

INTERPRETATION OF SCHIZOPHRENIA

Second Period:
Late Childhood

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Late Childhood

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Second Period: Late Childhood

I The Abnormal Dialogue

In spite of the anomalies, dreariness, and intense turmoil of the first period, relatively few children succumb to child psychosis. The psyche has many resources, and in the majority of cases the child enters *the second period*. Although primary process mechanisms continue to function in these children for a period of time longer than in normal circumstances, the primary process is eventually overcome and to a very large extent is replaced by secondary process mechanisms. The latter are easily accepted, as they seem to offer solutions to many of the patient's problems. The child learns the language of the community as well as the prevailing ideas, mores, and modes of thought. The prevailing of secondary process mechanisms similar to those of the surrounding adults does not imply, however, that normal relatedness is established between the future patient and the members of his family. There is an abnormal dialogue between the

child and his parents and siblings. No language of basic trust, no taken-for-granted acceptance, no easiness of communication exist, but rather lack of clarity of meaning, excessive contradictions, unexpressed or distorted emotions, suspiciousness or at best very pronounced cautiousness. Many authors have done much research to elucidate the disturbed communications in the family. For instance, Bateson and associates (1956) have advanced the so-called double-bind theory, by which to a large extent they explain etiologically schizophrenia. Although the situation that they describe may be applied to any age of the patient, it is particularly in late childhood that it is thought to take place.

The ingredients for a double-bind situation are described as follows:

1. Two or more persons. One of them is the patient. The authors write, “We do not assume that the double bind is *inflicted by the mother alone*, but that it may be done either by mother alone or by some combination of mother, father, and/or siblings.” (Italics added.)
2. Repeated experience.
3. A primary negative injunction, expressed in two forms: (a)

“Do not do so-and-so, or I will punish you,” or (b) “If you do not do so-and-so, I will punish you.”

4. A secondary injunction that conflicts with the first at a more abstract level and like the first is connected with punishment or threat to survival. The posture, gesture, or tone of voice may convey this more abstract message.
5. “A tertiary negative injunction prohibiting the victim from escaping from the field.”
6. The complete set of the first five ingredients is no longer necessary when the patient has learned to perceive the world in double-bind patterns. “Almost any part of a double-bind sequence may then be sufficient to precipitate panic or rage.”

Following are some examples from the original articles by Bateson and associates. The mother tells the child, “Pull up your socks.” At the same time, her gesture implies, “Don’t be so obedient.” In this situation the child receives the message, “Pull up your socks,” but if he does so, he is too obedient. The other message says, “Don’t be so obedient,” but if he does not obey, he will incur mother’s disapproval. In colloquial expression he is damned if he does it, and he is damned if he does not. To use the authors’ own words, “If he solves a

problem of human relationship at the level at which it is apparently offered, he will find himself in the wrong at some other level.”

Another example taken from Powdermaker (1952) and used by Bateson and associates is the following: An aunt comes to visit, and the little niece sees her. This aunt could not tolerate children, but mother has told the child, “Auntie loves you.” The child is thus exposed to a double bind. Should she be bound by the message coming from mother, which says, “Aunt is a loving creature,” or by the message coming directly from the aunt, which seems to declare in an obvious manner, “I detest children”? These are two different external binds, or at least an internal and an external one. The child has an external message that tells her she should respond with kindness to the aunt and an inner message that tells her that she should respond with anger to the aunt.

Bateson and associates state that double-bind situations provoke helplessness, fear, exasperation, and anxiety in the individual. According to them, the schizophrenic early in life was exposed to a great many double-bind situations. The eventual psychosis may be viewed as a way of dealing with double-bind situations. At times the

psychotic masters the situation by shifting to the metaphorical field; more often he himself becomes an expert in setting double-bind situations. The authors admit that the double-bind situation may be seen as ambivalence, in Bleuler's sense, but as a special ambivalence inasmuch as it is not merely indecision between multiple possibilities, but a circular process, or a feedback mechanism. For instance, in one of the above examples the resolution of being kind to the aunt brings about in the child an automatic negative impulse that may also lead to the expression of anger. But the expression of anger brings about its negative impulse, which will compel the child to be kind. And so on, back and forth.

Let us examine the three postulates of Bateson and associates: (1) that schizophrenia may be the result of excessive double-bind situations in childhood; (2) that the psychosis is a way of dealing with the environmental double-bind situations; (3) that the schizophrenic himself learns to use a large number of doublebind situations.

My criticism of the first postulate of Bateson is that every man, normal, neurotic, and future psychotic, was exposed in childhood and later to double-bind situations (Arieti, 1960). Double-bind situations

are a characteristic of life, not of schizophrenia. However, in the childhood of future schizophrenics, the double bind may have often been used, *together with many other mechanisms*, in a way that elicited insecurity and a distorted view of the world. We must emphasize, however, that double-bind situations represent not necessarily pathology, but the complexity of human existence. If we were called upon to deal, not with double binds, but only with single messages, in a sort of reflex or conditioned reflex manner, life undoubtedly would be much simpler and would offer much less anxiety, but it would not be human life; it would be unidimensional life. Culture itself exposes the individual to many double-bind situations, or, if we want to use the traditional way of expressing the mechanisms, to conflictful situations. For instance, it teaches us to be sincere and truthful and at the same time to respect the dignity of the individual, including that of an undesired relative who unexpectedly comes to visit us. It is not always easy to do so. The human being, however, is generally equipped to face highly complicated processes. He has been amply provided by nature with alternative neuronal patterns for this purpose. It is true that many pathological situations involve double binds, but it is also true that they may involve other highly complicated mental mechanisms.

To mention another possibility: the ability to anticipate the future, which has the normal purpose of protecting us from forthcoming danger, may actually become the source of anxiety, despair, and suicide.

The healthy child learns to use these processes and to apply them to any difficult situation that is part of his social life, including those similar to the one set up by the visiting aunt. But for the child who is to become schizophrenic, the double bind is not only a double bind; it is also one of the many carriers of hostility and anxiety coming from the interpersonal environment. Being exposed to an atmosphere of excessive anxiety or hostility and not to an atmosphere of basic trust, he is ill equipped to handle many difficult situations, including double-bind situations. This general atmosphere to which he is exposed may be the primal source of his difficulties. Undoubtedly his consequent inability to handle these complicated situations increases his anxiety and hastens the breakdown. In conclusion, it is not the double-bind mechanism *per se* that is pathogenetic, but rather the use of it in a pathogenetic situation. The pathogenetic situation is often one of maternal hostility or maternal anxiety made worse by futile attempts, in the form of messages, to deny the rejection or the anxiety.

Foudraine (1961) and Watzlawick (1963) doubt that I do justice to the double-bind theory. Watzlawick (1963) puts me together with other authors critical of the theory (Ackerman, 1960; Bruch and Palombo, 1961) on the ground that we have overlooked what in the original paper was defined as the “tertiary negative injunction prohibiting the victim from escaping from the field.” Actually, many nonschizophrenogenetic stress situations involve a double bind with a tertiary injunction that prevents escaping: Consider, for instance, the situation of divided loyalty, as in the case of the soldier during the Civil War who had to fight in the Confederate Army and yet believed in the ideals of the Union Army. He could escape from his field, but not from his conflict, no matter whether he would fight for the South or for the North.

What is probably quasi-specific in the double-bind situation described by Bateson and associates is the fact that at least two of the three injunctions come from the same source (generally the mother or mother-substitute). But again, as the mother is for the child the great teacher and the main representative of the world, she has to collect in herself and to transmit to the child the different points of view of the world. Moreover, as Festinger (1957) has illustrated in his theory of

cognitive dissonance, each person retains many inconsistent points of view, and this diversity of points of view is transmitted to the other, in spite of attempts to deny it to oneself and others.

The normal child learns to tolerate ambivalence, plurality of dimensions in interpersonal relations, including cognitive dissonance. It could be that the future schizophrenic is not able to tolerate this plurality, either because it appears to him too threatening or because he is ill equipped biologically with *a priori* structures that handle such pluralities.

The second assertion of Bateson and associates is that the psychosis equips the patient to handle double-bind situations by escaping into metaphorical language. But the truth is that the language of the schizophrenic is not metaphorical for the patient himself (see Chapter 16). The third point made by the authors is that the schizophrenic himself learns to use a large number of double-bind situations. It is true that schizophrenics use a large number of *disturbing* double-bind situations. In addition to learning the methods from the significant adults, after the onset of the psychosis, they use schizophrenic cognition. Consequently they condense several levels of

mental integration, with the result that their statements have several concomitant meanings, just as the dreams of every person do.

Some other authors (Lidz et al., 1965; Wynne et al., 1958, 1963) have described ways of thinking and of communicating in the parents of the schizophrenics. These authors indicate that the patient learns these ways as a child ordinarily learns a specific language from his parents. Although this point will receive more consideration in Chapter 8, it is pertinent to make a few preliminary remarks about this important question. There is no doubt that the family's disturbed communication has a great deal to do with the pathology of the patient, but not in the direct connection of causality that has been described by some authors. The dialogue of the family is disturbed, but not yet necessarily in a schizophrenic way. It has a definite adverse effect on the future patient, but only in a psychodynamic, affective way, because of its disturbing, undermining impact, not because it directly transmits to the future patient specific formal modalities of language and thinking. The peculiarities that the parents may transmit may already be considered pathological, but not yet psychotic. Something else is necessary to transform peculiarities of communication into psychotic structures.

II The Emerging Personality

At this point we must stress again that psychodynamics should not be confused with the whole etiology. What happened in the first period and what has been described in the first section of this chapter is a set of preparatory factors that (to repeat what we said at the beginning of Chapter 5) narrowed the range of choice, thwarted the possibility of compensation, determined basic orientations, and facilitated an abnormal sequence of events. These factors had an adverse effect, but in themselves did not constitute all the necessary prerequisites for schizophrenia.

Let us assess the child who has gone through the first period. First of all, he has to repress a large part of his life, which is very unpleasant, and this repression (or dissociation of uncanny experiences, as Sullivan would say) exacts a great toll on his psychological resources. The child will have difficulties in identifying with the significant adults. Nevertheless he will be able to build up some kind of less undesirable self-image, including identification with one sex rather than the other. Sexual confusion or homosexual tendencies are repressed, and the child's identification with his own

sex is achieved. However, this patched-up self-image and these identifications are not deeply rooted in the core of his being. They are more superficial reflections of how he feels people deal with him, rather than a well-integrated vision of the self. Obviously this child not only is not able to live in, but even to approach, what we have called a state of *communion* with others. He has to learn special ways of relating to people that will constitute an important part of his basic personality structure.

Before describing what occurs in preschizophrenic persons, we must examine what occurs in average circumstances. Three major types of relating are found in normal persons, generally in various degrees and combinations. These three types begin to differentiate in the second year of life, but develop greatly in late childhood and may be retained for the whole life of the individual. In children who have been raised in an anxiety-producing environment and develop psychoneuroses or character neuroses these three types become more pronounced and rigid, and generally one of them acquires supremacy over the others, imparting a special style on the whole personality. We can recognize that in these situations one of two basic emotions (anxiety and anger) and one of two types of motor behavior

(withdrawal or approach) prevail. We have then three major combinations: (1) anxiety and approach, (2) anger and approach, and (3) anxiety and withdrawal. In some cases, this third combination consists of anxiety, anger and withdrawal. In other words, the presence of anxiety and anger does not make the child reject or dislike the world, but rather teaches him that the world is not a garden of roses. Furthermore, even roses have thorns. Thus, cautious anxiety, defensive anger, or moderate withdrawal are in order in many situations. A moderate withdrawal should not be confused with genuine indifference, which may be the attitude we have toward something that we neither like nor dislike.

The anxious or angry child who anticipates parental disapproval or punishment nevertheless aims at obtaining parental love and affection. A frequent method by which he tries to obtain this love is by complying with his parents' requests and denying his own wishes. He may see that there is no other way out, that the parents, although "good," never yield; he may obtain love or approval and therefore maintain some self-esteem only at the price of compliance. The child becomes a compliant person (anxiety and approach).

Other children find out, instead, that their parents, although “good,” yield only if they continue to cry or to have temper tantrums, if they insist and argue for what they want. They learn from experience that the fight will be rewarded. They develop an aggressive, hostile personality. It could be that a constitutional predisposition makes these children prone to experience rage more intensely than fear (anger and approach).

Other children learn that the best way to avoid fear, anxiety and anger is not by complying or by fighting (parents will not give in to these methods), but by keeping away from their parents as much as possible by maintaining an emotional or physical distance. They develop an aloof, detached personality (withdrawal following repression of anxiety and/or anger).

An important defense thus consists in developing one of these types of personality (compliant, aggressive, or detached) or a mixture of them. Horney (1937, 1943) was the first to describe these three types of personality and to understand fully their consequences in the whole life of the individual. She called these three types of relating: (1) moving toward people; (2) moving against people; and (3) moving

away from people. As far as I know, however, she did not mention that the specific type of personality is the result of the combination (or prevailing of some) of four psychological variables (anxiety, anger, approach, withdrawal) and the specific type of parental behavior.

The preschizophrenic who has already been so battered by life does not have all the choices that we have described in building up a basic personality, a self-image, and in preserving a sense of self. As we shall see later in this chapter, he will develop one or the other of two types of prepsychotic personality.^[1] Like the other types that we have described, these two types expand in late childhood, but may be retained for the lifetime of the individual. What is described in the following two sections may apply also to later ages. Additional characteristics occurring in adolescence and adulthood will be described in Chapter 7.

The reader must also keep in mind that these two types of personality (schizoid and stormy) are not found exclusively in prepsychotics. To a mild degree they occur in a large percentage of people. Furthermore, even when they are very pronounced, they do not make a psychotic decompensation necessary. They narrow further

the range of possibilities and facilitate abnormal sequences of events.

III The Schizoid Personality

The child who has been raised in the previously discussed environmental conditions often learns that complying, as the person who “moves toward people” does, or being aggressive and hostile, as the person “who moves against people” does, does not pay. His parents may not accept either compliance or hostility. He must move away from people and must become a detached personality. The massive repression that he had to sustain toward the end of early childhood probably predisposes him to this detachment. He does not develop just a detached personality as many people do, but a special variety of it, generally called the *schizoid personality*. He is very far indeed from the state of communion described in Chapter 5.

The schizoid personality is a character armor that will protect the child in his increasing contacts with the world. The schizoid personality will continue to transform the malevolent Thou into a less disturbing agent, the distressing Thou, or to be more correct, the *distressing other*. The designation “other” in the third person implies

distance. The schizoid personality defends the self from the distressing others who constitute the family and the world. It is a set of defenses built as reaction to chronic danger, not to immediate fear; it provides tepid responses to poorly expressed states of anxiety and anger. By detaching himself emotionally the patient will avoid the pain connected with the attacks on his self-esteem. Furthermore, it will be easier for him to tolerate the inner images, which, although not as unpleasant as those of the previous period, are still disturbing. I am referring especially to the images of the parents, as distressing others, and to the image of himself as the "weak me." The hostility for the parents produces less guilt feeling, and the image of the self, at first at least, produces less decrease in self-esteem. The intense relatedness among the members of the family, which was often present during the first period, is now in many instances replaced by distance and coldness.

The schizoid appears aloof, detached, less emotional than the average person, less concerned and less involved. Actually, at an unconscious level he continues to be very sensitive, but he has learned to avoid anxiety and anger in two ways: (1) by putting physical distance between himself and situations that are apt to arouse these

feelings and (2) by repressing all emotions. This physical distance is maintained by avoiding interpersonal relations or refraining from actions that will evoke an unpleasant reaction in other people. Often, when the schizoid person is in the latter stages of his childhood, he would like to be a participant or a doer, but he still remembers from early childhood that action does not pay because it provokes a storm of intense and threatening emotional responses in the surrounding adults. Anticipation of actions means anticipation of a repetition of these emotional storms. The patient therefore becomes underactive. In some cases the parents have actually encouraged him not to do things; doing nothing meant being a good child, "because" what the child did was "always bad. ' ' The patient may grow older with a deeply rooted pessimism about the outcome of his actions.

A characteristic of the schizoid person is the difficulty he has in looking into the eyes of the person who is with him. The schizoid child, and even more so later on the schizoid adolescent and young adult, may look elsewhere or make only fleeting eye contact. Eye contact not only makes him aware that another person is there, but that that person looks at him. As long as the other person does not look at the patient, the other may be experienced as an object. As soon as he

looks, he becomes an older person, an intruder, almost an inquisitor. The glance is a threat. Sartre has given great consideration to eye contact in his book *Being and Nothingness* (1969). However, what Sartre attributes to every human being seems to me characteristic only of the schizoid (and later, even more of the schizophrenic). According to Sartre, even though the other who looks at the individual may not be aggressive or reproaching, the individual feels dispossessed. Sartre believes that the individual feels he is for another; feels the shame of not being for himself. Sartre attributes to everybody an encounter with the other that is lived as a conflict or a state of anxiety. I believe that in a state of communion, of basic trust, or at least of absence of anxiety, the child or the youngster does not have the experience of being invaded and possessed by the glance of others, for instance, of the good mother or of the good friend. On the contrary the glance of mother is an act of love, is reassuring, and has the flavor of a caress, an embrace.

In several instances schizoid patients seem to be relatively active. On close observation they reveal, however, that they do things because they cannot resist the pressure of somebody who pushes them, generally the parent. More often than not, this parental pressure is

exerted, not directly, but in a subtle way. Rationalized or actually experienced as a desire to help the child, a parental invasion of the child's personal prerogatives takes place. Ironically, many of these parents boast about their liberality and noninterference in their children's lives. The children protect themselves from this parental invasion with further detachment.

Contrary to what the compliant person does under parental pressure, the child who has developed a schizoid personality prefers not to comply. And yet, to the observer, he quite often gives the impression of being extremely compliant. Actually he complies in a perfunctory way. He goes through the motions of the imposed act, but without being emotionally involved. In order to avoid anxiety, he becomes a person *uncommitted* to what he is doing or to what he is participating in. We must remember that if the patient succeeds in experiencing himself as being emotionally uninvolved, it is because his resentment and hostility are deeply repressed. Should he later become schizophrenic, the resentment and the hostility may be displaced toward nonparental figures, who may become the persecutors.

The person who develops a compliant personality has much less

difficulty than the schizoid, because the former learns to accept emotionally the values of his parents. Of course, at a deep level of unconsciousness he may also retain the bad image of them and not accept them. Only later in life, or if he undergoes psychotherapy, may he dethrone his parents. The compliant person complies in order to please; the schizoid complies in order not to displease. The schizoid is often partially aware of the conflict between himself and his parents. The character armor of indifference will remove to a great extent the unpleasantness of the conflict, but will not succeed entirely in repressing the awareness of the conflict itself. The schizoid character armor will remove the consciousness of anxiety to a large extent, but will never confer on the patient the feeling that he is really wanted, approved, and accepted.

Often the schizoid acquires a certain insight into his personality. He recognizes that his detachment is a very unsatisfactory solution and indeed he is justified in feeling that way. The compliant person and the aggressive person find some kind of solution, although at a high price. The compliant person gets approval, whereas the aggressive person generally manages to get at least some kind of substitute for what he really wants. The schizoid reaches a

pseudosolution by denying a great part of his life, but by doing so he may make the part of his life that he continues to live more awkward and unstable. His unconscious hostility and resentment increase; his emotional and social isolation are never complete enough to protect him entirely from anxiety; on the other hand, he harbors secret desires to reconnect himself with the emotional and social life from which he has tried to detach himself. Somehow he senses that he does not live the full reality of life.

His lack of emotion is not due to simple repression of feelings; it is also a reaction formation to too much sensitivity, not only to the sensitivity of the preceding intense relatedness to the parents, experienced during the first period, but also to the sensitivity that still exists at an unconscious or preconscious level. The dreams or fantasies of the schizoid often reveal great emotional potentialities; they are very dramatic and have great intensity of feelings and vivacity of actions. They transport the patient into an adventurous life, and often into storms of affect.^[2] With his actions, on the other hand, the schizoid person tries to be as static as possible. Often, if he acts, he will be very impersonal and will try to avoid communication by direct contact.

A 9-year-old schizoid girl used to write letters to her parents in which she would explain what she did not dare to tell them directly. Even when they are older, these schizoid patients prefer to write letters, rather than make telephone calls, and even when they write, they do so in a cold, formal, businesslike manner. In his schoolwork, the schizoid learns much more from a book than from the direct presentation of the teacher. Written material conveys meaning to him much better than spoken material, because a direct interpersonal experience is eliminated.

In conclusion we may state that the schizoid person experiences life as a danger to his own self. He succeeds in preserving his self, as an entity, by diminishing his contacts with life. The schizoid person does not want to withdraw to the symbiotic existence of the first year of life, which we have described in some patients. According to Guntrip (1968), he wants to go further back, to return to the womb (for safety, not for pleasure). The schizoid pattern of living is a compromise, because return to the womb is impossible. The compromise is a halfway-house position, according to Guntrip: neither in life nor out.

The later vicissitudes of the schizoid person will be discussed in

Chapter 7. At this point we have to take into consideration some important issues.

The distressing other may realistically be distressing, just as the malevolent you (Thou) may have really been malevolent. As a matter of fact, we find that in the majority of cases the image of the distressing other is often closer to reality than the image of the malevolent you was. However, the image of the distressing other does not correspond to reality when the patient sees every adult, or many adults, as modeled after this image. This is an unwarranted generalization, an application to most adults of what has become an *a priori* structure. Whether the image is in some cases a faithful reproduction of the surrounding adults or not, the adults are categorically experienced as distressing others.

The distressing others thus come to exist in their external reality and remain powerful inner objects as well. They exist as offenses and as defenses: offenses because they still determine fear, detachment, and withdrawal; defenses because their distressing quality does not elicit the devastating anxiety of the first period and permits some healthy developments or at least some compromises.

Melanie Klein, Fairbairn, Guntrip, and myself give great importance to inner objects, although we use different interpretations and frames of reference. External relations are also important and contribute to the maintenance or alteration of their inner counterpart.

The following outcomes are to be taken into account.

1. The schizoid person in childhood and later in life appears to others as having at least some of the following characteristics: being detached, cold, peculiar, suspicious, arrogant, condescending, and cocky. Thus the interpersonal world will not be able to interact with ease with a schizoid person. A state of tension, distance, mistrust, and misinterpretation is likely to occur that will reinforce in the patient his schizoid attitude. That is, he will continue to envision his being with others as a chronic, unspoken, moderate state of danger or surrounding hostility, from which he has to continue to defend himself.
2. Because of the experiences and habits acquired during the first period, the patient is predisposed to interpret the world in a way that confirms his unconscious premises, unconscious presuppositions, and general way of seeing reality. Thus he uses the attitudes he evokes in others in order to reinforce his schizoidism.

IV

The Stormy Personality

The second type of prepsychotic personality is what I have described and designated as “stormy personality” (Arieti, 1955).

Not all preschizophrenics find in the schizoid detachment a protection from the injuries caused by the early interpersonal relations. The children who develop a stormy personality try all types of attitudes and try them to an extreme degree in their attempts to find a *modus vivendi*, a compromise with the significant adults. They try detachment as well as compliance and hostility. They have to try all possible means of defense, because none of them is effective in removing the existing anxiety. This uncertainty about the way of dealing with others is enhanced by the inconsistency of the parents. Thus, the early environmental situation promotes in them a capacity to change their attitudes toward life repeatedly. The changes may be slow or abrupt; more often, they are sudden, violent, and drastic. The distressing you they have to contend with is not just distressing, but unpredictable and inconsistent. It does not become a distressing other, but unless detachment is present, remains a *you*. The members of the family are still experienced as close, perhaps manifesting that

pseudomutuality that Wynne and associates (1958) have described.

When children with stormy personality are observed for a short period of time, they give the wrong impression of being compliant, aggressive, or detached. But sooner or later we discover that this behavior is a maneuver adopted in specific situations. They have learned to change rapidly, and without conscious realization of what they are doing, in accordance with what the situation requires.

The child who develops a stormy personality has a greater difficulty in preserving a sense of self than does the schizoid person. Like the child who develops a schizoid personality, he could not properly identify with either of his parents, and his sex and gender identity were in many cases not well defined. However, even more than the schizoid child, he was uncertain about the role that the parents and siblings assigned to him in the family. He could not make out what *he* meant to each of the surrounding persons, especially adults, but also siblings. He felt *inconsistently unwanted*, the meaning of his identity or presence in the home remaining not well established, unless connected with overt rejection. As we have seen, no general attitude toward others (either of compliance, aggressiveness, or

detachment) could become well established. This uncertainty about the role attributed to him is due not only to the fact that the parents were inconsistent and torn by opposite feelings, like hostility and a sense of duty. It is due also, and perhaps predominantly, to the fact that the child tried to deny the role he felt the parents were attributing to him. He was too frightened to become aware of something that was presumably bad. He also was inclined to believe that the parents considered him “bad,” but he did not want to see himself consistently in that light; it would be too devastating to his self-esteem. Somehow he felt he was not accepted, but he was not sure that he would be rejected entirely. He vacillated between all possible points of view. He saved some self-esteem, but at the expense of a stable sense of self-identity.

Whereas the schizoid person succeeds in preserving his self by decreasing the intensity of his contacts with people, the stormy person retains his willingness to explore life. He does not consider himself weak to the extent of withdrawing forever. But no matter what psychological maneuvers he uses, he succeeds only in grasping tastes of life. Whatever gives him some pleasure seems unretainable and flies away.

In an attempt to retain what they occasionally get, some patients use methods that are more characteristic and abnormal than those so far illustrated. Some of these stormy youngsters go to the extent of assuming temporarily the personality of the most important adult they are dealing with: mother, father, older sibling, and so on. This is not, however, a real identification, as it is in the case of normal children. It is something superficially superimposed, which shows gross distortions and at times to a degree resembles caricature or pantomime.^[3]

Laing (1960) has designated all these maneuvers of the patients as “the false-self” system. He does not distinguish between schizoid and stormy personalities, and most of his observations concern the schizoid person.

The assumption of this personality or false-self system is a defensive maneuver. The youngster succeeds in most instances in avoiding tragic consequences. Obviously he does not come out of this turmoil intact. He will harbor serious doubts about his personal significance and self-worth. But at least he has succeeded in preserving his self as an entity, as a unity. We must stress that vicious

or circular patterns are developed in the life of the stormy individual. The family members, too, consider the patient unpredictable and respond with varying behavior, which reinforces the child's inner images of the family members.

V Later Developments

In the case of both the schizoid and the stormy child, the psychological picture seems much improved toward the last phase of childhood. The family has learned to live less inadequately with the patient, who is now less immature, less dependent, or less demanding. Although the child's earlier basic impressions and feelings about the world will linger, he is to a considerable extent able to alter them. These modifications are generally useful, even though at first they may seem to have an adverse effect. For instance, we have seen that if the mother has been an inadequate parent, deprived of maternal feelings, the child may during the first part of his childhood assume, at an un verbalized level, that mothers are all this way—that is how the world is. Later he discovers that the mothers of his schoolmates and playmates are not like his own mother and that he likes those mothers

more. Still later he discovers that culture or society, as a whole, represents, or even takes for granted, an image of mother that is much better than that of his own mother. At first impression one would think that the child will suffer when he discovers this discrepancy. Certainly it would be better if such discrepancy did not exist, and to a certain extent he does suffer.

However, he reacquires some hope in life. He becomes more and more aware that the family does not constitute the whole world. He thinks that he will discover the world at large in the future. More and more he appreciates the importance of the future in one's life, and he builds hopes for his own future.

Although the family is not in this second period as important in eliciting psychopathology as it was in the first period, its role cannot be minimized. It is still inadequate in providing what is needed or, even less, in compensating for what occurred previously. Some of the trends described in the first and second periods could be corrected at least partially if the child were exposed to some healthy influences, like close relations with friends and distant relatives. Unfortunately, in several cases the parents of future schizophrenic patients did not

encourage extrafamilial social intercourse, and what has been described as the “ingrown family” or nuclear family has resulted. Compensatory interpersonal contacts were lacking, and the children were dependent for psychological development on their unfit parents, even more than children usually are dependent on parents.

The ingrown or nuclear family, although it has been encountered somewhat less frequently since the end of the 1950s, is still very common in some parts of big cities where families live in isolation in their own small apartments. In too many instances no feeling of neighborhood develops in spite of close proximity. Ingrown families are also found among people who live in real geographical isolation, for example, on farms, islands, isolated hamlets, boats, and so forth (see case of Geraldine, Chapter 40). It occurs less frequently in small towns or villages where communal life is rich and warm. The difficulties of the second period are, relatively speaking, not overwhelming. In the majority of cases the individual succeeds in building up adequate defenses and in adjusting more or less to life, and the psychosis never occurs.

Notes

- [1] The possibility is not excluded that other types of preschizophrenic personality will be recognized in the future.
- [2] It is worth mentioning that often, although not in all cases, when the schizoid patient tells a dramatic dream to the therapist, he does so with his usual detached, uninvolved attitude—as if the dream was experienced by another hypothetical person.
- [3] In non-Western countries a syndrome known by the name *latah* or by several other designations occurs frequently. It is applied to patients who imitate gestures, acts, and words of other people in a pantomime fashion (Arieti and Meth, 1959). In rare instances I have seen pre- and postschizophrenic stormy personalities who resemble *latah* patients.

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