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Pregenital Patterning
by
Phyllis Greenacre, M.D.

This paper is based on a more condensed presentation of the same material at the meeting of the International Psycho-Analytic Congress in Amsterdam this summer. At that meeting it was striking that the interest in the pregenital development was widespread. Indeed the greater number of papers at the Congress dealt with some aspects of pregenital developmental problems, and one heard occasionally among the unofficial comments some concern that the interest was veering away from the Oedipus complex. My own investigation offends in this respect in so far as it focuses chiefly on questions of pregenital patterning rather than on specific variations of the oedipal period and the fate of the Oedipus complex itself. That the oedipal period is the most momentous era of psychic and emotional organization and the Oedipus complex the most significant network of conflicts throughout the entire life has been amply verified throughout the years. The crossing of this boundary between infancy and childhood is more perilous even, though less dramatic in physical and direct behavioural changes, than the somewhat comparable epochal passing from childhood to young adulthood at puberty. It also has much greater and more lasting resonances throughout the entire life. The interest in the pregenital appears to arise from the generally increasing awareness that the experiences which have already been accumulated may be as important in the fate of the Oedipus complex as the special outer circumstances which are present in the oedipal period itself. It is often the special struggles of the oedipal period, re-enacted in puberty or in the early years of expected social maturity of the twenties, that precipitate the overt psychotic or neurotic break, and the relatively sudden eruption of disturbances which previously may have been more or less concealed though the symptoms themselves will ultimately unfold the hidden preoedipal history.

The description of the infant's organization on the basis of the sensorimotor growth and emotional relationships of the first five years of life in terms of a fairly regular succession of dominant drives was the work of the early years of analysis, and gave rise to the formulation of the libido theory which has been the backbone of analytic understanding, importantly supplemented in later years by study of other aspects of individuation, viz., the development of the ego. It was on the background of the understanding of the libidinal growth of the organism that the concepts of fixation, repression, and regression resulting from traumas, so important in the early work on neuroses, were developed and significant patterns of organization in different neuroses were differentiated. While there has been some displeasure with the libido theory in recent years, since not all symptomatic pictures would fit well into its constructions, still it seems to most of us that the descriptions of the libidinal phases, achieved first wholly through clinical phenomenological studies, has been well supported by later studies of biological maturation of the infant, a basic point of view now used by many pediatricians and psychologists observing children.

Indeed it is of great interest in working on clinical psycho-analytic research problems to check the developmental findings with the observations of students of child behaviour not psycho-analytically trained or interested, and see how well the findings dovetail.

This paper is concerned with further observation regarding these fundamental concepts and is especially based on the scrutiny of certain cases, in terms of their life history, in which the pregenital development has been peculiarly disordered. It has arisen from analytic work, including the study of a large number of unusually severe neuroses, among them some referred to as borderline cases. In such cases, as in many psychoses, the bold outlines of the unresolved and re-aroused oedipal conflict are often presented directly and in undisguised form in the acute symptoms and the stark first dreams of the period of illness. Deeper and longer observation, however, shows how much the Oedipus complex is burdened by or enmeshed

in pre-oedipal problems;—how in some cases it has appeared to develop over-strongly, *sometimes prematurely, and to carry with it the added intensity of earlier struggles which it reflects and temporarily masks*.

That the pregenital history of the relatively unimpaired individual is deposited in the configuration and nature of his forepleasure was of course early described by Freud. The fact that in many instances certain severe pregenital fixations impaired or inhibited genital functioning and that early developmental disturbances were seen as forming certain ætiological nuclei for the psychoses led to a rather pessimistic connotation becoming attached to the term pregenital, somewhat similar to the early ill repute of the term narcissism. It is rather striking, however, that in severe neurotics and even more in psychotics, genital *performance* is unimpaired in a rather large proportion of cases. This has been considered by some as a refutation of the libido theory. This genital performance ability, however, often turns out to be peculiarly fragile and subject to sudden disappearance either by disinterest or actual inability at certain disturbed periods. But often, too, the genital needs appear increased, sharper and more demanding both in the patient's life and in his illness. Genital performance, however, does not imply full genital pleasure. Careful analytic study has seemed to me to reveal that in these cases *the genital and pregenital drives exist in varying patterns and proportions of fusion*. This results sometimes in an apparent intensification of genital pressure. Again, the genital performance may be used very largely in the service of pregenital aims yet retaining genital form and even a modicum of genital pleasure. The textures of genital pleasure in these cases vary greatly from that occurring in individuals with a more simple and orderly phase development.

Compared with earlier studies, this paper puts more emphasis on the fundamental maturational processes in the infant, while special events of the individual life are examined rather in relation to their effects on its biogenetic unfolding. This is a point of view in harmony with Freud's stressing of the biological foundation of psycho-analysis. It may have been less conspicuous, however, in the writings of earlier investigators, when supporting or corrective data in allied fields were less readily available and when the psychological components of development, the unique carriers of individual developmental processes, were under close scrutiny, as was essential in understanding the psyche in order to make a system of psycho-analytic therapy. At present, when many observations concerning parent-child relationships are more or less taken for granted by the general public, and the interest in child psychology and the physical development of children has found wide support, even in the daily press, we have at our disposal a mass of data concerning behaviour and growth, often valuable for correlating with, extending, and elaborating our observations from direct therapy in childhood or from reconstruction in adults.

It has long been recognized that in evaluating the effect of trauma on the young developing organism, it is important to consider both the maturational phase at which the trauma occurs and whether its specific nature tends to reinforce the libidinization of this dominant phase (i.e. fits in with and accentuates it), to inhibit and interfere with it, or to reinstate an already developed phase, either by direct stimulation (fusing the dominant maturational with the past but now re-aroused phase), or by encouraging regression for adequate satisfaction. This much has long been accepted.

It appears, from certain clinical material, that it may further be helpful to determine whether the specific stimulus calls for a response in accordance with a phase which is *close to maturity* or as yet quite immature. Further, in addition to the specific nature of the trauma in terms of its relation to the expected timetable of libidinal development, the severity and the duration of the traumatic conditions (in a sense, the quantitative factor) is important in shaping the results. Certain fundamental relationships, resulting in characteristic pregenital patterning, have become so impressive to me that they are offered here even without detailed case studies, which would be cumbersome. (Some such clinical reports have appeared, however, in earlier papers, where one or another set of patterns has been conspicuous.) While it may be possible later to study precisely the varying combinations of influences during the pre-oedipal years and their exact effect on the genital development, for the present we must limit ourselves to a few aspects of these problems with the hope that the present statement may furnish some basis for further investigation. Four principles of relationship, culled from multiple observations and here considered, are

as follows: (1) The earlier in life severe traumas occur, the greater are the somatic components in their imprints, owing to the peculiar emotional-somatic plasticity and responsive participation of the infant before the development of the ego, with the special economizing and discharge functions associated with speech and with the development of conceptual memory. (2) Very severe or very prolonged (chronic) traumas may produce so massive a stimulation as to suffuse the organism. This is particularly true when some ordinary channels of discharge are diminished or prohibited owing to conditions of externally or internally applied restraint, e.g. where severe pain is associated with limitation of motion, or where there is blocking of some regular channel of sensory communication, as vision, etc. (3) The activation of libidinal zones prematurely may produce a precocious but a peculiarly vulnerable development. This occurs either from a specific stimulus calling for a specific, as yet incompletely matured response, or from massive stimulation such that the organism is required to respond with all the channels of discharge at its disposal, including those which are not yet ready. (4) Excessive stimulation, whether massive or specific in origin, results in primitive erotization and ultimately in some degree of genital stimulation long before genitalization in its truer sense is developed, i.e. before the phallic phase. It is possible that further observations along these lines may contribute to our understanding of primary masochism. It is at least suggestive that premature stimulation with primitive erotization culminating in genital arousal under strain might increase the pain component in the pleasure-pain amalgam which is the nucleus of all satisfactions. While much of what is outlined in this paper has been incidentally described previously or at least implied in clinical studies and case reports and may not therefore seem new, I do not know that it has been systematically developed or especially emphasized. It will require much more than the material of the present paper to delineate its wider and specific applications and to test them fully.
Concerning the question of premature stimulation and its relation to later genital development, it is apparent that much will depend on the degree of prematurity of the special stimulus demand. If the gap is not great between the specific response demanded and the corresponding spontaneous maturational phase, a sounder but less striking precocity may ensue. If, however, the gap is considerable, either libido will be drawn from other functions into the specially demanded one which is then established at any price, or the infantile effort at compliance breaks down and a secondary diffusion and state of general stimulation results, even when the initial stimulus has been repeatedly specific. There is some indication that this state may be subjectively comparable to dissolution anxiety of later rage, sometimes with an accompanying sense of bursting from internal primitive instinctual pressures (suicidal panic jumping of the schizophrenic). A few illustrations of premature demands may help. One such direct and common situation is the occurrence of genital masturbation long before the phallic phase. That this may occur even to the point of orgasm is a not infrequent observation, and in my experience, is most common in infants who have been subjected to early stress with resultant increase in tension and susceptibility to an irritable body responsiveness. It has been described as early as the eighth month in an early report by a group of pediatricians. That it may occur as the result of specific genital seduction is also a common observation. Especially noteworthy are those cases in which an overanxious and sometimes unconsciously hostile and envious mother or nurse repeatedly stimulates the baby boy's genital by daily stripping the foreskin and swabbing for purposes of cleanliness. In such cases, there is undoubtedly a precocious development of genital responsiveness, but occurring, as it often does, during the first year of life when the differentiation of the infant from the mother is very incomplete, the genitalization, even with erotization, deforms and degrades the later oedipal relationship to the mother and does not merely intensify it. Such early stimulation of the penis may convert it practically into an umbilical stump.
Other common illustrations of precocious and severe stimulation are forced feeding, the giving of enemas early, or very early toilet training. The local erotization of these procedures is a matter of common analytic observation. The fact that some degree of actual precocity of neuromuscular response can be promoted is clearly evident in the instances of extremely early training to bowel or urinary cleanliness, which may be accomplished in the second six months of life. More striking even than this are the fortunately rare but verifiable

reports of infants taught to perform extraordinary feats of gymnastic skill within the first two to three years of life. Not only is the specific neuromuscular apparatus forced to an entirely premature compliance, sometimes accomplished at the expense of accessory safety measures (over-alertness to feelings of fullness, watchful conditioning to the sight of the chamber-pot, utilization of accessory muscle controls, etc., in the case of early bowel training) but the differentiation of the infant from the environment is so grossly incomplete that the whole significance of the giving up of the excreta is greatly blurred. Indeed when we analyse such children later we find quite often that they react rather as though they had been chronic enuretics or soilers, because the actual performance has been an incompletely perceived one, and because they have had to be so continuously on guard that tension about possible wetting or soiling has developed and formed the substratum of anxiety as markedly as though they had actually been subject to toilet accidents. That a tendency to anxiety accompanies any markedly premature functioning, including the genital, may be true, and establishes a subsequent vulnerability of performance with frequently a later breakdown of the compensated activity. It is obvious, however, that where such specific stimulations have occurred, there will be a distortion of the orderly libidinal development and a linking of the precociously demanded one with the libidinal phase which is naturally dominant at the time. It is probable that changing fashions in child care give rise to distortions of this nature which are paradoxically more misleading to direct observation than to careful analytic reconstruction.

It is a clinically observable fact that massive stimulation or severe and long frustration results in genital stirring even in the very young infant, easily observable in the erection of the male. Later in life, too, any stimulation, if severe enough, may produce genital orgasm. What is less clearly observed is that in such instances there is sometimes a suffusion of the entire orgasm with stimulation, so that all possibilities of relief are tried. In the infant under such conditions, all libidinal zones may be stimulated at once. If this is often repeated, especially in an infant whose discharge capacities are already handicapped, the intensity of the suffused stimulation results in a *conglomeration of zonal sensitivity* and a state of disorganization, in which there is a relative loss of specificity of stimulus and discharge. This is reproduced later in life when one response is substituted too readily and inappropriately for another. It is also observed in peculiar states of confusion with polymorphous interests which are capitalized as defence reactions in some neurotic individuals who have in general a fairly good ego development, but have in infancy been subjected to episodic rather than chronic overstimulation. In some of these children there is a persistence throughout the latency period of a variety of auto-erotic discharges and defences, with enuresis, thumb-sucking, special mannerisms and masturbation occurring concurrently. In others there may be a thin layer or veneer of compensated behaviour which however readily breaks down under new stress, and reveals these polymorphous perverse drives very close to the surface. I have described one such case in considerable detail in a paper on
Prepuberty Trauma, in which the young woman in situations of stress might have an unexpected bowel movement, an involuntary urination, an unexpected vomiting, a genital orgasm, or a severe menstrual flooding without warning and with less than usual relation to the specific precipitating situation. This was the more striking as this patient had a sufficient intellectual and general social development to be able to carry on highly specialized work, although obviously an emotionally handicapped person. It has been my impression that this conglomeration of drives and loss of specificity of stimulus and discharge is discernible in some schizophrenic patients, particularly in those in whom the schizophrenic processes are developed from an impaired state, with gross special handicaps of a constitutional nature, which then form a basis of intra-organismic strain from birth onwards.

Less severe states of this kind are seen in patients who, although other conditions of early life have been relatively favourable, have been subjected to general and repeated stimulations of the primal scene, or to acrobatic handling of being tossed, violently played with and tickled or teased severely early in infancy, or many times repeated anæsthetics or operative procedures. In this same general group are those patients showing peculiar emotional-somatic labilities and confluence of instinctual drives, apparently due to the birth of a sibling within the first year or fifteen months of life. Such

children seem to have been robbed of their infancy and subjected to the continuous torments of bodily discharged jealousy, before speech and locomotion have been securely established. They have been stimulated to precocities in the face of and partly by the constant, generally fruitless regressive pulls together with excessive external demands for progressive behaviour.

It is my opinion further that in all of these cases of increased narcissism due to traumatic stimulations of the first year or two of life, the groundwork for later bisexual identification which is anyway increased may be appreciably further intensified by the constant exposure to siblings of the opposite sex, if the children are bathed and undressed in company and otherwise constantly together. The baby of eight to ten months begins to recognize people individually and certainly responds to the face of the mother. It seems from reconstructions that the infant of this age or at least a little later period also responds to the sight of the genitals of another child and does notice the absence or presence of external genitals at this same period if there is constant exposure and stimulation of this kind. It is possible that vision in general and visual incorporation in particular are very important in the period of about six to eighteen months, and stand in varying relations to orality. The importance of vision increases not only by the maturing strength of the specific musculature belonging to the eye, but it assumes added significance in its rôle in connection with balancing in the process of walking, and increasing precision of motion generally. In the male it takes a part, secondary but special, in the development of urinary control, and in this has a further link to genitality. I cannot unreservedly agree with the earlier belief **(1)** that the prephallic infant 'takes for granted the likeness of its own sexual organization to that of others, and the genital is a matter of no greater concern than the other erogenous zones, notably the mouth', and that the 'sex of the child is immaterial'. It seems pertinent to raise here certain questions regarding these assumptions. It is worth nothing that ordinarily by the age of three the child knows its own sex (cf. the Binet test). This may be an acceptance of sexual identity due to observations concerning clothing and hair arrangements, but is likewise based on concern with the genitals if there has been any opportunity for comparisons. One may well question whether there is some primitive endogenously aroused body image which forms the faint foundation of sexual identity. That observation of anatomical differences occurs regularly at two to three years of age is the experience of nursery school teachers and others in daily contact with young children. It is apparent in the almost universal attempts of young girls at this time to urinate as a boy, but with the definite realization in most instances that this cannot be accomplished. That the child may and frequently does go through a period of assumption that others' genital organization is like his own or that his is like that of others is more likely a narcissistic phenomenon following rather than preceding actual observation of the differences, which may again be denied **(2)**. It seems rather that what is important in the earlier stage is the degree of primary identification with others, the way in which this is influenced by early stresses promoting capacity for firmer body illusions, and its relation to later experiences which furnish reinforcements. It has also been my own direct observation that in some girl children awareness of genital differences with the development of unmistakable penis envy may make a strong and sharp impression if the child is already in a state of deprivation and narcissistic hurt.

Returning to the question of increased primary narcissism due to early repeated overstimulation of the infant, such increase implies a prolongation and greater intensity of the tendency to primary identification as noted and impairment of the developing sense of reality in combination with the increased capacity for body responsiveness and registration of stimulus. It may be that this latter is an important factor in the subsequent belief in magic, since the somatic elements in the identification give it greater force and semblance of reality. This may actually be observed in the pecular recurrence sometimes of highly specific physical illusory or objective symptoms, drawn from an early time in the patient's life and repeated in the course of an analytic situation which again favours their occurrence and their observation. One such impressive example occurred in a patient of mine who had a younger sibling born when she was twenty-seven months old. This child was badly damaged at birth, forceps injury producing severe head mutilation (later found to cause bilateral deafness). My patient had accompanied her mother to the distant city where this baby was born and had stayed in a hotel with a nurse while the mother was in

hospital. On the trip home, my patient developed a severe mastoiditis which required hospitalization and much traumatic dressing of the wound. The whole area became eroticized, and the subsequent depressed scar was fingered by the little girl in autoerotic fashion. Whether the injury of the baby had any effect on localizing the infection by any process of identification could not be definitely told later, but that the occurrence of this infection and its treatment caused a secondary identification with both mother and infant in which there was a strong somatic pull was clear in the content of the analysis. It was most strikingly reproduced when the patient's mother became ill with a gynæcological condition requiring operation, thus simulating the early birth situation. The patient left the analysis to go to her mother who was at some distance away, actually retracing the journey of her early childhood. Her return was delayed because, it was reported, she had contracted chicken-pox. Her opening remark to me in her first subsequent hour was 'What do you think of my catching a kid illness like that?' On further examination it developed, however, that she had not actually developed chicken- pox but a localized eruption with small blebs, limited entirely to the old mastoid area, and clearly associated with the reactivated memory. (Other aspects of this case are given in an early article on anxiety **(3)**. Note also the case described in the paper on Respiratory Incorporation and the Phallic Phase.)

Such children may therefore become more than ordinarily prone to strong bisexual identifications reproduced with illusory body compliances. This means an unusual burden at the oedipal period, with evidences of particularly vivid and severe conflicts followed by an incomplete solution of the Oedipus complex in boys and no solution at all in many girls. In severe cases the whole oedipal problem is then deferred until puberty, when the castration problems arise with extreme intensity, according to the marked bisexual identification, under impact with the genital and secondary sexual body changes, and especially influenced by the secondary narcissistic problems of group identifications of this period. In such situations it is glaringly apparent that the main focus is the unresolved oedipal incestuous attachment, but neither the intensity of this nor its stubbornness can be understood in terms only of the specific family constellation and relationships, resting as it does on the nature of the pregenital components and corresponding deformation of the ego development in its early stages. Without analysis of these elements, work with the Oedipus complex as such may be unsuccessful.

It should be noted, however, that such malformation and intensification of the Oedipus complex do not appear to be a precocity of the complex itself; that in fact the greatest contributing disturbance occurring in the first year of life increases and prolongs the introjective and projective mechanisms in which the incomplete differentiation of the infant from mother and surroundings must blur the identity perception but increase potentialities for further disturbance after the development of conceptual memory.

In summary—this paper has attempted to present considerations concerning certain conditions which influence and distort the regular development of libidinal phases in ways which have not previously been clearly emphasized in psycho-analytic studies. The four main sets of considerations which I have myself observed and here attempted to illustrate are (1) that *very* early stimulation increases the somatization of the memories and symptoms arising from it; (2) that massive or very severe stimulation suffuses the infant with excitement which utilizes all possible channels of discharge; (3) that in such overstimulation, drives from phases not yet mature may be aroused as well as those from already matured phases; (4) that genital arousal occurs from an early time in states of frustration or overstimulation, and the nature, extent and timing of such premature genital arousal probably influences the nature of the genitality later, both as to performance and pleasure. I have attempted to suggest and illustrate some of the possible sequelæ of the varying combinations of inter-phasal stimulations occurring in the pregenital era, but most of all would indicate the need for further examination and elucidation of these conditions.

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