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UNCONSCIOUS PREGNANCY FANTASIES AS AN UNDERLYING DYNAMISM IN PANIC DISORDER

Unconscious pregnancy fantasies are outlined as an underlying dynamic organizer to the panic experience in some patients with panic disorder. Detailed case material from the treatment of two childless panic patients, one male and one female (nonpregnant) is presented to illustrate this. A literature review found reports of nine nonpregnant patients, none exposed to a pregnant analyst, in whom these fantasies are described as central. Four of these patients had a psychiatric syndrome consistent with panic and agoraphobia. Some mechanisms that may underlie these connections are explored.

Panic disorder, a syndrome in which patients experience recurrent attacks of severe anxiety accompanied by at least four physiological symptoms of autonomic arousal, has in a variety of prospective, randomized studies been shown to respond to both psychopharmacological and psychotherapeutic treatment interventions, in particular to cognitive-behavioral techniques (Milrod et al. 1996). Nothing is known about the efficacy of psychodynamic psychotherapy or psychoanalysis in treating panic, because prospective studies have yet to be performed. Nonetheless, many psychoanalysts have described successful psychodynamic treatments of patients with panic disorder (Milrod and Shear 1991; Milrod 1995; Stern 1995; Renik 1995; Kessler 1996). The mechanism of action for all anti-panic treatments remains unclear. That psychodynamically oriented psychotherapy has been reported effective makes us curious about what particular facets of the interventions

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delineation of the unconscious dynamisms observed in panic patients is therefore important.

Freud's original description of anxiety neurosis (1895), which remains a central clinical description of panic disorder, involved a chronic state of "anxious expectation" and difficulties with separation from loved ones. Freud's first theory about the etiology of anxiety neurosis was that these patients, who he believed had an underlying physiological vulnerability as well, suffered from inadequate sexual gratification as a result of various life circumstances, largely coitus interruptus. He believed that chronic sexual frustration caused them to fall ill with the condition. As Kessler (1996) points out, one of the reasons that Freud's original description may have remained influential in psychopharmacological and cognitive-behavioral circles is that it does not address intrapsychic dynamisms.

Although the affect of anxiety holds a central place in psychoanalytic theory, panic disorder per se has not consistently been addressed as a distinct diagnostic entity in the psychodynamic or psychoanalytic literature, probably because of the narrow syndromal definition outlined in DSM-IV. Nonetheless, several unconscious dynamisms present in panic patients have been described (Busch et al. 1991; Shear et al. 1993; Kessler 1996). These include difficulty with the experience and expression of conflicted anger and libidinal urges (Busch et al. 1991; Fenichel 1945), terror of separation from dear ones, and a sense of feeling trapped and engulfed by those close to them—so-called "suffocation-sensitivity." Both oedipal and preoedipal levels of pathology have been implicated (Kessler 1996; Tyson 1988; Greenacre 1960). Some authors have highlighted difficulties with the separation-individuation process, leading to the symbolic equivalence of loss of the phobic partner/mother with loss of a part of the self (Francis and Dunn 1975). Panic patients have been described as prone to self-fragmentation and as frequently experiencing the need for an external object, such as a phobic companion or therapist (regardless of orientation), to help them sustain an integrated sense of identity. Intense emotional states trigger the threat of fragmentation in these patients, because they are unable to use signal anxiety defensively to avoid traumatic anxiety (Milrod 1995; Tolpin 1971).

This paper will outline unconscious pregnancy fantasies in two patients with panic disorder, one male and one female. While both exhibited many of the dynamisms previously noted in panic patients, in

both this set of fantasies appeared to hold a special place in their unconscious lives, as important dynamic organizers of their panic experience. Presumably, for some panic patients these fantasies come to be organizing because of the way they permit the avoidance of real, painful separations by means of a fantasy restitution, and foster regression through identification with the baby.

CASE 1: MS. A

Ms. A, twenty-seven years old and newly married, presented for treatment in an acute state of panic and agitation three days after returning from her honeymoon. Unable to be alone or to leave her apartment, she reported having multiple panic attacks each day. The attacks were terrifying and made her cry uncontrollably. Most disturbing for Ms. A, the attacks featured vertigo, tingling in her extremities, and severe nausea. She was very frightened that she would vomit during the attacks. She had not vomited since her teens, and reported the unaccountable fear that if she started to vomit she would never stop.

The attacks had begun three months before her wedding, when she was engrossed in planning the event with her mother. During her frequent visits home, she had seen a psychiatrist who initiated serial trials of medication including alprasolam, three SSRIs, nortriptylene, and finally clorpromazine. Nothing had relieved the panic, which only worsened. Ms. A's preoccupation before the wedding had been that she would be unable to "walk down the aisle" and hence would not get married. During this period, the only situation where she felt at all comfortable was "sitting naked on the toilet seat." During these months, it was difficult for her to tell if her symptoms were "physical sickness or insanity," and she rapidly developed a long list of phobias, derived largely from circumstances in which she had had panic attacks (cars, airplanes, restaurants), although they all featured her sense of being frighteningly removed from her claustrum, the bathroom. Physical surroundings in which there were many sensory stimulations such as bright lights, loud music, and strong odors disturbed her particularly.

Before coming to see me, Ms. A had visited several emergency rooms and presented various physical complaints, most notably dizziness and a near blackout just before boarding an airplane coming back from a visit to her parents. On her honeymoon she went to an ER with severe stomach pain (and was diagnosed as having a peptic ulcer). She

had managed to get through the wedding, but had nearly fainted just before it. She had believed that once the event was over, she would stop panicking. However, her symptoms worsened on her honeymoon, and she began to be disturbed by "bad thoughts" that made her frightened she might be "crazy." Among these thoughts was the idea (to her, completely irrational) that she was pregnant (she religiously took her birth control pills and had not missed a dose), the sudden belief that because a friend of hers was allergic to shellfish that she would be, and, most disturbing of all, the intense urge to "slice off" her hands with a knife. The latter thought had begun when Ms. A started to have an irritating sensation of tingling in her wrists, which frightened her.

Because of her presenting symptoms of nausea and dizziness, the ER physicians had repeatedly asked her whether she was pregnant. She began to tell friends who were pregnant that she thought of her panic symptoms as akin to the first trimester of pregnancy. In the month leading up to the wedding, she became convinced that she would be unable to "stand it" if she were to become pregnant, although earlier in the year she had vaguely thought that she wouldn't mind having a baby. It later emerged that her dearest friend had announced her first pregnancy the week before Ms. A initially developed her panic symptoms, that this was her first very close friend to become pregnant, and that Ms. A, though "initially thrilled for her," had rapidly become consumed by barely conscious fantasies of being herself pregnant.

Six months before the wedding, before the onset of her attacks, Ms. A had quit her job. She did so because she thought that the women she worked with were "mean and catty," and the work situation pointless and petty. Her fiancé supported her decision to quit, and she vaguely thought that she would just "hang out" until the wedding. In her psychotherapy it became clear that one of the reasons she had made no plans about what she would do was that she had entertained an inchoate fantasy that her life would somehow be transformed after her marriage. "I imagined that the two of us would grow more together," she tearfully said, noting how this had not proved to be the case. None of her friends or acquaintances were unemployed, she pointed out, except of course brand new mothers.

Although she had never before had panic symptoms, Ms. A did have a long history of somatic symptoms at times of emotional stress. Her father was a physician, and her somatic concerns often led to his gruffly reassuring her. These concerns, often involving stomachaches,

commonly occurred in the middle of the night. Throughout her childhood and into her twenties, she often woke her mother at night, asking her to take care of her for various physical complaints. She and her mother often stayed up all night tending to these symptoms. Although she felt distressed at being ill, the process with her mother was very gratifying. This nocturnal pattern was repeated with her new husband.

Ms. A sobbed through the first two weeks of her thrice-weekly psychotherapy. Whenever she mentioned her mother, she burst into fresh tears and sobbed that her mother was a "perfect person." I pointed out that she seemed to miss her mother a good deal, and that she also seemed to feel terribly cut off from her since her marriage; she mutely agreed. "That's it," she said sadly; "I'm supposed to be grown up." Ms. A required a lot of reassurance from me that she would get better during the early phase of her treatment. She informed me that she always asked her mother for reassurance when she was ill as well. I pointed out to her that she seemed to want to think of me as a caring mother-substitute rather than as someone who could help her unravel her feelings.

Initially, Ms. A expressed the ardent desire that she didn't want any of her symptoms to have a psychological meaning. "Maybe it's just a physical thing," she said hopefully. I began to point out that it seemed she had the fantasy that this was so. She responded by crying, "I have this terrible feeling that I'm a bad person."

Despite the above interchanges, Ms. A maintained a tone of cheery childishness that was often at odds with what she was saying in this early period of her treatment. She initially stuck to describing her physical sensations in great detail, but gradually could talk about how disturbing it was for her to have negative feelings about someone to whom she was close. Her panic attacks began to abate as we explored her difficulty acknowledging how angry she had become at her husband for not paying enough attention to her, and how hard it was for her to openly assert herself. In particular, as we explored the disorganizing degree of her somatic symptoms when she had been rushed to the emergency room after attempting to board the airplane, she reported feeling frightened and confused, especially that her husband had not come to the hospital, and had not even left the meeting he was attending when she had the doctors call him. "I think it might have made me mad," she said.

I remarked on the tentative way in which she reported this.

"I'm not sure whether I'm being unfair," she said. "I never could stand being unfair—maybe I shouldn't have needed him to come? Things just aren't the way I'd like them to be."

I pointed out how terribly uncomfortable she seemed to feel in expressing dissatisfaction with her husband.

"Well, he is a good person," she replied.

Ms. A said that she tended to "walk away" from situations in which she might become hurt or angry. In exploring the set of feelings she was experiencing with regard to her husband's not having come to care for her in the emergency room, it emerged that being angry seemed to be jarring to her fantasies of "being so close to" him "that it's like we're the same person almost," a description she used to characterize her relationships with her mother, several close girlfriends, and her husband. As we began to explore some of these ideas, she reported the following dream: "I dreamed that I was in my parents' house and that there was a big party downstairs. My father was entertaining many guests and they were laughing. I had to go to the bathroom really badly, but all of the bathrooms were broken, there were no toilets. I told C [her husband] that I was in a crisis and that I had nowhere to go to the bathroom. Downstairs, I caught a glimpse of my father doing these party jokes, holding up all of the toilet seats from the whole house. I was frantic."

In association to this dream, she said that as a young adolescent she had gone through a "weird" period in which she had retained her stools, at times for over a week, "because I didn't want to go to the bathroom, I'm not sure why." As she described this symptom, it emerged that it had occurred largely at times of difficult separations from home—for example, at sleep-away camp. "It's crazy—not going to the bathroom was horribly uncomfortable sometimes," she said, "but I have this funny feeling that being so uncomfortable and bloated made me feel less lonely, like I had something warm and important in there." She went on to add that her father had blamed her later stomach problems on this habit.

I asked her what came to mind about the idea in the dream that she had to go to the bathroom but there was no place to go. She paused, and in response said, "How does a baby go to the bathroom before it's born?" When I asked her what occurred to her about the question, she became flustered and said she wasn't sure why she had said that, the thought had just popped into her head. I pointed out that

it seemed she was having some thoughts and questions about babies and pregnancy lately.

"I guess I've been thinking about pregnancy in general," she said. She cited her intense preoccupation with her friend's pregnancy and the many physicians who had asked her if she were pregnant in the months leading up to her coming to see me. "In a funny way, what's wrong with me now is kind of analagous to being pregnant, I just can't explain it," she said. "I hate defining things in words."

"You talk as though you have the fantasy that you are pregnant," I told her.

"Maybe," she smiled.

The session in which she reported this dream heralded a more sober tone to Ms. A's treatment. She began to feel that her previous style of "not thinking" about anything she did was strange. She now described being "obsessed with" her treatment, her thoughts, and me. "I'm not sure I like being like this," she complained. "I want to go back to the old me who never thought about anything, even though I know that that's why I wound up with panic." I told her that it was my impression that she felt she had to think about these issues all the time in order to be a good patient for me, and that it was a way of keeping me with her all of the time. She agreed, and said that she always tried to be good with everyone, and that she did think about me when she wasn't with me.

Her panic attacks and associated phobias had by this point in the treatment (two and a half months after its commencement) entirely resolved. She began to talk more about the idea of pregnancy, and described various vague fantasies she had been aware of in recent months that she was pregnant, and also the idea, which would strike her at these times, that she was a child and "too young for all of this," "shockingly alone," and on her own. "I'm just too little," she said once. "I'd have to stop being a kid, and I don't want to. Sometimes I think I'd rather be the baby."

As her anxiety improved and she resumed her social life and began the process of applying to graduate school, her husband started to complain that despite her not working, he had to clean up after her constantly. He told her that she acted like an incompetent child who needed constant care. Ms. A was terribly hurt, but said that she thought her husband's complaints were justified. She recalled behaving in a similar manner with her mother and her sister, three years her junior. She began to notice that she enjoyed acting childish and irresponsible, and that she

particularly seemed to enjoy having other people clean up her messes. She liked getting them angry, and acting silly and nonchalant about it, she had to admit. People got so upset. She recalled her very first memory, of her mother bringing her younger sister home from the hospital when she was three. They had been on the street outside the family home. "I knew things were going to be bad from then on," she said.

She began to report having trouble sleeping. Night after night she awoke in the middle of the night "for no reason" and was awake for several hours. At these times, she felt physically uncomfortable but wasn't anxious, and had to move into the living room to sleep on the couch, where it was less hot away from her husband. She reported the following dream (which she had while sleeping on the couch): "I dreamed that D [her friend who was nearing the end of her third trimester] had her baby, that it was a boy, and that he was named Giuseppe. I woke up and said to C, 'Can you believe D named her baby Giuseppe?'"

"It's the weirdest thing," she said. "I've never known anyone named Giuseppe. It's an Italian name, and I don't know anyone who's Italian." She also mentioned that in the past few nights, when she had been unable to sleep, she had found herself singing the songs from *Joseph and the Amazing Technicolor Dream Coat* over and over to the point that she couldn't sleep. "I just love the music," she said.

I asked her about the musical, which seemed to disconcert her. It was hard for her to narrate a coherent story about it. She finally managed to say that in her view the emphasis of the story was that Joseph was the preferred child of his eleven brothers and sisters, and that as a result his siblings had tried to kill him. Much later in the story, after he had interpreted Pharaoh's dream, he and his siblings made up. She asked me why I had asked her to tell me the story of the piece, and I pointed out to her that "Giuseppe" is the Italian translation of "Joseph," so it appeared that the story was connected to the ideas in the dream. She seemed surprised, and thoughtfully said that as she had fallen asleep that night she had been thinking about D's baby and how completely physically and emotionally intertwined you must be with your baby, and that she had also had the thought that she had to ask her mother yet again (apparently this had been a common question for her as she was growing up) to tell her that she was her favorite child, something her mother never did.

In further association to the dream and her recent sleepless periods in the middle of the night, Ms. A mentioned that she knew that since D

had been in the third trimester of her pregnancy she also frequently woke in the middle of the night and was "just awake, feeling uncomfortable for hours." "I seem to be living through this pregnancy thing with her," she commented.

Formulation

Ms. A appeared to have a fantasy that she was pregnant which organized much of her panic experience, as well as her early married life. The fantasy served multiple purposes, and represented several levels of conflict and confusion. The fantasy appeared to be an important self-soothing mechanism at the time of Ms. A's marriage, much as retaining her stool had been earlier, during frightening separations from her mother, when she felt anxious, incompetent, and alone. Earlier on in childhood, stool retention had not been symbolic of pregnancy per se, but had been a way of keeping her mother with her in fantasy at times of terrifying separation, when she was presumably experiencing a threatened loss of identity and integrity of her self-representation. In the first dream, under pressure of needing to separate from her mother, her wish to return to a time when she was an infant and was cared for by her mother is clear. Ms. A's self-object confusion and fantasies of merging with her mother can be seen riddled throughout the case material. In this emotional climate, loss of her mother led her to panic. The idea of being pregnant in her current situation harked back to her stool retention and represented a reunion with her mother at a time of symbolic departure from her (A's marriage). In a related way, it united her with D, a distant and motherly friend.

In fantasy, Ms. A was the baby inside the uterus, cared for by her mother, C, D, and later me. In this aspect of the pregnancy fantasy, she was the preferred child. These regressive fantasies served to blur distinctions between different people, between men and women, and, most frighteningly, between herself and others. Being a tiny baby also served to abolish the scary experience of being angry with those she loved, such as C. The dangers of wanting to be the preferred one, as illustrated by the Giuseppe dream, could largely be avoided by being a baby in utero: there would be no competition, because she would be the only one. The panic attacks began at a time when even this powerful, largely unconscious fantasy was threatened by an impending symbolic separation from her mother, and C was not replacing her as Ms. A had imagined he would.

CASE 2: MR. B

Mr. B, a nineteen-year old man who presented with severe and disorganizing daily panic attacks and agoraphobia in the setting of leaving home to attend college in a distant city, experienced a resolution of these recurrent attacks six weeks after starting his twice-weekly psychodynamic psychotherapy. Panic symptoms remitted after I observed to him that he routinely experienced emotional conflicts and humiliations as obsessional ruminations about something being the matter with his penis, and that these thoughts actually served to reassure him because he knew there was nothing wrong with it. Central preoccupations that troubled him early on in his psychotherapy were connected with his mixed feelings and disappointment vis-à-vis his parents, who were disorganized and low achievers, and had a flagrant sadomasochistic sexual perversion. Central organizing fantasies that emerged early in the treatment involved his having viewed, early in adolescence, his father's illegal snuff films, in which a prostitute/actress "had to have been really murdered" following scenes of graphic genital mutilation "by a big, evil, disgusting guy who reminds me of my father." Although Mr. B rapidly became panic-free, I recommended psychoanalysis because of his chronic sexual dissatisfaction and persistent difficulty in permitting himself to function and compete in academic or social settings. In analysis it emerged that these inhibitions were related at least in part to his childhood history of having in latency been sexually fondled by his mother, whom he described as "an airhead" thrillseeker rarely capable of consecutive thought. The first several years of his analysis were largely successful, and resulted in substantial academic and social improvement as he began to unravel his terror of achievement and its connection in his fantasies with being a sadistic abuser. His grades climbed from the mid-C range as an undergraduate to a 4.0 average in a highly competitive graduate program. His social circle, which at the start of the analysis had included only his girlfriend, had enlarged to include a number of friends whom he trusted enough to see regularly and with whom he felt comfortable conducting intimate relationships. He remained quite frightened of other people.

The focus of much of the analysis included the patient's provocative wish to be passive and to be forced to do things by others, including the analyst, and his sense of being unable to perform as an adult man because of fantasies of being either like his disturbed and incom-

petent mother or, more frighteningly, like his perverse and sadistic father. As his inhibitions lifted, he developed a more graphically terrifying concern that his academic successes represented the fantasy equivalent of murder and unnameable sadistic acts. His passivity in this context also carried the significance of a wish to repeat the childhood sexual experiences with his mother, having things "done to him," in the setting of his analysis and elsewhere.

The following clinical material is from the end of the third year of analysis, in a period of crisis during which panic symptoms reemerged for a month or so. At the time in question, Mr. B had just been ranked as the best student in his small and competitive graduate school program. The week his panic recurred, he was engaged in writing, as part of an application to an even more competitive postgraduate program, a series of essays describing what he wanted to do with his future. As he wrote the essays, he found himself unable to write anything "serious and acceptable" and instead wrote "jokes": cynical descriptions of his desire for the training he was applying for, expressed in terms of his wish to achieve personal power and control over others. These "jokes" were likely connected with the traumatic aspect of his early passivity with his mother, and his urgent wish to turn passive into active, thereby controlling his mother in the way he felt she controlled him. He was preparing at the time for an important national examination that it was essential he do well on if he was to get into the program, but he found himself unable to study. Of importance in explaining his panic recurrence was the fact that the new graduate program would bring him closer to his analyst's level of academic training, hence bringing a new and compelling level of competition to the transference. For example, he began to ask me in an offhand way where I had done my training.

In the month before the panic recurrence, he had been feeling quite anxious at times, most often when he attempted to study. He said he had the impression that he wasn't studying as efficiently as he had in the past, and that he couldn't absorb new material as well. He said he wasn't worried about the approaching examination or the application process, and when I pointed out what appeared to me to be his growing anxiety, he greeted my comments with derision, saying that he had overcome his performance anxiety "completely," that he was now comfortable in the knowledge that he was "really smart," and that by mentioning his anxiety I was "messing" him up. He resented my connecting his sense that I was trying to interfere with his progress and his competitive

feelings toward me. He also complained that he had become increasingly anxious about having sex with his girlfriend and worried that he was hurting her during intercourse (a concern he had expressed before entering analysis). At this point in his treatment, his concerns about sex were focused on the idea that his semen was "dirty," and that ejaculating into his girlfriend's vagina felt like the equivalent of "dumping" his "garbage in there." Mr. B's girlfriend had recently announced that she would like to marry him and bear his child. He was terrified that she would become pregnant, even though she had not stopped using birth control pills. In this setting, he had the first panic attack he had had in years, after waking from a terrifying dream: "I dreamed that my mouth hurt. When I went to the mirror to see what was wrong, I saw that I had rows and rows of cascading teeth, all disorganized and honeycombed. Some were rotting. It was a disgusting sight, and I was screaming to my parents that they had to do something about it. I woke up screaming."

In association to the dream, Mr. B said that in the dream his mouth looked like a shark's mouth, "only worse. It was also like a honeycomb, a hatchery for bees. It was unbelievably disgusting. It makes my skin crawl to think of it." He went on to say that he had always been disgusted by honeycombs and the way bees "would be born and nest there—how their life was there in this gooey gook."

Mr. B had long-standing problems with his teeth and as a child had had extensive orthodontia which had been painful and which he recalled with the bravado he generally used to protect himself from his many scary childhood experiences. For long periods of his life, he had refused to brush his teeth. Now, in thinking about this dream, he exclaimed, "I just wanted to get rid of all of my teeth! I kind of still do now." He said that he worried about what could be "growing" in his mouth, some kind of infection or "bugs." As he said this, he reported feeling lightheaded and short of breath.

I pointed out to him that the image of his mouth being represented as a shark's mouth seemed to call up the recent concerns he had been describing, that he was a "competitive killer," but that in the dream the killing was expressed in terms of oral devouring. In response, he said that he had been having fleeting fantasies of "eating beautiful women" rather than sleeping with them. This interchange seemed to calm him.

He said that he preferred the disturbing idea of eating people to kill them or to have "some type of sick sex with them" than the other, really

nightmarish aspect of the dream: "I really don't want to talk about this, I just want to forget it, but the idea is kind of compelling—this thing about my mouth being a bee hatchery. It makes my skin crawl, this idea that there's something growing inside me and my mouth—an infestation of bugs. I think that this is crazy," he said. Again, the mention of his mouth growing creatures inside it made him nearly panic.

Later on in the session, he spoke of his fears that his girlfriend might "make" him have a baby with her—"in which case, I'd have to kill myself," he said with a bland smile. I pointed out that the dream seemed to represent the babies he was worried about growing in his mouth. He shuddered and said that this type of thing was what made him despise me and the process of psychoanalysis.

In the next session he reported that he had felt somewhat less anxious after leaving the office, but that he had had another dream: "I dreamed that I was in this old-fashioned medical amphitheater like in the movies. There was going to be an operation, and I was the patient. I wasn't worried, because the doctors all looked calm and relaxed. I did exactly what they said. I was awake, and they were talking and joking with me. I lay down on this table in the center of the room and they did the surgery. The surgery in the dream was that they were taking off my penis. I wasn't upset because I believed there was supposed to be a second part to the surgery in which they were going to reattach it, it was some kind of experiment. The doctors took a break after they took off my penis, and I was sitting around with them. Time kept dragging on, and I finally said I wanted to start the second half of the proceedure and get my penis back. The doctors looked horrified and started yelling at me that I should have read the consent form better, and that there was no second half to the surgery. They said I'd been irresponsible and lazy about the operation. I woke up screaming."

Mr. B said that he knew that I was going to say that the doctor-patient relationships represented in the dream were connected to his feelings in treatment with me, so I should save my breath. "It looks as though you feel you'd better take a more active role with me and fend me off because things might get dangerous here," I told him. He agreed. He then said he was starting to feel panicky again and wanted to change the subject, "even though we shouldn't." He told "gross doctor stories—just to try to upset you," and his anxiety passed.

I pointed out (as I had at times in the past) that the fantasy of getting me or someone else anxious seemed to make him feel less

frightened, and I reminded him how frightened he had been in the last session by my pointing out his idea from the dream of giving birth to babies out of his mouth.

Mr. B became quiet and tearful. At length he said that when he was little his mother had told him that she had had an abortion during her adolescence, before she gave birth to either of her children, and that the doctor who performed the procedure had told her that the abortion had made her infertile. "I don't even think I understood the words she was saying, I remember asking my sister to explain it to me over and over. This makes me so sad," he said, "and I'm really not sure why. It always did, even when I was little. Why should it? My mother would cry and cling to me so tight, and if I asked her why, she said it was because of that. It made me mad at her and I would scream at her, but I also wanted so badly to make it better for her. . . . I think those times were when I really first felt massively out of control of my anxiety—like I would die from it. I think I had some kind of idea that I could make it up to her, that I could have babies for her . . . then I started needing all that dental work, I don't know . . . it's all fuzzy and hard to explain, but I have the feeling it's connected to the dream."

Formulation

For Mr. B the childhood fantasy of giving birth to babies out of his mouth in order to "make it up to" his mother was intimately connected to his early experiences of terror about what was wrong with her, both emotionally and physically, as a "crazy," castrated, abused, and potentially infertile woman, and his early feelings of uncontrollable anxiety. His panic levels of anxiety were connected to his inability to control upsurges of passion that made him feel more like his crazy mother, and that involved impulses to be aggressively, violently assertive. This became important to control, which he did by changing his sexual identity in fantasy. The panic attacks and the fantasy of being pregnant and losing teeth were multidetermined, and during the period described in the middle of Mr. B's analysis, they reemerged in connection with the recurrence of his panic attacks and his terror that he would be punished for competing with his analyst and becoming a sadistic abuser like his father, which in fatasy his outstanding academic achievements represented to him. As a result of this terror, he feared being punished for being a man, and so wished to be feminine, pregnant, and nonthreatening (hence he didn't want to "dump his

garbage" in his girlfriend's vagina) and had the wish to be castrated, to surrender his penis, an image clearly represented in both dreams. He identified with his mother and his female analyst, and imagined himself to be an abused, incompetent pregnant woman. The image of the cascading shark's teeth, honeycombed and falling out, neatly represents his wish to be a woman and be castrated, his fantasy of being pregnant in identification with and as restitution for his mother, as well as encompassing the image of her abortion and imagined infertility. His identification with her in this regard was long-standing and had far-reaching effects. These included such disparate symptoms as his unwillingness to achieve throughout his childhood and adolescence, and his childhood decision not to brush his teeth.

In the transference, I was another woman with whom he was identified, yet I was cast also in the role of the person threatening his reassuring identification with his mother; the work of the analysis was represented as a threat because he experienced it as pressure to return to his masculinity. This emerged in most of his interactions with me: from his snide aside that my mentioning his concerns about his upcoming examination was trying to "mess" him up, to the dramatic and graphic second dream.

DISCUSSION

Both of these cases illustrate the highly complex material that can emerge in the process of exploring the unconscious significance of panic symptoms. Panic attacks, like all symptoms, are multidetermined intrapsychic phenomena that do not lend themselves easily to brief description or immediate understanding. Certainly not all patients with panic disorder have unconscious pregnancy fantasies, nor do all patients with unconscious pregnancy fantasies suffer panic attacks. For both of the patients described here, these attacks were partially interwoven with unconscious pregnancy fantasies, which served as both terrifying and soothing mediators of an unconscious fantasy of reunion/merger with the mother. For the male patient, the fantasy of being pregnant meant that he was like his mother—feminine, unable to think, nonthreatening—and hence that he could avoid being castrated because he already was.

Pregnancy fantasies in nonpregnant patients have been described in the psychoanalytic literature. Some of the unconscious dynamisms

found to underlie these fantasies in the patients presented here have been described before in patients with unconscious pregnancy fantasies. These include the presence of a preoedipal identification with the mother as a defense against the experience of overwhelming rage (Van Leeuwin 1966) and fears of castration (Rose 1961), as well as a primary, preoedipal, asexual wish on the part of children of either sex to be like the mother and to have a baby (Rose 1961; Evans 1951), often in an attempt to be closer to her. This has been thought to be a regressive phenomenon in men, arising at times when masculinity is demanded (Van Leeuwin 1966), in a similar manner to the second patient described here. I have found nine reported cases (Rose 1961; Evans 1951; Eisler 1921; Barrett 1939; Silberer 1925; Freud 1911; Richards 1981) of unconscious pregnancy fantasies in patients who were not pregnant, and who were not exposed to pregnant analysts (in which case one would expect a higher level of identification with the pregnant analyst and/or her baby as central manifestations of the transference). In all of these cases, stool retention was present and was incorporated into some aspect of the pregnancy fantasies, as Ms. A's was (Rose 1961; Evans 1951; Eisler 1921; Barrett 1939; Silberer 1925; Freud 1911). Of these nine patients, four had agoraphobic symptoms with panic attacks, which are reported in varying degrees of detail (Rose 1961, cases 1 and 2; Evans 1951; Silberer 1925). Four of the patients presented with conversions (Rose 1961, case 2; Eisler 1921; Silberer 1925; Richards 1981).

Having had the experience of treating over thirty panic patients with psychodynamic psychotherapy or psychoanalysis, I have not clinically observed that unconscious pregnancy fantasies are universal in this population. Nonetheless, these patients are frequently preoccupied somatically and concerned with tiny physiological variations that they observe in their bodies (Milrod et al. 1997). Their somatic concerns and focus on physiological phenomena become incorporated into the dreadful fantasies associated with panic attacks. It may be that the specific ego defects outlined above, which make the use of signal anxiety impossible, also create an intrapsychic environment in which self-other boundary confusions persist. These intrapsychic conditions may lend themselves to the development of persistent childhood pregnancy fantasies into adulthood, where they can be woven into the content of panic attacks. This may in part occur because of the way in which pregnancy fantasies serve to undo separations, which are well

known to be extremely complicated for patients with panic disorder (Busch et al. 1991; Shear et al. 1993; Francis and Dunn 1975; Milrod et al. 1997). This phenomenon deserves further tracking by psychoanalysts who treat panic patients so that we might expand our understanding of these highly symptomatic patients and offer them more effective treatment.

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