are well taken. Many psychologically disturbed persons feel as if they are
sick. As we have just seen, the conditions which foster dissociation, as well as dissociation itself, are experienced as passive suffering which the person cannot do anything about. When psychiatrists or other official representatives of society label such psychological suffering as "illness," however, they are aiding and abetting the disturbed person's dissociative tendencies. It makes a great deal of difference whether you treat yourself as a helpless, "sick" person or your psychiatrist does!

Psychological Disturbance and Childhood

Many authors concerned with psychological disturbance attempt to connect such disturbance with factors in the person's childhood or infancy. Let me apply the concepts of anxiety and dissociation from self, as I have developed them here, to this problem.

The first thing to note is the similarity between the "symptoms" of a neurotic or psychotic and the normal experiences of children. Young children are centered on the present; they do not necessarily integrate past memories into their present self. In a related way the neurotic who relies on repression does not integrate his past. The repressed person's motto is: "I don't remember, hence it did not occur or I didn't do it." Young children have difficulty distinguishing fantasy from reality; the real world from the world as they would like it to be. Obvious parallels are found in the withdrawal to fantasy which is so much a part of schizophrenia, and which is found in most forms of psychological disturbance, to some degree. The child feels pushed around by persons he cannot control, compelled to do what others tell him. In a related fashion, the obsessive-compulsive neurotic is compelled by internal forces; he feels at the mercy of his symptoms and emotions. In a more extreme form, the paranoid feels literally persecuted by external agents and forces. Physical or "somatic" symptoms will provide an important further example of the tie between childhood experience and dissociation.

When a young child is hurt, it is not uncommon for him to deal with the injured part of his body as if it were not his. He tries to cope with the pain by disowning it from himself. This is particularly common during the phase of intuitive thinking. During the early phase of a new mode of thought there is a tendency to oversimplify, to push the new mode to its limits. In the early intuitive phase, the child is just learning to differentiate himself from others and to distinguish "inside" from "outside." Central to this differentiation is a conception of his own body and its boundaries. In early childhood, when these differentiations are coming into being, the child naturally experiments with the boundaries of his body and pushes them in different directions. As part of this process, he pretends that good feelings are inside him and bad or painful feelings a part of the outside that is not him. When his own body, or some part of it, causes pain, he tries to disown, to pretend that it is out there or "not me." If a finger is pinched or an arm bruised, the young child talks to it, "Bad finger, why are you hurting me?" "Arm go away, I wish I didn't have you!" Again, let me stress that dissociating parts of the body, like the other forms of childhood dissociation, are normal features of intuitive thinking. At the same time, the process of somatic dissociation provides a developmental model for related forms of dissociation in later life.

Physical or somatic symptoms are a part of many forms of psychological disturbance. The hysterical suffers paralysis or loss of sensation in different parts of the body—these body parts are thereby relegated to the realm of nonself. The anxiety that is central to all forms of disturbance has frequent somatic manifestations as, for example, nervous stomach, shaking, headache, feelings of weakness, and pains of various kinds. All of these manifestations of anxiety are experienced as inexplicable sickness arising outside the self. An earlier quote from R. D. Laing called attention to the severe splitting of self characteristic of the schizoid person. Here the entire body can be experienced as an unreal "thing" that moves through a world "out there," a body-thing to which events "happen." In these ways the person attempts to dissociate the pain-producing body from the sense of self.

In sum, the various forms of dissociation common to childhood provide patterns for dissociation as a means of dealing with later pain, anxiety and conflict. Common to dissociation at any age is a state of passivity, a sense that one is a victim on whom misfortune is visited, a feeling that one is driven by emotion, or must endure sickness—in short, an experience of helplessness which, as we have seen, is the essence of anxiety.

Now, it should be made clear that children are not miniature neurotics or psychotics. The parallels I have just outlined indicate that disturbed adults show distorted and exaggerated forms of processes that normally occur during childhood. While I have made a few suggestions, I have still to explain why certain persons become stuck with the dissociative solutions and feelings of childhood while others do not. Let us consider this question next.

Fantasy and Reality Testing

An important feature of dissociative attempts at conflict resolution is its private character. Once a conflict goes underground (becomes dissociated from the outward self) it is no longer subject to social influence. The term "reality testing" refers to attempted solutions that involve interchange with the social world; interchange in which the child tests his actions against the reality of other people. Dissociation, insofar as it is
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private and passive, does not permit such reality testing. Once a dissociative direction is taken, it is likely to be maintained. This is what Freud is getting at when he says, "The Unconscious is timeless," and what Piaget means when he states, "Dreams are pure assimilation." The dissociative solutions embodied in pretense and fantasy maintain the status quo of self until such time as active and public efforts are made at self-transformation; until assimilation is balanced by accommodation.

Dissociation, passivity, and a retreat into fantasy are all common in childhood since every child experiences conflicts that he cannot master at particular developmental stages. As I attempted to show in the preceding chapter, the use of imagination has its own values; it can be very creative and is a first step in internalization and identification; the process by which the child acquires new aspects of self—new roles—by creating internal or imaginary copies of other people. Insofar as the child realistically cannot have or do what he wants at a particular age, it makes sense to settle for a fantasy or pretend gratification.

Putting aside one's wishes in fantasy until such time as one is capable is the normal or adaptive thing to do in many circumstances. Erikson calls this putting aside a moratorium. For example, the moratorium on heterosexuality during the years between Oedipal conflict and puberty allows the child to engage in much of the social learning within his capacity precisely because the heterosexual behavior that is beyond him is put aside until later. Or, it makes sense for the two-year-old to put aside his aggressive ambitions and submit to the greater power of the parents precisely because this will enable him to learn from the parents how to be more realistically ambitious at a later point in his life. Thus, moratoria at various points in development are necessary, and temporary dissociation from self is a normal occurrence. Neurosis or disturbance in development occurs when dissociation becomes fixed, when moratoria do not get reopened, when one becomes what one pretends to be. Thus, neuroses are not caused by "unconscious fantasies" as one version of psychoanalytic theory maintains; such fantasies are simply representations of old, dissociative solutions to conflict which will continue to occur until the person can do something different. Schemas will keep assimilating until forced to accommodate.

The general answer to the question of why certain individuals remain stuck or fixated with dissociative solutions is that excessive anxiety has become connected with the original conflicts, that this anxiety was the original motivation for the dissociation, and that attempts to reopen the area to nondissociative reality-testing reawakens the anxiety. For example, the child who is abandoned or suffers frequent losses is likely to have excessive amounts of separation anxiety aroused by these experiences. He deals with these by creating passive fantasy substitutes for his lost love—fantasies that also vent the frustration and anger aroused by separation. In extreme cases, fantasy relationships may become more important than real ones. The expectation, based on the earlier experience of loss or abandonment, is that real relationships will be too painful and will arouse too much anxiety. Such a person may then become permanently "fixated" with dissociative rather than real relationships. To put it another way: early experiences of anxiety and dissociation plant the seeds for later disturbed complexes. Establishing real relationships as an adult then reawakens anxiety which motivates further dissociation.

Obviously this example is an oversimplification. But it should serve to illustrate the basic pattern of: anxiety → dissociation → lack of reality-testing → fixation of self. We will consider some more detailed examples in a moment, but first it is time that we explored the other mode of conflict resolution: integration.

Integration

Integration grows from attempts to act on problems. If dissociation is passive and private, integration is active and public. Where dissociative solutions turn away from reality and abandon the testing of oneself in social interchange, integration involves active engagement with others. Where dissociation leads to stasis and a protective preservation of self, at least for periods of moratoria, integration involves the transformation of self and the expansion of horizons. Perhaps most important is the way these two modes are experienced. Where dissociation is experienced as nonsensical, as "happening to me," integration is the essence of self; it is associated with the experience of "done by me." Existential thinkers would say that integration is ego or self while dissociation is nonsensical, nonbeing, or meaninglessness.

We have seen how the qualities associated with the dream and fantasy state, as well as the adoption of pretense and overt compliance with the will of others, can contribute to a sense of nonsensicalness. In contrast are those experiences where the person bumps up against reality and, instead of retreating from it, attempts to engage problems by alternative means. An important example was presented in the previous chapter: Freud's observation of the child who masters the anxiety of being left by his mother by actively repeating what he passively suffered. Consider a few additional examples. A child has his aggression controlled and suffers a blow to pride and self-esteem. The dissociative solution is to assume an appearance of outward compliance while continuing to express aggression in fantasy and by various "unconscious" acts, for example, by accidents or mistakes. The
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integrative solution is to actively repeat the conflict of aggression and its control in some other situation. Play is the most likely and the child can master the blow to self-esteem by taking the role of parent toward a younger sibling or playmate and controlling him. When he does this sort of thing, the child is identifying with the parent in a positive or growth enhancing way.

Play is the great laboratory for the child’s integrative experiments. In its early forms, play stands half-way between private fantasy and public accommodation. From about age four onward the child is increasingly capable of social play. With the onset of school, peer play and true cooperation become possible and by age seven or so, the child can play games with rules. This social play allows him to experiment—to put his fantasies to the test of reality—in the important instinctual-emotional areas. Love, aggression, anger, friendships, exploration, overcoming fears—all the important emotion-laden relationships—can be tempered and shaped in the crucible of peer play. Such play is public, as opposed to the privacy of fantasy and dreams, though the audience is drawn from the relatively safer world of other children. What is more, play is active.

The active quality of social play contributes to a sense of self in quite the opposite way that the passivity of dissociation leads to a sense of non-self. That is, one experiences acts or thoughts as one’s own when they are self-initiated, when they are done under one’s own will power. In addition, the feedback from one’s own body in active play, or one’s voice in social interchange, both contribute to a sense of ownership of acts and intentions central to the experience of self. What is more, play with peers is free from the direction of parents and other adults. The child plays because he and his friends want to and not because mother, father or teacher make him do it. This freedom from adult compulsion further contributes to a sense of active self-direction.

Another important quality of integrative experiences arises from the fact that certain kinds of sensorimotor actions are intrinsically antithetical to anxiety. We saw earlier how anxiety originates in separation, becomes tied to loss of love, and, later, to fear of those impulses, thoughts, and actions that threaten such loss. Closely tied to abandonment and loss is the experience of helplessness which is, of course, the state of the young infant who is separated from mother. Thus, a prototype of experienced anxiety is the passively helpless infant who lacks mother’s sensorimotor care. Such care, the natural antidote for anxiety, involves active social interchange, as in clinging, holding, rocking, and the like. Even at this early level, activity is associated with a primary experience of anxiety reduction. So it is in later stages. Activity is, in general, incompatible with anxiety. Dissociative solutions, insofar as they are passive, perpetuate the feeling of helplessness. Integrative experience, insofar as it is active, contradicts helplessness. One can easily think of examples from everyday life: the intense anxiety before a public performance which is lost when one is actually doing it, sometimes to appear later when one is again in a passive state. Anxiety of this sort is almost always worse in anticipation than in actuality; doing something is always better than doing nothing, as many primitive, childish and compulsive rituals illustrate.

It is important to note that certain forms of action may be relied on to dissociative degrees. Some people must keep continually busy; anxiety causes a dissociation from fantasy, dream or introspection. Such action has a compulsive quality to it and is to be distinguished from the active engagement of integrative development. The concept of integration implies a balance, an equilibrium where various aspects—action, play, introspection, and dream—can all find their place within the structure of self.

These thoughts concerning activity bring us back to a consideration of reality-testing. Insofar as a person relies on dissociation, the conflicts which arouse anxiety remain in the realm of anticipation—hence, the anxiety may never diminish. When one overcomes anxiety and attempts an active and public encounter, anxiety is lessened immediately because of active engagement, and, in the long run, because actuality can prove anticipation excessive. This assumes that reality will, in fact, prove benign enough, of course, that is not always the case.

We may now consider, in more detail, the factors that predispose the person toward one mode or the other. “Why does one person dissociate where another can integrate?” Or, within a single individual, why are certain relationships—for example those which arouse sexual feelings—dissociated while areas such as work or career are actively engaged? To answer these questions we will have to look more closely at the circumstances in which the dissociative or integrative directions are first taken.

Dissociation or Integration

For purposes of discussion we may conceive of two sorts of factors which, acting in concert, determine the choice of dissociation or integration. The first set of factors is environmental, the most important environmental force being the parents and the love, conflicts, anxieties, and strengths they bring to the task of child rearing. The family exists in a wider social-cultural-historical context which shapes and reinforces the specific ways in which parents and, later, peers, teachers, and others act toward the individual. Parents, friends, social values and beliefs, institutions such as schools, codified practices surrounding sex, or the expression of aggression or dependency are the sorts of things that make up the environmental side of the equation.

The other set of factors comes from the child. Children differ, even
from early infancy, on such dimensions as intellectual potential, placidity-activity, aggressiveness and amount of rage displayed to frustrations, cuddliness and lovability, and so forth. Since every child exists in a social context, it is impossible to separate environmental from individual factors. They are always interacting and influencing each other. Thus the child of high potential intellect encounters parents who stimulate and encourage his brightness or those who blunt it by neglect. The active-aggressive child meets frustrations and a lack of consistent control which encourage these tendencies in him, or an environment which does not overstimulate his anger and which helps him channel it in useful directions. Many more examples could be cited to make this point: that individual and environmental influences do not exist separately; every real child has his own unique predispositions and, at the same time, his own particular social environment within which these predispositions develop into permanent characteristics. In what follows, it may sound from time to time as if environmental factors create the person, as indeed they seem to when their extremity fosters dissociation: calling attention to the interactive nature of individual and environment should warn us against taking such examples literally.

The developing child always encounters a certain number of frustrations, rejections, and blows to pride and self-esteem. The scheme of human life consists of inevitable conflicts between dependence-independence, desire and renunciation, the need for excitement versus the wish for security, aggression and its control. In addition, the child’s smallness, his relative lack of power and competence, are further sources of frustration. This state of affairs occasions a certain amount of dissociation in everyone.

An examination of the experience of individuals who rely on dissociation to excessive degrees—individuals who are labeled disturbed, neurotic, or psychotic—reveals an excessive amount of conflict and anxiety. They have typically experienced, in their core relationships, excessive frustrations, separations, or experiences which intensify feelings of smallness, lack of competence, and helplessness. These traumatic life conditions are often coupled with parental responses that block mastery, fail to reward competence, or, in other ways, make the choice of dissociative solutions more likely, on the one hand, and active engagement difficult or impossible, on the other. This states the matter from the environmental side. Whether dissociation or mastery emerges as a predominant way of life depends on what the individual child brings to his particular life situation. The strengths of the individual are important. Some children are able to overcome adverse environments and may grow stronger in the process. Traumas, when successfully mastered, can be growth enhancing. The final outcome in any real case results from the interaction of child and environment.

In what follows I will describe some typical examples of life situations which foster dissociation. Bear in mind that these are, of necessity, mere outlines of what takes place in actual life.

Sources of Anxiety and Dissociation. Separation or the loss of important figures are among the most basic sources of anxiety, as our earlier discussion of the attachment-separation instinctual system would lead us to suspect. Separations are extremely difficult for infants and young children to deal with. Loss of parents through death or divorce, and various degrees of partial abandonment through neglect make integration difficult and dissociation more likely. This is so because such experiences arouse levels of anxiety that the child is unable to deal with in any realistic fashion. If the parent is not present, no amount of crying or pleading social action can affect him. Prolonged separations, particularly when these occur at crucial ages, can lead to a lasting sense of helplessness.

A parent need not be physically absent for a child to feel abandoned. Mother may be present but too preoccupied, or depressed, or drunk, or involved with other matters to attend to the child which, from the child’s point of view, constitutes abandonment. The crucial factor is whether the child, through his own action, can affect mother and the social world. If there is no mother present or if she does not respond in any consistent or meaningful fashion to the child’s communications, he will eventually learn that people do not provide comfort and he will turn away from social reality in his search for security.

There are many forms that the retreat from reality can take depending on the child, his specific talents and limitations, and the stage of development at which anxiety becomes prominent and the turn inward is initiated. In the earliest stages, with certain special children, the result may be infantile autism or childhood schizophrenia—conditions marked by a serious lack of positive relationships with the human world and a substitution of self-stimulation such as rocking, repetitive sounds and gestures, and attachment to nonhuman objects. Disruptions in the attachment-secure sphere at later stages plant the seeds for psychotic and neurotic disturbances which may not become apparent until later life. In all such cases, the child learns that he cannot trust mother or others to allay his anxiety; in this sense he has tested reality and found it lacking. He then turns away from the social world to the private sphere of dissociative fantasy.

There are many other sorts of parent-child interactions that reinforce dissociation and thereby lay the foundations for disturbance in later life. Let me briefly describe a few of these. There are parents who take out frustrations on their children and others who seek compensation in their children’s lives for that which is missing in their own. For example, a parent may express the anger and frustration aroused in his relationships
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with other adults by frankly rejecting, criticizing, or belittling his child. More subtle forms of this pattern include the parent who is conflicted about being male or female and who deals with this conflict, not by looking within himself, but by reacting in peculiar ways to the child's emerging masculine or feminine traits. Such a parent may cause the child to feel there is something wrong or bad about his or her penis, vagina, breasts, menstruation, or masturbation. The child may acquire excessive guilt over sexual fantasies or the normal sexual experiments of childhood and adolescence.

A related pattern involves the general control of impulses, whether these are sexual, aggressive, or just plain spontaneous excitement. Certain parents have a tenuous hold on themselves; it is as if they can only keep their impulses in check by maintaining a kind of internal police state. For such individuals, the child's anger, sensual acts, or excitement are threatening signals; these parents are likely to overreact and, in the process, cause the child to feel that he is bad, angry, or unmanageable.

Families and Schizophrenia. Studies of parent-child interactions that lead to schizophrenia—in many ways the most severe form of dissociation—shed a great deal of light on the genesis of dissociative disturbances in general. Several investigations, each done independently, point to a common pattern of communication and human interaction in families with schizophrenic children. Laing and Esterson (1964) present a series of cases based on extensive interviews with mothers, fathers, and their schizophrenic and normal children. These interviews, which are very illuminating to read, show the way parents, and sometimes brothers and sisters, direct confusing messages toward the "sick" family member while, at the same time, showing a bland insensitivity to his own expressions of feeling. The parents frequently speak of doing things for the child's "own good" and simultaneously belittle or ignore him. The families are typically preoccupied with maintaining a facade of normality. Conflicts, anger, and other open expressions of emotion are threats to this facade and must be ignored, distorted, or attributed to the "sick" family member as a sign of his "mental illness."

Similar patterns are described by other investigators. Bateson, Jackson, and their collaborators (Bateson et al., 1956) present the double-bind hypothesis. This refers to contradictory messages directed from parent to child, as when a mother says, "Come and give me a hug if you love me," while, at the same time, stiffening and making a face of disapproval at the child's approach. When the child withdraws in response to these nonverbal cues, mother then says something like, "I don't understand what's wrong with him; he doesn't love me," Wynne and his coworkers (1958) speak of the "pseudo-mutuality" which is characteristic of relationships between members of such families. Additional evidence is supplied by Lidz

and his group (1958) and by some striking cases presented by the anthropologist Jules Henry (1963, 1971) who lived in the homes and directly observed parents relating to their young children in ways similar to those described by the other investigators.

A common characteristic, described in slightly different terms in all these studies, is the way in which conflicts within the family—for example, between husband and wife or between the wife and her parents—are denied, distorted, or masked by pretense and a "normal" exterior. How can the growing child understand what is going on, who is angry with whom, or indeed, how anyone really feels, including himself, with all this lying and pretending? In short, the families are characterized by a great deal of dissociation and it is little wonder that this leads to schizophrenia in some of the children. Let us now turn to an actual case which will illustrate many of the parental communications described in this, and the preceding, sections.

The Sins of the Mother: A Case Example. A woman, whom I will call Mrs. Flynn, grew up on the fringe of respectability in a small-town boarding house run by her mother. No father was present and Mrs. Flynn, though her memory was hazy, seemed to recall a fair amount of drinking and vaguely illicit dealings between her mother and the railroad workers who frequented the boarding house. In the small town atmosphere, she was afraid the immoral reputation of her home would rub off on her—that others would see her as "her mother's daughter" in an immoral sense. Her red hair and outgoing nature caused her concern in this regard; she sensed the danger that she might fit the stereotype of a "hot-head," someone who was quick-tempered and sensual. Although she was those things, in some ways, she was more concerned with living down the "bad reputation" implicit in the stereotype.

Her adult identity was one of those compromises in which the dangerous side is dissociated while finding indirect expression in a "neutral" form. She presented herself as good-natured but dumb. She was less educated than her husband and many of their friends, but was certainly not stupid. Yet she used this "dumbness" as an excuse for her fears and impulses, just as she fell back on parts of the old "hot-head" stereotype. Her occasional angry outbursts were explained away as touches of blarney due to her comical Irish nature. If she acted in ways which hurt her children or husband, this was not really her fault but due to her "dumbness." She did not like being this way, but also felt there was little she could do about it.

The man she married was a civil servant with many outward signs of stability and respectability. Being an overly inhibited person himself, he obtained gratification from his wife's gregarious, if at times unpredictable,
sensible reasons were given for the restrictions. When Karen was ten, Mrs. Flynn would not let her play outside with other children because she was certain that Karen would lose consciousness and might be raped by some passing male. Again, none of this was explained to Karen; rather, she was given a shifting and inconsistent series of excuses and evasions, many of which referred to her “retarded” condition.

These examples show that Karen’s epilepsy was more than a disease in Mrs. Flynn’s mind. Her reaction to it, and her treatment of Karen, betrayed her deep sense of shame and guilt. The damaged daughter who “lost control” of herself aroused great anxiety in the mother who had dealt with her own tendency to lose control by a tenuous dissociation. Where mother played dumb to cover her impulsiveness and anger, her daughter seemed a punishment in which this pretense became real.

Needless to say, Karen grew up a deeply disturbed girl. The only sensible inference that she could draw from her mother’s treatment was that some bad presence—unexplained and unexplainable—lurked inside her. Her mother’s restrictions and ambivalent overconcern were a constant frustration to Karen. When this led to angry outbursts, attempts at rebellion, or even self-assertion, it only confirmed mother’s fears and daughter’s self-image—her anger “proved” that she could not control herself, that she was specially bad and stupid.

By the time she was twelve, Karen was rather firmly enmeshed in her own web of dissociations. Finding only frustration in her attempts to relate meaningfully with her mother, and largely denied social experience with her peers, she had turned more and more to the world of fantasy. She spent a good deal of time listening to the phonograph in her room, drawing what little security she could from hearing the same record again and again. Occasional forays out of her increasingly private world led to more and more violent confrontations with mother. As she entered adolescence, her budding sexuality and greater physical strength only intensified mother’s anxiety over what her daughter represented. By this time, Karen had become what her mother feared: retarded and unable to control herself—though the sensitive observer could see from occasional flashes of intelligence and the peculiar form of her fantasies that the “retardation” was due to a schizoid withdrawal from the world and not from a lack of intellectual potential. To paraphrase the Old Testament saying, “The sins of the fathers shall be visited upon the sons,” we might say of schizophrenics, “The dissociations of the parents shall be visited upon the children.”

Much more could be said about Karen and her mother, but the pattern represented by their relationship should be clear by now. When a parent’s response to a child is determined by the parent’s internal conflicts, ambivalence, anxiety, and guilt; and when, as is typically the case with such conflicts and feelings, the parent must deny, distort, or disown them, then the
child will experience the response as senseless frustration, criticism, double-binding communication, or rejection. Such parental responses preclude meaningful action on the child’s part and, hence, make an integrated development of self practically impossible. Dissociation of one sort or another remains as the child’s chief means of gaining security.

The case of Karen illustrates, in rather extreme form, the effects of a parent who projects her own conflicts and fears on her child. Earlier, I mentioned abandonments, separations, and parents who use their children as compensation objects. The common feature in all these examples is the inability of the child to meaningfully affect his parents and, through them, the larger social world, by his own actions. A surly or angry father who demands that his child toe the line and punishes small infractions may be no fun to live with. But, if he consistently acts this way and, of great importance, if the local society defines this as appropriate paternal behavior, then his children will adjust to it. Strictness, parental anger, or other unpleasantities do not lead to dissociations or psychological disturbance in later life. At the least, the child can fight back and may even be rewarded for doing so. It is when children are denied their status as individuals, when they become screens for the projection of parental dissociations, that difficulty ensues.

Dissociation and Society

The account of dissociation so far has focused on the individual. Even the consideration of the environmental side was stated largely in terms of individual parents. We must remember that the individual lives in a social context, and that real parents find support or opposition from the surrounding society which defines parental roles and practices. Every society has features which enhance integration in some spheres of life while promoting dissociation in others. This is done through values, beliefs, ideologies, and shared images which define ideal types of men, women, and children and which encourage or prohibit certain actions and fantasies. In this section, I will present a few observations concerning the ways in which contemporary American society fosters dissociation.

Dissociation involves pretense and a denial of the full reality of human life. We may look, therefore, for social practices which aid and abet individual pretense and denial. There are several major areas here, including sexuality and the human body, anger and violence, aging, death, and deviations from psychological “normality.” All of these are shaped by the pace of change characteristic of modern society.

It has almost become commonplace by now to cite the psychological stress caused by the rapid changes of modern civilization. Still, the point is worth emphasizing. In chapter 3 we caught a glimpse of the well-adapted life of hunting and gathering societies—cultures which evolved as stable systems over many thousands of years. During this relatively long period of time there were few, if any, disruptive technological changes. The ways of being a hunter or a mother, the free play of children under the loose but adequate surveillance of visiting-gossiping adults, the sense of oneness with the physical environment, all these changed only gradually, if at all, from one generation to the next. Life conditions in hunting societies made it easy, relative to our culture, for men to grow up hunters and women mothers, and for both to feel secure within these identities.

The advent of agriculture and the domestication of animals introduced major changes, but even these were slow compared with what has occurred since the rise of industry and modern technology. Mass transportation—from the railroad to the supersonic jet; the rapid dissemination of information—from the printing press to television; the rise of medicine and improved agricultural methods leading to the prolongation of life and overpopulation all have been so rapid, that cultural customs and psychological practice have not had time to catch up.

At the psychological level, the rapid changes wrought by technology make the road to a stable adult identity a most difficult one to follow. Nowhere is this more evident than in the differences between each succeeding generation. It is the rare child in America today who can, with the ease and simplicity of earlier generations, follow in his father’s or her mother’s footsteps. The gap between generations is one of experience and values; it makes parents—ordinarily the natural models for identification—suspect or unacceptable. On the parents’ side, rapid change and shifting values complicate the task of child rearing. Should they be permissive or strict? Attempt to impose the morality they learned (under similarly changing conditions) from their parents, or adopt a modern code within which they are not quite comfortable? And what will the world be like that these children are growing into? Won’t rapid change make any course obsolete? This overstates things somewhat, but it seems certain that the basic fact of rapid change is itself a primary source of stress. Insofar as people derive security from familiar physical surroundings, from known values and beliefs, widely shared by other members of their group, and from the relationship with previous generations, then rapid change produces anxiety. This “social-change anxiety” becomes a general burden which adds to the anxiety that is a part of any particular child’s life.

The anxiety of social change is world wide and not specific to America, though we are leaders in that paradoxical form of progress that can pollute the psychological, as well as the physical, environment. Let us turn now to a consideration of some specifically American problems.
Sexuality and the Body

The prudishness and sexual inhibitions of Western society are well-known. America was founded by Puritans and other overly inhibited Europeans, and restrictions on sex, excessive camouflage of the body, and shame and guilt over sensual pleasure are as much a part of our heritage as the flag. Although sexual taboos and restrictions are currently being relaxed (I will make some comments on that in a moment) the older doctrines are still firmly entrenched in the minds of many Americans. It is not sexual restrictions themselves that lead to conflict and dissociation, but the inevitable hypocrisy involved when these central life areas are excessively inhibited or suppressed.

As we saw in chapter 3, sex and sensual pleasure are parts of instinctual-emotional systems which promote attachment and reproduction. Human beings are sexier than their monkey and ape relatives; the loss of estrous, the continuous receptivity of the female, and close bonds within a family structure all play a part in the arousal of sensual pleasure. The infant's bond with his mother and, later, with others, is largely based on such pleasure. Infants and young children are, of course, innocent of social taboos. They seek pleasure through contact with others and the stimulation of their own bodies, for example, in thumb sucking and masturbation.

Society's restrictions on sensual pleasure become pitted against the powerful human drive for sensual pleasure. Some restrictions are necessary, of course. Almost all societies cover some parts of the human body, usually the genitalia of adults. The earlier discussion of the incest taboo and Oedipal conflict brought out a central cause for the renunciation of desire within the family. Given the necessity for some modesty and some controls, however, it still seems clear that our society has, in the past, gone far in excess of the requirements. It was not so long ago that Western missionaries went about the world bringing Christian "purity" to the heathens. Of much greater significance, it was only a generation or two ago that many American parents played the role of missionary within their own homes, attempting to stamp out the heathen sensuousness of their children.

The older attitudes toward infantile sexuality are revealed in an interesting study by Martha Wolfenstein (1953). Dr. Wolfenstein surveyed the government pamphlet Infant Care, from the first edition, published in 1914 through several revisions, to the 1951 edition. These pamphlets were put out as guides for parents and represent the expert opinions of their day regarding the care and rearing of infants and young children. Infant Care has been the most widely circulated child-care publication, at least of the pre-Spock era. It thus serves as a retrospective poll of average, widely-disseminated opinion.

In the early editions, infantile sensuousness is viewed with horror and excessive restrictions are recommended. In 1914-24, "the danger of masturbation, if not promptly and rigorously interfered with, would grow beyond control and permanently damage the child. While he was in bed, he was to be bound down hand and foot so that he could not suck his thumb, touch his genitals, or rub his thighs together (Wolfenstein, 1953, p. 121)."

The direct repressiveness of this early period is muted in the later editions but the attitude of basic antagonism to the child's sensuality appears in other guises. During the period 1929-38.

...it is bowel training which must be carried out with great determination as early as possible. Severity in this area increases as compared with the previous period. This is accompanied by a pervasive emphasis on regularity, doing everything by the clock. Weaning and the introduction of solid foods are also to be accomplished with great firmness, never yielding for a moment to the baby's resistance. (p. 122)

In the subsequent editions, the emphasis on severity and the need to strictly control the child's impulses lest they run wild largely disappears in favor of tolerance and permissiveness. But there is a curious quality to this tolerance. The child's sensual impulses are not accepted, rather their existence is ignored:

Autoerotic activities become even more harmless and negligible. Sucking is permissible though low-grade pleasure (a poor substitute for being held or fed or talked to)... Masturbation is mentioned only in connection with toilet training (in 1951). While on the toilet, the baby may touch his genitals. This does not amount to anything, not even pleasure, but if it bothers the mother she may give the child a toy. (p. 122)

A deeply conflicted attitude toward the child's natural sensuality is evident whether this manifests itself as outright fear and disgust (masturbation is an "injurious practice"—it "easily grows out of control...children are sometimes wrecked for life") necessitating severe control such as tying the baby's arms and legs to his bed, or sewing up shirt sleeves to prevent thumb sucking—or a bland denial of the pleasure involved and recommendations to shly shift the child's attention away from his body to "harmless" toys.

Treating the normal sensuality of infancy in this fashion can only result in conflict; first, because a strongly felt impulse is needlessly thwarted and second, because the infant, functioning at the early levels of thought, has no way of comprehending the reasons—such as they are—for these practices. From his sensorimotor and intuitive perspectives, these restrictive practices mean unpleasantness, rejection by caretakers, and anger; they imply that something is bad or wrong with his body and feelings. This sets
the stage for the dissociation of pleasurable feelings for, insofar as they become categorized as bad or painful, the young child will tend to deal with them in the same way he deals with physical pain; he will try to dissociate them from himself. As in the case of Mrs. Flynn and Karen, we see how the conflicts and dissociation of one generation are passed on to the next.

Taboos on sexuality are not confined to the younger years. Our society makes stringent demands that children cover their bodies, not stimulate themselves openly, nor engage in too frank forms of mutually affectionate play. The taboos spread out into many related areas such as cleanliness and grooming. Our taboo on the natural odors of the human body supports thriving soap and deodorant industries. Other areas include “manners,” speech (words or phrases referring to sexual acts and parts of the body are “dirty”), and other practices. The normal masturbation of later childhood and adolescence is still shrouded with guilt and not openly acknowledged by many. In sum, our society’s attempt to suppress, deny, cover up, or distort the natural impulse toward sensual pleasure has caused generations of children to feel bad, anxious, and guilty about their bodies, their pleasurable feelings, and the acts related to these.

The power of these impulses is such that excessive repression inevitably leads to hypocrisy—prudish “upstanding” citizens carry out their sexual affairs in secrecy. The sexuality that the white middle class dissociates from itself is projected onto blacks or foreigners. The whole structure is, of necessity, shot through with hypocrisy and is therefore a breeding ground for dissociations in the next generation.

Now let me say a few words about the “new sexual morality” that some see on the increase among young people. It is seen in the relaxation and greater comfort with which young men and women relate to each other. College age couples enjoy sex together more openly and with less guilt than was true in earlier generations. The taboo on sex before marriage—making less sense than ever since the advent of effective means of birth control—is gradually lessening in strength. The stringent differentiation between the sexes, a central part of the old sexual morality, is giving way as boys and girls wear each other’s costumes and hairdos. Related changes can be seen in a greater acceptance of infantile sensuality, the relaxation of standards applying to hygiene, neatness of dress, and conventional manners.

There is little doubt that a new morality based on acceptance of the pleasures obtainable through stimulation of the body will prove beneficial. The vicious cycle, in which conflicts and dissociations are passed from one generation to the next, can be broken and needless anxiety and guilt avoided. Already, some of the artificiality and phoniness of boy-girl relations is passing. Perhaps, in the future, sexuality and bodily pleasures will become a source of gratification less shrouded in frustration and con-

change on the individual level, there is a tendency to overassimilate when a new social or value level is reached. This is especially true when a new set of values and practices arises in opposition to an overly restrictive or suppressive set of older views. We see this in the zeal and excess of many political revolutions in their early stages. Overassimilation in the area of sexual practice can be seen now in various experiments at “sexual revolution”—from the total nudity of plays and films, to experiments at group sex and orgiastic practices, to attempts to completely abandon marriage and family. Recognition of the tyranny of the old morality does not automatically lead to a new set of beliefs and practices that can be integrated into a harmonious social structure, including provision for the care of children, and meaningful adult identities. From the extremes of sexual repression and free sexual experimentation will eventually emerge, one hopes, a more balanced sexual morality.

Anger and Violence

Somehow, over the course of our history, Americans have acquired the belief that we are a peaceful, innocent people who fight only when provoked or attacked. Nothing could be further from the truth. We believe in our innocence in spite of the fact that we are among the most intensely competitive, driving, success-oriented people that ever lived; that we literally wiped out the native Indian population of this continent in the process of settling the country; that we have been almost continually involved in wars of one kind or another, from the Revolutionary War to Vietnam; that racism and the brutal treatment of various ethnic and racial groups, not to mention the poor, has been, and continues to be, a central part of the American way of life; that an incredibly large number of Americans presently own guns whose main purpose seems to be to shoot at their fellow citizens; that we drive around at high speeds in overpowered, oversized cars endangering our own lives and those of others; and so it goes. The instinctual system of aggression has boundaries which set upper and lower limits. Within these boundaries, social custom, value and reward determine the extent and form of expressed anger and fighting. An honest look at American history shows that, as a society, we have both stimulated and rewarded high levels of aggression while, at the same time, denying that this is so. It is no accident that the governmental agency involved in one of the most brutally destructive and least justified of wars—Vietnam—is called the “Department of Defense.”

When an area of life with a strong instinctual base is both encouraged and denied by society, we have a situation ripe for dissociation. The case of aggression is not quite the same as that of sexuality. Aggression has always
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Aging, Death, and Deviations from 'Normalcy'

If an anthropologist from another planet came to this country and sampled our prevalent myths and images as they are displayed in films, he would observe that we are a society obsessed with the fear of death and the desire to escape it. This obsession is manifested in the way we talk about aging, with words like 'senility' and 'geriatrics' becoming part of our everyday vocabulary. We see this fear reflected in our movies and television shows, where characters often die suddenly or disappear without explanation. The theme of death is also prevalent in our literature, with many authors exploring the fear of mortality in their works. Despite our efforts to ignore or deny death, it remains a constant presence in our lives, shaping our thoughts and actions in ways that are often subtle and difficult to discern.
are not what they pretend to be. The child with a retarded sibling, a dying parent, a crazy aunt, or more to the point, with surges of violence, lust, and occasional craziness, feelings of stupidity, or ugliness within himself, comes to recognize that he must hide all these and dissociate them from his public image.

The general pattern is the same for sexuality, violence, aging, death, and deviations. All are recurring aspects of human life that cannot be escaped. All provoke anxiety and become caught up in conflict. In American society, a good deal of hypocrisy surrounds these areas. We deal with them by suppression, rationalizations, pretense, and segregation. This prevents a balanced integration of these areas into our ongoing lives. When an American’s life does become caught up in one of these areas, he is likely to experience his involvement as due to alien forces. He feels victimized, smitten with the “cruel hand of fate,” or “struck down by mental illness.” Aging and death, the range of intellect or attractiveness, and the inevitable crises and emotional stresses of life are experienced as if they were symptoms of illness or neurosis, foreign intruders which arouse shame and guilt and must be hidden or disguised. Again, we see how the dissociations of society become the dissociations of the individual.

CONCLUSION: HUMAN DUALITY

Dissociation and integration, the two ways in which persons deal with the stress and anxiety engendered by development, suggests the wider theme of human duality. The central dimensions of human life—what I have earlier called the core conflicts—are bipolar. Individuals, families and whole societies tend to emphasize one pole and de-emphasize the other. To be independent one must give up the gratifications of dependence; to satisfy curiosity and the need for excitement, one sacrifices security. People desire, love and admiration, yet their very ambition, sensual longings and aggressiveness bring about disapproval and the loss of love.

As we have traced the core conflicts through several developmental periods, it has been apparent that vacillation between the poles of the major dimensions represents healthy experimentation. The overassimilative characteristic of a new stage, on the social as well as individual level, allows a testing of the new by exploring its most extreme possibilities. Play, fantasy, dreaming, social interchange: experimentation can and should take place in all these forms. Moratoria—the putting aside of gratifications and opportunities—submerge one pole of a conflict dimension. The lack of outward heterosexual interest so common in American children, especially boys, through middle childhood, is an example of a temporary dissociation, a moratorium. Like other forms of dissociation, this involves an exaggeration of one pole and a concomitant submergence of the other. In this case heterosexual interest is submerged and an exaggerated version of male or female identity emphasized. Similar dissociative trends operate in other areas. The child who wishes to be “big” must severely limit his dependent desires. Societies which demand excessively masculine behavior from their men encourage these same men to hide their “feminine,” tender, or sensitive qualities. Excessive protestations of innocence mask underlying guilt, bravado, secret fears. All development involves such swings from one extreme to another, the extent and form being determined by individual talent and social pressure. Moratoria are normal at particular stages of development as are hyperaggressiveness, or an overreliance on fantasy, hyperindependence, or excessive conformity. All represent the search of the developing person for an identity within which the different aspects of his nature can be integrated with social demands and values.

The fateful question for psychological health versus disturbance is, then, what determines the extremity and permanence of certain dissociations? Why are some individuals able to reopen moratoria when others remain stuck with the one-sided solutions adopted out of childhood fear and lack of knowledge? Our discussion has implicated certain parental and social actions which, in interaction with the characteristics of the individual child, arouse excessive anxiety, on the one hand, while failing to encourage active identification, on the other. When a child has grown up in this sort of interpersonal environment, dissociations become deeply ingrained and are rearoused on those future occasions which recreate the original emotional situations. For example, the child who has experienced repeated separations or abandonments will be anxious and untrusting in future relationships, expecting them to turn out the same way. The boy with a seductive-controlling mother will interact with women in the same manner as he developed in this earlier relationship. In short, the earlier interpersonal experiences become the plans for later relationships. Dissociation will be maintained when: (1) it has become well established by repeated experiences in childhood, and (2) when the painful emotions—anxiety and its derivatives—are so intense that the working through of new modes cannot be tolerated. This second point means that reality-testing, developing new skills through active interchange, will be less likely when previous experiences have led to the connection of strong and painful feelings with certain classes of experience. These painful emotions—anxiety, guilt, threats to self-esteem—can become so imperative as motives that their arousal causes an immediate flight to the quick “solution” provided by established dissociation.

In contrast to these dissociative solutions are those interpersonal experiences during childhood that have supported active engagement. The
central factor is a parental or social response that facilitates a direct as opposed to highly ambivalent identification. Clearly, an adult must be available, which he is not in cases of extreme separation or loss. In addition, there must be sufficient positive components to the relationship—love, treatment that makes the child feel valued as a person, a lack of features that cause intense anxiety—so that he is drawn toward the parent and perceives value in becoming like him. When conditions of this kind exist, conflict may be dealt with by active engagement leading to progressive integration and transformation of self. This class of actions, in contrast to dissociation, is experienced as actively initiated, as willed or owned, in short, as part of oneself.

Both dissociation and integration have their internal versions; which is to say that both produce changes in the self. But the qualities of these internalized versions are quite different. Parent-child interactions that arouse anxiety, that create a sense of vulnerable passivity, of the futility of action, or of victimization, all lead to dissociation. The person then feels helpless and victimized by the internalized version of these relationships. This may be experienced as being propelled by internal emotions or forces which one does not understand, or being coerced by “symptoms,” or feeling the victim of uncontrollable actions, thoughts, compulsions, or fears. Repeatedly attempting to dissociate these, the individual is left with a feeling of fragmentation, meaninglessness, or uncontrollability.

Integrative social exchange produces active identifications. The child internalizes the parents’ love and respect, their consistent control and limits—in short, their honesty and lack of ambivalence. Having done so, he can then love and respect himself. He can control his impulses in a more consistent fashion, accept his sexual role—he has less need to hide, to split himself into inconsistent roles, or to pretend to be other than he feels.

It is fitting that the discussion should come around again to identification, to the process whereby the self develops through internalizing relationships. For this topic is central to the broader question of how the child acquires the standards and values of his society and it is to this topic that we turn in the next chapter.