

## 5. Some Forms of Emotional Disturbance and their Relationship to Schizophrenia

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Psychoanalytic observations of a few types of emotional disturbances are presented in this paper, and a series of cases reported in which the individual's emotional relationship to the outside world and to his own ego appears impoverished or absent. Such disturbances of the emotional life take various forms. For example, there are the individuals who are not aware of their lack of normal affective bonds and responses, but whose emotional disturbance is perceived either only by those around them or is first detected in analytic treatment: and there are those who complain of their emotional defect and are keenly distressed by the disturbance in their inner experiences. Among the latter, the disturbance may be transitory and fleeting; it may recur from time to time but only in connection with certain specific situations and experiences; or it may persist and form a continuous, distressing symptom. In addition, the emotional disturbance may be perceived as existing in the personality or it may be projected onto the outside world. In the one case the patient says, 'I am changed. I feel nothing. Everything seems unreal to me.' In the other, he complains that the world seems strange, objects shadowy, human beings and events theatrical and unreal. Those forms of the disturbance in which the individual himself is conscious of his defect and complains of it belong to the picture of 'depersonalization.' This disturbance has been described by many authors. In the analytic literature the reader is especially referred to the studies of Oberndorf,<sup>1</sup> Schilder,<sup>2</sup> and Bergler and Eidelberg.<sup>3</sup>

<sup>1</sup> Oberndorf, C. P.: *Depersonalization in Relation to Erotization of Thought*. Int. J. Psa., XV, 1934, pp. 271-295; *Genesis of Feeling of Unreality*. Int. J. Psa., XVI, 1935, pp. 296-306.

<sup>2</sup> Schilder, P.: *Treatment of Depersonalization*. Bull. N. Y. Acad. Med., XV, 1939, pp. 258-272.

<sup>3</sup> Bergler, E., and Eidelberg, L.: *Der Mechanismus der Depersonalization*. Int. Ztschr. f. Psa., XXI, 1935, pp. 258-285.

Most of the psychoanalytic observations in this paper deal with conditions bearing a close relationship to depersonalization but differing from it in that they were not perceived as disturbances by the patient himself. To this special type of personality I have given the name, 'as if.' I must emphasize that this name has nothing to do with *Vaihinger's* system of 'fictions' and the philosophy of 'As-If.' My only reason for using so unoriginal a label for the type of person I wish to present is that every attempt to understand the way of feeling and manner of life of this type forces on the observer the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along 'as if' it were complete. Even the layman sooner or later inquires, after meeting such an 'as if' patient: what is wrong with him, or her? Outwardly the person seems normal. There is nothing to suggest any kind of disorder, behavior is not unusual, intellectual abilities appear unimpaired, emotional expressions are well ordered and appropriate. But despite all this, something intangible and indefinable obtrudes between the person and his fellows and invariably gives rise to the question, 'What is wrong?'

A clever and experienced man, a patient of mine, met another of my patients, a girl of the 'as if' type, at a social gathering. He spent part of his next analytic hour telling me how stimulating, amusing, attractive, and interesting she was, but ended his eulogy with, 'But something is wrong with her.' He could not explain what he meant.

When I submitted the paintings of the same girl to an authority for his criticism and evaluation, I was told that the drawings showed much skill and talent but there was also something disturbing in them which this man attributed to an inner restraint, an inhibition which he thought could surely be removed. Towards the end of the patient's not too successful analysis, she entered this critic's school for further instruction in painting and, after a time, I received a report in which her teacher spoke in glowing terms of her talent. Several months later I received a less enthusiastic report. Yes, the girl was talented, her teacher had been impressed by the speed with which she had adopted his technique and manner of artistic perception, but, he had frankly to admit, there was an intangible something about her which he had never before encountered, and he ended with the usual question, 'What is wrong?' He added that the girl had gone to another teacher, who used a quite different

teaching approach, and that she had oriented herself to the new theory and technique with striking ease and speed.

The first impression these people make is of complete normality. They are intellectually intact, gifted, and bring great understanding to intellectual and emotional problems; but when they pursue their not infrequent impulses to creative work they construct, in form, a good piece of work but it is always a spasmodic, if skilled, repetition of a prototype without the slightest trace of originality. On closer observation, the same thing is seen in their affective relationships to the environment. These relationships are usually intense and bear all the earmarks of friendship, love, sympathy, and understanding; but even the layman soon perceives something strange and raises the question he cannot answer. To the analyst it is soon clear that all these relationships are devoid of any trace of warmth, that all the expressions of emotion are formal, that all inner experience is completely excluded. It is like the performance of an actor who is technically well trained but who lacks the necessary spark to make his impersonations true to life.

Thus the essential characteristic of the person I wish to describe is that outwardly he conducts his life as if he possessed a complete and sensitive emotional capacity. To him there is no difference between his empty forms and what others actually experience. Without going deeper into the matter I wish at this point to state that this condition is not identical with the coldness of repressed individuals in whom there is usually a highly differentiated emotional life hidden behind a wall, the loss of affect being either manifest or cloaked by overcompensations. In the one there is flight from reality or a defense against the realization of forbidden instinctual drives; in the other, a seeking of external reality in an effort to avoid an anxiety-laden fantasy. Psychoanalysis discloses that in the 'as if' individual it is no longer an act of repression but a real loss of object cathexis. The apparently normal relationship to the world corresponds to a child's imitativeness and is the expression of identification with the environment, a mimicry which results in an ostensibly good adaptation to the world of reality despite the absence of object cathexis.

Further consequences of such a relation to life are a completely passive attitude to the environment with a highly plastic readiness to pick up signals from the outer world and to mold oneself and one's behavior accordingly. The identification with what other people are

thinking and feeling, is the expression of this passive plasticity and renders the person capable of the greatest fidelity and the basest perfidy. Any object will do as a bridge for identification. At first the love, friendship, and attachment of an 'as if' person have something very rewarding for the partner. If it is a woman, she seems to be the quintessence of feminine devotion, an impression which is particularly imparted by her passivity and readiness for identification. Soon, however, the lack of real warmth brings such an emptiness and dullness to the emotional atmosphere that the man as a rule precipitously breaks off the relationship. In spite of the adhesiveness which the 'as if' person brings to every relationship, when he is thus abandoned he displays either a rush of affective reactions which are 'as if' and thus spurious, or a frank absence of affectivity. At the very first opportunity the former object is exchanged for a new one and the process is repeated.

The same emptiness and the same lack of individuality which are so evident in the emotional life appear also in the moral structure. Completely without character, wholly unprincipled, in the literal meaning of the term, the morals of the 'as if' individuals, their ideals, their convictions are simply reflections of another person, good or bad. Attaching themselves with great ease to social, ethical, and religious groups, they seek, by adhering to a group, to give content and reality to their inner emptiness and establish the validity of their existence by identification. Overenthusiastic adherence to one philosophy can be quickly and completely replaced by another contradictory one without the slightest trace of inward transformation—simply as a result of some accidental regrouping of the circle of acquaintances of the like.

A second characteristic of such patients is their suggestibility, quite understandable from what has already been said. Like the capacity for identification, this suggestibility, too, is unlike that of the hysteric for whom object cathexis is a necessary condition; in the 'as if' individual the suggestibility must be ascribed to passivity and automaton-like identification. Many initial criminal acts, attributed to an erotic bondage, are due instead to a passive readiness to be influenced.

Another characteristic of the 'as if' personality is that aggressive tendencies are almost completely masked by passivity, lending an air of negative goodness, of mild amiability which, however, is readily convertible to evil.

One of these patients, a woman, and the only child of one of the

oldest noble families in Europe, had been brought up in an unusual atmosphere. With the excuse of official duties, and quite in accordance with tradition, the parents delegated the care and training of their child to strangers. On certain specified days of the week she was brought before her parents for 'control'. At these meetings there was a formal check of her educational achievements, and the new program and other directions were given her preceptors. Then after a cool, ceremonious dismissal, the child was returned to her quarters. She received no warmth and no tenderness from her parents, nor did punishment come directly from them. This virtual separation from her parents had come soon after her birth. Perhaps the most inauspicious component of her parents' conduct, which granted the child only a very niggardly bit of warmth, was the fact—and this was reinforced by the whole program of her education—that their sheer existence was strongly emphasized, and the patient was drilled in love, honor, and obedience towards them without ever feeling these emotions directly and realistically.

In this atmosphere, so lacking in feeling on the part of the parents, the development of a satisfactory emotional life could scarcely be expected in the child. One would expect, however, that other persons in the environment would take the place of the parents. Her situation would then have been that of a child brought up in a foster home. In such children we find that the emotional ties to their own parents are transferred to the parent substitutes in relationship to whom the oedipus develops with greater difficulty perhaps but with no significant modifications.

This patient, in accordance with ceremonial tradition, always had three nurses, each of whom wanted to stand first in the eyes of the parents and each of whom continually sought the favor of the child. They were, moreover, frequently changed. Throughout her whole childhood there was no one person who loved her and who could have served as a significant love object for her.

As soon as she was able to conceptualize, the patient immersed herself intensively in fantasies about the parents. She attributed to them divine powers through which she was provided with things unattainable to ordinary mortals. Everything she absorbed from stories and legends she elaborated into the myth about her parents. No longing for love was ever expressed in these fantasies; they all had the aim of providing a narcissistic gain. Every meeting with the real parents separated them

further from the heroes of her imagination. In this manner there was formed in the child a parental myth, a fantasmic shadow of an oedipus situation which remained an empty form so far as real persons and emotions were concerned. Not only did reality which denied her parent relationships lead to narcissistic regression into fantasy, but this process gained further impetus from the absence of any substitutive object-libidinous relationships. The frequent change of nurses and governesses and the fact that these persons were themselves subjected to strict discipline, acted on orders, and used all available measures to make the child conform to the demands of reality, measures in which a pseudo tenderness was consciously used as a means to attain didactic ends, precluded this possibility. The child was trained very early to cleanliness and strict table manners, and the violent outbreaks of anger and rage to which she was subject in early childhood were successfully brought under control, giving way to an absolutely pliant obedience. Much of this disciplinary control was attained by appeal to the parents so that everything the child did which was obedient and proper she referred to the wish or command of the mythical father and mother. ★

When she entered a convent school at the age of eight, she was completely fixed in the 'as if' state in which she entered analysis. Superficially, there was no difference between her life and that of the average convent pupil. She had the customary attachment to a nun in imitation of her group of girls. She had the most tender friendships which were wholly without significance to her. She went devoutly through the forms of religion without the slightest trace of belief, and underwent seduction into masturbation with quasi feelings of guilt—simply to be like her comrades.

In time, the myth of the parents faded and disappeared without new fantasies to take its place. It disappeared as her parents became clearer to her as real persons and she devaluated them. Narcissistic fantasies gave way to real experiences in which, however, she could participate only through identification.

Analysis disclosed that the success of her early training in suppressing instinctual drives was only apparent. It had something of the 'trained act' in it and, like the performance of the circus animal, was bound to the presence of a ringmaster. If denial of an instinct was demanded, the patient complied, but when an otherwise inclined object gave permission for the satisfaction of a drive, she could respond quite without

frustrate

inhibition, though with little gratification. The only result of the training was that the drive never came into conflict with the external world. In this respect she behaved like a child in that stage of development in which its instinctual drives are curbed only by immediate external authority. Thus it happened that for a time the patient fell into bad company, in unbelievable contrast to her home environment and early training. She got drunk in low dives, participated in all kinds of sexual perversions, and felt just as comfortable in this underworld as in the pietistic sect, the artistic group, or the political movement in which she was later successively a participant.

She never had occasion to complain of lack of affect for she was never conscious of it. The patient's relationship to her parents was strong enough to enable her to make them heroes of her fantasy, but for the creation of a warm dynamic oedipus constellation capable of shaping a healthy future psychic life in both a positive and a negative sense the necessary conditions were obviously lacking. It is not enough that the parents are simply there and provide food for fantasy. The child must really be seduced to a certain extent by the libidinous activity of the parents in order to develop a normal emotional life, must experience the warmth of a mother's body as well as all those unconscious seductive acts of the loving mother as she cares for its bodily needs. It must play with the father and have sufficient intimacy with him to sense the father's masculinity in order that instinctual impulses enter the stream of the oedipus constellation.

This patient's myth bore some similarity to the fantasy which Freud called the 'family romance'<sup>4</sup> in which, however, the libidinal relation to the parents though repressed is very powerful. By repudiating the real parents, it is possible partly to avoid strong emotional conflicts from forbidden wishes, feelings of guilt, etc. The real objects have been repressed but in analysis they can be uncovered with their full libidinal cathexis.

But for our patient there was never a living warm emotional relation-

<sup>4</sup>Freud designates as the 'family romance', fantasies which have in common the fact that they all relate to the ancestry of the person creating them. The typical version of the 'family romance' is 'I am not my parents' child. Whose child am I then?' The usual answer is, 'I come of a more exalted family'.

Cf. Deutsch, Helene: *Zur Genese des 'Familienromans'*. Int. Ztschr. f. Ps., XVI, 1930, pp. 249-253.

ship to the parents or to anyone else. Whether after weak attempts at object cathexis the child returned to narcissism by a process of regression or never succeeded in establishing a real object relation as the result of being unloved is, for all practical purposes, irrelevant.

The same deficiency which interfered with the development of the emotional life was also operative in the formation of the superego. The shadowy structure of the oedipus complex was gradually given up without ever having come to an integrated and unified superego formation. One gains the impression that the prerequisites for such a development also lie in strong oedipal object cathexes.

It is not to be denied that at a very early age some inner prohibitions are present which are the precursors of the superego and are intimately dependent on external objects. Identification with the parents in the resolution of the oedipus complex brings about the integration of these elements. Where this is absent, as it was in our patient, the identifications remain vacillating and transitory. The representatives which go to make up the conscience remain in the external world and instead of the development of inner morals there appears a persistent identification with external objects. In childhood, educational influences exerted an inhibitory effect on the instinctual life, particularly on the aggressions. In later life, in the absence of an adequate superego, she shifts the responsibility for her behavior to objects in the external world with whom she identifies herself. The passivity of this patient as the expression of her submission to the will of another seems to be the final transformation of her aggressive tendencies.

As the result of this weak superego structure, there is little contact between the ego and the superego, and the scene of all conflicts remains external, like the child for whom everything can proceed without friction if it but obey. Both the persistent identification and the passive submission are expressions of the patient's complete adaptation to the current environment, and impart the shadowy quality to the patient's personality. The value of this link to reality is questionable because the identification always takes place with only a part of the environment. If this part of the environment comes into conflict with the rest, naturally the patient is involved. Thus it can come about that the individual can be seduced into asocial or criminal acts by a change in his identifications, and it may well be that some of the asocial are recruited from the group of 'as if' personalities who are adapted to reality in this restricted way.

Analysis of this patient revealed a genuine infantilism, that is, an arrest at a definite stage in the development of the emotional life and character formation. In addition to particularly unfavorable environmental influences it should be noted that the patient came from a very old family overrun with psychotics and invalid psychopaths.

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Another woman patient had a father who had a mental illness and a mother who was neurotic. She remembered her father only as 'a man with a black beard', and she tried to explain as something very fascinating and wonderful, his absences as he was moved to and from a sanatorium and an isolated room at home, always under nursing care. Thus she built a myth around her father, replacing him in fantasy by a mysterious man, whom she later called an 'Indian' and with whom she had all sorts of experiences, each of which served to make her a super-human being. The prototype for the Indian was the father's male nurse, whom the little girl saw mysteriously disappearing into her father's room. The education and upbringing of the child were relegated to nurses, but despite this she succeeded in establishing a strongly libidinous attachment to the very abnormal mother. Her later relationships had elements of object-libidinous attitudes, sometimes warmer, especially in homosexual directions, but never sufficiently to change their 'as if' quality. The failure to develop an adequate object cathexis was, in this patient, related to the birth of her brother towards whom she developed an unusually aggressive envy. Comparisons of genitalia led the little girl to scrutinize her body for hours on end in a mirror. Later this narcissitic activity was gradually sublimated. At first she tried to model parts of her body in clay in order to facilitate her mirror studies. In the course of years she developed great skill in modeling and was for a brief time under the tutelage of a sculptress. Unconsciously, it was the fantasy of displaying repeatedly her body to the world. In later years she created only large, very voluptuous, matronly female figures. These proved to be weak attempts to recreate the mother she had lost in childhood to her brother. Ultimately she abandoned sculpture for music simply because she believed her teacher failed to appreciate her sufficiently.

Most conspicuous in her childhood was a monkey-like imitation of her brother with whom she was for years completely identified, not in fantasy but by acting out. Disastrously for both, the brother quite early

betrayed unmistakable signs of a psychosis which culminated in a catatonic excitement. The sister imitated all her brother's bizarre activities and lived with him in a world of fantasy. Only her partial object-libidinous cathexis and a displacement of the process from the brother and identification with more normal objects saved her from being institutionalized. I was inclined at first to regard her condition as the result of an identification with her psychotic brother; only later did I recognize that the etiology of her condition lay deeper.

I believe this patient is similar to the first despite the differences in their development. In the second, it seems that a disappointment shattered the strong relationship with the mother, that the mysterious absence of the father made it impossible for the little girl to find in him a substitute when her relationship to her mother was shaken, and that further relationships to objects remained at the stage of identification. By such identification she averted her intense hatred of her brother and transformed her aggression towards him into an obedient passivity in which she submissively identified herself with him. She developed no other object relationships. Her superego suffered the same fate as that of the first patient. The myth of the father and the very early devaluation of the mother prevented integration of her superego and left her dependent on persons in the external world.

A third patient, a pretty, temperamental woman of thirty-five with many intellectual and artistic talents, came to analysis because she was 'tired' after a long series of adventures. It soon became clear that, as the result of a certain combination of circumstances, her interest in psychonanalysis was actually an interest in the analyst, especially in her profession. While she frequently spoke of her tremendous interest in child psychology and in Freud's theory and read widely on these subjects, her understanding of them was extraordinarily superficial and her interest entirely unreal. More careful observation disclosed that this was true not only for all her intellectual interests but for everything she did or had ever done. It was surprising to recognize in this woman, who was so indefatigably active, a condition so closely related to the pseudoaffectivity of the 'as if' patient. All her experiences too were based on identifications, though her identifications were not so straightforward as were those of the other type of patient which is, one might say, more monogamous and adheres to but one person or one group at a time,

while this patient had so many concurrent identifications—or symbolic representations of identifications—that her conduct appeared erratic. She was, in fact, considered 'crazy' by those who knew her. Her friends however had no notion that her apparently rich life concealed a severe lack of affect. She had come to me because of a wish to change her character, that is, to create more peace and harmony in her life by identifying herself with a 'particularly solid' professional personality.

After six months the analysis appeared to be unusually successful. The patient learned to understand many things about herself and lost her eccentricities. She determined to become an analyst and when this was denied her, she collapsed. She was completely lacking in affect and complained, 'I am so empty! My God, I am so empty! I have no feelings.' It transpired that prior to analysis she had got into serious financial difficulties by breaking off various friendships and love relationships and had realized that she would soon have to work. It was with this intention that she came to analysis. Her plan was to become an analyst by identification with her analyst. When this proved impossible, this seemingly very able and active woman changed into a completely passive person. From time to time she had extraordinarily violent fits of childish weeping or outbursts of rage, flung herself on the floor and kicked and screamed. Gradually, she developed a progressive lack of affect. She became completely negativistic and met all interpretations with, 'I don't understand what you mean by that'.

At two points in this patient's development she had suffered severe trauma. Her father was an alcoholic, and the patient often witnessed his brutal mistreatment of the mother. She sided vehemently with the latter and, when she was only seven, had fantasies in which she rescued her mother from her misery and built a little white cottage for her. She saved every penny and worked hard in school to attain this aim, only to discover that her mother was not merely a passive victim of her husband but took pleasure in being brutalized. The consequent devaluation of her mother not only deprived her of her only object of love but also arrested the development of a feminine ego ideal of an independent, adequate personality. She spent the rest of her life trying to make up for this lack by creating a whole series of identifications, in the same way as the 'as if' patients.

Deprived of tenderness and affection in her childhood, her instincts remained crudely primitive. She vacillated between giving these in-

stincts free rein and holding them in check. She acted out prostitution fantasies, indulged in a variety of sexual perversions, often giving the impression of hypomania. She emerged from these debauches by identification with some conventional person and achieved by this means a kind of sublimation, the form dependent on the particular object. This resulted in a frequent shifting of her occupation and interests. So long as it was possible for her either to retain such a relationship or to allow herself the gratification of very primitive drives she was not aware of her lack of affect.

The following cases of emotional disturbance bear close similarity with the 'as if' group but differ in certain respects.

A seventeen-year-old boy of unusual intellectual ability, came for analysis because of manifest homosexuality and a conscious lack of feeling. This lack of emotion included his homosexual objects, about whom he created all sorts of perverse fantasies. He was obsessively scrupulous, modest, exact, and reliable. He was passively oral and anal in his homosexuality. The analysis was extremely rich in material but progressed in an emotional vacuum. While the transference was frequently represented in his dreams and fantasies, it never became a conscious, emotional experience.

One day I gave him a ticket to a series of lectures in which I was taking part. He went to my lecture and had severe anxiety on the stairs leading to the lecture hall. By thus mobilizing his anxiety in the transference, the analysis began to progress.

An only child from a highly cultured environment, with a father who was strict and ambitious and a mother who dedicated her life to this handsome and talented son, he nevertheless suffered the fate of affective deficiency. The fact that he grew up in an atmosphere in which he never needed to seek for love, that he was overwhelmed with tenderness without having to make any effort to obtain it paralyzed his own active strivings for tenderness. He remained bound to primitive instinctual impulses, and because there were few infantile anxieties which were not warded off with scrupulous care, there was no motive in him to build up defense mechanisms.

He underwent the trauma of the depreciation of his ego-ideal when he discovered that his admired father was uncultivated and limited. This realization threatened to depreciate his own value, for he was like his

father, bore his name, and heard his resemblance to him repeatedly stressed by his mother. Through rigidity and strictness, in ethical and intellectual demands, he strove to become better than the self which was identified with the father. In contrast to the previous patients, he did not identify himself with a series of objects. Instead of having emotional relationships to people, he was split into two identifications: one with his beloved mother and the other with his father. The first was feminine and sexualized; the second was overcompensatory, rigid, and narcissistic.

Unlike the 'as if' patients, he complained of lack of feeling. He completely lacked the tender emotions which would have given warmth to his emotional life. He had no relation to any woman, and his friendships with men were either purely intellectual or crudely sexual. The feelings he had were of a character he would not let himself express. These were very primitive aggressions, the wildest, most infantile sexual drives, which were rejected with the declaration, 'I feel nothing at all'. In one way he told the truth; he was really lacking in any permissible feelings, that is, in the tender, sublimated emotions.

The tendency to identification is characteristic also of this type of affective disturbance. Even though this patient did not completely sink his personality in a series of identifications, the strongest section of his ego, his intellect, lacked originality. Everything he wrote and said in scientific matters showed great formal talent but when he tried to produce something original it usually turned out to be a repetition of ideas which he had once grasped with particular clarity. The tendency to multiple identifications occurred on the intellectual level.

57 Another patient of this group, a thirty-year-old married woman who came from a family in which there were many psychotics, complained about lack of emotion. In spite of good intelligence and perfect reality testing, she led a sham existence and she was always just what was suggested to her by the environment. It became clear that she could experience nothing except a completely passive readiness to split into an endless number of identifications. This condition had set in acutely after an operation in her childhood for which she had been given no psychological preparation. On recovery from the anaesthesia she asked if she were really herself, and then developed a state of depersonalization which lasted a year and turned into passive suggestibility which concealed a crippling anxiety.

Common to all these cases is a deep disturbance of the process of sublimation which results both in a failure to synthesize the various infantile identifications into a single, integrated personality, and in an imperfect, one-sided, purely intellectual sublimation of the instinctual strivings. While critical judgment and the intellectual powers may be excellent, the emotional and moral part of the personality is lacking.

The etiology of such conditions is related first, to a devaluation of the object serving as a model for the development of the child's personality. This devaluation may have a firm foundation in reality or be traceable, for example, to shock at discovery of parental coitus at a period of development when the child is engaged in its last struggles against masturbation and needs support in its efforts towards sublimation. Or, as in the case of the boy described above, the successful sublimation may be interfered with by a sexualization of the relationship to an object who should serve the child as a model for its ego ideal, in this instance, a grossly sexual identification with his mother.

Another cause of this kind of emotional disturbance is insufficient stimulus for the sublimation of the emotions, as the result either of being given too little tenderness, or too much.

Infantile anxiety may suffer a similar fate. Too harsh or too indulgent treatment may contribute to failure in the economic formation of defense mechanisms resulting in remarkable passivity of the ego. It will be recalled that in the case of the boy reported, an attack of anxiety not only mobilized the transference but also opened the way to his recovery.

The question must be raised as to how the tendency of 'as if' personalities to identification with current love objects differs from the same tendency in hysteria. The great difference between the latter and the 'as if' disturbance lies in the fact that the objects with which the hysterics identify themselves are the objects of powerful libidinous cathexes. Hysterical repression of affect brings freedom from anxiety and so represents a way out of the conflict. In 'as if' patients, an early deficiency in the development of affect reduces the inner conflict, the effect of which is an impoverishment of the total personality which which does not occur in hysteria.

The patients described here might make one suspect that we are dealing with something like the blocking of affect seen especially in narcissistic individuals who have developed loss of feeling through



repression. The great fundamental difference, however, is that the 'as if' personality tries to simulate affective experience, whereas the individual with a blocking of affect does not. In the analysis of the latter it can always be shown that the once developed object relationships and aggressive feelings have undergone repression and are not at the disposal of the conscious personality. The repressed, affectively toned segment of the personality is gradually uncovered during the analysis, and it is sometimes possible to make the buried part of the emotional life available to the ego.

For example, one patient had completely repressed the memory of his mother who died when he was four, and with whom, it was clear, the greater part of his emotions had been involved. Under the influence of a very weak but none the less effective transference, isolated memories gradually emerged. At first these had a negative character and denied all tenderness. During analysis this patient showed also another form of emotional disturbance, namely, depersonalization. Before analysis his self-satisfaction had been unshaken. He defended himself against the transference with all his power. In the analytic hours, when clear signs of a transference *in statu nascendi* were perceptible, the patient would complain of sudden feelings of strangeness. It was clear that in him the depersonalization corresponded to the perception of a change in cathexis. It remained a question whether this was due to a new libidinal stream emerging from repression, or to a suppression of feelings connected with transference. The inner conflict in such an instance of repression of affect has little similarity to that of an 'as if' patient. The analogy rests only on the affective impoverishment in both.

The narcissism and the poverty of object relationships so characteristic for an 'as if' person bring to consideration the relationship of this defect to a psychosis. The fact that reality testing is fully maintained removes this condition from our conception of psychosis.

Narcissistic identification as a preliminary stage to object cathexis, and introjection of the object after its loss, are among the most important discoveries of Freud and Abraham. The psychological structure of melancholia offers us the classical example of this process. In melancholia, the object of identification has been psychologically internalized, and a tyrannical superego carries on the conflict with the incorporated object in complete independence of the external world. In 'as if' patients, the objects are kept external and all conflicts are acted out in

relation to them. Conflict with the superego is thus avoided because in every gesture and in every act the 'as if' ego subordinates itself through identification to the wishes and commands of an authority which has never been introjected.

From the beginning, both the personal impression given by the patients themselves and the psychotic disposition in the family, especially in the first two analytically observed cases, make one suspect a schizophrenic process. The tracing of the severe psychic disturbance directly back to the developments of early childhood seems to me completely justified, and whether this speaks against the diagnosis of a schizophrenic process must, for the time being, be left undecided. My observations of schizophrenic patients have given me the impression that the schizophrenic process goes through an 'as if' phase before it builds up the delusional form. A twenty-two-year-old schizophrenic girl came to me after a catatonic attack, oriented for time and place but full of delusional ideas. Until the onset of the confusional state she had led an existence almost indistinguishable from 'as if' patients. Her bond to objects with whom she identified herself, and who were always outstanding women, was extremely intense. As a result of rapid shifting of these relationships, she changed her place of residence, her studies, and her interests in an almost manic fashion. Her last identification had led her from the home of a well-established American family to a communistic cell in Berlin. A sudden desertion by her object led her from Berlin to Paris where she was manifestly paranoid and gradually developed a severe confusion. Treatment restored her to her original state, but despite warnings, her family decided to break off the analysis. The girl was not able to summon enough affect to protest. One day she bought a dog and told me that now everything would be all right; she would imitate the dog and then she would know how she should act. Identification was retained but was no longer limited to human objects; it included animals, inanimate objects, concepts, and symbols, and it was this lack of selectivity which gave the process its delusional character. It was the loss of the capacity for identification with human objects which made possible the erection of a new, delusional world.

Another schizophrenic patient for years had had a recurrent dream in which in great pain and torment she sought her mother but could not find her because she was always faced with an endless crowd of women, each of whom looked like her mother, and she could not tell the right



one. This dream reminded me of the stereotyped, recurrent mother figures in the sculpture of the second 'as if' patient.

Freud<sup>5</sup> speaks of 'multiple personality' as the result of a process in which numerous identifications lead to a disruption of the ego. This may result in manifest psychopathology, or the conflicts between the different identifications can assume a form which need not necessarily be designated as pathological. Freud refers to a purely inner process of ego formation, and this does not apply to the 'as if' identifications with objects in the outer world. However, the same psychological process will also in the 'as if' personality on one occasion have a more 'normal' resolution and on another a pathological outcome which may be more or less severe.

Anna Freud<sup>6</sup> points out that the type of pseudoaffectivity observed in 'as if' patients is often found in puberty. I believe that the depreciation of the primary objects (also typical of puberty) who served as models for the ego ideal, plays an important rôle in both. Anna Freud describes this type of behavior in puberty as incurring the suspicion of psychosis. I believe that the reflections which I have presented here will also serve for puberty. At one time the process will lie within the bounds of the 'normal' and at another it bears the seeds of a pathological condition. The type justifies the designation 'schizoid', whether or not schizophrenia later develops.

Whether the emotional disturbances described in this paper imply a 'schizophrenic disposition' or constitute rudimentary symptoms of schizophrenia is not clear to me. These patients represent variants in the series of abnormal distorted personalities. They do not belong among the commonly accepted forms of neurosis, and they are too well adjusted to reality to be called psychotic. While psychoanalysis seldom succeeds, the practical results of treatment can be very far-reaching, particularly if a strong identification with the analyst can be utilized as an active and constructive influence. In so far as they are accessible to analysis, one may be able to learn much in the field of ego psychology, especially with regard to disturbances of affect, and, perhaps, make contributions to the problem of the 'schizoid' which is still so obscure.

In the great delusional formations of the psychoses we see primitive

<sup>5</sup> Freud: *The Ego and the Id*. London: Institute of Psycho-Analysis and Hogarth Press, 1927.

<sup>6</sup> Freud, A.: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1937.

and archaic drives returning from the depths of the unconscious in a dramatic manner. Regression takes place because the ego has failed. We speak of this as a 'weakness of the ego' and assume that the reasons for this failure are psychological, constitution, or organic. Psychoanalysis can investigate the first of these, especially in prepsychotic conditions to which these cases belong.

# ESSENTIAL PAPERS ON BORDERLINE DISORDERS

One Hundred Years at the Border

MICHAEL H. STONE, M.D.  
EDITOR

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