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The Adaptive Function of Fantasy: A Proposal From the Perspective of Control-Mastery Theory

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The aim of this paper is to show the evolution of the psychoanalytic conception of fantasy/phantasy from a psychic activity aimed at denying reality and/or fulfilling frustrated wishes to a tool useful for adapting to reality. We will then review some recent findings of empirical research on imagination and mental simulation showing how these activities, and mind wandering in general, is expression of the constant effort of the psyche to set and pursue adaptive goals, to elaborate and test plans, and to master and solve problems and traumas. Finally, we will show how these empirical data are consistent with the conception of fantasy proposed by the control-mastery theory (CMT; Gazzillo, 2016; Silberschatz, 2005; Weiss, 1993), an integrated cognitive-dynamic relational theory of psychic functioning, psychopathology, and psychotherapy developed and tested in the last 40 years by the San Francisco Psychotherapy Research Group.

Keywords: adaptation, fantasy, control-mastery theory

In this paper we refer to fantasy/phantasy[1] as a pleasant situation that you enjoy thinking about but is unlikely to happen, or the activity of imagining things (Procter, 1995).

Classical psychoanalysis (Freud, 1908/1953; Laplanche & Pontalis, 1973) regards fantasizing as a mental function aimed at fulfilling, often in disguised form, unconscious frustrated wishes, while recent empirical findings have started to consider fantasy as an evolutionary selected mental activity that promotes our adaptation to the environment (Klinger, Marchetti, & Koster, 2018).

After a brief historical overview of the psychoanalytic conceptualizations about fantasy/phantasy, we will point out the *adaptive functions* that can be carried out by fantasy according to recent empirical findings and to the theoretical and clinical assumptions of control-mastery theory (CMT; Gazzillo, 2016; Silberschatz, 2005; Weiss, 1986, 1993; Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986), an integrative, cognitive-dynamic relational theory developed by Joseph Weiss (1993) and empirically validated by the San Francisco Psychotherapy Research Group in the last 40 years.

A Brief Historical Overview About Fantasy

Following classical psychoanalysis, Laplanche and Pontalis (1973) defined phantasy as an "imaginary scene in which the subject is a protagonist, representing the fulfillment of a wish (in the last analysis, an unconscious wish) in a manner that is distorted to a greater or lesser extent by defensive processes" (p. 314). Sigmund Freud used the term fantasy/phantasy in different ways in different places, but he never fully discussed his thinking about this concept (Laplanche & Pontalis, 1973; Spillius, 2001). In *The Interpretation of Dreams* (Freud, 1899/1958), Freud discussed the importance of daydreams, that he related to unconscious fantasies, without specifying similarities or differences between these two phenomena. Later, Freud (1908/1953) wrote that both night dreams and daydreams are wish fulfillments. In "Creative Writers and Day-Dreaming," Freud (1908/1953) connected fantasy to the experience of childhood play, through which the child creates an emotionally charged world distinct from reality. According to Freud, play in children is driven by the wish to become an adult and, since this desire has no reason to be disguised, and in his games the child imitates the adult world without shame. As children grow up, they will tend to inhibit the desire to play; but since they cannot abandon the pleasure experienced by engaging in that activity, they will replace playing with phantasy—play and phantasy are each the continuation of the other. "A happy person never phantasizes, only an unsatisfied one. The motive forces of phantasies are unsatisfied wishes, and every single phantasy is the fulfillment of the wish, a correction of unsatisfying reality" (Freud, 1908/1953, p. 146). According to Freud (1908/1953), the content of a phantasy varies depending on sex, age, character, and circumstances; but in principle, there are two macrocategories of fantasies: fantasies based on ambitious wishes (that predominate in

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[1] We are aware of the distinction between the terms *f*antasy and *ph*antasy proposed by the Kleinian literature. However, apart from when we will talk about Kleinian hypotheses, we will use these terms interchangeably in this paper.

men) and fantasies based on erotic wishes (that predominate in women). The frustration of a wish in the present time produces an introversion, that is a withdrawal of libido cathexis from reality representations to fantastic representations. This introversion is followed by a regressive movement of psychic energy toward past situations in which the wish frustrated in the present was satisfied; and this process ends with the projection of the wish-fulfilling scene into the future: "Thus past, present and future are strung together, as it were, on the thread of the wish that runs through them" (Freud, 1908/1953 p. 148). Freud (1911/1958) later noted that daydreams, or conscious phantasies, can be thought of as a nature reserve like "Yellowstone Park" (Freud, 1911/1958, p. 222): like a nature reserve, phantasy retains the natural condition of the domination of the pleasure principle even after this principle has been substituted by the reality principle.

According to Freud, although we could find phantasies in the unconscious system, the basic unit of the unconscious system is not phantasy but unconscious instinctual wishes and their psychic representations. According to Melanie Klein (1932), on the contrary, unconscious phantasies are the primary content of the unconscious, and conscious fantasies, dreams, symptoms, and transference patterns are some of their transformations. In other words, if, according to Freud, the prime mover of the psyche is the unconscious wish—and dreams and phantasies are both disguised derivatives of it—according to Klein the prime mover of psychic functioning is the unconscious phantasy (Spillius, 2001). As observed by Susan Isaacs (1948), in presenting Melanie Klein's ideas, unconscious phantasy is the psychic expression of the drives and "all impulses, all feelings, all modes of defense are experienced in phantasies which give them mental life and show their direction and purpose" (p. 84). Moreover, phantasies satisfy instinctual strivings but can function also as defenses against both external and internal realities (Segal, 1964/1973). Essentially, Klein (1932) regarded phantasy as a basic mental activity present in rudimentary forms from birth onward.

From a Kleinian/Bionian point of view, James Grotstein (2004, 2009) suggested that, "All defense mechanisms themselves constitute unconscious phantasies about the interrelationship between internal objects, and between them and the self" (Grotstein, 2009, p. 159). According to Grotstein, it is central to develop "a phantasy (dream) about impersonal truth in order to accept and adjust to the personal realities (inner and outer) that confront us" (Grotstein, 2009, p. 152). Grotstein underlined how each psychopathology may be caused by a nonadaptive capacity to fantasize related to an inadequate alpha function (Bion, 1962; Grotstein, 2004, 2009). Therefore, if Freud (1899/1958) stated that dreaming is the royal road to the unconscious, the modern Kleinian/Bionian psychoanalytic approach suggests that "dreams—that is, phantasies—are the unconscious" (Grotstein, 2009, p. 154) and that psychological health depends on the capacity to fantasize/dream reality.

A different concept of fantasy was proposed by Donald Winnicott. In *Playing and Reality* he wrote, "fantasizing remains an isolated phenomenon, absorbing energy but not contributing either to dreaming or living" (Winnicott, 1971, p. 26). Winnicott claimed that fantasizing differs from real life and dreaming activity because of the defensive mechanisms that are at its basis. While real life and dreaming activity are associated with *repression*, it is *dissociation* that characterizes the activity of fantasizing. According to Winnicott, this activity interferes with real life as well as with the dreaming activity because a person absorbed in fantasizing ceases to invest in his or her psychic and external reality. The analytic process puts an end to this dissociative state because it enables regaining integration, authenticity and connection with both the internal and the outside world.

Heinz Hartmann (1939/1958) was one of the first analysts to indicate how fantasy could have a role in *adaptation* and in the imaginary "experimental" manipulation of reality. According to Hartmann, psychic phenomena need to be understood as attempts to adapt to one's physical and psychological reality, and the reality principle has the same relevance as the pleasure principle since the beginning of psychic life. Instead of Freud's conceptualization of fantasy as regressive and pathological, Hartmann believed that fantasy promotes the relationship of the individual with reality. In one of his most important works, Hartmann (1939/1958) presented fantasy as a fundamentally adaptive activity: he emphasized the central role of the ego in the adaptation of the psyche to the individual's environment and the relevance of ego functions in learning about reality for the purpose of adaptation. Along the same lines, according to Jacob Arlow and Charles Brenner's articulation of the structural model of the psyche, "every action, every fantasy, every dream, every symptom . . . is a compromise or resultant of instinctual wishes, moral demands or prohibitions, of defenses, of external factors, and so forth" (Arlow & Brenner, 1964, p. 48), serving the multiple functions of the id, ego and superego and of external reality. Moreover, according to Arlow (1969) it is possible to track a hierarchy of unconscious fantasies that follow and reflect the different stages of ego development.

Emde (1995) went beyond the idea that fantasies are wish-fulfillment attempts deriving from a lack of drive satisfaction. He argued that the model presented by Freud (1908/1953), in which the fantasy scene is projected into the future, already provides a potentially adaptive function to the fantasy (Emde, 1995): mental processes like fantasy and daydreaming should be understood as expressions of expectations, intentions, planning, and goal-oriented activities, and they are all operative in early development. According to Emde, the principal aim of these mental functions is to master internal and external reality and to adapt to the environment. Thus, "psychopathology is characterized by a rigid pattern of stereotypic functioning that does not allow a flexible adaptation to new situations" (Emde, 1995, p. 150). Fantasy and daydreaming can be thought of as domains of nonconscious mental activity that are guided by rules and expectations and that may help set forth new possibilities to adapt to the developmental environment (Emde, 1995).

From a self-psychology perspective, Shane and Shane (1990) proposed a theory in which fantasies stem from the needs and longings of the Self and that, in their attempt to control psychological dangers and restore a threatened sense of the Self, fantasies have to do not just with sexuality and aggression, but also with other motivational systems.

From an interpersonal/relational point of view, Philip M. Bromberg (2008) suggested that unconscious fantasy is like a "dissociated fantasy" (Bromberg, 1998, p. 311). He introduced the idea that:

> If the self is multiple as well as integral, reality is nonlinear and cannot be distinguished from fantasy in absolute terms . . . Consequently, reality (me) for one part of the self will be fantasy (not-me) to another

> part. What we call unconscious will depend on which part of self has access to consciousness at that moment. (Bromberg, 2008, p. 135)

Therefore, patient and analyst should create a relational contest that includes the realities of both me and not-me. In this way, the patient observes and reflects upon the existence of other selves and becomes able to adapt to reality in a healthier way (Bromberg, 1998, 2008).

From a classical psychoanalytic point of view (Freud, 1908/1953), the phenomenon of sexual fantasy has been attributed to sexual frustration, inhibition, dissatisfaction, immaturity, masochism, and unconscious sexual conflict. Hariton and Singer (1974) referred to these approaches as deficiency or conflict models of sexual fantasy. Only in the late 1950s and early 1960s did sexual fantasies come to be viewed as a normal behavior to be studied rather than a symptom to be cured (Davidson & Hoffman, 1986), as shown by the work of important authors like Robert Stoller (1975, 1979/1986), who focused on the personal meanings that behaviors and fantasies assume for each specific patient.

Ethel Spector Person (1995) claimed that fantasy is often adaptive and that "fantasy should be understood as one of our major modes of adaptation" (Person, 1995, p. 5), even though sometimes it may be maladaptive and associated with neurotic symptoms or character disorders. Moreover, fantasies—and particularly sexual fantasies—give indications about the way we see ourselves and others, in terms of stable representations of oneself, objects, and the different kinds of relationships we tend to establish with others. This conception of fantasy and erotic fantasy implies that the therapeutic goal is not to eliminate it, but to use it to understand patients more deeply, to delineate and try to solve their core conflicts because their recurrent fantasies condense key information about them in symbolic form (Person, 1995).

To sum up, starting from Sigmund Freud's (1908/1953, 1911/1958) hypotheses fantasy has been conceived as a way to build an imaginary scenario in which a frustrated wish is fulfilled; also Melanie Klein (1932) considered phantasies as a tool aimed at satisfying instinctual strivings that can function also as a defense against both external and internal reality. Later Donald Winnicott (1971) claimed that fantasy remains an isolated phenomenon characterized by dissociation from internal and external reality. Over the years, however, there has been a change in the psychoanalytic conception of fantasy, which is now considered as an instrument of adaptation oriented to the future and an expression of the way in which the inner world of the person is structured. One of the first analysts to propose this perspective was Heinz Hartmann (1939/1958), who pointed out the role of fantasy in the adaptation to reality and believed that fantasy furthered the relationship of the individual with reality. Shane and Shane (1990) proposed a model in which by our fantasies we try to master psychological dangers and to restore a threatened sense of Self. Philip Bromberg (2008) claimed that, by analyzing their fantasies, patients become able to fit with reality in a healthier way. Additionally, Grotstein (2004, 2009) considered phantasies central for understanding, accepting, and adapting to reality; and Robert Emde (1995) defined fantasies as expressions of expectations, intentions, planning, and goal-oriented activities with the aim of mastering internal and external reality and adapting to the environment. This modern view of fantasy is also supported by Ethel Spector Person (1995) who claimed that fantasies and sexual fantasies are often adaptive and that they give indications about the representations of oneself and of others, providing key information about one's inner and external world.

Recent Empirical Findings on Fantasy

Contemporary empirical research about fantasy in everyday life has investigated the role of daydreams and mind wandering. Daydreams seem to play a central and adaptive role in human life (Klinger, 1971, 2009; Klinger et al., 2018). Indeed, although some research seems to show a relationship between the predisposition to fantasize and some indicators of psychopathology (Lynn & Rhue, 1988; Wilson & Barber, 1983), recent analyses of this relationship (Klinger, Henning, & Janssen, 2005) show that it could be attributed to problems in the factorial structure and in the content of several items of the assessment tool utilized (the Inventory of Childhood Memories and its variants; Wilson & Barber, 1981, 1983). Normally, fantasizing and mind wandering occur most often when our conscious mind is less occupied with other tasks or external stimuli (Andrews-Hanna, Reidler, Huang, & Buckner, 2010) and when the individual perceives that it is safe to decouple mental activity from external environment (Smallwood et al., 2013).

The first research program on fantasies was conducted by Jerome Singer in 1966 (Singer, 1966). His research program gave rise to a wide range of other studies (e.g., Klinger, 1990, 1999; Singer, 1975). Overall, this research project showed that fantasies tend to increase following strong emotional activation and threatening stimuli (Antrobus, Singer, & Greenberg, 1966; Mason et al., 2007). Furthermore, they empirically identified three broad kinds of fantasies: positive-constructive fantasies, guilt and fear-of-failure fantasies, and attentional control fantasies, that is, fantasies aimed at controlling what to pay attention to and what to avoid (Huba, Aneshensel, & Singer, 1981; Huba, Segal, & Singer, 1977; Tanaka & Huba, 1986).

We know that the activation of goal-relevant information may occur without conscious intention (Bargh, 2017) and, according to Smallwood (2010), mind wandering is an evolutionary selected activity that helps individuals manage multiple goals. Since human minds own a hierarchy of goals, sometimes, while we are occupied in the execution of a primary task, our mind shifts in fantasy[2] to a secondary goal that has been activated by an external stimulus (Smallwood & Schooler, 2006): "Mind wandering is a situation in which executive control shifts away from a primary task to processing of personal goals" (Smallwood & Schooler, 2006, p. 946). Therefore, although fantasy involves the same cognitive mechanisms that are used for executive control, it seems to occur without conscious intention.

Other authors (e.g., Klinger et al., 2018; Mason et al., 2007; McVay & Kane, 2010) have claimed that mind wandering emerges when the brain is unoccupied and is "continuously, automatically, and unintentionally generated in a resource-free manner" (McVay & Kane, 2010, p. 5). According to Klinger (2009), daydreams and

[2] Having adopted the broad definition of fantasy proposed by Procter (1995) as "the activity of imagining things" (see p. 1), in this paper we consider fantasizing, mind wandering, daydreaming, mental simulations, and spontaneously generated thoughts as reflecting the same set of psychic activities.

fantasies constitute a predefined form of mental processing (Klinger, 1971; Mason et al., 2007), which is activated when people are awake and cannot reach a goal through action (Klinger, 2013).

All studies agree that the content of fantasies is characterized by current concerns, upcoming events, and goal-related cues (Klinger, 1999, 2009; Klinger et al., 2018; McVay & Kane, 2010; Smallwood, Nind, & O'Connor, 2009). Fantasies are also part of a continuous process that goes on during both waking life and sleep (Beck, 2002; Nikles, Brecht, Klinger, & Bursell, 1998) and seem to play an adaptive function of planning actions aimed at achieving goals. Indeed, several studies (Andrews-Hanna et al., 2010; Baird, Smallwood, & Schooler, 2011; Buckner, Andrews-Hanna, & Schacter., 2008; Klinger & Cox, 1987; Schooler et al., 2011; Smallwood, 2010; Smallwood et al., 2009) indicate that a substantial portion of mind wandering or daydreaming segments are future oriented. On the contrary, another substantial portion of mind wandering and spontaneous thoughts seem to be memories and reflections on past events (Andrews-Hanna et al., 2010; Klinger & Cox, 1987; Smallwood & O'Connor, 2011) having the adaptive function of reviewing past experiences for the benefit of future endeavors.

Moreover, fantasy serves as a driving force that helps people to maintain motivation (Klinger, 2013; Smallwood, 2010). A recent study (Hoff, Ekman, & Kemdal Pho, 2019), for example, investigated the relationship between children's involvement in fantasy and motivational style at school, showing that fantasy involvement may be a resource for motivating students—that is, children's interest in elaborating daydreams and imaginary play appears to predict their desire to explore and learn about the external word.

Many contemporary cognitive-neuroscientific theories on dreaming support the idea that there is a continuity, both in physiological and psychological aspects, between waking life and dream life (Kramer, Moshiri, & Scharf, 1982; Schredl, 2003, 2009, 2010). A recent study, for example, showed that a "default network of brain regions is spontaneously active during restful states, and supports (also) mind-wandering and daydreaming during waking" (Domhoff & Fox, 2015, p. 343). These studies suggest that the contents of dreams and the contents of fantasies are generated by the same neuronal network (Domhoff & Fox, 2015). Moreover, both in dreams and in fantasies the brain areas supporting visual and sensorimotor processing are activated and people report that the imagery involved in these "simulations" is subjectively "felt" as something experienced by the body in action (Bergen, 2012; Domhoff & Fox, 2015; Gibbs, 2006, 2014; Niedenthal, Winkielman, Mondillon, & Vermeulen, 2009).

Several studies have also investigated a phenomenon that could be assimilated to fantasy: *mental simulation.* Mental simulation (MSim), also known as "mental imagery," or "mental practice," is a technique by which the mind creates a mental representation of a preconceived idea or action as a form of training in order to enhance performance (Hinshaw, 1991; Landau, Leynes, & Libkuman, 2001). There is extensive literature about the relationship between MSim and performance enhancement, arousal regulation, affective and cognitive modification, and rehabilitation (Jones & Stuth, 1997; van Meer & Theunissen, 2009).

The explicit ability to mentally simulate an action without its overt execution is termed "motor imagery" (Decety, 1996). We know that motor imagery and motor execution share common neural substrates at higher levels of the motor control hierarchy (Decety, 1996; Decety, Philippon, & Ingvar, 1988; Jeannerod & Frak, 1999; MacKay, 1989). Several studies show that manipulating how individuals imagine the execution of an action has an impact on the outcomes of the performance similar to that obtained through physical training of a motor skill (Beilock, Bertenthal, McCoy, & Carr, 2004; Beilock & Gonso, 2008). These findings suggest that motor simulation can be used to help people learn new abilities and teach complex skills (Beilock & Lyons, 2009) such as surgical procedures (Hall, 2002; Rogers, 2006) or athletic tasks (Driskell, Copper, & Moran, 1994; Feltz & Landers, 1983; Martin, Moritz, & Hall, 1999; Woolfolk, Parrish, & Murphy, 1985). One key point of MSim is the transfer of training phenomenon: a greater similarity between mental practice and real performance conditions allows a wider transfer of skills to the real situations (Feltz & Landers, 1983; Graef, Rief, Nestoriuc, & Weise, 2017; Seabourne, Weinberg, Jackson, & Suinn, 1985). Furthermore, practice trials can be mentally "slowed down" (Bell, 1983) to examine technique, correct problems, and move toward an "ideal" performance (Hinshaw, 1991). In this way, MSim allows for higher levels of control over environmental conditions and performance outcomes.

MSim appears to be particularly suitable for developing new ways of coping with unexpected events the person has to deal with (Hinshaw, 1991; Suinn, 1985); moreover, cognitive skills are more effectively practiced with MSim than motor skills (Driskell et al., 1994; Leahy & Sweller, 2005, 2008). Among these cognitive skills we may list strategic thinking, problem solving, or improvisational proficiency (Grouios, 1992; Hinshaw, 1991; Murphy, 1990; Suinn, 1997). So, MSim can be seen as a psychic method to prepare body and mind for performance and to help adapt to an unpredictable environment (van Meer & Theunissen, 2009) by providing the opportunity to test one strategy of action by imagining it. Empirical findings (Druckman, 2004; Hinshaw, 1991) support the idea that mental preparation increases the levels of motivation and performance to adapt to reality.

Several empirical findings support the effectiveness of MSim (Grouios, 1992; Murphy, 1990, 1994; Richardson, 1967a, 1967b; Suinn, 1985, 1997). Some meta-analyses of empirical studies on MSim (Druckman, 2004) show effect sizes of .48, .53, and .68, indicating that MSim positively influences performance when compared to no practice at all. MSim provides great opportunities for time- and place-independent learning (Ting, 2005).

To sum up, quoting Klinger:

> spontaneous thoughts are highly adaptive as (1) reminders of the individual's larger agenda of goals while occupied with pursuing any of them, (2) promotion of planning for future goal pursuit, (3) review and deeper understanding of past goal-related experiences, and (4) development of creative solutions to problems in goal pursuit. (Klinger et al., 2018, p. 1)

Empirical studies of sexual fantasies (Arndt, Foehl, & Good, 1985; Epstein & Smith, 1957; Fisher, 1973; Hariton & Singer, 1974; Singer, 1974; Sullivan, 1976; Wilson, 1978), have shown that they are part of people's healthy and normal lives (for a review, see Leitenberg & Henning, 1995) and understanding sexual fantasies may be important for understanding important aspects not only of sexuality, but also of the person's identity, conflicts, and relationships.

In conclusion, these findings support the idea that fantasy plays a central and adaptive role in human life (Klinger et al., 2018), and there is no systematic relationship between the predisposition to fantasize and indicators of psychopathology (Klinger et al., 2005; Lynn & Rhue, 1988; Wilson & Barber, 1983). In particular, independent findings from studies about MSim (Hinshaw, 1991), daydreaming, and mind wandering (Domhoff & Fox, 2015) support the hypothesis that fantasy plays a central role in pursuing goals, developing, testing and modifying plans, mastering traumas and problems, regulating emotions, and developing a better adaptation to reality (Bell, 1983; Hinshaw, 1991).

The Fundamental Assumptions of CMT

CMT (Gazzillo, 2016; Weiss, 1993; Weiss et al., 1986), a cognitive-dynamic relational theory of psychic functioning, psychopathology, and psychotherapy process, is based on the assumptions that psychic functioning is basically regulated by perceptions of *safety* and *danger* (Weiss, 1990), that humans are able to exert conscious and unconscious *control* over their conscious and unconscious mental functioning following this safety principle and are intrinsically motivated to *master* traumas, solve problems, and adapt to reality. Moreover, according to CMT, human beings unconsciously carry out many of the same complex adaptive functions (solving problems, planning, developing inferences and beliefs, making decisions, establishing and pursuing goals, etc.) that they perform consciously (Bargh, 2017; Lewicki, 1986; Lewicki & Hill, 1989). This "unconscious higher mental functioning paradigm" (Weiss, 1986) is now substantially supported by infant research, evolutionary psychology, and cognitive research (Ambady & Rosenthal, 1992; Bargh, 2017; Chaiken & Trope, 1999; Evans, 2008; Gawronski, Sherman, & Trope, 2014; Shiffrin & Schneider, 1977) and is based on the later writings of Freud (1925/1959, 1938/1964).

According to CMT (Silberschatz, 2005; Weiss, 1993; Weiss et al., 1986) and to recent literature on child development (Beebe & Lachmann, 2002, 2013; Murray, 2014), humans' ability to adapt to their environment is based on the establishment and maintenance of stable relationships with relevant others. Moreover, humans have to develop a reliable set of beliefs about reality and morality (Gazzillo, Fimiani, et al., 2019; Weiss, 1993) in a process that continues throughout life (Silberschatz, 2005). Adverse experiences—which may be *stress* or *shock traumas* – may result in the development of beliefs that associate the achievement of healthy, enjoyable, and pleasurable goals with a danger for the person, important others, or important relationships (Sampson, 1992; Weiss, 1993). According to CMT, such beliefs are the cornerstone of psychopathology and for this reason, they are called *pathogenic beliefs*.

Pathogenic beliefs develop during childhood out of the child's efforts to understand traumatic experiences in order to avoid or prevent their occurrence in the future. Due to the child's lack of experience and egocentrism, (s)he is vulnerable developing feelings of irrational responsibility and maladaptive guilt (Bush, 2005; Friedman, 1985) that give rise to and support inhibitions and symptoms. In fact, due to the attachment to their parents and to their cognitive and emotional immaturity, children are particularly vulnerable to feelings of responsibility and guilt, even for problems and bad events they have not caused (Bush, 2005; Gazzillo, Fimiani, et al., 2019; Shilkret & Silberschatz, 2005). Five main interpersonal kinds of guilt have been described: *separation-disloyalty guilt* (deriving from the belief that being independent, autonomous or different from important others makes them suffer); *survivor guilt* (connected to the belief that being or feeling better off than important others makes them suffer); *omnipotent responsibility guilt* (deriving from the belief of having the power and the duty to make loved ones happy and healthy, so that putting one's own needs in the foreground means being egoistic); *self-hate* (deriving from the belief of being wrong, bad, inadequate, and feeling undeserving of protection, love, and happiness); and *burdening guilt* (deriving from the belief that expressing one's own needs means burdening and damaging other people; Gazzillo et al., 2017; O'Connor, Berry, Weiss, Bush, & Sampson, 1997).

People are highly motivated, both consciously and unconsciously, to disconfirm their pathogenic beliefs and get better because of the painful, constricting, and grim nature of these beliefs (Silberschatz & Sampson, 1991). The way in which an individual will work in psychotherapy to disconfirm pathogenic beliefs, master traumas, and achieve goals is called the *patient's plan* (Curtis & Silberschatz, 2007; Curtis, Silberschatz, Sampson, & Weiss, 1994). The patient's plan describes general areas on which the patient will consciously or unconsciously want to work and the way in which the patient is likely to carry out this work. Thus, patients come to therapy in order to get better, and they have a more or less articulated *unconscious plan* for doing so (Silberschatz, 2005, 2017; Weiss, 1993). CMT suggests a clinical formulation of a patient's plan that includes the patient's *goals*; the *pathogenic beliefs* that obstruct them, the *traumas* from which these beliefs originated and that the patient needs to master; how patients are likely to *test* their beliefs in therapy (Gazzillo, Genova, et al., 2019), and the *insights* that will help the patient achieve his or her goals for therapy together with the new experiences that may help the patient achieve these goals.

Weiss (1993) proposed that all patients' behaviors are best understood as an expression of the overarching motivation to adapt to reality and of their adaptive unconscious functioning, and can be connected to a plan to pursue adaptive goals and disprove pathogenic beliefs.

Understanding Fantasies According to CMT

According to CMT, each person regulates his or her use of fantasy and imagination in accordance with his or her unconscious beliefs about reality and its safety, not in accordance with the pleasure principle as in Freud's theory. Most of the time, s/he considers it more adaptive and useful to remain oriented to reality; however, in certain circumstances, "he may consider it more adaptive to escape reality by use of denial or fantasy" (Weiss, 1990, p. 667). There are three different situations where it is more adaptive to escape from reality:

1. When we believe, consciously or unconsciously, that facing a certain frightening reality is more dangerous than denying it. The use of dissociative detachment and the flight in a fantastic reality when victim of a shock trauma, such as an abuse, is one example of such situations.

2. When we may believe, consciously or unconsciously, that we are helpless and that we are not able to change the unfortunate reality in which we are living. The wish-fulfilling fantasies of the Vietnam War camp prisoners collected by Balson (1975) are examples of this case.

3. When we think, consciously or unconsciously, that moving away from reality and escaping to fantasy may not cause any harm. A common example of this situation are the fantasies that a person may have when is lying on the beach during a relaxed holiday.

According to CMT, the (unconscious) decisions about when and how to fantasize and the content of fantasies are driven by an adaptive effort, are regulated by the safety principle, and are shaped by the beliefs of the person.

Therefore, according to CMT, fantasies can be considered as one of the tools that the human psyche may use to adapt to reality. In particular, fantasizing may be useful for: (a) becoming aware and articulating goals; (b) clarifying pathogenic beliefs, becoming more aware of them and engaging in corrective emotional experiences that disprove them; (c) elaborating and testing plans of action in a simulated reality; (d) and trying to master adverse experiences. In all cases, the act of fantasizing and the content of fantasies are functional to adapt to reality as viewed through the lenses of our pathogenic beliefs. Finally, fantasies may be also used for punishing ourselves out of guilt.

A clinical example may illustrate these points.

A patient who is about to face an exam that will allow her to practice law tells of the following fantasy that is "distracting" her:

> I am in the examination room where there are several people that, like me, are visibly anxious; on my right there are two pens, I try to breathe calmly and wait for them to give me the exercise sheet. As soon as the task arrives, I first read all the questions, briefly calculate the time for each question and then finally I relax and start writing.

Thanks to this fantasy, the patient becomes aware and articulates her goal (passing the exam) and elaborates and tests in a simulated reality her plans to master her task and the anxiety connected to it (carry two pens, breathe to control anxiety, plan how much time to dedicate to each answer). Another fantasy typical of that period saw the patient together with relatives and friends: "we see the results of the exam and I've passed it. Everyone laughs and they are happy for me, only my mother initially looks upset but then relaxes, and tells me that she is proud of me." For this patient, reaching a personal and professional goal is a source of strong feelings of survivor guilt due to the relationship she had with her mother, an intelligent but very uneducated women who did not miss an opportunity to mock the patient each time she achieved an important career goal. On the basis of this relationship with her mother, the patient had developed the following pathogenic belief "If I am successful at work, I will make my mother feel humiliated because, unlike me, she had never had the opportunity to study." Through this fantasy, the patient tried to give to herself a corrective emotional experience that disproved her pathogenic beliefs and reduced her guilt.

Another patient, a 30-year-old man about to have his first child, had a fantasy in which he and the child (who was around 8 years old in the fantasy) were playfully teasing one of the man's best friends, a female he had known since childhood. With this fantasy, this patient was first of all reassuring himself about the fact that his son would be born. Before this pregnancy, he and his wife had had three miscarriages, and they were afraid that this baby could die before being born. Seeing the baby alive, and already 8 years old, was a way for this man to reassure himself. Second, with this fantasy the patient was *training* himself for the role of father, by imagining interacting in a joyful way with his child. Moreover, this fantasy addressed his concerns about being a good enough father. These concerns were the product of his relationship with his own father, a narcissistic, long-suffering man who was competitive with the patient and who had died when the patient and his wife suffered the first miscarriage. By fantasizing about a playful interaction with his son, the patient was disproving the belief that he could not be a better father than his own dead father (survivor guilt). At the same time, with this fantasy the patient was *rebelling* against his omnipotent responsibility toward women. His mother, was a dependent woman, always uncertain about how much her husband and her son loved her, and this stirred up in the patient a strong sense of responsibility toward women—a sense of omnipotent responsibility which made him feel easily "trapped" within intimate relationships. The absence of the wife from this fantasy, and the possibility of teasing his best friend with his child with reciprocal fun was a rebellion against this omnipotent responsibility associated with the reassurance that nobody would have been hurt. Finally, the patient remembered several occasions as a little child, when his father had teased the mother, and she ended up crying because she thought that her husband did not love or respect her and was showing the patient that she did not deserve respect. When he saw his mother crying, the patient felt a deep sorrow for her and, at the same time, he felt guilty as if he were as responsible as the father for that situation. From this perspective, his fantasy was also a way of *mastering these traumatic situations*, transforming a painful interaction with a woman in a joyful one.

Another patient, a 40-year-old man with strong separation guilt, was afflicted while on holiday by very painful fantasies of being betrayed and abandoned by the people he loved who were not with him. He fantasized that his friends would no longer involve him in their projects, or that the woman he loved would betray him, or that his colleagues would lose interest in working with him. These fantasies were a self-punishment tool. During his childhood and adolescence, his parents had conveyed to him the message that he was supposed to spend all his free time with them. They made him feel intensely guilty when, as a child, he expressed a desire to spend time with his grandmother or if he chose, during his adolescence, to go on holiday with his friends. His painful fantasies expressed his guilt as an expectation of retaliation: you decided to separate from us, and we will abandon you.

CMT hypotheses about fantasy are in line with recent empirical findings that, as we have seen, show that the content of fantasies is centered around current concerns, upcoming events, and goal-related cues, or past unresolved emotionally charged events. Their function is to plan actions aimed at achieving goals, to review past experience for the benefit of future endeavors, and to help people not to lose motivation.

The search for a greater degree of safety and for emotional corrective experiences through which we could disconfirm our pathogenic beliefs is at the heart of a specific kind of fantasies: *sexual fantasies*. CMT assumes that sexual fantasies, just as *sexual*

preferences in general, are like a door into the unconscious mind: they represent a complicated attempt to disconfirm and master specific pathogenic beliefs in order to enjoy greater erotic pleasure (Bader, 2002). Sexual fantasies and preferences are directly related to safety and the details of their choreography are intended to create the conditions of safety unconsciously needed to get sexually aroused. In other words, they should offer the best "snapshots" (Bader, 2002, p. 234) of what we need to feel safe and of the pathogenic beliefs that make us feel in danger. Thus, sexual fantasies and sexual preferences can be read as analogous phenomena: both are aimed at disconfirming the pathogenic beliefs that associate sexual pleasure with feelings of guilt, worry, shame, rejection, and isolation. These feelings are, to a certain extent, universal and inevitable. In fact, according to CMT, even in the best circumstances, normal development brings with it the conflicts between attachment to our families, their needs and values, and the healthy goals to grow up, separate, differentiate, and be happy in our own independent life, that often creates guilt (Bush, 2005; Gazzillo et al., 2017; Gazzillo, Fimiani, et al., 2019; O'Connor et al., 1997). Feelings of guilt, rejection, inferiority, shame, self-hate, or low self-esteem are all dimensions that obstruct sexual excitement. And psychic development always presents some traumatic elements that break the balance between the selfish use of the other and the empathy and intimacy necessary to enjoy sex.

Since these painful feelings inhibit sexual excitement, their diminution produces sexual arousal; the secret logic of sexual fantasies is: "have others to do unto you what you feel guilty about doing unto others" (Bader, 2002, p. 119). Sexual excitement also requires that we momentarily turn away from concerns about the pleasure of the other in order to surrender to our own pleasure; in other words, we need to have the capacity to "use" another person without being too worried that the other will feel used (Bader, 2002). Therefore, in intimate relationships and especially in sexual ones, the opportunity to be sexually satisfied is based on a fine balance between the selfish and ruthless search of own pleasure and the sensitivity needed to make the other person feel safe and to give him/her pleasure. More in general, a functional couple's relationship is a relationship where the partners can feel safe and can see their own pathogenic beliefs disconfirmed (Rodomonti, Crisafulli, Mazzoni, Curtis, & Gazzillo, 2019; Zeitlin, 1991). Just to give a few examples, Weiss (1998) assumed that *masochistic fantasies* can be rooted in traumatic experiences with fragile and helpless parents who made the future masochist feel omnipotently responsible and worried about others. Therefore, these fantasies are an attempt to disprove the pathogenic beliefs (supporting burdening or omnipotent responsibility guilt) that our wishes could hurt others, and that we need to be worried about others' well-being. If a person gets excited with images of him/herself having sex with a strong and aggressive partner, it is often because in this way s/he would not need to be worried about hurting her/his partner with his or her sexual excitement and s/he may be free to reach orgasm (Bader, 2002). On the contrary, through *sadistic fantasies* in which the partner is excited by the sadism of the person, an individual may keep her/himself safe from the danger of damaging others because s/he fantasizes that the person who experiences violence is actually excited by it. People who fantasize about having sex with *younger partners* do so because they may in this way feel safe from rejection (self-hate guilt)—because of the idea that a younger partner is often clueless and untrained—and at the same time they may feel less worried and responsible for the other (omnipotence responsibility guilt)—because a younger partner is often seen as healthier and stronger (Bader, 2002). Additionally, fantasies about having sex with more *experienced partners,* or with very *gifted partners,* or to have sex with *more partners,* may be aimed at disconfirming pathogenic beliefs like "I don't deserve to be loved" (self-hate) or "My wishes are heavy and dangerous for others" (burdening guilt; Bader, 2002).

The following is an example of sexual fantasy told by a patient during individual therapy. Tom, a 50-year-old man, believed that he had to take care of the well-being of other people before his own needs and that he was responsible for taking care of loved ones. This pathogenic belief developed out of Tom's relationship with his needy and critical mother and with his absent father with whom the only way to maintain a bond was to adapt to his requests and needs. Tom told the therapist that one of his fantasies was to have a sexual relationship with a surgeon, defined by him as "the self-referential person for excellence in medicine, the one who feels like a demigod, earns well, has no problems, has her independence," and he added, "It would relax me a lot." This fantasy allowed Tom to get excited because having a sexual relationship with an independent, self-confident, and accomplished woman helped reduce his sense of omnipotent responsibility and disconfirmed his pathogenic belief that he had to take care of needy others and make them feel happy. To sum up, according to CMT, sexual fantasies are useful tools for disproving pathogenic beliefs and thereby feeling safe to enjoy sex.

Conclusion

In contrast with classical psychoanalysis and with pathology-based and deficit-based models developed to understand fantasy, but in line with recent empirical evidence and with the hypotheses of CMT, fantasies are considered as a tool useful to adapt to reality. Fantasies can be seen as a way to clarify to ourselves our goals, to develop and test plans to achieve them, to clarify and master which pathogenic beliefs and feelings of guilt hinder us in achieving these goals, and how we can maintain our motivation when reality seems to stand against us or make us feel helpless. Even sexual fantasies and preferences represent a way to feel safe disconfirming pathogenic beliefs that associate sexual pleasure with negative feelings.

In a therapeutic setting, a patient's fantasies, sexual or not, may reflect their goals for therapy and/or the pathogenic beliefs that impede their pursuit or attainment of those goals. Reporting fantasies may reflect a greater sense of safety in the therapeutic relationship that allows the patient to share the fantasy. Finally, patients may test their pathogenic beliefs by reporting their fantasies (Gazzillo, Genova, et al., 2019) Consequently, understanding a patient's fantasies is essential for monitoring the degree of safety that the patient experiences in that moment of therapy as well as determining what responses by the therapist will enhance the patient's feelings of safety and help disconfirm his or her pathogenic beliefs.

摘要

本文旨在揭示幻想/无意识幻想的精神分析概念的演变过程,从这样两方面来看,一是旨在否认现实和/或满足受挫的愿望的精神活动,一是有助于适应现实的工具。我们还将回顾一些最近的实证研究的发现,即想象力和心理模拟揭示了这些心理活动及通常的思维是如何表达了心灵的持续努力,来设置适应性目标,制定和检验计划,并掌握和解决问题和创伤。最后,我们将展示这些实证数据是如何与控制-掌控理论(CMT; Gazzillo, 2016; Silberschatz, 2005; Weiss, 1993)提出的幻想概念相一致的,这是一种整合的认知-动力性关系理论,由旧金山心理治疗研究小组在过去四十年中发展和检验出来的精神病理学和心理治疗的心理功能的理论。

关键词: 适应, 幻想;控制-掌控理论

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