

Disregarding the Phallic Image in the Oral Symbiotic Phase: The Strap-on Mother

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Man has, as it were, become a kind of prosthetic God. When he puts on all his auxiliary organs, he is truly magnificent; but those organs have not grown on to him and they still give him much trouble at times.

S. Freud, Civilisation and its Discontents,
1930

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Abstract

Considering its whole theory is based on sexuality, it is surprising that there is little discussion in psychoanalytic literature on strap-on, which indeed meets the need for sexual function. If strap-on had not been somehow disregarded, its ability to turn into/turn something into a prosthesis could have been easily recognised as a form of psychosexual function. Beyond compensating for lack of a limb, it has earned a chaotic place especially in psychosexual function; exposing it in detail can enable us to see the importance of the idea of prosthesis in psychoanalytic theory and practice. Apart from its concrete function, we can think of prosthesis as a phallus image in the psychosexual process; or as the skill to make it functional as a genital organ. The concept “Strap-on Mother,” in other words, the disregarding of the phallic image in the oral symbiotic period, was developed through Freud’s Schreber case. It was thought that the theorists acquired ‘symbiosis reverence’ as a defence while reading psychoanalytic texts. This can be likened to the analyst’s disregarding of the neurotic root of the demand for maternal care which comes about during therapy. Based on the concept of prosthesis, this article focuses on the chaotic function of sexuality and the issue of determination of gender.

KEY WORDS: SYMBIOTIC PHASE, SCHREBER, STRAP-ON MOTHER, PROSTHESIS, PHALLIC IMAGE, SYMBIOSIS REVERENCE, LATENT HOMOSEXUALITY

Introduction

Freud's case studies have a significant place in the formation of his theory. The way he handles these cases provide an important basis for new researchers and to those who do psychoanalytical readings. These fundamental cases were sometimes used in support of Freud's observations and sometimes as part of psychoanalytical views different from Freud's both of which contributed to the formation of new viewpoints. This study aimed to discuss Freud's Schreber case through a new formulation, to focus specifically on prosthesis as a concept although not in the context Freud used it, and thus talk about strap-on mother which is a psychosexual position, to create a new viewpoint of the characteristics of the oral symbiotic phase, to re-consider the hierarchy of psychosexual process, to reflect on the determination of gender in the oral stage and the chaotic structure of sexual function in light of these concepts. In short, the study aimed to draw attention to the fact that disregarding the phallic image in the oral symbiotic phase is an important problem for psychoanalytic practice and theory.

History

Etymologically speaking, strap-on takes its name from strap-on dildo. It is used to name an artificial phallus attached to the body. While strap-on is part of various sexual activities, it basically stimulates the person it is strapped on and satisfies the one being penetrated. Among its use in sexual activity are premature ejaculation (Dengrove 1971), erectile dysfunction (Warkentin et al. 2006), trans men (FTM) who have not yet completed their transition (Barrett 2007), and anal penetration of the male partner in a heterosexual relationship (Branfman et al. 2017). It is an apparatus used in sexual activities by people from various sexual orientations and identities.

Although the actual use of pre-historic findings called 'Perforated Baton' are contentious, some archaeologists interpreted them to be primitive sex toys (Vasey 1998). The 6th and 7th mimes of the

Ancient Greek poet Herodas contain slices of ordinary women's sexual lives, the use of dildos to fulfil sexual desires in the absence of men and their penises, and homoerotic scenes between two women (Anagnostou-Laoutides 2015). In Kama Sutra (3rd century BC) there are descriptions of manually used or leather dildos strapped to the body (Doniger 2011). The erotic paintings from the Edo period in Japan (Kunimoto 2017) and Paul Avril's works in which he paints the sexual encounter between two women (Turner 2003) can be given as examples of the more recent use of strap-on.

Symbiosis Reverence

Psychoanalytic literature accepts the oral symbiotic phase as a pretty much "intact," in other words, continuous, indivisible, and absolute domain, and thus as one that is impervious to the intervention and apprehension of object images from other psychosexual stages. We call this defence symbiosis reverence, which causes psychoanalytic reading to be perceived limited by this presumption. The phallic intervention of the theory damages the act of reading. The reader (the analyst) reconciles with the text (the analysand) due to the adaptability they acquired by symbiosis reverence. We can assume that this reader develops symbiosis reverence in order to fend off the pressure of such questions as "Do I understand them correctly; Am I within the scope of the theory?" It is not surprising to think that at the end of the day psychoanalysts' motivations and theories are rooted in their need to solve their own unconscious conflicts (Beattie 2016). To further discuss this reconciliation, we can consider this relationship built with theory as an attempt to envisage a phallic image which enables the infant, against an all-powerful¹ maternal nurturing demand, to feel like an object of desire in its attainment of omnipotence during the oral stage. When taken as an operation of omnipotence, symbiosis reverence would mean the psychosexuality the infant develops during the oral stage against the breast to form the core of the ego. Freudian understanding structures the oral stage in the relationship between the all-powerful breast and the image of an omnipotent infant dynamically accompanying it. Freud explicitly contends that "the person in charge of him [the infant], who, after all, is as a rule his mother, herself regards him with feelings that are derived from her own sexual life: she strokes him, kisses him, rocks him and quite clearly treats him as a substitute for a complete sexual object" (Freud 1905); thus for the mother the infant is like an 'erotic toy' to whom she gives all her attention. By talking about the reciprocal sexual partnership

¹ All-powerful is used to indicate a quality belonging to the breast different, which is different from the omnipotence the infant acquires during the oral period.

(symbiosis) in the oral stage, Freud also voices that this connection is not suitable for envisaging other chaotic functionalities of sexuality. In this symbiotic phase, independent of gender 'Mother' is the one psychosexually providing only maternal care. Indeed, Freud clearly indicates that the father or the mother-father relationship gets involved in the child's sexual process in the anal stage (Freud 1910).

Although the intertwinedness of psychosexual stages is commonly accepted in the psychoanalytic literature, the view that sees the sexual function of the mother in the symbiotic phase as determined by the infant's impulse accepts the oral symbiotic phase as intact instead of intertwined. Klein mentions how the infant seeks genital gratification even in the very early months. She conceptualises this as the orally unsatisfied infant's escape to genitality as a defence against its hatred towards and wish to damage the first object; yet she does not talk about the phallic image design in the oral stage (Klein 1975).

In her article where she discusses her theoretical views on childhood psychosis and autism, Mahler argues that the mother executes vital functions, without which no human offspring can survive, in a 'quasi-closed unit,' and she maintains that the parasite-host relationship in the womb (Deutsch, 1945) should be replaced in infancy with a kind of 'social symbiosis' which indicates the mother's nursing care (Mahler 1952). However, rather than the mother-child relationship, her works focus more on the immature nature of the nervous system and the physiological factors related to the infant.

Even when he argues that the oral stage comes to an end with the "voice of the Father", Lacan himself does not refrain from showing a sort of "symbiosis reverence" permeated in almost all other psychoanalytic readings. He talks about the ending of an intact period in which it is impossible to come between the child and the mother. Just like in Freud's theory, the name of the Father is seen indispensable in regulating the child's impulses by ensuring the effectiveness of the castration complex and in providing the transition to the symbolic order (Lacan 2007).

Likewise, it can be argued that Bleger, with a similar attitude, has symbiotic reverence when recounting how the psychoanalytic frame is designed emulating the oral symbiotic phase (Bleger 1967). When symbiosis reverence is dared to be left out, it can be demonstrated, by remaining within psychoanalytic theory but differing from it, that phallic intervention is possible in the oral symbiotic phase.

Schreber Case

The text allowing us to conceptualise Strap-on Mother is Freud's Schreber case (Freud 1911). Nederland's comprehensive work was used to access biographical information (Nederland 1984). Formulated psychoanalytically, Daniel Gottlieb Moritz Schreber, the father, urges family members and staff to follow his example so that he could give the anal skills he thinks his new-born baby needs, especially in the early years of its life. The father has done various studies in this field and published extensively on child discipline and physical education. With the influence of his education and his expertise in rehabilitation, his wife, social circle, and staff easily accept this position of the father. According to the anecdotes in Father Schreber's account, the mother or the nanny could eat or drink as they like while the baby was on its mother's lap; the baby was allowed to be fed only three times a day, despite all the crying. In accordance with the education called 'the art of giving up' in his book in which he made recommendations to parents about things he considers essential to raising a child – things he emphasises that he has successfully applied to his children – we learn that he dismissed a maid who, because she could not stand the baby's cries, gave it a piece of pear during a session aiming to ensure the baby to acquire anal skills. (21, 22) Father Schreber proudly noted that he had no problems with any maid from then on. The father standing behind somehow gets pleasure when constantly looking over the mother's shoulder and checking the details of the scene he has designed. The psychosexual function of the striking position of the mother in between the father and the baby in the Schreber case should have already been studied. As a continuity, the sexual function the father acquires with his baby through the mother is deserving of emphasis. Explicitly laying bare **the position to which the anal skills gained in the symbiotic phase by the phallic intervention of the father drag the baby and the psychosexual equivalent of this for the father and the mother positions** is one of the objectives of this article to understand the chaotic nature of sexuality.

Addressing the symptoms of Schreber's illness' clinical course was limited by the aim and limitations of the article. Basic symptoms were only outlined and examined within a framework that can be associated with the phallic image's intervention to the oral symbiotic space. Insomnia held a significant place at the outset of Schreber's illness attacks. (23) Insomnia can be accepted as the first symptom of impaired mental functioning and disintegrating defences. Sleep is related to sexual gratification. (14) Schreber's perception of his insomnia as an urgent need to be satisfied, the severity of his insomnia, the longing tone of his demand for sleep, and his subsequent suicide attempt at his mother's house when this demand for sleep was not satisfied all allude to primary object relationships. (25)

According to Baumayer, Schreber already showed symptoms of hypochondria years before his first illness that resulted in his hospitalisation in 1884. (26) This first hospitalisation period was described as ‘a severe hypochondria attack’ that caused him to spend six months at Dr Flechsig’s clinic. (19) His hypochondria symptoms seem to be functioning as a pit stop between Schreber’s psychosis and neurotic defences. Steiner’s comment on Schreber’s hypochondriac symptoms refers to the relationship between the breast and the infant. (23) Quoting Klein, Steiner contends that identifying with a damaged or dead internal object is experienced as somatic hypochondriac symptoms. (27)

Considering the primal scene, Schreber’s physical experience can mean more than this. Freud mentions that the patient gets worse in the second episode of the illness, that he suffers from coenesthetic disturbances in addition to sensory illusions and oversensitivity to light and sound (hyperesthesia). (19) All these reminds of the mental and physical overstimulation and discontentedness of an infant who is allowed only three meals a day. In his memoirs, Schreber talks about how he has experienced each and every type of destructive bodily experience during the first years of his illness. His memoirs have recounts of living for a long time without his stomach, intestines and with almost no lungs and a ruptured oesophagus, without a bladder, and with crushed ribs; he tells stories of how he sometimes swallowed a piece of his oesophagus along with food. (19) His state of being closed off to other impressions in hallucinatory stupor, his remaining completely rigid and inactive for hours, just as his father demanded, and all bodily symptoms he describes can be interpreted as the expression of the preverbal – this time through symptoms – and his re-experiencing his infancy.

While staying rigid and immobile is an anal skill developed through the intervention of the father, it can also be thought of as a concrete ground that creates a connotation of erectile phallus image in its subject, in other words, the infant. Contrary to Lacan’s conceptualisation of the mirror stage as a ‘sudden insight’ (Aha-Erlebnis) (28), the baby’s phallic envisagement can also be said to be the conditions determining its mirror image. We find it important to see the image as the inner sexual manifestation of the object rather than the reflection of form. We think that the sexual form of the image is also determined by the need of the sexual relationship one is born into.

We can easily understand in this view that this staying immobile or rigid posture as a symptom is a process of becoming an acquired phallus due to the sexual function that will take place between the father and the infant. Phallic imagination, a development the infant has due to acquiring anal skills in the early oral stage, would also inevitably lead to a sexual function that is difficult to manage in the following years.

The next stage of his illness is an attempt to reinterpret what has happened to him – both in infancy and now, just as Freud also argued. In this stage he experiences delusions of persecution such as Dr. Fleshsig is a soul murderer and that his body and soul will be given to his use after which his body will be used in the worst possible way and thrown away; he then arrives at such grandiose ideas that he is the only authentic human being left, that he will bring about a new human race by being transformed to a woman and inseminated by god. However, the form of this reinterpretation should be considered together with the phallic image that seeps into the oral symbiotic phase and puts its stamp on it. Psychotic bodily experiences, fusion fantasies about the fusion of souls after death, all powerful and grandiose delusions, splitting as defence mechanisms, intensive use of projection and projective identification are all markers pointing at the oral stage and symbiotic fantasies to understand Schreber's pathology in terms of psychosexual development. However, the triangulation of Schreber's psychosis, which can be thought of as an attempt to reinterpret his experience and to heal from it, is his delusion of being turned into a woman, which has been distinct from the very beginning. This delusion can be taken as the psychotic defence of the prosthetic image of the phallus. In the very early hours of the day, in a state of mind between sleep and wakefulness, the presence of an idea such as 'being a woman submissive in sexual intercourse must be a very nice idea' during the incubation period of his illness, even though his conscious mind would violently object to it, seems to support the prosthetic phallus image. (19)

Before examining the premise that the phallic image acquired during the oral stage determines the infant's gender, it is necessary to dwell on Schreber's highly special relationship with his God. Reviewing Schreber's writings on the act of defecation will provide useful data to understand the nature of psychosexual relationship which evidently carries a strong erotic quality. The act of defecation takes place through the grace of the upper God. God can move the faeces in Schreber's intestines to and fro. When he wakes up with an urgency to defecate, the purpose of 'destroying understanding' is also achieved by the divine rays withdrawing from Schreber's body. This was explained in his writing as God's defense against the possibility of one's losing oneself in a state of overexcitement. Schreber's defecation is wanted to be prevented because strong lust is awakened during defecation which may cause his downfall as it would prevent the pulling back of God's divine rays. (23)

In his autobiography, Schreber talks about experiencing anal stimulations. (29) He is not aware that he is actually talking not about an adult but an infant's semi-liquid faeces which moves

when it cries or when it is denied breastfeeding. It is consistent with the psychoanalytic formulation to think about father Schreber's educative verbal warnings, which he delivers behind the mother/nanny to train the baby, as representing Schreber's upper God – the upper part of his posterior God. Getting anal stimulus through the faeces smeared around anus, which is normally expected to be cleaned by the person providing maternal care in the oral stage, is acquired through the father's premature phallic intervention. Faeces around the anus which is led to accumulate and go rigid in accordance with the training becomes the phallus image of the father. His countless observations that the toilet is full whenever he needs to defecate reminds him an infancy in which his bottom was full of faeces. The anxiety resulting from not being able to adapt during infancy to the limiting regulation of the father has been mobilised. The faeces accumulated in the underwear has an imaginary place representing the intervention of the father; and it can be interpreted as creating stimulus in the rectal area.

The oedipal consequence of the incest taboo is castration. The oral stage equivalent of this taboo (hunger drive) must be the sense of death. Patient Schreber speaks of a highly important truth when he says that God has no relationship with the living, that God gets into contact with the souls of the living only after they die and go through a long period of purification. In such a spiritual equation, the only way Schreber can survive is 'to transform into a woman, not for one's sexual gratification, but for the continuation of a new species, for another aim appropriate for The Order of Things.' He can live his sexuality only by transforming into the woman whom he thinks can 'possibly resolve the conflict.' (29)

Strap-on Mother

Psychoanalytic literature has not properly dwelled on the idea of a strap-on mother who is convenient for maintaining, in the symbiotic phase, the psychosexual relationship established with the father before birth. Psychoanalytic theory's acceptance of the *Strap-on Mother*, who is inclined to transform the father's sexuality in the symbiotic phase so that he can realise his sexual desire to shape the infant's oral stage, can make it easier to understand the chaotic nature of sexuality.

The highly probable reason for the assumption that a phallic infiltration into the symbiotic relationship is not possible due to the covalent bond created by the dynamic accompaniment in the oral stage may be that we are not looking for a phallic image there at all. The oral symbiotic phase

can attain a consistent formulation in the form of an all-powerful breast and all-powerful infant (omnipotence) image only through this envisagement. Without the pre-supposition that the phallic image has not seeped into the oral symbiotic phase, there could not have been an all-powerful mother and omnipotent baby image.

The phallic intervention to the oral symbiotic phase seems possible with the strap-on mother. Even though the breast shows resistance, the phallic (father) will be able to eventually realise his sexual demand, because he is hierarchically more powerful than the infant.

Reverence shown to the oral symbiotic phase seems to be closely related to the discussions in psychoanalytic theory in which the mother is taken not as a subject but as an object. The connection between the prevalence of views on the intactness of the oral symbiotic phase and the fact that debates about the importance of motherhood and its role in the psyche are more likely to adopt the child's perspective, and consequently the continuity of the oral symbiotic illusion seems to have made it difficult to envision a phallic image in the fused matrix of the infant-breast relationship.

With the all-powerful breast relationship between the mother and the infant that enables the omnipotence of the infant after birth, a new sexual function period starts for the woman which can be called maternity or 'motherhood.' Symbiotic relationship established with the infant is expected to end the mother's psychosexual relationship she previously established with the father. When psychosexual development is considered as an uninterrupted process, symbiosis in the oral stage is expected to be completed as such. However, in the Schreber case, it looks like the mother, by stretching herself to meet the phallic demand, can adapt to this new relationship the father is about to begin with the infant. In other words, oral symbiotic phase can be taken as a divisible, open-to-intervention, vulnerable period, as opposed to the assumption that it is an intact one. If the symbiotic functioning had not been disrupted by the phallic intervention, the implication and imagination capacity of the all-powerful breast could have eventually disappeared, and the infant could have developed a skill to create anal defences to satisfy its drive.

Apart from the type of motherhood examined in relation to the Schreber case, there is of course the possibility of a maternal capacity that does not allow phallic intervention or that does not extend. Its sexual formation suggests that the maternal position can turn into variable forms. To put it more clearly, depending on the intensity of the phallic intervention, the maternal capacity in the

sexual relationship the mother is going to establish with the infant may regress and be disrupted, even disappear. The existence of various social relationship forms is known in which phallic intervention encircle the maternal position and thus damage or even destroy its concentration area.

It is necessary to re-shape the primal scene of Freud's Schreber case with a different formulation to explain the concepts of prosthesis and strap-on mother. Niederland's biography of Schreber describes the psychosexual hierarchy that the father drew up with a simple sketch as follows: the father standing behind the mother who holds the infant in her lap and the mother/care givers who hold the oral substitution objects adorn the same scene. Oral stimuli are turned into a phallic intervention initiated by the father so that the infant is forced to acquire anal gratification skills. In simpler terms, by using the mother, the father wants the infant to eat not when it is hungry but at a time designated by the father. The mother is made compatible with the system of the psychosexual dynamic so that she can be intercessory to relaying the dietary arrangement demanded by the father.

Behind the acquisition of the skill to accompany the psychosexual process with an anal systematic by delaying the timing designated by its motive, for the infant there is a psychic interest provided by the phallic imagination satisfying the father's genital demands. Regardless of its gender, the infant is a homoerotic object of gratification for the father, even though it is in the oral stage. The anal skill the infant develops by adaptation also causes it to imagine itself as a phallus. It even perceives itself as a phallic image seducing its father's desire. This image is a prosthetic phallus, and obviously this psychosexual process is not regular; it is a formless image belonging to a chaotic sexual function.

We have already said that for the father's phallic demand to reach the infant, the father needs a flexible and transformable strap-on mother who vacates her maternal position. Otherwise, the father would be included in the oral stage as a regular object image like a mother/a substitute for breasts. Unable to tolerate the mother's all-powerful position in the limited oral stage and unable to delay his latent homosexual desire, the father tries to create a prosthetic phallus for himself from the mother instead of being incorporated to the breast to the symbiotic phase.

As a result of neurotic weakness, the breast image is widely perceived and accepted as sterile in many texts, including the psychoanalytic literature, in addition to being seen as free from phallus contamination in terms of space and time. This is also the most likely reason why the mother/breast is envisioned as private, sacred, and revered. However, it is an important theoretical

necessity for us to try to understand an image of a breast that is not sterile, open to phallic intervention, one that can turn into a strap-on, as a condition for a psychosexual existence.

In the Schreber case, we see that the father is psychosexually unable to reach the infant without the mother being the mediator. Since the mother/breast is the only object suitable for the father to establish with the infant a relationship of the type described in the oral symbiotic phase, the father must make the mother suitable for his own aggression for the education of the child. A breast/mother that can consent and adapt to the father's phallic demand due to its/her psychosexual interests must be shaped according to the dynamics of the sexual function of the oral stage by turning into a prosthesis/strap-on for the father so that he reaches the infant. With the decisive intervention of the father, the mother was unable to develop the ability to accompany the infant as an all-powerful breast and she rearranged her sexual function in a way to allow the phallic image to infiltrate the oral symbiotic space.

Just as Freud did in the quotation we provided at the very beginning of this essay (1), we believe that there is a reintegrative use in thinking about the strap-on as a concept interrelated with prosthesis as a concept. The importance of working through different texts on the tragedy of the subject being forced to construct his self-image like a prosthesis while meeting his psychosexual needs should also be kept in mind. Apart from its relevance to the evident psychopathological symptomatology of the Schreber case, we think that the reformulation of the psychological story and the language specialised between the analyst and the analysed with the concepts of strap-on mother or prosthesis is an important issue for the psychoanalysis practice.

The issue of acquiring a strap-on or prosthetic position does not indicate a named, formed gender; on the contrary, it enables us to understand in detail the domain of sexual function in the oral symbiotic phase. Another importance of this is that it helps us weed out the distracting and irrelevant space occupied by gender. The guidance of the concept of strap-on and prosthesis may contribute to solving the mystery of the functioning of the dynamic chaotic sexual function. It will help us understand psychosexual diversity. Thinking about the strap-on or the prosthesis helps us learn more about the chaotic universe of sexual function dynamics rather than the issue of determination of gender.

For the psychosexual functionality in the Schreber case, the capacity of the concrete phallus belonging to the father falls short in providing contact to the infant. Therefore, at first glance, it may seem contradictory to need a prosthetic phallus when there is an actual one. This is a correct question to ask to establish the concept. Creating a strap-on prosthetic phallus from the mother

resolves the father's conflict with his latent homosexuality. The father's phallic intervention does not allow the mother to experience the maternal position of being an all-powerful breast for her infant. The mother returns to the psychosexual relationship she established with the father before the birth. It seems possible for the re-established previous psychosexual relationship to evolve, without its structure being altered, in a way that enables the father to contact the infant. The thing that makes the mother vulnerable to being strap-on (prosthesis) is sensing the father's capacity to mediate reaching to his object of desire, in other words, the infant, as a phallic skill.

The father's attempt to give the infant anal skills at a period which could be considered the beginning of the oral stage can be considered as the conditions of the determination of gender and building the chaotic function of sexuality for the infant. Phallic image can also initiate anal stimuli for the infant. Rather than being an almost mythic period in which needs are indirectly met by the breast, early oral stage may actually be an 'ordinary' period in which the father is in a sexual interaction with the infant. Indeed, for the infant, these first couple of months where latent homosexual psychosexual function and gender are determined are ordinary but highly critical times.

A phallic image belonging to ego, or a concrete phallus can satisfy genital activity on a regular and linear sexual plane. However, dynamic sexual domain cannot complete its development with a closure by acquiring an ideal gender form. Sexuality can maintain its motion uninterrupted by its sexual function taking intermediate forms in parallel either to the dynamic of object relationships or to changing social relationships. Human psychosexuality is more comprehensive especially than sexual function forms that could be defined continuously sprinkled by mysterious and chaotic details.

Psychosexuality is chaotic rather than linear. Considering the Schreber case from this angle, the idea that the psychosexual function which the actual phallus fails to satisfy has to be satisfied by a prosthesis or strap-on would make sense. Different from actual homosexual function, for latent homosexual function there is a need for a prosthetic phallus which seems embedded in the soma but which is different from the soma. If we think of the concept of prosthesis within psychoanalytic theory, clearly what is meant is a phallus image that is created outside of the concrete continuity of the sexualised body or the soma.

In the Schreber case, there is a big and strong psychosexual conflict between the infant and its parents which does not allow any development of defence. Phallic intervention starting at the early oral stage thwarts the formation of ego which can construct neurotic regulations in the infant. All sexual locations of the psychosexual dynamic in the Schreber case are invaded by the phallic image.

Determination of Gender and Latent Homosexuality

When evaluating a patient, the conditions that created their personality pattern are inevitably part of our work. Psychoanalytically, we would like to read the sentence ‘A person is born into a relationship’ as the human offspring being born in a sexual relationship. To clarify, it means ‘the infant is born not into its cradle but into its parents’ sexual relationship in the bedroom.’ Therefore, the bedroom into which we are born is the place where the gender of the infant is determined and more importantly where its chaotic sexual function is elaborated.

The neurotic root of the attempt to theoretically understand and crystallise something will not enable us to wholly comprehend the chaotic universe of sexuality and sexual function. Firstly, sexuality is the representation of the nucleus, the essence, and the meaning. Secondly, human sexuality creates its existence through suppression because the human being undergoes significant changes in the unconscious by repressing sexuality; he is transformed and reaches consciousness. A spatially and temporally limited sexual practice contains in itself unlimited repression and arriving at consciousness by transformation. In this respect, sexuality is the ‘new’ and absolutely not processable which we encounter every time coming from the unconscious independent of the practical act, which does not allow for mundaneness. It is meaningful exactly for these qualities and is always on the table. Sexuality is the meaning itself. Sexuality is unconscious. It will try to express itself with an unlimitable functional diversity to realise itself. We know that we frequently come across sexual acts that are outside the already categorised and defined heterosexuality, homosexuality, or other sexual designations.

In terms of its importance in the preparation of this article, let us mention that we also highlight the value of Niederland’s biographical information on Schreber and his family. The importance of the family members, especially the position of his mother and father, enables us to understand the symptoms, in other words the sexuality, of patient Schreber.

To recap it briefly, this primal scene will enable us to imagine what behaviours and attitudes the mother-father relationship caused in patient Schreber’s life. The scene prepared by Father Schreber’s choreography is as follows: the father stands behind his wife while giving orders to the mother who eats to her heart’s content while holding the infant. In a way, Father Schreber wants his son to acquire anal skills rather than have oral demands such as crying and sucking milk on the day he was born. The crying sounds the infant produces to express its oral demands seem to rouse the

father's unconscious sexuality. We can employ the following questions to trace sexuality in the psychosexual relationship:

1. What sexual need of father Schreber's is fulfilled by the infant's imaginative phallic transformation by acquiring anal skills?

2. What does the sexual function that the maternal (becoming a strap on) position, which can stretch and transform by adapting to its comments, establishes with father mean in psychosexual dynamics?

Before answering these questions, some mental exercises might be helpful in a more concrete progress in formulation. If father Schreber wants to form a direct contact with the child (without the strap-on), he could get rid of the mother and experience the sexuality of forming an oral symbiotic relationship with his baby, in other words, the sexuality of the all-powerful breast. If the phallic act of providing maternal care had satisfied father Schreber, he would not have needed a phallus apart from the one he carried on his body, in other words, he would not have needed a phallus created out of the mother. The phallus image which is part of father Schreber's body in which he will perform his own skills was not sufficient to establish the sexual act he tried to realise on the infant. Therefore, it would be correct to say that he has a psychosexual structuring that is detached from his body and that he needs a penis/strap-on which functions only to satisfy his own sexuality, in other words, with a prosthetic phallus, he needs to create an object that accompanies his latent homosexuality, because his own penis, which has a continuity with his own body is not suitable to meet the latent homosexual demand as it cannot be perceived as separate from the body. It is important to describe the pleasure the father has in the act of turning the mother and the infant into a phallus as a latent homosexual function. According to this, the phallic appearance the mother and the infant get through the directions of the father is a necessary image for the latent sexual function of father Schreber.

As for the infant, there is only one way to realise its omnipotence in the oral stage: to adopt to these conditions instead of strongly sucking the breast. However, rather than the omnipotence and ego draft which it would acquire with the direction of its drive in the first couple of days of its life, now the infant is under the weight of a difficult-to-manage phallus image. Considering how the infant does not have any other sexual capacity but to suck the breast in its first days, it is not easy for the infant to imagine itself as a phallus. It may never be possible to build a mental functioning without developing psychotic defences. What the infant experiences is not the kind of difficulty that can be

parried with a neurotic defence, either. We can think of the interconnectedness of the psychotic and neurotic set-up in Freud's tracing of Schreber's symptoms. The symptomatic prognosis of Schreber the patient gives a disease setting that starts with hypochondria and ends up with psychosis.

As far as the mother is concerned, it is equally important to focus on the sexuality that will be provided by the appearance demanded by her husband by obeying his commands, rather than the sexuality that will be provided by the phallic skill which she will acquire as the all-powerful breast in the oral symbiotic period. The phallic transformation that mother Schreber undergoes to perform father Schreber's commands does not provide her an oedipal pleasure; she has oral pleasure only through the omnipotent image she has acquired to perform her husband's demands. This is quite similar to the satisfaction the infant experiences when it feels itself as its own object of pleasure with its omnipotence against the breast in the symbiotic period. This function can be seen as a kind of phallic act of the oral primary narcissism. The foundation of the sexual relationship between the mother and the father before the infant's arrival can be thought of as the conditions into which the infant will be born. Transformed imaginatively into a strap-on/prosthesis by strongly adapting to the father's directions, the mother mediates the infant for the father's sexual demand. After these conditions are met, sexuality between the mother, the father, and the infant becomes possible. While the phallus image created by the strap-on/prosthesis meets the husband's latent homosexuality, the mother's primary narcissistic sexual function is also realised.

To elaborate further on the issue of latent homosexuality, it is important to work on the patient's term *unmanning* in the Schreber case. Although etymologically it looks like a neologism, here unmanning denotes the uneasiness about feeling like a man rather than wanting to be a woman, unmanning as a concept is highly important to explain how father Schreber's demand of a phallus image from his infant has affected the formation of his illness and the unconscious processes. Forcing the infant to accompany the father's sexuality as a phallus image in the early oral stage has resulted in a chaotic psychosexual structure. Here, it might be helpful to also talk a little bit about the idea of incest. To understand it better, we believe it is more appropriate to think of it as "the duality of incest desire and taboo" instead of solely as "incest desire." Being forced to become a phallic image for the latent homosexual desire of his father has mobilised both the incest desire and the incest taboo for patient Schreber. While this ambivalence limits him as he cannot be an unprohibited phallus for his father, it also prevents him from constructing a complete female image by developing latent homosexual emotions. In the end, incest desire and incest taboo allow the patient Schreber to become neither a complete man nor a complete woman in accompanying his

father's sexual demand. That's why he was unable to develop a neurotic defence that could regulate his sexual function nor was he able to develop a fortified ego. Consequently, he had to develop a symptomology that could be seen as defences of an ego structured by psychotic figures. The sentence in Schreber's biography by Freud, "after all it really must be very nice to be a woman submitting to the act of copulation" can be seen as a proof supporting our comments on the position that the phallic image acquires in the sexual dynamic in the oral symbolic period.

Prosthetics as a Mirror Image

It seems like a good idea to start with a summary of how the concept of oral symbiosis is examined in the psychoanalytic literature. Freud calls the first of the pre-genital processes oral or cannibalistic sexual organisation in which the genital organs have not yet gained dominion over the regulation of sexual life; he maintains that the sexual activity here is neither distinguished from feeding nor the opposite currents are differentiated. (14) While working on it, Freud argues that the oral stage includes a cannibalistic phase and that it is a pre-genital one. Symbiosis as a concept is not yet as detailed as Bleger's, but it would not be wrong to say that while talking about the hallucinatory fulfilment of the wish he thinks that the process in which there is no distinction between the object and the subject is limited as symbiosis.

"The first object of the oral component of the sexual instinct is the mother's breast which satisfies the infant's need for nourishment. The erotic component, which is satisfied simultaneously during the sucking, makes itself independent with the act of sensual sucking [lutschen]; it gives up the outside object and replaces it by an area of the subject's own body. The oral instinct becomes auto-erotic, as are the anal and other erotogenic instincts from the first. Further development, to put the matter as concisely as possible, has two aims: firstly, the abandonment of auto-erotism, the replacement of the subject's own body once more by an outside object, and secondly, the unification of the various objects of the separate instincts and their replacement by a single object. This can, of course, only be achieved if the object is again a whole body, similar to the subject's own." (30)

We think the above-quoted text by Freud, which supports our highlighting of the intactness of this part of the pre-oral phase in this article, proposes that there is a hierarchical closedness of not only this phase but also other sexual processes. According to Freud, psychosexual development phases are open to interlocked impulse flows; however, each phase is structured in such a way to

allow a successive hierarchy. Freud's psychosexual scheme proposes a viewpoint that does not allow to imagine the breast-infant relationship as one that is open to a phallic intervention in the oral stage. For instance, while the possibility of oral regression from the anal stage is something psychosexual hierarchy allows, the psychosexual structure model is not feasible for the possibility of the phallic image appearing in the oral period. Nor does it consider the probably possibility that the phallic image could have been disregarded.

Drawing a parallelism between Abraham's mention of two separate phases in the anal period, namely, destructive and possessive, Freud argued that it makes sense to think of two sub processes in the oral period as well. The first sub process is only about oral inclusion; there is no ambivalence against the breast. Characterised by the emergence of the act of biting, the second can be called the oral-sadistic period. (31)

As such, there should be a distinction between the thumb sucking, which is called an auto-erotic act for the infant, and the acts of biting, which reflect the infant's oral-sadistic impulses. All the processes in which these have not yet been actualised can be conceptualised as the oral symbiotic phase.

According to Klein, early infancy is under the influence of the paranoid-schizophrenic position in which these partial objects are stored separately. (15) Bleger contends that transference in the analysis of psychotic patients is of a symbiotic nature; he has utilised Klein's view that the good and the bad breast is not completely distinct in the infant's mind even in its first three/four months and that the breast of the mother, with its good and the bad, is merged with the infant. (27)

Symbiosis contains a highly complex object dynamic with the good and the bad pieces without any distinction or difference between them. Nor is there a distinction between the parts of the ego involved in these experiences. It is necessary to talk about a situation in which there are no boundaries and distinction between the inner and the outer, the ego and the non-ego. Bleger locates this period before the paranoid-schizoid position, and he proposes to use the term 'agglutinated nucleus' to describe ego nuclei, emphasising the undifferentiated features of the ego and the object. He calls the period Klein locates before the paranoid-schizoid position the *glischro-caric* position (glischro: viscous; karion: nucleus). (32)

To discuss how the phallic image in the oral symbiotic phase is overlooked, we will continue with the concept of après-coup with a case example from the literature. In his Wolf Man case, Freud mentions that his patient has seen 'his mother and father performing sexual intercourse in the position described as reverse intercourse on an afternoon when he had a high fever due to

malaria.’ Being certain that this testimony took place in the pre-verbal period, he writes that it is a more realistic probability that the witness is 1,5 years old; however, he does not provide a detailed explanation as to why this testimony cannot be possible at 6 months. (33) Although Freud has mentioned *après-coup* before, he has never placed the primal scene at such early years, and he notes that its repercussions are deferred until adolescence. (34) Having to re-evaluate his theory since the primal scene is presented at a very early period of infancy in the Wolf Man case, Freud somehow rejects what the patient expresses by recalling his past because he accepts the oral period as intact (that is, it does not allow any other image other than the breast) in order to explain why the oedipal image and the castration complex work backwards and create trauma. Indeed, to stick to his psychosexual development model, he explains the revival of the primal scene in a dream when the Wolf Man was four: the patient’s newly emerging genital sexuality regresses to a pregenital organisation level upon hearing his nanny’s claim that children have a ‘sore’ down there if they masturbate; it comes to the fore with the reinterpretation of the primal scene in the dream by gathering various materials from the fairy tales he has been told and the impression he has had through his experience before the dream.

The primal scene now has a genital meaning. Freud calls the re-expression of a memory that cannot be made sense or cannot satisfy a need in the oral period ‘*après-coup*’. (33) In Freud’s narrative of the patient’s memory, there is a gap as far as his psychosexual model is concerned. He must make his interpretation of the patient’s memory consistent with the oral period’s inconsistency with the phallic image. In order to maintain the consistency of his theory, he may have had to think that the infant could not accompany a phallic image in the oral stage and could not remember the state of being a part of the sexual intercourse to which he was exposed. On the contrary, if there had been a genital sexual function competence which became meaningful in the oedipal psychosexual period of the Wolf Man, there would have been no need for his psyche to invoke a retrospective memory of the oral period. The reason for this interpretation, which caused Freud to lose track of sexuality and drive while forming his theory, is his loyalty to his model.

If the hypothesis of this study (that the phallic image in the oral symbiotic phase is disregarded) is held to be true, then Freud’s proposal of three interrelated but separately developing psychosexual processes can be re-formulated as three stages which could be considered within the oral period; therefore, another psychoanalytic reading can be done. Such a viewpoint can enable a dynamic reading by getting rid of the limitations of the hierarchy of the psychosexual structure model. Underlining that the phases in the psychosexual process are not consecutive but entangled,

in other words, that the foundations of all three stages are established concurrently, makes it easier to lay bare the expanse of the phallic skill's chaotic capacity in terms of sexual function. It may be possible for us to understand the universe of mental functioning which satisfies the chaotic sexual need and can be formed continuously while accompanying it.

Similarly, one can argue that psychosexual development does not proceed hierarchically and linearly; rather, it has a chaotic essence which emerges suddenly. The word 'chaotic' (33) Freud employed in his interpretation of the character of his patient's sexuality in the sexual scene he was subjected to when he was 1,5 years old (the possibility of this scene to have been witnessed when the patient was 6 months old was dismissed in a footnote) was used in his article "The Wolf Man's Dream" in the exact manner it is used in this study. It should be kept in mind that while structuring his theory of psychoanalysis, Freud built psychology on sexuality and motivation while at the same time dealing with it in a way that conflicted with his structuralist side. In this respect, he could not focus on the chaotic essence of sexual development when modelling psychosexual process and psychic apparatus. We see the effect of the burden of creating a connection between biology and psychology on Freud. However, the importance of Freud is undeniable for making visible his two significant discoveries, namely, the unconscious and sexuality.

When we realise that the phallic image in the oral symbiotic phase is ignored in the personal psychoanalytic interview practices, and especially in the Schreber case, it can be clearly seen that the father is involved in the psychosexual relationship in the oral stage, and that the mother and the infant are shaped to accompany him due to the father's demand. The scene created by the father standing behind the mother while the infant is in her arms in the Schreber case tells us that even at first glance the phallic image can easily acquire a sexual role in the symbiotic phase. If we accept this as the basis, the father tries to turn the mother and the infant into a strap-on phallus due to his latent homosexual need. The infant and the mother construct their images in the form of a 'prosthetic penis' with the phallic skill they have developed. However, the image of the prosthesis should be considered different from the need for strap-on in terms of its quality. Prosthesis is an attempt to construct a self with the sexual function image of the infant, which satisfies the father's latent homosexual demand. Strap-on denotes the mother's turning her body (her maternal/all-powerful breast position) into an image in the sense of a prosthetic phallus in order to convey the father's latent homosexual demand to the infant. The prosthetic image should be regarded as an abstract creation of the phallus in the psychosexual function.

To contribute to the theoretical basis of the article, it is highly significant to discuss in detail the idea of ‘prosthesis as a mirror image.’ In neurotic mental functioning, the mirror image is expected to simultaneously disappear when the subject is withdrawn from the scene. The image overlaps with its subject. The prosthesis-I is a mirror image, and contrary to popular belief it is in conflict with its subject. Even though its subject is gone, the prosthesis can maintain its sexual function in the mirror. It can be said that the prosthetic-I mirror image, which becomes independent of its subject, continues to live and develop in the psychotic mental functioning of the Schreber case. Prosthetic-I image can assume the sexual function of its subject in its object relations. Gaining a psychosexual function, the prosthetic-I image makes the concrete existence of the subject/infant withdrawn from the scene problematic. Its sex, especially its sexual function, becomes complicated. From time to time, the infant takes on the psyche of the self-made prosthetic-I image. However, it actually needs a mirror that imagines its ego without conflict just like the breast that meets its oral need in the symbiotic phase. In psychosexual dynamics where the oral symbiotic phase is invaded by the phallic image, just like in the Schreber case, the sexual function of the mental existence seems to be sustainable with the activity of prosthetic images, albeit through psychotic defences.

The father’s own penis does not provide anal stimulus because it is in a biological and mental continuity with the anal region. Therefore, the latent homosexual function requires a prosthetic phallus image apart from body continuity to create anal stimulus; and this prosthesis-like phallic image can be obtained only as a dynamic result of the sexual function of the oral symbiotic period. Thanks to the concept of prosthesis and strap-on mother, it can be appreciated how large and decisive the area covered by latent homosexuality in mental functioning is.

The infant can develop a pathology by going through a break in its first object relations. It can accompany the anal and genital sexual demand by transforming the hunger impulse in the oral stage. It can be argued that the infant in the Schreber case can build its self-image like a prosthetic phallus, transcend the mother/breast in the oral stage, and establish a psychosexual relationship with its father. There are texts in the psychoanalytic literature where the body is imagined as a phallus even though it is not associated with the concept of prosthesis as this study does. In his article on the perception of the body as a phallus, Bertram D. Lewin, for example, talked about four equations he deduced from dreams, case studies, and the results he obtained from the literature: (1) Envisaging one’s body as one’s own penis, (2) Envisaging one’s body as the other’s penis, (3) Envisaging another’s body as one’s own penis, and (4) Envisaging the other’s body as the other’s penis. (35) We can consider the first equation as an example of the infant’s imagination of itself as a

phallus in the Schreber case. The hypothesis of this article regarding the prosthetic phallus image supports the analysis of the psychotic episodes of the Schreber case. Bertram D. Lewin's first equation is similarly interpreted in the literature as a predisposing factor to psychosis. The second equation describes the position of the mother in the Schreber case, supporting our study. The mother imagines herself as a strap-on to be worn around the father's waist. The psychosexual interest of the strap-on mother is to try to remain an object of pleasure in her husband's concentration area by fulfilling the father's wish, which she perceives as a distracted breast, like an omnipotent infant in the oral stage. The mother, regressed to the oral stage in the strap-on position, feels like an omnipotent infant saying 'I suck so strongly that the breast is happy because of me.' The third equation explains father Schreber's position. His penis, which is a continuation of his body, fails to communicate his latent homosexual demand to the infant. Providing oral care at the maternal position does not meet the latent homosexual sexual need. Thus, he needs a phallus from another's body instead of his own to realise his sexual need. Cries of the infant (its oral demands) in the Schreber case mobilises the father's latent homosexual desires. His interference with the infant so that it can develop anal skills is motivated by his latent homosexual impulses. The fourth equality can be thought of as an image belonging to the infant's position. The infant imagines its body as a prosthetic phallus satisfying the father's sexual needs.

Working on the issue of ignoring the phallic image in the oral symbiotic phase may make it possible to analyse psychopathology that contains psychotic motifs through psychoanalytic theory. Therefore, as the chaotic nature of sexuality is understood better, a much more comprehensive reading can be made about the spectrum of sexual function construction, especially psychoses.

Conclusion

1. In lieu of Freud's linear model which includes three separate but interrelated stages, contemplating on a conceptualisation of psychosexuality in which all stages can be encompassed within the oral stage, and in which all periods are intertwined and more importantly concurrently built, a psychosexuality that is not chaotic/hierarchical.
2. Considering an oral symbiotic phase open to the intervention of the phallic image.
3. Understanding the sexuality dynamics taking place with the intervention of the phallic image in the oral symbiotic phase. Understanding in depth the place occupied especially by latent homosexuality and its predictiveness.

4. Understanding the sex assignment and sexual function diversity thanks to realising the intervention of the phallic image in the oral symbiotic phase.
5. Understanding the effect of the intervention of the phallic image on the oral symbiotic phase and thus understanding the formation of psychological pathologies in mental structuring conditions.
6. Examining in detail the meanings of strap-on and prosthesis within psychoanalytic theory.
7. Clarifying the technical meanings of the terms strap-on and prosthesis in the psychosexual function.
8. Examining the terms strap-on and prosthesis in terms of object and subject relationships.
9. Re-examining the image concept and the mirror theory in light of the term prosthesis.
10. Considering psychotherapy techniques and the place of such conceptual developments as prosthesis and strap-on mother in the psychoanalytic therapy practice.
11. Thinking about 'symbiosis reverence' Reflecting on the concept of 'symbiosis reverence' also as a neurotic reflection of fieldworkers' weak relationship with psychoanalytic theory on patient interviews.

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