

Discussion of a case in Science and Psychoanalysis: Review of Charles Brenner:
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CLINICAL VIGNETTE

Brenner (2006) describes the following vignette in order to illustrate that daydreams are derived from early childhood conflicts, that is, oedipal conflicts from the ages of 3-6 (pages 82ff).

A 28 year old man was annoyed at his analyst for having to change the schedule. The patient wanted to tell his analyst to go to hell but was ashamed because he had positive feeling to him. In this context the patient had a daydream.

As he was on his way to an appointment he saw police cars and an ambulance near his analyst's office. He had a fantasy, which Brenner describes.

“A patient became violent and had shot me. I was lying on the floor in a pool of blood. When he got to this point, the patient revised his fantasy. I was not shot. An insane patient was threatening me with a gun, but the patient was there. He grappled with my assailant and disarmed him before he could shoot me.”

The associations began with a movie he saw the night before. There were erotic as well as aggressive scenes which were sexually stimulating to the patient.

“In one scene, a man seduced the widow of someone he himself had murdered. This had horrified the patient and yet, at the same time, he had been fascinated by the idea of someone doing such a thing.”

One of the characters in the movie reminded the patient of his father (the glasses he wore were like the glasses his father wore). The father was always reliable and the

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patient could always count on him. The patient's associations diverted back to the analyst, that he was annoyed at the analyst for changing the schedule.

Brenner states that the patient's conscious feelings towards the analyst were expressed in the form influenced by the movie. The patient gratified his anger at the analyst with the fantasy of the analyst being killed and his friendly feelings towards his analyst by saving the analyst. His guilt that he wished to murder the analyst was handled by displacing the wish to murder the analyst to another patient and exposing himself to danger by grappling with the assailant.

Brenner states that these motivations for the daydream were more or less conscious and accessible to the patient. However, we then are told that the patient's father was murdered by a mentally ill employee when the patient was an early adolescent. (We are not told whether this is material that had been explored previously or whether it was material newly emerged in association to the current fantasy.) Brenner concludes that the patient's ambivalent fantasies about his analyst were associated to the ambivalent feelings to his father whom he missed very much after his murder. Brenner draws together the stimulus of the movie, the analyst, and the ambivalent feelings towards his father.

Most importantly, in terms of the discussion of the importance of infantile sexuality, Brenner states:

“Moreover, the transferred wishes and feelings had not by any means originated during his adolescence, though they had been powerfully influenced by his father's murder at the time. As his association suggested, his transferred wishes and feelings were of childhood origin. An important stimulus for the daydream had been provided by the

sexually exciting scenes of the film he had seen the night before, in which a man was portrayed as murdering another man and seducing his widow, something the patient had found to be both horrifying and fascinating, and to which he associated thoughts of his own father.”

Brenner then concludes:

“Thus, without presuming to say that the daydream under discussion had been fully or exhaustively analyzed, one can say on the basis of the evidence available that it was a compromise formation in which the components of a conflict of childhood origin were blended. In it were combined oedipal wishes, castration anxiety—symbolized by my being shot and by the patient’s disarming my assailant—and defense.”

Brenner goes to say that the patient had “repeated daydreams of saving his father’s life during his adolescence. His boyhood reveries were regularly concerned with parricide in the same way as was the transference daydream...”

REVISITING THE PATIENT WITH CONFLICTED FEELINGS TOWARDS HIS ANALYST

Brenner’s case involves a man who had a retaliatory fantasy that his analyst, towards whom he felt affectionate, was or almost was murdered. The analysis unveiled a series of connections from the present to the past, including the murder of this man’s father during his adolescence. On first reading, this case exemplifies the power of early childhood conflicts (oedipal conflicts) on adult mental life, such as a daydream in response to a frustration (the analyst’s new schedule was being imposed on the patient). Brenner presents clear evidence of intrapsychic conflict: Love and hate and sex and aggression. The movie the patient saw the night before stimulated the patient’s conflicted

wishes towards another man's wife, with an association between that movie and his father.

The clinical vignette also illustrates the patient's attempted solutions to his conflict (i.e., his compromise formation). The patient has a daydream about his analyst rather than enacting his retaliatory anger at him in some fashion (for changing the schedule); furthermore, in the daydream, the patient revises the manifest content: an aggressive fantasy towards the analyst is displaced onto someone else and the patient saves the analyst rather than murder him. In fact the patient puts himself in danger in this violent scene between analyst and attacker. In other words, the patient's affectionate feelings towards the analyst take precedence over his passionate feelings (his anger).

With regard to the origin of the patient's conflict over his aggressive fantasies in the transference, the reader clearly sees the ongoing psychic importance to the patient of the father's murder during the patient's adolescence. However, Brenner maintains that the patient's experience during his adolescence, though of great importance, was not the origin of the patient's adult fantasy. Rather the patient's conflicts and compromises during the oedipal period were the origin of the patient's fantasy.

What evidence does Brenner adduce for this conclusion?

Looking at the details of the case vignette, Brenner proffers several determinants toward the patient's conflicted transference fantasies: the patient's conflicted reaction to the analyst's change in the schedule, the patient's conflicted reaction to the sexually and aggressively exciting scenes in the movie (particularly killing a man and seducing his wife), the impact on the patient of his ongoing memories of his father's murder during his adolescence, and conflicted oedipal issues during early childhood (ages 3-6).

What evidence is adduced by Brenner to verify the relative role of these different events? From the perspective of the basic psychoanalytic premise of psychic determinism, that the past influences the present, Brenner provides us with specific detailed fantasies about present events (the analyst's interference with the patient's schedule and the stimulation of the movie the previous evening), about his father's death, during adolescence, and about the patient's adolescent fantasies that he would save the father from his murderer (virtually an identical fantasy to his current transference fantasy). In both sets of fantasies the patient's affectionate feelings (towards analyst and towards father) predominate. (The role of guilt over his aggressive and rivalrous feelings is not explicated but could be inferred.) In other words, the critical reader can reasonably infer that the patient's ongoing memory of his adolescent trauma (the murder of his father) continues to influence how he experiences conflict in his current life (especially in the transference).

However, in contrast to these explicit clinical details, Brenner provides us with a simple theoretical description of the nature of the patient's early childhood fantasies: that "boyhood reveries were regularly concerned with parricide." To those of us steeped in analytic work, such an assertion about the origin of this man's conflicts in childhood can be accepted at face value, even if we might consider that the father's murder during this man's adolescence was the most important formative event in his psychology. But, more importantly, to someone who questions the centrality of the Oedipus complex to mental life, does Brenner's assertion that "boyhood reveries were regularly concerned with parricide" provide enough evidence to demonstrate the centrality of the oedipal period to later mental life? How does one demonstrate convincingly that the oedipal triangular

scene in the movie inevitably hearkens back to the oedipal period of childhood and not just to adolescence?

In contrast to choosing to present fairly detailed clinical data when he describes events and manifest fantasies from the present and from adolescence, Brenner chooses to communicate in an abbreviated shortcut manner when he describes memories from early childhood. He does not provide with us raw data about the man's early childhood memories and fantasies. For those who are comfortable with or have themselves experienced confirmatory evidence underscoring the centrality of the Oedipus complex and infantile sexuality, the theoretical term "parricide" may be all that is needed. However, scientific skepticism would lead one to wonder how one evaluates the role of the adolescent experience in this case and what evidence do we have in this particular case that the emotional power of the movie where one man kills another man and seduces the wife, is derived from the man's oedipal conflicts in early childhood?

Brenner essentially argues that the adolescent experience is not a sufficient causal agent of the current transference fantasy. It may be a necessary causal agent leading to the adult transference fantasy, but the infantile oedipal fantasy is a necessary contributing factor. Others undoubtedly could argue that the real adolescent experience is both a sufficient and necessary causal agent of the current transference fantasy.