INTERPRETATION OF SCHIZOPHRENIA

Two Cases Treated with Intensive Psychotherapy

SILVANO ARIETI MD

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Silvano Arieti, M.D.

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In this chapter I shall report the cases of two patients who have been treated with intensive and prolonged psychotherapy. The psychodynamics and the psychostructure of the symptomatology will be interpreted, and the psychotherapeutic procedure will be described in greater detail than in cases reported so far in this book.

What follows is not a mere presentation of two cases but also a discussion of certain therapeutic issues. These two cases are not the most typical, nor the most successful. They are chosen because of the impact they had on the psychotherapeutic evolution of the author and because of their didactic value.

Geraldine

First episode. When I first saw Geraldine, she was a 32-year-old woman who was slowly recovering from an acute psychotic attack, the second in her life. She was withdrawn, thin, and looked much younger than her age.

While on vacation, far away from home, she became acutely ill and was hospitalized in the nearest state hospital. She received thirteen electric shock treatments, improved somewhat, and was discharged at the request of her family. After her discharge she was treated by me. The patient's history and symptomatology are so rich in content that it would require much more space than is available to give a very detailed account of them. In this first section only a brief history as given by Geraldine herself and a description and interpretation of her first psychotic episode will be presented, as it was reconstructed during therapy. The second episode and her psychotherapy will be described in the subsequent section.

Geraldine was born of upper-middle-class Protestant parents of Anglo-Saxon stock. Her father came from a well-to-do family that had been prominent in the social and political activities of the community. He was considered a rather eccentric man who, instead of working in the usual way, would spend all his time in impractical literary and philosophical pursuits. His writings, however, were so unappealing and difficult to understand that, although praised by several people, they were never published. He was a restless soul and forced the family to move from place to place. For a few years the whole family had to live on a boat, traveling between the Caribbean islands. The family owned, however, a big, isolated farm, where they always went after the other temporary residences. The father was quite attached to the patient and prior to his death, which occurred when the patient was 25, requested that she edit and publish his writings posthumously.

The mother was a rather passive woman who was torn by ambivalent feelings toward her husband when he was alive. On one side she professed to admire his extreme brightness, his culture, his intellectual and spiritual aspirations. On the other side she resented having to put up with his peculiarities. She resented his lack of practicality, his unwillingness to work, his wanting to live in isolation, and so on. Geraldine heard from an aunt that even shortly after her marriage her mother was unhappy and contemplated a divorce, but she was already pregnant with Geraldine and decided to stick to her husband. It was obvious from many facts that cannot be reported here that she resented Geraldine because it was on account of her that she had to stay with her husband.

When, two years later, however, she became pregnant again and

gave birth to a boy, she accepted this child very well. Most probably by that time she had decided that she had to live in that marital situation and that within it she had to find a purpose to her life. She found this purpose in John, her second child. The family thus became split into two sides, as if by a schism, as described by Lidz. John was the mother's child and Geraldine was her father's child. However, the father was distant, removed, always absorbed in his philosophical pursuits; and Geraldine too had to be taken care of by her mother, who never found anything good in her and constantly criticized her. Geraldine was never made to feel sure that she was capable of doing the right thing. She could always have done better, according to her mother; she had better reveal her intentions to her mother before doing anything. Geraldine did so, but she never got any approval. The result was that she felt her mother was a useful person to have around to prevent her from making mistakes, but at the same time what a nagger, what an intruder, what a burden! Geraldine never accepted the values of her mother, her way of interpreting the world; and although she was going through the motions of obeying, she inwardly rebelled. She never accepted her mother, she never integrated her as a part of herself. John, on the other hand, always accepted his mother. Even

during the time that Geraldine was in therapy, John and his mother were very close, lived together on the family's farm, went on vacation together. John did not seem to be interested in girls and gave almost the impression that after his father's death he had taken the father's place.

Geraldine's predicament was made worse because her relations with her father were not normal either. On one side, she appreciated his tenderness and consideration; she remembered with affection when he gave her a little turtle, and the long philosophical discussions she had with him, and how she could express her thoughts to him and did not need to be as humble and submissive as she was with her mother. On the other side, her father, because of his peculiarities, did not facilitate her having contacts with anybody else. When they were living on the boat, Geraldine could not even go to school; she was taught by her parents and had no playmates except her brother. It was a typical ingrown family. They were also isolated when they lived on the farm. Animals were Geraldine's childhood companions. It was interesting to see how restricted the population of her dreams was, until the third year of therapy. Only mother, father, John, and squirrels, bears, deer, porcupines, turtles, and so forth used to appear in her

dreams.

The father told her his personal ideas about life, which were completely accepted by the patient. For instance, sex, according to the father, was only for reproduction. Even in her late teens and in her twenties, Geraldine was not allowed by him to wear lipstick because, as he would say, "If you wear it, men do not think of you, but only of one part of your body." Which part of the body it would be, however, Geraldine was not even sure. When she came for treatment at the age of 32, she showed a great ignorance about sexual matters. The father prescribed a very rigid, laconic, almost monastic way of living. The important fact is that whereas Geraldine resisted her mother, she was willing to accept her father and his values; but to do this would require a tremendous effort, and giving up a great part of her life. In addition, she was disturbed at times by the impracticality of her father; and occasionally she would feel that her mother was right and that her father deserved contempt.

It is easy to see that Geraldine grew up in a very confused environment. Essentially the same environmental climate prevailed in her adolescence and youth. Although she did fairly well scholastically,

she always had difficulties in establishing friendship with members of either sex; and when she wanted to work, she had vocational difficulties. At 22 she obtained an M.A. degree in journalism. She had a moderate talent for writing, drawing, and painting and had several jobs, but she was never very satisfied. Her private life was characterized by several crushes on young men, but she felt they were never reciprocated. After the father's death she took a year off for the purpose of editing her father's writings. It proved to be a difficult task. When she tried to have these writings published, she met rejection all over. She started to write short stories for children, but they too were always rejected. In October 1951 she stopped all other activities and became an ardent and enthusiastic campaigner during the presidential campaign.

During the campaign activities at the party's local headquarters she met a young man, Gregory, with whom she became easily infatuated. One day, however, she became aware that Gregory was interested in another girl. During that week she had realized that all her ideas about conducting the campaign had been rejected; coincidentally during the same week some publishers had returned her manuscripts. All this rapidly put Geraldine in a state of anxiety and depression, and finally panic. She had the feeling that something strange or bad was happening to her; she moved from her room to a hotel, had the sensation that people were talking disparagingly about her, and had thoughts about dying and being reborn again.

Because she felt that she was not improving, she telephoned her mother and told her that she was very sick and that she should come to see her. Her mother and brother came and took her to the farm. For a few days the patient quieted down, but one day she became very upset, and the mother and brother decided to take her to a psychiatric hospital.

The following are certain experiences that Geraldine described to me during the treatment. As I said before, her symptomatology was so rich in content that only a few samples of it may be reported here.

While she was being taken by car to the hospital, she knew that she was going to be committed but felt that her mother, not she, was insane. As John drove, she saw him as a mad monster, a hollow shell of a man whose voice reverberated eerily in his empty skull, a mindless automaton. The first few days that she was in the hospital she felt she had died; as a matter of fact, one day she heard "the ruffled drums of a large military funeral in her honor." Lifting her hand, she waved to her admirers.

At the same time she thought that her brother was in control of the hospital. He and her mother had a little room at the top of the building, could see her through a television, and could plan tortures for her. At the same time that she was a prisoner, Geraldine felt that telepathically she could keep in contact with the world and could send messages to both presidential candidates.

One morning she looked in a mirror and saw in her face negroid features. She saw very vividly her nose as broad, her eyes and skin as dark, and her curly hair as fitting the negroid picture. Here is a verbatim account of how she experienced the episode: "Agony seems a tame word to describe my feelings at finding myself a member of a race that unfortunately is often treated despicably in this country. I saw the other patients, as well as the hospital staff, as all becoming negroid, to make up a Negro community behind bars. They seemed to change before my eyes. I found that one eye saw people dark, the other eye saw them light." She also felt that the hospital was surrounded by Negroes. They were sitting in cars in the streets adjacent to the hospital, waiting for a signal. She did not dare look out the window, but she knew they were there. They were waiting for a signal. At a given signal they would go to the farm where her mother and John lived. The farm was a new Garden of Eden, where mother and John were living in sin. The Negroes, after receiving the signal, would go there, bum the farm, and lynch mother and John. She was extremely afraid lest the Negroes interpret anything as the signal. If a patient lit a cigarette, she was afraid that it would be interpreted as the signal to go to the farm. She made up her mind to prevent at all costs this signal from reaching the "flaming hordes."

One night, while she was locked in her cell, she stood at the window with her arms raised to make herself a target, shaped like a cross. She began to think of herself as a Christ, sacrificing herself for others, particularly for her mother and John. She thought of the shot through her head as "a shot heard round the world," an incident that would cause sorrow throughout the world. Her true nobility would be recognized at last. One of the delusions that had remained most vividly in her mind was the following: Robert, a man for whom she had had a strong infatuation in the past, had come to the door of the hospital and had asked for her. He had a golden wedding ring in his pocket for her. This ring would be the "key" to her illness. But the door was kept closed. Robert was not allowed to come in. She "heard" him ask for her at the door. He knew that she was sick, but nevertheless he persisted in remaining and trying to save her. She heard the Negro mob opposing him, and she feared the mob would kill him, stuff him into a garbage can, and bring him to her, dead. "How about a cold Robert sandwich?" a member of the mob asked her telepathically. She replied telepathically that if someone must be dead, she would rather be taken dead to Robert.

The patient was given insulin treatment, and she made a quick recovery as far as the first acute episode was concerned.

Before proceeding with the rest of her history, we shall stop to interpret this episode.

It is not strange that the breakdown came at a culminating point,

when the self-esteem was so low, the feeling of inadequacy and defeat so great, the sensation of being alone and unloved so tragic and profound. It is interesting to see how, during the acute episode, there were attempts to reproduce the early conflicts and to solve them.

But in order to solve the conflicts the patient had to resort to schizophrenic cognition. The acute episode shows abundant examples of concrete representations of feelings and thoughts. The predominant law of thought followed here is Von Domarus's principle; thoughts are then perceptualized and resemble poetic metaphors.

Gregory, the man who abandons her, is a symbolic reproduction of her father, who, first because of his uncertain loyalty and second because of his death, cannot be a reliable source of security to the patient. The patient goes for protection to the farm, but the farm is the place where all her conflicts originated. Mother and John live in sin and plot against her. But this is not completely fantastic; in a certain way it is even true. Mother and John have always been on the opposite side of the schism and have criticized her and made her feel inferior, lonely, unloved. After the acute episode and later during the first stage of the treatment, she could not understand why she had such a preposterous idea that her mother and her brother were living in sin. But to us this idea does not seem so preposterous. We do not mean that the mother and John had sexual relations, but that they were extremely close. Even the relatives had commented that the mother and John acted like a married couple. This idea of their living in sin was the culmination or dramatization of the closeness Geraldine felt they had, closeness that contrasted with the distance or hostility they had for Geraldine. Thus, although these ideas about mother and brother could be interpreted as a delusional reenactment of an early Oedipal ideation, they also had a partial basis in the current situation.

The patient felt that her mother, with the help of her brother, was controlling her thoughts telepathically from the roof of the building. This again was a concrete representation of the way she felt throughout her life when her mother, with her criticisms, disapproval, and by imposing her will, did not allow her to think freely, to make decisions, and in a certain way thus controlled Geraldine's thoughts and tortured her.

The patient actually saw John as a "hollow shell of a man whose voice reverberated eerily in his empty shell, a mindless automaton."

She meant this literally, but this seems to be an accurate metaphorical description of John, the automaton put in motion by the mother.

The combined application of Von Domarus's principle and of perceptualization of the concept is seen in all these delusions (see Chapter 16). For instance, Geraldine looks at herself in the mirror and sees herself becoming a Negro. First we have the application of Von Domarus's principle: she is worthless, "like a Negro"; thus she is a Negro. Second we have the perceptualization of the concept. She thinks she is a Negro; she actually sees herself as a Negro. It is interesting that when she recovered, Geraldine did not seem to have any prejudice against blacks. But during the acute episode she borrowed the prejudices of society. The other patients were also "worthless," and they became Negroes. The hostile, revengeful world outside was also populated by Negroes. She was going to save mother and John by dying for them, and by doing so she would reestablish her self-esteem. She would be a saint, a heroine; at least, in death she would be accepted and her work would be recognized.

Robert came to the door of the hospital to save her. Who is Robert? Again he is a personification of a part of her father, the part

that was perceived by Geraldine as the rescuer and as the love object. But the Negroes, that is, the horrible world, wanted to take Robert away from her and kill him, as her father was taken away. Robert had the golden ring, symbol of marriage; but in the delusion the ring was the key to her cure because it was the symbol of love. Notice here the paleologic use of the word *key*. Robert is at the door of the hospital and has the key to open the door, to set her free. There was an identification here between the key that opens the door and the key that, by being a marriage ring, will remove the illness with an act of love.

Second episode and treatment. After the patient completed a series of insulin comas, the symptoms disappeared and the patient was discharged. For a period of two years Geraldine had several jobs but did not adjust to any of them. She was doing what she was supposed to do with some resentment, but felt that she had creative possibilities and was wasting her life with trivial matters.

Finally she found a job as a secretary in a college. But there too the situation did not improve. From time to time she had the impression that the other employees were talking about her.

Occasionally she had the impression that the boss was talking about her and was saying, "I want her to get out of here."

Geraldine used to go dancing at a French club, but nobody she was interested in seemed to acknowledge her presence. She was left alone, nailed to the chair or isolated in a corner of the room; or she was monopolized by a queer fellow who would not leave her alone for the rest of the evening.

During the first part of the summer of 1955 the mother and an uncle invited her to join them in a trip to the West. That trip was a torture. She felt no gratitude for the invitation. To be near her mother tired her. Mother did not openly criticize her, but Geraldine had the impression that the mother was inwardly criticizing her, even when she was not speaking. At the end of the trip she felt exhausted, as if she had been, not on vacation, but in a concentration camp.

In September she decided to go to a folk dance summer camp. It was there that her difficulties became overt. At the end of the first week she started to realize that she was becoming sick again, and she tried to resist the illness as much as she could. She could not sleep, nor could she eat. She was all alone, often walking in the woods. At times she imagined herself to be a beautiful butterfly who flew over the grass. Occasionally she had the idea that a policeman was among the guests and that he thought she was a spy. Again she had the fantasy that Henry, one of the vacationers, toward whom she felt attracted, would save her in case of need.

One day she had the impression that a camper was going to molest a little girl. She went toward him and punched him in the face. When this man reported the episode to the main office, Geraldine was examined by a doctor, who suggested immediate hospitalization in a psychiatric hospital.

The patient remembered very little about this second hospitalization. Perhaps this amnesia was due to the fact that she was treated with ten electric shock treatments, whereas during the first episode she had had insulin therapy, which generally does not leave a marked amnesia. In spite of this amnesia, Geraldine remembered some fragments of this second episode.

While, from the window of her cell, she was looking at the bushes

that surrounded the hospital, she believed that some soldiers were hiding behind the bushes, ready to free her because she was their leader. She heard the soldiers give one another instructions. When the delusions became more definite, the bushes actually became soldiers, ready to fight in order to free her. Even cigarette butts that were collected in some trays near the door of the hospital were potential persons. She watched the trays, waiting for the moment when the butts would become persons and come to help her.

It is not necessary to report other details about this second hospitalization. The patient improved up to a certain point. The most acute symptoms disappeared, although hallucinations and some delusional ideas remained. The mother and the brother exerted pressure on Geraldine's doctor to have her discharged from the hospital. The doctor agreed, provided the family would make arrangements to have Geraldine treated privately.

Psychotherapy. It is at this time that I enter the picture. When I saw Geraldine for the first time, she was 32 years old. She was selfabsorbed and apparently apathetic. I would have thought from her appearance that she was 25 or 26. She did not care about her

appearance, was wearing no lipstick or powder, and was dressed in a peculiar, old-fashioned way. Two warts on her cheek made her face even less attractive.

Her mother and brother, who accompanied her, did not make a better impression. Although well-to-do people, they were very poorly and cheaply dressed. They appeared to me either stunned by the events or lacking in manners and savoir faire. They were tall and thin and had a strange, Byzantine look. However, at first impression they appeared to be simple people who were interested in the patient.

It was decided that I would treat Geraldine three times a week, that she would continue to live in her apartment in a town near New York, and that the mother would live with her and accompany her to my office.

When I saw the patient for the first time, I realized that she had not at all recovered from the second psychotic episode, and I wondered whether she was already a chronic schizophrenic. Against this diagnosis was the fact that in the hospital she had made considerable progress, the visual hallucinations had disappeared, as had many delusions. What still remained were auditory hallucinations, some delusional ideas, and withdrawal and apparent apathy.

In a certain way I felt she was distant, far away from me. At first I thought that the fact that she came from an environment so dissimilar to mine contributed to this feeling. She was Anglo-Saxon, from an old family of landowners. Actually what contributed to this sense of distance was not her origin but her withdrawal, her face deprived of mimic movements, almost cold. And yet her face also had an imploring, hard-to-describe quality. Behind that blank mask of apathy was fear, which I sensed and saw. I must add that I felt right away a wish to be of help to this human being.

During the first few sessions, if gently encouraged the patient answered questions, although slowly and with the fear of making mistakes every time she opened her mouth. However, I was the one who was talking most of the time, and she was listening attentively. At times in her silence, in her expression, in her attentive attitude, she seemed to say, "You rich, I poor. I want to draw from your richness, but I am so afraid. And my fear is stronger than my poverty." But in talking with her about topics of neutral character, or about myself, I tried to diminish her fear, to make her accept my presence and to make her less afraid of what the next instant or the next question would make her face. I must add that during the whole treatment of this patient no drugs at all were used.

Later in a diary Geraldine described our first meetings in her own words:

I liked Silvano's relaxed, informal manner, and I had the feeling he knew what he was about. I was on edge and scared. I thought he would think very poorly of me as I told him about myself. I did not wish him to think poorly of me, but my wish to recover was stronger than my wish for approval. I gained confidence as I saw that he did not think me so terrible, so sinful, or so demented as I had expected. In fact, he said little that was disapproving. At first I thought he must actually disapprove of me; but as time passed, I saw that this was not so. Later on I was able to accept his telling me he thought I was making a mistake in this or that. But as I remember, in the beginning he did not particularly disapprove even in that way. I think he was wise. I have never been particularly gracious about criticism of myself.

Between the patient and me relatedness was soon established. For the first time she felt able to talk openly. And in reality she was very eloquent and expressive. At this point what she was telling me referred either to her auditory hallucinations or to her relations with her mother. For the first time she was able to reveal her animosity, hostility, and contempt for the mother. It was the mother who always had bitterly criticized her actions and her intentions. It was the mother who had not allowed her to have faith in herself. It was the mother who had always opposed the spiritual values that the father and the patient appreciated so much.

From the beginning of therapy I debated within myself whether it was advisable for Geraldine to live with her mother. How could two people with such antagonism for each other live together? Still, Geraldine was too sick to live alone; there were no relatives or friends in New York or vicinity with whom she could stay, and I was reluctant to hospitalize her. I decided that perhaps the best of the possibilities available to Geraldine was to live with her mother.

The more the therapy proceeded, the less frequently the hallucinations occurred. I became aware of an important fact. The more the patient could talk about the mother and about the criticisms that she was expecting from her, the less frequently the hallucinations recurred. Geraldine became aware that now it was she who criticized

the mother. The hallucinations, which allegedly were the neighbors' voices, were more or less elaborate transformations of what she expected mother would say.

Her steaming off concerning the mother diminished the need for these hallucinations. Moreover, she found in me not only a listener, but also a supporter. For the first time in her life she had succeeded in convincing another person that there was something wrong with the way her mother had treated her and that her criticisms of her mother were not without basis, even if here and there she was altering and editing the memory of facts and events.

In a few months Geraldine lost almost all the hallucinatory phenomena, and I was jubilant over the results of the treatment.

At this point Geraldine started to say that she felt much better, that there was no need for mother to live with her. The apartment was very small. It consisted of only one and a half rooms. Mother could go back to the farm and could come to visit her from time to time. At this point I allowed myself to be convinced that I should support her desire, especially because my experience with other patients had taught me that separation from a hated member of the family is sooner or later greatly beneficial.

In this case, however, two days after the mother left the hallucinations returned more strongly than before. Now the neighbors were actually screaming that the patient was a bad woman, a whore, a worthless person. Geraldine believed in the reality of these hallucinations and tried to explain why they had occurred. For instance, the neighbors had seen her talking to a man, and now they believed that she was having sexual relations with him for monetary compensation.

In my opinion the worsening of the condition was precipitated by the separation from mother. First of all, although Geraldine hated her mother, she felt reassured and protected by her presence. This is a dilemma often to be coped with, not only in schizophrenia, but also in all serious psychogenic disorders: the person who is experienced as destructive is also experienced as the sustaining person. The mother is seen as malevolent but also as strong. The patient is weak and in need of strength from somebody else. The mother is malevolent, but without her there would be nobody; there would be interpersonal

emptiness. Without mother, who will protect the patient from the malevolent replicas of the mother, who populates the world? In the second place, periods of solitude and of increased introversion facilitate the occurrence of hallucinations, just as sensory isolation experiments do. The psychological barrier of the schizophrenic and the actual isolation from other people facilitate the occurrence of hallucinatory phenomena.

In the third, and perhaps more important, place, as long as the mother was there, in her physical presence, in the act of criticizing or rather of having the intention of criticizing her, as Geraldine believed, the patient did not need fantastic voices to express those criticisms.

At this point I decided to take a step backward, and I suggested that the mother come back. When the mother returned, the hallucinations persisted, although they diminished in number. The irritation caused by the contact with the mother was even more openly experienced and was reported in the sessions.

At this point an event occurred that I would have expected to have harmful consequences, but it did not. While they were returning home from my office after a session, the patient and her mother were crossing Central Park when they were held up by a black man who stole their pocketbooks. Because I remembered Geraldine's past delusions about blacks, which had occurred during the first psychotic episode, I was afraid that this event would rekindle old complexes, but it was not so. Geraldine was shaken but not thrown. The blacks of the real world, even when it happens that among them there is a thief, are different from the fantastic Negroes who are evoked only by a symbolic need.

At this point of the treatment, in spite of the fact that the symptoms persisted, Geraldine became capable of examining and discussing her past life, and also of reinterpreting it. We thus reexamined some of the events that had preceded the first psychotic episode and those that had occurred during the episode itself, events already described and discussed in the first section of this report. It was especially at this stage of treatment that the relation with the mother was explored in detail. Geraldine's life had been an emotional desert, where the only inhabitants were the four members of the family, among whom towered the figure of the mother, like that of a monster ready to terrorize the patient, to insult her, to demolish her and undermine her faith in herself. The other members of the family were pygmies in comparison to the mother. And the only other living beings that were not frightening were not human beings: they were the bunnies, the hares, the squirrels, the little birds of the woods and farm.

As I have already expressed in this book, I have asked myself many times, not only in relation to the case of Geraldine, but to many others, whether the mother of the schizophrenic is really the monster that the patient at a certain stage of therapy portrays, or whether the image of the mother has undergone a transformation that is part of the patient's delusional experience. For instance, I had seen Geraldine's mother a few times; and although to me too she appeared to be an unusual person, I noticed in her concern and interest, not the malevolent attitude that Geraldine had spoken about. Which was the right evaluation, mine or Geraldine's? I realized that my contacts with the mother were superficial in comparison to those she had with Geraldine. On the other hand I felt that Geraldine perceived as salient parts some characteristics of her mother and blew them up to a large degree. Also the mother became the depository of all the negative qualities that the family as a unity and in its individual members

manifested.

Let us look again at Geraldine's family. The father failed in his role of father because of his peculiarities and lack of interest in the practical aspects of life. But Geraldine defended the father, and the responsibility for what was negative in him was attributed to the mother. The father, she explained, remained remote because he could not be close to such a horrible woman as mother was. John, the brother, had not been a good playmate for Geraldine, but how could he have been? He was the preferred child of the mother, a private possession of mother. In other words, everything that was negative was focused on the mother. The responsibility of others was diminished and the role of the mother was magnified. Certainly there was no equilibrium or harmony in Geraldine's family, but her seeing the family constellation in such unbalanced form increased her sensation of disequilibrium. On the other hand, a state of equilibrium had been reached by mother, father, and John. Here, in my opinion, resides one of the reasons why some psychiatrists praise to the skies schizophrenic patients. In fact, we cannot but have admiration for Geraldine for not accepting that sick equilibrium. The mother, a disappointed, frustrated woman; the father, a misfit; the brother, an appendix of mother, a man who was not interested in any woman except mother, an automaton put into motion by mother. These three people were the failures, the ones who were vanquished by life. They had avoided the visible defeats that Geraldine had undergone—if we can call the two psychotic attacks defeats—but their victories had been less than pyrrhic. They had reduced their life to the desolation of the desert.

Geraldine did not want that desert. She could not accept that immense reduction or distortion of the human experience that mother and brother had accepted.

Geraldine continued to hallucinate. It was from her that I learned many things about hallucinations and that therapeutic technique, described in Chapter 36, that since then I have applied to many patients. Before then I thought that hallucinations could not be corrected or controlled and that they could disappear only when the patient was cured.

First of all, a little episode took place. Geraldine was accepted as a member of the choir in her church. One day the director required that

she sing alone. The patient tried to sing but her voice came out feeble and toneless. With the exception of a young man who was there, all the choir members seemed to whisper, "This woman will ruin us." Geraldine ran away, went home, and there she heard the neighbors talking about her bad performance. The following day by phone she gave her resignation to the director, who seemed to accept it gladly. The following Sunday in the same church she heard the voice of a man saying, "She is here again." When the choir started to sing the hymns, well known to her, she burst into tears and ran away from the church. The hallucinations about the neighbors continued.

Geraldine believed in the reality of her hallucinations. From her account of them I realized that they occurred when she expected to be criticized. For instance, in the choir she expected the director to criticize her, and the alleged voices from the choir members came to criticize her. She went home, lonely and melancholy, with the feeling of being an inferior and blameworthy person, a person lacking confidence in herself and despairing about her own life. She expected the neighbors to blame her, and there they were: she could hear them in the act of criticizing her and speaking against her. Every day, as soon as she expected to hear them, she heard them. She was putting herself in what since then I have called *the listening attitude.* Under my guidance Geraldine became capable of distinguishing two stages: that of the listening attitude and that of the hallucinatory experience. At first she strongly protested and denied the existence of the two stages, but later she made a little concession. She said, "I was thinking that they would talk about me, and there they were, talking about me."

A few sessions later, however, another step forward was made. Geraldine was able to recognize the brief interval that elapsed between the expectation of the voices and the voices. At first she insisted that this sequence was purely coincidental, but finally she saw the connection: she herself was putting herself into the listening attitude. Then she would hear. Eventually she recognized that she was putting herself into that attitude when she was in a negative mood, for instance, when she had suffered a defeat, or an alleged defeat, as in the choir; when she felt irreparably alone and lonely, abandoned and without hope. In these circumstances she was almost automatically finding ways to exchange this feeling with the feeling that she was not inferior but rather a victim, the object of the hostility and malevolence of others. In other words, a feeling that made her accuse and condemn herself was transformed into another one in which the others—the neighbors— were accusing and condemning her. When she felt condemned and surrounded by hostility, she expected an auditory proof of this hostility. When the patient became able to recognize the relation between her mood and her putting herself in the listening attitude, great progress was made. She did not envision herself any longer as a passive victim, as a recipient of malevolence coming from others, but as a person who played an active role in what she was experiencing.

Geraldine recovered from hallucinatory experiences almost completely. Occasionally a hallucination had the tendency to come back, but she succeeded in controlling it. For instance, once she went to a dance organized by a friend. Nobody asked her to dance. She felt humiliated and depressed, and at a certain moment she was almost on the point of hearing a voice that criticized her, but she controlled herself. As she used to say, Silvano had taught her to recognize hallucinations, and she could no longer indulge in the luxury of having them. As a matter of fact, once the hallucinations would start, one could never know when they could be checked. They could multiply and give vent to a full psychotic episode. Freedom from hallucinations and other symptoms did not mean the end of Geraldine's basic conflict. As a matter of fact, as we have seen in Chapter 36, the transformation of psychotic symptoms into neurotic ones or awareness of the conflict brings about more anxiety. However, anxiety that has not undergone the psychotic transformation is more easily shared with the therapist, if relatedness has been established. Geraldine knew that I was with her to share her aloneness, loneliness, disappointments, serious doubts about herself and her future. Eventually we had to analyze the origin of these negative attitudes toward life.

Geraldine understood in reference to her personal history the psychodynamic developments that I illustrated in Part Two. She saw the intrafamily war that took place in her childhood in the conflicts of all the members of the family. She understood how she reinforced the negative aspects and came to build an extremely negative image of mother and of herself. In the second part of childhood she built a schizoid type of personality that permitted a partial repression of the suffering of the first period. She understood how in adolescence and youth she came to the conception and feeling that the promise of life was not going to be fulfilled and how she sustained repeated attacks on her self-esteem. Eventually, when the injury could no longer be sustained, it elicited a revival of the conflicts of early childhood, which had been buried and blended with the old injuries. The psychosis resulted: a need to project what she had introjected. She was at war with the world. The world underwent a transformation.

Throughout the treatment Geraldine's dreams received much consideration. Her dreams were very simple, and much easier to understand than those of neurotic patients. Quite often they reproduced the conflicts with her mother. Here are some examples. The first example is a dream that occurred during the sixth month of therapy.

I found a turtle's egg, and felt very fond of the baby turtle developing inside of it. I showed it to mother. "Break it," said mother.

"No!" I cried. "That would destroy the little turtle." Before I could stop her, she cracked it, and the poor little half-developed turtle slid out. He tried to eat the yolk and somehow to save himself. Almost crying, I ran with him to a biologist and implored him to save the little turtle. But it was no use; he would die. I felt enraged at mother's cruelty.

Another dream:

Mother, John, and I had rented a house with several acres of ground. A formal garden behind the house was, in my opinion, badly planned. I knew it would be lovely if allowed to return to nature, with rhododendrons and trees growing at random, and I said so. But mother said, "It must be kept formal." She placed furniture in it and planted straight rows of daffodils until it was a mess.

Another dream:

Mother accompanied me on a date with a very attractive young man. We were in a night club. My date said, "The music is starting. Let's dance."

"We really ought to leave," said mother.

"We were just going to dance," said I.

"Come," said mother. "It's nine o'clock!"

So he went out to the car, and I stopped to powder my nose. When I got mother into the powder room, I said furiously, "What was the idea? He had just asked me to dance! Why did you have to spoil everything? Did you see how he looked? He won't ever ask again!"

"Oh, did he ask you to dance?" asked mother, her eyes widening in surprise.

"You heard him," said I coldly. "He was sitting next to

you!"

"I didn't hear a thing," said mother, leaving to go out to the car.

A moment later I arrived at the curb to find the car and its occupants gone. I guess mother couldn't wait, I decided. I was stranded. I had no money. I went back into the night club to think of what to do.

I found a little girl baby, and I picked her up. She was unhappy and wouldn't eat. You'll eat when you see your new little brother, I reasoned.

I took her into the next room. Mother was absorbed with a baby boy. Mother didn't even look up. I handed a cup of warm milk to the baby girl. The little girl wouldn't take the milk and made no response of any kind.

These dreams are so simple! The identifications, like the one with the embryo turtle in the first dream and with the little girl in the third dream, are so easy to understand, and the reproduction of life scenes is so realistic, as in the second dream, one may wonder whether the patient really dreamt in this way or whether these were fantasies in a half-awake, half-sleeping state. My work with Geraldine and other patients has convinced me that dreams of this type really do occur and are common in schizophrenics. The dream-work is often, although not always, less pronounced than in dreams of neurotic or normal people.

The state of relatedness, the direct attack of the symptoms, and psychodynamic interpretation produced progressive improvement. Geraldine changed both physically and psychologically. When I was looking at her or thinking about her, Dante's verses used to come to my mind:

Quali i fioretti dal nottumo gelo chinati e chiusi poi che il sol gl'imbianca si drizzan tutti aperti in loro stelo...

As flowerets, by the nightly chill bent down and closed, erect themselves all open on their stems when the sun whitens them ...

So did she, Geraldine.

Physically, and this is something that I have noticed in many recovering schizophrenics, Geraldine lost her youthful appearance. She started to show her age. In spite of this aging she had a much more attractive appearance. She gained weight, started to use lipstick, and had those two warts removed from her face. Her hair, which was perhaps precociously gray, was well combed and conferred a certain charm to her appearance.

The menstrual cycle, which was always delayed and lasted approximately thirty-five days, shortened and was reduced to thirty or thirty-one days. A cycle of twenty-eight days was not obtained.

Geraldine worked as a secretary in a college. Soon she started to notice that men paid attention to her and that Paul, a young engineer, had an infatuation for her, although he was a few years younger. Paul was a young man from a Protestant, traditionalist family. Intellectually Paul seemed to me to be somewhat less endowed than Geraldine. He had many good qualities, and his feelings for the patient were sincere. Geraldine experienced no anxiety in his presence. A year later Paul and Geraldine were married. I was invited to the wedding, and I accepted the invitation.

In this regard, I must say that many therapists refuse these invitations because they feel they must remain outside the real life of the patient. This stand seems to me untenable with patients who had a psychosis. The therapist is an important and intimate person, and it is artificial and harmful to maintain a professional barrier.

At this point Geraldine told me, "I connect myself more and more to the world, and I become more and more distant from mother." With the word *distant* at this point she meant "less in need of being angry at her." Actually a partial reacceptance and reconciliation with mother took place.

Contrary to what I would have expected, sexual relations were satisfactory starting with the honeymoon. The reader may have surmised that Geraldine was a virgin until her wedding night. In spite of the fact that she was 35 when she got married, she experienced vaginal orgasms immediately. Some psychiatrists, who believe strongly in Rado's theory of unhedonia, are skeptical when former schizophrenics report full sexual gratification. These therapists are inclined to believe that the orgasm did not really take place, but was a fantasy of the patient. Maybe the patient is hallucinating again. My clinical experiences with former schizophrenics have convinced me that this is nonsense. Former schizophrenics are indeed able to experience sexual pleasure fully. Some of them, including Geraldine, have ridiculed me when I have put in doubt their assertions and have

given me unquestionable details.

Relations between Geraldine and Paul were excellent from every point of view. The symptoms had all disappeared. Socially and in her relation with her husband nothing abnormal was reported. I was completely satisfied with the results, except for the following facts. A year after her marriage Geraldine became pregnant. Pregnancy and childbirth were normal. However, a few days after the birth, while she was still in the hospital, Geraldine saw a group of nurses talking to the elderly chief nurse, and she heard voices again, which she recognized as hallucinatory. The chief nurse was telling the other nurses that Geraldine would not be a good mother.

For a second Geraldine chilled inside, but she was not overcome by the episode, because within a fraction of a second she realized that she had had an hallucinatory experience. The rest of her puerperal state was normal. The following summer another abnormal experience occurred. While she was vacationing in a pension, on a day that Paul had gone back to the city to work and had left her alone with the child, she felt that the landlady, the owner of the pension, was talking against her. Again she acquired insight within a fraction of a second. In spite of these episodes, which were isolated, Geraldine and Paul found satisfaction in living together; she acknowledged no new symptoms and expressed desire that treatment be terminated.

Geraldine had come to me for five years and was eager to stop. Moreover, Paul had been offered a good position in a distant state. Thus treatment was interrupted .

At this point we must attempt some conclusions. Can I consider Geraldine completely recovered and immune from future attacks? The answer is "No." Although it is true that she has acquired insight into her problems, that her personality has blossomed in many areas, and that the basic gratifications of life have been fulfilled, she still retains a certain vulnerability. When she is in treatment, she is able to recognize the pathological nature of some experiences that occasionally recur in specific situations that reproduce the old anxiety. However, we cannot be sure that if she is confronted with difficult life situations, she will not succumb again. The episode after the birth of the child and the episode with the landlady indicate that some experiences are able to reactivate in her the introjected distorted image of the mother that is easily transformed into a persecutor in the external world. Were she

to continue treatment, a progressive weakening of this image and increased satisfaction with the world would seem likely to take place.

We may feel disappointed that the propensity for the disorder was not eradicated completely. Whether this is due to a presumed hereditary predisposition or to the tenaciousness of her early introjects is impossible to determine. Still, we should not minimize the accomplishments, especially because at the beginning of treatment the case appeared a very difficult one, that of a patient moving toward the chronic state of schizophrenia. Geraldine came to know the joy of fulfillment. Even if she has to live with an Achilles' heel, she has blossomed as a human being. Except for the rare and very fleeting episodes, she is in the realm of reality. I have learned a great deal from Geraldine, and I hope readers have also. Her image continues to return to my mind from time to time. She is still remembered as the floweret that the night's chill bent down and closed, but the light of dawn straightened on the stem, all open and whitened.

Mark

Mark was a 25-year-old Jewish married man when he was

urgently hospitalized. As he later reported, his psychotic episode occurred acutely, when he thought he had a heart attack. He felt he had to pray to God for survival, and the way to pray to God was to spin around. Rosette, his wife, came to see what was happening to him and wanted to stop him, but he did not let her touch him because she was not God. He did not want Rosette to touch his eyes because otherwise he would become blind. He felt that his eyes were pointing in different directions because the muscles that controlled them had been mixed up in his skull and intertwined.

The patient had the feeling that he could control every fiber of his body, but not his eyes. He felt that the brain tissue as well as the muscles that sustained his brain were being tom apart. He had also many other kinesthetic delusions and hallucinations. Mark felt that his heart was going to fall down, because its ligaments could not sustain it in its natural place. He would lie down on the floor and pull up his legs and lean them against the wall so that the heart would not fall down.

If Rosette or other members of the family tried to stop him when he was spinning around, he would resist them because he thought that if he stopped moving, he would die. When Mark had this attack, he had been in psychoanalysis with an orthodox Freudian therapist for several years. He had sought treatment because he was shy, had difficulty in making friends, and felt lonely. When the acute attack occurred, the therapist recommended immediate hospitalization.

While Mark was being taken to the hospital, he expected to die. He was waiting for the moment his heart and blood vessels would explode into a thousand pieces. He overheard the voice of his brotherin-law saying, "Let's take Mark as soon as possible to the hospital or he will die." As a matter of fact, he had the impression that the relatives were already mourning him. While he was going to the hospital in the car, he was sitting next to the brother-in-law, and he was afraid that pieces of his body would eventually soil him.

While in the hospital the same delusions continued. He also had the impression that the other patients were talking disparagingly about him. As a matter of fact, he overheard some female patients stating that he was "not masculine."

In the hospital he was withdrawn, apprehensive, and

hallucinated. On admission he was given 225 mg Thorazine (chlorpromazine) and 5 mg Stelazine (trifluoperazine hydrochloride) four times daily and 2 mg Artane (trihexyphenidyl HCL) twice daily.

I was consulted and agreed to take charge of the patient after the patient and his family refused to continue with the previous therapist. The patient improved somewhat, and it became possible for a member of the family or for an attendant to accompany him to my office and to take him back to the hospital three times a week.

The patient appeared apathetic, withdrawn, and could not even express his delusions. Occasionally, however, he would make remarks that were very revealing. He could not look people in the eyes because they would find out things of which he was ashamed. He felt he could not get along with people in the hospital; they would laugh at him or make unpleasant remarks about him. They would refer to him as a "she," not "he." At times they were saying what he was thinking. Now he was understanding many things that never appeared important to him before. He also referred a few times to the fact that lately he had been fired from his job because instead of attending to what he had to do, he was calling his broker repeatedly and discussing the stock

market with him. After he had been fired from his job, he went to work for his father, who was a successful businessman; but his father was never satisfied and would constantly criticize him.

I tried to reassure him and was as convivial as possible, but it took many months for the blank face of the patient to reveal mimic play or emotion of any sort. The only thing about which he talked without difficulty was the stock market. Because I understood that this was the area in which he was competent and proud of his knowledge, I let him talk about it. As a matter of fact, I learned many things from him about Wall Street, and I let him know that he had taught me something. Later on, when he would recall this first stage of treatment, Mark said:

You made me feel at ease; you were receptive, uncritical; you accepted me with all my faults. Only two persons had been like you in my life. One was my grandfather, who died when I was 5. I loved him very much; more than anybody else. The other was my physics teacher in high school. My previous therapist could not relate to me. He was distant, not a real person. I was supposed to free associate with him, but I couldn't. I was always on guard.

Because he had improved considerably after six months of

hospitalization, I decided to transfer Mark to a day hospital. In the day hospital he did not adjust well. He could not relate to people, felt he had nothing to say, and to avoid the discomfort caused by the company of the other patients he would go to the bathroom and stay there for long periods of time. Later in the treatment, reminiscing about the period spent in the hospital and day hospital, he said that at this time his mind was a blank. He could not come across to people, and they could not reach him.

Practically all the somatic delusions disappeared; as a matter of fact, they had diminished a few weeks after the beginning of the acute attack. I tried to explain to him that the feelings he had about his body were an expression of the way he felt about himself. Terrible things must have gone on in his mind; hopes and ideas about himself were disintegrating and were assuming the form of preoccupations about his body. As he told me later, he felt that I was there, willing to share his anguish and anxiety, and willing to help him, if only he would be able to talk about his inner torment. But he would not. Only about the stock market could he talk without hesitation. He would occasionally say that he was unable to be a husband and a father to his 3-year-old son. He should leave his wife and son and not ruin their lives. As a matter of fact, he refused to have sexual relations with his wife. I told him a few times that he was not in a position to make important decisions then; he had to wait until he knew that he was better.

For a long while he did not want to see anybody, relatives or friends. He was afraid people would discover that he was like a plant, that he had no feeling or emotion and did not know how to act or react. Only his wife and son were allowed to see him; and yet he wanted to abandon them too. Slowly, however, by receiving support from the therapist and the feeling that his anxiety was understood and shared by him, he became capable of establishing some interpersonal contacts. His father reinstated him in his business and he started to work again. As a matter of fact, the father gave him a certain amount of money to invest in the stock market, and to everybody's surprise Mark did so well that in a few months he more than doubled his capital. He stopped talking about leaving wife and son and resumed sexual relations.

Eventually he was able to unfold the psychodynamic factors that had affected his life. The marriage of his parents was not a happy one. When his father was a young man, he was exclusively interested in the business; he was a good provider, but nothing else. He was distant, remote, always critical of everybody else. Mark remembered that when his father and mother were fighting, he would always be on his mother's side, not because he thought mother was right or needed his help, but because mother could protect not only herself but him too from his father.

His mother depicted the world as a bad place to be, and soon Mark came to believe that the world was as frightening as his father was. Mark came to believe that there was an incompatibility between the world and himself. All the other human beings were parts of the terrible world. Mother was the only exception. Not only would she be able to protect him from the world, but she would also interpret the world for him. As he later came to realize, his mother did not really explain the facts of the world, but only her feelings about the world. But mother was the only person he could communicate with; thus mother's vision of the world was the only one he could accept. Moreover, he felt he was mother's special child or the most important person in mother's life. He owed it to her to listen and to accept her views, even when they did not agree with his experiences or with what his senses made him aware of. Mother was the only person who knew his feelings, needs, and thoughts, the only one who could prevent him from being completely lost in the woods. He remembered how scared he was the first day he went to a nursery school, at the age of 3; and since then he continued to be scared, especially until he was 10.

He remembers that the people of the world, represented by the people on the street, were considered by him as unpredictable objects, things to be afraid of, as mother had represented them. They could attack you at any minute, like wild animals in the jungle do.

Mark added later in the treatment that his was one of the few Jewish families in the predominantly gentile neighborhood. Although there had never been episodes of anti-Semitism there, and although his mother did not accuse anybody of being anti-Semitic, the awareness of belonging to a traditionally persecuted minority increased a certain vague, diffuse, uneasy feeling, which Mark perceived as danger. Although Mark's mother was never very clear or explicit in this regard, her actions and her attitudes seemed to betray the following appraisal and conclusions about society, to be taken by Mark as guidelines: "Be aware that the world is not going to accept you. There is something threatening in everybody that cannot be

easily seen. Be careful! Be careful! Be careful!"

Mark came to believe that everybody, everything was irrational, unpredictable, and uncontrollable except his mother's love. As mentioned before, his father was one of the people of the world too, and he was as terrible as everyone else was. Mark never thought that he would grow up like his father and could not identify with him. He wanted to be the opposite of his father.

The situation improved very much toward the end of childhood, and especially during adolescence and young adulthood. The patient was able to have a few friends, but he did not have meaningful heterosexual relations. Later he had occasional contacts with prostitutes. He completed college successfully, secured a job as an engineer, and at the age of 22 married Rosette, whom he had met while attending high school. When he married Rosette, a revolution occurred inside of him: he started to see the world in a new way, not just as mother had taught him. The world became a vaster arena and yet was less terrible than he had anticipated. He could live in it and prosper. He loved Rosette very much but depended on her too much. He tended now to put her in the same position in which his mother

was. Rosette naturally resented that attitude; she wanted to be his wife, not his mother. Sexual relations were normal, and a child was conceived during the first year of marriage.

The situation became much worse when the patient was fired from his job, apparently because he was too slow in his work and did not get along with people. The patient's father suggested that Mark work for him; the job would be easy and Mark would make much more money. He did make more money, but the job was not easy. Mark and his father did not get along well. His father acquired again the "monstrous" aspect that the patient, under the influence of his mother, had seen in him early in childhood. Mark's father did not allow him to be free; he controlled his actions by criticizing everything he was doing and thus made him hesitant, or actually psychologically paralyzed, or more likely to make mistakes.

Mark was seeing Dr. X. but could not reveal his predicament to him. His unrest increased. He could not work, and he oscillated between feeling that he was an outsider from everything that surrounded him or was ensnared in a gigantic trap or web where his father was the spider.

By getting married he had given up mother; but Rosette resented helping him and yet she was becoming more and more demanding. His father not only did not protect him but was exposing his weakness and his inability to deal with the world. The patient felt that if his wife and father were so critical of him, they must be right: he was unfit to live in this difficult world; there was something fundamentally wrong with him. What was wrong was with him, not with other people. It is at this point that the patient became ill. As he later understood, the psychosis started with his concretizing into physical symptoms the image that he had of himself. No longer did he think there was something wrong with him as a person, but with him as an organism. The psychosis was precipitated, of course, by the recent events and feelings that had a strange resonance with the early events and feelings of his childhood.

The psychodynamic meaning of the life history, as we have so far reported, was easily grasped by the patient. He made great improvement, and the illness seemed directed toward an early complete recovery when unfortunate external events occurred and disturbed the promising picture. In 1970 the stock market fell considerably. Not only did Mark lose all his profits, but also a large part of the invested capital. But Mark lost more than money. In the attempt to reemerge from the psychosis and to rehabilitate himself, he had relied a great deal on his successes in the stock market. During the brief period of success he had also invested money for relatives, and now they were losing money too. They would have no respect for him. He would diminish in their eyes as well as in his own. The recent events had demonstrated that he was good for nothing, an inferior human being, unable to make a living or to provide for his family.

The patient was discouraged and depressed. His ability to work decreased very much, but he knew that father would not fire him because he was his son. Delusions, hallucinations, and ideas of reference did not reappear, with the exception that he believed people at times were laughing at him. A group of symptoms related to relations with other persons developed. He became more and more afraid of people. He would feel a tremendous discomfort in their presence. They would inhibit him and suffocate his life. In crowds he saw so many eyes looking; so many people talking. He felt people were malevolent, ready to laugh at him if he happened to do something wrong. If people looked into his eyes, he was afraid they would discover he was not a man; he pretended to play the role of a man. When somebody looked at him, he felt inferior; he had to drop his eyes or look elsewhere. When he was asked to explain why he did not feel like a man, he said it was because he did not feel capable with women and also because he did not feel able to compete with other men for women or for work. When he was at work, he tried to "compete," but he could not stand the competition for more than a few minutes. He could not even compete with father.

He felt that he could not be on his own, that he could not give direction to his life; and yet he was unwilling to accept the guidance of other people, including his father. A person who guides is not an intruder, but an oppressor because he tells you in what direction to go. The patient wanted to do what he decided himself to do, not what other people expected him to do; and yet he expected to fail and felt that he would not to be able to make it on his own. He was not making it. That is why people looked at him and laughed. He fooled everybody when he gave other people the feeling he was doing well in the stock market. His father too expected him to do well, but his mother did not. Mother knew better; she always knew he was not able to do anything. Mother always treated him like a prince who should not be concerned with the practicalities and dangers of life. When he was doing well in others. In order to feel at ease, comfortable, accepted, not laughed at, he felt he had to do things better than others. Also in playing the stock market he had no contact with people; he did all the work by reading financial reports and telephoning his broker. Thus his real feelings for people were suppressed during that time. He also had reduced to a minimum the work for his father. In order to feel free he had to reject people, to live as if people did not exist. He felt that people came across his path, cramped him, and did not let him stretch his extremities. He was afraid of them; he could not escape from them; he had to meet them every day; every day he had to renew the effort. Maintenance Thorazine therapy had no effect on these symptoms.

When I asked him what people should do to make him less afraid of them, he said it was he who had to do something. He had to convince them that he was worthy. But he did not know how. On the other hand, people behaved as if they were feeling worthy and therefore reminded him that he was not. He was weak and effeminate. When he felt weak, he even felt attracted toward men, as if he were a homosexual. If he felt attracted to men, men became less frightening. But he never had relations with men; he would not even know how; he enjoyed relations with women. When I asked him what people should do to make him less afraid, I was remembering another patient, a teenage girl, not schizophrenic but with preschizophrenic anxiety, who was also afraid of people. When I asked her what people should do so that she would not be afraid of them any more, she replied, "They should lose their penises and vaginas."

However, in the case of Mark, the problem was not sexual. The homosexual remarks seemed to me an artifact. To be homosexual was, in his system of values, the same as to say that he was completely worthless and despicable.

If I have gone to such a length in reporting his feelings about people, it is because they illustrate very well the type of symptomatology that his illness acquired and retained for a long time. It consisted of a conscious abnormal way of relating to the interpersonal world in general.

At the time when this report was written, Mark was still in treatment, although he had made steady progress. Treatment consisted at first of attacking the symptoms directly. He soon

recognized that he saw people laughing at him when he expected to see them laughing. He also promptly recognized that he felt they were laughing because he believed they should laugh at him. He understood that the fear and the feeling of inadequacy were correlated and reinforced each other in a vicious circle. The more fearful he was, the more inadequate he felt; the more inadequate he felt, the more fearful he became of others. The fear at times was experienced as a real terror.

Before the reexacerbation of the symptoms, which occurred after the market's fall, the original terror of people had been repressed and had changed into disinterest in people. When the condition reexacerbated, the terror came back, the terror experienced by him for the first time when he had to go to the nursery school and leave his mother. The role of the mother was interpreted at length. The mother was experienced by him as wanting to hold him in her protective embrace: another womb, after he left her original womb at birth. But mother was not only the protector; she was also the one who depicted the world in such ways that Mark felt he needed her desperately. On the other hand, father, especially because mother was not happy with him, had become the symbol of the menacing world. Undoubtedly Oedipal rivalry with the father made it easier for Mark to conceive this symbolization.

Mother's description of life and the world as a place reminiscent of the jungle, and father's achievements as a result of hard work and successful competition, helped Mark to see the world in Darwinian terms. As we mentioned in Chapter 8, there is some truth in this conception of some prepsychotic, psychotic, and formerly psychotic patients. However, what made the situation worse in the case of Mark was that, contrary to other patients, he felt that the competition, the arena, and the struggle were healthy parts of life: they have to be accepted. If you want to have security, you must compete and win. He was a staunch supporter of rugged individualism. He tried to win with the stock market, but eventually he lost. Losing meant for him not to be as good as his father, to be castrated by his father, to be less than other men, to be homosexual.

It was important to explain to the patient how his whole vision of mankind and his relation to mankind were based on the terrible fear that originated in the ways he interpreted mother's messages and in his profound feeling of inadequacy. It took prolonged, repeated work, going over the same material time and time again, to make the patient ameliorate his relations with people. A new team, consisting of him and the therapist, had the purpose of diminishing the fear. As Shainberg (1973) has written, the patient was helped to confront his fears in a setting where there is some hope that he need not be so afraid.

The values in which the patient believed, that you have to fight and win in order to assert your humanity and masculinity, were values that the therapist could not share. They were certainly a transformation or derivation of the patient's original experiences. This inability to share values remained for a long time. It was thus difficult to establish that situation of sharing values that I described in Chapter 39. Improvement was thus delayed by this difficulty. Eventually the patient changed his values somewhat as he began to understand that they were a derivation of his original experiences. Until then in his system of values to be worthy (and therefore worthy of mother's love, of women's love, and of society's respect) required being superior to others. Self-respect and an acceptable self-image were based on competition, for which the patient felt utterly unprepared. This case is interesting on many counts. The shift in symptomatology deserves attention. In the initial acute attack there was a disintegration of the self and self-esteem, represented delusionally by destruction of the body. After the setback the disorder consisted mainly of an altered relatedness to the interpersonal world, whose psychodynamic origin we have retraced. The course of treatment shows clearly how ephemeral and unstable is the improvement determined only by external events (success in the stock market).

Moreover, the case shows how the specific values of the patient may have actually delayed his recovery, because they were intimately related to the original conflictful areas and could not be shared by the therapist.

Another important point deserves full consideration. With the permission of the patient I had several sessions with the parents. They did not appear to me as Mark had portrayed them. His picture of them was lopsided, because he had magnified some of their characteristics to the point of grotesque distortion. It is true that the father, especially when the patient was a child, was overconcemed with his business,

but he was not the tyrant or perfectionist that Mark had portrayed. On the other hand, the father had been even more than tolerant and was desperately concerned with Mark's health and happiness. However, as chief of an important firm, he had those authoritarian ways that bring about efficiency but that, with some justification, are disliked by most subordinates who learn to live with them without experiencing deep psychological traumata.

There is no doubt that mother was an extremely anxious person and that because of her anxiety she had always been and continued to be overprotective. However, it was certainly not her intention to scare Mark as she did or to make him, consciously or unconsciously, a puppet, a pawn, or a doll at her disposal. There is no doubt that Mark incorporated all of his mother's anxiety, magnified it inside of himself, and projected it into the world in a very subjective way so that it became the terror of the interpersonal world. Whether an extreme sensitivity predisposed him biologically to this distortion or whether the Oedipal antagonism for his father was the major concomitant factor is hard to say. Incidentally, a brother of Mark had also some short psychotic attacks; but the third, and youngest, brother never had any psychiatric illness. Other points of this interesting report require much longer analysis and discussion. It will be up to the individual reader to try to find as many of them as possible and to attempt to interpret them in order to enlarge the didactical value of what I think is an unusually interesting case. However, to start with, I suggest a few points for further consideration.

Was Mark trying to prolong throughout his life a symbiotic relation with his mother or mother substitutes? Was he seeing the world in such a terrible way in order to maintain such a symbiotic relation reminiscent of the first year of life?

From the point of view of social psychiatry, how much importance must we give to the fact that the patient's family was one of the few Jewish ones in the neighborhood? Was the ghost of anti-Semitism an excuse or was it founded on certain facts? The patient's mother was overprotective and anxious, as "Jewish mothers" have often been portrayed in contemporary fiction. The overprotectiveness of the Jewish mother has historical foundations, because in many eras and many countries her children have been exposed to harsh hostility. Neither Mark nor his mother was exposed to that hostility, but could it be that fears and other feelings are transmitted in ethnic groups from generation to generation and continue to act psychodynamically? On the other hand, most children of Jewish mothers do not become paranoid schizophrenics; as a matter of fact, as some authors have found (Malzberg, 1962, Sanua, 1962; Bastide, 1965), children of Protestant mothers are more frequently afflicted by this disorder.

One of the most controversial points concerns the value system of the patient. Did it really interfere with treatment because the patient himself was the victim of what he believed in: the competitive society? Was the fact that the therapist did not share his values a real interference to that recovery? On the other hand, the patient felt very close to the therapist and might have been afraid of recovering for fear of losing him. Did he see in the therapist another mother? Was treatment another symbiotic relation? In fact, Mark liked to see the therapist as often as possible, hopefully every day, but this wish of his was gradually curtailed.

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