

We cannot imitate the states of mind described by our patients, and so, when we try to deepen our theoretical and practical understanding of the human personality, we need not be afraid of applying our own instincts and our own intuition to the task.

Jacques Lacan (1900–81)

Jacques Lacan is regarded as the father of French psychoanalytical thinking. He trained in mainstream psychiatry and his doctorate thesis was supervised by Gaétan de Clérambault. After the Second World War he became a cult figure in French intellectual circles, mixing Freudian ideas with social comment. As with many French intellectuals, he founded an ephemeral one-man movement with many followers, who have dwindled sharply since his death.

The following extract from his thesis contains one of the clearest expositions of a psychogenic psychosis, the life history of the patient whom he calls Aimée, after the heroine of her own romantic autobiography, which is described affectionately and with insight.

The 'case of Aimée' stands as a sensitive and understandable rendering of the links between a certain personality and a certain psychotic development.

The case of Aimée, or self-punitive paranoia

J. Lacan (1932)

(Second Part, *Le cas Aimée ou la paranoïa d'auto-punition*, of *De la Psychose Paranoïaque dans ses Rapports avec la Personnalité*. Le François: Paris)

This paper examines the theoretical basis and the developmental origins of paranoid psychosis in terms of the personality development of a single case presented in detail . . .

Case history

The assassination attempt. On 10 April at eight o'clock in the evening Mme Z., a celebrated Parisian actress, arrived at the theatre where she was playing that evening. She was accosted at the stage-door by a stranger, who asked her: 'Are you Mme Z?' When she replied in the affirmative, the stranger, according to Mme Z., assumed a different facial expression, quickly took a knife out of her handbag and, with a look of hatred, raised her arm ready to strike her. Mme Z. tried to protect herself by seizing the blade, in the course of which she severed two tendons in her hand. By this time, the stranger had been overcome by two stagehands and the police were called. The stranger, whom we shall call Aimée from now on, was taken to the prison of Saint-Lazare,

where she was kept for two months before being transferred to the Asylum of Saint-Anne.

On initial questioning Aimée explained her behaviour by saying that the actress had been instigating 'scandal' against her. According to Aimée, she had been mocking and menacing her for a number of years. Her accomplice in these acts of persecution was a famous writer, P.B., who had disclosed various incidents of her personal life in his novels.

Patient's life situation. Aimée was aged 38 at the time of this incident. She had been born in the Dordogne of a peasant family. She had two sisters and three brothers, one of whom had risen to become a teacher. She was currently employed as an administrator in one of the railway companies, and had been in this job since the age of 18. She was married to an employee of the same company, but for the last six years they had led separate lives, and she lived alone. She had one son, who lived with his father, but whom she saw regularly.

Previous forensic and psychiatric history. Six years before, she had been a voluntary patient in another psychiatric hospital. She had remained there for six months and the following extracts from her case-notes give some idea of her condition at that time: 'Psychiatric disorder of one year's duration . . . People in the street make insulting remarks, accuse her of extraordinary vices; people around her say all sorts of evil things about her; the whole town of Melun knows about her behaviour and regards her as depraved . . . Evidence of mental disorder, delusions of persecution and jealousy, illusions, misinterpretations, grandiose ideas, hallucinations, excitement, incoherence . . .' She was released after six months at the request of her family, although 'not cured'.

About a year before the present incident she was reported to the police by a communist journalist for continually pestering him to release copies of articles in which, she claimed, he had drawn attention to her grievances against a certain famous writer. Five months previously she was again reported to the police, this time for assaulting an employee of a publishing house which had rejected a manuscript. On this occasion she was not arrested, but merely reprimanded by the police . . .

Mental state on admission. By the time she was transferred to hospital the conviction attached to her delusions had completely disappeared. She was well orientated, had no intellectual impairment, showed no evidence of thought disorder and her attention was unimpaired. When

recalling the themes of her delusions she felt ashamed and realised that they were ridiculous . . . However, her emotional response during the initial interviews, particularly the detached manner in which she referred to the victims of her assaults, suggested a lack of sincerity and even of dissimulation in her responses . . . In subsequent interviews she became more trusting and at this point it became apparent that, although her delusions had lost their intellectual appeal, some of them still evoked emotion. For example, she might say: 'I did that because someone wanted to kill my child'. The grammatical form in which she recounted the reasons for her behaviour, her defiant manner – head held high, arms crossed, trembling and hushed voice – and particularly the pallor which came over her face at such times, all suggested that they still exercised a powerful influence over her.

There were other signs which could not be taken for mere reticence: regular gaps in her memory, for example, and misunderstandings, consistent with the continued influence of delusional themes.

Development and content of delusions. Aimée's delusional state illustrated almost the entire range of paranoid themes. There were delusions of persecution, expressed through ideas of jealousy and prejudice. There were delusions of grandeur, with dreams of escaping to a better life and notions of having a grand mission to accomplish. Eventually she showed systematised erotomania attached to a royal personage. There were no hypochondriacal delusions, however, and no beliefs about being poisoned.

It was possible to date the onset of her psychiatric condition to when she was aged 28, ten years prior to her current admission. At that time she had been married for four years, was still working in the same office as her husband and had just become pregnant.

The first manifestation was a vague feeling, on her part, that colleagues at work were against her. They seemed to be criticising her work unduly, maligning her behaviour and saying unkind things to her. Later, passers-by in the street seemed to be whispering about her and showing their contempt for her. She noticed allusions to herself in newspapers. She was puzzled at the time by these incidents: 'Why do people behave like this? They must want my child inside me to die. If my child does not survive they will be to blame'.

The depressive element in all this is clear. She later wrote: 'During my pregnancies I felt sad. My husband would reproach me with this; this would cause a row; and then he would accuse me of having been with another man before I knew him. This caused me a lot of pain . . .'

She reacted in an aggressive manner. One day she slashed the tyres of a colleague's bicycle. One night she threw a jug of water at her husband's head; another time she threw an iron at him.

Her child was born dead. It was a girl, asphyxiated by having the cord around its neck. She was devastated. She blamed it all on her enemies, and in particular on a woman who for three years had been her best friend. This woman, who worked in a distant town, telephoned soon after her delivery to find out how she was. Aimée thought this strange, and her hostility crystallised from that moment.

A second pregnancy brought a return of her depressive state. She gave birth to a healthy child this time, a son, and devoted herself to looking after him. She breast-fed him until he was 14 months old, and during this period she became hostile and querulous, making all sorts of misinterpretations. She provoked a scene with the driver of a car which she considered had passed too close to the child's pram.

Her husband discovered that she was secretly planning a trip to America. When he confronted her with this information she said she was going to make her fortune there as a novelist. She said she would abandon her child, but then changed her mind, and said the trip was for his benefit.

This was the time of her first stay in a psychiatric hospital, after which she was better but 'not cured' according to the hospital records.

Following her discharge she refused to go back to work or even stay in the same town because, as she said, the persecution had made it unbearable. She obtained a transfer of her job to Paris and from that time onwards she became progressively preoccupied with Mme Z., the actress whom she eventually stabbed. She became convinced that Mme Z. was endangering her son's life. She later recalled: 'One day at the office, while I was as usual wondering where the threats to my son's life came from, I heard someone mention Mme Z. and I knew then that she was the one who wished us harm'.

One cannot help noticing the flimsiness of her evidence against Mme Z. We enquired carefully among her colleagues for any mention by her of this actress, and all we were able to discover were vague remarks directed at 'theatre people in general . . .' Aimée had only seen the actress twice before the assassination attempt, once on the stage and once on the screen. She could not even remember, however, the name of the play or film, or even if it was a classical or modern piece. This was so extraordinary that we have to regard it as a selective amnesia, hiding her true emotions.

Over the next five years her misinterpretations increased in number.

These were not confined to the actress, but included photographs of the house where she was born and newspaper references to her son being killed. Other persecutors emerged over this period, including the actress, Sarah Bernhardt, and the writer whom she had asked a journalist to vilify. Another writer, P.B., assumed a prominent role. He was, according to her, the cause of her divorce, as she had come to love him. As with Mme Z., the entry of P.B. into her delusions was uncertain in time and vague in its logical development . . . She recalled subsequently: 'I couldn't believe that Mme Z. was working alone and so I came to the conclusion that someone important must be working alongside her'. She thought she had found allusions to herself in P.B.'s novels, and for this reason she identified the author as an accomplice of Mme Z. Later still she came to believe that a career in literature had been marked out for her, and then that she was an expert in chemistry. At other times she thought she must be someone important in Government circles, an influence on the morals of others 'like Krishnamurti'.

She went through a phase of soliciting men in the street and, although she would take them back to a hotel, her main motive was not sexual satisfaction but to satisfy 'a great curiosity concerning men's way of thinking . . .'

She then developed an erotomania centred on the Prince of Wales. She sent him poems, and avidly collected newspaper cuttings of trips abroad, but never tried to meet him. Her erotomania was entirely platonic in nature . . .

Several months before the assault and her arrest she became increasingly agitated and desperate. She felt she had to see her main enemy face to face. One month before the incident she bought a knife and by her own account, on the evening of her actual encounter with the actress, she was in a state of extreme arousal and frenzy.

Literary productions. Her main literary productions were two novels, both written in the eight months before her arrest. From a literary point of view the first is better than the second, but both are well written. [The heroine of the first novel is called Aimée. In the first chapter, entitled 'Spring', she is pictured in an idyllic setting, as a country girl in the age of chivalry, dreaming of marriage. In the second chapter, 'Summer', two strangers make their appearance. One is a 'courtesan' who destroys the innocent atmosphere and of whom Aimée feels intensely jealous. In the third chapter, 'Autumn', disaster strikes, as Aimée and her fiancé become the subject of gossip and scandal in the town. She responds by thinking purer and purer

thoughts. In the last chapter, 'Winter', she dies, just after the strangers go away – [Synopsis, Tr.]

In the second novel, one of the most significant passages is this invective against 'women of the theatre':

High class prostitutes are the scum of society. They undermine it and destroy it. They make other women the slaves of society and ruin their reputation.

Coming out of the theatre one night I saw a procession go by. The main figure in this was an old hag whose thighs must have been entered by millions over the years. There she was with her retinue of parasites, procurers and pimps, in the form of journalists. Her flabby body was perched on top of one of the carriages. Beauty, I heard one of her followers say to another, lies in the coccyx; generosity in the groin; intelligence in the little toe.

I was told that this was how things went on round here. All I could see was a she-wolf made up to be a queen; following her there was an evil goddess wearing a dog-skin; then came the rest of the retinue poisoning the air with their foul breath; bringing up the rear was a she-goat who had just come out of the National Theatre with a wet rose in its mouth, all sticky and with a wig on its horns, whom the journalists were making eat all the pretty flowers in Paris.

Poets came up one by one to talk to the old hag. Passers-by would grab hold of her thighs and the owner of the main newspaper in the city had his way with her in front of everyone. I couldn't go on. The procession stopped me. I asked people what the whole thing meant, but no one would tell me. It must be a secret of the theatre, something to do with the formalities of society: the motto was Honour and Nationhood.

It really is too crude, Madame, but you do it nonetheless. You would never regard it as sinful. The whole thing is like a flying brothel, the sort of thing you can buy in special bookshops.

Diagnosis. The most striking aspect of the whole case is the delusional state. It was systematised, and its two main features were the accompanying emotion (predominantly anxiety), and the peculiar way in which it developed, particularly with regard to the seemingly casual choice of victim.

We can first of all exclude organic dementia, acute confusional state and dementia paranoides, as there was no evidence of intellectual impairment. Similarly, we can rule out both a chronic hallucinatory delusional state . . . and paranoid schizophrenia, because there were no hallucinations to suggest the former and no disturbance of ideation or affectivity to support the latter . . . Could it be a manic-depressive psychosis? Although Aimée was depressed during her first admission

to hospital, her mood was not strikingly abnormal during the current admission and we cannot therefore attribute her entire condition to a manic-depressive psychosis . . .

We are therefore compelled to place Aimée's psychosis among the large body of conditions labelled paranoid psychoses. She fits the usual criteria perfectly: egocentricity, logical development from false premises and gradual use of defence mechanisms to consolidate it . . . Of the various types of paranoid psychoses one of the most well defined is that described by Sérieux and Capgras – a misinterpretative delusional state. Aimée fits this description very well. The only unusual features were the lack of any feeling of injustice and the absence of a sense of exaltation, both of which are common in misinterpretative delusional states, and the presence of a feeling of self blame which is uncommon in these states. Aimée believed that her child was being harassed because she herself deserved to be punished. Another unusual feature was the fact that the persecution was not entirely 'centrepetal', in that the child was the focus of some of the imagined threats . . .

In the next section we shall examine the actual way in which the psychosis developed.

Discussion

Does Aimée's psychosis represent an organic process? In order to elucidate the psychotic mechanisms, we shall first of all examine those phenomena which are primitive or elementary . . . These comprise symptoms which express the determining factors of the psychosis . . . In our case the role of the puerperium was clinically obvious. The two initial thrusts of the delusional state both occurred during her two pregnancies. In addition, one should consider her thyroid dysfunction which may have contributed to the initial psychiatric disorder, and one should also note that she abused the thyroid medication. In the established phase of her delusional state her menstrual rhythm determined the fluctuations in her anxiety level . . . Let us now examine the primitive mental symptoms which seem to have been caused by these organic factors . . . We can group them into four types:

(1) *Oneiroid states*, often coloured by anxiety; (2) *incomplete perceptions*; (3) *misinterpretations*; and (4) *illusions of memory* . . . Oneiroid states are those states of altered consciousness which resemble dreams. In our patient dreams played a major role in her mental life even before her first admission. Quite often, after the delusional state had set in, her

morbid mental state would begin as a dream and persist for several hours into her waking life. For example, on one occasion, she feared the arrival all morning of a telegram announcing her son's death; she had dreamed this the previous night and the belief had carried over into her waking state . . . Associated with these are atypical modifications, more or less in larval form, of perceptual structure . . . Misinterpretations are characterised by their selectivity, the sense of compulsion with which they arrest our attention, and the personal significance which they convey . . . Illusions of memory result from a weakening of the power of remembering which produces an invented image – whether itself the product of a perceptual association, a dream or a delusional complex – in place of a true memory image . . .

Our concept of the psychopathology of misinterpretative delusional states differs from the classical account by putting more weight on a 'psychasthenic' origin, that is to say that the social components of perception and memory are selectively affected. The classical account puts most weight on a disorder of reasoning . . . Our account has the advantage that one can link these misinterpretative states with certain organic states . . . But can one explain Aimée's delusional state in the light of the organic factors which were identified – the puerperium, thyroid dysfunction, abuse of thyroid medication, the menstrual cycle? Organic psychiatrists tend to regard a delusional system as the intellectual elaboration of organically-determined phenomena. Its structure, according to them, is of little importance. We cannot accept this formulation. We believe that the primitive phenomena discussed above (oneiroid state, incomplete perceptions, misinterpretations, illusions of memory) cannot explain how a delusional system can become established or account for its particular organisation. In our view the crucial factor lies in the personality of the subject, and this allows us to regard the development of the psychosis as a process disorder.

Does Aimée's psychosis represent a reaction to a vital conflict and emotionally-determined traumas? In order to answer this question we carried out a detailed enquiry of her background and personality from numerous sources. The most prominent traits and incidents were as follows:

As a young child, she was, by all accounts, very strong-willed. She was the only one in the household who could stand up to a tyrannical father. She was regarded by her parents as the brightest child and the only one most likely to succeed in life. She derived various privileges from this status. For example, her underwear was of better quality than

that of her sisters, a fact which her sisters bitterly resented, and still did when interviewed years later . . .

The person who was responsible for her favourable treatment within the family was her mother. This led to an intense emotional bond between the two of them. Aimée said later 'We were like two friends' and often regretted ever having left her side. Her mother, moreover, had always been a suspicious person. On one occasion, for example, a neighbour had predicted that one of her cows which was ill would not get better. When the beast died, her mother accused her neighbour of having wished its death and of having poisoned it . . .

One trait, in particular, was noticeable from an early age. She was always slow and late for things. She was never ready at the same time as the others. This, as Janet pointed out, is typical of those who develop psychasthenic symptoms . . .

She was always rich in imagination, as could be seen in her adolescent writings. These were notable for a certain quasi-erotic precocity, with themes of her being a child of nature and accounts of passionate experiences . . .

At the age of 17 there were the first signs of a deficiency in psychological functioning. Until this time she had been top of the class at school and she thus obtained entry to a Teachers Training College. But within a short while of being there she received a minor setback and gave up the course. We can consider this too as evidence of a *professional abulia* or lack of will, within Janet's concept of psychasthenia. This is often associated with another symptom, which was to be quite marked throughout her adult life, that of a *need for moral direction*. One of her teachers commented at this period: 'Just when you think you know her, she escapes you'. He considered her a born liar.

After her return from Teachers Training College she decided on a career in administration. At this time, also, a close girl-friend died of pneumonia, and this affected her deeply.

We should not leave the period of infancy and adolescence without mentioning an incident which achieved almost a 'quasi-mythical value' in the family. The family were out for a walk in the country, and at some point Aimée was left behind because she was arranging her hair. In an attempt to catch up she took a short cut across a field and was chased by a bull. The incident recurred often in her dreams and in her writings . . .

Aimée's first contact with the wider world was in a provincial town far away from her birthplace. She lived there with her older sister who

had married an old man when she was only 15. Aimée was soon dominated by this sister, whose influence on her was even more striking later in her life. The most significant event at this stage, however, was her first love affair. Her seducer appears a comic figure in retrospect. He was a small-town Don Juan and a poet in a group of 'regional artists'. At first Aimée found his advances repulsive, but she later gave in, and was then told that it was all a game to him. She left soon afterwards to work in another town, but he remained in her thoughts for three years. She wrote numerous letters to him and gave up all social life to devote her thoughts to him. At the end of these three years her emotions suddenly turned to hate. She later referred to him in this way: 'He can drop dead, for all I care. Don't talk to me about this chap, this ill-mannered lout . . .'

The next phase of her life, which lasted for four years until her marriage, was marked by a close friendship with a female colleague at work. This girl came of a noble family, but her branch of it had fallen on hard times. Despite this the girl behaved as if she were intellectually and morally superior to those around her. Aimée was first of all overwhelmed by this friend with her social airs and domineering attitude. Later, however, she began to keep, as she put it, 'a secret garden' within herself. Later still, she became irritated with her and the other girls in the circle: 'Women are only interested in gossip, intrigue and their own narrow lives', she wrote. She noticed at this time that her attitude and way of thinking were closer to a man's and recalled: 'I had an intense curiosity about men's minds . . .'

Aimée then married one of her colleagues, who offered her the chance of moral stability and practical security. The husband was a ponderous man, totally opposed to anything vain, decorative or creative. Her behaviour, in this respect, annoyed him intensely, and together with her sexual frigidity this led to marital rows. Both parties were jealous of the other. Aimée's reaction was predictable. She became retarded, 'abulic' and contrary in her behaviour. If asked to go for a walk, she would make any excuse to stay at home but, once out, she would prolong it for hours. Eight months after her wedding, however, something happened which was probably the most decisive event in her life. Her elder sister, the one with whom she had lived after leaving home, became a widow, and took up residence with Aimée and her husband. From our discussions with this sister it is quite clear that she had an immense influence on Aimée. She would give advice on everything and before long was the dominant member of the household. Aimée, as a result, became more and more estranged from her

husband. Because her character was both sensitive and psychasthenic she could neither give in completely to her sister nor take refuge in daydreams. She experienced the situation as a moral humiliation. Her personality was such that she could not react simply with a combative attitude, which would be the typical paranoid response. The sister's most powerful weapon against Aimée was not so much her authority as Aimée's own conscience, for Aimée could recognise her sister's value, her virtues and her concern. It was this combination of the struggle to resist the sister's authority, and the recognition of her sister's qualities and her own humiliation, which formed the roots of her psychosis. In the town, it was common knowledge that her sister had supplanted her. Far from denying this or fighting it, Aimée would gladly admit the fact . . .

The actual mechanism by which her sister became transformed into her 'enemy' will be dealt with in the next section. Before concluding this section, however, we shall contrast the main features of a typical paranoid personality with those found in Aimée.

Paranoid personalities are essentially proud and vain, whereas Aimée was both self-conscious and prone to crises of moral uncertainty. The former are distrustful in all situations, whereas our patient was intermittently anxious. The overriding psychological deficit in paranoid personalities is that of false judgement. In Aimée's case the problem is better regarded as one of an abundance of imagination which affects faculties such as judgement but which maintains some link with reality. Her faulty reasoning is a secondary effect, resulting from a primary emotional disorder, and in particular her *morbid conscience*.

Aimée's psychosis is based on self-punitive mechanisms which dominate her personality structure. Before embarking on the complex issues involved in this argument we should consider what is meant by personality functions. They consist of two sorts of reactions to events. There are those which have a social component and which play a part in the general well-being of those around them. Others are more concerned with maintaining the well-being of the subject in the face of judgements from others. There is a conscious aspect to each of these sets of functions and this means that they are intentional. The new discipline of psychoanalysis has thrown much light on the unconscious aspects of personality and on the distortions which appear to us as conscious intentional reactions.

It is not our primary aim here to consider whether the methods of

psychoanalysis, undoubtedly of value in many areas of psychopathology, can be applied to psychosis. We do not believe that one can apply psychoanalytical methods to psychosis just because they have been useful elsewhere. In our view it is justifiable to use psychoanalytical principles, but in the rest of the discussion we hope to show that Aimée's psychosis can be regarded as *psychogenic* purely by observing the psychosis itself . . .

The first point to note, in support of a psychogenic cause of Aimée's psychosis, is the fact that her symptoms disappeared abruptly on the 20th day of her imprisonment. She was 'cured', and remained cured for the year and a half that we observed her in hospital. Perhaps we should take heed of the old maxim, that *the nature of the cure will show you the nature of the illness*. The way in which her symptoms remitted was unlike that seen in organic, schizophrenic, depressive or manic conditions. These resolve slowly, with frequent oscillations, and then only partially. In Aimée's case the entire delusional system evaporated rapidly. Usually, cures of this sort are only seen in one set of circumstances – in subjects with delusional states based on passion who have accomplished the murder of the person who is the object of the delusion. Such subjects experience a characteristic relief accompanied by an immediate resolution of all their delusional convictions. In Aimée's case, however, the aggressive act against the actress did not result in immediate relief; she obtained no satisfaction in contemplating her victim's plight. Nor did her delusions disappear immediately; they persisted for another 20 days. But it did seem to us as if something had changed as a result of her attack. She was made to undergo a punishment: in prison she was forced into the company of criminals; she was in daily contact with their behaviour, opinions and cynical remarks on her situation; and she had to suffer the scorn and desertion of everyone she knew. For this reason, there were similarities between Aimée's case and delusional states of passion. Her delusional state did eventually resolve and she did later experience relief. The delay in her case represented the time it took for her to become aware of her punishment and it was at the point that 'relief' came . . .

We have thus tentative evidence for a *self-punitive* trait or a *feeling of culpability* in Aimée's case which underlay the development of her psychosis. This hypothesis explains other features of the case, for instance the content of her delusions. Her persecutors were trying to harm her child 'in order to punish the mother'. On one occasion, when asked why she had believed her child was being threatened, she

replied: 'To punish me, because I did not accomplish what I set out to do . . .'

A second striking feature of the case is the peculiar nature of her persecutors. There were several of them, but none had any relationship in real life with Aimée. This fact highlights the purely symbolic significance of these persecutors. They were, we might say, second, third and successive moulds of a *prototype*. This prototype has two aspects, emotional and representational.

The emotional power of the prototype is to be found in the real life of our patient. We suggested earlier that it mainly derived from her feelings for her elder sister, on account of whom Aimée had suffered moral humiliation and reproaches to her conscience. To a lesser degree it also derived from envy of her close girlfriend, who represented for Aimée the social adaptation and superiority which she herself felt she lacked.

The representational value of her persecutors is obvious. The sense of freedom and social ease which writers, actresses and women of the world reputedly possess were the very qualities which she herself dreamt of obtaining. They were her ideal, and at the same time the object of her hate. In striking the actress, Aimée struck her externalised ideal, in the same way as someone driven by passion strikes the unique object of their hate and their love. In Aimée's case, however, the value of the object was purely symbolic, and the act did not by itself lead to relief. But by the same blow which made her guilty in the eyes of the law, she received a blow to herself. When she had time to comprehend this, she experienced the satisfaction of a desire accomplished; her delusions, rendered ineffective by this realisation, vanished.

In this way we have, it would seem, demonstrated that the nature of the cure reveals the nature of the illness.

What of the link between the personality of the patient and the fundamental mechanisms by which her delusions arose? Aimée is best described as possessing traits of two clinical personality disorders: the psychasthenic and the sensitive. Obsessional scruples, continual doubts about ethical matters and internal moral conflicts are among their prominent features. Unlike someone with a normal personality, where mild organic insults and life events leave a relatively small trace, soon compensated for, someone with a self-punitive personality reacts entirely differently. The emotional and intellectual consequences of such events are not easily accommodated; they become fixed and persist. Thus, the development of a psychosis, such as we have

described in the case of Aimée, is to be regarded as an effect of organic insults and life events acting on a pre-existing psychological anomaly. The psychological anomaly we regard as a disorder of personality, and our whole concept of psychotic development in this case can be termed *psychogenic*.

Index

- Abraham, K., wish fulfilment 44
 abstraction, disorder of 189
 abulia, professional 221
 activity
 level of physical, in simple schizophrenia 28
 mental, insufficiency of 51–8, 117
 acute delusional states 169
 misinterpretations based on 179–80
 acute insanity, differentiation from hebephrenia 156
 acute stages of schizophrenia, prognosis of 64–5, 69
 Adler, A., 126
 affect
 in catatonic dementia praecox 39
 delusional ideas and 117
 dream content and 43–4
 flattening of, prognosis of 67, 70
 in mild dementia praecox 15
 in simple schizophrenia 28
 suspiciousness as an 129
 see also delusional mood states; depressed mood; emotions; manic mood
 affective dementia in schizophrenia 200
 affective psychosis, delusional states of passion secondary to 183–4
 affective symptoms
 in acute schizophrenia 64
 at onset of dementia praecox 17, 18–19
 see also anxiety; depression; manic-depressive illness
 age, development of delusions and 130–1
 age of onset
 dementia praecox 22–3
 hebephrenia 154
 paranoid insanity 156
 simple schizophrenia 30–1
 agnosias, paralogical thought disorder in relation to 77
 Aimée, the case of (self-punitive paranoia) 213–26
 the assassination attempt 213–14
 development and content of delusions 215–17
 diagnosis 218–19
 life situation 214
 literary productions 217–18
 mental state on admission 214–15
 previous forensic and psychiatric history 214
 psychotic development 219–26; organic influences 219–20; reactive components 220–3; self-punitive personality structure and 223–6
 alcohol, effect on schizophrenics of 63
 alcoholic dementia, differentiation from simple schizophrenia 32
 alcoholic psychoses, delusional perception in 107
 allogical thought disorder in schizophrenia, organic nature of 77–8
 amentia
 anxiety associated with 39
 differentiation from catatonic dementia praecox 38
 amnesias, word 75
 amnesic syndrome, perplexity associated with 82
 Anglade, D., dissociated patients 190
 anthropology, influence on psychopathology of 137–8
 ‘anti-psychiatry’ movement 2, 6, 139–40
 anxiety
 in amentia 39
 distinction of perplexity from 79
 misinterpretation and 106